In Conversation with Julie Sawaya

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IN THIS EPISODE

Nutrition devotee and Needed co-founder Julie Sawaya returns with news on every front: her third home birth, her company's first IRB-approved clinical study — and losing her home in the Los Angeles fires just months after the baby arrived. A wide-ranging conversation with Dr. Elliot Berlin, DC.

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DR. ELLIOT BERLIN, DC: My guest today is a returning voice on the podcast, a mom of three, a lifelong nutrition nerd and co-founder of Needed, a company that generously sponsors this podcast and a tremendous amount of other empowering content for women and families. There's exciting news on both the personal and professional fronts. Needed just released its first IRB approved clinical study and the findings are incredible. And my guest recently gave birth to her third baby in another beautiful home birth. Sadly, just months later, that home was destroyed in the Los Angeles fires. I'm pregnancy focused chiropractor, Dr. Elliott Berlin, and you're listening to the Informed Pregnancy Podcast. Julie Sawaya, welcome back to the podcast.

JULIE SAWAYA: Thank you so much for having me.

DR. ELLIOT BERLIN, DC: My pleasure.

JULIE SAWAYA: It's great to be here.

DR. ELLIOT BERLIN, DC: Who is busier right now than you? Oh my gosh. You, I think. I don't know. I'm not a mom. So I'm not even in the same league.

JULIE SAWAYA: Well, you keep yourself pretty busy for a non-mom.

DR. ELLIOT BERLIN, DC: For a non-mom, I hold my own, but

JULIE SAWAYA: You have a lot of hats that you wear, a lot of the moms who come to see you. And let's make this podcast.

DR. ELLIOT BERLIN, DC: I mean, what a busy time for you, especially now, I mean, you're now three kids and a flourishing company and homeless all at the same time.

JULIE SAWAYA: Yep. Yep. Hopefully this year didn't start off the way we anticipated, but we're among the more fortunate homeless folks. So

DR. ELLIOT BERLIN, DC: Well, one thing was anticipated, which was that third baby. And I guess we should start there. Let's just recap the first two. How did those births go and what did you have in mind for number three?

JULIE SAWAYA: Yes. I was really lucky to have really positive home birth experiences with my first two, the first oldest was born in July, 2020. So a COVID baby and I pivoted late in that pregnancy from the plan of having a hospital delivery with an OB to working with a home birth midwife. I mean, it felt at the time a bit like a leap of faith, but with such a positive experience, the birth proceeded very well. I would say the only complication, not really a complication, but the unplanned for turn of events for me was that that baby came two days shy of 42 weeks. So it was very much a lesson in patience and surrendering of control around the timeline. But it was such a positive experience.

JULIE SAWAYA: I really couldn't envision anything differently for my second pregnancy, other than I had the ability in that pregnancy to work with a backup OB who you know, Dr. Fabby, who's like a unicorn.

DR. ELLIOT BERLIN, DC: Fabulous.

JULIE SAWAYA: Yeah, she truly is. She is amazing and offers complimentary kind of collaborative care. All of the model that exists in other countries, you know, in European countries and you know, other developed nations that have really positive birth outcomes for both moms and babies. And I loved that. You know, I come from a family of medical professionals. My dad's a doctor, my sister's a doctor, my brother-in-law's a doctor, my mom's a nurse. So a little like risk averse, a little Western medical in terms of the family culture I grew up with. So to me, that was the perfect mix of having an OB who can do ultrasounds. She actually practices in a mobile way, comes to your home to do the ultrasounds, which is incredible.

JULIE SAWAYA: And having those extra reassurances, I had had a pregnancy loss in between the first and second birth. So for me, it was wonderful to be able to have that added reassurance of, you know, a backup OB, but get to fully experience for the full duration of that pregnancy what midwifery care is like and just the care and attention and the time that you get through working with a midwife was really amazing.

DR. ELLIOT BERLIN, DC: Was the first switch late in the game because of COVID?

JULIE SAWAYA: You know, it was, I would say, related to COVID. I sort of had in the back of my mind this idea that maybe I would do a home birth. A home birth really appealed to me. I wanted a low intervention birth. I had a doula for that first pregnancy, but then COVID hospital policies changed.

Doulas weren't allowed in as support. You know, laboring people were only allowed to have one support person and that would have been my husband. So that was certainly kind of like a catalyst for it. But I think the interest for me was peaked prior to COVID through Nita. We did an amazing informed consent educational event that really opened my eyes to the power of informed consent and what birth really looks like in the U.S.

JULIE SAWAYA: I watched the business of being born, a lot of probably the resources that I know you are also passionate about. So I think my eyes were opened a bit, but I think COVID was the nudge of like, you know, I don't know that it's safer now to birth in a hospital or I don't have higher conviction than I'm going to have the birth that I want to have in a hospital versus trying it at home. So I'm really glad that I did that. You know, at the time, as I said, it felt like a leap of faith, but I, you know, through more research and now having had the experience three times over, I really feel like it can be a very safe, a really positive choice for women, but you need to go into it with the right research and the right support.

DR. ELLIOT BERLIN, DC: It's kind of amazing. First of all, this is not a sponsored podcast episode, even though you're, I couldn't do it without sponsors like you guys, but the truth is we met really long before that and needed was just a fledgling company. And I fell in love with your energy and your passion in general for like life and you just glow positive energy, even now with everything going on, you still glow positive energy and your energy, the just tremendous desire to redo women's supplementation in a much, much better way. And you're sort of like, hi, I'm the girl next door. And then you're like, I'm really smart and really dedicated to improving women's health and pregnancy in particular. That's what I fell in love with at the beginning.

