Obstetric Care: Behind the Curtain with Dr. Melissa Drake, MD

Episode 452 · March 27, 2025 · with Dr. Melissa Drake, MD

IN THIS EPISODE

Why do OB appointments feel so rushed — and why do doctors seem so burnt out? OB/GYN Dr. Melissa Drake pulls back the curtain on modern obstetric care for Dr. Elliot Berlin, DC, including her own decision to step away from the insurance-driven system and rebuild her practice around personalized, patient-focused care.

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DR. ELLIOT BERLIN, DC: In today's episode, we're pulling back the curtain on the realities of modern obstetric care. My guest will take us behind the scenes, exposing the hidden factors that shape the typical patient experience with their OB. Why appointments often feel rushed? Why so many doctors seem burnt out? And what it really takes to provide personalized, high-quality care. She's an experienced OB-GYN who built a thriving practice, but found herself completely drained by the relentless demands of the medical system. Instead of walking away from medicine, she made a bold move. She completely transformed her practice model. What happens when a doctor steps away from the high-volume, insurance-driven system to create a more sustainable,

DR. ELLIOT BERLIN, DC: patient-centered approach? And what lessons can both healthcare providers and expectant parents take from her journey? I'm pregnancy-focused chiropractor, Dr. Elliot Berlin, and you're listening to the Informed Pregnancy podcast. Dr. Melissa Drake, welcome to the podcast.

DR. MELISSA DRAKE, MD: Thank you so much.

DR. ELLIOT BERLIN, DC: Just by everything I know about how you run your practice, if I get pregnant, I'm coming to see you.

DR. MELISSA DRAKE, MD: Thank you, it's an honor.

DR. ELLIOT BERLIN, DC: Let's start at the beginning. What drew you to medicine in the first place?

DR. MELISSA DRAKE, MD: I don't come from a medical family necessarily. My dad was a planetary geochemist. My mom was a librarian. My brother ended up going into medicine. He's a pulmonary critical care doc, but we always were very interested in science, always interested in how the human body worked, but I was always really interested in helping people and always really just drawn to that aspect of it. I got specifically interested in women's health in medical school itself. I initially thought I wanted to be a dermatologist. I liked skin. I liked skin ailments. I have terrible eczema.

DR. ELLIOT BERLIN, DC: Oh, yeah, I was wondering, were you one of those teenage girls that just spent hours doing skin?

DR. MELISSA DRAKE, MD: No, actually, weirdly. I was one of those teenage girls who couldn't apply anything to her skin because I had atopic triad.

DR. ELLIOT BERLIN, DC: Okay, that's our first thing we have in common. We didn't apply anything to our skin.

DR. MELISSA DRAKE, MD: Exactly. I had to like dance around with lactic acid lotion because I was so eczematous. So yeah, I thought I wanted to be a dermatologist.

DR. ELLIOT BERLIN, DC: Oh my God, if I start a band, it's gonna be called eczematous. Metal, super metal.

DR. MELISSA DRAKE, MD: Yes, very metal.

DR. ELLIOT BERLIN, DC: Okay, sorry, back to you.

DR. MELISSA DRAKE, MD: But no, so I had actually, I had a negative experience with OB-GYN when I was a medical student. I had a really nasty experience with an OB-GYN. I had a bad experience with a pap smear with some results and with getting results conveyed and then with another procedure. And I had somebody during the procedure sort of not give any, you know, I was a busy student. I should have probably looked up what the procedure was. I probably should have informed myself a little bit more, but I didn't. So I sort of showed up blind to this procedure. I didn't really get much in the way of any information about it, much in the way of any consent. I'm sure I signed a consent form. But I got into the cervix and then had a biopsy performed

DR. MELISSA DRAKE, MD: with really no conversation, no kind of heads up. And you know, a biopsy on the cervix really hurts. I mean, it can hurt. You say you know, I don't really know, but I-

DR. ELLIOT BERLIN, DC: It doesn't feel great.

DR. MELISSA DRAKE, MD: Yeah, I mean-

DR. ELLIOT BERLIN, DC: Everyone has varying degrees of discomfort on the cervix. Some people feel a lot, some people don't feel much. Oh, I noticed that as a doula. Yeah, like anybody who says there are no nerves on the cervix.

DR. MELISSA DRAKE, MD: Oh yeah. Cause you know, they were telling us that even when I was a student, it's totally absurd.

DR. ELLIOT BERLIN, DC: Yeah, no, cause I've seen people as a doula. I've witnessed people have like the foley balloon placement.

DR. MELISSA DRAKE, MD: Oh yeah.

