**Intentional C-Section:A Story of Planning and Empowerment S4|EP112**

So tell us a little bit about your kind of journey to becoming a second mum. It sounds like it was very planned and intentional and maybe take us through your birth as well. When I was going into the first experience, I realized what an underrepresented section of motherhood it is.

People do not talk about wanting a c-section for themselves. Yeah, so I'm very interested by your comment about intentionally choosing your team, because that is something that, you know, there's a lot of things you can't control about your birth, like exactly how they're going to enter the world and exactly what date. But you can control your team.

So how did you consciously approach that and who did you choose? But it's actually quite rare to hear a birth story of an intentional caesarean section. And that's why this is a really, really incredible opportunity for other moms to understand that journey, because that's a journey that many people would want to choose, maybe so. Welcome to Sense by Meg Fora, the podcast that's brought to you by Parent Sense, the app that takes guesswork out of parenting.

If you're a new parent, then you are in good company. Your host Meg Fora is a well-known OT, infant specialist and the author of eight parenting books. Each week, we're 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 Catchmaker every week to make the most of that first year of your little one's life. And now meet your host. Welcome back, moms and dads.

I'm Meg and this is Sense by Meg Fora. And it's really, really my pleasure to welcome you here today to the podcast. As you know, each week we meet new moms and sometimes experts who come alongside me to help you to kind of unpack what's going on in your baby's world.

It's a very common experience going through parenting, and we actually go through the same sort of experiences at the same time. It's almost like no other journey in life where I can say that for most of you, between about 14 and about 19 weeks, you'll have some sleep hiccups. And somewhere between about 14 and 24 weeks, you'll be thinking about weaning as an example.

And so it's like super common the things that we go through. And so one of the favorite parts of this podcast series, and we now into 115 or 116 episodes, has actually been following Cassidy through her journey with her little baby, Max. And we tracked her for 52 weeks.

She was incredibly committed to documenting his first year of life. And we got the benefit of that. And we haven't really been able to dip into other real moms' lives since, because we've been very focused on experts.

And so we've had experts coming alongside me to teach us about things like weaning and P&D and all sorts of things. But today, we've got a real mom back again. And I'm super excited to have this episode.

And the new mom who we are speaking today is Julia De Silva. So a huge warm welcome to you, Julia. Thanks, Meg.

Very happy to be here. Excellent. So Julia is a new mom to a second baby.

Her second little one is a girl. And Julia, what is her name? That is an interesting question that I can't answer. She's so new.

It's a hotly contested topic in our household. And I've tried to put deadlines in place to force our hand. But as yet, we have not been able to agree on one.

So that is currently to be confirmed. Okay, brilliant. Well, that just tells everybody that she is very, very new.

How old is she now? She is six days. Okay, lovely. Amazing.

And I mean, you've also got a little boy. How old is he? So he turned three in February. So yeah, just over three.

Okay, that's lovely. I don't know if you ever have heard that episode where I chatted to Cassidy and we were talking about spaces between babies. And very interestingly, many years ago, because moms always ask me, what's the best space between children? Because if you go super quick and suit like 18 months, it's terrible for mom, but you get it over with very quickly.

And they're very good friends. But if you push it out to five years old, often, it's much easier on us as moms, but it's a little bit more tricky in terms of their friendships, because there's this huge gap. So and I experienced that with my second and third, they were five years apart.

But anyway, I did this research a few years ago, and I came across this piece of research that indicated that three years, three months is the perfect gap. And the reason for that is, I promise you, isn't that amazing? And they say the reason is that moms has had enough time to recover and the friendship will still be really firm. So there you go.

I think you've hit the nail on the head, haven't you? That's reassuring. Yeah, there's also something that we applied our minds to quite a lot. And I certainly have a lot of friends with that very, very small age gap.

Funnily enough, a lot of friends with a specifically a 15-month age gap, which, I mean, I would have had to be in psychiatric care at that point. I honestly wouldn't have coped. My son didn't sleep until literally November.

