Marisa Cohen - Before Birth

Episode 226 · April 22, 2021 · with Marisa Cohen

IN THIS EPISODE

Marisa Cohen joins Dr. Elliot Berlin, DC just days before her first baby is due — 39 weeks and counting — to share a pandemic pregnancy that refused to follow any single plan. A public-health professional with a master's degree from UCLA, Marisa conceived after a year of trying just as lockdown began, then navigated working from home, masked appointments her husband could not attend, a surprise gestational diabetes diagnosis and the three-hour test she calls the glucose torture test, a low-lying placenta scare, and a string of provider changes. When a COVID spike at 36 weeks threatened the hospital birth she had finally settled on, she had to decide, fast, where and with whom she actually wanted to give birth. She and Dr. Elliot Berlin, DC talk through how she landed on her final plan, the hypnobirthing mindset she is carrying into labor, and the quiet at-home moment she is holding in her mind as she waits to meet her son.

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DR. ELLIOT BERLIN, DC: Welcome to the informed pregnancy and parenting podcast. I'm your host dr Elliott Berlin you have tuned into the before episode of an amazing before and after birth experience I can only assume it's gonna be amazing because the guest today is incredibly optimistic She holds a master's degree from UCLA and works in public health. She's do really any second I know I say that a lot but seriously it could happen during this episode with her first baby Her entire pregnancy took place during the pandemic She's had to navigate making a birth plan during the most uncertain of times not to mention changing providers and plans and little Things that have come up that kind of shift the whole birth one way or another

DR. ELLIOT BERLIN, DC: But now that we're getting super close, it seems like there might be what is hopefully the final plan Marissa Cohen, welcome to the podcast. Thanks. Dr. Berlin. It's so good to see you not at

MARISA COHEN: 6 o'clock in the morning. It's rare for me

DR. ELLIOT BERLIN, DC: Yeah, I think that's oh whenever I've seen you it's been 6 a.m. And we've both had masks on but it's it's kind of nice

MARISA COHEN: I know that is so crazy the pandemic because I'm just seeing babies who never see anybody's face for like six months to a Year have never seen a face like how was that gonna affect them? I don't know and it's weird to meet new providers while you're in like a like, you know really important life stage and never see like them smile at your joke and There's just like a step missing but yeah

DR. ELLIOT BERLIN, DC: I wish that there were like smart masks that could at least mimic what's going on underneath it with the emotions with the reactions At least to say lol, even though you're there and I didn't lol. Yeah, certainly not ROFL. Yeah Yeah, that would be a giveaway because you're clearly not but yeah It's it's weird out and I wonder what this is like for children who don't have much concept of life before a pandemic Yeah, it's just a whole new strangeness and I I'm a bad judge because I'm facepalm But I have found like when I see somebody for a mask in the first time and that you won't have a whole Conversation like the whole startup conversation Let's say at the office who they are what their needs are and you know

DR. ELLIOT BERLIN, DC: Can I fulfill them and stuff like that and then I'll see them without their mask It's a completely different person than I was picturing under there. Even though it's just this much face that's missing

MARISA COHEN: Absolutely. I feel the same way about you. I'm like, oh, this is what dr. Berlin looks like Yeah, sorry to let you down. I've only seen you with a mask. No, no, no, it's great But you get a mask that I guess looks like a picture of your face, but I don't know I don't know much longer. We're gonna all be in masks. It might be forever. Maybe it's only gonna be for six more months

DR. ELLIOT BERLIN, DC: Who knows? Yeah, it's the thing that would have been cool to come out with a product six months ago. Yeah Alright enough about pandemic because that's all we're gonna talk about soon. You're having a kid Let's start the game where you're from. How did you meet your partner?

MARISA COHEN: So I was born in New Jersey But I spent most of my childhood in Arizona and I went to the University of Arizona for college and that's where I met my husband We were really just good friends for a long time so after college she moved to New York and I was in LA and then about five years ago, we started dating and We've been together ever since we got married about three years ago. And now we're having our first child together. It's amazing

DR. ELLIOT BERLIN, DC: I feel like I know him. Yeah. Yeah, but I've never met him. We just smooth sometimes and so how did you get back together?

MARISA COHEN: We were never together romantically. I mean, I guess if he was answering this, he would tell you that he had a crush on me, that he pursued me, that he chased me. I thought he was just flirty because he was from the South. We were both single for a long time and we would go on like trips together because we both liked to travel. And so on one of the trips, we kind of got together in a more romantic way, I guess. And then when we got back from the trip, eight weeks later, he moved to Los Angeles.

