Pregnancy Taboos with Dr. Jay Goldberg

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IN THIS EPISODE

Sushi, wine, coffee, deli meat, hot baths, tanning, flying — pregnancy can feel like one long list of no's. Dr. Elliot Berlin, DC, puts the taboos to laid-back Los Angeles obstetrician Dr. Jay Goldberg in a lively panel conversation with co-host Casey Bixby, Anna — 40 weeks pregnant and hoping tonight is the night — and Maria, a doula and mother of two. Which rules rest on real risk, which are mostly myth, and where does Dr. Goldberg actually draw the line? A fast, funny fact-versus-myth tour of the questions every pregnant person asks.

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DR. ELLIOT BERLIN, DC: Welcome to the Informed Pregnancy and Parenting podcast where our mission is to ask the important questions to help us all make the informed pregnancy and parenting choices that we need to make. I'm your host, Dr. Elliot Berlin. I'm a prenatal chiropractor here in Los Angeles, California. And I'm here with our co-host, Casey Bixby, who is a costume designer and stylist and owner of the online retail boutique Bixby Atelier. And Casey's super pregnant with baby number...

CASEY BIXBY: One.

DR. ELLIOT BERLIN, DC: One. How you doing?

CASEY BIXBY: Hello. Good. How are you?

DR. ELLIOT BERLIN, DC: Fabulous. You know what we're talking about today?

CASEY BIXBY: I do.

DR. ELLIOT BERLIN, DC: The taboos.

CASEY BIXBY: Pregnancy taboos.

DR. ELLIOT BERLIN, DC: The no-nos.

CASEY BIXBY: Or the yeses.

DR. ELLIOT BERLIN, DC: Well, maybe it's yeses.

CASEY BIXBY: The nos you though were yeses.

DR. ELLIOT BERLIN, DC: Fact versus myth is what we're looking for today. And in my office every day, so many people ask me these questions. Can I eat this? Can I drink this? Can I fly in an airplane? Can I, I don't know, get into lift weights? Have you been holding back on any -

CASEY BIXBY: This is obviously the first thing I asked you.

DR. ELLIOT BERLIN, DC: Yeah right away you walk in and you're like, "Can I keep running 20 miles a day and lifting weighs?" And I said, sure. What are you holding? Have you held back? Have you -

CASEY BIXBY: Yes. I think it's the hardest part or the part I don't like about pregnancy is because I've never been, luckily I've never thought about, I don't have any weird food allergies or weird eating habits, so I've never really had to think about what I ate. And yeah, it's like you're on high alert for nine months, I feel like.

DR. ELLIOT BERLIN, DC: Today we're bringing an expert, Dr. Jay Goldberg, who is a local obstetrician and kind of laid back compared to a lot of other obstetricians. So it'd be interesting to hear what he says as we throw all these different... I'm sure he hears these questions every day. And we also have a couple of other guests. We have your buddy.

CASEY BIXBY: Yes.

DR. ELLIOT BERLIN, DC: Anna, who we'll introduce in a second. And we also have a doula and mother of two, Maria. So let's bring them in.

CASEY BIXBY: Excellent.

DR. ELLIOT BERLIN, DC: Casey, we have your friend Anna here today. Anna is 40 weeks and a few days pregnant, having sporadic contraction. So this could be an interesting podcast. Welcome to the podcast.

ANNA: Thank you. Happy to be here. Uncomfortable, but happy.

DR. ELLIOT BERLIN, DC: So this is your first pregnancy

ANNA: As

DR. ELLIOT BERLIN, DC: Well?

ANNA: Yes, it is.

DR. ELLIOT BERLIN, DC: And how did you find the restrictions during pregnancy?

ANNA: Well, the first three months I think I was really neurotic about everything and the whole no this, no that. And then I spoke to my mom who was pregnant in Russia and they didn't have any restrictions. I mean, she drank vodka throughout her whole pregnancy. And my sister who lives in

London, who also was eating sushi and having wine, so I kind of loosened up a little bit. And also my doctor is a little more laid back than others, I think.

DR. ELLIOT BERLIN, DC: Yeah, that's helpful. Are there things that you still don't, that you're holding off on?

ANNA: I guess it's like the whole pasteuried cheese thing, even though I've had not pasteurized cheese before, but I don't know why that scares me.

DR. ELLIOT BERLIN, DC: So you're not holding that too much?

ANNA: No, not too much.

DR. ELLIOT BERLIN, DC: But when your baby comes, I told Casey when I visit her, I'm going to bring her the deli sandwich and

ANNA: I've been holding on deli meats, which is really annoying. I've been having sushi.

DR. ELLIOT BERLIN, DC: Yes. Okay. So deli meat for you is sushi for Casey. Beautiful. And we also have Maria. Maria is a doula and also mom of two. Had baby number two just how long ago?

MARIA: Three months ago.

DR. ELLIOT BERLIN, DC: Three months ago. And where'd you have that one?

MARIA: You were supposed to be there, but not even the midwives were there because I had him on the floor on all fours in the bathroom.

DR. ELLIOT BERLIN, DC: By accident.

MARIA: At our house by accident. We were supposed to go to a birthing center about 10 minutes away and could not make it to the car.

DR. ELLIOT BERLIN, DC: Fabulous.

MARIA: Yeah. Very different than my first.

DR. ELLIOT BERLIN, DC: When did you become a doula? Was it in between pregnancies?

MARIA: Right after, weeks after I had my daughter, I did the training and it was at the sanctuary where you can nurse a baby and when they're newborns, they sleep so often that you could do something like that. So I became a birth doula, did that for two years and then became a postpartum doula in December.

DR. ELLIOT BERLIN, DC: What inspired you to become a doula?

MARIA: I wouldn't have been able to make it through my first labor without my doula. I had my husband who was amazing and I have a very supportive family, but in the room I just had my doula and my husband and the doctor and the nurses coming in and out and I couldn't have done it without her. She helped rally our team.

DR. ELLIOT BERLIN, DC: And then immediately you said, "I have to do this."

MARIA: Yes.

DR. ELLIOT BERLIN, DC: You became a doula.

MARIA: Absolutely.

DR. ELLIOT BERLIN, DC: During your pregnancies, were there things that you didn't do that you held back on because you were pregnant?

MARIA: The first one, not until we had some weird information on an ultrasound that ended up being nothing, but there was some hemorrhaging that the baby had and they didn't know what it was and they had some prognostication that they told us it might be something really bad. So at that point I had been pretty loosey goosey before then. And then for the rest of the pregnancy I did hold off on a few things. And then the second time, the only thing I held off on was sushi, but not because I was afraid of it, but just because here in LA there are so many ways to get around it. There's one place that would have salmon that's a little bit cooked, these other kind of fake sushi things. So I just kind of humored myself with that.

MARIA: And also I'm married to a Frenchman, so not having cheese and wine makes zero sense.

CASEY BIXBY: So it was out of the question.

MARIA: It's out of the question.

DR. ELLIOT BERLIN, DC: So you did have cheese and wine and sushi like things.

MARIA: Yeah.

DR. ELLIOT BERLIN, DC: Sushi-esque.

MARIA: Yeah.