So until he was about three, which was incredibly difficult and stressful. And I don't, I honestly, I wouldn't have coped at all with a smaller age gap. And three, you know, I was pregnant by the time we kind of got his sleep finally sorted out.

But that was definitely the kind of minimum age gap for me. I think we'll be, yeah, it was right for our family. Let's just put it that way.

Yeah, yeah, no, I mean, and it does. I mean, when you hear the way you're talking about it, it really does make sense that maybe that research had something in it, that three year, three month is a good spot. So tell us a little bit about your kind of journey to becoming a second mom.

It sounds like it was very planned and intentional. And maybe take us through your birth as well. So I always envisioned having two children without necessarily thinking too hard about how that was going to work.

I'm not a person that was particularly broody ever, or is kind of baby obsessed. I more had a certain vision of being a mother of two children and kind of going through the having the baby part was a function of that vision, I guess. And so, you know, eventually there came a time where we had to start thinking more seriously about having a second.

So we did start trying. And then within a few months, I realized that it wasn't happening as quickly as it had happened with my son, which was kind of a freakishly easy. It took one cycle and I conceived him.

So that was very easy. And obviously, I assumed it would be that easy the second time around. And so on the scale of kind of fertility issues, my problem was very easy to resolve in the end, thank goodness.

So I spoke to my gynae and it turned out I had, my cycle was very short, I was having a period every three weeks, which was, you know, besides anything else, just quite irritating. But essentially, the luteal phase, I think it was, wasn't long enough to support fertilization. So everything else was in place.

I knew I was ovulating, I knew when I was ovulating, all that stuff, but I basically couldn't hold a pregnancy. So I went on to progesterone. And then within three months of being on that, it extended my cycle and I got pregnant.

So it took about nine months of trying. So not sort of overly challenging. I have friends who have had a much, much harder time, certainly, and luckily easy to resolve.

And so it happened. And then I had a more challenging pregnancy than with my first. I don't know that it's necessarily that I'm older, I think it had to do with just the anatomy.

And for example, she was kind of locked and loaded in my pelvis from like six months. So I struggled really badly with pelvic pain. It was excruciating towards the end.

So I'm really quite delighted she decided to come early. And she, yeah, you know, hormonally it was quite different as well. I think carrying a girl versus carrying a boy can also impact that.

So I was sicker than I was with my son, although that seemed to be linked to my anti-natal medication. So once I started taking that at night, I stopped getting nauseous, which was quite lucky. That's interesting.

Very interesting. So when you took it in the morning, you were really nauseous. Yeah, I would get sick within an hour.

I would feel really nauseous and gross. And then because I wasn't being pretty consistent about what time of day, I was just trying to remember. So I then, funnily enough, had read somewhere that someone else had had the experience of feeling ill after taking their prenatal vitamin.

And I think it's something to do with iron content and is what I'd read. And they had suggested trying it at night. So I just started doing that and it took it away, which was quite useful.

But yeah, not anything too major. And then, yeah, in terms of birth story, my birth with my son was traumatic to say the least. It was in COVID.

So there were a lot of kind of COVID related challenges to it. I had a very kind of unlucky, I think, and unfortunate experience in the hospital where I had him to do with the staffing and obviously just so much pressure on hospitals in general at that time. And, you know, reflecting on it afterwards, I hadn't been advocating for myself and I perhaps hadn't designed the health care team that was actually best suited to me.

But also I couldn't have in advance because I really didn't know anything about what was about to happen. So in the aftermath of that experience, I made a very conscious effort to find my new team and decide what it was I wanted for myself for my second birth. Yeah.

So I'm very interested by your comment about intentionally choosing your team, because that is something that, you know, there's a lot of things you can't control about your birth, like exactly how they're going to enter the world and exactly what date, unless you're doing a C-section, but you can control your team. So how did you consciously approach that and who did you choose? Not in terms of names, but in terms of, you know, what disciplines were there? So I've always, with both my son and with my daughter, I knew I wanted a C-section. So they were both, they both had planned C-sections in place.