DR. ELLIOT BERLIN, DC: Oh, wow. Yeah. So he was definitely the serious one, but you know, that's good. Hopefully you're getting more into it at this point.

MARISA COHEN: Yeah, definitely. I'm definitely sold on the situation. I think three years of marriage will do that to you. And if not, then, you know, being nine months pregnant, nine months of pregnancy really locks it in.

DR. ELLIOT BERLIN, DC: And were you guys like from day one, did you have thoughts on starting a family?

MARISA COHEN: I think that was always something that we both wanted. I think that he probably was more like vocal and like passionate about it than I was. I think I'm a little bit more like go with the flow in our relationship. And he's sort of like the planner and the doer. So it's definitely something that we both wanted, though.

DR. ELLIOT BERLIN, DC: I thought for sure you were going to say, yeah, we went on another one of those trips. And when we came home, we decided, I guess we're having a baby.

MARISA COHEN: Yeah, I know. I wish it was that spontaneous of an accident.

DR. ELLIOT BERLIN, DC: So, oh, so you decided you wanted to. And then in light war, I guess he decided you wanted to.

MARISA COHEN: No, we both decided we wanted to. I think he probably wanted to start like right after we got married. And I was like, let's like be newlyweds for like a year or two and just like enjoy traveling and like hanging out and having like an easy life. And then we got down to business. We'd been married for a year. It took us about like a year of trying, which felt really long. But looking back on it, I don't think it's actually a very long time at

DR. ELLIOT BERLIN, DC: all. I mean, it's within the realm of normal, but I'm sure it feels very long once you're finally ready.

MARISA COHEN: Yeah, it felt long after the first month when we were like, oh, we didn't succeed that month. And then every month after that, it felt like there was more and more pressure. But, you know, looking back on it, it all worked out. But I guess when you're ready, you're just like now and then your body's like, not yet.

DR. ELLIOT BERLIN, DC: Yeah.

MARISA COHEN: And I feel like you were able as like adult humans were able to have such a high degree of control over so many things in our lives. And this is so much the opposite where you just don't have that much control always. And so you were just left to try and see what happens.

DR. ELLIOT BERLIN, DC: I feel like there's very little control over conception and everything that happens after that for the rest of your life.

MARISA COHEN: Yeah.

DR. ELLIOT BERLIN, DC: Once kids are involved.

MARISA COHEN: Once you involve kids, it's a big question, Mark.

DR. ELLIOT BERLIN, DC: Okay. Did you start to, I mean, I know you, after a month, you're already kind of what's going on here. Did you start to like talk to doctors about it or you just kept trying?

MARISA COHEN: No, we, we talked to doctors. I got things checked out. He got things checked out. There was nothing that they could pinpoint that was like, oh, this is, this is the thing. There was nothing wrong at all. My OB GYN at the time was just like, just keep trying. And I think we had decided that like we would try, um, it was a year of trying in May and we were going to move to like an IUI and try around of that and in April we got pregnant. So I think when you give up and just like surrender control,

DR. ELLIOT BERLIN, DC: you should have said from the beginning, let's try for six months. And then you'd already have a six month old.

MARISA COHEN: Yeah, definitely. I don't know if that would be better or worse to have a six month old right now.

DR. ELLIOT BERLIN, DC: It'd be hard for the podcast and all that noise in the background.

MARISA COHEN: Yeah.

DR. ELLIOT BERLIN, DC: So thanks for waiting. Did you do tests? I mean, you said you had your things checked out and he had his things checked out, but nothing came up like with an answer.

MARISA COHEN: No, I, we, let's see. I had like blood work done and they did some ultrasounds, like the anti-malarion hormone, which tells you how many eggs you have left in your ovaries because I'm 36 now, I was 35 at the time. And so they're like, well, you know, we don't know how, like, you know, if you have any eggs left, but I had plenty and he did a semen analysis, which is I think like a fun rite of passage for any man who was a good sport about it, but everything came back more than normal for him. And so they did like a few ultrasounds of my ovaries. Like there was just nothing that was like, Oh, like, you know, there's a blockage or there's like some sort of issue. And neither of us had ever had health issues in that respect.

MARISA COHEN: So we were just told to keep on trying.

DR. ELLIOT BERLIN, DC: Was it like each month where you're like, yeah, this is the one I feel it. You know, people are like, Oh look, the moon's a little funny shape. I bet we're pregnant.