DR. ELLIOT BERLIN, DC: Some people are like, oh, did you do it? And then other people are screaming in agony. I mean, like really-

DR. MELISSA DRAKE, MD: Or vomiting or-

DR. ELLIOT BERLIN, DC: Yeah, like big reactions.

DR. MELISSA DRAKE, MD: Totally.

DR. ELLIOT BERLIN, DC: Okay, so throughout that series of unfortunate events, is it primarily bedside manner? That was the issue.

DR. MELISSA DRAKE, MD: Yeah, so this person like sort of, so I like, I yelled and started to tear up and this person came up from between my legs and said, I don't know why you're making such a big deal out of it. You shouldn't be crying. And I was so embarrassed because I'm a medical student. I felt like I really should have had a better handle on myself. I don't know.

DR. ELLIOT BERLIN, DC: Wow.

DR. MELISSA DRAKE, MD: So anyway, I left the appointment, never went back. It was a terrible experience. I probably got fired as a patient and I did not get another pap smear for years.

DR. ELLIOT BERLIN, DC: Oh my.

DR. MELISSA DRAKE, MD: It was terrible. It was awful. So I really got into my head.

DR. ELLIOT BERLIN, DC: Obviously traumatized.

DR. MELISSA DRAKE, MD: Yeah, I was like, I never want anyone to feel this way. I never want to feel this way. That was really what drove me into women's health. And that's really how I approach all of my appointments. Anybody who shows up for a pap, some people are really anxious. Some people just want to get it over with, but some people are like, look, I haven't been in in years. And it may be because they had a previous bad experience. And I told them, I'm like, we don't even have to do it today. The fact that you made it in the door is fantastic. We can just talk it out. We can go in and do an exam. We don't have to. We can always do something else later. Just acknowledging that there may be trauma from the past.

DR. ELLIOT BERLIN, DC: It was sort of a joke when I opened up and I said, if I get pregnant, I'm coming to see you. But there are things, I'm 50, that it would be nice if doctors had your refreshing approach just for other medical things, like colonoscopy, let's say. A little spooky, but if you have somebody warm and gets it and explains everything and sort of holds your hand through it, then I

think even just for medical safety, like you're saying, you didn't get a pap smear for years, I think people push off these medical procedures for years and sometimes till it's too late because they're just not good experiences.

DR. MELISSA DRAKE, MD: A hundred percent. I think there's something that I think the medical community does not acknowledge about the fact that a lot of the stuff that we do is unfortunately unpleasant. Exams, injections, surgical procedures, dental work. So much of this stuff can be unfortunately unpleasant. There's a ton we can do to make it less so. And there's a ton we can do to make it more comfortable for people and just more pleasant. But there's a lot that we have to answer for as a profession. You're totally right in terms of bad health outcomes for people because people have been avoided about it because it's scary.

DR. ELLIOT BERLIN, DC: Right, I mean, I could have something unpleasant but feel safe. And then my fight or flight response isn't going off I'm not loaded with adrenaline. It's not a war zone where my body feels like why are you not running for your life right now and just using everything I have to just stay there and endure it. That can be turned off just with some simple interactions, just human kindness warrants interactions and explaining things. And I could even say joking about it once the climate feels right. And then going in, I see, also from my work in birth is that someone's laughing, body knows they're not in danger.

DR. MELISSA DRAKE, MD: Yeah.

DR. ELLIOT BERLIN, DC: And so if you can get to that point you can have a much more pleasant experience doing almost anything. I always say you can't be scared and laughing.

DR. MELISSA DRAKE, MD: Right, exactly.

DR. ELLIOT BERLIN, DC: If you've got that smile on it's like the adrenaline's leaving your body. Okay, so when you had that experience as a med student were you already doing rotations?

DR. MELISSA DRAKE, MD: I had not done rotations yet. So I, that was, I think it was like a first or second year. Yeah, when I started rotations I was nervous because I was like, oh man, OB-GYN was presented to me. I think, I don't think I'll ever forget this quote. OB-GYN was, the various groups came in and they were like, well, here's what we do as internal mom, here's what we do as surgeons, here's what we do as blah, blah, blah. But OB-GYNs came in and they said, we are the kind of people that wake up at four in the morning, run a marathon and then go to work. And I was like, oh my God, man, I don't know if that is for me. I really like, I mean, I like to sleep. I don't know if I can wake up at four in the morning and do that.

DR. MELISSA DRAKE, MD: I don't know if, I don't know if this is for me. So-

DR. ELLIOT BERLIN, DC: So you went and did it.

DR. MELISSA DRAKE, MD: So I, you know, started doing it. I did that rotation first because I was like, I got to tear this bandaid off. I really got to make sure that this is a thing I can do. And I fell in love with it. People who do birth and birth work find that they really either love it or they don't.

DR. ELLIOT BERLIN, DC: And- It seems like you have to love it to keep doing it.

