**Motherhood & Mental Health: Navigating the Emotional Journey S6|6**

Welcome to today's episode where we're going to be shining the light on a topic that's very overlooked but very crucial for new mums, and that's women's mental health. I am thrilled to be joined by Dr. Jess Stamberg. She's a specialist psychiatrist with a passion for supporting mums' mental well-being and particularly the transition to motherhood.

Today is an amazing episode because we're going to be unpacking the power of storytelling all the way through to looking at a conversation about the juggling act of motherhood. We're just going to dive into it all. I shared with Jess my own early mothering journey, and that kind of led us to talking about medications like eglanol, which is often used to treat anxiety in new mums.

One of the other things that I found fascinating in our conversation was the science behind how motherhood changes our brains. Did you know that the amygdala, our fear center, actually increases in size when we become a mum? And maybe that's why we're so often completely overcome at this time. It's really mind-blowing.

But here's the thing, it's not all about the struggles. This conversation is also about acceptance, self-compassion, and being gentle with ourselves. Jess's approach is all about empowering women to take control of their mental health and to prioritize their well-being.

So if you're a new mum, or if you're supporting new mums who are struggling to cope with the pressures of motherhood, this episode's for you. Welcome to Sense by Meg Fora, the podcast that's brought to you by ParentSense, 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 mums 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 ParentSense 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. Welcome back, mums and dads. I am delighted to have you with me as you are each week on Sense by Meg Fora.

And as you know, every week we have a guest who joins me, and sometimes it is a seasoned mum, and we've been tracking the journey of Julia and also of Nina over the last couple of months, which is always something we love doing. But every now and then, I get to tap into a real expert in the area, and this week, we're going to be chatting to Jess Stanbridge. She is a woman's mental health psychiatrist.

I have been following her for a very long time on Instagram. I'm sure many of you do as well. And so, I'm really, really excited to chat with you.

Welcome, Jess. Oh, thanks so much for having me. It's just one of my favorite topics to talk about, so I can't wait.

Excellent. Yes. So, I know that as a psychiatrist, you would see kind of a number of different potential areas of focus, but you have said to me that it actually has ended up being very much around women.

And so, could you just give us an idea of what a common day in the life of Jess Stanbridge looks like in terms of the common mental health issues you see, and really what your approach to treatment is? With pleasure. You're talking about my work life, but I thought to myself, as you said, that a common day in the life of Jess Stanbridge, I used to wake up very, very early because my daughter is a terrible sleeper, and I rely on a lot of coffee. And then, I get to work, and I'm predominantly a woman's mental health psychiatrist.

So, my patients are majority women, and I get to see them across the entire course of their lives. And with quite a large cohort of my patients being women, going through fertility treatments, trying to fall during their pregnancies, and then during the postpartum and kind of early motherhood years, which is such a lovely thing for me to do, because sometimes I start with them right, right, right in the beginning, just before they fall pregnant. So, I get to do the whole journey with them up until kind of early motherhood, and it just feels so wonderful to be able to walk that journey with them and help them really care about their mental health during a time that often I find that their physical bodies are more focused on than anything else, and to really put plans in place to make sure that their mental health is looked after and nurtured during that time.

That's amazing. So, I mean, you mentioned to me that Kit, your little girl, is three, is that correct? Yes, that's right. She turns three next week, yeah.

And did you get involved with maternal and I suppose perinatal mental health issues before you had her, or was she transformative in your direction? I actually started doing it before, so I was always involved in women's mental health, and I think just an innate feminist at heart, and always just really loved the space. And then I personally went through my own fertility journey. And so, you know, I've experienced so many of these things firsthand as well, which is really, really enriched my practice.

I had quite a complicated pregnancy, a really challenging postpartum period. And so, I mean, going through it yourself and then being able to bring that wisdom, plus all the neurobiology and all the wisdom that I've trained in, into my clinical practice was kind of how I've landed up in the spot of really feeling passionate about women's mental health, particularly during this period. Yeah, I mean, it is.

It's such a massive change and a shift in a woman's life. And, you know, I think it was probably about five years ago, people started to speak about something called matricence, which is this transition, you know, similar to adolescence. And we, you know, I think it's quite interesting because, you know, adolescence has always had a lot of airtime and actually toddler years as well, because we know that it's a big challenge, it's a life stage in the human's life cycle.

But I think in some ways, matricence, and even actually menopause as well, have kind of been things that are not spoken about, shied away from. And maybe, certainly in the case of matricence, it's glorified, and it's supposed to be this absolutely incredible period, but often it really isn't for women. Absolutely.