MARISA COHEN: Yes. You know that it's like a Christmas song, like the most wonderful time of the year, we would sing it's the most wonderful time of the month. Cause everything was a sign. We're like, Oh, I was like, I'm, I'm craving potato chips. This is definitely a sign.

DR. ELLIOT BERLIN, DC: And then, oh, in that case, I am very pregnant, but yeah, we were

MARISA COHEN: like, there's like those two weeks to being really hopeful. And then like you're, and then you're like, it's not it. And then, you know, you sort of repeat the cycle, but then one month it was actually it.

DR. ELLIOT BERLIN, DC: So were you taking tests every month or waiting for your buddy to tell you?

MARISA COHEN: Oh, taking tests every month. We were both like very curious, very like, you know, interested. And at that point it was April and it was like, you know, the peak like lockdown, there wasn't that much going on. So we were sitting at home, you know, like with a stack full of pregnancy tests every month. Nobody does one. No, no, no, no. Especially because like the first one I took, the line was so faint. I was like, I'm not pregnant. He's like, I think that's a line. I was like, no, I was like, that's not it.

DR. ELLIOT BERLIN, DC: Uh, yeah, they just make it faint. So you buy five more tests.

MARISA COHEN: Yeah. And it was a good marketing strategy because I did.

DR. ELLIOT BERLIN, DC: I'm thinking of a shark tank product, like an app that just tells you how many eggs you have left.

MARISA COHEN: Yeah. Like it could like scan you.

DR. ELLIOT BERLIN, DC: I don't know how it knows. I'll just, you know, we have the technology for everything. So it'd be nice to just open up your app and be like, oh, 24,000 eggs left.

MARISA COHEN: Okay. Yeah. Cool. I've got, I don't know. Is that a lot or a little,

DR. ELLIOT BERLIN, DC: I don't know how many is a lot of eggs. Yeah. It's a lot for a shopping list.

MARISA COHEN: Yeah, that's true. A lot for a quiche. Yeah. A really big quiche. Yeah. But I did see an acupuncturist, which I felt like was really helpful in like the process of trying to conceive just-

DR. ELLIOT BERLIN, DC: You've done acupuncture before that?

MARISA COHEN: No, it was recommended to me as like sort of a something to help with the process. And I thought that that was interesting and I found a really wonderful provider and she was really helpful and I still see her today. So there's sometimes have like crazy insight on what's going on. Yeah. Yeah. You know, she like would tweak little things about herbs and things and ask me like very, very specific questions that, you know, I think like a traditional like allopathic provider doesn't necessarily want to get into that like granular detail about how like little parts of your body are functioning. So,

DR. ELLIOT BERLIN, DC: yeah, I mean, that's the whole idea of holistic is we zoom out and look at you as a whole organism. You know, I don't know who this is quoting, but somebody in chiropractic school, they used to say all the time you step on a dog's tail and it barks. So if you're looking for the problem at the vocal cords, you're never going to find it. You got to scale back and look at the whole picture.

MARISA COHEN: That's a great point. Yeah.

DR. ELLIOT BERLIN, DC: And I'm like, why are you stepping on a dog's tail? That's an awful thing to do.

MARISA COHEN: Yeah. Terrible analogy. But yeah, a lot of what we focused on was like nutrition and like my sleep and how other parts of my body were working. And it wasn't just like, you know, so I think definitely the zoom out approach was helpful. And it also just kind of kept me calm, made me feel like I was doing something.

DR. ELLIOT BERLIN, DC: How long were you with the acupuncturist before you got pregnant?

MARISA COHEN: I think six months. So I started seeing her in September and then like we conceived April at the end of April. So yeah. Yeah. When you got that positive test, were you together with your partner? Yes. Technically he was in bed and I was in the restroom of our home, but I, you know, walked it on in. Yeah. So we were together, but then we were, there was the debate about whether or not we were actually pregnant. He was more optimistic than you. Yes. Yes, definitely. He's yeah, he's the more optimistic one generally, but he was more optimistic about this one too.

DR. ELLIOT BERLIN, DC: I mean, I can see how it'd be hard to believe after a whole year of getting negatives.

MARISA COHEN: Yeah, definitely. I was like, it's never going to be it. And like, you know, and then I was like, what are the odds of, you know, getting pregnant right now during like the craziest time? Cause I thought April was the craziest time, but.