DR. MELISSA DRAKE, MD: Yeah.

DR. ELLIOT BERLIN, DC: Because I mean, that description is not wrong, especially for private practice. I always wonder like what, even for me doing birth work as a body worker, as a doula, the difference between going to sleep with both eyes closed and the phone off is worlds apart from going to sleep with one eye open and the phone on.

DR. MELISSA DRAKE, MD: 100%, yeah.

DR. ELLIOT BERLIN, DC: And so even if you're not waking up at four o'clock, you're not asleep at four o'clock.

DR. MELISSA DRAKE, MD: Yep, yep.

DR. ELLIOT BERLIN, DC: So you specialize in OB, which takes a long time also. Not as long as like brain surgery, like for neurosurgeons, they seem like they're 70 when they come out of residency. You know, those poor guys. You know, it's four years in medical school, four years of residency, which I'm sure feels like an eternity, but it's not as long as some. And then do you go from there to private practice?

DR. MELISSA DRAKE, MD: From there I did, yeah. So I did four years of medical school at University of Arizona. And then I did four years of residency at George Washington University in DC. And then came out to Santa Barbara.

DR. ELLIOT BERLIN, DC: What drew you to Santa Barbara?

DR. MELISSA DRAKE, MD: My husband's job, actually. So he is a fertility doc.

DR. ELLIOT BERLIN, DC: Yeah.

DR. MELISSA DRAKE, MD: And they very rarely have open jobs anywhere. So they occasionally have an open job here and there, three or four open jobs anywhere at a time in the country. And he had an open job here in Santa Barbara. We came out and I thought, no big deal. I'm a generalist OB-GYN. This is gonna be a breeze. Someone's gonna wanna hire a young generalist OB-GYN. It's a small town. There's some older folks here. Someone's gonna wanna get a new partner, a young person, a hungry young person. I did not anticipate at all how difficult it would be to break into the OB scene here. Oh yeah, it was tough. It was really, really tough to get hospital privileges initially to...

DR. ELLIOT BERLIN, DC: Oh really, just getting privileges?

DR. MELISSA DRAKE, MD: Just even getting privileges. To get hospital privileges here, you have to have two people who will sign for you. And when signing for you means that you would potentially be a competitor,

DR. ELLIOT BERLIN, DC: it's really tough. Oh right, who's gonna do that? Yeah, I mean, it is...

DR. MELISSA DRAKE, MD: Exactly.

DR. ELLIOT BERLIN, DC: At the end of the day, there's a business.

DR. MELISSA DRAKE, MD: Yeah.

DR. ELLIOT BERLIN, DC: There's competition going on.

DR. MELISSA DRAKE, MD: Exactly. I never even thought about it from that perspective. Yeah, and I of course had no idea at the time. I look back on my poor naive little self and I just had no clue. So I'm sending out my CV and a cover letter and I'm just not getting any response and I had no idea why. So for a while there, I was doing gynecology only. A very kind gynecologist here, Dr. Duncan Turner gave me some space for which to do gynecology out of his office. And I was doing gynecology only because I couldn't get hospital privileges to do OB.

DR. ELLIOT BERLIN, DC: Wow, how'd you overcome that?

DR. MELISSA DRAKE, MD: Somebody hired me. So I was hired and finally was able to break into the OB scene and was in a group practice for a while and then eventually branched out on my own.

DR. ELLIOT BERLIN, DC: All right. That practice, based on the introduction that I heard myself say, led you down a path that I think most doctors today, especially OB-GYNs, end up in that didn't quite work well with your life. And you took a big turn. Let's take a little break. When we come back, we'll find out what that was like for you and why the turn and where you are now. We'll be right back. Welcome back. We are talking to Dr. Melissa Drake. Okay, so from skin to OB through an unpleasant experience, to say the least. And then you moved to Santa Barbara and you're struggling to get privileges and break-in and then you do get privileges and you're in what sounds like a typical practice, like a sort of a volume practice.

DR. ELLIOT BERLIN, DC: And what's that experience like for you? I mean, it's what you wanted to do.

DR. MELISSA DRAKE, MD: Yeah, yeah. So I sort of broke out on my own, started seeing patients solo and I didn't have a ton of focus, I would say, in terms of practice management, in terms of how to structure things, I guess. I also had a sense of, if I had to say I had any overarching practice management philosophy, it would really be just a sense of service to community. I wanted to just serve the community. And that meant take every kind of insurance. The only insurance I didn't take was emergency Medi-Cal. Those patients would go to the county. I took everything from Sencal to Anthem Blue Cross. And I essentially didn't say no to any appointments. My staff eventually was like, you have to cap the number of births you're gonna get

DR. MELISSA DRAKE, MD: because the most intense month I had, I think I delivered 45 patients in the month.

