Emily K: I'm Emily Kumler and this is Empowered Health. So if you're pregnant or you have been pregnant, you have probably been told all kinds of things that didn't seem super logical. Right? Like did somebody ever tell you you shouldn't drink any alcohol? And yet when you were in Europe last summer you definitely saw pregnant women drinking wine[1]. Or what about sushi[2]? That was one that drove me crazy. I couldn't have sushi while I was pregnant and I wondered what in the world did Japanese women do? They don't eat any sushi during their whole pregnancy? That doesn't make any sense. So our guest this week, Emily Oster[3], is a professor of economics at Brown and she's basically taken all of the pregnancy and early sort of child development recommendations and looked into the actual data behind those recommendations and then offered up some new advice. Her first book was called "Expecting Better[4]", which was a play on words from the what to expect when you're expecting book that we're all given when we announced to our friends that were pregnant. And that really did a deep dive into what these sort of recommendations are and whether they're really applicable or not. And then her most recent book "Crib Sheet[5]", which Amy Schumer is like blasting all over social media[6] because she loved it so much is doing the same thing only for the first few years of life. What I really loved about Emily's work was that it felt very much in line with what we're trying to do at Empowered Health, which is to get you good information.

Emily O: I am Emily Oster. I'm a professor of economics at Brown University and I am the author of two books, "Expecting Better", which is about pregnancy and "Crib Sheet", which is about parenting.

Emily K: I have so many questions for you. I feel like we could talk all day long. I think the work you're doing is fantastic. Just to sort of kick it off because I think so much of the way that we talk about information today is about almost like personal narrative, you know, as a newsperson. I get the power of a personal story, but I also think we get away from some of the real data points. So what we're trying to do with this podcast and with the column that I write for Boston magazine is to like really dial in on like what is the data. What are some points of fact, I guess you could say– now that becomes subjective too of course– that we can rely on in terms of our own health. And so I think the work you're doing is so important because I think so much of the sort of female experience, I guess from a medical perspective as well as like just sort of experiential perspective seems subjective. So let's just start a little bit talking about the guidelines that moms tend to get about pregnancy and how did you get into that topic as an economist?

Emily O: Yeah, so I got pregnant is the sort of short answer to that. And like a lot of women, you know, I went to my first prenatal visit, all excited, puking. And I got, you know, they gave me like just this list almost on the way out. They were like, oh, by the way, here's this list of all the stuff that you can't eat.[7] And some things on this list that I knew would be on

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[1] https://www.sciencedirect.com/science/article/pii/S1871519217300057?via%3Dihub
[2] https://academic.oup.com/ajcn/article/101/3/530/4569407?sid=fa34e61d-3d09-461a-b85a-cb800e47eeb7
[3] https://www.brown.edu/research/projects/oster/
[4] https://www.amazon.com/Expecting-Better-Conventional-Pregnancy-Wrong/dp/0143125702
[5] https://www.amazon.com/Cribsheet-Data-Driven-Relaxed-Parenting-Preschool/dp/0525559256
[6] https://www.instagram.com/p/Bwk5SwvFDD2/
[7] https://americanpregnancy.org/pregnancy-health/foods-to-avoid-during-pregnancy/

there like coffee or wine. But then there were like a million other things. Hotdogs, turkey, you know, different kinds of deli meats, cheese, all sorts of stuff. And as I said, okay, well can you tell me like, why? And you know, which of these are the most important? And they were like, no, that's the list, see you later. Goodbye. And so I found that experience sort of surprising, I guess. And I wanted to really understand, you know, the reasons for these restrictions. Why some things are restricted and some things are, are not. And this came up over and over again during pregnancy, not just around questions like what can you eat, but around questions like, you know, what's the right kind of pain relief during to have during labor or whatsoever I kind of prenatal testing to have or can I sleep on my side, you know, or my back. And I felt like in a lot of situations I was just told, okay, well this is the guideline. Like this is the rule. And there wasn't enough explanation of why. And so I started trying to figure that out for myself. And my job is an economist, but I'm sort of a health economist and I do a lot of work around medical literature and public health literature. And so I read a lot of those kinds of papers in my job until I started sort of reading them for myself. And I found, you know, sometimes there was a good reason for these restrictions, but sometimes there wasn't. And ultimately the book, particularly the first book, is really about saying, okay, which of these restrictions are really supported by data and which of them are maybe not.

Emily K: So, some of those are things like the alcohol restriction.[8]

Emily O: Yes. Some of those are things like the alcohol restriction.