DR. ELLIOT BERLIN, DC: And then as your company grew, I think it's really cool that you take some of the resources that you have and pour them into making these resources that originally shaped your experiences and you've had great experiences and make them available to everybody else so that other people can sort of get informed and be exposed to not just whatever choice is right in front of them and then really be able to think about the pros and cons and choose the choice that they really want, not the one that just whatever conveyor belt they were on before they started thinking about it.

JULIE SAWAYA: Yeah.

DR. ELLIOT BERLIN, DC: So I guess I'm saying thank you.

JULIE SAWAYA: Yeah. I will thank you. I mean, for the work that you do, you have had a huge, I mean, I should really say that I think you were a big part, like, yes, the business of being born and all those other things, but I started seeing you maybe like a month or so pre-COVID in 2020 prior to your own experience with COVID as well. And I remember us talking throughout that appointment that maybe there were a few appointments about home birth, about midwifery, who was my OB, what was my birth plan? And I think, you know, you just are such like you live and breathe education and empowerment for women. It's just kind of infectious. And, you know, I think you really helped me to feel like it wasn't a crazy choice.

JULIE SAWAYA: It was a smart, well-researched choice and that I could do it. And the funny thing is, you know, you asked about my third birth. It was very similar in a lot of ways to my first birth. And I

guess they say, you know, third babies can be wild cards, but I found that with my three kids, I've had to relearn the same lesson in the lead up to birth. And for me, that lesson is always one of patience and surrender. My babies tend to come late. The first one came two days prior to 42 weeks and the third came one day prior to 42 weeks. And I saw you the day before I went into labor. Finally, I had had a lot of pre-labor and sort of dilation and warmups, but not active labor. And I saw you probably, I don't know, maybe eight hours or less

JULIE SAWAYA: before going into active labor. And it was sort of like, you know, I think seeing you, and I also saw Dr. Fabby, my backup OB that week, I think just that energy, the reassuring energy and the trust that, you know, you both have, as well as my amazing midwife, Jennifer, that you have in women's bodies and in the birth process really, really helped me to relax into and surrender to the fact that like, I've done this before. This may look different. I don't know. Is the baby going to come? Is the baby not, you know, eventually the baby's going to come. I don't know if the baby's going to come at home in a low intervention way, or if I'll go to the hospital and be induced. But I think really seeing you the day before gave me that extra

JULIE SAWAYA: energy boost that I needed, just like a little bit of energetic reset, because it's hard to wait for your baby, especially at 42 weeks, especially when you have two other kids. You know, I know I'm not alone in, you know, being a lone gestator of kids, but it feels uncommon when you're going through that because so many births are induced. So many. Nobody makes it past 40 weeks. Yeah, honestly, I had so many people tell me I've never known anyone to be pregnant as long as you. And the first time around that kind of shook my confidence. I guess the second time around, the baby was a little more on time, only a couple of days late. The third time around, I sort of like just laughed it off, but sometimes it would get to me.

JULIE SAWAYA: I, you know, I think it's hard to be relaxed and chill about it all the time, you know, you know, that it's normal. It's still real. It's some days it's just, you got to take it a day at a time.

DR. ELLIOT BERLIN, DC: And in California, you kind of time out of being able to have the baby at home, although I guess if you have a doctor who's willing to step in the scope of practice for midwifery, it doesn't matter as much.

JULIE SAWAYA: And she was, and I think I had some more time and, you know, dates are kind of like a funny thing. You know, there's probably a window whereby, you know, who knows exactly what the right due date was. I had a little bit more time, but I was feeling the pressure and literally, literally, um, the long and the short of it was that this was my only birth where castor oil didn't work for me. I took castor oil with my first and my second, and they were both born in the first case. I don't actually know that castor oil was what started labor, but my labor started about eight hours later and it was a pretty quick birth start to finish was about seven hours. My second, I'm pretty sure it was the castor oil.

JULIE SAWAYA: I took castor oil and within an hour I was an active labor. And she was born four hours after I took my one to two tablespoons of castor oil. So certainly I just thought that that would work for me the third time around. And it didn't, it did not work. I mean, I had contractions, but it didn't progress to active labor. And in retrospect, I'm so glad it didn't because I then fully, fully for the first time and, you know, probably for the last time surrendered completely into trusting that it was going to

happen and that it was going to happen on the baby's timing, not my timing. And the interesting thing about that birth experience is that it was by far my most positive birth experience. It was the slowest of the births.

JULIE SAWAYA: You know, I woke up at 1130 PM after going to bed at 8 PM the night before with mild contractions, but that had been happening for a few days. So I sort of ignored it. I even took a Benadryl at like five in the morning being like, I'm just going to go back to sleep. Like this is just going to be like it was the day before. And then it wasn't, and it progressed. But the whole time, even to the point of pushing and the baby being born, the whole time, I felt that I could do it. I didn't have a moment of wavering from that trust and that feeling of like, I've got this and with my first two, maybe it was related to the castor oil or just the intensity of birth. I felt underwater for a lot of the births. I did not feel like, oh, I've got this.

JULIE SAWAYA: I felt like, when is this going to end? And it was just really cool. I mean, I wish everyone would be able to have that empowering of a birth, the feeling of like all the way through this, that I've got this was awesome. And I really have drawn on that experience recently with everything that has happened since that baby's been born. Just that feeling of like we can do hard things and still be OK.

DR. ELLIOT BERLIN, DC: That's amazing. This is really beautiful. And it's kind of cool that your body made you wait.