And, you know, I think that that's the narrative I see mirrored back to me all the time. And, you know, when you say those two periods of life, the matricence, the menopause, I do deal with women, like I said, all the way across the course of their lives, I do see women in menopause as well. And the reason why I think so many people aren't talking about it is because there's so much shame associated with both of those, right? It's the shame of, oh, I'm not feeling all the of my child.

I don't feel grateful enough. I'm not, is this normal? Is this not normal? There's this shame around, it doesn't feel like what I thought it would feel like. And then menopause being this period of also for women, the shame around their bodies changing, them feeling more irrelevant in just the female space in general.

And I think, you know, shame is such a driver with regards to both of those periods. Absolutely. And with both of those, you've actually got the hormone shifts as well.

So you haven't just got the psychological shift, you've got the physiological shift as well. I mean, understanding that you had probably done a fair amount of reading and had the theory and had been working in practice with mums before you had kids, were you quite surprised by just how tough it was, or was it something you anticipated? I was absolutely horrified. Absolutely horrified.

You know, it's so fascinating because I hear the stories back to me every day of how hard it is. And I was like, there is no one else who could be more prepared for how hard parenting is going to be than me. It can only be easier than what I thought it would be.

And I was absolutely floored by how challenging becoming a mother was. And that just being everything about having a baby, what was going on in my body, what was going on hormonally, what was going on with my identity, what went on with my sleep when I came back to work, all of it, I knew it was going to be hard, but there was no way that I knew it would feel this transforming. And so now, I mean, having more insight, and by the way, I'm exactly like you, I can remember when I had my third child and I had written Baby Sense, it was already a bestseller.

In fact, from then, I'd already written Sleep Sense and Feeding Sense. I'd written a number of books already. I had two other children.

I was a seasoned mum. And so, you know, I can remember a just before I had my third, and she said, oh, you know, you're going to have this totally waxed. And then coming back to her a couple of weeks later and saying, oh, my gosh, the drought, even though it's number three, I should know what's going on.

The challenge is always there. So it is really, really tough. So has this experience transformed the way that you work with mums? And are you able to find different levers to pull in order to assist them through this process? Oh, absolutely.

You know, I think that, you know, some mums do, they do just naturally and by temperament and by their own internal world, some mums do find it a little bit easier than other mums do. They do. And some mothers do just find them harder.

I am innately quite a sensitive temperament. And so it was any kind of big life transition was going to be really, really tricky for me. But I think, you know, I'm such a believer in the telling of stories and the sense of telling of stories and making people feel like they're less alone.

And by utilising my own story, and here's someone who is really skilled in this area, who really understands everything that's going on from a physiological standpoint, from a psychological standpoint, from even a paediatric standpoint. I mean, part of our training is in babies, you know, and here I am this person who's also like, wow, this is really one of the hardest things I've ever done in my entire life. And for a lot of mums, for me to be able to tell my story, which I do a lot in my clinical space, it just makes them feel less alone, you know, and I think sometimes that sense of it's not just me can be one of the biggest levers I can ever use from a psychological standpoint and supporting them.

And then also saying to them, you know, I can tell you exactly what's going on in your brain from a hormone perspective, from a physiological perspective. And I know what it feels like. And I know what you are feeling like right now.

And I know what you need to do to try and make you feel better. And that allows also, as time goes on to just fortify the sense of hope in them as well, that it can get better and it does get better and gets a little bit easier. The difficulties change, but it does get easier.

I love what you just said about the storytelling, because I think it's the truest thing. I mean, it takes me back to when I was in final year at UCT doing occupational therapy and we'd been doing a mental health block. And one of the things they said is that, you know, the storytelling in and of itself is very therapeutic and that if somebody has a trauma, get them to sit down and debrief and tell the story for hours if it takes.

And I'll never forget one of my friends had a very, very, very scary situation of being taken out of up the West Coast by a man. And it was just terrible. I mean, we still to this day don't know if she was raped because we know she was poorly handled.

But anyway, when she got back, we went through this massive debrief with her. And afterwards, she really didn't have any fallout, which we had expected to have. And I still put it down to the fact that we literally spent three or four hours with her just debriefing on what she could remember and how she had got to where she was and how she got back from and ran away and so on.

So it was, you know, in that debrief, there was just so much healing. And what's interesting is that I've tracked three mom's lives on my podcast so far. Cassidy was the first, Julia the second and Nina's the third.

