**a. Episode Title:**

A Real Conversation About Breastfeeding (with Dr. Sabeen Adil)

**Transcript**

**[0:00 - 1:04]**
**Meg Faure:** We are cutting through the myths and the pressure and the overwhelm to have a real conversation today about breastfeeding. And I'm joined by the amazing Dr. Sabeen Adil. She's a general practitioner, doctor, internationally board certified lactation consultant and an expert in both breastfeeding medicine as well as perinatal mental health. Together we unpack what breastfeeding actually looks like for today's mums across cultures, birth experiences and expectations. So whether you are in the thick of newborn life or still pregnant and prepping for breastfeeding, this episode really is for you. So what are you going to learn today? You're going to learn a little bit about why breastfeeding is about so much more than just milk and how it impacts your recovery too. We're going to talk about the biggest myths that mums are told and what we should really think about instead and also how to recognise when it's time to push through and when to give yourself permission to stop feeding. This conversation is warm and honest and rooted in deep respect for mums navigating this tender journey. Listen now to feel supported and if this episode resonates with you, please share it with fellow mums and don't forget to follow the show for more weekly wisdom.

**[1:05 - 1:46]**
**Announcer:** Welcome to Sense by Meg Faure, 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 Faure 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.

**[1:49 - 4:43]**
**Meg Faure:** Welcome back mums and dads. It is wonderful to have you join us here again today on Sense by Meg Faure. And this week is a really fabulous episode because I have got a guest on with me and mums, for those of you who've been listening to the podcast over a long period of time, you'll know that I tap into people who know way more than I do about a specific area. And the area that we're going to be looking at today is the area of breastfeeding. And it's just such an important topic and very close to my heart. And so I'm really delighted to be able to welcome Dr. Sabeen Adil. Welcome Sabeen.
**Dr. Sabeen Adil:** Hi Meg, thank you so much.
**Meg Faure:** Sabeen has been working in the field of perinatal mental health for a very long time and really focused deeply on breastfeeding medicine. She is a GP, but she is also one of Pakistan's first internationally board certified lactation consultants. And she was the founder of the first ever lactation specific clinics in Pakistan. Over her career, she has lived and worked in many different countries in over three different continents. And she served as a board member and later was elected as the president of the International Lactation Consultant Association, the ILCA. She's currently an active member of the Academy of Breastfeeding Medicine and is part of the prestigious protocol committee. So she really does hold the kudos and the qualifications to be here today. So I'm really, really delighted that she is here. She also holds training in the oral rehabilitation programme of the breastfeeding dyad. And she is a specialist in breast pump and flange fittings as well. She currently works in Dubai, which is where I met her earlier this month. And she works as a lactation consultant at the King's College Hospital in Dubai, in the UAE. So I am really, really delighted to have you join us, Sabeen. And I know it's going to be a wonderful conversation because this is something that you are very passionate about.
**Dr. Sabeen Adil:** Yes, thank you so much, Meg. And I'm really excited and looking forward to speaking to all the mums and dads that you have been working with and helping. And I think, yeah, it's a wonderful platform that you have created. And I'm excited. Let's start talking. Yes, you're right. I'm very passionate about all of these things. So you might have to stop me and rein me in when we are talking about all of this.
**Meg Faure:** No, absolutely. I think the mums that we're speaking to are just as passionate, but also sometimes a little bit lost. I mean, for me, my breastfeeding journey wasn't straightforward. I'd kind of come into early motherhood believing that breast milk was so important for my baby. And then as I got going, there were things that were really tough about it. And it wasn't the easy road that I expected it to be. And so I think today what would be quite nice is to just kind of talk a little bit about why it is important to prioritise and then what we can do to have a successful journey. So let's kick off with that first question. You obviously are passionate about breastfeeding and it is more than just a nutritional choice. There are so many aspects to it. So could you give us a sense about why you believe that breastfeeding is just so important?

**[4:43 - 5:28]**
**Dr. Sabeen Adil:** Thank you, Meg. Actually, I would say I will say one thing before I answer your question. You said that I'm passionate about breastfeeding. Actually, I'm passionate about supporting mothers so they are able to breastfeed. That's the key point. And what you're asking me, like the importance of breastfeeding and all, it's not just I know people talk about it and it's, you know, most of the doctors, the new parents, when their babies are being born, they are being told again and again, how important breastfeeding is for the baby and please do this for the baby. But we also really need to understand that breastfeeding is not just about the baby. Breastfeeding is actually the natural continuation, the physiological norm and natural next step after the birth of a baby is that the mother breastfeeds the baby. So it's not just what the baby expects. It's also what a pregnant woman's body expects. So it is helping the mother to recover from her postnatal journey. It's helping the mother bring those hormonal, chaotic hormonal changes that are happening in her body, bringing them back down to, you know, regulating them and all of that.