They both landed up being emergency C-sections, which was quite interesting because I think on the one hand, I think it was luck that my second birth was much more pleasant. It also definitely was to do with the fact that I had designed this kind of birthing team that was more aligned with what it was I wanted. So, you know, I didn't have to deal with any kind of trauma around the actual birth itself, but in any event, I had wanted a C-section, I knew I wanted that.

The first time around, it was much more, again, to do physiologically, I think, with the type of pregnancy I had. And the reason it became an emergency was because I had a calcified placenta, which means that all of my amniotic fluid essentially kind of vanished overnight and I had to get him out. And I think that combined with the fact that I carry very small, it was very physically difficult for the to get him out.

So it was a very violent birth. That was just one of the aspects of it that was very hard. And one of the things I obviously had then kind of decided that I needed to address was given the option, if I didn't have this kind of emergency again, and luckily the second time my placenta was healthy, you know, how do we go about having a birth that didn't traumatize me in the process? Obviously, a bit of experience helps because I did have a sense of what to expect, but I basically decided that there were two main things.

I had been with the same guy for a long time and it had never been problematic until it came to the birth. You had been where? Sorry. You had been? With the same guy for a long time.

I think since I'd come back from the UK, so nearly 15, 17 years, something like that. And I'd never considered things like bedside manner, for example. It didn't really bother me.

I didn't need her to be my friend. I just needed my medical provider. And so in retrospect, I think that perhaps bedside manner also played a role and I needed more compassion and more hand-holding than I necessarily realized.

And that also became true of the pediatrician. So again, I didn't have a pediatrician, of course, before my son was born. So I just used someone that was recommended to me by friends and family, an excellent pediatrician, by the way, but again, just not necessarily my kind of person.

So those are the two main changes that I made. And there was another gynae that I knew of who was a friend of my family's. And I knew that she had a more of a gentle approach and a more kind of compassionate, less clinical manner.

And so I'm pretty sure it was actually the last time I saw gynae would have been my six-week checkup with my son. And then I switched over to my new gynae and I had a couple of years of experience with her by the time I was pregnant again. So I really got to know her and she was certainly fulfilling everything I was looking for from that perspective.

Brilliant. I'm just going to stop you for one second. Let's try without the earphones.

Okay. Let me just disconnect them quickly. I'm just going to... Oh my gosh, it's so different.

It's perfect. Oh, good. Oh, can you hear me? Oh, great.

Sorry, you should have started. Yes, those are perfect. Okay.

These look so old and rubbish. I didn't think they'd work. No, they're absolutely perfect.

Thank you. So I'm going to ask you a question now, because you really sparked something in my mind. So I'm really loving the direction that this conversation is taken.

And the reason is that you have been very intentional around a cesarean section. And I think I would say eight out of 10 moms who I speak to are very intentional about having a vaginal delivery. And if they have a cesarean section, they've got to get their head around it afterwards.

And in fact, of that eight out of 10, probably six out of them will actually have a cesarean section and they will then have to get their head around it. Whereas you've gone in super intentional about having a cesarean section, which I think is very refreshing. It really is.

I think many moms who are listening to this might actually feel a sense of relief that actually you've been quite upfront about it, that this is how you went in. So with that in mind, if you're going into a cesarean section intentionally, and you've had the experience the first time around of it not being as you wanted it to be, what was the checklist in your mind? Aside from the people, what were the things that you wanted to be different this time around? And so if I'm a mom who's listening, and I am pregnant, and I want to have a cesarean section, and I don't know, because I haven't had a baby before, what are the boxes that I need to think about? What are the boxes that need to be ticked? And what were those for you? This episode is brought to us by ParentSense, the all-in-one baby and parenting app that helps 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? ParentSense 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 ParentSense app now from your app store, and take the guesswork out of parenting. What are the boxes that I need to think about? What are the boxes that need to be ticked? And what were those for you? So just to quickly touch on what you've mentioned about the number of people who have C-sections, whether they want to or not, or whether they plan to or not.

