



Full Episode Transcript

With Your Host

Devon Clement

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Happy Labor Day, everyone. This phrase means something different if you are expecting or thinking about having a baby. And today we have a very special guest, Brittany Pruneau, who's going to talk all about preparing for birth and delivery. Even if you are not expecting or not going to be the person delivering the baby, I think it's still really going to be helpful to everyone because it's all about knowledge and communication and advocating for yourself, whether that's in the delivery room, before the birth, or after in the postpartum period and throughout your child's life. Stay tuned.

Hello, and welcome to the *Parenthood Prep Podcast*. Today is very exciting because we're doing another interview. We have Brittany Pruneau, founder of Enlightened Expectations, which is an amazing business and consulting service that helps new parents prepare for their baby's birth, prepare for the hospital visit and prepare for the early days of bringing your baby home, which I think works really well with the services that a postpartum doula or a newborn care specialist provide but is also amazing even if you don't have those services and that support because she's going to help you figure out exactly what you need from your family and friends as well as make it a lot easier for you to do it on your own.

Devon Clement: Hi, Brittany. I'm so excited to be talking to you.

Brittany Pruneau: Hi, Devon. I'm really thrilled to be here and talk about everything that I do. I kind of want everyone to know about it. I just love everything that I've created to even get here.

Devon Clement: For sure, for sure. No, that's awesome. And just so you know, if you hear a little background noise, it's because my cat has figured out how to open the door. So I tried to lock them out and they just came on back in.

Brittany Pruneau: My cat was sleeping in a hammock and I literally had to pick her up out of the hammock and I put her over the sliding door. She could see the birds. She can smell the fresh air. It's like 70 degrees over here today in Jersey. So she's now enjoying that. And hopefully I won't have any interruptions. But if you hear a cat crying, trying to open the door, that would be Tiger.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: Yeah, I heard like the door handle shaking like a ghost was trying to get in or a zombie or something. And then it was a cat.

Brittany Pruneau: Now your nights are going to be different.

Devon Clement: Let's start with just a little bit about your background. Of course, you are a labor and delivery nurse, right?

Brittany Pruneau: Yes, and postpartum, and now I work in the nursery as well in the hospital.

Devon Clement: Oh, that's great. We had spoken before we had this call and we were talking about how both of us have our certain niche or certain time period that we love and yours is before birth and up to the birth and just after, and then mine is like from that point on. So not having my own children and not being a birth doula or anything like that, I'm really so clueless about the birth process, the hospital. All I really know is what I've heard from friends and clients and things like that, which of course is a lot, but it still just, I think, doesn't give you a sense of what it's actually like to go through that. So why don't you tell us a little bit about what you do and what you love to help people with in that period.

Brittany Pruneau: Yeah, sure. So if you don't mind, I kind of want to go back a little bit with my own personal medical history because it kind of led right into Enlightened Expectations. I have been a patient, I've been a loved one of a patient. I took care of my grandmother and I became a nurse. I've been a nurse for about seven years now, but from childhood up until last year, when I was 34, I've been to so many doctors for mental health, severe physical health. I actually was septic and I was hospitalized. And after that, I was like, I really need to go to the doctor and figure out what was wrong.

During that time, I saw many doctors and then out of my career, I babysat. I worked as a medical assistant, actually in a dermatologist's office. I received my bachelor's degree and I became a maternity nurse, all while still going to see the doctors for myself. They did basic tests, said nothing was wrong. And the unknown scared me, and I didn't know what to expect. I didn't know what was going on with my body. So I started self-educating. I read books, I listened to podcasts, I started advocating for myself in the doctor's offices, asking them

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

questions, and had to fire a couple of doctors because they're like, "Oh, well, you may have this after I read a book, but I'm not really sure. So here's medication for us." Like, no, I want you to test me. Over time, I found the right doctors. I got my medical diagnoses and I've realized, I'm like, well, I don't feel like there's a lot of advocacy and education for families who are going to have their baby. So over those years of working as a nurse in the maternity ward, I bonded with my patients. I've learned that they wanted more education when preparing. So every single time they mentioned something to me, like a different topic, like, "Oh, the second 24 hours after the baby's born, they're really fussy, they're overstimulated. They're so used to being in mom's hot tub of a belly, getting nourished from the inside and now they're on the outside, they feel the air, the breeze, they feel gas pains."

Devon Clement: Oh my gosh, I say that all the time. I did a whole episode a couple weeks ago about just what it's like being a newborn and how it's such a huge change from being in like the most perfect environment to being in a frankly pretty terrible environment in a hospital with the bright lights and the noises and the cold air.

Brittany Pruneau: I listened to all your podcasts, by the way, and that was my favorite one. I was like, "Yes, girl, like, tell them, like, let them know," because I just want everyone to be educated and aware. This is one thing to expect and this is what you can do about it. And knowing what you can do about a situation that you've never been in is so thrilling and it builds confidence in you. You're like, "Oh, well, I learned that so I'm ready for the next step."

Devon Clement: And I think a lot of the time, like me for example, if I were to have a baby, I'm a pretty healthy person. I don't go to the doctor. I haven't been in the hospital since I was a kid. So for me, suddenly having all this medical stuff happening would be a big change and it would not be something that I was super familiar with and comfortable with.

Brittany Pruneau: It's life changing. And not only are these women going through something so magical and beautiful in their body, but it's traumatic too. Even if it's a beautiful experience, it's still traumatic because your body is going through

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

something so anatomical. Not only that, but like you are delivering a human out of your body, which is insane.

Devon Clement: Oh, it's wild. It's the craziest thing ever. That's the thing. I say like, I don't know anything about birth. And I always joke with the clients when they're telling me their birth story. I'm like, "I'm sorry, the baby did what? It came out of where?"

Brittany Pruneau: Yeah. Like there's a position where a baby comes out and it's called compound and like their hand is near their head, their face, something like that. And it's like, my patients are in like the second day, they're ready to go home. They're a little bit less tired and more in a joking form of like, "Yeah, your baby came out ready to party, raising the roof." Like the hands came out. And like the fact that a baby can come out that way is pretty miraculous. I just really feel like when you know what to expect, it eliminates a lot of the anxiety and the unknown is so, so scary.

So every time a patient's like, "Oh, I didn't know that," like the second 24 hours, for example, that we mentioned, I started making a list of all the topics they did mention to me. And it evolved into this consultation program for expecting parents to feel prepared, like they know a lot more, so they're knowledgeable, self-advocacy and also partner advocacy, right? So like when a patient's having a contraction and she can't talk and a doctor's like, "Oh, okay, this is our next step." The partner or support person, whoever is in there, the doula could be like, "Wait, she's having a contraction. She can't think and process it right now. Can you come back? You can mention it to me and I'll talk to her and give us 10 minutes."

Devon Clement: I love that the doctor is the one trying to talk to them while they're having a contraction. Like, don't you know that that's not a good idea?