**[5:28 - 7:06]**
**Meg Faure:** So it is the physiological norm. So breastfeeding is important for the mother's physiology as well. This is something that I'm really passionate about that mother is being told again and again, do this for your baby, right? You must do this for your baby. And actually, when breastfeeding works well, it is so beneficial for the mother's body as well. Yeah, I never thought about that perspective. It's it's such an important perspective because you're right, people just talk about the baby. And actually, the mom ends up feeling a lot of guilt if she's not able to do it because she thinks it's for the baby. If a mom doesn't breastfeed, what impact does that have for her? You know, what are the benefits for her physiologically?
**Dr. Sabeen Adil:** So long term and short term, short term, right immediately, like I said, I mean, the moment the baby is out, the moment the placenta is out, the next step is physiologically that the baby comes to the breast and starts suckling. And then those changes or hormonal changes are happening. I know many parents, most of the parents would have heard about this hormone oxytocin, which is like, you know, we call it the love hormone, the calming hormone, the mothering hormone. This is the hormone that, by the way, caused all those uterine contractions that helped bring the baby out. But now it plays a very important role in getting the milk out. Right. So when oxytocin is, you know, gushing through the mother's, you know, blood vessels, this oxytocin is actually bringing calming effect to the mother's physiology. It is helping her, you know, reducing her stress levels. It is helping contract her uterus. So hopefully helping with the, you know, uterine bleeding and all of that. The hormonal changes, which are like all over the place, they are sort of buffered. Right. So all actually breastfeeding when it is working well, when it is working well, obviously, that's a very important caveat here. When it is working well, it's actually helping the mother in her postpartum recovery.

**[7:06 - 7:16]**
**Meg Faure:** Very interesting, really interesting. So many moms say, "I wish that somebody had told me something, something, something." And I have got one that I want to tell you about.

**[7:16 - 7:51]**
**Meg Faure:** But before I do, because I think for me, there was a real, real mistake that I made in the early days, because I didn't, I hadn't been told about something. And I'm going to share that with you just now. But in your mind, what is the thing that parents wish that they knew about breastfeeding in the early days?
**Dr. Sabeen Adil:** Gosh, yeah, I get to hear this all the time. It's one of those very bittersweet things that I get to hear from new parents all the time. "I wish we knew this earlier." "I wish we had met you earlier." Things like that. But I think if you ask me one, I would say the idea that I hope that all pregnant parents know that breastfeeding, though it is natural, it does not come naturally. Right. So you do need to learn how to breastfeed. You might think and people say that, "Oh, it's the normal thing to do. It's the natural thing. It's the physiology." It is somewhat correct from the baby's point of view. But we mothers, the kind of society that all of us in this century in this world are growing up in, we don't see breastfeeding happening around us. It is not the cultural norm for most of us. As little girls, most of us did not see breastfeeding happening around us. So we don't know how to do it. We do need to learn this. And yeah, please do make an effort and educate yourself. Get some credible sources, correct information before your baby is born. So hopefully you're a little better prepared for it.

**[7:51 - 9:02]**
**Meg Faure:** And I think the thing that you said there is credible sources of information. And I'll tell you my story because it was actually devastating my first time around. So I had always wanted to have a natural delivery, which I thankfully did because in South Africa, that's not as common as it is in other countries. Weirdly, we have a very high caesarean section rate. I'd had my natural delivery and I then wanted to go on and breastfeed. And so I went to go and see a lady that everybody in Cape Town at the time was seeing, and she would apparently guide you and help you to get your baby into routine. And I went to go see her and she said to me, "The first thing you've got to do is you must never feed your baby more than four hourly. He's got to go into a four hourly routine on day one." And that was the advice. And of course, about two weeks down the line, I'm still battling that. And my milk never came in properly. I never had that engorged feeling. I never had the feeling of full breasts. My little boy would gain between 60 and 90 grammes a week. It was just painful to watch. And, you know, looking back now, it was the worst piece of advice because of course, what we all know now is you've got to breastfeed on demand because it's a supply and demand game. And so for me, the thing that I wish that somebody had told me about breastfeeding in the early days was that it is supply and demand. The more that your baby demands and you meet those demands, the more your breast starts to actually produce a supply. And then you can kick into a four-hour routine a few weeks down the line. No problem. But in the early days, it's a really, really poor piece of advice. And so I guess I wish that somebody had told me a little bit more of a sane version of what breastfeeding would be like so that my expectations would be aligned because that was really hard for me.