Funnily enough, when I was going into the first experience, I realized what an underrepresented section of motherhood it is. People do not talk about wanting a C-section for themselves. It's always a second choice.

It's always something that comes with a huge amount of fear and fear-mongering and guilt. And that it's somehow a second choice, and that it's inferior somehow because of that. So I was very interested by that when I first realized it.

It wasn't something I'd necessarily thought about a lot. When I got pregnant, I just knew it's what I wanted. In retrospect, I think it may have been colored by my mother's experience.

So I'm a twin, and she's a nurse and has been since she was 20 years old. And she struggled a lot in the aftermath of our birth because it was very complicated. And she felt forced into a vaginal delivery.

At the time, it was the 80s. This is what they did. And it caused untold problems for my brother.

I was lucky, quite frankly. So I think that might have been part of it. But also just that there's a sort of, even though nothing about this experience is something you can control, it was something I felt had an element of control.

So I think it probably appealed to me. And that is a strong motivator because I think pregnancy is quite out of control anyway. It's as out of control as most of us have ever been.

And for many women, just having some element of control is important and not to be sneezed at. Even if it's the illusion of control. I don't even care.

Just the idea that you can kind of pick a date, as it were. There's a certain comfort in that, and I needed that comfort. So to touch on the checklist, going into the first experience again, a lot of things I didn't know were options.

And I was frankly nervous of sounding like an idiot and asking my gynae what the options were and not really knowing what we did in South Africa versus other countries. You can do a lot of research about what they do in Australia or in the UK. These are very different environments.

And so certainly going to the second one, my checklist was really around how can we make the experience as gentle as possible. And I'm not talking like I needed candles and a certain aromatherapy scent in the room. I just needed people who were there to make sure that I was okay and that I felt held.

So choosing the team was a big part of that. And then also I got to have the conversation with my gynae around things like delayed cord clamping, which just wasn't offered the first time around. It just never was a topic of conversation.

Talk to us a little bit about that, because that is something that, I mean, for those moms who don't know what that is, it means that once your baby is delivered, and it can be for vaginal and for caesarean section babies, they allow the cord to stop pumping on its own. So the last little bit of blood from the placenta goes through to the baby and it's really beneficial. And it can be done with both, but obviously with caesarean sections, because of the sterility, there has been a hesitancy around that.

But yeah, but you asked for that the second time. Yeah. And luckily now I think it is becoming more common with c-sections especially.

It is. So it was something, it wasn't something that I was necessarily, it was a deal breaker for me. I just wanted to try and do it if we could.

And I wanted to at least have the conversation. So we spoke about that. And the other thing I really wanted to do was not be so separated from the experience.

And the problem with c-sections is you're sitting behind the screen. You can't see what's going on. Certainly from my first experience, all I could feel was my body being yanked off the table because they had to, to get him out.

And that's I remember suddenly with the second one, when I was delivering her, I suddenly remembered what I described as the rummaging feeling of having people in your body and kind of getting this little person out. It's quite bizarre. But what I wanted to do was be able to see her come out like that.

And you can't film anymore in theatre. You're not allowed to because of legal reasons. And what's the word? Litigation.

Exactly. So I have, my husband got to watch my son be delivered, but I didn't. And there's something really sad about that.

So I, that was something that I asked my gynae and she was all too happy to drop the cloth as it were. So at one point she just said, lift your head. I didn't realize how, you know, at what point they were necessarily, but the top half of her was out of me.

And so I literally lifted my head and realized I could see the whole lower half of my body and there she was and the top half of her body was out and I got to watch them pull her out and put her on my chest, which is so unusual for C-sections. Again, I do think it's going to become more normal. And I'm so happy that I got to have that, that I got to see her come out of me.

Cause that's the other thing that, you know, is such a benefit of a vaginal delivery that I think you're so much a part of the experience. You can't help but be, but with a C-section, you're quite removed from a lot of it. So that was special.

