

Dr. Ron Ehrlich: Hello and welcome to Unstress. I'm Dr. Ron Ehrlich. Now, when you decide to have a family and have kids, it can get a little stressful and I remember when my wife was pregnant with our first daughter, we were so preoccupied with the pregnancy. And to be honest, there weren't all that many of our friends around us with kids, so we kind of thought, "Okay. Once we have the child, life can just get back to normal." Yeah, that was a good one. Incidentally, at the same time, a pediatrician gave us one amazing piece of advice. "In the first year of life, teach your child to sleep," she said. "That means routine, routine, routine. Get a good routine going." Well, yes, well, we ignored that and felt our child would just fit in with our lifestyle.

And in retrospect, that piece of advice was the best piece of advice any health practitioner could give anyone of any age. And if you haven't been listening ... Well, if you have been listening to [these podcasts](#), you'll know that [sleep is a recurring theme with good reason](#). Now my guest today is [Annalies Corse, and Annalies is a medical scientist, a senior lecturer in anatomy, biochemistry, and physiology, and she's also a naturopath](#). So while we know pregnancy takes 40 weeks and is roughly divided up into three trimesters of about 13 weeks each, it's actually, and in retrospect, obviously when the baby is born that the fun really starts.

Today we're going to discuss the fourth trimester, and I'll leave you to work out how long that fourth trimester goes on for. Now, there are many challenges, both individually and as a family, and that's when things just proceed along relatively normally and that doesn't always happen. I think this is a very interesting conversation. I hope you enjoy this conversation I had with Annalies Corse.

Welcome to the show, Annalies.

Annalies Corse: Hi Ron, thank you so much for having me today.

Dr. Ron Ehrlich: Ah, it's a pleasure. I've been looking forward to our chat. Now listen, having a baby, we know, takes 40 weeks or that gets divided up into three trimesters.

But once the baby is born, particularly the first baby, life doesn't really get back to normal, does it? I remember when we had our first child, we thought, "Well, once we get over this pregnancy, life can get back to normal." How silly were we?

Annalies Corse: Exactly, yes.

Dr. Ron Ehrlich: We're on a very steep learning curve.

Annalies Corse: Yeah.

Dr. Ron Ehrlich: And you've coined this phrase "the fourth trimester," which I loved. I love this idea. Tell our listener what the fourth trimester is. How do we define it?

Annalies Corse: Look, it's probably ... To just backtrack slightly, I can't take the credit for the term because it is a term that's out there that you do hear about, but it's definitely not a mainstream term. But, it's definitely a term that encompasses that time in the family's life. Often it's just applied to the woman, but that way I view it is it's the time in the family's life, the new family or the current growing family, after the birth of a new child. It may be the first child of the family or it could be the second, third, or sixth child because me, myself, I only have one child. But I'm assuming that if I have more, it's going to change again and then it probably changes again after more babies come along. So, it's that time that very much focuses on the woman because she's going through so many metabolic, physiological, and biochemical changes because she's given birth. But, there's a whole lot of psychological, emotional, and mental changes that involve everyone in that family unit.

So for me, the fourth trimester is a trimester for the woman but it's also a trimester for the family.

Dr. Ron Ehrlich: And I mean, you mention those biochemical, hormonal, emotional changes. I mean, the baby is delivered and so much happens, doesn't it? I mean, obviously you've got this new child, but hormonally, biochemically. Just run our listeners through some of those challenges.

Annalies Corse: Yeah, sure. Look, obviously the first challenge is there's a lot of changes that go on with certain systems like the circulatory system. In those first few days there's a lot of changes occurring with fluid balance and sodium balance and also the lymphatic system and the cardiovascular system. Things like blood pressure might be returning to normal because they were aberrant or abnormal or high during the birth phase. So in the first few days, the cardiovascular system goes through a lot of changes. The endocrine system goes through a lot of changes in that acute phase when certain hormones start to return to normal, so because not only do you deliver a baby, but you also deliver a placenta. The placenta is now gone and you're missing out on the Progesterone that would have been there to maintain the pregnancy, and there are other hormones involved as well. The placenta is an absolute biochemical factory of different hormones, so there's a little bit less insulin-like growth factor.

There's quite a number of different hormones that change in that acute phase in those first few days after birth.

Dr. Ron Ehrlich: It's often prized, isn't it, in many cultures. And I know some people have taken that on board quite literally prizing this placenta and preserving it, some even... Have I heard this correctly? Some even eat one.

