Katie Lunger Lilly - After Birth Journey

Episode 209 · January 14, 2021 · with Katie Lunger Lilly

IN THIS EPISODE

Katie Lunger Lilly returns to talk with Dr. Elliot Berlin, DC, checking in with her baby in her arms, to share how her birth story unfolded. When she last spoke with Dr. Elliot Berlin, DC, she had reframed her thinking completely — from wanting a scheduled cesarean to preparing for a natural childbirth in a hospital — even though her fear of needles made the idea of an epidural its own phobia. Hiring doula Stacey only a week before the baby came turned out to be just in time: thirteen days before her due date, a frightening night of bleeding sent Katie and her husband to the hospital, where concerns about the baby's heart rate, a possible placental problem, and labor that would not progress on its own led to talk of induction she had hoped to avoid. She and Dr. Elliot Berlin, DC walk through the pandemic-era hospital rules, the faulty-feeling heart-rate monitors and the clapping trick she used to reassure herself, and what happened when the induction she dreaded finally began. She also shares how she is adjusting to motherhood — breastfeeding as a full-time job, the lactation consultant who made a world of difference, recovery, broken sleep, and when a fitness professional knows it is time to move again, with a return to Bunda Fitness ahead.

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: Come to the informed pregnancy podcast. I'm your host. Dr. Elliott Berlin today We're checking in with fitness professional and founder of LA based training studio bunda She was last super pregnant and about to add a new member to her family She's here to tell us about the birth story in the middle of a pandemic. No less Katie Lily Welcome back to the podcast. Yeah, and you even have a little passenger with you. Yes. I do very little Yeah bigger than last time though. She was just a month last time I haven't seen you just a little messaging back and forth to share the good news I have zero idea how your birth story went. By the way, do you like our new studio? Yeah, it looks great

KATIE LUNGER LILLY: Thank you very much. Is this gonna be permanent? Are you gonna go back to in person eventually?

DR. ELLIOT BERLIN, DC: I don't know really I guess the audience can tell us what they like. I love good audio Yeah, that's why the first I don't know 150 episodes of our broadcasts were always in the studio And you know it had its benefits and it had its drawbacks The benefit always is great audio and face-to-face conversation Yeah, the drawbacks is you can only interview people who are geographically near you But you know with pandemic we couldn't do it. So I just decided to do zoom I got a call from my friend Sharon and she said oh my god, your podcast sounds terrible And I was like, that's the nicest thing. I was like, I think you have a pimple breaking out So she's a voiceover specialist and she gave me some ideas on how to do it better from home

DR. ELLIOT BERLIN, DC: And one of the biggest tips was to do it in my walk-in Closet in my bedroom to put down a little rug and just have as many clothing in there as you possibly could And yeah, because the fabric traps sound it traps the sound and she gave me a better mic to get and Actually, it's been sounding a lot better But for the most part even though we don't do video for our audience you and I do video So we can have as close to face-to-face. Yeah conversation as possible. So I'll show you a little trick here at home You can't see what's happening, but you'll get the idea in just a second Here we go That's my studio nice There's my walk-in closet Wow, yeah, so I made a little virtual studio on fiber here

DR. ELLIOT BERLIN, DC: To make it look much more like I'll post a picture on social media Yeah So this is my new studio. Okay enough about me and enough about our podcast. We're here to talk about you yeah, last time I spoke to you you went from wanting a very interventive medicalized birth to sort of switching gears and Becoming first more open-minded than a kind of excited about yeah more natural birth Your plan was like still kind of in flux a little bit. I think last time I talked to you How was the end of your pregnancy and you know going into birth? What did you finalize on kind of what?

KATIE LUNGER LILLY: So, you know our first recording of this and when you and I spoke yeah at the beginning of being pregnant I automatically thought I wanted to c-section I didn't want to have any sort of idea of feeling any pain But then I sort of reframed my mind of what pain I like and don't like and I'm definitely afraid of needles And my body going numb. So the epidural c-section really freaked me out and I pretty much Devoted my time learning about being pregnant is like natural childbirth and how to do it in a hospital So in the pandemic you couldn't have a doula in the beginning of this or the majority of the time. So I didn't hire a doula until literally like a week before the baby came. Cause you gave me Stacey's name and then

KATIE LUNGER LILLY: I called her, but luckily I had my two meetings with her right away because you know, I delivered early, so she was able to be there. That was great.

DR. ELLIOT BERLIN, DC: Down to the wire.