**[9:02 - 9:43]**
**Dr. Sabeen Adil:** Yeah, yeah, absolutely. There are so many such things, right? There are so many things that are, you know, these little bits of information, like I said, credible source is so important. But the source that you mentioned, probably they were trying to put your baby down into a very strict routine and to make their baby sleep through the night as they like to say all the time. So, you know, just have a tunnel vision about these things.
**Meg Faure:** Absolutely. It was the kind of mid-90s and you might have heard the name Gina Ford. And that was all around rigid routines. And of course, babies don't work to rigid routines and they become very stressful.
**Meg Faure:** Of course, I mean, it wasn't long before I threw the book out and never thought about it again. But that was back in the day. But that's certainly, you know, I mean, if I wasn't as tenacious as I am, any other mother probably would have stopped breastfeeding because my milk supply was low where my baby wasn't gaining weight.

**[9:43 - 11:27]**
**Meg Faure:** But in your experience, what are other common reasons why moms actually do stop breastfeeding earlier than they do, than they would like to?
**Dr. Sabeen Adil:** Yeah, I think just like you said, Meg, this perceived, the perception of low milk supply is a very common one, which would make mothers second guess, obviously. And then many times that that second guessing is further, you know, sort of confirmed when they go to a paediatrician's appointment and the paediatrician, even if they see a few grammes less weight gain than what they would like to see, they would just, you know, again, say to the mother, "Oh, you don't have enough milk," right? So the perception of low milk supply, especially when they do not have the access to the correct resources, the correct support, because even if a mother feels and I am trying to choose my words very carefully here, even if she has this perception and she feels that she has low milk supply, there has to be a reason for it. There has to be a reason. And in most likelihood, there will be a solution for it. So the perception of low milk supply is definitely one of the most common reasons I would see that formula would be given to a baby. And once the formula starts, you know, becoming a bigger part of this, of course, then it's a very quick downhill spiral for the milk supply, unless she's getting some support. Another now, you know, especially in my practise here in Dubai, I'm seeing more and more a very common reason for stopping breastfeeding is when the mother is returning to work. At least here in my part of the world, currently, the maternity leave policies are really, really unfortunate, very small, very small amounts of maternity leave. So, of course, then it's a huge struggle for those moms. It's really very difficult to maintain both of those things unless she's, you know, really getting a very good support at her workplace and at her home. So, yeah, those would be, I think, the top two reasons I see because of which mothers stop breastfeeding.

**[11:27 - 12:44]**
**Meg Faure:** Yeah, I mean, the maternity leave is just it's just such a big piece of it. And, you know, I mean, you and I had a conversation a few weeks ago about the kind of breastfeeding or marketing advertising regulations. And I sometimes feel like, you know, deep focus has been on "don't let anything else be marketed," "don't let it be advertised" because we don't want to distract people from breastfeeding. But actually, the reason that they happen to look to formula is simply because they can't continue breastfeeding when they return to work. And so rather, governments should be looking at work policies and maternity leave policies because moms and babies need to be together for a long period of time to keep breastfeeding going. It's, you know, it is the way it is.
**Dr. Sabeen Adil:** Yeah, when you talk about, you know, talking about that circle of support that a mother needs. So people think, "Oh, when I'm talking about, oh, she must be supported. I'm talking about the dad and the mother," right? No, actually, the support needs to start from the government level, right? What are the legislators doing? What is the city government doing? What are your, you know, the governing health bodies like WHO and all are doing? And then it trickles down to the medical support and then obviously the cultural and family support. So and workplace and everything. So yeah, mothers are not being supported properly. So then it's such a difficult situation that they're in.

**[12:44 - 13:02]**
**Meg Faure:** Yeah, absolutely. I noticed from your bio that you're involved in with breastfeeding with pumps, breast pumps and pumping and so on. And of course, that's a big part of returning to work. Breast pumps are not only for returning to work. There are many different reasons why a mom would want to use a breast pump.