Annalies Corse: Yes.

Dr. Ron Ehrlich: Yes, yup. Culturally.

Annalies Corse: Some cultures consume it because it is a bit of a nutritional powerhouse. For us, in the West we probably look at it with a bit of horror and gore, to be



frank. But in other cultures, it's just another organ, and it's a life support system. From a nutritional perspective, it's probably a lot like a liver in terms of its nutritional protocol.

Dr. Ron Ehrlich: Okay, well that is always been considered a kind of superfood, isn't it?

Annalies Corse: Yes, yes. Absolutely.

Dr. Ron Ehrlich: Yeah, so biochemically it's just so huge watching the whole process. You still come, it doesn't matter how many times you've seen it or... It's been involved in the family. It's such an incredible process.

Annalies Corse: It is, absolutely. And then changes can be not just what's going on in that week afterward but even months afterward. There are long-term hormone shifts that occur with the thyroid-hormone axis, and then you've got all the changes that are occurring with your sleep patterns and mental or emotional health that can all change. Your physical health as well.

Dr. Ron Ehrlich: Yeah. And, of course, one of the very first things that happen is breastfeeding kicks in, and it's not... What are some of the challenges? What are people held up as the gold standard, and for good reason. But what are some of the challenges that women experience in this as breastfeeding starts?

Annalies Corse: Yeah, sure. Look, I think especially for first-time mothers, you just sort of expect that once the baby is born you might be, depending on how you delivered, you might be in the delivery suite or you may be in recovery if you've had a C-section. But that baby is put to your breast, and you sort of expect it to just tap it naturally. For most women, it doesn't. Especially if you're a first-time mother, your colostrum, the secretions before the milk, that can take several days before the colostrum comes in. It's not this instantaneous response that occurs, and some babies need to learn how to breastfeed. They're born not knowing. It's very instinctual, but they're born not having the best attachment and the best sucking reflex. It takes a lot of time, and it takes a lot of effort. It's not always this relaxing, "let's just kick back and breastfeed" type of situation that we tend to see in a lot of mainstream representation of breastfeeding.

It can be very difficult, and I think for a lot of women they may be encouraged a little bit too early to adopt an alternative. That's my personal and professional opinion.

Dr. Ron Ehrlich: Yeah.

Annalies Corse: But, there are a lot of difficulties that we can run into, and it's a very unique decision obviously. But, I think it's something that needs more attention.

Dr. Ron Ehrlich: Yeah, so when you have the baby, the colostrum is supposedly coming in for the first couple of days. If it doesn't, does that mean nothing comes in?

Annalies Corse: No, it usually just means that either hormonally the changes haven't really taken place yet, so the Oxytocin might be taking a few days longer to come in, which is actually going to help kickstart that 'let-down' reflex in the breast. So, there could actually be a lot of colostrum present in the breast tissue, but also that it's very much an axis that involves the Hypothalamus and the Pituitary Gland and then that's where the Oxytocin is produced. So, the messages that are coming in, the input that our brain is receiving, those input signals may not be particularly strong.

The lactogenesis, the production of the breast milk that follows the colostrum, there's a lot of input that has to happen in that time. So, if mom is stressed or she doesn't have adequate time to just sit with the baby and have it on the breast and just allow the fact that just the sucking and having the contact with the baby, things will start to happen if she is given the time and the space for that situation to be nurtured and develop. So, the colostrum can take a couple of days, and it's a very physical response. You really have to be, and it's not gentle, you really have to be squeezing on the breast, and in some cases, if the colostrum hasn't come through, if the lady delivers in hospital, she'll often have the midwives squeezing on her breast tissue several times a day. She'll feel, for want of a better term, she'll feel like a dairy cow because you really have to pump and press and push to get things going.

Dr. Ron Ehrlich: Culturally over the millennia by the time you got to have a baby, you would have seen so many of your tribe or village breastfeeding and gone through this whole thing. So, it's really kind of being thrown into the deep end, isn't it? You haven't been primed for it, you haven't been mentored through it, and here you are suddenly faced with it.

Annalies Corse: Absolutely. You've gone from high school to straight to work or straight to university into a 9:00 to 5:00 job having a social life, travel, working. A lot of women work up to a month before their delivery date, a week before their delivery date and then all of the sudden, they're in a hospital and they have to breastfeed a baby. Modern women in more affluent society, we don't have those connections that tribally we would have had or even what exists still in today's world but in other demographics or in other societies.