KATIE LUNGER LILLY: Yes, exactly. But it was completely opposite of what I intended for it to be, which people told me and they're like, you know, be ready because what you think is going to happen is never the way it happens. And I'm like, yeah, yeah. But I assumed I was going to deliver late. I thought, you know, I would potentially go till November 10th. That would be like the maximum two weeks. I was like, there's no way she's coming early or whatever. And then all of a sudden, like it happened and it was kind of scary in the beginning. And I mean, I can go into all the details of it.

DR. ELLIOT BERLIN, DC: Well it started at the very beginning. You said you went early in relation to your due date. When did things happen?

KATIE LUNGER LILLY: 13 days. So 38 days before.

DR. ELLIOT BERLIN, DC: So early, meaning before your due date, but not early.

KATIE LUNGER LILLY: Yes. I could have been more prepared.

DR. ELLIOT BERLIN, DC: Yeah, in the zone. I mean, our first baby came 14 days before the due date and it felt very early. And also because we didn't want like family just totally flooding us.

KATIE LUNGER LILLY: Yes.

DR. ELLIOT BERLIN, DC: Told them that the due date was two weeks later than it really was.

KATIE LUNGER LILLY: Oh, that's a good idea.

DR. ELLIOT BERLIN, DC: Was sort of a good idea. But when he came two weeks early, they thought he was creamy and they like all jumped on him and came over. So it didn't work out exactly as planned. Yeah. So it's a good time to have a baby typically. How did it start for you? How did things start?

KATIE LUNGER LILLY: So it started in the middle of the night, like 3 a.m. That was Monday night. So Tuesday morning 3 a.m. I woke up and I had like bleeding and it scared me. So I called the doctor and I was like, Hey, you know, I just woke up, I had this bleeding and it was definitely bleeding. It wasn't just like spotting. So he was like, it's probably fine. It could be the start of your labor, but it could be a few days before a labor actually starts. But he was like, if you really are concerned, you can go to labor and delivery and get it checked out. And, you know, being my first baby and never been pregnant before, I just was nervous about it. So my husband and I left. We went to the hospital just to make sure everything was fine. And in doing

KATIE LUNGER LILLY: that, they hooked me up to a continuous monitoring of the heart rate and they didn't like how the heart rate wasn't being variable enough. Like her heart rate was fine, but it wasn't varying enough. So they gave me juice and then a bag of fluid and that helped. But during that time, they checked my cervix. It was two centimeters. And then just a quick question before any of this

DR. ELLIOT BERLIN, DC: happened. Yeah. Were you having any signs of impending labor? Any

KATIE LUNGER LILLY: contractions? No, not at all. Nothing. I will say I did feel like light cramping the night prior, but I don't know. I didn't think anything of it. Like, yeah, I've never done this. I didn't think anything of it. So maybe I did. Yeah. Had your cervix been checked before that? No, no, because I

DR. ELLIOT BERLIN, DC: was supposed to go in for my 38 week appointment because the appointments are a week and a half apart. So I was supposed to go in the day after on Wednesday. Okay. So no checking. Sounds like kind of in retrospect, maybe you were having some cramping before this all happened. Yes. And like in the day or 24 hours leading up to any kind of trauma or

anything

KATIE LUNGER LILLY: different or workouts? No, nothing. I mean, I was still working out. I don't know if that like contributed to it. I don't think it did. I mean, I don't

DR. ELLIOT BERLIN, DC: think so. Okay. So you go to the hospital and you're doing the monitoring. They don't love it. They're trying to remedy the heart.

KATIE LUNGER LILLY: The thing is, is they were like, you know, we don't like the way the heart rate's reading. And like I said, I read a lot now about like what they do in the hospital and what the concerns are. So like, I read that like clapping your hands makes her heartbeat go up and it was working. So every time I clap my hands, I would see a spike in her heartbeat. Yeah. So I read it in, I forget which book you read. Yes. So I did that and it actually did work. And they were like, okay, you know, her heartbeat is coming up and they were going to send me home at that point. Then I got up to use the bathroom and I had a ton of lead. Like a lot.

DR. ELLIOT BERLIN, DC: Well, okay. First of all, is it only your hands or can anybody clap?

KATIE LUNGER LILLY: Um, I think anybody, but it was just me.

DR. ELLIOT BERLIN, DC: It was just you clapping. And then you didn't realize that you were bleeding until you got up. No, until I got up. Yeah. Okay. And then there was a lot of blood.

KATIE LUNGER LILLY: And then they checked me again. They're like, oh, you're three centimeters. So you're in labor. They're like, oh, you're three centimeters. So at that point I was like, okay, they were like, we have to admit you, you're in labor. So I went in for like four hours. They were going to like, let me try a labor on my own. And of course, nothing really happened. I mean, you're three centimeters, but you're not having contractions. I mean, it was so slight. I felt something. Yeah.