JULIE SAWAYA: Yeah, there's a lot to learn from the birthing experience. A lot of some people say how you birth is how you live life. And I feel like it's changed me. It's changed who I am as for the better, you know. And so, you know, motherhood will change you one way or another. But for me, it's very much been that like, you know, training ground for the next stage of motherhood for me.

DR. ELLIOT BERLIN, DC: Were your other kids at the birth?

JULIE SAWAYA: They were not. The baby was born at eight thirty nine, I believe, something like that. In the morning. So they had just gone off to school. They were there kind of in the house up until the end. But our nanny was able to make it over in time. And I didn't know in advance if I would want my older daughter to be there. I kind of thought that I would. But then once I was in the birthing experience, I felt pretty clear that, like, I want to stay in the zone. I actually had headphones on this whole time for this most recent birth, listening to music. And that really helped me to just stay super focused on each breath, kind of getting through each contraction in a way that felt really productive.

DR. ELLIOT BERLIN, DC: In water, in water.

JULIE SAWAYA: Yeah, all three babies were born in water. Yeah, that water for me is really calming. I'm a bath person for sure. I mean, I'm telling you, I was at the point of surrender at the end of this pregnancy where I was like, give me potosin. Like, you know, I'm ready for whatever needs to happen. Sign me up because I just want to just accept that this might not go exactly as I want it to. And I'm just so grateful that it did. It went exactly as I wanted it to. Just about two weeks later than I wanted it to. But that's life.

DR. ELLIOT BERLIN, DC: That's really beautiful. You know, for someone who loves you, you had all three babies in the same house.

JULIE SAWAYA: Two of them in the same house. First, we were in a rental townhouse for the first, and then we moved into our house in the palisades when my oldest turned one. So the same month that she turned one, we moved into that house. So I was in that house for my miscarriage. I was in that house for the births of my second and third babies. And, you know, really thought we'd be there for a long time.

DR. ELLIOT BERLIN, DC: How long after the birth did you lose the house?

JULIE SAWAYA: About three and a half months. So it was on January 7th. We had just gotten back from a family trip the night before. So our suitcases were still half packed, which, you know, in retrospect was probably helpful. Yeah. If anyone needs, you know, goggles or diving stick, we were on a tropical, we were in Florida. So we had like swimsuits and, yeah, goggles and, you know, really the practical things that that you want to evacuate from a fire with. But it's interesting. My husband and I both have talked about it after the fact. Like the feeling, you know, it always feels good to come home from a trip. But the feeling we had of coming home the night before and then that next morning, probably because it was right after the holidays.

JULIE SAWAYA: It was the start to a new year. It was just this like overwhelming, like, gosh, it feels good to be home. And then, you know, within a few hours later, we were evacuating my daughter's schools in the palisades. I had to go get her from school by the time I got home from getting her. There was so much traffic that there really wasn't time to think about anything other than like throw a few things in a suitcase and leave. I certainly wasn't even though I was up close to the fire when I was getting her. I just, you know, it's L.A. We have brush fire. It's California, frankly, like we have brush fires. And there had already been several fires in Malibu earlier this year.

JULIE SAWAYA: And I had friends who lived in Malibu who had evacuated and then come back, you know, the next day or two days later to their homes being fine. And I just don't think anyone could have contemplated the scale, the magnitude of the destruction of both the palisades and the Eaton fires. You know, it's really like kind of unfathomable.

DR. ELLIOT BERLIN, DC: I think even in retrospect, I'm not there. I'm not far, but I'm not there. Even in retrospect, the magnitude is insane and right, uncomfortable. But to be in it when it's happening just seems terrifying, especially with little kids, including essentially a newborn. I would take a little break when I come back. I just want to sort of get into what that was like in the moment as it's unfolding. We'll be right back. We're back with Julie Sawaya. OK, so there was a minute when I was at my office looking out my window, doing paperwork, and I'm looking right at Runyon Canyon. And all of a sudden I was like, is Runyon Canyon on fire? And it was. And that fire just went from a little fire that I could see from my office.

DR. ELLIOT BERLIN, DC: I'm a few miles away to this huge blaze of helicopters all of a sudden flying around. And Runyon Canyon is like maybe two miles north of my house. And by that point, if I look to the east, there was the Eaton fire. If I look to the west, the Palisades are on fire. And right here in the middle, it just sort of felt like that's never going to come over here. It can't come over here. And

it was still hard to wrap your mind. I was taking pictures in the morning of the sky, especially over on the east side, was just pure black. And then on the west side, you could sort of see the sun trying to come up over the black smoke. But it was having a hard time peeking through. And then I look at Runyon Canyon on fire and like, I should go home.

DR. ELLIOT BERLIN, DC: So I just got out of here. But it's not like there were any clear instructions on what was happening or what to do or do we need to pack or do we need to get out of there. And I got home and my whole block was sort of confused and in chaos. People were packing. And interestingly enough, somebody told everybody back your car into the driveway so that if we all have to take off at the same time, we're all just backing out and hitting each other, you know, be able to see where you're going. And so we did. And for the first time, I'm like, what's important? Like, what do I want to take with me for me in real time? It was very, very strange. I don't have little kids, not all that sentimental. But I was like, what is important?

DR. ELLIOT BERLIN, DC: What do we got to take? Yeah, they're like, take pictures of your stuff in case it burns down, you know, and I could see the fire is getting bigger and bigger out my window. And then I heard them just on the news, evacuating people from the immediate area around Runyon Canyon to a shelter that's only a few blocks away from me. And I'm like, wait a second. If they're moving them to the shelter that's right here, they're not expecting the fire to come this far. And that fire was out probably by the next morning. People did leave. But the next morning, we were no longer in any kind of danger. Yeah, that whole thing for me was terrifying and not have any like clear source saying, OK,

DR. ELLIOT BERLIN, DC: now it's time for you to go do this, go this and get out of here. I'm just in my mind, and this was a nothing fire. Your house burned down, your whole neighborhood burned down in a very short period of time. Like, where were you getting information from? And how are you knowing what to do and where to go?