Emily K: I can remember when I was pregnant, like I actually had a very close friend who has high blood pressure normally in her day to day life. So her pregnancy was like a little bit more complicated. And her doctor when she was like in her third trimester was like, you know, I just want you to have a glass of wine at the end of the day. Like try to relax. And she was like, where do you suggest I do that? Like in my closet because there's no way that I can like go at a restaurant and enjoy like a nice glass of red wine. And you know, it's interesting because obviously like in Europe you have the counter point where like women are often having a glass of wine. And I remember, you know, just sort of anecdotally thinking, I feel like so many of these recommendations are, whether it's like sushi or wine or whatever are sort of like the lowest, like they're catering to the lowest common denominator, right? So like they don't trust that like, I'm going to have one glass of wine. They assume that we're all alcoholics and we're going to drink six glasses of wine. And so therefore no one's allowed to have any.

Emily O: Yeah, I think that's right. And certainly with the wine stuff, there is very much this feeling of like, okay, well we all understand and this is totally right that having, you know, two or three is like not good. And so if we tell people they can have one, then maybe they'll think it's okay to have to have four and you know, or they won't be able to stop. I find that in some ways a little bit disrespectful because I don't think that's–

Emily K: Well, I was going to say it's infantilizing, right? It's like what we do to children.

[8] https://www.webmd.com/baby/features/drinking-alcohol-during-pregnancy#1

Emily O: And I think that there's a little bit of a resistance to sort of like tell people, you know, this is what the evidence says because of this concern about overreaction. And I think this comes up not just in these kind of restrictions, but in many places in pregnancy. It can feel very infantilizing like you're sort of being told, okay this is what you're gonna do. And just like cause that's the way, like that's the way it works. And I think that part of the goal with the first book is to sort of help people be more involved in those decisions and by, by helping them understand a little bit more about what, what the decisions are there going to be facing and how to think about the trade offs.

Emily K: And so what were some of the big takeaways that you found in researching that? Like were there certain things in particular that you felt were really sort of backwards in addition to sort of this idea of being like demeaning in a way or infantilizing that you were sort of like this is not actually accurate.

Emily O: There are a number of those, I mean one that stands out is bedrest. So actually a lot of women are put on bedrest in their pregnancies[9] and that is not a good idea. There is basically no pregnancy condition for which bedrest has been shown to be effective. And it also has a lot of downsides in terms of like loss of muscle, you know, muscle tone and other kinds of circulation. Yeah, other reasons it's not a good idea. Now that's sort of interesting case where on the one hand actually that recommendation like no one should be on bed rest is totally in line with the kind of frontline medical literature. So if you asked like the ACOG, if you ask the American College of obstetricians and gynecologists, is this a good idea? Their recommendation[10] is that it is not, but yet in practice it is still very, very common to prescribe this. And so in some sense like I find that to be really a challenging thing to push beyond. That you know, people are getting kind of, there's like one piece of advice from the official governing body and one piece of advice from your doctor and kind of one piece of advice from the evidence and how do you know which of these things you should do when they're all saying something different.

Emily K: And so what is your advice on something like that? Like how to navigate?

Emily O: Yeah, I think that in pregnancy you're going to have interactions. There's going to be at like a medicalization of pregnancy and so of course one thing is like picking a provider that you're comfortable with. I think the other piece of advice [?] they give people is like, you know, look at the literature. Like try to understand for yourself what you think is right and then try to engage directly on that. So if they say, you know we're going to put you on bedrest, try to engage on like the question of why. Like can you explain to me why you think that's a good idea? Here is some evidence that I have in the other direction. You know what, like what do you think about that? Because sometimes the answer is like, yeah, you know the evidence is on average this, but here's why I think

[9] https://insights.ovid.com/crossref?an=00006250-201306000-00023

[10] https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/Did-You-Know-Video-Series/Preterm-Birth-Patients/Cautioning-Against-Bed-Rest-and-Why?IsMobileSet=false

that's right for you. And sometimes the answer will be like, oh, I don't know, I just put everybody on bedrest. In which case maybe that's not the right choice for you.

Emily K: I mean there is something from like sort of thinking about the physiology of a pregnant woman's body of this bed rest idea. It feels very much like mansplaining[11]. Like we don't want, you know, like if you walk around the baby will slip out of your vagina. Like so lie down, just like don't move. Right?

Emily O: Yeah no, I think that it just turns out that like it doesn't just slip out like that. That's not how it works.