Brittany Pruneau: Yeah, and doctors are great. Like we can't live without them, but sometimes they're so insanely smart that they look at a situation and they have to take a step back. Sometimes they just need someone to advocate for the patient. They're not trying to be cruel. They're trying to help you, but having that extra support person in there is really crucial. Or even just tell the nurse, like, "I'm alone, I don't have somebody. Can you please be my person?" And

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

that labor nurse, I'm telling you, the entire 12-hour shift, whatever they work, will be there for you. And then you can have that confidence that they can set those boundaries for you.

Devon Clement: That's awesome. I love that. Nurses are just so fantastic, just in so many ways, and I think they're such an important part of the process because they are kind of explaining things to you. The doctors a lot of times don't have a ton of time to spend with you, so they're like popping in and out, and the nurse is the one that you're spending a lot more time with. Something I was reminded of when we talked about doing this interview, we had a great phone call. I wish we'd recorded that. It was so good.

Brittany Pruneau: I wish we did too.

Devon Clement: But one thing that I said, and listen, I have been doing this job, I've been a doula for 15 plus years and in that time, I just always sort of thought that people spend all their time and energy preparing for the pregnancy and the birth because people don't seem to spend a lot of time preparing for the baby to be born. And no doctor really tells you like, you know, your OB is not saying, "Hey, by the way, you should like learn about breastfeeding or you should learn about sleep patterns or you should learn about soothing the baby." They just don't think of it. They just think they're going to wing it when the baby comes out. And so I thought they were so busy preparing for the birth and you said, "No, they're not really prepared for that either."

Brittany Pruneau: Yes.

Devon Clement: It's crazy. It's just such a huge change. And I just wish there was more support and more education baked in about all of it.

Brittany Pruneau: I totally agree. And I'm realizing, I mean, I started this in October and I started it on Mental Health Day. It was like the International World Mental Health Day last year. And I did that on purpose because when you prepare yourself and you increase your knowledge of a particular subject, like having a child, you feel more confident and you feel like you can understand what the doctor's telling you. Like for instance, you go in for your appointment, you're about 40 weeks and two days and the doctor's like, "Okay, 41 weeks, let's

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

schedule an induction." You can, there are options, ask about the risks. Ask why 41 weeks? Is there a reason? And also ask like, what type of induction medications are there? Because there's so many.

I mean, just to give some examples, there's Pitocin that goes through the IV. There's a Cytotec, which is a pill that dissolves. And then there's Cervidil, which is like a shoestring that goes inside to touch your cervix. I mean, there's options. And I want my clients to know, like, these are the names and the medications. Ask your doctor, "Do you plan on doing this? And why? What are the risks? What's the purpose of it? What do I need to tell my partner? Like, am I allowed to get up and walk around? Can my partner give me massages? Can I go to the bathroom? Like, can I nap? Like, will this increase my pain if I don't get an epidural? Can I eat?"

Like, you go to appointments and these doctors are so busy, they're so overwhelmed, they want to take care of everybody, you're in and out. It's not their fault, but I want the clients to feel comfortable. "Okay, I have my doctor, they can tell me the medical knowledgeable stuff, but I need a nurse, I need a doula, I need to go to a childbirth class," and even though during those classes they teach you how to push, and I'm sure other things that are very, very helpful, but I just feel like I get into the nitty gritty. Like I tell you everything, like putting a sign on your postpartum door to keep out residents and family. Like, no one knew that they could do that. Like, "I'm allowed to do that?" Yeah, you are.

Devon Clement: I didn't know that either. Because I've heard that, you know, when you're in the hospital after you have the baby or even while you're in labor, just random people keep coming in. And sometimes they come in and just go straight to check your vagina. And you're just like, "Who are you? What are you doing?"

Brittany Pruneau: Well, that's where the confidence in the setting boundaries comes in. Because like, if you don't really want that right now, I can teach you the policy of how often your cervix should be checked. And it's different if your water is broken, you want to decrease risk of infection. So there are a lot of things that aren't educated in the hospital setting that I provide. And I know other

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

registered nurses who have done labor and delivery and now only doulas can provide that as well.

Devon Clement: And something I just want to mention that I think is so, so critical, and you know this, is the research shows overwhelmingly that you have a more positive experience, you feel good about your experience, regardless of what happens, whether you have a C-section, a planned emergency, induction, this, that, the other thing, if you feel like you are in control of the situation and you know what's going on. You can have what other people might see as like the best and smoothest birth in the world, but if you did not feel like you were in control, then you are going to have trauma from that, you're going to have a bad experience. You know, and this isn't just like customer satisfaction, I give that five stars. It actually affects your postpartum experience, your parenting experience, your trauma, your mental health.

You're much more susceptible to postpartum mental health, perinatal mood disorders, things like that if you had a traumatic birth. Basically, trauma doesn't have to be physical. It can just be feeling out of control. I'll never forget years ago, we had a client who had her baby in two hours. We were laughing because we got an email from them at 2 a.m. saying "We're headed to the hospital" and then we got an email from them at 4 a.m. saying "Baby's here." Or like, you know, "Labor's starting, we're headed to the hospital." An email from them from 4 a.m. saying "Baby's here." And she had so much processing to do and she really struggled with that experience where I think, you know, everyone who's had a baby would be like, "Wow, like only two hours of labor. That sounds like a dream. That sounds so easy." And it was really difficult for her because everything happened so quickly. She did not feel like she had time to catch her breath. She didn't feel like she was in control of the situation. So I think that learning about it in advance just goes such a long way to help you feel like you have that sense of control.

Brittany Pruneau: 100%. And you can be in labor for an hour, you can be in labor for two days. It is still very difficult. And when you're not in control of something, you feel chaotic, you feel anxious, you get sweaty, you have your heart beating out of your chest, and now you're trying to focus on calming yourself down versus trying to make a decision for yourself. And a good

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

example of this is when I was in nursing school, I mean, I learned how to study. I had a very difficult time and everyone learns differently. Someone can sign up with me or someone can sign up with a labor doula and have 10 other classes instead of just getting it all with me. But that's okay because if that's how they learn, like for me, it was index cards and creating quizzes. For someone else, it's reading a book. Everyone has different learning opportunities, and I just wanted to create something that gives someone another opportunity of learning if this is more their niche.

Devon Clement: Much like with newborn stuff and baby stuff, there's just so much information out there, so you can Google induction labor and get just millions and millions of search results and different information and different opinions and just the value of being able to talk to one knowledgeable person and kind of go back and forth with them, you know, with your questions in the moment is just so huge.