Dr. Ron Ehrlich: Yeah. How do we... You mentioned stress and the Hypothalamus-Pituitary Axis is a pretty important part of the stress response, so obviously being calmer, but how would one prepare to optimally breastfeed? Can we do things to prepare for it?

Annalies Corse: Yes, look. There is, and I think it does start during your pregnancy. I'm a big fan of keeping things simple, but in keeping things simple, you also have to look after yourself properly. The actual lead-up to breastfeeding starts when you are pregnant, and a lot of women will notice things like the proliferation of the growth of her breast tissue. That is the start of breastfeeding because it's known as mammogenesis, so you get the growth of the breast tissue, and that's under the influence of Estrogen and Progesterone, which is mainly coming from the placenta but it's also her own Estrogen and Progesterone that she would be producing.

But then later on in the pregnancy, you have the development of the actual milk, so that's starting to be synthesized and it's starting to be stored in the breast tissue. And, it's the big

withdrawal of the Progesterone and Estrogen at birth that allows the lactogenesis to really kick in. So, the delivery can have a lot to do with it. The type of delivery that she has, whether it was stressful, whether it was calm, whether it was traumatic, whether she was anesthetized for the birth, or not anesthetized for the birth. And then in those days and weeks afterward, how much... like you say, "What's her environment like? What are her stress levels like?" And that can have a huge influence on how much Oxytocin she's producing so that again that HPA-axis kicks in.

And, Oxytocin is that hormone that we associate with bonding and love, and there's a lot of other things that Oxytocin does but that's probably in a nut shell that's the hormone that really, really brings the let-down reflex of actually helping the milk be ejected from the breast tissue to take place. And then there's a fourth thing known as Galactopoiesis, this big funny name for maintaining your lactation long-term.

Dr. Ron Ehrlich: Right.

Annalies Corse: And really, that's just got to do with how long do you want to breastfeed for because if it's set up and it's working and that baby's still going to your breast, you can pretty much breastfeed indefinitely if your underlying health is robust.

Dr. Ron Ehrlich: I know culturally that is where there is a great deal of variety, isn't there in terms of how long people breastfeed for because I know we were in Italy several years ago and a friend of ours whose five-year-old daughter came in and literally unbuttoned her shirt and started feeding on her. It was quite confronting for us, but culturally it was perfectly normal. But going back to the birth, the incidence of Cesarean birth is something that has become, I'll say more popular, but more common. Are you aware of the statistics?

Annalies Corse: I think I read something about two weeks ago that in Australia, it was something like 1/3 up to approaching about not quite 2/3.

Dr. Ron Ehrlich: Wow.

Annalies Corse: I think roughly, at the moment when you look at the last steps that were officially taken twelve months ago, it was about 1/3. I don't have actual stats on whether those are emergency or elected. But, even the incidence of elective Cesareans is definitely increasing.

Dr. Ron Ehrlich: That's a very, very high figure. I mean, partially, I guess explained by people having babies later?

Annalies Corse: I think that's got a lot to do with it. I mean, it doesn't take a lot of research... if you could think about your peer group or your friend group, you could think about the age that most people have their children these days more and more into their thirties, late thirties, early forties, some even beyond. We also have the option of assisted fertility, so obviously you can be a little older and have children as well. And, that's all wonderful that you can, say, have a career and then delay having your babies, but going with that is health. For a lot of women, you really need to think carefully, men too, but women are

the ones who are going to be delivering and carrying the babies. So you do have to think about your underlying health.

And as a byproduct of getting older, there are certain things that crop up, so things like Metabolic Syndrome, Insulin Resistance, Hypertension. You've also got the fact that you've been older for a little longer and if you had bad habits in the past and you've been carrying those bad habits with you right up until the time that you've now decided to start a family. You may have been smoking for a lot longer. You may have been dabbling in recreational drugs. You may have been drinking socially to a high level for a lot longer. And all of these things, while they can seem benign because they're a social thing to do, they can have an impact on our health. Particularly when you put the body under the added stress of carrying a pregnancy and giving birth. It can lead to complications, which may lead to a decision of "let's give you a Cesarean."

Dr. Ron Ehrlich: Yeah, and there must be some challenges there for the difference between the vaginal birth and the C-section ease in operation. It's an abdominal incision, and so that creates a whole range of other issues, not just for the mother but for the child as well, isn't it?