DR. ELLIOT BERLIN, DC: Apparently the odds are high because there's a definite spike in pregnant people in our office right now. I try to clone myself, but I'm too big for the machine. There's so many babies. I don't know if they're coronials or quarantinials or baby zoomers or whatever we're going to call them, but there's a lot of them. I keep joking that everyone ran out of puzzles. All right. On that note, let's take a break. We'll be right back with Marissa Cohen. Welcome back to the Informed Pregnancy Podcast. We're talking to Marisa Cohen. Okay, fine. You found out you were pregnant at the beginning of the pandemic. I mean, then what? Do you guys start working from home? Are you all together during the pregnancy? Is that nice

MARISA COHEN: or is that terrible? So we were working from home actually starting in March. So both of our offices were really progressive about it and put us on telework and made it pretty easy to telework early on in March. So we'd already been working from home. We stayed working from home. And honestly, it's been really nice being together all the time. It's sort of like, I guess, balancing out the fact that he hasn't been able to come to most of my provider visits. So he wasn't there for the big ultrasounds. He was there for the first one that confirmed that we were pregnant. But other than that, he hasn't been able to come to a doctor's visit with me. And on the other side of that, like, I'm with him all day every

MARISA COHEN: day. And so we get to go on a walk together. He gets to know what I'm eating for lunch. And if I like have like a side cramp or, you know, something. So it's nice that we're together all the time. It kind of balances out the fact that he's missed some of those

DR. ELLIOT BERLIN, DC: like milestone visits. Yeah, I mean, it doesn't get to zoom into those visits, or just you come back and tell them what happened. For some of them, we facetimed

MARISA COHEN: him in when they did like the 20 week anatomy scan where they like, you know, like do that big whole ultrasound. He like zoomed in for that one. But I would have him on speakerphone when I was there with like my OB. And it just sort of felt like this weird triangle communication. And it wasn't as good as him actually being there. And I feel like it sort of put distance between my provider and I. So we stopped doing that also.

DR. ELLIOT BERLIN, DC: It's been a challenging year with a lot of adaptations and people trying to find different ways to be involved, you know, partners that aren't able to come to appointments like that. Not every partner even wants to come to those appointments. But if you do,

MARISA COHEN: then it's really a bummer not to be able to. Yeah, yeah. Now the care provider that I'm with has said that he could come, but today he didn't. But maybe if I'm still pregnant by my appointment next week, then maybe he'll join me. That's kind of the way it goes.

DR. ELLIOT BERLIN, DC: When he's not allowed to, he really wants to. Yeah, exactly. Now that he was allowed to. All right. So your pregnancy, you had little things come up along the way. First of all, I think for a lot of people at the beginning of the pandemic especially, there was just a lot of fear about going anywhere, doing anything. Is that magnified when you're pregnant?

MARISA COHEN: Oh my God, so much. You know, because I think now they know that like, you know, the last scary thing was Zika. And we didn't know how this was going to affect pregnancy or babies. Like maybe there's no effect. Maybe there's, you know, maybe it's worse. And so we started being really conservative with where we've gone and what we've done. And, you know, I really don't want to get coronavirus pregnant, mostly just because I don't want to be sick and pregnant. It just doesn't sound like a good time. But I'm less worried now about getting it in. I was worried that maybe I would miscarry because I got coronavirus too early in my pregnancy. That was a big concern.

DR. ELLIOT BERLIN, DC: I mean, I keep saying you're very close to the end, but you're really close to the end.

MARISA COHEN: Yes, Saturday. So today is Wednesday. So 39 weeks and four days. Yeah. So I'm doing three or four days. Yeah, I'm doing three days.

DR. ELLIOT BERLIN, DC: Approximately. You found out you have gestational diabetes.

MARISA COHEN: Yes.

DR. ELLIOT BERLIN, DC: Was that a big surprise for you?

MARISA COHEN: Very surprising. You can see me, but the people who are listening can't. But I consider myself like a pretty like thin fit person. And until I was pregnant and got gestational diabetes, I was under the impression that this happened to people who had like maybe a higher body mass index. I thought that maybe your diet had something to do with it. And so I didn't identify as someone who would be at risk for gestational diabetes in my mind, just because of the limited information that I had. And then when I was diagnosed, yeah, that was a big shock.

DR. ELLIOT BERLIN, DC: Yeah. So you did the one hour test.

MARISA COHEN: I did the one hour test. I failed that. And then I got to do the three-hour test. Anyone who's done the three-hour test, I'm calling it the glucose torture test, not the glucose tolerance test, because it's awful. They stick you like four times. You have to fast. They make you drink this really disgusting, like, I mean, I can't do it justice. Yeah. It's awful. And it's thick and warm and tastes like fake orange. It's gross. And then they just sort of sit you in this room to have a sugar high for three hours while they come back.