You know, Julia, you said a word right at the beginning of that kind of conversation that you probably didn't realize that you said, you said when I delivered her. And it was very interesting because nine out of 10 people, maybe even more who you speak to have had a cesarean section, it's when they delivered her, you know, when they delivered her, but you had a real sense that you were delivering this baby. And that was probably in part because you could see, and because you had some choice in the matter and because she was put straight onto your head, onto your chest.

So, you know, that the fact that you have that feeling of self-efficacy and that you were so much a part of it is really beautiful. It's amazing. So it ended up being a really extraordinary birth.

Yeah, it really was. It was so beautiful and so healing. You know, I had had such a difficult experience with my son and one of the things that was so unfortunate about that, and it was, you know, it was just bad luck, you know, because of, he was a little bit early and because of this issue with my placenta, he, you know, he got thrown onto my chest for the photo and I'm talking seconds and then pulled away and taken to ICU for the night, which had to happen.

But I mean, talk about traumatizing and being kind of separated from the whole experience. I might as well not even have been there. And with your little girl, how long did she spend on your chest? I think she was probably there for three or four minutes.

Okay, lovely. And did she, what were her eyes like? Did she look, did she open her eyes? Was she looking at you? I don't even know if I can remember that. I don't remember her opening her eyes.

She was crying a lot, which was really reassuring, as I'm sure a lot of moms will experience. There's something kind of primally reassuring about that. So she was very vocal, very alive.

That's what it felt like, which was great and reassuring. And I think, again, just being able to see her, know what was happening, because again, with my son, one of the issues was there was a real lack of communication. So he was essentially kind of whipped away from me.

And then I did not know what was happening for hours afterwards. No one told me. Whereas with her, I knew exactly where she was.

So after she had been in my chest for a few minutes, they took her away so my husband could cut the cord. And then they brought her back. So she's still, her cord is still connected in those three or four minutes on your chest.

That's extraordinary. Yeah, yeah. That's extraordinary.

And that often doesn't even happen with a vaginal delivery. So that really is quite incredible. And I think if I hadn't said to my guy, Neil, these are the things that I really want to try and experience, then it might not have been as long.

She was so conscious of what was important to me. And, you know, again, so much of this boils down to luck, you know, that she happened to be healthy and my placenta was healthy and that the delivery, even though it was an emergency in the end, I went into labor. That's why she came a little bit earlier than planned.

Which was a good reminder that vaginal delivery is not for me. How far was she? She was 30, just about 38 weeks, just before 38 weeks. Okay.

All right. So she was ready. She was baked.

She was ready to come. Definitely, yeah. And she was a healthy weight.

And again, what did she wear? 3.2. My son was 3.1 and he was maybe three or four days before that, but I think I'd suffered because of the placenta. Of the placenta, yes. And did she have much vernix on her? Yeah, a lot, a lot.

Okay, interesting. So it's quite interesting. So your dates probably were right then.

So sometimes babies come so-called early because your dates have been miscalculated and that can happen or her length was miscalculated or whatever it is. But then you'll have almost no vernix left. So for new moms, vernix is a white and waxy coating that coats the whole of your baby's body while she's in uterus.

So she doesn't get all wrinkled like a prune in water for so long. And by the time a baby, a full term baby, a 40-week-old baby's born, normally there's kind of a little bit left in all of their creases and you can kind of see it a little bit on them. But a baby who's born earlier than 40 weeks will actually still have it on their skin.

And the fact that, Julia, you say that she had a lot on probably means that she was a 38-week baby, but just really ready to come. Yeah. I mean, I'm not going to lie.

I did get a tiny bit of a fright when I lifted my head up. I was like, whoa, okay, that's interesting. She's white.

And did you know she was going to be a girl? Yes, I did. And it was quite something to get my head around. A lot of people are kind of obsessed with this whole pigeon pair idea.

And I'm of the more practical school of thought that I'd like to drive to one school for the rest of my life. You felt like a boy mom and now you were going to be a girl mom too. And even that, I mean, I've got three brothers and obviously I have my husband and I've lived with him in my entire life.