Brittany Pruneau: The fact that like what you do or, I mean, you sleep train, you go to stay in people's houses, you help them, you tidy up, you do little things at home, I mean, what you do is so incredible that I can lean into that. I don't know how to sleep train. I mean, I've watched newborns the first couple of months at night when I did night shift work once in a while, but I never had to do what you did. But if I can educate my clients and say, "Hey, prepare for this, this may happen. If you need it, I have people for you." And that's the other thing is families and women feeling supported, even if you're not sure of where to go or where to start, just start somewhere. Reach out to someone on Facebook, Instagram, text a friend, and you'll have resources and guides to eventually refer you, to get you to where you need to be and educate you on what you actually need and the part that you're missing to prepare for your birth or your postpartum experience for your newborn. There's a lot of help.

Devon Clement: Absolutely. And, you know, it's funny to me when you mentioned, you know, people being in labor for an hour or two days or whatever. A lot of times first-time parents will say to us, "Oh, you know, well, we have an induction scheduled for Tuesday, so we'll probably be home Wednesday or we'll probably be home Thursday or whatever." Yeah, we're going to just put a pin in that and wait and let you guys give us the heads up when the baby comes

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

because they don't even realize that it could be super quick, it could be super long, it could be anywhere in between. Well, then there's just that confusing piece that I still, after all these years, cannot figure out like, when do you go home based on when the baby's born? I think that can totally vary, right? Like depending on what time of day and stuff like that, if they're like born after a certain time. So it's just so unpredictable and people want that control. They want to be able to say, "Okay, I'm going in the hospital on this day, so I'm going to come home on this day, and this is how we're going to plan," and you just can't.

Brittany Pruneau: Yeah. I'm a very organized person to a fault. When I'm working, I can't have anything scattered. I kind of, what I said to you before, I need peace, I need zen, I need neutral colors. I can't have a clustered mind if I'm going to work, and I kind of want to bring that to the table with the clients as well. If you have a clustered mind and you're trying to bring yourself back down from not knowing what to expect, then you're not really learning and you're not open and you're not able to be receptive because you can't, because you're in pain and you're breathing. But if I can tell you exactly what's going to happen, you'll be, "Oh my gosh, I knew about this. Brittany told me or whoever told me, like, I'm ready for this. I am prepared." A couple of things, going back to what you said about the hospital stay, I work at Jersey Shore University Medical Center in Neptune.

And for a vaginal delivery, you stay for two days and a C-section, you can stay for three. That's what insurance typically covers. But I mean, you can go home earlier as long as you are stable, but there's different roles for doctors. I mean, you have the pediatrician for the baby and the OBGYN for the mom. And a lot of people don't know, like, "Oh, the doctor told me I could leave." And the nurse walks in and it's like, they're packing their stuff. I'm like, "No, mom, you're discharged, but we still need to do more interventions on the baby." And this is what we have to do with knowing what to expect that won't happen. And you won't give your hopes up like, "Oh, I'm so excited to go home," but you can't yet. You know, it just really depends. Like, did the mom have high blood pressure? Is she stable? Like what are the normal rates? Is the baby small for gestational age or large for gestational age? Because then we most likely need to check the sugars on the baby to make sure he or she is stable. You know, there's so many

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

variables that can go into it. And I like talking about real-life situations that are really happy, but also like what to expect if it doesn't go as planned, but both mom and baby are fine. And with that being said, who is supporting the support person? Like they have a huge role in this. Like who's helping them help the mom and the baby? So giving them roles and real-life situations like you can do this during this time makes them feel more confident and actually builds a connection with the couple. So they work together and they feel like they're doing everything together versus like sitting there and feeling helpless.

Devon Clement: Yeah, I think that's so huge. And sometimes, you know, your partner's not maybe the best support person that you want and that's okay. And like being aware of that. My cousin was born 30 some years ago and we were older and my aunt wanted my mom, her sister, to be her support person because like my uncle was nervous about seeing blood. He was so anxious about everything. She was like, "You are going to stress me out. So I'm going to have my sister be like, you know, at the time they called it a coach. I'm going to have my sister be my coach." And, you know, my mom talks about it. And she's like the best support person in the world. But she talks about it. And she says that he was there.

And he actually had a much easier time being supportive, not being the main person, not feeling the pressure of being like the one. And this way, you know, she was kind of the go-to and then he could just relax and say, "Okay, I'm here for you. I'm here to hold your hand. I'm here to rub your shoulders, but I'm not worried that I'm going to pass out if I see too much blood because I know I can just walk out of the room and your sister is here with you." So sometimes just thinking about who's going to be that person for you can be so huge.

Brittany Pruneau: And I really love that you gave that example. It's actually perfect because if there's a coach, a support person, or a partner, we want them to be honest. Like, if you feel like blood is going to make you faint, when you have some downtime with, you know, your partner and the nurse, let the nurse know. Like, "I'm going to get faint if I see blood or if her water breaks, and I have to change the pads underneath her. So like, what other jobs can I do to help you, but also like to help my partner. So this way we can get through this together." And the nurse will usually say, "Listen, then don't hold her leg when

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

you're pushing. And if you can figure out something else during that time, maybe sit down, cheer her on, like you two discuss what will work for you." And I help families figure that out before they even get to the hospital, even when they're like 25 weeks along, because they want to start early. They want to prepare, they want to have a plan. And some people can learn sitting down three hours at a time and learn everything, but some people need like hour by hour. Like, "Okay, Brittany, I'm going to see you Wednesday at 10 this week. And then I'm going to see you Wednesday at 10 next week." And they're both hour sessions. Like, we discuss all of that. And the partner doesn't always have to, you know, be standing, like you said. If you get woozy, tell the nurse. We'd rather you be honest and let us know, because we can give you another job, and now you're not fainting. We're worried about you when we're trying to deliver the baby coming out of mom.

Devon Clement: Yes, oh, I've heard that, that the partner faints or passes out or gets dizzy, and then everyone suddenly has to like pay attention to them instead of the person giving birth.

Brittany Pruneau: Yes, that's happened multiple times. But usually that goes in conversation with the nurses too. Like we labor buddy, we help each other. And when the partner can tell the nurse, like "I get woozy during seeing blood," the nurse can go back and tell all the other nurses, not to gossip, but just communicate, be like, "Listen, this is what's going on with my patient. I just want to let you know that the partner mentioned that he gets woozy during blood. So I may need a couple of extra hands just in case. We want to make sure that the dad is safe also or the partner while mom and baby are safe." So we'll gather, we'll do teamwork. So it helps us with our jobs as well.

Devon Clement: Yeah, for sure. And I bet there's also the opposite, right? There's probably partners that are like down there trying to be like, "Oh, that's so cool. Let me see what's happening."

Brittany Pruneau: Like- I mean, yeah, all up in it.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: All up in it. Telling you about it. I've heard that too. Like, "Well, look, the head's coming out. It's crazy."

Brittany Pruneau: Like- I mean, we've had like coaches say, like "You have to poop, like push, like you're pooping." Like I always say the two Ps or the two Gs, like, poop is gross, but poop is good because it means you're pushing right. So sometimes a partner gets woozy just from smelling that. Like, it's okay. You can poop while you're pushing out your baby vaginally. Like, it's going to happen.