JULIE SAWAYA: Yeah, it's a it's a real thinking back to it. But that day, so we got an alert from my daughter's school, which was close to the, you know, one of the main roads, I guess, the road that leads up to the canyon where the fire broke out. My daughter's school is at the base of that road. It's close to sunset. It's close to Pacific Coast Highway. The school itself is actually fine. The buildings are standing, thank God. But because the fire broke out close to the school, we were alerted early on. I forget exactly the time, but probably a little bit before 11 a.m. We were alerted that there's a fire in the area, maybe 1030. And that they weren't evacuating. They were, you know, discussion with the fire department and that, you know, stay tuned.

JULIE SAWAYA: And then we kept getting updates. And it was like, now we are evacuating. So I got in the car right away. It's usually a seven minute drive from our house to my daughter's school. And it took an hour and a half to get there. And I didn't even get through because by the time I got close, they had shut down the road to her school to car traffic. If you've seen the videos and the photos of the cars that were abandoned near PCH in the palisades, that's right by where the school was. So the fire was moving so quickly, not probably at the moment I was there, but very shortly after it was moving so rapidly that people just left their cars because if they stayed in their cars, they wouldn't have survived. The fire was moving so fast.

JULIE SAWAYA: So it was chaos. It was chaos. It was terrifying.

DR. ELLIOT BERLIN, DC: How did you get your children?

JULIE SAWAYA: So thankfully, you know, I had a neighbor who lived three doors down from us, get out on foot and run to the school to get his kids. And I was going to do the same park and run. But I kind of had the thought to call one of my friends, who I'd just seen that morning, her daughter's in the same grade as my oldest. And I got through to her and she was on the campus. And there are two ways to get out because you could go down to PCH or you could take Sunset to head back into the palisades. And she had already gotten into the school and was able to get my daughter and get out to PCH and then meet me back at our home. And meanwhile, you know, when we were trying to figure out a plan of where do we meet up, she also lived in the palisades.

JULIE SAWAYA: We were going to meet at her house and then I'm driving by her house. And it's like, you're not going to be able to get here. So let's meet at our house, which is more close to the Palisades village, kind of downtown area. It was chaos. It was 90 minutes of trying to figure out, do I keep going forward? Do I go backwards? Do I park? Do I get out on foot? What should we do? And meanwhile, the fire is just spreading across the Santa Monica mountains. But literally still, even though I saw the flames up close and there was tons of smoke by the time I got home, I was just so focused on the five of us were together, plus our nanny and our dog. We were together like, let's get out of here. And like my brain wasn't fully comprehending

JULIE SAWAYA: that it could reach our house. I was just so scared of getting stuck in that traffic and maybe having to get out on foot, especially with a three and a half month old. And I didn't want him exposed to the smoke.

DR. ELLIOT BERLIN, DC: Terrifying that whole thing.

JULIE SAWAYA: It was completely terrifying.

DR. ELLIOT BERLIN, DC: Aside from the school, was there any giving instructions?

JULIE SAWAYA: So we did. By the time we got home, there was an official, you know, kind of like SMS alert of an evacuation order. But it was still pretty surreal. You know, we spent almost no time packing things up. To your point, in that moment, when you're like, what should I take? It's kind of like it all is sentimental and also like none of it matters. You know, and of course, in retrospect, there are things I wish that I had had the foresight to take, like the clothes that my sister and I wore when we were young girls and that my girls were then wearing. Or I had some of my grandmother's sentimental things like her china and a necklace of hers, a few necklaces of hers. You know, I mean, I left the house without a purse. I didn't have my computer.

JULIE SAWAYA: I was so focused on just getting to safety. And I really didn't think we were going to lose our house. I think that's the thing to, you know, that since then, in processing the loss that I've really tried to be gentle with myself about is that how could I ever have known that our house was going to be destroyed and that not just our house, but literally everything around us. We lived in a very residential area. We did not view it as, you know, of course, in retrospect. We lived at the intersection of the urban wildlife kind of intersection. But we lived walking distance to all the shops

and restaurants in the palisades. Like it feels like a little town. It didn't feel in any way like a rural setting.

JULIE SAWAYA: And there's thousands of houses around us. I just never would have thought that the fire would reach that area and that they wouldn't be able to protect the neighborhood. So, you know, I think we left our house at one, maybe 1230. And I'm pretty sure by the kind of camera alerts that we were getting. Well, our cameras were out at that point, but we were getting calls from our alarm company about smoke and fire alerts. We probably left five to six hours before our home was destroyed. It was a shocking speed.

DR. ELLIOT BERLIN, DC: Well, that's really intense. Where did you go?

JULIE SAWAYA: We didn't go far because we had just flown back from that cross-country trip the day before, and we were all tired. The kids were tired. We stayed at a hotel in Santa Monica that night, and it was too close. You know, we were safe, but we didn't know if it was going to spread to Santa Monica and we could see the smoke and we could hear the sirens all night. We were all staying in a one-bedroom hotel room at the time that we started getting those calls from the alarm company. And then there was a fire map that was updated periodically. And I remember seeing the map update refresh to the house next door to us, showing that the fire had spread to the house next door and all the houses across the street. And I just couldn't help.