And when I got pregnant with my son, I was like, oh, really? Okay, fine. Get my head around that. And then when I found out I was having a girl, I was like, oh, okay, a whole new set of things to mentally acclimatize to.

But yeah, I know she's quite special. They are so different actually. Amazing.

And so you spent a little bit of time in hospital after she was born. You're now home. How has the first six days been of her life? I think it's, look, I remember very vividly from the first time around that everything changes.

So there is absolutely nothing that stays the same about this experience. And it's so not linear. So feeding and sleeping and all the aspects of it, nothing stays the same.

So I definitely am reassured by that the second time around in the sense that I'm not as easily freaked out by, for example, last night we had our first experience of cluster feeding, which I've never had in my life. And that was quite interesting. But because I know that... So tell me about her cluster feeding last night.

So what time did she start cluster feeding? At three. So until now, it was in the evening, it was in the morning. So we had some... In hospital, I was really badly engorged and she struggled to feed for a couple of days.

And so she had lost on the sort of high end of the normal range of weight before she was discharged. And when I had her weighed yesterday, I have a baby nurse who comes to my home and does it luckily, which is great. She came and weighed her.

And although we know that she is feeding and that she's having the kind of nappy activity you expect, so there's no cause for alarm, she had lost more weight. And that was also to do with the fact that I was feeding her on a four hourly schedule because in hospital, when I tried to feed her on three hours, she would just scream at me and refuse to latch. And so I had tried four hours and it worked much better.

But in retrospect, I think that might have been the engorgement. So we had, as of yesterday, had switched to a three hourly schedule. And I suspect the cluster feeding had something to do with that.

So for 12 hours, essentially, she had been on a three hourly schedule. And I think by 3am, I think it was actually in the breastfeeding episode of the podcast, we're talking about cluster feeding being a sort of baby's way of stimulating milk production. And I suspect that's what it was.

So she basically, instead of feeding quite happily for half an hour and then essentially falling asleep and I'd put her in a pot and off you go, she just wouldn't settle afterwards. And the other thing that was ringing in my ears was you were talking in the recent episode, but not a recent episode for me, about the... Hang on, train of thought has completely vanished.

What was I going to say? It's just brain fog. So I'll talk to that a little bit just from many mums who listening would not necessarily know what cluster feeding is. Although you have articulated it quite well, Julie, and that it is a period of time in which a baby has quite a frequent state of feed.

So they might feed and actually feed for long periods, short gap, another long period. So it can be actually, it can feel like all you're doing is feeding. And it usually happens at about six weeks old, but also when your baby's trying to activate higher milk supply, which I think is exactly what I think you spot on, Julia.

You've moved her onto three hourly, the breasts are not filling as quickly as she needs them to fill. And so quickly, she'll just give your body a message that she needs your breasts to produce more supply. So usually cluster feeds happen in the late part of the afternoon, which is why I asked you if it was 3pm in the afternoon, but it can happen at any time of day.

And then often after they've done those cluster feed sessions, so maybe four or five hours of feeding quite regularly, they then go back to their kind of three hourly spacing. Is that what you experienced after that yesterday? Or did she continue to actually cluster feed most of the day? So I remember now what I was going to say. So one of the things in a recent episode was about the... Oh my God, it's gone again.

Are you serious? Hang on. I'm going to find it. Give me a moment.

It was something about what you just said. It was about... Oh, for goodness sake. It was... Oh, it keeps popping in my head and then just slipping away.

It's only my brain fog worked. No, and I have to use this opportunity to talk about this. So brain fog is something that's utterly, utterly real and so important to recognise.

And it happens during pregnancy, but it also continues after your baby's born. And there's some research that they actually believe that what happens is that you have to have really be so... Have such a diverse cluster of things in your head at any given moment when you are... You can't focus in on one thing when you have a new baby because you're thinking about, are you going to survive? Is your husband going to survive? Is your toddler going to survive? And my gosh, when's her next feed? How many nappies has she had? There's so much to think about. And so our brain tends to go very light on things and not be able to go super, super deep.

