**Your Birth Plan with Tina Otte**

**Outro**

Welcome to Sense by Meg Faure, the podcast that's brought to you by Parent Sense, the App that takes guesswork out of parenting. If you are a new parent, then you are in good company. Your host Meg Faure is a well known OT, Infant Specialist and the author of eight parenting books. Each week, we are going to spend time with new moms and dads, just like you, to chat about the week's wins, the challenges, and the questions of the moment. Subscribe to the podcast, download the Parent Sense App, and catch Meg here every week to make the most of that first year of your little one's life. And now, meet your host.

**Meg:** Welcome back mums and dads, it's Meg again, and it's always good to be with you as I am every week. And as you know each week, I have a variety of guests with me, and sometimes it's a seasoned mom or a new mum, and Cassidy's been joining us a lot lately with her little boy Max, and we've been watching his journey. And sometimes I have an expert who comes on with me and I get to pick their brain, and that's what is happening today. I am super, super excited to be welcoming Tina Otte, to join us today. She is a Childbirth Educator, a Midwife; she is probably the doyenne of childbirth education and pregnancy care in South Africa where she's the expert editor for Your Pregnancy Magazine, has been for many years, and also runs very, very busy antenatal classes. So I'm absolutely delighted, and I’m—in welcoming Tina now, and asking her to just give us a little bit more information about her background. Welcome Tina.

**Tina**: Hi, thank you Meg. I'm delighted to be having a chat with you this morning. We love chatting don't we?

**Meg:** We do.

**Tina:** And, we both so passionate about what we do. So yes, absolutely, I'm internationally certified Childbirth Educator, but my basic education and training was Midwifery and General Nursing. I'm a mother of two grown daughters, and of course a grandmother of four. So, I've really kind of been passing the buck along in terms of preparing for the last 36 years, preparing couples for Parenthood, or well for labour, or for birth, however it turns out to be. And preparing couples for the experience of early parenting, cause that's usually when you get the shock of your life. When you thought the labour was the hard part, you discover it isn’t and there's no epidural for Postpartum unfortunately. And yeah, then I was very fortunate to watch my daughters go through beautiful births, all four them, births, that is. And I know that with the right guidance, and the right attitude, women can do more than they think, because I saw my daughters do it.

**Meg:** Yeah. I mean, it's quite incredible, women have been giving birth for hundreds and thousands of years, that's the only reason why we're all here. And have been doing it without medical intervention, without Caesarean section, without pain relief. Of course birth was one of the most risky periods of women's lives, but having said that by far the majority of births were still successful and safe. And yet we find ourselves in an era right now, where there's almost a fear around childbirth. And, I feel like women have lost their confidence in the power that they have to be able to give birth whether it's naturally or not. But I think there's a lot of fear around childbirth and at this lack of confidence. What do you put that down to?

**Tina:** You know Meg, I've asked myself this question so many times. And I've looked at people in my class and yet, some take what I say and they use it to the fullest and it's just amazing what they remember. And then others that just don't seem to actually get there; so there are a couple of things, first of all, the Media, okay. Media sits right on your shoulders. In fact, a lot of things sit on a mother's shoulders, when she goes into labour. At least 10 people have given her their opinion; whether it's their best friend, whether it's their mother, whether it's their partner, then there's the Childbirth Educator. And then of course, there's the doctor, then there's her neighbour next door. And you know, she's got to make—she's got all this noise coming in at her. And if you think about how we deal with pregnancy, we do handle it as a medical situation, and it is in a way, but not completely.

It's not that—in pregnancy we always looking for what can go wrong. And we always talk about our body in terms of; oh, you've got an incompetent cervix; oh, there's a failure to progress; oh, there's a, you know what I mean. We've got to get your labour going because kind of, your body isn't doing good enough. So you kind of already got the thinking of, is my body going to be okay to do this. So, physically you need to be strong, emotionally, well we know it happens in pregnancy in terms of emotions, but you need to be strong there as well.