Devon Clement: Yeah, I can't really think about how you would prevent one while you're doing the other. That's just not really possible.

Brittany Pruneau: It's very difficult, yes. Yeah. Unless you're cleaned out, I don't know, but.

Devon Clement: But you know, it's all a normal natural part of the process and everything else. So what would you say are like a couple of big things? I'm not going to give you a number because you can say as many as you want, but like what are some big things that people really don't know going in that you wish they knew?

Brittany Pruneau: Well, kind of like what I mentioned before was like the induction medications. I also wish they knew the anatomy of their body, like what's happening to your uterus, like where is your cervix? What is the placenta? What is the purpose of it? When baby's delivered, how long is recovery? But, I mean, generally speaking, I just feel like when you go to have your baby, you really need to be educated.

Like, this is what I'd say. Like, I have this acronym, and I say, "I got your BACKS, B-A-C-K-S." So, boundaries, advocacy, communication, knowledge, and support. And what I mean by support is outside the household, who's assigned to certain things, and schedule. Before you have your baby, work your schedule. Is someone going back to work? What is the sleeping schedule going to be? And we know that newborns are unpredictable. I've listened to your podcast. You've talked all about that, and I love it. But to add onto that, I agree with you. What are you doing about the groceries? Are you going to have a meal train? I also really feel like moms need to know your breast milk doesn't come in for a

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

few days. So if you're nervous that your baby's not eating enough and you want to supplement, it is okay. Don't let people pressure you. And I know I'm kind of going on about a few different things, but I just feel so passionate about numerous topics. You just want to have that confidence, you know, like, just teach yourself even something as simple as, taking a lactation class, maybe a newborn class CPR, learn how to swaddle a baby before.

Devon Clement: Wait, I'm laughing thinking about a newborn care class I did. We do private newborn care. And it's so funny because I love just being comfortable with the people in their home. It's not like teaching a class at the hospital to like, eight pairs of people that you know, you're just like, "Here's how you change a diaper" and everybody's nervous when you're just with people. When people are in their home, they're like so funny. But I was teaching the parents how to swaddle with my practice doll and we were doing the blankets and it was just a doll, I don't think he would do this with the baby, but he was like putting his hand on the doll's neck, like basically like choking it while he was holding it down. I was like, "Okay, we're not going to do that. We're not going to strangle the baby while we're swaddling the baby." So, you know, sometimes they need to learn that.

Brittany Pruneau: That is so funny because it's like, I bet you if I took care of that family postpartum, he wouldn't do the same thing at all because now you have a real life baby. He'd probably be way too loose with the blanket. I'm like, "It's okay. Devon taught you what to do. You just need to practice it and keep doing it. That's all. Now you have a real life baby."

Devon Clement: Yeah, oh, the way too loose swaddle. Oh my God, it drives me nuts.

Brittany Pruneau: It drives me nuts too.

Devon Clement: You're not going to suffocate the baby by wrapping it tightly in a blanket.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Brittany Pruneau: They were literally in fetal position in the belly. That's probably what they want to resemble.

Devon Clement: And when it's too loose, that's actually less safe because then they could get the blanket up over their face or they could scooch way down into it and not get enough fresh air in. Anyway, we could do a whole separate thing about swaddling. So let's go through your acronym. So B is for boundaries, which you already mentioned, like what kind of boundaries can I set? Can I say who's allowed to come in the room, who's not allowed to come in the room before and after, right?

Brittany Pruneau: Yes, 100%. And I know boundaries are so cliché, like that is the word that everyone's talking about now, but honestly, it's because I want you to get comfortable in that role. It creates growth and bonding in and out of the hospital because you are creating those boundaries. I know for myself, I don't have children, but if I were, I would definitely put a sign on the door and be like, "Please, no one disturb mom and baby. We're resting from this hour to this hour." You ask your nurse what the interventions are for the day for a mom and baby and what the partner can do to like go get the water or go get the snacks so like the PCT or the patient care tech or the nurse doesn't have to do it. And then you talk about that with your partner when you're home.

I mean, yes, they have, you know, family, they have support, most people. And then they have to worry about getting just anxiety, like, "Oh, I'm coming home. People are going to expect immediately to come over," say no. You don't want that. Just say no. It's okay. People aren't going to get upset, but this is your day. I mean, you were in labor for hours. You had a postpartum recovery. If you had a vaginal delivery, most likely they had to stitch you up. C-section, you can't get out of bed for at least six to eight hours. After you get to your postpartum room from recovery, you don't want people in there. You're going to be in pain. You're going to be tired. You want to do skin to skin with your baby and you want to have that time with your brand new family, that is your time. I have people come in, they have 15 family members and they thrive in that. And then I have people who come in and they're like, "I want zero family members for like a month." And I'm like, "Whatever you want, let's figure out how to talk to your family like that."

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: Yeah. And I always tell people, "Let me be the bad guy." Say, "Oh no, sorry, Devon's coming over. You can't come over right now because we have a lot that she's going to teach us that we have to talk about." I'm like, "Tell them I said, you know, I don't want any company there while I'm there or whatever." And something that was interesting back in 2020, which I know we all hate to think about, but like the deepest part of the pandemic, the quarantine, people were having babies during that time.

And I was doing a lot of speaking and I was on a few news shows and stuff like that talking to people about how to support friends and family who are having a baby in this difficult time. But there was actually some silver linings to it. And one of them was that people couldn't come over and annoy you. People couldn't come over and help you, which was bad. But you weren't getting everyone and their mother-in-law coming over to give you advice that you don't want to listen to, keep you awake when you'd rather be sleeping, make a mess having food in your house, and then leaving dirty dishes in the sink. You got to just kind of be alone. I was like, "Friends and family, drop casseroles off on the front porch and go."

Brittany Pruneau: Yeah, I had a client who literally said to me, she's like, "It's just me and my husband. We set up a meal train so people can do that. Like they each have a day where they're assigned and they make breakfast, lunch and dinner for us, and they leave it out on the front porch. And I feel like that is such a great idea. Like you can say hi from the window and you can go home. Like I want to learn with my new family, how to do it myself. Yeah, I'm going to ask for help when I really need it. Like if I haven't slept in two days, but I want to learn that I can do it on my own with my partner before I have other people come in." And some people are the opposite. They want as much help as possible because they're so family-oriented. It's great to have both. I actually took care of a client for Enlightened Expectations, and then I took care of her in the hospital setting as her postpartum nurse. It just worked out that way by chance.

Devon Clement: Oh, that's great.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

I know. It was so great. I love the continuation of care. It makes me so happy. I get to see the entire process. I said to her, because she told me she didn't really want family and I'm like, "Okay, so what happens if family comes in? Like, do you want to create a passcode?" She said, "Yes, please." I'm like, "All right, why don't we do this? You had a C-section. It's very expected that you're going to need pain medication. You tell me, like, 'Brittany, I need that Motrin right now, please.' And I'll be like, 'Okay, I'll go get the Motrin and I'll come back.'" I'm like, "Oh, baby, it looks like he or she is hungry. All right, family, time to go. Say your goodbyes. I'll be back in 10 minutes." Everyone left in 10 minutes. And she didn't have to worry about hurting anyone's feelings. I was able to do it and I'm happy to do it. So like that's another example of boundaries.