Annalies Corse: Yes, absolutely. And it's really interesting because in the last couple of years, I remember about five years ago, there was a lot of research coming out to say that, "Children born by Cesarean section weren't receiving the microbiome of the mother and they were being inoculated by the bugs of the hospital," et cetera. Now when you look at some research that's much more recent, say in the last two years, there's research to say that, ["No, babies are not sterile." They're inoculated and exposed to microbes by the amniotic fluid and it's not that sterile track that we once thought it was. So, babies are being exposed to the mentioned microbiome in utero.](#) C-section babies are not as sterile or as compromised as we originally first thought.

But again, that's not a free pass to say, "Hey, Cesareans are all okay" because absolutely they're not. And whilst a Cesarean might actually reduce stress for the mother, if she's elected to have a Cesarean because she's having twins, for example, she might be awake for that procedure. She might be very happy with her decision to have a Cesarean. The health of the babies is optimized through having a Cesarean in that situation. But then whilst she might be emotionally mentally very happy with that situation, physically she has had an abdominopelvic surgery, and that's a physical stress on the body. Stress, as you would obviously know you're an expert in it, it's not always mental and emotional. We have physical stress, and surgery is a physical stress.

Dr. Ron Ehrlich: Yeah, and would you recommend, though even given the finding that amniotic fluid contains microbes, would you be recommending to these 1/3 or up to 2/3 of women having Cesarean that probiotics postpartum is the way? You'd encourage your infant to have some probiotics?

Annalies Corse: Yes, yes absolutely. It's one of those things that the probiotic can come from, say, a supplemental form and you can obviously get probiotics that are formulated to contain the strains that are needed for the infant. So, they're made specifically

for newborns. You can even get strains now, or supplements, that are specific for preterm babies as well. But that's definitely a recommendation. And, it can be something as simple as if you are breastfeeding, too, buy it in a powdered form and apply it to the skin around your breast tissue so that when the baby's feeding, they're getting the exposure that way.

But we get inoculated with bacteria through so many different means, and even just having skin-to-skin contact with you as the mom or with your partner, the father or another mother partner, whatever it is. That skin-to-skin contact is very important, and those skin microbes are one way of actually helping with exposure and inoculation. And then after the baby is not in that very, very precious newborn phase as they start to get older, they start to explore the world. They're getting into the dirt. They're getting into... They might be exploring plants and plant life and possibly family pets, and that is a huge and very important way of actually getting into contact with microbes.

You and all your listeners would probably know about the Hygiene Theory when it comes to allergies and autoimmune disease, and we tend to like our environments really pretty and clean and pristine, but it's not always the best thing for our health.

Dr. Ron Ehrlich: Yes, it's almost like as we become more preoccupied with killing as many bacteria as we can, we become sicker in the process.

Annalies Corse: Yeah, that's right. Yes. So, exposure is very important. And in those early days when the babies are little and fragile and precious, and you're sort of a bit too scared to expose them to too much than a powdered supplement either on the breast tissue, or maybe if the baby is bottle fed on the tip of the bottle, is very beneficial.

Dr. Ron Ehrlich: And now, back to the fourth trimester, 'cause the baby's born, the abdominal surgery or the vaginal delivery, we've recovered. But of course, we're now faced with a whole new life literally for everybody involved, not just the whole new life you're holding. What are some of the challenges, the obvious social challenges, but from a health perspective, how do we support the fourth trimester?

Annalies Corse: Yeah, look. I think it's a case of looking at sitting down with your significant other or your family if there's not a significant other present and just seeing what are the biggest things that have changed, because everyone's fourth trimester is very, very different. And, look, to be honest I hardly spoke about this with clients before I had a child of my own because I didn't have the insider knowledge and now I talk about it with them all the time.

I usually said to them, "Look, let's have a talk about what are the biggest things for you that have changed, whether that's a physical thing or an emotional thing, and what are the priorities for you as an individual, as a couple, as a family, that you think A: need to get back on track, that you've sort of lost your way somewhere? Is it your diet? Is it your relationship? Is it your sleep? Is it your sense of freedom? Are you not getting enough of a break?"

Work out what the priorities are for that particular person and their family. From a naturopathic and holistic medical perspective, we tend to focus on all the things. We don't

just focus on the health. So, prioritizing where the changes need to be made or where the improvements need to be made and just... 'cause it's a very overwhelming time and often your time pour, your devotive energy, you're not sleeping well. And so rather than making it too overwhelming and saying, "Well, these are all the things you need to change to make yourself feel better," just pick those one or two or three things that you can safely and think you can get a handle on. Focus on those and then move on to the next thing or the next thing.