DR. ELLIOT BERLIN, DC: Okay, fantastic. Do your clients have a lot of these questions or do your clients are always worried?

MARIA: Yeah, absolutely.

DR. ELLIOT BERLIN, DC: Well, the good news is we have Dr. Jay Goldberg here today, a very, very popular Los Angeles obstetrician. He's been practicing medicine since 1996 and lots of our patients love to go to Dr. Goldberg for I think a whole host of reasons. Number one, no agenda in childbirth other than what everybody wants, which is a safe baby and a safe, healthy mother. And number two is because you're quote unquote laid back, not so all about the fear during pregnancy. And I think people are really looking for that and appreciating that. So thank you for coming on the podcast today.

DR. JAY GOLDBERG: Thank you.

DR. ELLIOT BERLIN, DC: We are going to shoot some of the questions that you must hear every single day in your office at you. So if we broke it down by category, first thing is food. Everybody talks

about the food that you can't have. We already talked about with Casey and Anna, the deli meat and hot dogs, things like that. What's going on there?

DR. JAY GOLDBERG: Usually the speech that I give pregnant women when they first come in, the new OB visits, there's usually four food groups that we touch on, uncooked meat, unpasteurized products, cheeses, fish like big fish and sushi. So we've touched on those things a little bit, but when something's being made, you don't know how it's being made. So yes, there's plenty of sushi in Los Angeles and yes, the majority of sushi is going to be fine, but I don't know what product isn't. So in part of my speech, I'm usually saying avoid big fish like shark, mackerel, swordfish, tile fish. You can eat salmon, you can eat tuna just in small quantities. Avoid unpasteurized products, avoid deli meats, hot dogs, things like that.

DR. JAY GOLDBERG: But I don't wink at patients and say it's okay to have things, but I do say be smart about the way you approach things. And if you've been to a sushi place so many times and you know that they're cleaning the knives and cleaning the boards beforehand, then you know the fish is fresh.

DR. ELLIOT BERLIN, DC: What is it about these foods that is a concern for someone who's pregnant versus somebody who's not pregnant?

DR. JAY GOLDBERG: Bacteria and parasites. Toxoplasma is an uncooked meat and some of these food products that you've mentioned like nitrates and listeria is a bacteria that we're mainly concerned with unpasteurized products. So there's been listeria outbreaks in deli meats, in jamba juice, which is sometimes unpasteurized. Really? In unpasteurized milks and cheeses.

CASEY BIXBY: Oh no. I haven't been going to jamba juice,

ANNA: Okay?

CASEY BIXBY: Wait.

DR. JAY GOLDBERG: This was a while ago.

ANNA: Wasn't there a huge outbreak of listeria cantaloupe?

MARIA: In cantaloupe,

DR. JAY GOLDBERG: There was an outbreak.

MARIA: Which is not something doctors say they don't say avoid cantaloupe during

DR. JAY GOLDBERG: Pregnancy. Right.

DR. ELLIOT BERLIN, DC: They don't say

DR. JAY GOLDBERG: Avoid fruit.

MARIA: So that's why it's kind of like...

DR. JAY GOLDBERG: So you can't live in fear.

DR. ELLIOT BERLIN, DC: It's more common in deli meats. Deli meats, especially when they cut them at the butcher or at the grocery store, when they package it at the factory and seal it and you take home that sealed deli meat, I think that's going to be a little bit more safe than when they take it out and they put it on the counter and then they start slicing it up right there in front of you, that's going to be more likely to be exposed to listeria. And listeria, you can't smell it and you can't taste it. So if it's in there, you won't know. But the CDC says if you steam it, if

ANNA: You

DR. ELLIOT BERLIN, DC: Cook it up to 165 degrees and it's steaming hot deli meat, you're going to kill the listeria.

ANNA: I have a question. What if I heat salami and then put it in the fridge and let it cool?

DR. ELLIOT BERLIN, DC: Nope.

ANNA: Why listeria comes back?

DR. ELLIOT BERLIN, DC: Yeah. It's the same thing that happened the first time. They heat it. It's not raw meat. They cook the meat, but then it can pick up listeria from any place. That surface that you put it on the first place before you cooked it, you have to eat it steaming.

DR. JAY GOLDBERG: I mean, part of my speech is if it's packaged, it's going to be fine. But if you go to a farmer's market or you go to some open vendor, you know what? Pregnancy's not that long. You can avoid the deli meat for that short period of time because what's the consequence of eating the deli meat and it having listeria in it? It's not something you want to deal with.

CASEY BIXBY: No.

ANNA: What about eggs?

MARIA: Like eggs Benedict, they say there's raw egg in the sauce and Caesar salad, the dressing. Well, I read that only really affects the mom and can't hurt the baby. The mom will get really sick, but doesn't affect the baby. True? Not true? I would say the mom getting sick does affect the baby.

DR. JAY GOLDBERG: Affect the baby, which is, you're right. I mean, it's probably true. It's

MARIA: Probably.

DR. JAY GOLDBERG: But if you're sitting on the can for days in a row and dehydrated -

DR. ELLIOT BERLIN, DC: Your fluid coming out everywhere. Dehydrated.

MARIA: Imagine being more miserable.

DR. ELLIOT BERLIN, DC: Well, at least you had those eggs benedict.

MARIA: They were so good. It was worth it.

DR. ELLIOT BERLIN, DC: Yeah, totally worth it.

DR. JAY GOLDBERG: Yeah. I mean, I was going to say, we don't want to put the fear in everybody about all this stuff because the truth is I've seen listeria. I can count on one hand how many times I've seen listeria in almost 20 years. And so it's not likely to happen, but you don't want to be that case that. And again, when they're passing around hors d'oeuvre at the cocktail party and you don't know if the cheese is pasteurized or not, you can pass on an or d'oeuvre. You don't need to have that hors d'oeuvre.

ANNA: Unless you're really hungry.

DR. JAY GOLDBERG: If you're really hungry.

DR. ELLIOT BERLIN, DC: Or you have a sick craving for that hors d'oeuvre. I get those cravings. I don't know if you guys do. The eggs, salmonella is one in 20,000 eggs, according to the CDC, is tainted with salmonella. But a lot of it is on the shell. So then the amount that if you wash them, the amount of -

DR. JAY GOLDBERG: Do you eat the shell?

MARIA: I don't. She likes the shell.

DR. ELLIOT BERLIN, DC: Shell's Benedict.

MARIA: It's not just me.

DR. ELLIOT BERLIN, DC: And then there's also a company that called Safest Choice where you can buy pre-pasteurized eggs.

MARIA: Oh, but that takes the fun out of them.

DR. ELLIOT BERLIN, DC: Of the Russian roulette of the one in 20,000 eggs. But it's not just eggs Benedict. It's cookie dough has raw eggs in it and mousse, meringues, tiramisu, and hollandaise sauce, Bernese sauce, mayonnaise, a lot of things that people make at home.

CASEY BIXBY: A lot of delicious things.

MARIA: Salad dressings

CASEY BIXBY: That you want when you're pregnant.

DR. ELLIOT BERLIN, DC: Yeah. And salad dressings have raw eggs in them. So if you're going to be careful, you got to be careful.

MARIA: Up until the third trimester, hadn't had much and I just had a few sips and then I had a full glass of wine the night that I delivered our baby.