DR. ELLIOT BERLIN, DC: Could you see them on the monitor?

KATIE LUNGER LILLY: Yeah, they did. So you could see contractions. It's just really feeling that much. Yeah. So then one of the concerns was when they admitted me, that they were like you know my doctor was in close contact with the hospital and they were a little worried that a piece of my placenta had ruptured not the whole thing but a piece. Is that what they thought the blood was? Yes because there was too much of it to be like you know your mucus plug or whatever that's what I originally thought it was but then there was like a lot. Yeah so my doctor was a little worried about that and they were a little worried because the contractions that I was showing were just like one long steady contraction there was no breaks in between and

KATIE LUNGER LILLY: that's sort of what it felt like I felt like I had like a dull period cramp for like hours but it wasn't one big old cramp yeah but not it was very slight it's like a very minor headache you know like it wasn't that bothersome at all so he did say like okay well let you lay on your own for like a couple hours but then we do need to talk about inducing you because I can't send you home with the amount that you're bleeding and I don't want it to end up in an emergency c-section situation and I was like okay so you know I tried to just hope that my labor progressed but I sort of knew that it wasn't going to for some reason because I wasn't really feeling much you know I mean I always

wonder

DR. ELLIOT BERLIN, DC: because you're pretty tough so I was wondering you're not feeling much because you're tougher is it just not much going on time is flying by let's take a quick break and come back and find out how things Katie Lilly and this is not what I expected okay and probably more so not

KATIE LUNGER LILLY: what you expected no not at all and I was like upset about it it's like your first pregnancy you're set on doing something one way and then you're told like that is probably not gonna happen that way I just knew that if I got induced I was definitely getting an epidural and I didn't want an epidural because I was so afraid of that procedure I mean it's a phobia

DR. ELLIOT BERLIN, DC: right because you're super tough you can handle a lot of intensity it's just like some people have it with the spider some people have it with mites people with heights you have it with long needles alright so at that time because it's like knee-deep in the pandemic you have a doula and is the doula allowed to come to the hospital she is allowed but she wasn't there

KATIE LUNGER LILLY: yet she was like you know call me when you want me to come and at that point I didn't know if I was getting induced or not but it was looking like it and they loosen the restrictions a lot like my husband was allowed to leave and go get my hospital back because we just like left the house and I thought I would probably be coming back I thought I was fine and then like I got admitted so he came back he grabbed stuff for me and stuff for him and he was able to come back in and the beginning of

DR. ELLIOT BERLIN, DC: this I think you had to stay like you could not leave

KATIE LUNGER LILLY: Mm-hmm. Yeah, no coming and going. Yeah, so he was allowed to come and go, like, pretty much as he wanted. Yeah.

DR. ELLIOT BERLIN, DC: That's great. I mean, a couple months earlier, it would have been a whole different story.

KATIE LUNGER LILLY: Exactly. Yeah, after the four hours of sort of laboring on my own, the doctor came in, and he was like, we need to induce you because the heart rate was still like, I didn't really understand because I heard it, it was fine, but they were like, you know, it was just not varying as much as we want. And it kept, like, dropping a little bit. But also what was bothering me is that the heart rate monitors at the hospital, they don't work. They like go off for like a minute. And then they're like, well, it dropped. Then I'm like, well, no, it just turned off. So it frustrated me.

DR. ELLIOT BERLIN, DC: They had the two big belts.

KATIE LUNGER LILLY: Yeah, they had belts. And then I was on the Wi-Fi one because I wanted to get up and walk around. And that one was like not working as well. And that was frustrating because they were like, you know, the Wi-Fi or the Bluetooth. So they linked me up to a wireless one.

DR. ELLIOT BERLIN, DC: Was it the little blue square?

KATIE LUNGER LILLY: Yes.

DR. ELLIOT BERLIN, DC: Okay. So that's Bluetooth.

KATIE LUNGER LILLY: Yes.

DR. ELLIOT BERLIN, DC: Usually once it finds your rhythm, it's pretty good.

KATIE LUNGER LILLY: It was. But there's a few times where like, if you move the wrong way, it would just drop for a second. And like, you know, the nurse was like, yeah, but we're getting these drops. And I'm like, I know, but I think that's when the monitor is not picking up the heart rate. But I didn't want to argue it too much. I mean, all I wanted was my child to be delivered healthy.