**[13:02 - 16:34]**
**Meg Faure:** Would you talk a little bit about pumping and how useful it is, when a mom should start, what she should look for in a good pump?
**Dr. Sabeen Adil:** Look, I'm very wary about talking about breast pumps in a very generalised way, right? Because still, I don't want any mother or any family to think that, "Oh, this is something that they must buy to make breastfeeding work," okay? Having said that, definitely, I mean, let's move with the world. Let's be appreciative of the resources and the technology that we have out there in this world. So, probably, in the last couple of decades, mothers who are giving birth now have such a wonderful tool in their hand, which is the breast pump, right? Still, I would say it's not like a necessity that every family must buy a breast pump. But like you said, definitely, for those mothers who are looking at some periods of separation from their baby, of course, breast pumping is an important tool. And then, we also use breast pump for mothers who have low milk supply. While we are trying to treat that low milk production, many times, one of the most important reasons for low milk supply, actual low milk supply is coming from the baby's end. The baby's ability to latch and suckle and empty the breast is affected. And because of that, the mother ends up in low milk supply. So, pump is a very important tool to help with it. Now, there are so many breast pumps in the market right now. It is a huge, you know, it's a huge industry, developing industry. So, it's really mushrooming up these days. In the last, I would say, even five years, there's been such a big growth in this. And we are really like learning every day. I mean, I wake up and there's a new breast pump launched in the market. So, right now, what we understand is that the choice of breast pump depends on several factors, starting with the mother's lifestyle and what her needs are, what is the purpose for it. Obviously, a mother who has a baby in the NICU and she needs to pump to maintain the milk supply for that baby for weeks on end will have a need for a very different pump versus a mother who's going back to work and she needs to pump twice a day during her working hours. So, and then there's this whole discussion about the sizing of breast pumps, the fitting, which was not even talked about maybe a few years ago, but now we have more studies and research.

**[16:35 - 17:13]**
**Announcer:** This episode is brought to us by ParentSense, 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? 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 personalised for you and your little one. Download ParentSense app now from your app store and take the guesswork out of parenting.

**[17:14 - 17:21]**
**Meg Faure:** Would you talk a little bit about pumping and how useful it is, when a mom should start, what she should look for in a good pump?