I've just started with her and I tracked them from birth. And what's super interesting is that so far, all three of them have had really, I don't want to say successful mothering experiences, but actually, I think telling their story for half an hour every week is just incredibly therapeutic. Absolutely, absolutely.

And I think that that is so true. I think that, you know, a lot of what we do in the spaces, in mental health spaces is we hold space for people's stories. We hold space for people to be able to talk about what it is that they're struggling with.

And just going back to your friend, I think it's not only about telling the story, it's probably about how that story was held for her. That she was able to debrief and the people around her were able to hold it in a certain way that made her feel seen and validated. And it was mirrored back to her that allows for the processing to happen.

So absolutely, I think that, oh gosh, if you could have more than three moms on your podcast on a regular basis, we'd be doing a really great service to mothers in general. And also like community groups work, you know, because you're able to talk, right? We're able to talk to other moms. This is my experience.

Someone says to me, oh gosh, me too. My kid also wakes up every 45 minutes every night. I thought it was the only one.

Everyone else's child is sleeping through the night. You know, and then suddenly having your experience mirrored back to you, that sense of I'm not alone. It's held really beautifully.

It's so healing. Yeah, absolutely. Really interesting because I think that this could be a little bit of a life lesson for moms who can't afford necessarily to get therapy or don't necessarily feel like they want to or need to go.

But just the listening to each other is something that is really, you know, containing and supportive. It's very interesting. Having said that, I think society is almost a double-edged sword because while your community can be containing and supportive, it can also be judgmental and create guilt.

Do you think that societal pressures and what women go through at the moment in terms of gender inequality, do you think this is all contributing to mental illness in women? Oh, absolutely. You know, we had Women's Mental Health Month a little while ago. I also do a lot of women's mental health work for SASOP, which is our governing body.

And we released quite a lot of information on teen pregnancies and just how gender-based violence and gender inequality and coming from disadvantaged environments, how it absolutely is impacting the mental health of mothers. You know, I think being a woman currently in our communities, in our world in general, I mean, internationally, we can look locally at home, it's definitely a contributing factor to why being a mother is so much harder. And, you know, on top of that, we've got those kind of community stresses and those societal, socio-demographic stresses, but then also, like you said, these aspects of shame and maternal guilt that are so wide into us culturally.

I mean, even coming on here, I think to myself, oh gosh, you know, I've got to come in here and talk about my maternal experience. And whilst it's been incredibly beautiful, it's also been incredibly hard. And I feel both wondrousness around that and shame around that.

And that's someone who's done a lot of my own psychological processing. And I know that that doesn't come from me. That comes from external cultural sources that tell people, mothers, that they always have to be happy, that we're never allowed to complain, that we should be grateful for our children, that mothering can't be that hard, you know.

Mothers are kind of like the forgotten population, in essence, across the board. Yeah, it's really interesting. I don't know if you've come across Linda Lewis.

She's a psychologist. Yeah, yeah, yeah, I read her book, yeah. And you read her book.

And I mean, you and I are very close colleagues. And her book, For Other Moms, has the most incredible title. I actually, I think I wrote the forward, I definitely introduced her to Vilsia, who was her publisher.

And the reason I was so enamored by the whole project was it was, it was called When Blessings Don't Count. And which is exactly what you're alluding to, because now you're pregnant, it's all you've wanted for the last however long, especially if you've had fertility issues. And now, actually, you're not happy.

Like, you know, how does that work out? And that guilt that goes with that? Yeah, absolutely. And it is, it's such a double edged sword. And it's, it's also, I think, why people end up not talking about how hard it is, because of that double edged sword to solve it.

So yes, okay, being able to talk about it within communities, absolutely, it's going to help being able to talk about it with other people, it's going to help. But I feel so much shame around the fact that, that I'm really having a hard time being a mother, some people being like, this is the worst decision I've ever made, I can't believe I've done this on the more extreme side, then moving into the realms of postpartum depression, postpartum anxiety, even extremes of postpartum psychosis, you know, and then having to kind of navigate, how do I feel like this, but still realize that I am happy about having my child, but that this is a way more complex issue, you know, and I think that that's what Linda's book speaks to so beautifully, is that absolutely, it is a blessing, but it is also a lot of other things, it's much more nuanced than that. Absolutely.