DR. ELLIOT BERLIN, DC: Sure. Are you at this point doing anything to try to get yourself contracting more? Did they recommend anything or like sometimes on the more holistic side, people do like breast pumping or nipple simulation?

KATIE LUNGER LILLY: Right. Yeah. No, honestly, I didn't do any of that. And I read that that was a good thing, but I was sort of in this like state of mind of like, I was scared. I was like, I don't know. It was sort of like those couple of hours like blended together for me.

DR. ELLIOT BERLIN, DC: Okay. So it sounds like they want to induce.

KATIE LUNGER LILLY: Yeah. So they wanted to induce finally. And I finally agreed. I didn't want to. And then, you know, the doctor was like, look, like this wasn't as planned, but I don't want this to end up with an emergency C-section. And he was like, we don't know where the bleeding is from. Like I can't send you home like this. And I think the best option is to be induced. So I agree to be induced. And you made a statement. I know if I get induced, I'm going to get an epidural. Is that their policy or is that? No, no, no. It's just what I read talking to people is like, you know, it makes the contractions much more painful. And to be honest, I really tried to not get the

KATIE LUNGER LILLY: epidural. And I will say through all of this, I definitely experienced labor. Like I was in the most pain I've ever been in my entire life, screaming for the epidural, like screaming for

DR. ELLIOT BERLIN, DC: it. Again, you're pretty tough. No, hold on a second. Your induction is pitocin, I assume. Yeah. And then they always started a small dose and wait a little bit, go bigger, wait a little bit, go bigger. So A, is it having the desired effect in terms of creating more of a pattern of more productive or more intense surges or contractions? Yeah. And B, does it gradually get intense for you painfully or does it? Yeah. So they start you out at like a level

KATIE LUNGER LILLY: two and that felt like nothing. And they took it up every hour for me. It didn't get bad. Like I called Stacey the doula when I got to like maybe like a level six, when I started to feel like, okay, I think I need some help here. Like with the hip squeeze or whatever, that helped me a lot. So I was on pitocin for, I don't know, six or seven hours before getting the epidural. So I was on a level 10, I think, when I was screaming in pain to get the epidural. Wow. Okay. And then was the epidural, I mean, at that point, because you were nervous about getting it. Yes. That wasn't like a giant relief or was it actually scary? Yes. It was honestly, it was like a godsend. So I was screaming for the anesthesiologist.

KATIE LUNGER LILLY: She was like busy or something and it was taking her what felt like a half an hour to come into the room. And honestly, that was the worst pain ever. It felt like someone was

ripping my body apart. Just out of curiosity, were you feeling it more in the front, in the back? Yes, in the front. It started at the top of my waist, basically like right under my ribs and just went all the way down. Like felt like someone was taking a knife and just slicing it open. During the surges or also in between? No, just during the contractions, but they were coming so, so close together.

DR. ELLIOT BERLIN, DC: 15 seconds. No breaks. 15 second break? Oh, wow. So initially it's a long, dull cramp. Now it sounds like much more intense with tiny little breaks in between. Yes. Yeah. Yeah. Yeah. Wow. I mean,

KATIE LUNGER LILLY: that's also not a typical pattern. No, no. So that's what I read about pitocin. You know, like once you get on it, it's synthetic. So it stimulates your body to do contractions, but they're much more intense and they're closer together.

DR. ELLIOT BERLIN, DC: People say stronger, longer, and closer together. Yes. And also not having the effect on your brain because oxytocin, which makes you surge like that, has the effect on your brain of pleasure and bonding and joy. Yeah. But the synthetic form, the pitocin doesn't cross the brain. you contract and it's not helping you alleviate the intensity in your mind, in your brain. Okay, so you get the epidural and life is good again.

KATIE LUNGER LILLY: Yes, I got the epidural. I will say the process of it, I did not like, it didn't hurt. They put it in your back and you feel like this weird pressure. It's not pleasant, but I would have taken anything like after the pain I was in, so it was fine. And after getting the epidural, I was under the assumption that my whole body would be numb or my legs would be completely numb, but they weren't. Like I had feeling, I had mobility in my legs. I mean, I couldn't get up and walk around, but I could feel them. It wasn't like I didn't have any control over my body. You know, it's a cocktail of drugs that they put in there.

DR. ELLIOT BERLIN, DC: Did they have a conversation with you about how much you want to go numb?

KATIE LUNGER LILLY: Yeah, at that point I was like, just give me the standard. I didn't want any walking epidural at that point. I was like, I want to be out of pain. So I'm sure that gives me a good amount.

DR. ELLIOT BERLIN, DC: The full dose, yeah. And you could still feel your legs.