Emily K: Which is why probably ACOG and others have now progressed beyond this idea of like just sending a woman home. I mean, I sort of feel like with bed rest it always feels to me like that's sort of a reason to not have to work. I mean like to like get your maternity leave early or like be on disability. Right. And so like are you actually supposed to be like in bed flat all day? Like that's ridiculous. Even after people have like their knees replaced, we're trying to get them to move as soon as possible. So like why would we ever think that was a good idea? But it does seem like cartoon perspective, like yeah, well if you're a vertical, God knows what's going to happen. It's all gonna come falling out. So don't do that.

Emily K: I think the other thing is that in that case, you know, actually if you prescribed bed rest frequently it's often going to look like it worked. Because like when women go into preterm labor and then labor stops actually for a lot of them they, you know, it doesn't like it doesn't go back again. Like people do go to full term and so if you prescribe bed rest a lot, you will often find that those people do well and then it's like, oh the bed rest must've worked. But of course like it's not that the bed rest worked, that would've happened anyway. But it's hard to ignore that feedback in your lived experience.

Emily K: You mean as a doctor is sort of attributing it to this prescribed treatment? Yeah, that's really interesting.

Emily O: There's an attribution bias. It's pretty common I think.

Emily K: So moving to the next book, I feel like this sort of feels now like it's following your own progression of your life experiences, which is– right? Like I mean I feel like the creative process is often just the development of things we experience. So can you tell us a little bit about that? I mean that book was a huge success and I feel like it is sort of like the counterpoint to all of the crap that we've all been told forever while also like giving some really important information about, you know, like these are things to be nervous about and maybe these are things not to be nervous about.

Emily O: Yeah. So, I mean in some ways I think the second book, "Crib Sheet", has a little bit of a different central tension than the first one. So I think a lot in a lot of the experiences in pregnancy, the conflict or tension can often be sort of with like trying to manage the medical aspects of the pregnancy. And I think that that when you have a kid, if you ask

[11] https://www.merriam-webster.com/words-at-play/mansplaining-definition-history

sort of what is like anxiety provoking, it's not really– for many people it doesn't have much to do with the medical system. It's more like you have conflict with like the other people in your family, people you see on the street, yourself, the Internet, you know, those sort of pressures that come with people telling you what to do about your kid. And it sort of combined with the fact that like every minute there appears to be a new decision and every decision feels like it is the most important decision you will ever make about anything, even if it is very tiny. And so a lot of "Crib Sheet" is about kind of saying, okay, here's how to structure this decision. You know, here is the evidence on the benefits and costs of breastfeeding[12]. Here's how to think about it. You know, here's the evidence on the risks around sleep. You know, here is how you should think about it. So it's almost more like structuring that the decisions for people rather than saying the right decision is this.

Emily K: Well you're giving people a real data, right. And then allowing them to make their own choices.

Emily O: Yeah, exactly. And I think part of the point is that, you know, the data is kind of, it is what it is. So the data says what the says the benefits and costs of some of some decision. But even with the same data two people would probably not make the same choice or they may not make the same choice. And that you have to combine that data with your preferences and kind of recognize that the choices are not going to be the same for everybody. And I think for me that's like a little bit freeing because I think what I found so hard about some parts of parenting is the feeling like, well, I'm doing it, maybe I'm doing this differently than other people. And that must kind of, maybe that means like my way is wrong or it must be that their way is wrong. As opposed to being like, yeah, nobody's way is wrong. There are just a lot of different right ways to do this stuff. Not everything is like that, but many things.

Emily K: And do you think that that's different today than it was say for our moms?

Emily O: I don't– you know people ask this a lot. Like, you know, are we parenting in a more, like are we more anxious about parenting? Are we more engaged with it? Is it harder? And, you know, I do have that impression that there's, I think partly there's more evidence around that people are kind of looking at. Partly we're parenting older[13] and so we're probably more used to making decisions on our own and more used to having things we try to achieve workout for us. I'm not sure. But I also think that you kind of forget the experience of early parenting. And so some of the impression that I get from like say my mother about how relaxed she was, I don't think that's really true. I think that she was probably also not relaxed, but just of course reflecting 40 years later on it, she's like, oh yes, I was very chill, very chilled out.

Emily K: Yeah, no, I've had this conversation with my mom too where I'm like, she's like, I don't understand why your kids don't sleep through the night. Like you all slept– and the four kids, my family, right? Like you all slept through the night by the time you were like two

[12] https://www.nytimes.com/2019/04/19/opinion/sunday/baby-breastfeeding-sleep-training.html
[13] https://www.nytimes.com/interactive/2018/08/04/upshot/up-birth-age-gap.html

weeks old, like it was like something ridiculous. And I'm like, mom, that's not possible. Right. And then thinking about it, I'm like, you didn't have a baby monitor. Right?