JULIE SAWAYA: Even though the kids were around, I couldn't help but just wail. Just couldn't control my emotional reaction. Just started sobbing. And I had the baby asleep in the carrier on me and the girls were there. And some people have chosen to, you know, tell their kids later or haven't told their kids that the houses are gone. But we told our kids that night that, you know, we were safe, but we don't know that our house will be safe and that, you know, we are always going to keep them. You know, we're always going to be there. And, you know, but that sometimes we can't protect our things or our house. And, you know, I think they've taken it pretty well. They're two and a half and not yet five.

DR. ELLIOT BERLIN, DC: It's a crazy hard conversation to have. I mean, again, you're wailing because it's so shocking, startling and painful for you.

JULIE SAWAYA: Yeah. You know, home is it's material things. And, you know, I have very little attachment to things, especially right now. But the sense of safety that home provides is, you know, and I am a sentimental person. I as a kid, we moved when I was maybe seven. And for half of my life, I said, I'm going to buy that house. You know, when I'm older someday, I'm going to buy that house and I'm going to live there again. And like that, you know, I'm a very sentimental person. So, you know, that shattering of that sense of safety. I mean, that was the home my kids were born in and where they were growing up. And we loved the community. We've lived in big cities. We've lived in other parts of L.A.

JULIE SAWAYA: And, you know, there are a lot of great places to live. But the sense of community and safety and like knowing your neighbors and the walkability that we had in the palisades, it was a community.

DR. ELLIOT BERLIN, DC: And this may be a dumb analogy, but I was a theater major and we did two productions a year and the buildup in creating the team and creating that world and doing the rehearsals and then having the run. And you're just putting more time and more time and creating more and more of this world in this little universe. And the day after, when it's just all gone, as if it never existed and you can never bring it back, like, no matter what happens, it's never going to be like it was. And like you said, the sense of safety and just like your whole world turning upside down in a way where you're physically safe, but you've got to be emotionally and spiritually rattled.

JULIE SAWAYA: Yeah. And then with little kids, it's a good analogy. Yeah. And it also after the fact, there's a level of exhaustion. You know, grief can make you feel overwhelmingly depleted and exhausted. But on top of that, it felt like losing a loved one, like someone you're close to in a shocking or unexpected way. Piled on with, you know, I've been fortunate to my parents are still alive. You know, I've not firsthand experienced all of the paperwork that can sometimes come with losing a loved one. But the paperwork associated with losing your home, it's just like my husband and I took a I was about two weeks away from going back to work at Nita and he took a leave of absence. So we, you know, I delayed my return to work for a few weeks.

JULIE SAWAYA: And I don't think we've ever been busier just dealing with insurance and trying to catalog and remember everything you ever owned and what the price of that thing was. And if you have a photo of it.

DR. ELLIOT BERLIN, DC: Yes. Yeah.

JULIE SAWAYA: And then trying to figure out stability for the kids. And, you know, we've been lucky to land in a rental in Santa Monica, but it was unfurnished. And, you know, it's hard to furnish a place basically overnight. You know, I think we feel deeply grateful that we, you know, I don't know if you've ever seen the movie. It's a wonderful life. But it's my family is, you know, might not be your cup of tea. It's very much a Christmas movie. But it is our family tradition to watch that movie every year on Christmas Eve. And the ending of the movie, it basically ends with the lead character getting to see what his life would have been like if he hadn't been born. And then he gets a do over and this flood of community support

JULIE SAWAYA: and realizes that he really is like the richest man in town and just has this amazing life. I mean, I could almost cry talking about it because I felt like this is the hardest thing. Probably, you know, I think this is the hardest thing I've ever experienced in my life. But oh, my gosh, the feeling of gratitude from just the outpouring of love. And I mean, until that point, I think I'd only ever felt that level of like how loved I am in this lifetime at maybe my wedding. You know, so there is silver linings in this, obviously. You know, I think it's a resiliency builder for our family and, you know, something that we hope to teach our kids that you don't take those things with you when you go.

JULIE SAWAYA: And what matters ultimately is family and friends and each other. That's really the only thing in life that matters. But my gosh, I mean, I was crying happy tears for a while, you know, for the first few weeks, just with the outpouring of love and kindness coming our way.

DR. ELLIOT BERLIN, DC: To know you is to love you. And I think anybody who gets to have you in their life in any capacity, we all feel grateful for it. And my heart was so broken for you and worried for

you, really. And I remember the first time I talked to you, I think you were by your parents and you just sounded OK. That made me feel a lot better inside. So you burned all the love that was coming back at you. When it comes to the house of one more question, then I want to get to this awesome IRB study. But before we get there, did you go back? Have you been back?

JULIE SAWAYA: We went back once, not right away. You know, I'm breastfeeding and I still am concerned about the toxic exposure. It's really sad. But, you know, the things that were there aren't really there anymore. It's debris. And we were connected through a friend of a friend of a friend to a firefighter who was on duty patrolling the palisades in that first few days after the fire. And he was able to go with his crew to the side of our home and cut into. We had a fire safe. Those are designed for house fires, not wildfires. So not much survived, but we were able to find my grandmother's cross necklace was in the safe and they were able to retrieve it. But the damage of it and everything else that was in it, you know,

JULIE SAWAYA: we had kind of like we're on FaceTime when they were there. You know, we also had a sloped property. We just knew like there's not anything recoverable there. But once we were back in L.A. for a few weeks, we did want to go see it with our own eyes. And it was really hard to see it in person. But I think I needed to see it to just, you know, for it to sink in a little bit on a different level. Yeah, but I'm not there every day. I don't know if I will go back until the area is cleared and it's a little safer to be there and it's a little less, you know, I mean, it looks I've never seen a war zone up front and center, but it looks as I would imagine a war zone looks just utterly destroyed

JULIE SAWAYA: other than a few houses or businesses that are untouched, which is a miracle. But it's hard to see.