KATIE LUNGER LILLY: Yeah, I could still feel my legs. Yeah, I felt fine. Having a catheter put in sucked. I didn't like that. A urinary catheter. Yeah, but it was not as bad. Like if I got pregnant again and had to get an epidural, I'd be fine with it. I was under the impression that I was going to be completely numb and have no feeling. You know, it wasn't like that. And it was the biggest relief ever. Like I went to sleep.

DR. ELLIOT BERLIN, DC: And that's why I ask, because most people do feel like totally numb. People feel like they're sort of trapped in their body or.

KATIE LUNGER LILLY: Yeah, no, no, it wasn't that for me at all. I did not feel that.

DR. ELLIOT BERLIN, DC: OK, so you're still surging.

KATIE LUNGER LILLY: The same thing with the only the 15 second breaks on the monitor. Yeah, the hardest part of the epidural was the fact that I was dealing with contractions while they were telling me to hold really still. And that was scary because I know if I move one, you know, it can affect her putting it in. So that was hard. So I was in the middle of the contraction and she's trying to put the epidural in.

DR. ELLIOT BERLIN, DC: OK, and you get to sleep.

KATIE LUNGER LILLY: Yeah, I mean, when I say sleep, I was lying in bed and I wasn't in pain anymore.

DR. ELLIOT BERLIN, DC: Rested and comfortably.

KATIE LUNGER LILLY: Yeah, I was laying with like a birth ball between my legs the whole time, and I would switch sides to make sure like one leg wasn't getting more numb than the other. That did happen to me a little bit. Like I had one leg that didn't have much feeling in it the next day, but it went away.

DR. ELLIOT BERLIN, DC: And what's the next benchmark to the benchmark?

KATIE LUNGER LILLY: They checked me again in like four hours or something, and they checked me and they're like, oh, you're 10 centimeters.

DR. ELLIOT BERLIN, DC: Oh, wait, you're not feeling any pressure.

KATIE LUNGER LILLY: I was feeling pressure. Yeah, I was.

DR. ELLIOT BERLIN, DC: So did you tell them, hey, I'm feeling pressure?

KATIE LUNGER LILLY: No, they just thought we haven't checked in a while. So, yeah, so I didn't know. I was like, yeah, I definitely feel pressure, but I didn't say anything. They just checked me and they're like, oh, you're 10 centimeters. Do you want to try pushing? And I was like, yeah, let's try pushing. So I think I pushed once and like, OK, we need to call the doctor.

DR. ELLIOT BERLIN, DC: Oh, it was a test push.

KATIE LUNGER LILLY: They're like, let's try pushing. I pushed and then they're like, OK, we need to call the doctor because you're 10 centimeters plus three or something. I don't know.

DR. ELLIOT BERLIN, DC: Yeah, plus three is the baby is about to crown.

KATIE LUNGER LILLY: Yes, exactly.

DR. ELLIOT BERLIN, DC: OK, well, this is an excellent time to take a break. A little cliffhanger. We'll be right back and find out what happened. Welcome back to the Informed Pregnancy Podcast. We're talking about Katie Lilly. Oh, boy. OK, so now 10 centimeters just by happenstance. Feeling the pressure, test push. And they're like, oh, we got to call the doctor. You're ready to go. Then then the doctor comes and literally the baby without 15 minutes later. Did it come fast? Was it close by?

KATIE LUNGER LILLY: Yes, he was there within 10 minutes.

DR. ELLIOT BERLIN, DC: Oh, so you don't have to wait to push.

KATIE LUNGER LILLY: Yeah, at that point, it did feel like I was trying to hold the baby in. Like I could feel the baby. And then 15 minutes later, she was out. Wow. The easiest thing ever. I mean, it felt like pressure. But again, I had the epidural, so it was really easy.

DR. ELLIOT BERLIN, DC: Could you feel what was happening while you were pushing? Yes. So meaning with the epidural, sometimes people are like they're saying push and you think you're pushing and you can't really feel what's happening. And they're like, you're not really doing anything. I mean, even when you had the full dose of whatever they gave you, I bet it was you could still feel stuff.

KATIE LUNGER LILLY: Yeah, I assume it was starting to wear off a bit anyway.

DR. ELLIOT BERLIN, DC: And you can feel more. Could you move around? Can you move your legs?

KATIE LUNGER LILLY: Yes. Yeah, yeah. It honestly felt like I was doing the leg press at the gym.

DR. ELLIOT BERLIN, DC: OK, so you're on your back. Yeah. And you didn't have pain during pushing.