Devon Clement: I love that. Actually, that reminds me of one of my mentors who was like a very experienced birth doula. She would create with her clients in labor, basically like a safe word. So if they wanted an unmedicated birth, but you know, sometimes plans change, you're in a lot of pain, that switches. She would have like literally a safe word, like people have for sexual situations, like "banana". So you can say all you want, like, "Give me the drugs, I'm in so much pain," blah, blah, blah. But that's just you're exercising your voice and just like saying what you want to say. And I would be like, "No, we're going to do this, you're doing great."

But as soon as they said "banana," she called the anesthesia and they came in and like that was it. And I think that is so applicable in a lot of situations postpartum too. Like I think about it with, you know, chest feeding, nursing, body feeding, whatever you want to call it. Sometimes it sucks and you hate it and it's painful and you're struggling and maybe the baby's not getting enough and you're supplementing and you're having to do the triple feed or as I call it, the three ring circus where you're nursing, pumping, then giving the bottle, like it's this whole thing and you can be like, "Oh my God, I hate this, this is terrible" and you can have your support person say, "But you're doing it, you're doing a great job, we're going to see the lactation consultant, here's what we're going to do." Or you can be like, "I want to stop, banana." Or like, "I want to introduce formula so this gets easier for me" or whatever. But this way you're sort of free to be as miserable as you want to be while still maintaining because if you're just like, "Oh, I hate this, this sucks." "Oh, well, do you want to stop? Do you want to

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

stop? Do you want to stop?" "No, I don't." Or you do. And then you say "banana" and that's it. Maybe "banana" is not a great safe word for breastfeeding because you do probably eat a lot of bananas. "Get me a banana" and they come out with a bottle of formula. "No, no, no. I just wanted a banana really." So something a little more different like, I don't know, "Oklahoma" or something. You know, I think that things like that, like little tricks like that, make the process so much easier. So I love that you're employing that as well for when they want to get rid of their family members and that kind of thing.

Brittany Pruneau: And that goes hand in hand with the A in BACKS for advocacy, because that's essentially what you're doing for her with "Banana." And it's, you know, what I'm doing for my patient with her family. Another example of advocacy is when you're in the doctor's room and you're going for your ultrasound or a follow-up and they want to check you, see if you've made a cervical change, ask questions. "What's the purpose? Like when you get a cervical check, there's three different things they check. Your dilation, your effacement, and your station. The dilation is how dilated you are. Effacement is how thin the cervix is. And station is how high or low the baby is." And doctors don't always explain that, again, because they're just so busy. They're just so focused on the here and now, where the client and the patient can ask, "Oh, what does this mean? I'm concerned about that. Should I be worried? What are my other options?" And the partner or support person can do that as well.

Devon Clement: I love that. And I think sometimes advocacy gets kind of a bad rap because you think of somebody coming in and being like, "I don't want medication. Don't." But it actually just means standing up for your own rights and your own communication and finding out information. And there's nothing wrong with that. I know there's some doctors who will get a little pouty if you're like, "Well, what is that? Can you explain it to me?" "Oh, well, just trust me. Just listen to me" or whatever. But there's absolutely nothing wrong with wanting to know what's going on, especially with your body and your baby.

Brittany Pruneau: Yes. And a lot of people really feel like, "Oh, I'm going to hurt the doctor's feelings. I'm not going to say that." No. Advocate for yourself. After advocating for myself for years with my health, I mean, I was sick my whole life until last year. I have a new life because I advocated for myself. I said, "No, I'm

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

not doing that. I'm not taking that medication" or "You know what, I'm going to get a second, third and fourth opinion because I don't agree with that." And if by the fourth opinion, they say the same thing, I'm like, "Okay, at least I've educated myself. I've given myself the confidence now I know how to advocate, but also like now you've just taught me something that, okay, you humbled me a little bit. I've learned this and it's a learning process." Like we grow as human beings and growing and learning just comes with living life.

And I feel like just like any exam, you want to prepare yourself for that. You want to be prepped. I mean, having a baby is the biggest exam of your life. And that goes with like communication, the C for BACKS. So you want to be open and vulnerable and honest and ask for help when you need it. Just vocalize it. "I'm not feeling this right now," or "I'm in pain" or "I don't really like what you're telling me," just say, "I feel" and dot, dot, dot. Say exactly what you're feeling, whether it's your partner, your family, your doctor, your nurse, your doula, whoever it is, just speak up. Like, "I don't really want to do it this way. Like, is there another way?" And with that communication, then it goes to K, your knowledge. Now you're building up your knowledge because you know, like you've broken down your vulnerability and now you have more knowledge because you being vulnerable is allowing them to teach you even more while also teaching yourself, like taking classes, reading books.

Devon Clement: Yeah.

Brittany Pruneau: I don't know. Just being so knowledgeable and knowing what to expect is so vital.

Devon Clement: Yeah, I think that's great. You're right. There's not a lot of that baked into the process. Like, you go to your checkups, you go to your ultrasounds, but they just a lot of times don't have a lot of time. Like, we all know the medical system in this country is pretty messed up.

Brittany Pruneau: Yeah.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: They're not spending a ton of time with you, you know, going over things. Sometimes you don't even know what questions to ask. I'm sure at your visit, they're like, "Do you have any questions?" You're like, "What do I even ask?" So knowing in advance even what questions to ask is so helpful. And it's interesting that you mentioned communication because when I talk about sleep training, which I actually don't think I've gone into this on the podcast yet, I say there's four Cs and communication is one of them. It's so important to communicate with your partner, to communicate with your other caregivers, to communicate with your baby, even though you know, they're not necessarily speaking yet and they don't understand, but you're communicating with them what's happening in the process, like what you're going to do.

Brittany Pruneau: What are your three other C's?

Devon Clement: So it's communication, commitment, consistency, and confidence.

Brittany Pruneau: Oh, I love that. I love that.

Devon Clement: Yeah, I'll do another episode about it and go into what those are because I think they're so important. But yeah, and you know, I think speaking of confidence, there's also a little bit of like fake it till you make it, right? And one thing we haven't mentioned that I keep thinking of is your body is trying to do, as we've already mentioned, a crazy thing. And if you're anxious and you're in fight or flight mode and you're nervous, it's going to be so much more difficult to do what you need to do to get that baby out.