And that's why we just completely will lose our train of thought. We will forget why we walked into a room. We will arrive at the shops and then not have any clue of what was on the shopping list.

And all of that brain fog is absolutely classic and totally normal in new mums. So if any mum is listening to this and is having brain fog, you are in very good company. Which is why I've literally just remembered it again and written it down.

I can't remember to tell you. Yeah, no, it is real. And it hadn't really lifted 100% by the time I had the second child, quite frankly.

Like I said to you, the vocabulary as well just disappears. What I was going to say from a recent episode that I had listened to was that they were talking about how the signals for hunger and wind can almost be identical and that when they're very little, it's important to try and differentiate between them so that you aren't overfeeding. I remember that kind of stuck with me.

I thought that was very interesting because my son had terrible silent reflux for six months and did not stop throwing up. And so it was something obviously that kind of going into this, I'm a little more sensitive about, but I was quite conscious of that last night. And so I started feeding her at three as usual.

And normally, like I say, she would have just fed for half an hour, gone to sleep at the end. And so she did get quiet and settled and was sort of falling asleep. And then within a couple of minutes, she was awake again and sort of sucking on the hands and being grizzly and definitely not settled.

And so I thought, okay, maybe a wind. And so I went through that process of trying to wind her a little bit and maybe a little burp, but nothing major. And that sort of continued for quite a long time.

So I thought, well, a long time, let's say 10 minutes. And I thought, okay, well, maybe she is still hungry. She shouldn't have the longest feed in the world.

Try to feed her again. She just wouldn't latch. She wasn't interested.

I mean, the mouth was making all the movements, but she just, no matter which boob I tried, she just wasn't interested. So I thought, okay, maybe still wind. So I sort of went through that process a number of times until two hours had passed and it was five o'clock.

And I thought, okay, well, let's just do another full feed because now it's been two hours. Even if she's a little bit hungry, I might have a bit more luck. So then I did try and feed her again.

And she did have a relatively normal feed, if a small one. She was in a little bit niggly again after that, but within about half an hour, 45 minutes, I did manage to settle her again, get myself back to sleep more importantly. So that was, you know, whether it was cluster feeding or not, it was certainly atypical for our experience so far and something that was... So, yeah.

So that's very interesting. A couple of things on that. So babies will often do that.

And usually it is in the late part of the afternoon, but we do see this at various different times of the day, which is, and she's done it early morning. And I think the way that you handled it was absolutely spot on. And I'll tell you why I think it was spot on.

First of all, to lift her up, resettle her, try and tissue her for a little bit of a period of time is probably a good idea because going straight from a feed into another feed where you're kind of in that cycle of feeding hourly is not helpful. And the episode that you were alluding to was where we were talking about the fact that significant overfeeding when a baby's feeding kind of every hour actually can make them more niggly because they get this lactose overload. They don't have enough lactase internally and in their gut to digest it.

And they get these super frothy poos and actually a little bit more unsettled. So, you know, really significant cycles of just feed, cry, feed, cry, feed, cry are not helpful. So I like the fact that you tried to stretch her a little bit, but I love the fact that you fed her.

And there's a few reasons why. One of the most significant reasons why is that she is not a hugely chunky baby who's gaining like a huge amount of weight. And I think, you know, sometimes moms will listen to an episode like the previous episode where I said, don't get into feed, cry, feed, cry cycles.

And then they try and push their babies out to kind of three or four hours. And they actually don't have babies gaining weight very well. So it's very important when you're making the decisions about whether or not you're going to feed and to go into cluster feeding to actually have a look what's going on with their weight.

So if a baby, if you had said to me, my gosh, she's incredible, she's gained like 400 grams, you know, she's regained her birth weight already, which babies wouldn't have done it after six days, but she's starting to really gain a lot of weight. Then I would say, you know, and maybe she was six weeks old, a little bit older, then I would say maybe don't get into a feed, cry, feed, cry cycle. But the fact that she's only six days old, your milk is far from being established.