But I think the most important thing, and you touched on it already is our attitude, okay, and our belief in ourselves. And even I'm seeing new mummies today, they're reading Google, they're reading the internet, they are looking for problems, sorry, solutions to their problems on the internet instead of reading their baby. And then having resources that are more alive, and can converse, and they're not trusting science. They're also, especially in our country, and I really have to speak in terms of where I am situated. Many of our doctors have a lot of difficulty, our Obstetricians, a lot of difficulty in dealing with pregnant women. Because they are experts in abnormal birth, that's what they are. When I was training, if the ‘p’ hit the fan, who did we call, we called the doctor on call. And so he was only—always really privy to when things go wrong. Okay, so not a lot of doctors are around when things go right, so they tend to look at us through a different window. Whereas let's, watch you like a hawk because they—and that is the belief, that is the best thing to do, and it's not a bad thing, and it's not wrong.

But I think women have handed over too much of the power to their Caregivers, sometimes they expect too much of them. And I think women. Just we've lost that family unit; a lot of us are living very far away from our family in different parts of the world. So we don't have that kind of support, we don't see what our grandmothers see, and what our mothers did. And there's not a lot of that that’s getting passed down at this time. So, that's got a lot to do with it.

**Meg:** Yeah. I mean, you've touched on so many things there, the medicalization of birth. And it's very, very highly medicalized in South Africa, and the UK is an example it’s much less medicalized. It’s very much in the domain of midwives, and birth is seen as something that's more natural and can progress potentially more naturally. So it does depend where you're living. And that kind of brings me onto the next point, which is something that's a nose coast to your heart, and that is the type of Caregiver that you choose.

So, when you choose a caregiver who is a medical doctor potentially, who is an absolute expert in saving disasters, which is very important, things will be viewed through a medical lens. And when you choose a different caregiver, it might be through a different lens. So could you talk to us about the importance of choosing a caregiver because it's a choice you make; to be honest with you, Tina, you make it in the first six weeks of your pregnancy, and you haven't really given thought at that point, to the birth. You’re giving thought to how you're going to care for your body, and who's going to help you with a healthy pregnancy. You're not thinking about the birth. So you're making this decision at a stage where you don't necessarily know all the repercussions of the caregiver that you choose. And yet it's such a massively important choice.

**Tina:** Absolutely. So it is, it's the most important choice of all, and you right there, because we've done it, you've done it, where you go. Well, so who am I going to go to, and so most of the time you're getting referrals from friends, usually. Now and again, I will get a call, as a Childbirth Educator, from a complete stranger who will say; I've just fallen pregnant, and I've heard all about you, and I'm really having some difficulty, this is the kind of birth I'm having; but my friend had a Caesar, and she's referred me to this lovely doctor, who is a lovely doctor, but I'm really keen to have a Virginal birth, it's not called a natural birth, a vaginal birth, and could I guide her through it. And then we talked through it, and there just few and far between.

And even when we tried to do early pregnancy courses, where we would discuss something like that. So that, if you've already been checked, and seen a with a caregiver, and then as you go along, you decide, well, you start to discover that you're not on the same page. For example, you might find the mother or couple saying, we're hoping for a natural birth with as little intervention as possible. How do you feel about that, and the doctor said, oh, we'll discuss it later down the line. That would be a red flag for me. Okay, because sometimes later down the line is going to be too late. and you don't want to have—it's happened to me, where I've had a couple come in and say, this and this, and this has happened with our doctor, we really unhappy. And it’s 36 weeks, and that's not a good time to change your doctor. And there's not a lot of doctor that are going to take you on at 36 weeks. But I've intervened with doctors that I know well that I could put in a good word, and then the doctor would say, okay, Tina, if you feel this way, then I'll take them on.