**[17:21 - 22:25]**
**Dr. Sabeen Adil:** That's such an important part of this whole discussion. So it's awesome if a mother has a breast pump. Ideally, my recommendation is that do not use a breast pump in the initial few weeks when both of you are learning how to do the direct breastfeeding. And then after that, if pumping is part of the family's routine, so maybe a few times a day, maybe once a day, the baby is being given the milk by someone else through another means while the mother gets to rest or a mother gets to go out and maybe have some coffee with a friend or have a spa appointment. Absolutely, I think that's a wonderful resource or tool for a mother to have.
**Meg Faure:** Yeah, brilliant. So I used a breast pump and I was very dependent on it because I was one of those high levels of anxiety around am I producing enough milk? Obviously, you could understand where that came from considering my little boy wasn't gaining weight very well. But I was so determined not to offer him any other option and I really wanted to breastfeed. And so what I would do, and I mean, I'd love your opinion on this, is I would feed him and when he was finished a feed, I would usually take the milk off the breast when he was finished as well. And I'd so it was mainly hind milk, I'd pop that in the freezer. And in my head, I was increasing, I was always tricking my body to say my baby's more hungry than he is. And so the next time around, I would have more breast milk. Is there any sense in that?
**Dr. Sabeen Adil:** Absolutely, that's a wonderful idea. That's a great little step that you can do. So basically, we say that the key for establishing good milk supply is effective emptying of the breast, right? So and when we talk about effective emptying of the breast, of course, it's quite subjective, because a mother doesn't really know. I mean, I wish one day there is a tool that someone, you know, invents where there's like a sort of, you know, a scale inside that tells us exactly how much milk is in there. There's by the way, research and studies being done on that. So until then, pumping at the end of a breastfeeding session for just a few minutes to take away the remaining milk is a great idea. But see Meg, the thing is that in that moment, you you're talking about your first son, right? You couldn't have done it with your second or third child.
**Meg Faure:** No.
**Dr. Sabeen Adil:** Yeah, there's a toddler at home running around and you have a baby and you have to do all of that. So we have to keep all of those things in mind when we're talking about obviously, you know, strategies to improve breastfeeding. But yes, sometimes I do have to recommend mothers to do this, especially to take away that anxiety also, right? Because a few days of, you know, the baby, you're getting a lot of milk at the end of a breastfeeding session. And then later when you get small amounts, this tells you that the baby actually transferred more milk, they drank more. So now you can understand that they're emptying the breast more efficiently.
**Meg Faure:** Very interesting. I mean, the other thing that happened with James, and it wasn't so with my girls, but with him was I had the most terribly cracked nipples. I mean, I could, you know, they were bleeding and I had to have physiotherapy and lights on them and everything. And at the time as well, you know, I just thought it was because it was my I was a first time breastfeeder. But actually, that probably had something to do with the latch, didn't it?
**Dr. Sabeen Adil:** That's correct. Yeah.
**Meg Faure:** Can you tell us about that?
**Dr. Sabeen Adil:** Yeah, and this is this is one of the most common myths that I encounter that many mothers just assume that it's normal to have pain, right? There's this common assumption that "of course, I'm breastfeeding, it's going to hurt me," right? And I'm getting all sorts of like bad injuries after, you know, suffering for weeks and weeks, because they thought this is normal. They thought that having that injury and again, you mentioned something about marketing practises and these companies which are really, you know, actively marketing their products that "oh, we are the solution," you know, "every mother needs this aid or this tool to help with nipple injury." So it sort of becomes an assumption that every mother will have cracked nipples and they will bleed and they will, you know, hurt. So I like to say this, that once you've had your baby, you've had enough share of pain, right? You've been through the labour pains, no more pain, please, that's it. I mean, nature cannot be this cruel. So typically, the first week, we expect for first time moms, especially a degree of soreness and sensitivity that she might feel in her nipple. But after that, there should be no nipple injury, there should be no cracks, it shouldn't be bleeding. If all of that is happening, and like you said, the most obvious main cause is incorrect latch. And when it is hurting you, and it is hurting you, it means surely this breastfeeding session is not comfortable for the baby as well.
**Meg Faure:** Very interesting.

**[22:25 - 22:38]**
**Meg Faure:** So I had a thing and I've never actually asked anybody this, but I had a thing on letdown. So as I mean, he would suckle, suckle, suckle. And as the letdown came, it would be like a, like a stab going right through me. And it was like for weeks and weeks. What is that? Was that related to the latch? Or what was that?

**[22:38 - 25:39]**
**Dr. Sabeen Adil:** Yeah. Oh, thank you for asking that. Meg. So we call it the milk ejection reflex. So you know, there's this moment that happens typically some seconds after the baby starts to suckle. The oxytocin releases. It's like a gush of oxytocin that is released and runs through your blood. And it's a very, very unstudied enough concept. And we are learning more and more about it. Milk ejection reflex, that event, those few seconds, are usually accompanied by a huge spectrum of symptoms. Okay. Yeah. Some mothers will feel a sudden, a bit of a dizziness happening. Some others feel an intense thirst. Some others feel literally like some electric shocks are passing through their breasts, like stabbing pain.
**Meg Faure:** Yeah, that was mine.
**Dr. Sabeen Adil:** It was an electric shock. I mean, it could settle. Yeah. Okay. Some mothers would actually feel an amazing sense of calmness, like those mothering hormones, which is like really romanticised, but it's not so much sometimes. And then some mothers also feel intense rage or sadness, a sense of darkness that comes and then it goes. Okay. Wow. Actually, when it goes to that extreme of the spectrum, we call it the dysmorphic milk ejection reflex. What you are mentioning was hopefully a milder form of it. As your body gets used to this oxytocin surge happening in your body again and again, eight to 10 times a day, at some stage, hopefully it becomes a little less obvious. But yeah, our bodies are such a mystery, right?
**Meg Faure:** That is absolutely fascinating. I've worked in this field for 25 years and nobody's ever told me that. And I think people used to say to me, "Couldn't be letdown?" And I would say, "No," it was like this rush of a very hot, almost like a poker into my breast. And then it would pass and I would count it down backwards every time. And eventually after a few weeks, it stopped. But yeah, I mean, look, I think, I mean, it does speak to the fact that while breastfeeding is so incredibly beneficial for mom and baby, I do think that the romantic kind of, the world, you know, the world romanticises breastfeeding. It's going to be fabulous. It's going to be easy. It's going to come naturally. It's the best thing you can do for you and for the baby. And actually it can be quite hard in the early days. I often say to moms, you know, you make it through those first few weeks and it makes your life so much easier. I mean, it just, you know, there are a lot of long-term benefits and in fact, even to extended breastfeeding. So, I mean, can you talk a little bit about that, about kind of, you know, when things get easier and they do moms, I promise you they do because your body just gets to know what it's going to do and it's not sore and it's not, you know, you're producing the right amount of milk. You know, how do you keep breastfeeding going? Is there good value in that?