KATIE LUNGER LILLY: No, not at all. It felt relieving, to be honest.

DR. ELLIOT BERLIN, DC: Did you reach down and feel your baby coming out?

KATIE LUNGER LILLY: Yeah, that was weird. Weird. Yeah, I didn't like it. Why? Because her head felt really soft and it scared me. They're like, do you want to touch your head? I was like, yeah. And then I was like, this doesn't feel like a head.

DR. ELLIOT BERLIN, DC: It scared you because you were worried something was wrong with her or that you.

KATIE LUNGER LILLY: Yeah, I was like, why is her head so soft? So squishy. Oh, yeah, they're squishy. Yeah, I was like, what's wrong with her?

DR. ELLIOT BERLIN, DC: And so your doula was there for all that?

KATIE LUNGER LILLY: Yeah, she actually videoed it. I have a video of it.

DR. ELLIOT BERLIN, DC: Oh, amazing.

KATIE LUNGER LILLY: watch it back? My husband watched it. He's like, you know, there's a video of this. I was like, no, let me watch it. But I haven't shown it to anyone else. I don't think anyone else wants to see it.

DR. ELLIOT BERLIN, DC: No, but I'm saying when you watch it back. Oh, yeah. Was it surprising or is it just exactly

KATIE LUNGER LILLY: how you remembered it? Um, it was surprising because you can see the baby coming out at that point. Like I couldn't see her coming out, you know? Okay. Feeling her coming out was eally, but was seeing her coming out kind of cool or also yeah. Yeah, no, it was, it was cool. Kind of amazing. Yeah. I mean, after all of it, you know, I'm fine with how it happened. Obviously she's healthy and, um, the thought of being induced, I think scared me, but it really wasn't that bad. Like my advice to people would be like, you know, if you have to get induced, which I think a lot of people do, especially if you're in the hospital, having a hospital birth, it's really not that bad. I would advise someone to get an epidural

KATIE LUNGER LILLY: maybe a little sooner than I did, unless they're going to push through and not do it. I thought I was going to die.

DR. ELLIOT BERLIN, DC: The crazy thing is, like I said, you're really tough and very fit and you had a very unusual contraction pattern before you got the induction agent. And even afterwards, even though there tend to be stronger, longer and closer together, that 15 second break with massive intents in between is just not typical. So you just never know. I mean, even you yourself, if you, for some reason got induced again, it might feel totally different. Yeah. People have said that. Did you have stitching that you needed?

KATIE LUNGER LILLY: Yeah, just a small tear. It was very small, like first degree.

DR. ELLIOT BERLIN, DC: Interesting. Well, 15 minutes of pushing on your first kid is pretty magical too. It's pretty fast.

KATIE LUNGER LILLY: Is it? I don't know what the norm is.

DR. ELLIOT BERLIN, DC: I mean, I think typical is closer to an hour. People sometimes push two, three, four hours. I mean, you just must have a really amazing chiropractor. I gotta get this. How is motherhood?

KATIE LUNGER LILLY: It's great. It's a lot in the beginning. Breastfeeding is definitely a lot. It's a full-time job. It's going well. I would say the thing that's helped me the most is I scheduled two appointments with a lactation consultant that came to my house within the first week of the baby and it's helped me tremendously. I was overproducing milk a little bit and that was an issue, so she helped me get on board with that. Then my milk comes out really fast, so I have to position the baby right in order for her to not choke on it. But I guess it could be worse. I could not be producing milk. I mean, there's remedies, so there's ways to deal with it once you know what's happening.

KATIE LUNGER LILLY: Yeah, exactly. Yeah. I would say that for anyone, especially a first-time mom, having someone come to your house that can help you with it, because it's not even like she didn't have trouble trouble. I mean, she just taught me a better way for her to latch and a different position and it made a world of difference. How is your body recovery going? Good. You know, the first night in the hospital, it was painful. There was like an ice block, you know, and my nipples were so sore because she wasn't latching properly. But after like a week, I'm fine. I mean, I feel like I could start working out like I was right away. I haven't yet, but I feel fine.

DR. ELLIOT BERLIN, DC: How old is the baby now?

KATIE LUNGER LILLY: She is going to be a month soon.

DR. ELLIOT BERLIN, DC: So, of course, when you see somebody work out a lot during pregnancy in a healthy way, it's so magical how the recovery tends to go.

KATIE LUNGER LILLY: Yes.

DR. ELLIOT BERLIN, DC: Usually a week later, you can hide the fact that you're pregnant if you want to. And then that's such a common sentiment that women tell me is that I'm just like ready to work out. I want to go out and be active again, you know, 10 days after they have the baby. And you can also, like some things, you can just start going for walks.