There might only be one or two things that a family says, "Look, these are the things we need to work on."

Dr. Ron Ehrlich: And in your experience, what are the most challenging things in this fourth trimester for the clients that you've seen, for your patients?

Annalies Corse: Yeah, well I think there's three that are very common that I sort of find are common to about 80 to 90% of the people I see, and the first one is sleep, which is very obvious. Living life with sleep deprivation makes everything pretty hard and pretty terrible. You usually don't have enough energy to prepare healthy meals, so there's that flow and effect. Lack of sleep. Not looking after myself. Not eating properly. And then there's that whole flow and effect of not eating properly. So for me, sleep is always a big one for the couple or the individual or the family. So working on finding out what... 'cause everyone is so focused on getting the baby to sleep through the night. That seems to be the thing. "My baby's not sleeping through the night yet. When will my baby sleep through the night yet?" They probably won't for a long time and it's... One: It's the acceptance of that and working out strategies to cope through those months or up to the first twelve months where that's not happening. So there's lots of strategies around sleep that we need to focus on.

But the other two things that tend to pop up for a lot of people is changes in their relationship, if they are in a marriage or a partnership. There's huge changes, and I find a lot of... I don't hear this so much from the men, but I hear it a lot from the women that they grieve the relationship that they had with their partner before the baby came along 'cause now they have less time for each other.

Dr. Ron Ehrlich: Yeah.

Annalies Corse: And the relationship changes, and there's... they sort of talk about it as feeling a bit like a grief process because it's not that the person's not there anymore. They're there, but they're sort of grieving the loss of what they once had and that can take, for some relationships, it can take a toll on the relationship. That's a big one that a lot of... I see a lot of women, so I mainly hear that from women. But I'm sure that if I spoke to the men, I would hear that as well.

Dr. Ron Ehrlich: Oh I'm sure you would, yeah. Yeah, I'm sure.

Annalies Corse: Yeah, and the third one tends to just be nutrition. They just don't have the time, the energy again, to look after themselves in the way that they used to before they came along. Particularly if it's the first pregnancy, and they did all the things right in that pregnancy. They look after themselves, to eat well and exercise, and now it's just not

happening. So they're the big three that I tend to think... I find most people struggle with those three anyway.

Dr. Ron Ehrlich: Yeah. [Well, it's a recurring thing on this podcast: the importance of sleep](#), and to anybody who's just had a baby, they know very well what sleep deprivation can do to you. What do you say to people as you're advising them about this aspect of having a newborn? How 'bout sleep?

Annalies Corse: Well, I think it's a case of sleep is now a priority for you. Maybe in life before baby, it wasn't because you could just go to sleep at ten o'clock and wake up at 6:00 and nothing would interfere with your sleep. But now, you've got a little baby that's going to interfere with your sleep. So there's always a lot of questions about feeding. When is the feeding? Are you demand feeding overnight or are you doing timed feeding? Sometimes there may be some adjustments that need to be made.

For me personally and professionally, I'm a big fan of demand feeding. I know that a lot of people will be scrunching up their face going, "Oh my God. That's too hard." But, I know that if a baby is crying and staying up all night for many hours and then if the mom finally relents and gives them the feed, often they'll go back to sleep and they may have just been hungry. I think about us as adults. Usually, we eat when we're hungry most of the time, and with babies, some babies do very well on a schedule. Others don't. And so, maybe try demand feeding for a little while because often you might only be up for ten minutes giving them a little food and a bit of comfort, and then you can go back to bed as opposed to listening to a baby crying for two hours waiting for it to be 2:00 AM so that you can feed them.

So, I tend to look at what's going on overnight with the feeding schedule and how much is that impacting on the parents sleep. So, that's the first thing. There's that old saying, "Sleep when the baby sleeps." I guess I do talk about that and what's going on during the day and find that A: do you want to sleep when the baby sleeps? Some people wake up groggy after a day sleeping. It just doesn't suit them. But power naps, I'm sure you would agree, are quite important. If you can't sleep, just a lie down with your eyes shut can be restful. Maybe if you don't want to sleep, it's just sort of looking at where can you just physically get some rest? You know, just take the weight off your feet and rest. Do something or anything that's restful.