DR. ELLIOT BERLIN, DC: Holy cow, that's a big half every day.

DR. MELISSA DRAKE, MD: It is. They were whole babies. That was my biggest month.

DR. ELLIOT BERLIN, DC: Thanks for clarifying, Doc.

DR. MELISSA DRAKE, MD: My lightest months were never less than 30. And so my staff was like, you have got to start capping. You cannot do more than 35. But so I capped at 35 births eventually,

but I never capped or stopped taking certain insurance plans. I was consistently told you really should stop taking Sencal. You should stop taking Sencal. They're your lowest payer. But so many teachers in town, there were so many just like really lovely folks on Sencal. I really couldn't justify not taking it anymore. So it was the community. That's the thing. I just was like, I have too many lovely folks using it. So I can't stop taking it.

DR. ELLIOT BERLIN, DC: Can you explain for a minute? Cause I think a lot of people don't think about it. I have insurance for my family that costs a fortune of money. And I think probably 20% of the doctors we go to take it. And 80% of the doctors we go to don't take it. And I don't take insurance. And now I assume you don't take insurance. So spoiler alert. But can you explain, I know how it is from the chiropractic perspective, but from an OB perspective, what is the difference for you for somebody who has, let's say insurance that's a better insurance, insurance that's a less quality insurance and somebody who just pays out of pocket.

DR. MELISSA DRAKE, MD: Yeah. So this is the wacky thing about insurance. And this is why I was so busy. I didn't even have a moment to sit down and take an admin day, for instance, to wrap my brain around what any of this meant. But a pregnancy and birth is billed globally, similar to how a surgery is billed. Surgeries are billed globally, meaning the actual surgical procedure and then a certain period of time after the surgery, including post-operative visits, and then any period of time after that. I don't know what it is for surgeries. I think it's like 90 days. That's all included in like a global package. So the insurance will pay a fee for this entire period of care. So for pregnancy, it's the prenatal package.

DR. MELISSA DRAKE, MD: So it's however many prenatal visits there are. So if you see the doctor five times, 13 times, whatever, and then the birth, and then one or two postpartum visits, that entire package of visits is a single fee. That's what your doctor will get paid. And so in the United States, when people talk about like, my birth cost $30,000. My birth cost $15,000. You hear about these insane prices that people are paying for their births. And that's an uncomplicated birth in the United States. That's not counting a NICU stay, or God forbid, an ICU stay for somebody. So, I mean, you hear about these things. People are paying these ungodly amounts of money for their births. That is not going to the doctor

DR. MELISSA DRAKE, MD: because for that global pregnancy and birth package, 13 prenatal visits, a delivery, which for some people, that's four hours of care for me, you know, delivery. For some people, that's 12 hours plus of care. And then two postpartum visits. Sencal was paying like 1,500 bucks. And my highest payer, which was Anthem Blue Cross, I believe at the time, was paying, I think, 2,400 bucks. And that really sort of just boils down. That tells you why people are being rushed through their appointments in most offices. That tells you why so many doctors have to operate at scale.

DR. ELLIOT BERLIN, DC: I mean, it's not very much per hour. Even if you're moving fairly quick, it's not very much per hour.

DR. MELISSA DRAKE, MD: Exactly. Especially in light of, you know, the expense of running an office.

DR. ELLIOT BERLIN, DC: Exactly.

DR. MELISSA DRAKE, MD: Just malpractice insurance alone on the other side. Malpractice insurance. And then you have like slip and fall insurance for your waiting room. And then you have health insurance for your own employees. Oh yeah, some worker's comp. Exactly. Because, you know, your own employees are usually, in healthcare, gonna be young women who are also needing their own healthcare, getting pregnant themselves, which is legit. That's what we all do, you know. And, you know, you want to pay them a fair wage. You want them to have their own good health insurance. You want to make sure they have paid leave. You want to make sure they can go out and like take their kid to soccer practice or take a sick day for their kid. You know, those kind of things.

DR. ELLIOT BERLIN, DC: So they make you need to earn to make your first profit dollar in a month. And that is substantial. And if that's the hourly rate essentially that you're getting because of that global package, you have to see a lot of people just to break even at little internal profit. And so you end up, I mean, 45 babies in a month, that doesn't sound like you even have time for the marathon. It just sounds like you wake up at four in the morning, you know, deliver a marathon. Having gone to bed at 3.30, you know?

DR. MELISSA DRAKE, MD: Yeah, exactly.

DR. ELLIOT BERLIN, DC: I mean, it's just so taxing on the body. People want more time with the doctor.