DR. ELLIOT BERLIN, DC: It makes you nauseous. But if you throw up, the whole thing's invalid and you have to start again.

MARISA COHEN: Yes. And you can't have any water either. So you can't like quench your thirst. It's awful. It's a terrible thing to do to a pregnant woman

DR. ELLIOT BERLIN, DC: or any person. I will say this. I've seen several alternatives now pop up to doing what you call the glucose torture test. Number one is the little sensor that you put in your arm and you just monitor your sugar for two weeks. And it's monitoring 24 seven. You can download it to an app and you can see what kind of spikes there are based on what kind of foods you ate. And doctors are now sometimes in midwives using that instead of the glucose tolerance test. And then also I see people use at least a better drink like an all natural version where you get all the sugar you need in there but it's not that nasty fake orange situation.

MARISA COHEN: Yeah. I think if I have to do this again I'll like be a little bit more proactive about researching alternatives. But there were certain parts of the pregnancy where I was just like, well, this is just what you have to do. And they're saying I have to do it. And I mean, I guess it's good information to have because I ended up being positive for it. So, you know, I'm glad that I was able.

DR. ELLIOT BERLIN, DC: Oh, as you know, yeah. Oh, is yours treated with diet and exercise? Or are you taking?

MARISA COHEN: Yeah, diet and exercise. There are certain things that like, I just, you know, like had to cut out of my diet. Like I was eating a lot of ice cream. That was like a treat that I was enjoying. So we had to stop like sweets at night and you know, like you have to balance like a lot of protein with carbs and stuff like that. I have a dietician that sort of looks at what I eat at every meal and what I test at in the morning and after every meal and make suggestions through like a Google document. So it's nice to have help working through that.

DR. ELLIOT BERLIN, DC: I think we had Dr. Nate Fox on the program recently. If you go back and listen to he's a maternal fetal medical specialist. And he said, diabetes is not even really a great term for this condition because it's different than diabetes the other kinds of diabetes. This is what your placenta, it's kind of sort of how your placenta interacts with sugar. And so the typical risk factors for it don't necessarily apply. And it doesn't mean like you're gonna get diabetes because you've had this. They're just not related that way.

MARISA COHEN: Yeah, you know, why would I have known more about this you know, leading into the pregnancy? But I had not known anything about it. I was just like, oh my God, I had something that I ate. It's because I didn't take care of myself. It's because I'm old. Like you just stop blaming yourself for all this.

DR. ELLIOT BERLIN, DC: You're a horrible person.

MARISA COHEN: I know, a terrible pregnant woman. Yeah, who's indecisive.

DR. ELLIOT BERLIN, DC: Yeah, who ate too much ice cream.

MARISA COHEN: Oh yeah, I am indecisive too.

DR. ELLIOT BERLIN, DC: All right, so that was one condition, but you're controlled, like your numbers are good.

MARISA COHEN: Yes, I used to be very hard on myself if I had a high number, I'm not so much anymore especially because the last time I talked to my dietician she's like, less than 10% of your numbers are high. I was like, I can have 10% of my numbers be high. She's like, yeah, we worry when you get 40% of your numbers that are high. I was like, I could have had, I was like, they don't tell you that in the beginning. I thought any number that was high was like a terrible thing, but apparently I could have really flown a little closer to the sun.

DR. ELLIOT BERLIN, DC: Did you switch for those high protein ice creams?

MARISA COHEN: No, there were these, they were called Yasso bars. They're like a Greek yogurt bar. I had some of those and then I switched to just like, I would have like a little bit of dark chocolate with peanut butter on it and that was okay. But I just sort of-

DR. ELLIOT BERLIN, DC: Wow, crazy type.

MARISA COHEN: From sweets, yeah.

DR. ELLIOT BERLIN, DC: You glutton.

MARISA COHEN: But I am looking forward. I watch a lot of Instagram videos. You know those Instagram videos of like someone smearing something on the outside of a glass and covering it in cookie dust and putting a milkshake in and then they put whipped cream on top and then there's a piece of pie that goes on top of that and then a cupcake.

DR. ELLIOT BERLIN, DC: Oh, the layers.

MARISA COHEN: Yeah, I've been watching a lot of food porn. Rightful.com. Making a lot of plans for when this placenta is out of me.

DR. ELLIOT BERLIN, DC: You also have another little scare, which is that you found out your placenta was low lying, placenta previa-ish.