Very, very interesting. And you mentioned the postpartum depression, perinatal anxiety, baby blues, perinatal psychosis. Can you talk a little bit about that, kind of the gambit that we have there, you know, from everything from just feeling a little bit low through to really feeling psychotic? I mean, what should women be looking out for? And what are the different meanings for those? 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 should women be looking out for? And what are the different meanings for those? Yeah, absolutely. I think, you know, the question that pregnant women often ask me is, when do I need to worry? And I think that that's the most important kind of resource that we can give. If I can just say, if you are worried, that's enough reason to worry, particularly in the postpartum period, so maybe see someone.

But the difference between kind of baby blues and any kind of postpartum mood and anxiety disorder is maybe the biggest differentiation to make. Obviously, postpartum psychosis is quite far along that trajectory. And so people around you will usually realize that there's something going on.

But baby blues is usually around, it's got to do with a huge hormonal dip that happens after you deliver. You have such high levels of hormones whilst you're pregnant, day three-ish, three to five, you have a really, really big dip in those hormones, and that's the baby blues period. And it's short-lived, okay? It's going to last about five days, three to five days, seven days maximum.

And then you should feel more like the lightening that comes after that. If that becomes more persistent, or you have a dip that comes out, and then another dip that happens a little bit later that lasts, well, I'd probably say a week or two, then you need to start thinking, hmm, is this something that's maybe not hormonal that's going on? And maybe I need to seek help and just check and see whether or not this is something more significant, like a postpartum mood and anxiety disorder. The interesting thing that I find about the brain is that we have to remember that during pregnancy, it gets flashed with so many hormones, and there's so many structural changes that end up happening.

And one of the symptoms that gets a lot bigger is your amygdala, which is your fear center. And so it's almost like anxiety comes with having a baby. It's like suddenly we start becoming a little bit more hypervigilant, we're a little bit more worried.

Obviously, if you're concerned, you know the stories of the mom making sure that the baby's still breathing at night whilst they're in a cot, feeling a little bit nervous. All of those things are kind of normal evolutions into motherhood. When it becomes more of an obsessive thing, when there's a sense of panic behind it, when there's repetitive behaviors associated with anxiety, that's red flag, okay? That's when you need to think, hmm, okay, yes, maybe I'm going to be anxious about this little being suddenly living in my house that I have to look after all the time and be responsible for.

But when it becomes associated with a lot of panic or repetitive behaviors, it's much, much better for you to see someone to check in. And what sort of repetitive behaviors are you talking about? I mean, I know checking if the baby's breathing, but what sort of other things would moms look for? So, you know, it's interesting. Intrusive thoughts are one of the things that often come postpartum as well.

So these are intrusive thoughts around kind of holding your baby in your arms, oh my gosh, am I going to drop my baby down the stairs? And then feeling like, okay, well, if I tap one, two, three times before I go down the stairs, then everything will be fine. Or not wanting to do certain things because you're scared of the baby's safety, things like that. So it's about fears and then having repetitive behaviors, compensate for those fears.

So kind of OCD based symptoms that are really OCD in the postpartum period is one of the biggest surges of emergence that we need to look out for. Those kinds of behaviors are what we're concerned about. Very interesting.

And I know, interestingly, I've got a very close friend who had a psychotic break probably about three years ago. It was related to a therapeutic dose of magic mushrooms, actually, that she ended up. It was really, really super scary.

And I was chatting with her on the weekend and she said to me, she chatted to her psychiatrist and one of her biggest fears is that she has another mania again. And she said, how would I recognize that? And he said, the number one thing is how are you sleeping? Like on a practical level. And I just wondered, is there something that new moms can look for in terms of sleep, bearing in mind that sleep is not normal anymore? No, absolutely.

Sleep is not normal anymore. When you know sleep deprivation, it's one of the big risk factors for us for any kind of mental health conditions. So just to say as a new mom who's not sleeping, it's one of the risk factors.

So you are vulnerable as it is. Okay. So if you are finding that babies need to sleep, okay, whether it be for 45 minute period, or you get a baby who sleeps for longer extended periods.

If you find that when your baby is sleeping, and I always laugh at those memes that say sleep when your baby sleeps. And yet you're walking around the shopping center and suddenly you're pushing the pram and now you're supposed to sleep. I'm meaning more like if you're at home and you're lying in your bed and you're napping.

If you can't sleep at all, even during the times that you have an opportunity to, that's a red flag. Okay. Because yes, okay, there is sleep deprivation, but there is fatigue associated with it.

Okay. When there's sleep deprivation and there's a lot of energy associated with it to the point that, okay, I can't actually get myself to go to sleep. I've got all this energy that keeps me going, going, going, and I'm not sleeping.

That's definitely a risk factor for mania. Very interesting. Super interesting.