DR. JAY GOLDBERG: But let it be known that alcohol slows labor down.

MARIA: If I didn't have it, I would have God for

DR. JAY GOLDBERG: You.

MARIA: I guess there's - When I blinked, basically. But yeah, I can, just like you said, bathtubs.

DR. ELLIOT BERLIN, DC: Okay. Once we're talking about fish, I'll point out smoked fish like lox, nova, smoked trout and white fish also have the same susceptibility to listeria that deli meats do. And you mentioned swordfish, tall fish, king mackerel and shark, and there we're concerned about the mercury.

DR. JAY GOLDBERG: Correct.

DR. ELLIOT BERLIN, DC: So there's methyl mercury in particular, which is, it's a harmful metal. It's a metal that can be harmful to the baby. So we try to cut down how much methyl mercury we take. And the methyl mercury, there's naturally mercury in the environment and there's mercury from industrial waste and becomes methyl mercury in the water and then the fish eat it. So if you eat little fish, they just have a little bit of mercury in them. If you eat big fish that last longer and eat all those little fish, then they have a lot of mercury. So we try to eat fish that are smaller and then have less mercury in them. So which ones are the good ones?

DR. JAY GOLDBERG: White fish, salmon, fresh water salmon's probably better.

DR. ELLIOT BERLIN, DC: So they have small amounts, but it doesn't build up in your blood. What about fish oil? Did people ask you about supplements? Because it seems like a balance. There's a benefit to having the omega-3s. There are omega-3 fatty acids that we don't make that are essential that we have to have in our diet, but they're hard to get. And a lot of people are deficient in those omega-3s and one of the best sources is fish oil, but then you have to worry about the

DR. JAY GOLDBERG: Mercury.

DR. ELLIOT BERLIN, DC: What we do with that?

DR. JAY GOLDBERG: Right. Well, I mean, there's a lot of literature recently that's suggesting that it's excellent for not only fetal brain development, but for also adults to take these fish oils. And they're being manufactured now. They can extract them in ways that they're not coming from fish.

DR. ELLIOT BERLIN, DC: Non-fish fish oil? Oh, omega-3s.

DR. JAY GOLDBERG: Omega-3s.

DR. ELLIOT BERLIN, DC: Oh, they're not from fish. Gotcha. So you can get omega-3.

DR. JAY GOLDBERG: Did I say fish oil is not from fish?

DR. ELLIOT BERLIN, DC: No, that's what it sounded like. It's how we're headed there.

DR. JAY GOLDBERG: But people that don't eat meat, but do eat fish. And so they're like, "I usually eat two to three servings a day. What do I do?" And so I say, "That's probably too much." Because even if you're eating these healthier fish, they still have mercury in them. So if you can cut yourself back to three or four servings of fish a week, that's more reasonable.

CASEY BIXBY: Right.

DR. ELLIOT BERLIN, DC: And then I think omega-3s that come from non-fish sources is a great idea. And then the omega-3s that do come from fish oil, there are some that they can filter out the mercury. They can purify it. So then some of them have testing and they tell you how many particles per trillion.

DR. JAY GOLDBERG: And most of the prenatal vitamins that people are taking now, even over the counter Trader Joe's, Whole Foods vitamins, have the DHA in them now.

DR. ELLIOT BERLIN, DC: Because it's so important. What about coffee? Caffeine, chocolate?

DR. JAY GOLDBERG: I usually say try and decrease your caffeine, but don't eliminate your caffeine. So I usually say keep it safe, have about one caffeinated product a day. And they often reply, "Well, what if it's decaf?" So you can have two decaffeinated products.

CASEY BIXBY: That's definitely me.

DR. ELLIOT BERLIN, DC: And they still have caffeine.

DR. JAY GOLDBERG: But you have to mention what has caffeine because there's a lot of things that have caffeine and a lot of people are introducing stuff into their smoothies now that these little beans and they don't realize that some of these beans that they gry cacao has caffeine in it and coffee and chocolate and teas.

DR. ELLIOT BERLIN, DC: Holy cow. Who knew?

ANNA: Well, also, I've heard that having regular coffee and just less of it, just in general, not even with pregnancy is better than depending on what brand you get than getting decaffeinated coffee. Because if it's the chemical process, then that's worse for you than the caffeine in the rigor coffee. Except there are some brands out there, I think Intelligencia, there's some that do it with a water decaffeination. So you kind of have to get geeky and ask them how their decaf is decaffeinated in order to feel confident about decaf. So I would just usually pick one cup of caffeine instead of -

DR. JAY GOLDBERG: I mean, it's also caffeine in the morning is kind of like a comfort thing for people. So you can also make the coffee and hold it in your hands and smell it and have a sip or two and then be satisfied with that.

CASEY BIXBY: That is evil.

DR. JAY GOLDBERG: Teasing.

CASEY BIXBY: At least you said the sip or two. I though you weren't even going to go that far. Just smell it.

DR. JAY GOLDBERG: Just smell it.

CASEY BIXBY: No. And give it to your significant other.

DR. JAY GOLDBERG: Constantly reheat it.

ANNA: I didn't have coffee my first trimester just because I was scared and then I had coffee the rest.

DR. ELLIOT BERLIN, DC: Every day?

ANNA: A cup a day. The last two weeks I've been having seven cups a day. Whatever it takes. It can take care of a headache too.

DR. JAY GOLDBERG: That is for sure. That's actually a very good point is that

ANNA: As opposed to taking medicine.

DR. JAY GOLDBERG: Yeah. I say have a cup of coffee.

ANNA: For a headache.

DR. JAY GOLDBERG: Absolutely.

DR. ELLIOT BERLIN, DC: You mentioned juice, right? Jamba juice, but I mean, not that there's anything wrong with jumbo juice. It's just some of them are pasteurized and some of them are raw. So what about juicing at home? A lot of people are juicing now with all the food documentaries that talk about the benefits of raw. Is it the same as going to a juicery?

DR. JAY GOLDBERG: Well, I think that if it's a peeled fruit, it's safer. So grapefruit and orange juice and lemons and limes and bananas as opposed to... And that's I think the truth with organic too.

DR. ELLIOT BERLIN, DC: Just seems like if you make fresh juice and drink it right away at home that you're going to be okay.

MARIA: I think so.

DR. ELLIOT BERLIN, DC: But that's probably a great time to say that we are not really giving medical advice so much as trying to get to the bottom of the facts of

MARIA: What's

DR. ELLIOT BERLIN, DC: Behind these taboos.

MARIA: If you're making it at home, you could triple wash things and you don't really know how well, if you're going to a juice place, how well it was washed or how long it was out. I just feel like it's better to make your juice at home.

DR. ELLIOT BERLIN, DC: Yeah. And just like Dr. Goldberg said, I think if you use organic, you're going to be better off. And if you scrub them, like you said, and cut off parts of the fruit or vegetable that are bruised or damaged, then just drink it right away.

DR. JAY GOLDBERG: I think you also made a good point. It's prop of the equipment. I think if you peel something and eat it fresh as opposed to putting it in a blender and the way it's processed, maybe the bacteria because it's been sitting and not cleaned properly.

MARIA: Right.