KATIE LUNGER LILLY: And that's what I've been doing. I've been walking. I don't think anything at this point would happen to me if I started working out, but, you know, the hormone response to having a baby is real, and it's a stressor when you exercise. So you just have to be careful. If you're throwing it off, then it's going to be tougher for you to eventually see the results that you want to see from exercise. Because if your hormones get off, then you have to work backwards from that.

DR. ELLIOT BERLIN, DC: Yeah. I usually feel bad because a lot of our patients are super fit and work out like you towards the end of pregnancy. I just sit around watching Netflix and that makes me feel a little bad about myself. But when you start working out two weeks after you have a baby, I just look at the mirror, the guy in the mirror. I'm like, we need to have a talk. So in terms of early motherhood, aside from, you know, getting used to feeding is always a learning curve.

KATIE LUNGER LILLY: Yeah, it is. I mean, I try to keep her just somewhat of a schedule, but it's basically feeding on demand. I mean, she eats when she wants to eat. She does give me good stretches at night. Like sometimes she'll sleep for, not four hours, but like three and a half, like she'll go four hours between feedings, which is great. I mean, that's my schedule. Yeah. And then I can give her like one bottle a day. But, you know, if you're breastfeeding, you still have to pump. So it's not like that much of a, you're still not getting a sleep stretch of more than three hours.

DR. ELLIOT BERLIN, DC: And are you adapting well?

KATIE LUNGER LILLY: to that? Yeah, I mean, I'm the kind of person if I don't get my sleep, like prior to the baby coming, if I didn't sleep, you know, at least five hours, I would be useless the next day. But in the beginning, the first two weeks, I felt like I didn't sleep for like an hour. I've maybe slept for an hour a day. I was just up, you know, you have a ton of hormones running. It was funny, my husband and I in the hospital, we would like take turns just watching to be able to make sure she was sleeping. Like we both didn't think we could go to sleep and have her sleep. We were just watching

DR. ELLIOT BERLIN, DC: her breathing. Yeah, with our first, we had a lot of fertility struggles before the first kid came. So once we finally had a pregnancy that took and made it to the end, we were super excited. But it was like, we didn't believe we would have a baby until we were holding him, actually holding him. Yeah, then I think most people have that low anxiety, like I wonder if the baby's okay. Like the first time he slept a five hour stretch, we both woke up in a panic and ran into the crib to make sure he was still breathing. Yeah, I always dreamed I wish they had like some kind of monitor that could tell me if they're breathing. And now they have all these cool different monitors that

KATIE LUNGER LILLY: Yeah, no, they do. But I don't know, they kind of freaked me out.

DR. ELLIOT BERLIN, DC: Because your baby?

KATIE LUNGER LILLY: Yeah, like a lot of times it's wrong or to like beep and it's I don't know. There's one that I have that I tried once and I was like, Okay, this is freaking out.

DR. ELLIOT BERLIN, DC: Well, I mean, there's always new ones. And they're always innovating them and improving on them. But we didn't have anything. So we're just constantly have to run back and forth. Yeah, exactly. See what's going on. All right. So look, in terms of your birth, it's been quite a journey for you. Yeah. Again, going from wanting to have a cesarean to wanting to not have an epidural, you know, go medless, starting with the bleeding. And did they ever figure out was that placenta had a piece?

KATIE LUNGER LILLY: No, it didn't.

DR. ELLIOT BERLIN, DC: So they don't know where the blood came from. Really kind of a scary, interesting story. But it sounds like kind of a good thing that you trusted your instinct and went to the hospital rather than going back.

KATIE LUNGER LILLY: Yeah, I just wouldn't have felt comfortable at home. And who knows? You know, maybe there was something up with her heart rate. I don't know. You know, but

DR. ELLIOT BERLIN, DC: But now I know the clap trick.

KATIE LUNGER LILLY: Yeah, exactly. It does work.

DR. ELLIOT BERLIN, DC: And then the thing that you were afraid of seemingly most was that epidural. But by the time you were ready for it, you wanted it badly.

KATIE LUNGER LILLY: Yes. I will say if you go and get admitted to the hospital and you're having labor pains and you get an epidural an hour later, it could change your experience and it could really hurt. You know, but for me, I was having such intense contractions and this was like nothing. You know, this was huge relief for me.

DR. ELLIOT BERLIN, DC: Yeah. And then you're pushing, you know, everybody's story is different. That's how we record them. But some people struggle a little here a little there. But your pushing sounded dreamy.