So yeah, what's going on in the day? What's going on in the night? And also, having someone to take the burden off that nighttime feeding occasionally can be a big thing whether it's a partner or... I don't know. Usually, it falls to the partner, the husband or the other partner, to help out. If that can happen, I think that that's so important. We're so lucky to live in the era these days of it's very much a partnership of the parenting, and so many dads are wanting to get up to do a feed overnight if they can. I think that's important.

Dr. Ron Ehrlich: Given we are no longer in that village, that relationship has never been more important arguably.

Annalies Corse: Absolutely. I couldn't agree with you more.

Dr. Ron Ehrlich: Yeah, yeah and look as a father. I think one of the most, I mean I never got up to breastfeed, I sadly couldn't do that, but being involved was something that I think is one of the great experiences in life and is something I've never regretted.

Back to breastfeeding 'cause I know one of the problems with breastfeeding that people sometimes miss is that the baby may have tongue tie and literally may not be able to suck properly. But if there is a problem with milk and you've mentioned stress as a big factor, what other factors can influence a woman's ability to produce adequate milk?

Annalies Corse: Well, definitely her nutritional status. In order to establish lactation and in order to continue that lactation, her nutritional status is absolutely... it's one of the most significant things. So, it's not just a matter of what she's eating, but it's micronutrient profiles and all of these factors, so things like Magnesium and Cholesterol and Vitamin A. They're just a few, but there's a lot of micronutrients that are very important for helping to make milk and also to keep that supply going.

Dr. Ron Ehrlich: Now Annalies, [you dropped a word in there: Cholesterol](#). Which you are actually saying, and I think most my listeners would be aware of this too, but that's obviously really important, isn't it? An important nutrient.

Annalies Corse: Yes, yes. It's one of the most malign nutrients in history, and we make our own Cholesterol because it's so important. I don't know what level your listeners would have studied this, but...

Dr. Ron Ehrlich: Very high, Annalies, very high. Very educated.

Annalies Corse: They're all biochemists.

Dr. Ron Ehrlich: Ah, pretty well.

Annalies Corse: So, they would know that Cholesterol is the precursor for all our steroid hormones.

Dr. Ron Ehrlich: I knew that.

Annalies Corse: We're talking in a woman's body here, but it's the precursor for things like Cortisol and Estrogen and Progesterone and Vitamin D. Vitamin D is a hormone. Yes, it's a nutrient, but it's a hormone that our body makes, and all of these start with Cholesterol. So yes, we're making it ourselves in our liver, but we're also getting it from our diet. It's so, so important for the content and nutritional content of breast milk because it's so important for the baby to receive it. But also, it's helping to keep the levels of hormones high so that we can continue that breastfeeding. So, Cholesterol is a big, big nutrient for breastfeeding.

Dr. Ron Ehrlich: Interesting. Wonder whether during this thirty or forty year period of the low-fat dogma, whether breastfeeding rates went up or down. I suspect going



down during that time but for many reasons, not just because we're on low-fat. But anyway, it's interesting to hear you say that, Yes. Vitamin D, Cholesterol, good nutrition.

Annalies Corse: Yes. Magnesium is very important.

Dr. Ron Ehrlich: Yup.

Annalies Corse: Vitamin A is very important. That's another one that we tend to hear. It's much malign during pregnancy. "No, don't take too much Vitamin A because it's teratogenic, it causes birth defects," but it's very, very important in breastfeeding and the continuation of breastfeeding. Just fat, good quality fat, good quality protein. I get so upset when I look at, say, celebrity stories or anything targeted at women after they've just had a baby about losing baby fat and losing your pregnancy body and fitting into bikinis after six weeks. It's really, really wrong and it makes me so angry.

Dr. Ron Ehrlich: Magnesium's an interesting one too, isn't it? Because apart from the fact that in Australia at least, our soils are very deficient in Magnesium, Selenium, and Zinc. We get preoccupied with "We need Calcium supplements. We need Calcium supplements," particularly as we're preparing for baby. And the dairy industry loves pushing that idea, but too much Calcium actually depletes the Magnesium, doesn't it?

Annalies Corse: Yes, it does. Absolutely. Calcium and Magnesium are important in tandem for so many different things. Bone health. We need Magnesium just as much as we need Calcium. And for our muscles, we need Magnesium and Calcium working together. But absolutely. Too much Calcium is... it erodes that Magnesium stores and particularly with lactation. The receptor for, the little sort of lock and key mechanism that allows Oxytocin to do its job in the breast tissue, requires Magnesium. So, the Oxytocin can be there, can be produced in the Pituitary Gland, but then when it goes in the bloodstream and lands on the breast tissue, that receptor that allows the Oxytocin to do its job and have that let-down of milk, it actually needs Magnesium.