MARISA COHEN: Yes, so at 20 weeks when they did the anatomy scan, he was like, everything's great. Everything's perfect, but your placenta is low lying. And I was like, well, what does that mean? And he's like, it wasn't touching my cervix. It wasn't covering my cervix. It was just lower than, I guess, average, which come to find out like a lot of placentas are low lying at 20 weeks because as your uterus grows, it kind of pulls your placenta up with it. So they don't move like down. They just move up as your uterus kind of stretches and grows, but the doctor. I'd seen who wasn't my regular

provider. He was like, you know, you could start bleeding at any minute. You need to have a surgeon on hand.

MARISA COHEN: At that point, I had been maybe planning on switching to a, actually I was planning on switching to a birth center and a midwife. And so he's like, no, you need to have a surgeon. You could start bleeding at any minute. And I was like, Oh dear. Okay. So new plan. But again, I think 90% of women having a low lying placenta at 20 weeks, it was resolved by 30 weeks.

DR. ELLIOT BERLIN, DC: So yeah, and yours has since, uh, gone North.

MARISA COHEN: Oh yeah. It's a, well, I don't know exactly where it is. I know it's, it's where it's supposed to be. It's not low lying anymore. It's not in the way. So another thing that was maybe a huge dire problem that actually wasn't at all.

DR. ELLIOT BERLIN, DC: I love that. Okay. But you did switch your provider like 19 times. We're going to take a quick little break and we're going to come back and find out where you landed. Welcome back to the informed pregnancy podcast. We're talking to Marissa, guess what? She's still pregnant, but not for long. So you switch your providers literally like five times in your plan and where you were going to give birth. Uh, why so many?

MARISA COHEN: Well, so one, I think I'm an indecisive person and this is a big decision. So, you know, we really wanted to test everything out. No, it wasn't my intention to switch this many times. When I moved to LA, I started seeing a really nice OB GYN for just like for regular care and I really liked him and he has a practice in Beverly Hills, a really prominent practice. And when I got pregnant about a year before I got pregnant, he had announced that he was no longer going to be delivering or caring for pregnancy. Who's, you know, kind of joy and new OB. Yeah. He was like, it's a young man's game. I'm getting out of it. And I respect that. So when I got pregnant, he confirmed the pregnancy.

MARISA COHEN: And then he's like every visit from now on, you know, I'm referring you to another doctor in my practice. When I started seeing him, there were, I think four doctors in the practice. And now there's like 10 or something. It's a massive practice now. So he referred me to another doctor in the practice who I never really felt like a good connection with. And around 20 weeks, I was planning to switch to a birth center. I'd always been interested in a home birth or a birth center birth, something not hospital related. And so I had wanted to switch anyway, and that sort of like lack of connection with a provider kind of gave me like a little bit of a push in the right direction. But at 20 weeks, I got this news about my placenta being low lying.

MARISA COHEN: And I was like, Oh, well, you could bleed it any time. Yeah. I was like, Hey, this is a day by day situation. We really need a surgeon on standby. But I still wanted to switch my, if I was going to stick with OB care, I still didn't want to stick with this person that I had been referred to. And I didn't actually want to stick with the practice anymore either.

DR. ELLIOT BERLIN, DC: You went to a totally different practice, but stuck with hospital birth.

MARISA COHEN: Yeah, because we needed a surgeon and maybe we would have, but we didn't actually end up needing a surgeon. Yes. So I switched to my technically third OB during the

pregnancy. And I really like, I felt like it was night and day. I really liked this person and she was more flexible about certain things. I'd been told that I, by provider number two, that I needed to start baby aspirin because being 35, I was at high risk for preeclampsia. I really didn't want to do that. And so this provider was like, no, you don't have to, we'll just keep an eye on things. And so I appreciated that they were a little bit more willing to talk about certain care decisions. So things are moving along nicely.

DR. ELLIOT BERLIN, DC: And then we get to the spike.

MARISA COHEN: So week 36, I think we're post Thanksgiving, but pre-Christmas or maybe we're like around Christmas time, but the spikes from everyone's gatherings around Thanksgiving are starting to come in and, you know, LA, I heard someone say the word epicenter like LA is, you know, not been great in terms of our COVID control. We've got a lot of cases with high caseload and they started sort of restricting things at Cedars, which is where I was planning on giving birth. So, and I think I came in to see you the day after I found this out. And my plan was to give birth at Cedars. My plan is still to have very low intervention or no interventions. And part of my comfort level was having a doula there with my husband and I.