DR. MELISSA DRAKE, MD: Absolutely. And they just deserve more time. People deserve more time, you know? Pregnancy care is a time that really affects the entire lifespan. So it's a time where it shouldn't be rushed. You shouldn't have a five minute visit after waiting for a month. That's not how any of this should work. You know, when you do a five minute visit after waiting for a month and then you wait another month and have another five minute visit, and then we have bad health outcomes, nobody should be shocked at that.

DR. ELLIOT BERLIN, DC: Sure. I mean, that makes sense. You know?

DR. MELISSA DRAKE, MD: Right.

DR. ELLIOT BERLIN, DC: And people don't like the group model where, you know, you have a group and you don't have a doctor assigned to you per se. You just see whoever you see, even though that makes- It's not ideal. It's not ideal, but it's not ideal for the patient, but seeing that many patients, it makes the life of a doctor a little bit more livable. I mean, the way you're describing it just sounds like it's impossible just to have your own healthy life, nevermind being someone's spouse or someone's parent, you know, and those people depending on you and you're not able to be there for them. And so, yeah, I suppose that's one of the reasons why there's a high burnout rate among obstetricians.

DR. MELISSA DRAKE, MD: Yeah, absolutely. And also we're human. I mean, you have high stakes there. Like humans make mistakes and humans who haven't slept make more mistakes. You know? That's one of the most interesting things. So my oldest daughter is in the Air Force and she took some time after she graduated. She went to UCLA, she graduated and she took some time before she got

orders. And she took that time, she was working for a private jet company and she was scheduling the flights. And the aviation industry takes pilot health and specifically pilot fatigue so seriously. And she, you know, she was doing all this scheduling and she would take this extremely seriously. She would say, you should be on the phone scheduling these guys. And she would be like,

DR. MELISSA DRAKE, MD: well, this guy can't fly, he's grounded. He's had too many hours. I've got to get him a hotel. I've got to make sure he gets enough sleep. It's not safe for him to be piloting at all for at least another 18 to 24 hours because I've got to make sure he's rested. This is serious stuff. And I'd be like, my God, think about it. You know, if only we took medical care that seriously. We've got doctors that are completely fatigued doing care. It's wild.

DR. ELLIOT BERLIN, DC: Doing surgery, sometimes doing emergency surgery, not under the, you know, smoothest of circumstances. Yeah, it's a recipe for disaster. So you left that model.

DR. MELISSA DRAKE, MD: Yeah, I had to.

DR. ELLIOT BERLIN, DC: Was there a breaking point?

DR. MELISSA DRAKE, MD: I got so unhealthy. So I truly like, we talked about the complete lack of asleep. Like there were moments when you're doing that many births, thinking back on it, it's really hard to, it's hard to even talk about what the sleep schedule was like because I would be waking up at like five in the morning going to round in the hospital, round on patients before the office started at eight. So I'd round on anybody that was laboring and anybody that was postpartum. Office would start at eight. I'd see patients throughout the morning hoping not to have to dash out for a delivery in the morning. Before I would leave the hospital, sorry, I would grab a coffee, a free coffee, and then a free croissant or something like that in the doctor's lounge.

DR. MELISSA DRAKE, MD: That would be my breakfast. I'd come over.

DR. ELLIOT BERLIN, DC: Wow, two different types of vitamin C,

DR. MELISSA DRAKE, MD: coffee and croissant. Exactly. Yeah, I don't know how I didn't get scurvy in this time period, but I don't know how my scars didn't open out and my teeth fell out. And then I would, you know, hopefully complete the morning, come back at lunchtime to complete the rest of the rounding, see anybody who else was, you know, if anybody was still laboring, I'd check in on them, complete the rest of the postpartum rounds, take any more free food that I could find, get another coffee, maybe an energy drink. I'm back to the office for the afternoon. Hopefully not have to dash out for a birth in the middle of the afternoon, although I'd often have to do that. I had a fantastic nurse midwife that I worked with who, if I had to dash out for a birth,

DR. MELISSA DRAKE, MD: could complete the afternoon appointments and then I'd come back and finish the rest. When I was finished with the afternoon appointments, I'd go back to the hospital, check in on people again, and then go home, usually 6 p.m. Then I would finally be able to look at labs. I'd look at labs, you know, make phone calls to patients about any lab results while usually like watching the news, which is, of course, you know, great for your cortisol levels in the middle of COVID. You know, my poor kids would be like, hello, are you still there? And I'd be on the computer making phone calls, sending emails.

DR. ELLIOT BERLIN, DC: Yeah, it's an impossible life. It's impossible.

DR. MELISSA DRAKE, MD: Maybe fall asleep around midnight. And then most phone calls are coming in because most births happen between two and four in the morning. So then, you know, you have a birth almost every night. I'd be back at the hospital between two and four, hopefully get back around 4.30, back up at 6 a.m.