DR. ELLIOT BERLIN, DC: It's its own ball of trouble because of a patient whose house didn't burn down. Yeah. But, you know, the insurance company is like, oh, we'll paint it. She's like, that's not going to work. Everything inside is like an ashtray.

JULIE SAWAYA: Yeah. You know, the night of the fire on the seventh before we had confirmation the next morning that the house was gone, I was just sitting there praying by some miracle. Maybe our house would be spared and they would stop the fire before it reached our house. We are along from it. He said that the alarms were on for the fire and smoke, but then they cleared and the system was still online. So I had a little false hope that night that maybe our house would be there. And now I see from knowing others who have homes that are standing but badly smoked damage, that actually having a total loss, even though it's hard to even like wrap your head around this, but a total loss in some ways is the better outcome.

DR. ELLIOT BERLIN, DC: Yeah, that's what they're saying.

JULIE SAWAYA: It's more straightforward as much paperwork and, you know, busy work as we have. It's a lot more straightforward than having to fight your insurance. The insurance can't fight you as much if it's a total loss.

DR. ELLIOT BERLIN, DC: The whole situation is crazy and just unimaginable. And, you know, for me, a few months later, it feels like a story you learn about in a history book.

JULIE SAWAYA: Honestly, for me, too, you know, I can talk about it and go back to how I felt in that moment. But it almost feels like this, like, inevitability factor that's now settling in of like, oh, yeah, this thing happened. And it just happened. And, you know, now we have life after that. It's surreal in that way. But it is. It's a historical moment, for sure.

DR. ELLIOT BERLIN, DC: Luckily, you're incredibly resilient. Must be all the collagen and omega 3s and other yummy things that you load your body with. And I do two things to you. I mean, I want to talk more about those. Let's take a little break and come back with the exciting news from Needed. Well, we're back with Julie Sawaya, who always inspires me. And again, I'm really sorry about part two of this episode. Part one is another beautiful birth, a really incredibly sort of new groundbreaking birth for you. And then just a few months later, the craziness of the fires. And now still just kind of picking up the pieces there. But all the while running this growing, incredible company, Needed. And you guys just released your findings from a new IRB approved study.

DR. ELLIOT BERLIN, DC: So let's start with what is an IRB approved study?

JULIE SAWAYA: Yes. So, you know, we needed did just complete our first clinical study. And, you know, I think at Needed, we hold ourselves to a really high standard around the way that we talk about clinical validation. And, you know, I think there are a number of ways to make a claim that your products are clinically studied. You know, the kind of gold standard in clinical research is a double blind, placebo controlled interventional study. That type of a study would go through IRB, which is basically a review board that's approving that this research is safe for human subjects. And there's a whole kind of process of getting the research project approved prior to starting to conduct it. In our case, we did a clinical study that was non-interventional,

JULIE SAWAYA: meaning I should take a step back and maybe say that that double blind placebo controlled study, it's the gold standard, but it is also the number one reason why there is a lack of research being funded in and around women's health. It is really, really difficult to conduct a placebo controlled study on pregnant women because of the potential risk factors. You know, there's never a, you know, kind of an acceptable level of risk when it comes to the health of a baby or a health of a mom. And so rather than coming up with new ways of studying, such as the study that we did, which was to look at a cross section of women in the US, those women who are taking a standard prenatal vitamin and by that, we define it as a folic acid

JULIE SAWAYA: containing prenatal vitamin and then compare that group's nutritional status to a needed group of users who are taking the needed prenatal vitamin. That is a safe method of studying pregnant women because you're keeping the kind of control group. It's not really a control group, but you're keeping a comparative group still on a prenatal vitamin. We know that prenatal vitamins are essential for the prevention of birth defects and for a range of outcomes related to baby's health. So, you know, when it comes to designing a research study, it's really important to make sure that that group isn't taking nothing. We were really interested in looking at, you know, we know from the available clinical research that upwards of 95 percent of women

JULIE SAWAYA: in the US who take a prenatal vitamin are still left depleted. That research came together through a very disaggregated collection of clinical studies. You know, we wrote a white paper in 2023 that aggregated over 600 research studies that are demonstrating this deficient state of

pregnant women in the US. But who's going to read 674? I think it is research studies, not very many people. So it was really important to us to contribute to that research and to study a range of different prenatal nutrients in one study. So it's not just one study looking in an isolated way at choline deficiencies or B12 deficiencies, but it's really looking at baseline nutritional status of women in the US.

JULIE SAWAYA: And that's really how the study was designed in a thoughtful way that looks across socioeconomic status, across race, across geographies. But that standardizes the weeks of pregnancy where women are coming into the study that has comparable age ranges between the two groups, the needed users and the standard prenatal vitamin group. And that as much as possible standardizes for things like, you know, what nutrient intake are these women consuming outside of their prenatal vitamin. And what we found very much confirms what we knew to be true, that women who are taking a standard prenatal vitamin are significantly more likely to be nutrient depleted than women taking needed prenatal vitamin. That's dosed at optimal levels.

JULIE SAWAYA: And we now have the research to back that up.

DR. ELLIOT BERLIN, DC: What were the top nutrient deficiencies?

JULIE SAWAYA: So some of the key nutrients that had the biggest significant difference between groups were vitamin D, vitamin B6, riboflavin, which is a B vitamin, vitamin B12, vitamin K2, selenium and zinc. And for some of those nutrients, only the needed group was able to achieve nutrient sufficiency. No one in, you know, basically the vast majority of women who were in the standard prenatal vitamin group weren't able to get to nutrient sufficiency at the dosage levels that are in a standard prenatal vitamin.