So I don’t know how to actually get around that point, other than, the classes that I do we talk about it, and then I'll say to them; cause if there's anybody who has got some concerns about the Caregiver, for example, let me give an example. I had a couple who came to me at the last course, and I always ask them to give me an idea of what they're expecting from the course, and what do they want to know. Of course, I know what they want to know, but I want them to know, what they want to know. Well, I want them to think about it, not coming here clueless, and I want them to think about, what do I want know. And I looked at this mom, and she was hoping for a vaginal birth, she wanted to be prepared; she wanted to do the breathing and acupressure. And then, I looked at who her doctor was, and I was like, this woman was never going to have a vaginal birth because I know this doctor doesn't do vaginal birth, he only does Caesars. So at the tea time, I said to her, I called her aside. And I said, we discussed this; and I said, I happen to notice who your doctor is. Do you know that he doesn't do vaginal births. And she said, I started to wonder about that because he started to tell me that I've got two little amniotic fluid, and he's preparing me for Caesar. And I said, now sweetheart, if you had ask me what you what you want me to teach you, this isn't going to happen. So, you know, we talked about it.

Anyway, long story short, we managed—she was at 32 weeks and we had managed to facilitate her changing her doctor at that time. Not because the doctor she was with had done anything wrong, at all, nothing and a very good doctor. But I happen to know because I know the doctors in my area. And so, that was a little bit of a shock, but at least she'd done, of course early with me, so she had time to think it through, and then to change her caregiver. So choosing that caregiver is, you've got to decide first of all, what kind of birth you want. You might be one of those mommies who want to have a Caesar, because you're afraid, and there's a word for it, the fear of childbirth, or your paramedic experience in hospital or for whatever that reason is. Then, you need to tell your caregiver that. And you need to tell your caregiver from the very start, I'm hoping for normal virginal delivery. I'm not going to say I don't want epidurals or anything like that, that’s my job when I prepare them for the reality of what the childbirth is, that comes a little bit later. But, it's the first stepping stone, okay, on the road to getting the most you can get.

And it sounds like you have to manipulate things, and sometimes you do. Getting the most you can get for a good reason, and without questioning that your caregiver knows what to do or what not to do, or what… Do you get what I'm saying; they know their job very, very well. But because of the whole litigation we have in our country, in all fairness to our doctors, they face a really, really hard situation every day. Okay, because if you want to push the envelope, and you asking them to push the envelope with you; at what point can he pull rank and say, okay, I'm no longer prepared to do this for you, or with you because I believe the risk is not worth the benefit. So, these are kind of the things that you're going to discuss with your kid, and then, you've got to be so open-minded because things can change in a second. But it's not an easy thing to do. And sometimes you may really build such a bond with that doctor, that it's hard to break away from them as it was to this mom, because she was changing. But he had done nothing wrong, done everything right, but they’re just not the same page in terms of the kind of birth that she was hoping for.

**Interlude**

If you enjoy my podcast, I would like to share one of my favourite podcasts with you, The Honest Hour. Christina Masuriek is mom to two boys and a third little boy on the way. She's an American expat living in Cape towns of Africa since 2008, and decided to start sharing her experiences in parenting since 2017. Having grown up in a dysfunctional family environment in her own childhood, which led to her adoption at the age of 10, Christina is passionate about finding purpose and presence in parenting. As well as exploring our own opportunity for healing and personal growth, as we navigate the world of parenting our own children. Christina believes in ending the trauma cycle, and that in parenting our own children, we can learn how to re-parent ourselves. So, pop on over to Christina's podcast, the Honest Hour.

**Meg:** So, it's really interesting, because I think it is important that we all start out with our, let's call it our ideals. So the way that we think we want things to work out, whether it is a Caesarean section, or whether it is a vaginal delivery, or whether it is a Water birth or whatever it is, a home birth. So we all start off with what we want, that's step one.

Step two is to try and align your caregiver with, the same value system. So, you find somebody who is going to then support you in your choices, whether it is a Water birth at home, or whether it is a highly medicalized, Caesarean section with no pain and anything in between. Yep. But, no matter what you do, and no matter how you plan, things will always change. And that is one of the things that is an absolute certainty, I always say to parents, you've got expect the unexpected because that is going to be what parenting's about. And it happens during pregnancy, it certainly happens in birth, and a hundred percent It happens every day of your life thereafter. Because what you think is going to go according to a certain plan, generally with a child really doesn't, because babies have their own agendas.