An interesting fact I learned a long time ago is that in scary situations like say in World War II in London when there would be like an air raid and the sirens would start going off, the women who were in labor, the people who were in labor at the hospital would either speed up and have that baby immediately, or their labor would like completely stall. Because your body says, "Okay, I'm scared. I might have to run. What's the best thing to do right now? Is it to stop trying to get this baby out and keep it in? Or is it to get this baby out right now so that I can grab the baby and run with it?" Like your brain and your nervous system is such a critical element to this process.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Brittany Pruneau: And everyone's flight or fight response is so different. Like I say, being tense doesn't make sense. And that's not to invalidate because we use the word validate a lot, which is also cliché, but it's also very important because being tense holds you back, like you said. Like, if it doesn't make sense, let's make it make sense.

Devon Clement: If I can't poop when I'm nervous, I'm not going to be able to push a baby out.

Brittany Pruneau: 100%, like you need to poop while pushing your baby out. Yeah.

Devon Clement: I can't even poop when I go on vacation, so.

Brittany Pruneau: I go after every meal now that I have learned what my body needs. After years, but don't stop until you get what you need. If you're unsure of something, find the solution. I'm very solution-based. If you're unsure, find what makes you sure. It doesn't matter the route as long as you're being safe and you're doing what you need to for yourself and your baby and family, that's cool. Do whatever it is that you need to do. And listen, if I'm not for you, give me a call, we'll talk. I'll send you to the right person, that's fine too. But you just got to know, you have to know, you have to prep, you have to study.

Devon Clement: That's a good point, too. If you're early enough in the process, and some people do this very late in the process, too, and you don't feel comfortable with your doctor, with your practice, with the other doctors in the practice, with the hospital, say you do the hospital tour and they tell you things about their policies that don't make you feel comfortable, you can make a change. You can find a different doctor in the practice. You can find a different practice. You can work with some other professionals, a midwife, or midwife and a doula, or you can add a doula to your team because you realize just from seeing the hospital that they're understaffed. Or your friend tells you, "I just had my baby there and I hardly saw the nurses during the labor process because they were so busy." You can bring some support in, breastfeeding support. A lot of times, the hospital doesn't necessarily have the time. You can ask something like, "Is there a lactation consultant on staff on the weekends?" And if there's not, then you can reach out to a local lactation consultant. They'll come to the

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

hospital if you want them to. And it's usually covered by your insurance. I know that's part of things. So you can think about, you know, what do I need to add in here? What support do I need to bring on and do I need to change the support that I currently have?

Brittany Pruneau: And sometimes I have people who call me just to help them navigate. They become a client that way, meaning they don't really necessarily need to know what's going on in the hospital because they've had one, two, three, four babies already. They just have a different pregnancy and they need to figure out who they actually need. Sometimes people don't know the difference between a midwife, a doctor, a registered nurse who's in labor and delivery, or a mentor, or navigator, or consultation person like me. It's like, they don't know. And that's fine because that's not their area of expertise. Don't put me in accounting. I literally have no idea. "Here are my taxes, please take care of it for me."

Like, that's what I can do for people who are having a baby. And that's what you do for postpartum. Like, they're not sure sometimes if they need us, but like, we'll explain to them what we do versus like the other alternatives. And they're like, "Oh, actually, I don't really need you. I need the other person." Totally cool. You gotta do what you got to do for yourself. And the other thing too with lactation, what you said, like, I'm at a baby-friendly hospital, what that means we don't give out pacifiers. So we're very lactation-friendly. I personally believe fed is best.

Devon Clement: Yeah, I have some feelings about baby-friendly. I think it's well-meaning, but I think a lot of times, like a lot of things, it sounds good in theory, but then in practice, it goes too far. And it sometimes ends up in a worse situation for successful body feeding and nursing and whatever, so.

Brittany Pruneau: And some people don't know that they have to bring their own pacifiers because it's a baby-friendly hospital and that's something that should be taught to them ahead of time. Like, baby-friendly or not, you should know, "Oh, I didn't bring a pacifier, I thought the hospital would supply it." I'm here to tell you, bring one anyway. That's why you have me beforehand or you have a doula to teach you or someone from childbirth education to teach you.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: That's an important tip, I mean, just for our listeners to say, bring your own pacifier just in case. You know, sometimes maybe even bring your own formula, right?

Brittany Pruneau: So we suggest that you don't bring your own formula because we aren't actually allowed to mix it. The family would have to do it themselves. You'd have to have boiling water. It's a process. So we say, if that's what you want to do, we'll leave it up to your jurisdiction. We'll write a note about it. Let the pediatricians be aware. But we always say like, you really should just take the formula from us or breastfeed or figure out another solution with our nurse. Like we're pretty good at like working around what the parents want. But that's the other thing is when we have families come in and only want a certain formula for the baby and they don't know that we can't help them feed it to the baby because it's powder and we don't do that. Like it's really like our job, we're not supposed to. They don't know that. And no one told them that because whose job is it actually to tell them, like, is it the doctor? You know, there's no one specifically to do that. It's not anyone's fault. It's just like a big gap. And that's what I'm trying to fill is that gap.

Devon Clement: And I think that's so important, too, because one thing that I think people don't realize is that your OB takes care of you, answers your questions about the birth if you ask them, up until the point that the baby comes out and then they check you after. And that's basically it for six weeks, two weeks if you've had a C-section. Meanwhile, you've spent however many months or years developing a relationship with this doctor. Now, suddenly, they're gone and you're with the pediatrician, who you've probably met briefly, you know, and it's the hospital pediatrician. It's not even necessarily the pediatrician that you're going to be seeing, you know, in your day to day with your baby. And there's no one that you feel like is that trusted person to go to. And there's this gap or this leap that you go from, "Okay, we have this doctor who's worried about me. Now we have this doctor who's worried about the baby and nobody's worried about me." And like, so you don't get that prior experience with the pediatrician to ask them all these questions and say, you know, that's why taking a newborn care class or working with a mentor like you can be so, so helpful because it really covers that gap between the OB and the pediatrician and provides that continuity through the process.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Brittany Pruneau: And that's where the S comes in, in BACKS, is support. You're really guiding me along here, Devon. I appreciate that. So yeah, it's boundaries, advocacy, communication, knowledge, and then support and schedule. So that's where the support comes in to teach them about all of that stuff because, again, something else no one really knows, how would you know that unless someone tells you? You know, and someone's in the field and lets you know. So yeah, the support there is really huge because not only can I support you and teach you all the things that are like, "Oh crap, like no one told me that, like I didn't know," it's all right, I got you.

So I'm going to teach you, I'm going to teach your husband, I'm going to teach your wife, whoever you have with you. Like let's all go through it together as a whole. And I usually start out with a free consultation. Let's figure out like your needs, your wants, if you're unsure, I'll give you the options and then you can figure it out from there. And then they pick whatever consultation they want, whether it's labor and delivery, triage admission, or like postpartum newborn care, and like the first couple of days at home. But it's like when we talk about all this stuff they're like literally enlightened. Their expectations are enlightened and they're like "Oh wow okay now I feel ready like I'm ready to run this marathon." That's what I'm training you for.