Emily O: Right. How did you know?

Emily K: Big house, right? Like I'm sure if I was like four and woke up in the middle of the night and cried, I cried myself back to sleep cause I was like too scared to get out of my bed. You know what I mean? And you never were the wiser. So it's not like being neglectful, but it's also like you just, it wasn't in your periphery.

Emily O: No, totally it's right. I have that conversation all the time with her. She's like, you know, I don't know why. Like, you know, it's like, what is this big deal about breastfeeding? You know? It was no problem for me to breastfeed all the time, all of you. And I was like, well did you have a breast pump? But she's like, no, don't be ridiculous when I wasn't with you you would use formula. And I was like, okay, you just told me like, okay, nevermind, let's move on.

Emily K: Right, right. Yeah. Actually, I feel like one of the biggest arguments, my mom andI got in when I had very little kids was I had gone to the pediatrician and I said something to him about some advice that my mom had given me. And the pediatrician was basically like, yeah, so here's the deal, like grandparents don't remember this stage of life. So they mean well they're giving you advice but like you actually should just not listen to them. And in a fit of fury I repeated that to my mother and she was immediately like, you know, to this day, like five years later, she like hates our pediatrician. Like, oh, I know where that comes from. But like, you know, I think that was actually probably really good advice because I think people do want to give advice. Right? But I mean, I don't remember like seven years ago, I don't remember when my son was a baby. Like, I mean, I feel like I do and I look at pictures and it brings back memories. But like the day to day, no way. I don't remember like the timing for naps or all that crap. I mean like–

Emily O: But also, the thing I think you really forget is just how like all encompassing and exhausting it is in the moment. You know, I mean sleep deprivation is like a really big problem for people[14] and you know, as a parent of older kids, I'm like, oh, I'm so tired. But of course it's like I'm not actually so tired. It's not like when you have an infant, but I think that it can be very hard to be sort of empathetic about how overwhelming that that period can be.

Emily K: Yeah, I actually, there was some app that I was using to track feedings and track sleep and I remember, I don't know, it was with my son and he was probably, let's say he was like six weeks old. And I remember I was nursing him like 43 hours a week and I was like, that's a full time job. Like just having him nurse is taking up the same amount of time as most people work. Right? Like that's insane.

Emily O: Yeah no, it's crazy. It's insane.

[14] https://www.parents.com/baby/new-parent/sleep-deprivation/new-parents-more-sleep-deprived-than-we-thought/

Emily K: But you know, it's interesting to me because I am like very interested in this like sort of postpartum period where people are feeling or they're being diagnosed more, right, with some sort of anxiety or depression and the medicalization of the pregnancy and I think sort of your point of like there's a lot of this stuff that's recommended that may not actually be based in numbers. And again, like some of the stuff just hasn't been studied, right. And or studied properly and we know that women are taking lots of medications that, you know, they haven't been involved in clinical trials for when they're pregnant.[15] So, for me that seems like there's still a lot of wild cards. Like there's still a lot of stuff we just don't know and we can make our best guests but we don't have a lot of data for. But it definitely seems like there is more intervention with pregnancy. Like, and when I say intervention, I mean like doctors appointments, tests, right? Like there's all this genetic testing[16] you can do now. Right. That for me anyway, I felt, and I feel like anecdotally with friends, it seems like people are constantly going from one appointment to the next. Do you know what I mean? Like you're sort of like, okay, it's this checkup. Okay, everything's okay now I can go to this checkup. Okay, it's okay. And like I've said this before on this podcast, but like my mom, you know, four kids and she, I remember her saying to me like, you know, my pregnancies were like so calm because I went to the doctor like, you know, once a trimester or whatever. And then she was like, I think I had like one ultrasound with your brother was like the last of the kids. And she was like, other than that they were basically like, you know, if you're bleeding call us. You know, like otherwise you're fine. Whereas I feel like for our generation it's much more of like, oh my God, we have to check all these things. And do you want to know, do you not want to know? And that sort of sets the tone in a way for like almost like looking for something negative.