**Tina:** Oh completely.

**Meg:** So when it comes to birth, expect the unexpected, what does that phrase mean for you?

**Tina:** Okay. Nothing about birth, labour and delivery is predictable. Things can change in a moment, literally in a moment. A mother could be labouring beautifully. She has her water's release and suddenly there's a cut. Okay, that's an emergency situation, second to none. These minutes we working, it's like a fire on a plane, I always say, is that you haven't got a lot of time to save that little life. And that's very traumatic, that's a true emergency. That's not where everybody just sorted into theatre, put on some music, discuss load shedding, whatever. Do you know what I mean? It's when we run, and everybody looks grey, there's this virtually no time to do anything.

So that can happen in a second, or maybe, they are actually artificially releasing your waters, and then we wait, and the cut could come down, and that changes, in that instant that could change. Mothers labouring beautifully and suddenly babies start showing signs of, I'm not doing so well. And then we watch it, and then your doctor might say—pull rank and say, I'm not happy with this, into theatre. Okay, because we suspect fetal distress, or the water's broke and there’s Meconium, that first stool that sits in the baby's bowel. It's when they're unhappy, they release it. Okay. Baby, little tummy works and that's a sign of distress. But we don't know the degree of distress, so doctors not going to wait, he's not going to take a chance and say; well, let's wait and see another heart… No, he's going to rush you into theatre.

And I've spoken to these moms, who thought they were prepared for that. And I was one of those; and then when it happened, I was completely not prepared for it, like this isn't supposed to happen, and why is it happening. And it's not going according to what the script was in my head. And I've struggled with that afterwards, because I wasn't as open minded as I thought I was. So those are real true emergencies, okay. Where—thank goodness we have these wonderful people who are so beautifully trained that they use the safety net of Caesar, to get us out of trouble in those instances, like fetal distress, and prolapse cord or placental eruption which could be due to high blood pressure. And there’s usually a warning, there's usually a—that might have been labelled high risk pregnancy. We've got to watch her, and she had gone into labour, and had a lot of bleeding or whatever, the placenta is pulled off the uterine wall… Well, that's a horrible situation to happen, and it doesn't always have the best outcome. But those are the situations where you, it changes in an instant, absolute instant.

So here you are, and I've seen the broken woman as much as I tell them, and I was one of them, as I said, don't be too fixated on how you think you're going to go, because nothing's predictable. And when you are in trouble, you want to know that the Caregiver you've chosen can manage it. And that's their training, that's what you want. I got to say that, babies are so precious, and we get fearful; am I eating the right thing, I'm not even going to open the windows when they’re putting petrol, cause I don't want to smell the petrol. I don't want to be around it, it's not a bad thing. I mustn’t be around people who are smoking, I must stop smoking. You do all those things, because you don't want anything to happen to your baby. And I do think the fear… I had to read the document that my daughter had to sign before she had her baby, and when I read it, if I didn't know what I knew, and if my daughters didn't know—my one daughter didn't know what she knew, she… I would've also said, oh, I’d rather do a Caesar. Because they had set out all the risks that go with vaginal births, they did very little risks on Caesarean birth, unlike vaginal birth. That you would be like, no, it's too much. But the doctors have to do it. Because they've got to have the result, cause of the high rate of litigation.

**Meg:** So, you spoke, you touched on it just now about having a birth plan, and that it doesn't always go according to plan. But, it’s a good idea to set up a birth plan as long as you hold it loosely. And so, what would you put into a good birth plan, if you were telling a mom to write a birth plan, what would you be putting in?

**Tina:** Yeah, okay. So, a birth plan I think you mentioned wasn't be—you could get birth plans on the internet, they're like 25 pages long. It's a birth plan for the first stage of labour. And the second stage of labour, nobody wants to read that, nobody's going to read that, they're beautiful and all. But, before you actually sit down and—then that's why I call it a wish list. Because as soon as you say planned, everybody thinks, okay, well that's the plan and it's in a box and you can't change it. So that's when I changed it to a birth wish list. You have a wish list, and you have a birth wish list. This is your birth wish.