Devon Clement: So what do you think are some like top tips for support people to think about? So say somebody's listening and their partner is expecting or maybe their gestational carrier is expecting and they're going to be there supporting that person through the birth. What are some tips for that person to really think about?

Brittany Pruneau: Know their love language. I really personally feel. So with my partner, we've been together for nine and a half years living together for seven. And I was on night shift for more than half of that time. And he has his own baseball business and works as a gym teacher. And our schedules were just insane and we never saw each other. And when I went to day shift, we had to learn all about each other all over again. And then I started getting even more medical issues, seeing more doctors.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

And he's like, "How can I support you? Like, what can I do? I feel like not helpless. Like I know you very well. I know your love language, but what can I do?" I was like, "Just hold my hand and talk to me and let me know it's going to be okay. Read me a poem because I love writing poetry. I love listening to it." And so he's like, "Okay, that's all you need." I'm like, "That is all I need." So just talk to your partner, let them know that this is what I can offer you. And then the partner, the mom who's going to deliver the baby, says, "This is what I need. Are you okay providing this to me?" Just really open communication, looking for the opportunities of guidance. Support people like in the hospital, for example, they can go get the water. When the mom's pushing, give her some chapstick, some ice

Brittany Pruneau: chips in her mouth. They love the ice chips, put ice on her neck and her chest, and help her breathe. If she wants you to count, like tell her to tell you to count. Like there's things like that. Postpartum while the mom is getting up to go to the bathroom to pee, or maybe take her first poop, which is insanely painful all the time, the dad can change the baby's diaper.

Devon Clement: I did not realize we would be talking about pooping so much, but it is important.

Brittany Pruneau: I talk about poop a lot, Devon.

Devon Clement: Oh, yeah. Same. Same. I mean, same. Same about the babies. We talk about the babies pooping all the time, but we do talk about the birthing person's poop as well. Actually, it's funny. I had a client a little while ago, a sleep training client, and the baby, after we sleep trained him, he was doing great, but he started pooping at 5 a.m., which is a pretty common thing for babies to do, and how do we handle that? Interestingly, I think a big part of the reason for it is that now that they're actually spending time alone, chilling in the crib awake, sometimes in that early morning, you wake up a little bit and you go back to sleep. And for babies, they wake up and they're alone and it's dark and they're like, you know, "It'd be a great time. I've got some privacy. It'd be a great time to poop." And then they wake up because then they're pooping and then they're like, anyway. So yeah, I was on the phone call with them talking about that and

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

they're like, "We really appreciate your willingness to talk about our baby's poop as much as you have."

Brittany Pruneau: It's so funny. You just talk about newborn poop and I'm just like all here talking about adult poop. No big deal. It's

Devon Clement: very different. It's very different. Oh my God. I changed a toddler's diaper recently and I was like, "Oh, I forgot how horrific this is."

Brittany Pruneau: I hate the gagging reflex, the dry heaving of that.

Devon Clement: Because they're eating the same food you're eating. So it's basically, you know, it's not that sweet, you know, breast milk or formula, little cute little baby poop. It's way worse.

Brittany Pruneau: When I babysat, I babysat three girls and they're so cute. I still keep in contact with their mom, but we've known each other for like, I don't know, 16 plus years. The girls were like newborn and two and four or something around those ages and totally different life cycles like different poops for everyone around and I'm just like okay feeding and naps and how many diapers am I going to change today or who's potty training you know it's so crazy and that's the other thing with like knowing if you're having your third baby I can help you get organized with like having help for the other two kids making sure that they know they're also loved because there's some regression there. I mean, I know it's a whole different topic, but I can help with that too.

Devon Clement: And we see that with our clients. It's funny, when I became a postpartum doula, I thought like, "Oh, I'm going to be working with first-time parents and teaching them and guiding them." And we do, of course, but far and away, our clients that end up using the most care are the second time, the third time, because first of all, they know that they need support, especially with sleep, especially with overnights. They know going in that either we didn't have help the first time around or we had help and it was the best thing ever and we're doing it again or we didn't have help and it was miserable. So they know that they need that support. And now you know how to take care of a baby. You know how to change a diaper. You know how to do this and that.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

But you don't know how to do that while you're also giving enough attention to your two-year-old, your four-year-old, your 18-month-old sometimes. When you have one newborn baby and you're home from work on parental leave, you can lay around all day and be a zombie. The baby doesn't care. Don't sleep with them on your chest on the couch, but sit on the couch and let them sleep on your chest. It's fine. But when you have a two-year-old that you're chasing around and you're exhausted, you have to be on and you want to be present for those kids, those other kids, in a way that you didn't have to be when you had that first baby. So it's such a big transition. And then the other factor, which I'm sure is a thing for you, it's a different person.

This baby is a different person. So the stuff that worked for your first kid is not going to work for this kid. Maybe your first baby was a magical unicorn and the second one is a lot tougher. Maybe the first baby was really tough and the second baby is super easy and you're like worried. "Are they okay? They sleep all the time." You know my sister, she's a colleague of yours. I'm the older one. My mother says all the time, she's like, "I thought I had parenting on lock. Like, I thought I had it figured out. I didn't know what everybody was talking about it so hard. I was the queen of motherhood." She's like, "And then your sister was born and I realized that I was not. I knew nothing."

Brittany Pruneau: Look at Kim now. Look at her and how great she is.

Devon Clement: I know. And she's in there doing anesthesia for these people having babies and I should interview her. We did a webinar together. Actually, it's still in our webinar archive. That was so interesting to me because I knew nothing about anesthesia. And I'm sure that's something that you talk to people about also, to prepare them.

Brittany Pruneau: I do, and I don't know as much knowledge as your sister does, obviously, but it's really cool. Like, sometimes, like, when we have C-sections, I'll be there. As the baby nurse, I'll go in for the baby and she's taking care of mom anesthesia and we'll just sit there and talk for a little while. I'm kind of like eyeing what she's doing and I'm observing, but I don't ask questions because she's focused on her patient. But it's so cool to see so many different people in their element and she's so badass in what she does. She's amazing.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: She's great. Well, one of the things that she said and the reason we did this webinar is that you talk to your OB a ton before the birth, you don't talk to anesthesia. A lot of times you don't even get to meet them or interact with them until they are in there to do your epidural or to do your spinal for the C-section. And then you're like in labor and you're in pain and all this stuff. So any amount of preparation. You can go check out our webinars on our website, happyfamilyafter.com/webinars. You have to put in your email address and then you get the password to unlock the archive and that's in there. And it's not even something that I ever thought about. Again, if I was having a baby, obviously my sister does anesthesia, but if I was a random first time parent, I wouldn't even think "I want to talk to the anesthesia team" or "I want to learn about what the possibilities are for anesthesia" or anything like that. And again, if you Google it, you know, "anesthesia during labor," you're going to get so much information.

Brittany Pruneau: Oh, it's overwhelming.