We could get very nitty gritty and very much into the micronutrients...

Dr. Ron Ehrlich: Yeah, let's not. But that's a good one to think. Look we've covered so much here, and I love your three challenges because actually if we're asking, "When does the fourth trimester finish?" I've got a feeling it may never finish, actually.

Annalies Corse: No, no.

Dr. Ron Ehrlich: Sleep... You've identified three challenges for the fourth trimester. Sleep, changes in relationship, and nutrition. Well, that sounds like life to me.

Annalies Corse: It is, and it just becomes... I think it's so much harder when you have kids because they're your priority. I've got a three-year-old son and I'm constantly running around thinking, "Has he had enough water to drink? When did he last eat? Has he been to the toilet?"



Dr. Ron Ehrlich: Yup.

Annalies Corse: Blah, blah, blah. As we all do, but you don't think about it for yourself anymore.

Dr. Ron Ehrlich: Yeah. Well, I'm still worried about that with my two daughters and they're 31 and 28. But nevermind, I digress for a moment. Listen, before we go I wanted to ask you one question. What do you think, taking a step back from your role in all of this birth and pregnancy and trimesters, what do you think the biggest challenge is for people in their health journey through life in our modern world today? What do you think some of those biggest challenge or challenges are?

Annalies Corse: I guess, for me, if I was to think about it as a layman and not having the knowledge that I have, I'd be really confused who to listen to in this day and age. I really, really would because with the advent of social media, everyone has a voice and it can be hard to distinguish facts from fiction and it can be hard to distinguish who's an expert and who's not an expert. Some people who have wonderful clinical expertise may not be able to communicate it in a way that the average person can understand, and that's where laymen who have an interest and have a voice can be good, but then they may not necessarily have the expertise. So for me, it's "Who do I listen to?" Because there are so many voices in the mix now.

I think back to when I was a child. I was a kid in the 80's, and I think about who the authorities were. You had to basically watch the news and there'd be Rosemary Stanton or there'd be a couple of nutritionists and a couple of doctors on the TV. They were always the experts whereas now, there are experts everywhere and it's so much conflicting information and so many fads. So for me, I think that's one of the biggest challenges in today's era of information overload.

Dr. Ron Ehrlich: Yeah. Annalies, thank you so much for joining us. We're gonna have links to your webpage, and it's just been great talking to you. Thank you so much.

Annalies Corse: Thank you. I really appreciate the opportunity. Thank you.

Dr. Ron Ehrlich: As Annalies was talking, I realized that the fourth trimester goes on for some time. Certainly, a lot longer than the first three trimesters. I just have a theme of sleep and nutrition keep popping up, doesn't matter what we are talking about. [And, she was talking, I wanted to remind you about an episode we did with Dr. Chris Winter.](#) We called it the sleep whisperer, and I thought his comments on the importance of rest, even if you don't sleep, rest is really, really important. It was really helpful, and it's not to be underestimated. And of course, the importance of communicating as a couple in fact not just as a couple, communicating in general. But in this case, redefining relationships as the family grows and changes is also an ongoing consideration. Look, I know that was always an important lesson for me. I think like many men, we love to solve problems. We love to solve problems and move on. Problem solved. No need to discuss any further. Well gentlemen, not so. It's definitely an ongoing conversation.

The logo for 'unstress' features the word 'unstress' in a white, lowercase, sans-serif font. It is positioned on a green square background that has a subtle, light-colored line drawing of a human figure in the background, suggesting a focus on health and well-being.

Now, my daughters are in their late twenties and early thirties, and my wife and I... well, are we still in our fourth trimester? I'm not sure. But, anyway. The issues that Annalies discussed are as relevant to us now as they were then when we had our child. With that in mind, I hope you enjoyed this episode and until next time, this is Dr. Ron Ehrlich. Be well.

*This podcast provides general information and discussion about medicine, health, and related subject. The content is not intended and should not be construed as medical advice or as a substitute for care by a qualified medical practitioner. If you or any other person has a medical concern, he or she should consult with an appropriately qualified medical practitioner. Guests who speak in this podcast express their own opinions, experiences, and conclusions.*