DR. ELLIOT BERLIN, DC: Right. So at a juicery, they're doing that all day long, but at home you assume you're going to clean it and then juice.

MARIA: You run it over some boiling water.

DR. JAY GOLDBERG: Right.

DR. ELLIOT BERLIN, DC: If you must have fresh juice, that's probably the way to do it. We are going to take a quick commercial break. Don't go anywhere. We'll be right back. Let's move on to alcohol.

MARIA: For me, once I was in my third trimester, I didn't mind having some sips of wine, but it didn't even sound that great to me that I ever wanted more than that. So I wasn't trying to be anyone a big hero until the night that I had him. I didn't have as much as I had, but I wasn't afraid of it third trimester. So yeah, in Europe, and you can speak to Russia, but there really isn't that taboo.

DR. JAY GOLDBERG: In Europe, is there a limit? Well,

MARIA: There are going to also be -

DR. JAY GOLDBERG: Do people drink, sit down and have a bottle of wine with dinner?

MARIA: I think for pregnant women, I did see a specialist when I was in Paris, but other than that, but we didn't talk about... I was in my second trimester, but it wasn't about that. So he didn't talk to me about it. But I'm sure for liability's sake and just also to be vigilant against fetal alcohol syndrome, I'm sure they tell pregnant women not to overdo it and probably not to drink first and second trimester. I can't speak to that for sure, but I can only imagine that that's how it is. But I think in general, the society has less of a taboo, and I think for sure third trimester, many of French women will -

DR. JAY GOLDBERG: Right. We don't know what the limit is. So we don't know if it's one glass a day or a six pack a day or a bottle and a half. We don't know what that number is. And the number's probably different for different people.

DR. ELLIOT BERLIN, DC: That's the thing. It's very likely that some people tolerate it different than other people or process it different than other people.

DR. JAY GOLDBERG: Sure.

DR. ELLIOT BERLIN, DC: So because of that, we say no alcohol.

DR. JAY GOLDBERG: Well, we don't say no alcohol.

DR. ELLIOT BERLIN, DC: Well, I'm saying the government says there's no amount of alcohol that's been proven safe for pregnancy.

DR. JAY GOLDBERG: But I think down in the trenches, we say -

CASEY BIXBY: Down on Wilshire.

DR. JAY GOLDBERG: In Beverly Hills. We say... I mean, if you're having a celebration that you're having an anniversary or a birthday, if you have a glass of wine, it's fine. And I mean, people usually kind of hold me to how many can I have in the pregnancy? And if I say you can try and limit yourself to a couple of glasses a month, three, four, not in the same sitting, then I think that that's very reasonable.

DR. ELLIOT BERLIN, DC: I hear midwives all the time say about half a glass a week. So it's about the same that you're saying.

DR. JAY GOLDBERG: It's the same thing as the coffee sometimes. I mean, seriously, some people just have the comfort of just having a couple sips. And if you have a couple sips with dinner twice a week... I think that's fine.

DR. ELLIOT BERLIN, DC: But you mentioned Maria, fetal alcohol syndrome, which is an irreversible condition that babies are born with that can lead to mental retardation, other problems. I think the flip side of that is when you hear that, you think, "Oh my God, I'm never going to do anything that might ever put my baby at risk for that." And the problem is we don't know how much. We don't know how much would cause

DR. JAY GOLDBERG: That.

DR. ELLIOT BERLIN, DC: The people that babies are born with fetal alcohol syndrome are usually alcoholics. They drink a lot. I'm going to put all these different things on the website, informedpregnancy. com. And if you have questions, you can always write to info@informedpregnancy. com. Moving forward, what about... Smoking is out. Do you let any smoking?

DR. JAY GOLDBERG: I discourage it.

DR. ELLIOT BERLIN, DC: You discourage it. Some people, they can't quit.

DR. JAY GOLDBERG: Well, I mean, in my patient population, we do not have a lot of smokers, and people that are usually smokers usually come to me and say, "I was a smoker, but I've just discovered I'm pregnant and I quit." So I don't know. I cannot remember the last time I had somebody who routinely smoked and was pregnant. People occasionally come and say, "I feel so guilty I was at a party and I took a cigarette, a puff of a cigarette," which is not going to be harmful.

DR. ELLIOT BERLIN, DC: Right. I can remember too that just couldn't stop. They scaled it back a lot, but they just couldn't quit. And I know there are some others who do, but won't admit it because they're so shamed by it. But smoking cigarettes is highly discouraged.

DR. JAY GOLDBERG: And before you get pregnant, it's discouraged because ectopic pregnancies as a pregnancy outside the uterus, the risk of an ectopic pregnancy is higher in smokers.

DR. ELLIOT BERLIN, DC: Ectopic pregnancy is where the baby implants someplace where it should not.

DR. JAY GOLDBERG: Someplace else. More commonly, the fallopian tube, but it can be anywhere outside of the uterus.

DR. ELLIOT BERLIN, DC: And you lose the baby.

DR. JAY GOLDBERG: And you lose the baby, that's not good.

DR. ELLIOT BERLIN, DC: Sometimes it's also dangerous for the mother.

DR. JAY GOLDBERG: Correct. Absolutely.

DR. ELLIOT BERLIN, DC: If you think you're going to get pregnant, good idea to quit smoking. How far advance would you say?

DR. JAY GOLDBERG: 20 to 30 years.

DR. ELLIOT BERLIN, DC: Oh, perfect.

MARIA: That's all?

DR. JAY GOLDBERG: Yeah. So if you're nine,

DR. ELLIOT BERLIN, DC: And you're in France - And listen to

MARIA: This podcast, then you're in luck.

DR. ELLIOT BERLIN, DC: All right. What about marijuana? I hear conflicting things about marijuana because I see people use it for morning sickness, really bad morning sickness.

CASEY BIXBY: I would've loved to, but I didn't.

DR. ELLIOT BERLIN, DC: And why didn't you?

CASEY BIXBY: Because I felt that I would feel too guilty. I think just... Yeah. And because anything, if you look it up, anything you read, it says, "Don't do it."

DR. JAY GOLDBERG: Right. I mean, I think this is a conversation that... The current conversation, it will probably be different than a conversation that will take place in a couple years from now because all the laws are changing.

DR. ELLIOT BERLIN, DC: Yeah, now it's legal in several states.

DR. JAY GOLDBERG: Sure. And so they're finding that there probably are medical... There are. I'm sorry. There are medical benefits to marijuana and it has an anti-nausea component to it. So I don't think it's something that you will get me or probably most physicians to get to agree with, but we may turn a blind eye to. Minimal use of it for benefits of anti-nausea effects.

DR. ELLIOT BERLIN, DC: I've had patients use it. I don't know if they were recommended by a doctor to use it or not, but they've used it and with good success for the nausea. But I'm not talking about a little bit of, I feel

DR. JAY GOLDBERG: A little

DR. ELLIOT BERLIN, DC: Gross in the morning or maybe I throw up in the morning. I'm talking about these people are sick all day long and just can't get any food down, which is also unhealthy. And then the alternatives start to become very powerful medications. And I guess what they do is they do this equation in their head and like, oh, I could just have a little weed or I have to take these heavy medications. And I mean, that makes sense to me. Why

DR. JAY GOLDBERG: Is

DR. ELLIOT BERLIN, DC: One better than the other?