DR. ELLIOT BERLIN, DC: I think it's important. It's not like they were taking vitamin A and needed was vitamin B. They're taking whatever vitamin they wanted to be taking. A whole host of different brands of vitamins. And for these particular nutrients, none of them were able to get them to the levels except for the needed. And it's obviously not just quantity, because if you look on the label, you'll see some of the other vitamins have similar quantities to these nutrients that needed those. So how do you account for the difference?

JULIE SAWAYA: Yeah, I think when you speak about quantity, I think what you mean is the number of distinct nutrients that are in the prenatal needed has 26 vitamins and minerals in our flagship prenatal that we studied. There's a big difference, though, between having a nutrient on a supple impacts panel and having a meaningful quantity of that nutrient in the prenatal and having the right nutrient form that the body can best utilize. So in the case of a nutrient like vitamin D, the standard dosage of vitamin D in a prenatal last time I checked was somewhere between 400 to 800 international units. That's just the kind of standard dosage. It's prenatal has 4000 international units of vitamin D. So that's an order of magnitude difference.

JULIE SAWAYA: And, you know, I think what's compelling about the study is now we have the research that shows you're not just consuming more of the nutrient, but you're actually absorbing it because women's blood serum levels of those nutrients and demonstrated a statistically significant difference between the groups.

DR. ELLIOT BERLIN, DC: Right. So I'm lazy and I always like, oh, I could just take one of these and I get everything done with this one a day pill. And then, you know, I'll look at something like needed, which as a prenatal is not a one a day, it's many capsules a day. So you kind of have to wonder why would I do this when I can just take a one a day and here's part of the answer, you can't smush everything you need into one tiny piece of chalk and hope that your body's going to be able to absorb it and use it in a meaningful way.

JULIE SAWAYA: Yeah. You know, we started the conversation and talking about education. I think that's really where education is so powerful. And, you know, we do the clinical research that we do it needed really as a platform for educating, educating consumers, educating their healthcare practitioners, because when you're provided with the information about why this is needed, why this is powerful, why this can change your outcomes, how you feel as a pregnant or postpartum woman and the health of your baby. I think there's so much more willingness to do something like take eight capsules a day. That's in the flagship prenatal, or you can take two scoops of the powder. They're nutritionally equivalent, but I think that the research

JULIE SAWAYA: is really compelling and we've known that for a number of years it needed that when we lead with education and information, it really does change women's willingness to kind of embark on the journey of optimal nutrition, which generally speaking is taking more than one to two pills a day.

DR. ELLIOT BERLIN, DC: Yeah. I love that you have the foresight and the mental strength to develop these products, knowing that you're going to be up against one of days and that a lot of people are just like looking at the two things like this one's quick and easy. I'm just going to do that. And knowing that eventually you're going to have to sort of have the educational piece to demonstrate why you would go the extra mile there.

JULIE SAWAYA: Yeah. And I think, you know, we live in a time where we have big quotas access to information and some consumers, some practitioners are really, I guess, like influenced by data and by science, like this clinical study for other consumers though, you know, we found that the best way to connect isn't through data, it's through kind of connecting to how women feel, you know, like we can show you a clinical study showing that women taking needed have significantly higher B12 levels, but it's another thing to actually feel that energy difference, you know, B12 is really influential in the kind of like the energy baseline, energy metabolism, things like that, that you can actually feel a physiological difference.

JULIE SAWAYA: That's one of the kind of most early indicators that needed customers let us know that they feel is just an energy difference taking needed. And so I think data is really critical. It's important for us that we're kind of contributing to this body of understanding women's needs. Our mission at NIDA really is to change the standard around perinatal nutrition from one of minimalism to one of, I guess, minimalism and depletion to one of abundance and lack of depletion, kind of nutrient replete-ness, but, you know, I think it also, I guess, just reaffirms how women feel, you know, I think it's so common for women to say that they feel depleted, to say that they don't have energy, that they just feel run down and look like

JULIE SAWAYA: I've been there, you know, I think that there are times in life like, you know, if your house burns down that you're probably going to feel depleted no matter what you do, but having the right nutrition can make a huge difference, like truly a world of difference in how you feel and how resilient your body is to those sleep-ness nights with a newborn or the demands of breastfeeding, the juggles of having one or more kids while maybe working or having, you know, a really busy life.

DR. ELLIOT BERLIN, DC: I'm glad you mentioned those because it's not just pregnancy. It's not like after pregnancy all of a sudden have tons of energy and nutrient replete-ness, which I think is going to be the name of my new band.

JULIE SAWAYA: Well, it's a bit of a mouthful, but there's no better way to say it than, yeah. I like it, yeah, it's descriptive and it's true.

DR. ELLIOT BERLIN, DC: So like afterwards you're being depleted in whole other ways. And so it's also extremely important to be able to replenish.

JULIE SAWAYA: Yeah, and what we find is that, you know, many women start off pregnancy deficient and want to work key nutrients and that depletion only gets magnified through the course of pregnancy. We've talked about this before when I'm on the podcast, but for those kind of new to the conversation, your body's really good at preferencing the baby's nutrient needs at the expense of your nutrient reserve. So if you don't have adequate levels of minerals like calcium, magnesium, your body will pull that from your teeth, from your bones. And I don't say that to scare you. That's just the reality that our bodies are really smart and they want to protect the developing baby. And oftentimes what that means is that mom is left

JULIE SAWAYA: depleted and if you breastfeed or give birth as, you know, every woman who is pregnant will eventually give birth, you know, the toll that it takes on your body if you're already depleted heading into that event can last for years. And so we really are big on educating around the prenatal isn't just for baby. I think that's a common misunderstanding. The prenatal really is for the mom, for the woman.