DR. ELLIOT BERLIN, DC: And yeah, an awesome doula has been on this podcast many times.

MARISA COHEN: Yeah. She's wonderful. And I feel super like comfortable with her and supported by her and finding out that, you know, they restricted it. So the doulas or even like a second person is no longer able to be with you at birth. It's just your, you know, person, number one, like your partner that really threw me. And I talked to my provider about it and I was like, what are the odds that you're going to say that partners can't be there? And she's like, it's pretty low, but I don't make those decisions. And, you know, if they do restrict them, they'll just, you know, make it so they can't be there at triage. And then they can't be there for the postpartum, but they can definitely still.

MARISA COHEN: be there for birth. And I was like, Oh, I was like, that's not comforting either. Yeah. So that like first night, you know, we have this baby and then he's got to go home, like, you know, pick us up a few days later.

DR. ELLIOT BERLIN, DC: And they did that at the beginning. I mean, all the various hospitals struggled to strike a balance or find a way to keep everyone as safe as possible from the spread of the virus, but also to give you some kind of support. And they were all different and would change every day. So first the providers and some of them couldn't come at all. Your partners couldn't come at all. And then they were able to come, but not leave and come back. If they left, they wouldn't be able to come back or they had to leave right after the baby came out. Or it just kept changing all the time. Oh, you know, with the spike, it just started to roll back in that direction.

MARISA COHEN: Yeah. And I understand where they're coming from. Like they have a whole hospital and like a whole staff of people that they need to protect. It just really felt like this decision was taking power away from me at a time when I wanted to feel like I had control over the situation and not be like powerless. I don't know something about being pregnant. I don't know if this is something that other people feel, but just like, I feel like I need to be like a, in the driver's seat or at least a partner in this, not someone who, you know, other people are making decisions for. At least in

the front row. Yes. At least a voting member. So

DR. ELLIOT BERLIN, DC: sometimes they make you feel like you're locked in the trunk. Yeah. All right. I think I milked that analogy as far as I can. Anyway. Yeah. So at 36, 37 weeks, I mean,

MARISA COHEN: are there options to switch again? Not in my mind, because I was past 36 weeks. I had known from my experience with the birth center that 36 weeks was the latest that the midwives there would take you. And I was like, everywhere is going to be booked up anyway. But I kept saying, I was texting my doula and I was like, you know what Nina, like they can't force me to go to the hospital. I'll just give birth to this baby at home. You and I can do this. And she was like, I think maybe we need to talk, you know, cause she's amazing. She's a lot of things, but she's not like a medical provider. And so, yeah. So I came in the next day and I think I sort of said the same thing to you. I was like,

MARISA COHEN: they can't make me go to the hospital. Like, you know, I'm being like sarcastic and defiant, but you were like, you know, why don't you talk to a midwife about a home birth? And I was like, no midwife is going to take me right now. And then you called a midwife

DR. ELLIOT BERLIN, DC: Oh, while you were in the room. I remember this now. We had a chat. I was working on you. She was schmoozing with you. And that was like 37.

MARISA COHEN: It was 36 and a half. So I was like, I'm like Saturday is my, like, you know, the day that the week rolls over. And this was probably on a Tuesday or Wednesday. At six o'clock in the morning. No, that was probably the one normal time appointment we had.

DR. ELLIOT BERLIN, DC: Probably. Cause I wouldn't have called her at six AM.

MARISA COHEN: Yeah. But I had talked to her after the visit with you. I don't know if you helped, you know, her answer the phone and it sort of all happened so fast that I didn't have time to say like, well, I need to talk to three midwives. Like, you know, like I didn't have time to like compare. It was just like, this person will take me and she's actually, you know, wonderful. She's a former labor and delivery nurse, her and her partner at Cedars. So they have delivery privileges at Cedars. So if you end up transferring, they can, you know, come with you and still bring your partner. Yeah. And they're great. I had my third visit today and yeah, this is, I think technically provider number five.

DR. ELLIOT BERLIN, DC: Five and six. Once we're racking up the numbers. All right. So now at 39 weeks in a bunch of days, your plan is at this moment to go into labor at home and have your doula come over to your home, have your midwives come over to your home and deliver at home.

MARISA COHEN: Yes.

DR. ELLIOT BERLIN, DC: Are you a water kind of person or a land?

MARISA COHEN: I like a shower. I've never been a tub person, but I've heard that from a lot of people that being in water can sort of ease discomfort during the more intense parts of labor. So I'm open to it, but I don't have a clear image of where in the house this is going down. I have a few locations, like there's a bed, there's a tub. They'll bring a bigger tub, but I don't know.