**[25:39 - 26:39]**
**Dr. Sabeen Adil:** That's, you know, I find it very tricky to answer that. Like I, when I'm talking to postpartum mothers, I hate it when somebody used the word "persevere" for her. I don't want her to have to persevere through this pain. I don't want her to have to feel, "no, no, no, no, just you'll get through it. Just clench your eyes and just go through it." No, it shouldn't. You're right that we're romanticising it, but also I don't want to normalise the pain and say, "Oh yeah, everybody goes through it and you'll just pass through it." So yes, it's really, really difficult. It will be less difficult if you're prepared for it. It will be less difficult if you get the right support around you, right? But there might come a stage where we have to see that balance and we have to decide, is it really worth it? Right? If she's not getting the right support and if she continues to struggle and suffer, and for some, you know, for some reasons, breastfeeding is really a big struggle, then I can't say that. I mean, I'm a lactation consultant. This is my life. But even I sometimes have to say it to moms that, "you know what, maybe it's not worth it."
**Meg Faure:** Yeah.
**Dr. Sabeen Adil:** The most important thing for a newborn baby is that they have a happy and healthy mom. Everything else has to come second to that.
**Meg Faure:** Yeah.

**[26:40 - 32:52]**
**Dr. Sabeen Adil:** So when we're talking about extended breastfeeding and when does it become easy? Of course, she's also recovering from a huge thing that happened to the mother's body, right? So it's not just that breastfeeding is difficult. It's that the mother herself is in this intense postpartum phase. So once she starts, you know, recovering and she got the right support and from nutrition point of view, from psychological point of view, from literal logistic point of view, she got the right support. So hopefully after the first six weeks, the family should be able to sort of settle into some sort of calmness and some sort of sense into it. But at the end of the day, it's absolutely 100% the mother's decision how she wants to nourish her baby.
**Meg Faure:** Absolutely. So I'm going to take this conversation completely in a different direction, because you've sparked some curiosity in me. You spoke about those first six weeks being such a critical time for, you know, just for so many things. And I also know that you have dealt with many, many different cultures. You have worked in the Middle East. You have worked all over the world. You have come from Pakistan. You've seen the Western cultures as well. When you look at the first six-week period, I've sometimes felt that the Western world doesn't get it 100% right, because you've got nuclear environments where moms are kind of put into a home on their own with their baby, dad's back at work, and there's no support system. You must have seen cultures that are different to that. In an ideal world, what has been the most ideal scenario culturally that you have seen?
**Dr. Sabeen Adil:** Yeah. Oh, gosh. There's such a variety. And not just that. Yes, you're right. I've worked with postpartum families in different parts of the world. But now I'm living in Dubai, in UAE, which is such a privilege, but also quite a challenge. If I see 10 families today, all 10 of them were from different parts of the world, right? So this is what the nature of our life here in UAE is. And yes, it's such a spectrum of what postpartum support looks like in different cultures. And you're right, the Western culture, the WEIRD countries, they have really made it so difficult for a woman.
**Meg Faure:** And so just the word WEIRD, can you define that?
**Dr. Sabeen Adil:** Yes. So that's Western-educated, industrialised, what is the R? I don't know. The D is democratic and the R is rich, of course. Western-educated, industrialised, rich, democratic countries. So yes, I'm not saying "weird" like that, but yes. So basically, that's the global West, right? Typically, that's another way to say that. We've made a woman's life so difficult, right? This generation of ours, you've heard that saying that a woman is supposed to work like she doesn't have kids and she's supposed to mother like she doesn't have a job, right? So literally, the maternity leave policies for working women in different parts of the world, the US does not even have a policy around it. Many countries would give them three months, two months, you know, weeks, and the WHO has specified a certain limit, but even that is not being met. While there are some countries which are giving better leave policies, right? And then this whole culture, like you said, of nuclear family structures, the couple is living on their own by themselves in London city, and then they go ahead and have their kid. And then they have maybe a few friends around them who will maybe bring a casserole of food for them once or twice. And that's it, right? Versus in many cultures, my Pakistani culture is, for example, obviously, I'm very, very much familiar with that. So I'll give you as an example. Many families would send a girl back to her maternal house. So the girl after having her baby would live in her mom's house for the first 40 days. So her mom and her dad and her siblings, whoever is in that house will be taking care of the new mom, of the baby. You know, obviously nourishing her, she never has to set foot in the kitchen. She never has to do any household chores. She's just there being taken care of while she takes care of her baby. So that kind of a support is so important, because look at it from that new mother's point of view. It's not just a baby who was born, it's a mother also born and holding that mother. It's important that she has all of that support. And when she doesn't, it's really, really difficult. The wheels can fall off.