And she's not gaining tons and tons of weight means that you responded exactly as she needed, which is to, you know, take those messages because your breasts would have taken those messages, you definitely will have more milk today than you had yesterday, because your body's had the cue. And the body has the cue, right, that it certainly needs to produce the milk. So very, very interesting.

And I mean, I could carry on talking for ages, and I would love to do another session with you. I think that, you know, your birth story is just so full of wonderful lessons for moms and for us all. So and I also, and I remember saying this to Cassidy when I did her first episode, is that the biggest piece in these early days is mental flexibility, which is what you've got oodles of, you know, like, there isn't no set plan here.

This is, you know, this is a time when everybody's going to be a bit out of their depth, including her, including you. And that's what's to be expected for a while. So it's wonderful to hear your story, Julianne.

Thank you for sharing. Thanks, Meg. That's, yeah, that's lovely to hear.

Thank you. It was, I think the birth stories are so interesting. And obviously, I listened to tons, you know, in the lead up to my children's births, and they are so different from each other.

You know, it's not always necessarily easy to find a common experience, because the variables are just infinite. And, but, you know, I do feel very lucky that, first of all, well, that I made the decision to have a more intentional experience the second time around, and that I had the courage to do that. And also that I was lucky enough to have a healthy baby that would kind of facilitate that experience as it were.

So, you know, I'm blessed, but I also did learn the hard way. So I've had both. Yeah.

Yeah, it's wonderful. And I think you said something interesting there that, you know, there are just so many different ways that this can pan out when you're thinking about birth stories. But it's actually quite rare to hear a birth story of an intentional caesarean section.

And that's why this is a really, really incredible opportunity for other mums to understand that journey, because that's a journey that many people would want to choose, maybe. So thank you for sharing. It's a pleasure.

Anything I can do to mitigate fear around C-sections, I'm happy to do it. Yeah, no, it's really important. You know, and I think, I mean, my third was a C-section.

When I look back, I really do, I feel like going, the natural vaginal delivery is just so much easier. So I really do encourage mums to go down the vaginal delivery route if they possibly can, because it is a much easier journey. A caesarean section is a hard journey.

You know, you've got pain afterwards, which you don't have with a vaginal delivery in the same way. And you also, I mean, I'm sure that you're on some sort of pain medication. I certainly was.

And anti-inflammatories, and that dulls you a little bit. So there are lots of reasons why caesarean sections are, you know, there are actually the harder route. You know, people look at it as, some people say, you know, it's copping out.

It's not. It's the opposite, I think. I think it's, you know, I think it's really, really, you know, it's a tough journey.

But yeah, it's really lovely to hear that you, that it has been so intentional for you. You know, also, I think even in terms of the things that people worry about around, for example, recovery, you know, yes, I, you know, the meds are not fun the first couple of days. It doesn't make you feel good.

But there was another thing, I was given a different cocktail of painkillers and a different anesthetic than I had the first time, probably more out of luck than anything else. And the approach of the gynae. And so I did feel very different.

Physically, I haven't found either C-section difficult to recover from. I took my dogs for a walk yesterday and not even a week postpartum. So it's, you know, you can have that experience.

There are things I did to make sure that I had the best chance at happening. Like, I'm quite, I'm no athlete, but I'm quite fit and I'm very dedicated to being fit and strong. So there are things you can do.

There's lots that is out of your control, of course. But I just think that this general kind of energy around C-sections and them being so full of fear and this messaging that it is a sort of second option that, you know, why would anybody want to do it first? I'm too challenged. I love that.

Well, I think that'll be super useful for so many of our mums. I'd love to chat again, Julia, and I'm hoping that next time we chat, we will have a I do too. I will make it my mission.

I'm sure that we will. But in the meantime, enjoy your little angel. And I hope that it's smooth.

And the first couple of weeks are always fraught and sleep deprivation will get the better of you at some point. And we'll chat again soon. So thank you.

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