And then another one that it was a question that I definitely had. So I wanted everything to be natural. I am a very A type mother.

I wanted it to be perfect. I needed to have a natural delivery with no pain relief. I needed to breast feed.

I needed, I mean, everything just had to be natural. But at the same time, I had been advised very poorly with my first born that I needed to breastfeed him for hourly. Now anybody knows that if you're breastfeeding for hourly in those early days, your milk won't come in.

And of course mine didn't. And so, but I would not introduce a bottle because I was obsessive. So my baby wasn't gaining weight and I had this, you know, kind of cycle.

And I went to go and see the well baby nurse and she said, look, there's only one thing we can do here. And that's eglanol. And that was the medication to, you know, to stimulate milk production.

And it obviously has a byproduct or another effect. It also alleviates depression. And I was absolutely fixated on not medicating.

I mean, you know, now obviously I say these things and I realize how silly I was, but what are your thoughts on medication for the kind of treatment of perinatal anxiety? I'm not talking about psychosis and, you know, really severe situations, but just, just kind of thin end of the wedge. You've got a very anxious mom who's trying to do everything by the book, who's setting herself very high standards. She is sleeping at night, but her anxiety is impacting her ability to care for her baby and she can't produce milk.

That was me. Would that be a scenario where you would be recommending something like eglanol or what do you think? Well, I just want to say that, you know, us type A personalities who wanted to get it all right, we're the ones that are usually predisposed to getting anxiety and postpartum mood symptoms. So we're the high risk bunch.

So it's just really important to remember that part. I think my hospital bag was probably packed four months before my doctor was born because I want to make a hundred percent sure that everything was perfectly organized. But you know, that, that postpartum anxiety, it really can, it can be incredibly debilitating.

Okay. And we do, we do want to intervene earlier rather than later for the mom in the scenario of the wellbeing of the mom is the most important thing in the context of the wellbeing of your baby. Okay.

So we want to do everything naturally because we want to do what's best for our babies, right? We want to have natural birth. We want to be able to breastfeed. We want to do everything naturally, naturally, naturally.

And absolutely, of course, we want to be able to do those things if we can. Okay. But for a baby to thrive, a mother needs to thrive.

And if her mother is not thriving, then it's automatically going to have ripple effects on the diet with your baby. Okay. And so if you're feeling anxious and you need to, just to explain what Eganol is in a bit more detail so that everyone who's listening can understand, Eganol is a second generation antipsychotic, which sounds quite scary as a class, but at very, very high doses and at very, very low doses, we use it as an anti-anxiety medication.

And the nice side effect of Eganol is that it helps you with breast milk production. So we often use it in anxious moms who aren't producing breast milk because it does two things at the same time. It helps us manage the anxiety and it helps us with the development of breast milk and allows you to be able to breastfeed.

Okay. So it's also quite well researched in breastfeeding and so it's really safe. And so yes, we do absolutely use it in the postpartum period for treatment and to the benefit of the because the benefit of the mom is to the benefit of the baby.

And you know, when I hear you say that, I feel quite sad for myself at that moment when I look back because I think how tough I was being on myself, like just everything has to be perfect. And by the way, you can't have any help to make it perfect. So it's all on you.

Of course. Yeah. And I think a lot of us are like that.

And like you said, especially our A-type moms. And then I just want to swing back to something you spoke about earlier on, and that was that you, I'm not sure if you used the word feminist, but that certainly you believe in women's rights and so on. And you know, it's so interesting.

I watched the Barbie movie last year and had deep feelings of ambivalence about it, which not many other people seem to have had. Whenever I mention this to people, they're not too sure what I'm speaking about. Because you're horrified, yeah.

But I was really angry because I felt like, you know, a woman can have it all now. And, you know, and that was what the movie was about. You know, a woman can be anything.

She can have it all. She can climb to the top of the corporate ladder and there are no glass ceilings and, you know, she can have it all. But oh, by the way, she also has to be the primary caregiver because the reality is that a baby needs a single caregiver to sweat them.

Not that two carers won't do a wonderful team effort, but one of them will be sweating more. It's just the way it is. And so now you've got a woman who can, where there are no glass ceilings and she can go and do whatever she wants.

But at the same time, she's also got to be the primary caregiver. And I feel like there's some injustice there for women. I feel like it's a very, very tall expectation.

And I want to know what you thought. You know, I hear your point. I absolutely do.

I think that we have to remember that my belief around this is that feminism isn't necessarily about having everything. It's about having choice. Okay.