**Meg Faure:** Absolutely. And I really love that. And I think, you know, that support and that holding, that word is so important. I've always, I once was taught by a psychiatrist I worked with, that the father becomes a vessel in which the mother infant dyad can exist and can just grow together. And he creates the space, this holding space. But that holding space, if the dad isn't emotionally available, if he is overworked, if he is, you know, doesn't get any paternity leave either. And if he hasn't seen it modelled for himself, he doesn't know how to be that vessel. And I mean, I just, I really do agree with you that I think it's the most vulnerable time in a woman's life and obviously in a child's life. And we need to put structures in place and a holding of that dyad that whether it's in her own mom's home or whether her husband can be available to her, or in my case, my mom came into my home. So we had her come into my home, but you're right. I mean, I hardly stepped inside the kitchen for weeks and weeks and it was a relief. You know, I just had to take care of my babies and me.
**Dr. Sabeen Adil:** Absolutely. When I'm taking history, I'm sitting down for my first meeting with a, you know, a seven days old baby's parents. These are such important questions that I always ask them. Did the family fly? Because obviously here in my clientele, most of us are expats, right? So we are away from our home, which already itself is such a risk factor for just things not falling into place very well. So I always ask this question, who's at home? Do you guys have any support? Is it just the mom or dad? Or did the, you know, the grandma fly in or is an auntie there? That kind of a support is so important. And then I will ask them who's cooking at home, right? Who's doing the dishes, right? You talked about the dad being the vessel. I love that, by the way, this is such a nice way to say it, obviously, only if the interpersonal relationship is working well. That's such an important part of it. But how much was the father's work leave? Right? Maternity leave is obviously now at least it's an assumption that she's getting some leave off of work. But many times I see dads in the hospital room, sitting down with their laptop and making, taking phone calls. And I'm like, "Seriously, did your workplace not understand that you just had a baby yesterday? Give you some grace? What, what job can be more important than this? Than what you're doing? Than what he's doing, what he's supposed to be present for." All of those things make such a big difference.
**Meg Faure:** I love it. What a great conversation. And I think it ties in so well with breastfeeding, because I think that, you know, there's so much growth that has to happen, so much learning, and it can really only happen in a space where the mom is held and is contained. And so that probably, I mean, we never got onto the social aspects of breastfeeding, but that probably in the early days is one of the predictive factors in how successful it's going to be is how held is the mom, how much space has she got to actually just focus on her baby from work demands to her husband's space. Yeah. So really, really super. Thank you so much, Sabeen. What a wonderful conversation today. And we will definitely be conversing more about this and about perinatal mental health. I hope to see you as a regular on the podcast.
**Dr. Sabeen Adil:** Awesome. Thank you so much. It was lovely talking to you, Meg. Thank you so much. And I hope the moms and dads listening to us out there get some encouragement from out of this, you know, like not just think that, "Oh, my gosh, yes, this is not working for us and this is not working for us." But hopefully, you know, the key takeaway is that it takes a village. Please don't do it alone. Take the help and, you know, build that support system for you. And if you haven't had your baby yet, definitely this is awesome that you listen to this now and try to create that support that network around you so that you're able to concentrate on, you know, enjoying this amazing, amazing experience of life.
**Meg Faure:** Absolutely. Well, thank you so much for those wise words. And we will definitely connect again.
**Dr. Sabeen Adil:** Thank you, Meg. Thank you.

**[32:53 - 33:02]**
**Announcer:** 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.