First of all, think about what you are hoping for, what kind birth do you think you want. Research it a little bit. So that you can go in and know what you're talking about when you speak to your Caregivers. So for example, you might be one of those moms who want very little intervention, and very little, in the form of, medicated forms of pain release. By the time, that might be really early on. That's why I think when you start formulating a birth wish list, wait a little bit, get into at least halfway through your pregnancy. So that you are already gaining information and experience, as you move through your pregnancy, and you watch your baby grow, et cetera. So you think about the birth you want, you might be deciding as a say, to have a seizure for whatever the reason may be, for whatever non-medical reason it may be. And you prepare yourself for that. And I have those moms who come into my class, they leave out the whole labour section, and they join in from the heart tech (techniques) workers, like for it.

Then you get the moms who are, and I can pick them up my class, who are adamant, they're adamant. The box is made and closed and everything. This is how they want to do. I even had a mom who made a bet with her husband, she said, when I ask for an epidural, I want you to talk me out of it. I had a big red flag there, and I said that's not a good idea. And she said, I really don't want one. I said, but labour might be harder for you, than you anticipated, might not, but it might be harder, and you've just got to be flexible to that. So she put that in her birth plan to—when I ask for it, I want you to talk me out of it. So we had to talk to her about… Okay, when you ask for it, if you asking for it during a contraction, I can understand you're asking for it, but if you still want it, when you’re not having a contraction, then you need one. Her poor husband, stood his ground, he never let her have it, and at the end, she was mad at him, she was like, couldn't you tell that I really needed it. But, if he had given in to her, he would've stopped any trouble. She was like, you should have held up to me.

So you get those situations Meg, and you've got to trust your inner strength. And if you decide that with your pain relief and I'm kind of gone off the birth plan, but yeah just be flexible. It's like, I would prefer not—I don't want to have pain relief, I would prefer not to have pain relief in a form of drugs, but would want the support with walking, or breathing and that's what I teach, and the partner is in that as well, Acupressure cetera. Then you, as birthing mother, have got to do your bit, to get yourself fit enough, and to know enough to take you through. It's like, like any marathon, you're going to watch your nutrition, you're going to watch your sleep, you're going to watch your fitness, so that you can run a 50K marathon. You're not just going to decide today that you're going to run it tomorrow. So this is something that you need to—if that's the kind of birth you want, you have to play your part as well. So that's on your wish list, in all fairness to your caregiver, you've got to bring a lot of what you're hoping to have into it, you've got to prepare for that as much as he or she does.

So that would be the one thing is, think about your pain relief, find out and you come to classes, I have people walking away from classes saying, I'm so glad, I thought I knew everything, and I actually can't believe what I've learned here today. Just telling them about the hormones, just telling them; do you know that you've got a natural narcotic that's released during labour that is stronger than Vicodine. Did you know that? And they go, “No.” But you've got to walk into the woods, you’ve got to go into the red zone for it to kick in, and then it's super powerful and your baby gets that as well.

So, empowering those women, like, do you know what your body can do, and most of the time they're like, no, I don’t know. Because even from school teachers and that those little people that sit on your shoulders, and look away at you and they break down your confidence all the time. I find this all the time and the worst thing is other women do it to other women. And that's sad. And where are the stories of the ecstatic birth, where are those stories. My daughters, both of them have got the incredible stories; they don't want to talk about it because they feel like, people will think, well, they did better. And it's not about that at all. And also they give a little bit of it away every time because they have magnificent birth. And I'm like, why can't more of my mums who come to me, have that. But then of course they grew up in my house. So, you know, it's from very little, I was sitting on my shoulders kind of thing.

So to formulate that birth plan is, think about what you want, go and find out research, but try get scientific evidence based papers that you can read or find out on people that will give you not their opinion at what researchers say, because I've got strong opinions, your doctor's got strong opinions and experience of things that go horribly wrong, that they don't happen to anybody else or, you know what I'm saying, and you've got to understand that. So just keep your—get to the point, but know what you want. That's important. And to know what you want, you've got to research, and find out

**Interlude**

This episode is brought to us by Parents Sense the all in one baby and parenting App that help you make the most of your baby’s first year. Don't you wish someone would just tell you everything you need to know about caring for your baby when to feed them, how to wean them and why they won't sleep. Parent Sense App is like having a baby expert on your phone, guiding you to parent with confidence, get a flexible routine, daily tips, and advice personalized for you and your little one. Download Parent Sense App, now from your App store and take the guesswork out of parenting.