So for me, it's about having choice about whether or not you want to be a stay-at-home mom. It's having choice about whether or not you want to work part-time and be at home half the time with help, if you have the opportunity to be able to have help. It's being able to have the choice of working full-time if you want to as a mother or not as a mother.

It's about having that choice. Okay. That for me is the essence behind what feminism is.

And I completely agree with you that yes, our children do, they need to have some sort of primary caregiver looking after them. Some of us are privileged enough to be able to have people who are able to do that for us. But I found it incredibly, incredibly difficult as a woman becoming a mother to suddenly think, okay, I also have this career that I've worked 17 to 20 years to be able to get to.

And I also have this daughter that I love so deeply and I want to be with all the time. And I can't have both at the same time. And I feel guilty when I'm at work and I feel guilty when I'm at home that I'm not looking after my patients.

And it's so incredibly hard. It comes with so many emotions with it that there isn't really a right answer to. And I don't know if anyone ever gets 100% right.

It's about being able to sit in the discomfort of it, you know, being able to sit in the discomfort of, okay, well, if now I do decide to be a stay-at-home mom, I am sacrificing my career. And that's deeply hard. And if I do decide to go full blow with my career, I'm sacrificing time with my kids.

And that's also really, really hard. And to know that it's really complicated. Yeah, absolutely.

And you know, I think something came to me a few weeks ago where I was really grappling with this quite a bit for the moms that I work with, you know, just how big the juggle is, because every time I'm on a panel or being interviewed, one of the biggest questions I'm asked, and it will happen to you too, is how do you manage the juggle? You've been so successful in your career. And you have, in my case, three children, you know, how do you manage the juggle? And the reality is that there is always a ball dropping in my life. And it's kind of been comfortable with that.

And one of the girls I'm tracking her journey, Julia, said the other day, it's about thriving in the gray. And I love that, you know, the things didn't have to be perfect. And the other thing that strikes me is that there's seasons for things.

And, you know, and my season right now, my kids are older. So my season right now is work, which is lovely. But there were times when my season was children and it's accepting that.

Yeah. You know, I love that thriving in the gray, whenever, it's so hard for me. I read books to my daughter most nights before she goes to sleep.

And sometimes there'll be someone crying and she'll say she's crying because her mommy's at work. And I think, oh my gosh, my heart, like so terrible. And then I get to work and someone's upset with me because I haven't replied to an email for five days because my daughter's been sick.

And I have like a caveat at the bottom of my automated response being like, please bear with me. I'm a psychiatrist, but I'm also a mom and I'm trying to balance everything and I'm not going to get to everything. And so it's just like, you have to be able to be like, okay, I'm going to drop the ball.

My daughter's going to be upset some days. My patients are going to be upset some days. I'm trying the best that I can with what I have, you know.

Oh, really, really interesting. It's so, it's so refreshing to hear you talk. Cause I think that it doesn't matter whether you're a banker or a, or a psychiatrist or, you know, where, where you sit or if you're at home, mom, the juggler is really real.

And we're in the same community. Yeah. Well, it's been wonderful chatting Jess.

Thank you so much. Fabulous perspectives on so many aspects of new motherhood and on that mental health journey. Pleasure, absolute pleasure.

Thank you for having me. I know your practice is very full and you do not need more patients, but if somebody did want to get hold of you or just even follow you on Instagram, where can they do that? Yeah. So my Instagram handle is at Dr. Jess Danbridge.

I definitely don't post as much as I used to because of the juggle, but there's a lot of resources on there. And just to say that there are a lot of resources on there around other people who perhaps do have capacity within their practices for you and mom support groups, things like that. So there's a, there are a lot of resources on that Instagram page that people can utilize.

That's brilliant. And is there anything you want to leave our moms with before we head off? Just that you're not getting it wrong, that, you know, it feels like we're getting it wrong all the time. It's like the sense of like, when is it going to get easier? Am I getting it right? Am I messing my kids up? Like all your child needs is a good enough mother.

Okay. They don't need a perfect mother. They don't need to get it right at the time.

You're not getting it wrong. Some days you will, sometimes you'll get it beautifully right. And that's okay.

And that's what your children need to see is just us being human and not perfect. And to just remind yourself of that when you're getting down on yourself and really, really hard on yourself. I love that.

What a wonderful way to end this episode. So, so positive. And yeah, I really, really appreciate it.

I know how busy you are and to make the time to carve out for this. I really do appreciate it. Thanks so much, Jess.

Thanks so much. Bye-bye. 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.