Emily O: Yeah, no, it's interesting, I hadn't thought much about that, but I think that right that it is, I mean, you're certainly right that it has gotten, this has gotten sort of more medicalized. And I think the other thing that happens there is that there's this sort of sense in which like all of these are like opportunities to like be achieving the correct pregnancy, you know, and which relates then to this sort of like achieving the correct baby and somehow like parenting becomes more of, this has become more of a thing that's like, this is something like, I'm gonna do it right. You know, I'm going to go to the, I'm going to have the appointments, I'm going to do the right kind of testing. I'm going to have the like, I'm going to be sure that everything is right here. I'm going to measure the right amount, I'm going to do this. And then you know, once I have the baby, it's going to be rolling over at the right time. It's going to be doing this other stuff. And here's all the ways in which I'm gonna to intervene to make that happen.

Emily K: Or control. Yeah, I mean–

Emily O: Or control I think fundamentally we seem to expect a measure of control in parenting, which is very challenging to achieve with a baby who is not really subject to being controlled.

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[15] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3547525/
[16] https://www.webmd.com/baby/pregnant-genetic-testing#1

Emily K: And I remember that with SIDS[17] as well, that like I had this feeling that if the baby was right next to me and you know, babies are like, Ooh, they do all the weird breathing stuff and I would like hop up in the middle of the night and like pick the baby up, you know, and wake them up. Right. And so now we're both awake and now we have another feeding. Blah, blah, blah, blah. Right. Which is probably more negative, but I had some instinct that like if I could get there before the breathing stopped, that I would save the baby. Which is like absurd. But I think this idea of control, it sort of becomes inherent in the way that we are both instructed and also simultaneously challenging the instructions that we're given.

New Speaker: Yeah, no I agree. I mean I think we just have this, yeah, there's so many things in this parenting where we just feel like we can get it if I can only figure this out. And I think the other thing is that you look for patterns in ways that particularly with the small baby are crazy. You know, I remember we kept this spreadsheet of like exactly how many minutes she like ate on each side, you know, and it was in this– and how many times she peed and all kinds of other stuff. And you know, it was like, I think the idea was just like, okay, we can figure it out. Like maybe the time that she ate for 18 minutes, then she slept for like three and a half hours. So maybe that's the magic number, like let's try to get exactly that number. And of course by the time you have a second kid you realize like, oh, it's just like whatever. You know, you can't really control that but, but I think that there is this sort of illusion, illusion of control when you try to kind of get it right.

Emily K: Yeah or this constant need for reassurance. Right? Cause that's the flip side of it. For me anyway, it's like this idea of like I want to control the outcome so that the outcome is not negative, but I also want some indication that I'm doing it correctly.

Emily O: Yeah, that's interesting.

Emily K: But to your point, like I feel like when my daughter was born, I took her to the pediatrician. She was like, I dunno, let's say three weeks old. And I was like, I think something's wrong. She's sleeping for like 23 hours a day. Like she wakes up, she nurses, she goes back to sleep and the doctor is like, well what are you doing? And I'm like, well I'm in the other room playing with my son. And he's like, well, so the difference is that you're just not on top of her. So like every time she wakes up you're not like, okay, you're awake. You want to feed? Like are you okay? Okay, let's go play. Like whatever. And you're just kind of letting her be and he's like, she's fine to sleep that much. And I was like, you know, so with him I was worried he never slept and with her she slept too much. It's like

Emily O: Right, it's always a problem.

Emily K: Right. It's always something,

Emily O: It's never the right amount.

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[17] https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes/syc-20352800

Emily K: Are there other topics within the sort of realm of female health or women's health, that you feel like are underserved in terms of people aren't talking about them but that are really important?

Emily O: You know, going back to the postpartum stuff, like I do think that this sort of postpartum recovery stuff, it has not gotten, does not get the kind of attention that it needs. And I think, you know, part of it is like maybe it relates to to the amount of attention that you get during pregnancy. That it's sort of like when you're pregnant, it's like people are very, very focused on you and the medical system is very focused on you and everyone is very focused on protecting you and whatever. Sometimes to the point of bothering you and then you have this baby and like all of a sudden we're sort of very focused appropriately on the baby, but we kind of lose the mom a little bit. And I think that a lot of people are very surprised at the extent to which like sort of this is a physically draining time period. You know, you're bleeding a lot, everything's all messed up, you're exhausted, your boobs hurt, your nipples are all cracked.

Emily K: Well, and your sense of identity has been completely changed right? You're now no longer an individual. You're like, you have a dependent,

Emily O: You're like somebody's mom and you're just like a cow, you know? And you know, it also has many very nice aspects. You know, you have a baby, whatever, it's all great. But it is really jarring. And I think that that isn't very visible and I'm not sure whether, I think that, you know, there would be a time when of course, you know, you would've had this baby in the village and you would've been around, you would have seen tons of other people have a baby and people would be checking on you, whatever. But like we don't live in that environment now. Women are like home by themselves, you know, with their baby for a long time and you know, you only see people who are out, they look like they got it together, you know, they left the house apparently with their baby. And here you are, you know, in your Lululemon pants and you haven't washed your hair and like why, you know, why am I not achieving this?