DR. ELLIOT BERLIN, DC: Wow.

DR. MELISSA DRAKE, MD: So I just kept doing that over and over.

DR. ELLIOT BERLIN, DC: That's insane. You could almost understand sort of why like a young med student would have a doctor who comes in and just doesn't have the wherewithal to give her proper informed consent and spend time with her. And I'm not justifying it, I'm just saying like, you end up on that treadmill that just gets faster and faster and then hurdles pop up. You're just trying to stay on the treadmill without falling off, you know? Dreadle the balls without dropping any. And it's easy to see where patient care just falls apart.

DR. MELISSA DRAKE, MD: Totally.

DR. ELLIOT BERLIN, DC: All right, so you moved away from that. I want to find out about your new model of care and how it's working out for you. Let's take one more break and we'll be right back. Welcome back. We're talking to my new general physician, Dr. Melissa Drake.

DR. MELISSA DRAKE, MD: Thanks.

DR. ELLIOT BERLIN, DC: It's kind of interesting. I don't know if you knew Dr. Jay Goldberg. I've told this story on the podcast before, but when I went to Cedars-Sona with COVID, like alpha COVID, one of the first people around here who got COVID and I was in the ICU trying to stay alive and somehow he knew, OB that I'd worked with many times, he knew that I was in the hospital. I don't even know how he knew I was in the ICU. And he sent a sweet text message that just said, I'm so sorry you're here today as a patient and not as a provider. And if there's anything I could do for you at all, personally or professionally, don't hesitate to reach out. And I immediately started thinking to myself, like, you're an OBGYN, what are you gonna do for me professionally?

DR. ELLIOT BERLIN, DC: So as a joke, I just wrote, well, I haven't had a Pap smear in forever and without a beat, he wrote back, I'll be right up.

DR. MELISSA DRAKE, MD: I love that.

DR. ELLIOT BERLIN, DC: It made me laugh, which we said is great medicine. And I started breathing and I came home soon after that. Okay, so back to you. So the burnout, it's very real. I think people can start understanding. We want our doctors to take our insurance. We want our doctors to be easy to get into, be able to see me next week. We want our doctors to spend a lot of time with us and be very thorough and never make mistakes. But those things kind of work against each other for like, doctors are human. There's only so much you can do. Something's gotta give. And for you, it sounds like patient care wasn't what you were ready to give on.

DR. MELISSA DRAKE, MD: No.

DR. ELLIOT BERLIN, DC: So what's your new model?

DR. MELISSA DRAKE, MD: And that was the thing, it's like even throughout my whole, the practice felt like a Mustang that was running away. Like I was on the back of a Mustang, like a wild Mustang. And I was holding onto the main of it and I couldn't get control of it. It was just running away with me. I still couldn't do five minute visits with people. I just can't do it. If somebody's crying in your office and like pouring your heart out to you, I cannot interrupt somebody and say, I'm sorry, our time's up. Don't just set the timer when they come in. I'm physically incapable of it. I simply cannot do it. The people that know me, like know I'm incapable of doing that. I'm way too talkative.

DR. ELLIOT BERLIN, DC: So tell me about your practice now.

DR. MELISSA DRAKE, MD: Yeah. So when I reopened, I thought the people that really know how to do obstetrical care are the midwives. They've always known how to do it. I call them like the keepers of the flame because they've been quietly and like consistently doing full care this whole time, just properly. We've been bumbling along and sort of trying to do it and putting our own model onto things. We have good skills. We've got great surgical skills. We have great tech, but the true, the deep care, the care that really matters that carries on throughout history, the midwives have been doing that the whole time.

DR. ELLIOT BERLIN, DC: Right. I guess the old adage, you spend an hour waiting to spend five minutes with your doctor and five minutes waiting to spend an hour with your midwife. Their model is just very different. Of course, they're not doing surgery and they're not doing high risk things for the most part, but it's a totally different model. It's very holistic. They look at a person and different than allopathic does when they look at the whole person. When I was in chiropractic school, they said when you step on a dog's tail, it barks. And if you're looking too zoomed in, you're gonna be looking at the vocal cords and they're making noise and that's a problem. You gotta get them to stop so you anesthetize them. And it does stop,

DR. ELLIOT BERLIN, DC: but you still have somebody's foot on the dog's tail. So I think that holistic care just kind of zooms out and the midwives are looking at your life in general and your relationships and are you taking care of your health or getting enough sleep? And what are you eating and are you exercising? And have you thought about what postpartum is gonna look like? And all these things. And I remember Stu Fishbine used to tell me, he's like, I have no idea what they talk about. I can't think of more than five things to talk about with five minutes with my patient. Also very supportive and working in tandem with midwives. They're definitely onto something. I think everybody has their place.