KATIE LUNGER LILLY: That was the easiest part.

DR. ELLIOT BERLIN, DC: Your milk production and recovery also sound like they're going at least good if not above average.

KATIE LUNGER LILLY: Yeah, yeah, no, it's great. I mean, in the beginning, luckily, I had a consult with this woman because I almost got mastitis if I didn't realize what was happening to me. But I got it under control. And now it's just managing my milk supply so the baby doesn't choke on my milk.

DR. ELLIOT BERLIN, DC: Yeah. So you're still in the first 30 days. A lot of people like to stay in and just kind of be in the nest for 30 or 40 days. I guess that's easier during a pandemic. There's not a lot of places to go.

KATIE LUNGER LILLY: We've taken her out though. We've walked her to dinner. She went shopping with me today.

DR. ELLIOT BERLIN, DC: Good shopping partner.

KATIE LUNGER LILLY: Yes. Yeah.

DR. ELLIOT BERLIN, DC: Well, you look amazing.

KATIE LUNGER LILLY: Thanks. I really do need to come in my upper back is

DR. ELLIOT BERLIN, DC: killing. I'm ready. I can't imagine I'll probably have a Red Bull and then have enough energy to take care of that for you. And at home our viewers can't see but you're holding on to the little princess. Yeah. Say hi to Dr. B.

KATIE LUNGER LILLY: I can see.

DR. ELLIOT BERLIN, DC: Say hi.

KATIE LUNGER LILLY: Surely you know my voice. We spend a lot of time together. Oh, what a little yum.

DR. ELLIOT BERLIN, DC: She's sleeping. Milk coma. That little milk coma that they go into after just feeding. Well, Katie, thank you so much for sharing your experience. And I guess looking back or looking forward, if you did it all over again, do you have thoughts on what your plan might be the next time? And I know you said you were flexible. That was one thing I asked you. And that flexibility obviously pays off. Sometimes it goes exactly how you plan it. Sometimes it goes very close to you. Sometimes it goes dramatically different. Yours, I would say, wasn't different. But I mean, you still have the vaginal birth you're planning for.

KATIE LUNGER LILLY: Yeah, exactly. Yeah. And I still got to experience the contractions. You know, I did experience true labor. It just was medicated.

DR. ELLIOT BERLIN, DC: Yeah. So moving forward, do you have any idea like if you did it again, would you have a similar plan or would you?

KATIE LUNGER LILLY: I would say right now for me, it would be hard to try to refuse an epidural knowing the effect of it after I got it. It was like the most amazing feeling, you know. So I would say, yeah, I would try to not do it again. But now and then I'm not afraid of it. I know my legs aren't going like you said, every labor is different. So who knows, maybe the next time I get one, it will be not as pleasant.

DR. ELLIOT BERLIN, DC: It could be, you know, a completely different experience. I've been in the labor and delivery room several times where the anesthesiologist gets an on-the-spot marriage proposal, even though the spouse is right there.

KATIE LUNGER LILLY: Yeah. I totally get that. I totally get it.

DR. ELLIOT BERLIN, DC: They do seem life-changing when you get them at just the time when you need them. All right. Wunda, I assume you're going to get back there pretty soon.

KATIE LUNGER LILLY: Yes, definitely. I am ready.

DR. ELLIOT BERLIN, DC: And how are they working out now?

KATIE LUNGER LILLY: It's cold.

DR. ELLIOT BERLIN, DC: I know.

KATIE LUNGER LILLY: They're wearing sweatshirts and we have classes a little earlier at night, so it's not as cold by the morning. So you just have to bundle up until you start to get sweating. A lot of dedication because of the pandemic, they're still working out outdoors.

DR. ELLIOT BERLIN, DC: Tell me again where we can find Wunda online.

KATIE LUNGER LILLY: Oh yeah, trainwunda.com and Instagram is at trainwunda.

DR. ELLIOT BERLIN, DC: Awesome. All right. Thanks again for sharing your story at home. Thanks for listening to us. You know what? We're getting so many topic suggestions and we're doing them. We're plowing through them one at a time. You know, sometimes I'm like, hmm, what are we going to do on next week's episode? And then the coolest topic suggestions come in that I never thought of. If you would like to suggest a topic, send us an email to info at informedpregnancy.com.

Enjoying the Informed Pregnancy Podcast?

Visit us at **informedpregnancy.com** for episodes, articles, and resources for pregnancy, birth, and beyond.

Want more? Subscribe to **Informed Pregnancy+** at **informedpregnancy.tv** for films, series, and exclusive content.