Emily K: For me, I feel like that actually starts at like a systemic level. Like I have a ongoing spreadsheet that I can share with you if you're interested about funding in terms NIH funding and how much goes to mom versus how much goes to baby and like how these two have been lumped together. I mean I kind of joke that it's like fruits and vegetables, like these are not the same things at all and yet we always refer to like eat your fruits and vegetables. It's like why? Like they're not the same and mom and baby are not the same. Right. And totally different. Like biologically they're different. Psychologically they're different, like all their needs are different and yet like they're always lumped together

Emily O: And sometimes the needs can be a little bit in conflict, you know? And I think when we talk about things like, you know, breastfeeding, you know, I think a lot of the benefits that people say about breastfeeding are overstated, but there are some benefits and you know, probably like if it was totally costless to everyone else we would say, yeah. Like that's a good idea for babies to be breastfed. But it is really hard and really challenging and potentially really costly and debilitating for the mom and we sort of, it's

hard to think about those trade offs but they are trade offs and they are sometimes in a little bit of conflict and I think it's important not to forget that.

Emily K: Yeah. And I mean I think that the whole image of mom is such a, I mean like I'm not going to articulate this well, but like it's such a big deal to have your identity shift, right?

Emily O: Yeah.

Emily K: And I think, you know, I remember taking a baby class and it was like the babies were all like nine months old and we were all bitching about like how we couldn't fit into the jeans that we had before we were pregnant. And you know, like it was sort of like this nice commiseration where everybody was in the same boat and the instructor was basically like, I just want to stop you guys for a second. Because in most cultures, in most places you guys would still be like basically in the house with like your whole community bringing you food and checking on you and making sure that you're feeling happy and like taking you for walks and like taking care of the baby so you could sleep. You guys have this idea that like this happens, you get the baby and then next thing you know you're like at the stroller class and like everything's fine and like,

Emily O: Right.

Emily K: Like you just made a human being, you made a human right. Like that is the most incredible thing you might ever do in your entire life. Probably will be. Like, give yourself a minute. And that really stuck with me because I do think that like we don't give ourselves or other mother's permission to just take a minute and be like, you just made a fucking human like in your body without having to think about it. Like that's insane in terms of like things that we can accomplish in our lives, right? Like that's bananas and yet like we kind of assume like it's not really going to have any impact other than like I'm just going to feel so much love and happiness and like whatever. And I think, you know, even there've been times that I've had conversations with my dad or like with other men who are like, you know, you have a baby. You know how many people like want a baby. And like now you have one. Like you should be so happy. And it's like, wait, am I not supposed to say anything negative? Because that somehow negates the positive. These things are coexisting in my head. Why can I not articulate them? My whole life I've kept journals and when I had a really hard time postpartum, there was a part of me that thought maybe I shouldn't be writing this down because what happens if my kids go back and read it? And they think that like they made it really hard for me. And in that exercise of questioning whether I should express myself in a way that I always do privately, right? I mean like that's not for anybody else to read. But I do think like, you know, you never know if you're going to get hit by a bus and people are going to find it. And you know that's really interesting because that to me is a very clear cut way of like the idea of sort of self editing, of like what is acceptable and what is not and what is my responsibility as a mom to my children to make them not feel that they did something that was hard for me. Do you know what I mean? Like that's ridiculous because it's like the hardest things in life that ended up being the biggest periods of growth I think. And so why can I not be open about how motherhood is hard? Because that might make the child feel badly or it makes society feel badly or it makes people feel like there's

something flawed in me that I don't just love being a mom all the time. Like that's really hard.

Emily O: Yeah. No. And I think there is in this sort of mom space, like a kind of, I don't know, this idea that sort of saying like, yeah, I made some choice cause it made it easier for me. Or like every minute with my kid is not like the blessing that, you know, like that's like somehow very frowned upon. And I, you know, in the wake of this second book I've been, I, you know, some of the things that people say on the internet are not so nice but, and some of them, you know, many of the sort of criticisms and I get around like, you know when you choose to have a kid that means your job is mom and what you should be doing is at all times thinking about how you can better serve your kid and you know, you shouldn't put them in daycare because that's a daytime orphanage and you know, why did you become a mom if you just wanted to have some other people take care of your kid all the time and you know, you shouldn't, you know, why should you, you shouldn't sleep train because like, you know, because that's somehow that's– being a mom is about being there every second and every time they cry you need to be responding to them because that is what it is to be a mom. And I think that that's really not true, but we've somehow sort of gotten into this place where that being a mom means not being a person.