**Meg:** I wrote at birth plan of my, actually it was all three of my children and I had an absolutely orgasmic, ecstatic birth in my first birth. It was just; it went exactly according to plan. I dilated when I thought I would, I breathed as I thought I would, I didn't have any pain relief because I managed it with my breathing. Largely, because of my partner who was with me, my birth partner, my husband was absolutely incredible because we had attended antenatal classes together. And I think that for me, I know a hundred percent I could have read any book I could have looked on at any Google, YouTube video. If I hadn't been proper antenatal classes, I just wouldn't have had such an incredible, incredible birth.

So it kind of brings up a couple of things for me, when I think about it, the first is that I had this incredible birth plan. It went a hundred percent plan with my first one. My second baby was a posterior facing birth, which was incredibly painful, also no pain relief, but probably I should have had, but my third one same birth plan went completely differently. And she was a Caesar section, emergency Caesar section and yet, I'll tell you Tina, that birth, which did not go according to plan, was just as fabulous as the others because I just let go and let the team take me. Because I knew that by the time we got to that point, she had to be born by Caesar and it was an incredible birth.

I did still have control, and that was one of the things, when you change your plan from for instance, a natural vaginal delivery through to caesarean section, the control is taken out of your hands. And I am, a little bit of a control freak, I didn't like the fact that I wasn't going to have any control and I stood my ground and I called in the paediatrician and I said to him, nobody's giving me an epidural, or taking this baby out until you can confirm that she will be placed naked on my chest, not in a incubator, in those days, they used to warm up babies, Caesarean section babies immediately after birth; they were taken from their mom. And I said, I'll let you go through this whole process as long as she's naked on my chest, and not taken out of the labour ward until I am. So she's with me, has no separation. And of course that wasn't the standard, and I had an amazing paediatrician and he let me do it my way.

And so through that entire birth, I knew that even though she was coming out a different way and she was coming out her own way, she's always done things her own way. And she would end up, and I would have a little bit of my own way with her being placed on my chest, and so an encouragement to moms. Yes, have your birth plan, hold it loosely, and when things go differently, make sure that there's something that you can hold onto as something that you feel like is really important to you.

**Tina:** Absolutely. Think of those possibilities. Think about them, think things through what happens and how old is your third child now?

**Meg:** She's 17 now, it was her pro last night, which is, can you believe?

**Tina:** So that was for you to have demanded that, first of all, you are a very strong personality. It was your third baby and you kind of knew stuff. And it's that whole thing of, okay, I'm going to go with this Caesar and you understood why, cause you understand, you know it's, your, you've researched it. You've done your classes. It's your third baby. And the fact that you had asked for, okay, so I need to trade off there and it's not really a trade off cause my baby, and I'm going to be alive at the end of it. That's a really good outcome. But then, you know, can I hold my baby straight away? Yeah. And that's awesome that you even have the fourth thought to actually say that, but also that have been your first baby. I wonder if you would've done that, maybe you would've. You know, because your first child is even older and it wasn't the norm. Well, some hospitals, you can't do it.

**Meg:** Yeah. Well, I can tell you that if that had happened with my first baby, I probably would've had very severe postnatal depression because as it was, I battled to breastfeed, I did breastfeed in the end, but it was hard for me. And I just found the transition from being a woman into being a mother was extremely hard for me. It's I think it's the reason I do what I do Tina, because I have such a massive level of empathy for moms. Because I know that that transition is flipping hard, nobody can sugar-coat it enough to actually take away what it really is. It really is tough that transition.