DR. JAY GOLDBERG: True.

MARIA: I do think it also depends on where you are in your pregnancy. And unfortunately the nausea is also first trimester. But I have had clients and I have met people that have nausea throughout their pregnancy.

DR. ELLIOT BERLIN, DC: Okay. But again, if you're going to take those big heavy steroids in your first trimester, same thing, you're going to expose your baby to toxic elements either way.

CASEY BIXBY: I hadn't been that bad. I had morning sickness till I was 14 weeks, but it wasn't so, so severe. If it was that severe or I was having to choose between marijuana and a steroid, I would have chosen marijuana.

DR. ELLIOT BERLIN, DC: All natural, organic, and cut.

CASEY BIXBY: For sure.

DR. JAY GOLDBERG: But I think the difference is that one has been studied thoroughly and one has not been done so as well. And so if you have evidence that backs up the support of what you're calling heavy medications and no evidence to support marijuana - Well,

DR. ELLIOT BERLIN, DC: They are heavy medications.

DR. JAY GOLDBERG: They are heavy medications.

DR. ELLIOT BERLIN, DC: They're just heavily studied, heavy medications.

DR. JAY GOLDBERG: They're heavily studied. I mean, there's an algorithm that we go through that starts with simple things like taking a lemon and a lime and massaging it in your hand and the aroma might help, getting the C-bands, the wristbands for seasickness. Ginger products can be very helpful. Vitamins like vitamin B6. And then you can introduce IV hydration that sometimes help with... We have home health that's fantastic. Now they come to your house, they put the IV in, they do sometimes administer medication with that. But the medications now have been used for many years. Before you jump to the marijuana, like Dr. Berlin's recommending.

DR. ELLIOT BERLIN, DC: No, the second time is.

DR. JAY GOLDBERG: There are alternatives that might get you over the edge where you can start to eat a little bit.

DR. ELLIOT BERLIN, DC: And acupuncture I wanted to throw in there also can be very helpful for -

DR. JAY GOLDBERG: Oh, I'm sorry I didnt mention that. Absolutely.

CASEY BIXBY: That helps me.

DR. JAY GOLDBERG: Acupuncture. For sure.

DR. ELLIOT BERLIN, DC: Acupuncture can be good.

DR. JAY GOLDBERG: Okay.

DR. ELLIOT BERLIN, DC: We're going to move on to positional things. My patients always ask me this question, do I have to sleep on my left side? Is that myth or fat?

DR. JAY GOLDBERG: So in pregnancy, we'll just give you a very quick anatomy lesson. You have a heart that pumps blood to the rest of your body. And so the major blood vessel that leaves the heart and takes it everywhere is called the aorta. And it kind of arcs up and then comes down and runs kind of over the mid portion, kind of runs over your spine and then it splits into two down around your belly button. So before 24 weeks, I say sleep whatever way you want. Sleep on your stomach, sleep on your back.

DR. JAY GOLDBERG: After 24 weeks, the uterus itself is then getting big enough and heavy enough that if you lie on your back for a prolonged period of time, it's going to press on that aorta and in theory, diminish the blood flow below that area, which is the blood flow to the uterus. So you want to avoid lying on your back after about 24, 25 weeks. And I don't care what side you lie on. I don't care if it's your left or your

DR. ELLIOT BERLIN, DC: Right. Right. I think in the past the thinking was what you're saying in terms of laying face down or on your back, but then also the vena cava that bringing the blood flow back up to the heart from the legs is on the right side. So the concern was if you sleep on the right side, then you're going to prevent that blood flow and eventually diminish flow to the baby.

DR. JAY GOLDBERG: So if you're waking up in the morning and your legs look like elephant trunks, then don't lie on outside anymore. But I don't think that that's going to happen on a routine basis. I think that it's very uncomfortable to be pregnant, especially later in the pregnancy.

DR. ELLIOT BERLIN, DC: Very late in the pregnancy.

DR. JAY GOLDBERG: I'm not going to restrict you to only lying on your left side because then I will be looked upon very poorly.

DR. ELLIOT BERLIN, DC: That is very good for the chiropractor and nobody else when people sleep on their left side the entire pregnancy.

DR. JAY GOLDBERG: Right, exactly.

DR. ELLIOT BERLIN, DC: I would also say that if you're going to decrease blood flow to the baby from the vena cava on the right side, you are going to have a diminished blood flow first. So you'll feel nauseous, lightheaded, dizzy, something, and you'll get into a different position. What about the feet people? You guys get foot massage. I know you do.

ANNA: Oh yeah. We go together too. Together. We do.

DR. JAY GOLDBERG: We've all three been. They didn't know I was there.

MARIA: Well, I had one at 8:00 PM the night that I had him.

DR. ELLIOT BERLIN, DC: Oh really? So maybe there is truth to what they say about foot massage.

DR. JAY GOLDBERG: Well, I mean acupuncture. I mean there's pressure points,

ANNA: Right? There is no truth to it people. Okay. I've been doing it for three weeks.

DR. ELLIOT BERLIN, DC: That doesn't mean anything.

ANNA: I scream, press harder. Do all the points.

DR. JAY GOLDBERG: It all goes back to that sake that you had counteracts everything.

ANNA: Get foot massages and enjoy them.

DR. ELLIOT BERLIN, DC: Maybe you should get one tonight.

ANNA: Get one tonight.

DR. ELLIOT BERLIN, DC: You've tried everything.

ANNA: I got one last night and I thouhand

DR. JAY GOLDBERG: And then that almost puts you into labor. I think that there are pressure points that I know less about because I'm a Western medicine trained physician. But there are Eastern philosophies and Eastern practices that there's truth to them. Acupuncture being one and acupressure being one.

DR. ELLIOT BERLIN, DC: Yeah. Those points, there are uterine points in the feet. There's no question. There's other uterine points in the body too. But my experience, and we do a lot of foot massage all throughout the pregnancy, is that if you want to... First of all, if it was a magic button, we'd have a line around the block and Anna would be first in line of people who want to get those babies out like, "Push on my feet, push on my feet." It doesn't work that way. But also even if you're trying to stimulate those points like we do in labor, you have to really push into them very deliberately and specifically and hold a lot of pressure there, which doesn't happen during your foot massage that you have.

DR. JAY GOLDBERG: I don't know of a reason why you cannot get your nails done. And I don't think getting your nails done, a manicure or pedicure puts anybody into labor.

DR. ELLIOT BERLIN, DC: Well, I don't know. Is the concern going into labor or is it concern - It's more the fumes. The fumes. I think people are worried about the formaldehyde and the toluene that are in the nail polish.

DR. JAY GOLDBERG: Yeah.

DR. ELLIOT BERLIN, DC: So I think if you don't get them done... I think it's actually a concern for people who work in the nail salon.

DR. JAY GOLDBERG: That's what I was going to say. A hair salon, a nail salon. What should I do? I mean, you probably should, if you work there, you probably should think about wearing a mask.

DR. ELLIOT BERLIN, DC: Yeah. I don't know if I would work there if I was pregnant. Gosh, I can't picture that.