Emily K: Yeah. And you know, I don't think that's how it used to be either.

Emily O: No, I think that's right. I think that's kind of new.

Emily K: I mean, and that's interesting because I feel like the people who will say those things I'm sure are defining themselves as sort of like classicists in the mom genre. Right? Like my mom was there for me all the time and like, that's what I'm going to do. But like my mom was a stay at home mom with four kids, but she like volunteered at all our schools. Like she was working a lot, just not getting paid it. Right.

Emily O: Right.

Emily K: And, but she also would be like, go outside and play. And like I wasn't her playmate. Do you know what I mean? I mean, I don't know. I find that so fascinating too because it's like this idea of like martyrdom, you know? Like you should give up any sense of your own identity or other sources of happiness. And like, I feel like if modeling is something we all agree is an important aspect of parenting or being a boss, right. Or anything, then why would we not want to model that like, yeah, there are times that are hard and they're also are lots of sources of joy in life and that having different avenues of joy helps to deal with the times that are hard in one particular area. I mean, that's so interesting, right?

Emily O: Yeah. Yeah. No. And I think that, you know, I mean I think a lot about this with my daughter and you know, the kind of showing her like you yeah, you can like have a job and be a mom or not, like you know, depending on what works for you. But that, you know, that some of that modeling is something that she will, you know, look at and think about when she makes her own her own choices.

Emily K: Well, and the thing was sleep training[18]. I remember feeling like, you know that when I was doing sleep training, it felt like, it was like absolutely against every instinct in my body to let this child cry. And a really good friend of mine who's like a, you know, pretty crunchy mom, she was like, the way you have to think of it is that you're basically saying to them like, hey, you're safe. You're okay. You can put yourself back to bed. You're teaching them independence. You're not– you're teaching them that they don't need you to fall asleep. That they can fall asleep anytime that they want, wherever they are, whenever they're tired. And I was like, that is such a good mantra because that's true, right? Like if you can teach somebody to fall asleep on their own, when we have a culture of people with sleep problems[19], like how great, what a great gift to give them. Right? Like you don't need me, you don't need to sleep next to me. When you're tired you put yourself to bed, you're good. Right? And it's like we all have these different, you know, and I'm sure we go to the people for advice who we feel like are going to give us what we're subconsciously looking for. But I also feel like it's so interesting for an idea of like, you know, something like motherhood, which is so individually special but also so common in terms of, you know, womankind or whatever we want to say, like to write a book and then feel like you get attacked for it. That's an interesting phenomenon. Like everybody thinks they're an expert in this. So, even if you're somebody who's like gone back and looked at all the data to like, how do you deal with that? Like do you feel like you need to take people up on their arguments or do you just let it be?

Emily O: Sometimes, I mean it's not that common for people to like say I disagree with your read on this paper. So a lot of the criticism is just like, I can't, you know, you're just like trying to defend your own, you know, terrible parenting and like you should never be a parent. Some of it is just sort of like ad Hominem and I can engage with that. I mean there are, there are places where people are very thoughtful and I try to, and you know, do make me think. So somebody the other day posted a very long Twitter thread about, some of the discussion in the book about milestones and sort of basically saying like, look, you know, the part of the book about like, when should your kid roll over and when should your kid walk. That kind of focus in the book is the idea that look, there's like a lot of variation within kids who are normal. So like, don't worry too much, you know, don't worry too much about this if your kids like not walking until 16 months, like that's basically fine. And this person was like, you know, look, I kind of see, I see what you're saying. But you know, for a lot of us with disabled kids, like we were kind of dismissed by pediatricians and actually like our instincts that there was something wrong were right. And so by sort of sending this message like maybe some people whose kids do have disabilities will get sort of, feel like they shouldn't worry when they should. And it was a very thoughtful– I'm still thinking about kind of how to think about weighing those points. So there's some things like that that are very nice and I find like, okay, you know, this is a good, this is like a good way to engage on some of these issues. Very different than just saying, well you know, it's fine for you if you hate your baby. But like I love my baby. It's just like not really that productive.

[18] https://www.babycenter.com/0_baby-sleep-training-the-basics_1505715.bc
[19] https://my.clevelandclinic.org/health/articles/11429-common-sleep-disorders

Emily K: Right. But I mean I think the point that you make is more of like if at 18 months they're not walking, then there's probably, you know, reason to look into it. Right. But like I mean like that's how I would read it.