**Tina:** I resonate with you because that's exactly why I started doing what I was doing, because I thought Kiara am supposedly a new, I, no stuff. I'm a midwife, I'm of I'm breast. My she's years. I'm the best mother in the world. My sister at that time had four kids that she birthed quickly naturally breasted them for two years, had another baby. And I believe it was like, this is going to be a piece of cake and it wasn't. And I struggled with breastfeeding just like you said, and I didn't make it. My baby was put in a formula. I got postpartum distress, because my birth, I was so fixated on, well, if my sister can do that, who's younger than me, then I can do it. But I made some really bad decisions on the day, I really did. And I didn't know what my chances were going to be.

And so I, myself up for a very long for allowing things to be done and even asking for things to be done to me that I should never have done that. Yeah. And that, because even though it was a nursing system, there's stuff I've learned since my training, through my internet training, that, that, that I even knew. And I was shocked. I didn't know. And so a lot of, it's not mainstream knowledge like how hormones work, how do the oxytocin, endorphins and adrenaline hold symphony. And they all have their parts to play at the, and mothers, if just understand, changes their behaviour and theirs understand they wouldn't so scared about who is this person she looks

**Meg:** At empowered.   
  
**Tina:** Yes. They'd be empowered. Like this is, this is your, your lady at her most powerful, okay, this, this person who's birthing and this is her most powerful and her most fierce. And she needs that to be that strong protective mother. They can read her baby and follow me instincts. I think that's a big thing is moms don't trust their instincts. They trust the experts.

**Meg:** Yeah. Well it's very much a combination of the two. There is a very high weighting on knowledge is power and a very high weighting on listen to your instinct and listen to your gut. And it's finding that kind of middle ground, that's important. But you know, Tina, as we finish off, it is so important to empower yourself with knowledge, and we haven't really gone in depth of labour, of the hormones of birth options of pain relief. And those things are things that women need to know ahead of creating a birth plan, almost ahead of choosing a Caregiver, but certainly ahead of birth and parenthood. And that's the sort of thing that you've put into a very detailed antenatal class. And I feel very privileged that your antenatal class, which I've always held in the highest of esteem, is actually going into the Parent Sense App.

So mums and dads, as you listen to this now Tina's antenatal class is in our Parent Sense s App. And Tina today we are going to give away a 25% discount to everybody who's listening so that they can attend the antenatal class. And in order to retrieve that mums or to redeem that you're going to use the code. Tina podcast, 25 and Tina podcast is in caps. So Tina podcast, 25, and you're going to get a 25% discount off Tina's antenatal class. So Tina, I'm really excited for that antenatal class. And this is not our last podcast. You and I are going to go very deep. I've got a couple of questions that I really need to get answered by you, but for now, thank you so much for everything that you have shared with us as you finish off. Is there anything that you just want leave with the moms and dads?

**Tina:** So many things I would like to say, you know, children are blessings from heaven and you need to treasure yours, and it starts your parenting and your mothering from the minute you discover that you are pregnant, and you're going to be making rice choices for your children all the way along. Don't think that these nine months of pregnancy aren't as critical as the term after birth. In fact, they’re more critical. And as Meg said, knowledge is power, and it's a thing, it's cliché. Almost everybody sees it all the time, but it's so true. And if you don't know enough, then you can't ask the questions and you can be led down a garden path thinking you're going to get something that you probably not. So, join a class I'd like to say, and if you join my classes, I would be absolutely delighted because we things step for you give time to before you next module and hopefully empower yourselves just by learning, because anything you do in life where you influence other people, be it medicine, be it law, be it flying people around the world, anything you do, you study for many, many years, and yet all stumble into the Caesarean childbirth. We stumble into parenthood with like no degrees or anything, and even if we got degrees in OT, or medicine, or sometimes we were…

**Meg:** We were at a last.

**Tina:** Yes, we expect so much of ourselves and our children that we were so, just get out there and come and be part. And should I be part of your empowering experience, I would love that.

**Meg:** Oh, that's wonderful. Tina. Well, thank you for your time today, and thank you for your anal class. So moms and dads do go and join that, it's Tina Otti antenatal class on the Parents Sense App. Thanks everybody till next time. Thank you, cheers.

**Outro**

Thanks to everyone who joined us. We will see you the same time next week, until then download Parent Sense and take the guesswork out of parenting.