DR. ELLIOT BERLIN, DC: Yeah. I don't, you know what, in especially first birth, because they tend to go on for a bit, it's probably the whole house. Like you just move from room to room for just changes of scenery. That's just the way it seems to go for a lot of people.

MARISA COHEN: Yeah. Well, I'll let you know.

DR. ELLIOT BERLIN, DC: Are there things that you have in mind to help you with intensity? Are you generally good with intensity or are you bringing techniques or methodology for helping you stay calm and relaxed and surrendering?

MARISA COHEN: I don't know if this is a part of every doula's practice because I've only worked with Nina, but we've been working on like a lot of hypno birthing techniques, which is a lot about like relaxing breathing techniques, you know, like softening into a surge or a wave, which is what doulas call contractions.

DR. ELLIOT BERLIN, DC: Well, hypno birthing doulas especially.

MARISA COHEN: Yeah. Instead of tensing, feeling calm, feeling open. So I'm hoping that that in a positive attitude, maybe some water get us there, but I'm mostly just trying to like both now and then as practice for. when I'm giving birth, just like stay in like a moment to moment mindset because a contraction lasts a minute and then you get a break. And so you don't have to get through 700 contractions. You just have to get through the one and then deal with the next one as it comes. So I'm trying to keep that as my frame of mind. I don't know if that'll be helpful enough.

DR. ELLIOT BERLIN, DC: Well, I mean, it sounds great. I've been to births with her several times and she has a magical way of just anticipating your needs and helping you meet them before you even realize you had a need, which is a special gift. Are there any particular elements of the birth that you are either excited for or nervous about?

MARISA COHEN: I mean, I'm nervous about like the things that could possibly go awry and cause there to be an emergency situation. This is like, there's a certain element of fear wherever you're giving birth. I think for a lot of people to, it's like a very serious thing. I have like a healthy respect for birth and I know that you can't control it. So that part's maybe a little bit, I'm a little bit nervous about, but I'm mostly just excited about thinking about the time when everything's cleaned up, we've said our goodbyes to the midwives and to our doula and it's just my husband and I, and we get to be holding our son and hanging out at our house and we don't have to be in a hospital.

DR. ELLIOT BERLIN, DC: That's the image that the like end of the race that you're looking for?

MARISA COHEN: Yeah, like that's what I'm focusing on.

DR. ELLIOT BERLIN, DC: Running through the tape.

MARISA COHEN: Yes.

DR. ELLIOT BERLIN, DC: Okay. I mean, I think it's a great thing to focus on. There's a very cool moment at birth in general and I think it's like the home birth in particular, which is once the baby comes out, like that minute right after the baby comes out. I don't know, it's like this transformation

that happens. I just see that the laboring person kind of goes into another planet towards the very end of an unmedicated birth. And then the second that baby comes out, it's just this incredible triumphant moment where it's like you realize, oh my God, I did it. And you're holding your baby and you meet your child for the first time. I don't know, there's so many cool things I don't know, after that cool moment, then there's like stuff

DR. ELLIOT BERLIN, DC: that people don't really talk about that much, which is like, you got to deliver your placenta and you got to do all these things if you need any kind of aftercare. I could see why you'd want to get through that and just be alone with your new family.

MARISA COHEN: Yeah, but I mean, like that's like the rosy image. I'm sure there's like some steps to getting there, but yeah, and then I'm also excited about sharing our birth plan with more people.

DR. ELLIOT BERLIN, DC: I'm super excited for you. I mean, you're an amazing energy to work with. You're just a special person and it's a unique energy and it's a refreshing energy. And I think that your positivity and your ability to just kind of roll with the punches and the fact that you surrounded yourself with a great team of people is going to serve you well. So I'm very excited for you to come back on the other side and share how the experience went. I would like to give a shout out to all of Marissa's friends and family. They're just learning about the home birth now.

MARISA COHEN: This is how I'm going to tell them. I'm going to say, just listen to this podcast. It's going to explain everything.

DR. ELLIOT BERLIN, DC: All right, thanks for joining us. We'll see you very soon.

MARISA COHEN: Thanks so much, Dr. Lauren.

DR. ELLIOT BERLIN, DC: Of course, at home, thanks for listening to this podcast. If you're authentic to Marissa, you'll listen to it at 6 a.m., which is when I normally talk to her. If you have any other topics you want us to talk about, send me an email to info at drberlain.com.

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