DR. ELLIOT BERLIN, DC: I think that is true. Like when you look at it, you're mostly thinking about the baby.

JULIE SAWAYA: Yeah, I think we as women are really good at prioritizing the needs of our kids even before they're here. But, you know, I think there's power in recognizing, I guess, like taking care of yourself, you know, as a mom and you can't pour from an empty cup. I think every parent has felt that at one point or another. And, you know, I think the data that came out of this study just really shines a light on that. You know, you take a prenatal vitamin thinking it's providing for what you and your baby need. And it turns out it's not closing the gap. It's not getting you to the nutrition levels that we think all women deserve to have.

DR. ELLIOT BERLIN, DC: And luckily along came needed because you have all the results of the study. Where can we find those?

JULIE SAWAYA: Yes. So the easiest way we did share about them on our Instagram, which is at needed one word. But for those who want to deep dive, the easiest place to direct you to is this is

needed dot com forward slash thrive. And you will find there a page that has a lot of information around deficiency rates, why women are depleted, you know, from the soil that our food has grown into, you know, modern stressors, modern diets. And then there is a link on that page to the results of our IRB approved study. So you can read the full kind of download on how the study was designed, what the results were. And we have some nifty charts that look at some of those key nutrients where there were statistically significant differences between groups.

DR. ELLIOT BERLIN, DC: And once you're at this as needed, you could check out the full and growing product line and amazing family of products. Before we let you go, what's the sneak peek? What's coming next from needed?

JULIE SAWAYA: Oh, good question. You know, I think that you will continue to see needed investing in education and in having these conversations that really, I think, you know, you know this, but for those who don't know, like education to needed is as important as our supplements. We really feel strongly that every woman deserves to know every woman deserves to be informed about what their nutritional needs are. And we know that we don't live in a perfect world where every woman has access to their own prenatal nutritionist. And so we really through our education want to be that free resource for every woman to learn whether or not you ever try our products. You know, there is information that we share about ways to get as much nutrition

JULIE SAWAYA: as you can out of your food or out of the prenatal that you're taking. So you'll continue to see a lot more education from needed. And then we're excited to follow our customer. I would say that there are so many unmet needs in and around fertility, pregnancy and postpartum that as a company we want to make sure that we're continuing to come out with new products. We have an extensive product line, as you mentioned, everything from cognitive support that's breastfeeding safe to stress support to sleep, hydration support, the baseline nutritional products that we discussed. But we also want to follow women into that next stage of motherhood and make sure that we have the product range that helps meet her needs when she's done

JULIE SAWAYA: having children, when she's done breastfeeding. And, you know, I think there is a small but meaningful window of time for many women between the end of the perinatal stage and the beginning of the perimenopause stage. And oftentimes women stop taking their supplements during that window. And I think there's really an opportunity through the education and through the right products to ensure that women have the nutritional support that they need for that next major hormonal shift in their lives, which in a lot of ways mirrors the postpartum period, you know, the changes of the brain that's influenced by hormones, the physiological kind of symptoms that come with that transition in life. And, you know, we will approach that next stage of life

JULIE SAWAYA: with the same research-backed, practitioner-backed, clinical insights-backed approach that we approached perinatal with. Because I think anything short of that, it's going to fall short of really meeting women's needs. So we're not rushing, you know, to do that right away. We're really taking our time to make sure that we do our homework and bring the level of rigor and science that's needed to make a change in that next stage of women's health.

DR. ELLIOT BERLIN, DC: Well, I love that even though your primary focus is women's health, you also think about us dudes once in a while.

JULIE SAWAYA: We do, especially in and around fertility, because we really think that men's health is a women's health issue in the fertility stage of life, because men contribute 50% of that baby's day-to-day. You know, it's really important to the health of that future baby.

DR. ELLIOT BERLIN, DC: Well, even though I'm done having kids, I take sperm support every single day for the antioxidants and probiotics. And I hope that when you move into perimenopause and menopause, you don't leave out manopause.

JULIE SAWAYA: It's certainly on, you know, on the radar. My dad, you know, my dad's 83, he takes our men's health plan, men's fertility support plan, not for the fertility benefits, but exactly for the reasons you mentioned. It's just really good antioxidant support that who couldn't use more antioxidant support as we age and our mitochondria are not quite as vibrant as they once were.

DR. ELLIOT BERLIN, DC: Well, thanks for keeping me healthy and my whole family and all of our patients get exposed to Needed. And I become a superhero once they realize how great it is. So thanks for all that. Thanks for joining me here again today and sharing your personal story and alongside the great things that are happening at Needed.

JULIE SAWAYA: Thank you for having me. It's certainly a bright spot Needed is the journey, you know, building, growing a company. But one of the things that I think, especially in a year like 2025, that keeps me optimistic is the impact that we're able to have at Needed. And, you know, outcomes like this study and just knowing this is not the end point, it's really like the jumping off point to be able to make more change in the category with this research now under our belt. So thank you for having me and letting me share a little bit about it.

DR. ELLIOT BERLIN, DC: My pleasure. At home, thanks for listening. If you found this conversation meaningful, please share it with someone who might benefit. Then go ahead and leave us a five star review and check out our other brand new podcast, One Way or a Mother, and a full library of content for new and expecting parents on Informed Pregnancy Plus. You can find all of it at informedpregnancy.com.

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