DR. MELISSA DRAKE, MD: Well, when I tell my colleagues that my visits last for 50 minutes to 90 minutes, when I tell them that those visits last that long, they're like, what on earth are you talking about for that long? And I'm like, honestly, everything, truly everything. Because it's been a month, two weeks, a week since we've seen each other. And so there's a ton to talk about. How have you been? How are the kids? How's your dogs? What have you been eating? How have you been sleeping? You're catching up with a friend over coffee, over tea. In the same way that you would catch up with a friend, except your friend is your doctor. And your friend has all this advice for you.

And your friend is gonna be with you throughout this really significant life experience.

DR. MELISSA DRAKE, MD: And it's gonna help you prepare for this really significant life experience and be with you every step of the way. And so I was not planning on all these developments. I didn't know how long the visits would last when I thought I'm only gonna do all house calls, because I only do house calls. I had no idea how long the visits would last. I was like, I don't know, maybe it'll be a half hour. It turns out they're always at least an hour. Sometimes they're two hours. They don't feel long. They don't feel excessively long. They just feel like I'm meeting with a friend.

DR. ELLIOT BERLIN, DC: My observation sometimes, again, I come from a medical background myself. When I heard that people still do home birth today, I didn't even realize it was happening 20 years ago when we moved to Los Angeles. I was like, wow, that's crazy, spooky, scary. And once I started attending home birth, I noticed something really interesting, which is that relationship between the midwife and the patient, because of all the things you're talking about that you now do as well, the time that you spend in. Just being in someone's home, you can learn a lot about them from just being in their environment with them and seeing how it affects them in lots of different ways, mentally, physically, spiritually. And what I noticed about midwives

DR. ELLIOT BERLIN, DC: is sometimes they'll realize something is not quite right before any alarm bells go off, like just from the way that you're talking or the way your skin looks or feels or your responses in a way that they're sometimes really able to find pink flags, things that are maybe going to become an issue long before I would see those same things be recognized in a hospital setting where somebody's not really with their provider, A. There's nurses, but they're not often in the room. They're monitoring remotely. And even when they come in the room, they don't know you. They have no experience, no relationship with you. And so it just became clear to me that sometimes one of the things that makes home births can be safer than a hospital birth

DR. ELLIOT BERLIN, DC: is that they're gonna pick up things much, much earlier because of that deep, intimate relationship that they have and be able to address it and take care of it before you would even realize that it was an issue at the hospital. And so-

DR. MELISSA DRAKE, MD: Yeah, before something's gonna show up on a blood test.

DR. ELLIOT BERLIN, DC: Right, and the description you're giving of going into their environment and spending all this time with them and really getting to know each other on multiple wavelengths, so to speak, is an entirely different model. It's like the polar opposite of what you were just describing. How does that feel for you?

DR. MELISSA DRAKE, MD: It's amazing. It's just the best.

DR. ELLIOT BERLIN, DC: It's what you wanted. It sounds like what you dreamed of.

DR. MELISSA DRAKE, MD: It's just what I dreamed of. It works out so well. And I have to tell you, it works out so well for the patients because it works out great for me because I'm completely at ease with people. I'm completely at ease with myself. I love not being in the office. I love being able to move around. I love being able to feel like I have enough time for people. I used to feel in the office, if I did have someone who was having a really emotional day and having a really emotional visit and I

was trying to comfort them and give a listening ear, even while doing that, if I could still feel the waiting room piling up behind me and it would just be making me feel almost itchy because I knew back out in the waiting room

DR. MELISSA DRAKE, MD: there were other people having an emotional day waiting for their turn. You know, like- Getting worse as they wait. You know, and I was just like, oh God, this is just, you know. So the fact that like, I'm able to really give 100% of my attention to each person is just such an incredible blessing. But then additionally, people who have other kids, people who have other obligations are not having to drive out to an office. They're not having to wait in an office waiting room for 30 minutes, 45 minutes, whatever. They're just waiting for me. I'm coming over to the house. If they need to reschedule, they just give me a text. If I'm running five minutes late, I just give them a text. If we need to meet somewhere else, we text each other.

DR. MELISSA DRAKE, MD: If they're at the grocery store and they can't remember if their kombucha is safe to drink, they're gonna shoot me a picture of it. You know?

DR. ELLIOT BERLIN, DC: And also how many people could even say that they have, you know, text connection, text access to their doctor, to their OB-GYN?

DR. MELISSA DRAKE, MD: Yeah. It just works. It's just functional. It just works.