Emily O: I think that's right. But I think these guys' point, which is kind of interesting, was like basically if you're, you know that if your kid really has a problem actually intervening at 11 months is better than intervening at 18 months. And you know that like it's true that sort of idiopathically not walking at 12 months is like no problem. That sometimes that for a lot of parents who have disabled kids, they feel that they realized that there was an issue earlier and it took them a long time to kind of convince somebody that like that they were noticing a problem. And I think that there is some tension there. On the other hand, you know, most kids are not disabled and so most of the time if you sort of freaked out when your kid was not walking at 12 months, it would turn out to be misplaced. And I think that's a little complicated to think about how to weigh those things.

Emily K: Yeah. I don't think writing has ever said like, don't advocate for your kids. Or like if you think something is wrong, don't, you know, don't follow up on it. I feel like you're pretty clear about that kind of stuff.

Emily O: Yeah, I try to be.

Emily K: But I mean I also feel like you have to be sympathetic. I've had a couple of instances where people have gone after me on Twitter and there are times where I like, actually Jill's been like, don't engage. Just don't go on Twitter right now.

Emily O: Don't get on there, don't listen.

Emily K: Because it's so hard. You feel like people take something and then they don't either you didn't articulate yourself properly and you want to correct it or it's that they picked something and then that thing spreads. Right? And that it spreads out of context in a way where you're like, whoa, wait a minute. Like that's not right at all, but people don't care. That's what I've sort of realized is that like, I think your point of like somebody who's really thoughtfully thinking about it is worth responding to. But most of the time it's like just turns into some sort of like weird ranting echo chamber where like, they're actually– like, I had somebody who responded to people who are going after me and said like, you know, that's not really what she wrote, blah, blah, blah, blah, blah. And they were like, hey, why don't you read the room? Like, basically like if you're going to defend her, like please remove yourself from this thread.

Emily O: Yeah, I like the people who are like, well, I didn't read the book, but based on reading one paragraph of this newspaper article that someone wrote, here's what I think.

Emily K: Yeah, exactly.

Emily O: Okay, thanks. That's, yeah, but I know I find it very hard not to engage. Yeah. I don't know. I told my daughter at the beginning, like, before this, I was like, you know, when

this book comes out, like some people are going to say mean things. It turned out not to be as much true as I thought. But I was like, you know, some people are going to say I'm a bad mom. And she was like, I know you're a good mom. And I was like, all right. Then she was like, except when you make me practice violin. I was like, okay, well what can you do?

Emily K: Right, right. But you're like, that's great. That's the perfect answer.

Emily O: The perfect answer. You're a good mom except when you're making me practice violin.

Emily K: That's right. So are there other things in terms of like sort of your purview through the economic lens? I mean, I feel like we're in a really interesting time for women's health in particular right now because of the sort of new interest in women being represented in clinical trials[20]. And I also think just like sort of a new attention to the fact that our systems are so different than men. And I kind of wonder from, I always ask people like, do you feel like the more women get into positions of power, whether it be in government or corporations or you know, in the sciences that the more we sort of realize that we're different and that we need to also be attended to in terms of research in a different way, like not just lumped together.

Emily O: Yeah. I mean I think that we, that there is a lot more work on men than there is on women and women's health has sort of historically not gotten the same kind of coverage that men have. And you know, there is a need for more of that. You know, I think that there are some challenges in doing this kind of work on pregnant women for various ethical and other and other reasons. So, I'm not super optimistic that we'll get more of that, but it would be good if if we did.

Emily K: So do you think that you're going to continue to focus on these kinds of, like, whether it's parenting or motherhood or different sort of themes that you've been successful at so far?

Emily O: I don't know. I think the jury is out. I think it would be hard to write a followup. Like the sort of sequel is hard to envision. Just because like as the kids get older, the problems get more complicated, kids get more sort of different from each other. And so I think that some of this approach is more limited. But you know, I am interested in this space personally and professionally and so I guess we will have to see.

Emily K: I'm Emily Kumler and that was Empowered Health. Thanks for joining us. Don't forget to check out our website at empoweredhealthshow.com. For all the show notes, links to everything that was mentioned in the episode as well as a chance to sign up for our newsletter and get some extra fun tidbits. See you next week.

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20 https://orwh.od.nih.gov/research/clinical-research-trials/nih-inclusion-policy/including-women-and-minorities-clinical