DR. JAY GOLDBERG: You working there or?

DR. ELLIOT BERLIN, DC: All of the above, so I don't see it. I think that safe recommendations would be try to go to a place that's really well ventilated. There are some places that have toxin-free nail polish, especially in Beverly Hills, where you can go try not to get them done more than once a week.

DR. JAY GOLDBERG: I want to paint my baby's room.

DR. ELLIOT BERLIN, DC: Yeah. What about that?

ANNA: Low VOC.

DR. ELLIOT BERLIN, DC: Low VOC pain.

DR. JAY GOLDBERG: Low VOC ventilated.

DR. ELLIOT BERLIN, DC: Super well ventilated. Stay out of there for a couple of days or have somebody else do it. Okay. What about exercise? People, you get both. You have people that were exercising a lot beforehand that want to keep exercising, people who never really exercise but want to be healthy for the baby.

DR. JAY GOLDBERG: No, I exercise. Are you asking if I exercise?

DR. ELLIOT BERLIN, DC: No, I assume you exercise rather than that.

CASEY BIXBY: It's going to feel great.

DR. JAY GOLDBERG: Isn't this about me?

ANNA: This is super helpful.

CASEY BIXBY: Right.

DR. ELLIOT BERLIN, DC: Are you pregnant?

DR. JAY GOLDBERG: Did you want to touch on exercise?

ANNA: Okay.

DR. JAY GOLDBERG: I strongly encourage exercise, but exercise is very interesting because exercise gets you into shape and you want to be in shape when you're going to have to push, have to push a baby out. It's pushing a baby out. We equate it to running a marathon sometimes. I mean, some people have to push for a while and it's a laborious process and so you really have to be in shape for it. But the interesting thing is that when you exercise a lot during pregnancy is you're really increasing the blood flow to your entire body. And so in doing so, you increase the blood flow in theory to your baby and it also makes you more hungry so you eat a little bit more. It may be healthy eating, but this may in turn translate into a bigger baby.

CASEY BIXBY: That's why I'm having such a big baby.

DR. JAY GOLDBERG: And sometimes you didn't

CASEY BIXBY: Tell me that.

DR. JAY GOLDBERG: People that exercise a lot tend to have babies that are a little bit bigger, which is kind of the opposite of what you might think -

DR. ELLIOT BERLIN, DC: You would think they'd be more fit.

DR. JAY GOLDBERG: Would happen. Right. And so that's not such a bad thing. I mean, a big healthy baby is good and a mom in shape is a good thing. And being in shape actually also translates into you being able to rehabilitate yourself back into shape when you're done. So I, again, part of my speech is you can walk, hike, jog, treadmill, stair master, if that still exists. Elliptical, Pilates, yoga, spinning, swimming. You can even do things like CrossFit and bootcamp and stuff like that. But I usually say don't introduce one of those crazy ones if you haven't done it before. So if you've done it before, if you spar with a trainer, spar with a trainer, but if you've never done that before, I don't think it's exercise you should do.

DR. JAY GOLDBERG: I mean, I have horseback riders. Can I continue horseback riding?

DR. ELLIOT BERLIN, DC: Yeah, what's the answer to that?

DR. JAY GOLDBERG: If you've been a horseback rider and you're very comfortable on the horse, horseback ride. I ski every winter. I've skied every winter for my entire life. I mean, I think doctors in Colorado, I read an article, they're like, "Yeah, we let our patients ski. They're better on skis than they're on their feet. They're going to trip on their feet. They're going to be fine on skis."

DR. ELLIOT BERLIN, DC: So the other skiers you got to worry about.

DR. JAY GOLDBERG: Yeah, exactly.

DR. ELLIOT BERLIN, DC: Like me when I go for my third time down the slope, try not to die.

CASEY BIXBY: What about hot yoga?

DR. JAY GOLDBERG: I usually say that because people that do yoga look at prenatal yoga and then they think it's a joke.

CASEY BIXBY: Right.

DR. JAY GOLDBERG: Not to insult prenatal yoga because there's a place for that for many people, but people that are really into yoga, you just have to maintain hydration. You go into hot yoga and you start sweating yourself out and then you don't pee for two days, that's not good. So I would say hot yoga is fine. If you do hot yoga and you really love hot yoga, do it. Maybe do a 60 minute class instead of a 90 minute class or a 45 minute class instead of a 60 minute class and see how you feel when you do it. But I do say keep your heart rate down. This is an opportunity for your husband to give you a gift of a heart rate monitor and you get a heart rate monitor and you keep your heart rate down below about 150 beats a minute.

DR. JAY GOLDBERG: I mean, some books will say 140, some will say 160, but it's in that 40 to 160 range because when your heart accelerates, the blood flow is passing so fast it's passing by the baby so nutrients can't get dropped off and picked up.

CASEY BIXBY: Got it.

DR. ELLIOT BERLIN, DC: Okay. Let's talk about sex. It's a huge question that comes up. Some women seem, and it changes throughout the pregnancy, right? More interested, some seem less interested. Guys seem to be more worried about it from what I can tell than women. We are going to take a quick commercial break. Don't go anywhere. We'll be right back. Is there harm or is there risk of harming the baby from sex during pregnancy?

DR. JAY GOLDBERG: No. I mean, there's a joke that goes along with that.

ANNA: No.

DR. ELLIOT BERLIN, DC: Can't just say that. Yes.

DR. JAY GOLDBERG: I mean, there are some men that would like to believe they could harm. No. I mean, I think that the most important thing is intimacy is important throughout your pregnancy because as you're changing, you're physically feeling different and looking different. And so it'd be nice if you guys could be intimate with each other and it works both ways because yes, your husband is going to probably or your partner is going to be worried that they may be harming you or that they may have a reaction that creates a reaction in you that you didn't anticipate. And so I think intimacy throughout the pregnancy is important.

DR. JAY GOLDBERG: And there's some thought that there's some prostaglandins in the sperm that at the end of the pregnancy, that maybe it can trigger labor. And we have another head shaking no, that no, the acupressure doesn't work. The sex doesn't work. The alcohol doesn't work.

DR. ELLIOT BERLIN, DC: We'll find something. Maybe just time works.

ANNA: Yeah.

DR. JAY GOLDBERG: Time does work. She's going. We got an end date here.

ANNA: She's moving.

DR. JAY GOLDBERG: You can also tell she's a very happy person most of the time and look at her now. Something's going on.

DR. ELLIOT BERLIN, DC: Something's happening.

DR. JAY GOLDBERG: This is for real.

DR. ELLIOT BERLIN, DC: There are certain medical issues. Are there certain medical issues that would make sex a problem?

DR. JAY GOLDBERG: Oh yes. So preterm labor, a shortening cervix called incompetent cervix. Is that what you're asking?

DR. ELLIOT BERLIN, DC: Yeah, those kind of things.

DR. JAY GOLDBERG: Yeah. So incompetent cervix is where your cervix, which holds the baby in, isn't doing the job. And so it shortens prematurely. If that's happening, I mean, your doctor will discuss this with you, but if you're starting to have premature contractions, again, the sperm may cause more contractions, so you want to avoid sex for those reasons. If you're having bleeding early in the pregnancy, bleeding can be triggered from intercourse. Usually my rule is if you have sex and you have bleeding, then no sex or exercise for I say two to three days and let things cool down. If you have sex again and you have bleeding again shortly thereafter, then you might want to wait a longer period of

DR. ELLIOT BERLIN, DC: Time.