DR. ELLIOT BERLIN, DC: The way you talk about midwives is not typical for an OB either. Sort of, I remember when I got into chiropractic care, there was still a lot of tension between medical doctors and chiropractors. There still are in large areas, but I have great relationships with medical doctors and I feel like our patients get the best care when we work together on a team. Sure, there's a little bit of overlap here and there, but for the most part, we're like yin and yang, giving them the full perspective, the full spectrum of health. I still feel that kind of tension between the OB community and the midwife community to a large degree. Do you find that too? I mean, are you like a rebel in that way?

DR. MELISSA DRAKE, MD: I feel sometimes like that exists a little bit. I think it's improving, but it's a shame because like we should be working hand in hand. We really should just be working hand in hand because we have so much to learn from the midwifery community. Like the obstetricians have so much to learn from them and we have so much that we can offer them. So when I was in training in DC, there were in-hospital midwives that we provided medical backup for and they were some of the first vaginal births that we saw as residents. And I just remember being like a first year resident. I'd been a doctor for like three weeks, just sort of coming to the door of the room. These women who were like, midwifery patients did not wanna see a doctor at the door.

DR. MELISSA DRAKE, MD: And I'd be like, hi, I'm Dr. Drake. I'm just here. I hope you don't have to see me again. I just wanted to introduce myself. If there's any emergencies, I'll be here on hand. So there's such an opportunity for synergy and collaboration and it just needs to happen more. And I find so many of my good friends are midwives and doulas. And I love having that ability to collaborate. It's a shame it doesn't happen more.

DR. ELLIOT BERLIN, DC: I have a question. So I feel the conflict from you because of your deep, big hearted passion for service to the community. And now the type of care that you offer is the type

of care that you want to offer and the type of care that people want to receive. But obviously it comes at a higher cost and lower accessibility. How do you navigate that trade off?

DR. MELISSA DRAKE, MD: Yeah, there are times where I am able to provide discounts to folks and I'm also trying to work with groups to work with creating scholarships. So that's another hope that I have is that I'll be able to offer scholarships in the future. The other thing that I feel super strongly about is teaching. And my hope is that at some point in the hopefully not too far future, I'll be able to maybe bring a residency up here and have some ability to... Yeah, to teach and to bring my particular brand of OB strangeness to the world.

DR. ELLIOT BERLIN, DC: Doc, as we're winding down, just practically speaking for somebody listening, any tips for finding the right OB-GYN for you?

DR. MELISSA DRAKE, MD: Yeah, I think one of the most important things that I find and one of the really key values is autonomy. And so I really think that finding a provider that's not afraid to have questions asked because you will find some people that are a little sometimes taken aback by questions or maybe put on the back foot by questions. And so that to me is sometimes a concern. So if someone is welcoming of questions, doesn't find that weird and somebody also who isn't afraid or ashamed to say, hey, I don't know the answer to that, let me get back to you.

DR. ELLIOT BERLIN, DC: Oh, that's a good one.

DR. MELISSA DRAKE, MD: There's nothing wrong with that. And that's sometimes a thing that I feel like doctors are not, they don't feel like they're allowed to say.

DR. ELLIOT BERLIN, DC: Right, we're supposed to know everything.

DR. MELISSA DRAKE, MD: Right, they're not allowed to say, I don't know the answer to that, I'm gonna get back to you on that.

DR. ELLIOT BERLIN, DC: Right, you know what you know.

DR. MELISSA DRAKE, MD: They feel like they need to be an all-knowing automaton, right?

DR. ELLIOT BERLIN, DC: That's a really good one.

DR. MELISSA DRAKE, MD: And so being okay with like, hey, I'm a lifelong learner, I'm gonna be able to get back to you. Like my whole part of my knowledge base is knowing how to get to more knowledge for you. So that's, I think, a really key element.

DR. ELLIOT BERLIN, DC: I love that. Well, thank you so much for sharing what goes on behind the scenes here and why the system sort of is the way it is and ideas on perhaps how it can change. I think we're both in agreement the whole system needs a major overhaul.

DR. MELISSA DRAKE, MD: Definitely.

DR. ELLIOT BERLIN, DC: And until then, there are gonna be different models of care and each one will have pros and cons. And you just pick a provider that has the pros for you that outweigh the cons. And that's gonna be different for each person. Doc, where can we find you online?

DR. MELISSA DRAKE, MD: I am at MelissaDrakeobgyn.com. And then I'm on Instagram at DrMelissaDrake and Facebook at the thing.

DR. ELLIOT BERLIN, DC: Perfect. Thank you again for joining me. Your story is both eye-opening and inspiring. And I appreciate you helping us reimagine what sustainable patient-focused care can look like. To our listeners, if this conversation resonated with you, share it with a friend, leave us a five-star review and explore more pregnancy and parenting information just like this at InformedPregnancy.com.

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