Devon Clement: It's so overwhelming. It's crazy.

Brittany Pruneau: It's way too much. And like, that's the other thing with epidurals versus spinal versus like other pain medications in labor. Like, I would want to know all my different options. Like I would want to know the pros and the cons of all of them and how it affects me and my baby who's still in my body, you know, like, I want to know the process, like exactly what to do. I love knowing what to expect all the time. I mean, I had three abdominal surgeries, all three of them were the same type of surgery, but they all went differently. And I asked so many questions. This was when I was kind of like, "Oh, I'm so sorry, I'm asking questions" now. I'm like, "I'm not sorry. I want to ask these questions about my body, my care, I want to play the main role in my body." And it creates comfort. And it also kind of creates a connection with yourself because you're like advocating for yourself. You have one life. That's it.

Devon Clement: And I think if your care providers are not comfortable with that or are giving you a hard time about it, that doesn't mean you should stop. It means you should find new care providers.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Brittany Pruneau: A hundred percent. Exactly. Just no bad will. You just have two totally different personalities or learning or education types and that's fine. Just move on to the next one. It's all right.

Devon Clement: Yeah. And I think the important takeaway is just whatever it takes to feel like you have agency and have control over the situation. Of course, nobody has control over the baby. We know that for sure, but control over what's happening to you and awareness of what's happening to you, and that is going to go such a long way to increasing your confidence. So I want to wrap it up because we've been talking for a while, but I could talk to you all day.

Brittany Pruneau: I feel the same way about you.

Devon Clement: What is like one big just tip, even if you said it already, what is like one closeout major tip you would like people to know when they're expecting or thinking about having a baby to get ready for the experience?

Brittany Pruneau: Understand your body. Understand the mechanics behind it and what to expect for a vaginal delivery and a C-section delivery. Anything is possible. You want to know exactly what is going on inside just as much as you want to know what's going on on the outside. Self-educate. If you don't want a doula or a midwife or someone like me, that's cool. Look for books, podcasts, ask your partner what role he wants to play and then kind of go from there. Just eliminate the anticipatory anxiety by gaining knowledge, feeling empowered, and being prepared. Even if you're not sure of where to begin, so many professionals in the mother-baby field, whether it's before you have your baby or after, we're very well-connected, we can refer you to the appropriate sources for yourself. And again, like, just remember BACKS.

Devon Clement: Absolutely. And even me, if we have a future client I'm talking to and they're like, "I want to know, you know, about the birth and this and that," I don't know anything about that. I'm going to send them to you.

[Brittany Pruneau at 0:56:00] Yeah. And vice versa. I literally tell everyone about you. You and like one other person for postpartum and I'm like, "You just need to go to her. Like, I connect with her immediately. I could just tell she's great." Like you can kind of tell that about a person.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: But you're right. All of us in the field are connected. Somebody wants a lactation consultant, I'm going to tell them, you know, who to see it like, and I'm going to tell you my opinions about them too and who's good and who's going to be right for you and who's going to give you a hard time. If you want to supplement, don't go to them and that kind of thing.

Brittany Pruneau: But that's the thing. It's like knowing your client and their needs and wants, and if they're not sure and you figure it out with them, then you can send them like, "Oh, you definitely don't want breastfeeding. Okay, I'm going to send you to someone else."

Devon Clement: And sorry, you started to say, "Remember, BACKS," which is?

Brittany Pruneau: Take care of your BACKS, boundaries, advocacy, communication, knowledge, and support and schedule. Meaning like just support yourself, know each other's love languages, be there for each other, ask questions, communicate constantly because yes, not only are you caring for yourself and your baby who's going to be coming out of your body again, which is insane, but your partner's there too.

Devon Clement: So insane.

Brittany Pruneau: I can't. I don't even know. Like even doing this for seven years. I just am like, "This is beautiful. It's so crazy."

Devon Clement: So crazy. My friend and colleague had a baby a few years ago after, you know, taking care of them for so long. And she had a pretty tough pregnancy, but she was just like, "This process is very dumb. Zero out of 10 would not recommend it."

Brittany Pruneau: It is very painful. And honestly, a lot of pain comes from tension, like you mentioned earlier. So try to find ways to ease your tension. And like calming your mind and learning because the more confidence you have the more empowered you feel and when you feel that way less tense easier transition I'm not going to say I'm promising you like an easy delivery, but it helps intensely like it's makes such a big difference

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Devon Clement: Absolutely. Well Brittany, tell them where we can find you on the internet and on the socials.

Brittany Pruneau: Enlightenedexpectations.com. Everything is on there You can look at some cute pictures of some of the babies and families that I have taken care of on Instagram, you can find me at enlightened_expectations Currently building a program for clients who prefer self-paced education but currently I am doing consultations with clients one-on-one or with their partner a family member and we start out with Like 15 or 20 minutes or longer if you really need to for free we navigate and then we have our two to three hour Special consultation where I guide you through the entire process.

Also, I just want to note to the listeners, I'm also very open to your opinions of your learning preferences. If there's something that I can do to better suit your needs for your learning preference, like I made quizzes and index cards in nursing school, please DM me. You can actually DM me on Instagram and just say, "Drop the lists here." And I'll drop things like, "Before delivering your baby list," what to pack, partner roles and a resource referral list, like I'll offer it. I don't mind. I'm happy to help.

Devon Clement: I love that. That's great. And we'll link to that in the notes for the show as well. And of course, as always, you can find us on Instagram at happyfamilyafter. You can also go to our website, happyfamilyafter.com if you have any questions. You can leave a voicemail, whatever you would like to do. So Brittany, it was so great talking to you. Thank you so much. I learned so much that I didn't already know and I think people who are expecting or thinking about having a baby are going to learn a tremendous amount.

Brittany Pruneau: It's genuinely thrilling talking to you. I feel like we can just keep going on and on, so I look forward to the next time we get to do this for maybe another topic.

Devon Clement: Definitely. Well, thank you so much, Brittany, and you, everybody out there. Have a great day.

Ep #22: A Nurse's Guide to Labor Day (ChildBirth, Not the Holiday) With Brittany Pruneau

Alright, listen up folks. We love to joke around but it's time to get real. And that real talk is all about giving your babies the roasting they deserve. Yep. You heard it right. We're calling for an epic Baby Roast.

We want you to drop a voice note on our website, and call out your little ones for their adorable crimes. Did your baby spit up on your brand-new dress the second you put it on? Or maybe they decided to scream through your sister's wedding vows? We want to hear all the juicy details.

Head over to HappyFamilyAfter.com, or hit the link in the show notes. Every page on the site has a button on the side for you to record straight from your phone. Your story might just make it onto an episode of the *Parenthood Prep* podcast. We can't wait to hear.

Thanks for listening to this week's episode of *Parenthood Prep*. If you want to learn more about the services Devon offers, as well as access her free monthly newborn care webinars, head on over to www.HappyFamilyAfter.com.