DR. JAY GOLDBERG: But check in with the doc just to make sure that they are aware of everything that's going on.

MARIA: Also, if your water's broken. No sex? No sex. Well, I mean, you can hear different opinions, but you generally do not want anything inserted or in the vagina if your water is already broken.

ANNA: What if you're having sex and your water breaks? I think God's got that covered.

DR. JAY GOLDBERG: Can he finish? Is that what the question is?

ANNA: I'd be so excited that everything is finished.

DR. ELLIOT BERLIN, DC: How do we even know?

CASEY BIXBY: And what about post-baby? What about postpartum? How long should you wait to have sex?

DR. JAY GOLDBERG: So typically the recommendation is to wait six weeks. So usually see your doctor six weeks after a vaginal delivery. So we usually say wait the six weeks. If you've had a C-section, the question often is, why do I have to wait six weeks? So if you feel like having sex four weeks after you've had a baby and you had a C-section, more power to you, but I don't know if that's going to be a strong desire.

DR. ELLIOT BERLIN, DC: Our patients are sometimes...

DR. JAY GOLDBERG: Occasionally I have a patient that comes back and says, "We already had sex." More often I have, "Can you give me another two weeks?"

DR. ELLIOT BERLIN, DC: Is there a concern of oral sex during pregnancy, medically speaking?

DR. JAY GOLDBERG: Yes. Air in the vagina. And I mean, the likelihood of this happening is very small.

DR. ELLIOT BERLIN, DC: Small, right.

ANNA: But wouldn't that be more from intercourse than from oral sex?

DR. ELLIOT BERLIN, DC: No.

DR. JAY GOLDBERG: Well, I guess theoretically, but I mean, if air gets into the bloodstream, then that can cause what's called an air embolism.

ANNA: Oh, good night.

DR. JAY GOLDBERG: Good night. Yeah.

DR. ELLIOT BERLIN, DC: Literally,

ANNA: Good night.

DR. JAY GOLDBERG: Right.

ANNA: Me too.

DR. JAY GOLDBERG: So that's why we discourage things like water skiing or water sports where you could hit the water hard and water can -

DR. ELLIOT BERLIN, DC: Taking a lot of air.

DR. JAY GOLDBERG: Taking a lot of air. So am I discouraging one from oral intercourse during pregnancy? No, but I guess you would have to warn your partner.

DR. ELLIOT BERLIN, DC: What about, this question comes up a lot. Can I pet my cat? People always worry about their cats. What is the concern with cats? Do you guys have cats? Do you have a cat?

CASEY BIXBY: Anna does.

ANNA: I have two.

DR. ELLIOT BERLIN, DC: You have two cats? Do you pet the cat?

ANNA: Yes. And they even sleep with me.

DR. ELLIOT BERLIN, DC: So what is the concern? Why cats and not other animals?

DR. JAY GOLDBERG: Toxoplasma.

DR. ELLIOT BERLIN, DC: Okay.

DR. JAY GOLDBERG: Is it bacteria? Is in cat feces and uncooked meat. Why I chose those two places to live, I'm not exactly sure.

DR. ELLIOT BERLIN, DC: Seriously.

DR. JAY GOLDBERG: We discourage from changing the litter box of cats. Nowadays, we're very lucky because most of these things are automated. They have automated box cleaners, but sitting on your lap, petting your cat, all that kind of stuff, I mean, what if my cat forgets to use the litter box and has a little poop? Can I pick it up? You hopefully have somebody else that can help you pick it up, but if you needed to pick it up, if you wore a glove or if you washed your hands immediately after with soap and avoid any contact with your mouth or nose, that's beneficial.

DR. ELLIOT BERLIN, DC: So you can play with the cat, you just can't change the litter? It's in the poop.

DR. JAY GOLDBERG: It's in the poop.

DR. ELLIOT BERLIN, DC: So they get it the same way we would get it. They like raw rodents and snakes and birds and things like that. It gets into their digestive system and they poop it out. So if you're just playing with your cat, you should be okay. But if you're changing the feces, you might become infected.

DR. JAY GOLDBERG: Right. And a lot of people come in and they say, "I've had cats my whole life. Can I get tested for toxoplasma?" And then if you carry immunity to it, then there's maybe a little bit more safety.

ANNA: Oh, I was positive for it way before I got pregnant.

DR. JAY GOLDBERG: Yeah. So you probably carry an immunity to it, so you probably should be less concerned.

DR. ELLIOT BERLIN, DC: Okay. I want to say about toxoplasma that it's a parasite. It doesn't become infectious until one to five days after it sheds from the cat feces. So if you change the litter every day, you're going to avoid getting infected from it. And of course, if you're the one that has to do it, you wear gloves and you wash your hands really thoroughly before and after. We talked about nail polish, hair dye. Do people ask you about that?

DR. JAY GOLDBERG: Sure. So I usually say avoid hair coloring in the first trimester, and this is not something I learned in medical school. It's something I learned while practicing in Beverly Hills. So usually avoid touching the roots in the first trimester. You can highlight your hair, but again, avoid touching the roots. If you really have to color your hair, trying to have the vegetable dyes, which are not chemical free, they're just reduced in the amount of chemicals they have. And so again, you know what? It's kind of sexy to have different color roots.

DR. ELLIOT BERLIN, DC: Moving right a lot. Tanning. Tanning beds, tanning sprays.

DR. JAY GOLDBERG: So I mean, this comes up a lot of times, people want to get a little something before they go on vacation because they don't want to go on vacation and get burnt.

DR. ELLIOT BERLIN, DC: The babymoon.

DR. JAY GOLDBERG: They go on the babymoon or whatever it might be. I mean, I'm not a big fan of them in the general sense. I mean, I will say if you want to go into the tanning bed once or twice before a vacation, that's fine, but don't make a habit of it.

DR. ELLIOT BERLIN, DC: I think, like you said, it's more of a risk to the mother than the baby.

DR. JAY GOLDBERG: Sure.

DR. ELLIOT BERLIN, DC: And seemingly linked to an increased risk of melanoma, which is the most dangerous type of skin cancer from the tanning beds, the UV tanning beds. What about air travel? First trimester, last trimester, everything in between?

DR. JAY GOLDBERG: I'd say no travel after about 34 weeks. And if you have twins or multiple gestation pregnancy, I'd just say 30 weeks.

DR. ELLIOT BERLIN, DC: Is it a risk or is it just a practically, what if you go into labor? Is there an issue with the altitude, with the UV?

DR. JAY GOLDBERG: Well, flights are pressurized cabins, so there is barometric pressure changes that can adjust the equilibrium within the uterus so the bag of membranes can rupture. But I mean, people often... The biggest question I get typically is I'm going to Colorado. Denver's a mile high. Is that going to be a concern because it's a pressurized cabin and then I land in a higher place? Yes, these things are definitely risks. I mean, again, I've been practicing for what I feel is a long time and I've had one person break her bag of water. She was about 36 weeks when she got off a flight.

ANNA: Is that in a flight tonight?

DR. JAY GOLDBERG: Was that the flight that did it? I mean, I don't think it was a flight that did it. So I think that it's more of a concern of I might deliver where I am.

DR. ELLIOT BERLIN, DC: Right.

DR. JAY GOLDBERG: And so -

DR. ELLIOT BERLIN, DC: Where do you put the seatbelt?

ANNA: Underneath. Just like you do in the car, under the belly.

DR. ELLIOT BERLIN, DC: Oh,

ANNA: Right.

DR. ELLIOT BERLIN, DC: Usually it goes across the belly.

ANNA: Yeah, under.

DR. ELLIOT BERLIN, DC: It's deep under the belly. Any other tips for flying? Did you fly? You flew a lot pregnant.

CASEY BIXBY: But I haven't flown... I think I was six months pregnant by the time I came back from work, so I haven't flown since then.

DR. ELLIOT BERLIN, DC: Was it different flying six months pregnant?

CASEY BIXBY: Flying pregnant is the worst thing on the planet. You have to get up every hour and walk around. You have to pee. You're uncomfortable.

DR. ELLIOT BERLIN, DC: You get up and walk around because you're uncomfortable or to just get your circulation going?

CASEY BIXBY: For your circulation every hour. I mean, that's what I would do, but you have to set your alarm on your phone, your phone's going off. It's terrible.

DR. ELLIOT BERLIN, DC: You can also get dehydrated up there, so it's -

CASEY BIXBY: Oh yeah, then you're worried about that too. So then you're drinking all this water, so you can drink a lot of

DR. ELLIOT BERLIN, DC: Water.

CASEY BIXBY: So you're actually up every 30 minutes.

DR. ELLIOT BERLIN, DC: Do you guys have any other questions besides these questions?

CASEY BIXBY: Oh, I do. What about if a pregnant woman is choking and you have to perform CPR?

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

CASEY BIXBY: Yeah. Where do you put your hands?

MARIA: Underneath.

CASEY BIXBY: Underneath the belly or underneath your...

DR. JAY GOLDBERG: Ask a doctor.

CASEY BIXBY: You are a doctor.

DR. JAY GOLDBERG: I hope you are never in that situation. In that situation.

CASEY BIXBY: Me too, but we were just talking about it last night at home and I didn't know if you would put it above or below your belly.

DR. JAY GOLDBERG: I think you'd try both.

DR. ELLIOT BERLIN, DC: I think you'd try. I would try above first.

DR. JAY GOLDBERG: Yeah.

CASEY BIXBY: Or if you're pregnant, just don't choke.

DR. JAY GOLDBERG: Right? I mean, it would be... I'd try above. I mean, I'm just guessing there.

DR. ELLIOT BERLIN, DC: I used to be a medic working in ambulances. Now I'm trying to... But I would try above because the baby's down here, but not so high that you're in the xiphoid process. Which

DR. JAY GOLDBERG: Is that little bone.

DR. ELLIOT BERLIN, DC: The tip of the breastbone that sticks down. I would come underneath there and try to create the pressure from there. I think you can do it. I've done this actually many times on people, not pregnant, but I think that you can do it from there.

DR. JAY GOLDBERG: You've done the Heimlich -

DR. ELLIOT BERLIN, DC: Several times. Yeah.

DR. JAY GOLDBERG: Because a paramedic.

DR. ELLIOT BERLIN, DC: Yeah.

ANNA: Oh, that makes sense.

DR. ELLIOT BERLIN, DC: But I think if you come from underneath, you're much more likely to injure the baby and get less of an effective release of that food. Do you guys take baths, hot baths?

ANNA: Oh, every day.

CASEY BIXBY: She does a lot.

DR. ELLIOT BERLIN, DC: Hot, warm?

ANNA: Like 100.

DR. ELLIOT BERLIN, DC: 100 degrees?

ANNA: Yeah.

DR. ELLIOT BERLIN, DC: What would you do if you weren't pregnant?

ANNA: Like 102.

DR. ELLIOT BERLIN, DC: Okay. So not much different.

ANNA: Yeah. I would always get in 101 as it's kind of going back to 100. I like very, very hot baths, so it would be... But I was paranoid the first six months, so it was always like 99, 98.

CASEY BIXBY: We both have those... They make those little bath thermometers now that's like a ducky or whatever and it changes color in the bat area. Yeah.

ANNA: Yeah,

CASEY BIXBY: That's nice.

ANNA: It's great to keep for your little one then too.

DR. JAY GOLDBERG: What's your

DR. ELLIOT BERLIN, DC: Recommendation?

DR. JAY GOLDBERG: My recommendation usually is a bath is not circulated hot water. So get into the bath as hot as you want. It can be 102, but don't add more hot water. So once it starts to cool down, you're done. But a spa, jacuzzi, sauna, they're all sort of recirculating that heat constantly. So you get into 102 and you're in 102 for 10 minutes, 20 minutes. You get into a bath and it's 102 and a minute later it's 101. And a minute after that, it's 100. I mean, it goes down and down and down pretty quickly. So you can get into a hot tub and nice and relax your muscles, but once it cools down, you don't want to add more hot water. Can I get in a jacuzzi?

DR. JAY GOLDBERG: I mean, yes, you can sit on the top step and your butt and your legs can be in there, but you don't want to submerse the baby for more than a...

DR. ELLIOT BERLIN, DC: Right. And I think even in a bath, you're more likely to have part of you outside of the water than if you're in a jacuzzi where you're just totally...

DR. JAY GOLDBERG: Well, have you seen their bathtubs?

DR. ELLIOT BERLIN, DC: No, I haven't.

ANNA: Mine is actually really little.

DR. ELLIOT BERLIN, DC: Is part of you out of the water when you're in the bath?

ANNA: Yeah, like my belly's out on my top.

DR. ELLIOT BERLIN, DC: Oh, she said that's a lot less of a risk. Is there a magic number? We're worried about the core temperature getting too hot.

DR. JAY GOLDBERG: Yeah. So that is something that you're concerned about. You want to avoid that. So when you're sick in the middle of winter or whenever you get a cold, that's the one thing, like a stuffy nose and a sore throat and a headache, those are bad for you, but they're not bad for the baby. A fever is bad for a baby. For both of you. So we usually want you to... That's the one time that we would encourage you to take medicine is to take something to bring a fever down. That medicine is typically Tylenol.

DR. ELLIOT BERLIN, DC: I've heard of it.

DR. JAY GOLDBERG: And that medicine now has been... There's a new study that just came out about overuse of Tylenol and it being a problem. So if you're going to use Tylenol, use it. It's safe in pregnancy in moderation.

DR. ELLIOT BERLIN, DC: Sparingly. Sweet. I think we covered a lot of information today. Like I said before, we're going to put all these facts and figures up on the website so that our listeners can get

the information that they need to make informed choices, which is our goal. I want to thank everybody for being here, Dr. Jay Goldberg and Maria and Anna, who's hopefully like what you think tonight?

ANNA: I hope.

DR. ELLIOT BERLIN, DC: Thank you so much for being here and sharing your expertise. Yeah,

DR. JAY GOLDBERG: Thank

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