

00;00;00;00 - 00;00;28;12

Cale

Welcome to Grin + Bare It. A show that uncovers the remarkable stories from one of the most demanding industries in the world - Healthcare. From inventors and trailblazers to frontline workers and scientific experts, we explore the biggest challenges faced in health care and how these brilliant people have solved them. I'm your host, Cale Donovan, an award winning entrepreneur and co-founder of Bare of Australia's largest end of life providers.

00;00;28;15 - 00;01;00;13

Cale

On today's episode, we're diving into the vital topic of birthing and pre and post pregnancy care. Every year, millions of women around the world embark on a journey of childbirth, and it's a process that's as complex as it is transformative. In Australia alone, there's over 300,000 births annually. Each with its own unique story and set of challenges. Now, whilst pregnancy and births can be profoundly joyful, it can also bring unexpected hurdles from navigating the healthcare system to managing mental health and recovery in the postpartum period.

00;01;00;15 - 00;01;25;03

Cale

To help us navigate this important topic, we're joined by Sophie Walker, the founder of Australian Birth Stories. Sophie's dedicated her career to sharing the diverse experiences of women through her immensely popular podcast, which has reached over 10 million downloads. Her platform has become a trusted resource for expecting and new parents, providing real life insights and expert advice on every aspect of the birthing journey.

00;01;25;06 - 00;01;51;08

Cale

In this episode, we're going to explore the balance of making plans for giving birth, but not letting those plans and expectations derail, Sophie's biggest lessons after interviewing over 500 mothers, all with their own unique stories and how to take a personal passion and build it into a thriving community, join us in an enlightening conversation with Sophie Walker, a leading voice in the world of birthing and motherhood, and an expert podcaster.

00;01;51;11 - 00;01;56;00

Cale

Super excited! Let's go!

00;01;56;03 - 00;02;02;03

Cale

Sophie, you are an esteemed podcaster yourself. Welcome to being on the other side of the mic.

00;02;02;08 - 00;02;03;19

Sophie

Thanks so much for having me.

00;02;03;22 - 00;02;26;27

Cale

Hi. This episode is really hopefully going to summarize some of the insights from all of those conversations you've had. You've, you're in a really unique position to have spoken with many, many people about your very vulnerable times in their lives. For those that aren't familiar with your background, I'd love to hear your story. And and really, what led you to kicking off Australian Birth Stories?

00;02;26;29 - 00;02;49;20

Sophie

Yeah. Okay. Amazing. We just actually, it's timely. We've just released our 500th episode of the podcast today. So the milestone for us. But I'm a mother of three. I live in Melbourne, and my background kind of study wise is, I've done a master's in public health, but prior to that, I've got a Bachelor of Health, Science and International Relations, and I sort of went into that thinking.

00;02;49;20 - 00;03;15;16

Sophie

I worked for Oxfam or MSF and moved to Africa and all of that, but never really eventuated. I yeah, traveled overseas and came back and did my master's of public health just to upskill. And I ended up working in cancer research for Cancer Council Australia and also for Peter Mac. I'm doing a lot of interviews, so it's interesting the kind of skills you collect from different jobs along the way that feed into where you land.

00;03;15;19 - 00;03;34;08

Sophie

So I'd done a lot of interviewing of yet really sensitive subjects such as cancer and family history of cancer and things like that. So I think I was building that skill of listening and, and reflecting and being an active listener. I should also say my mum's a psychologist, so I think that feeds in somehow or other as well.

00;03;34;10 - 00;04;07;13

Sophie

Yeah. But I see. Yeah. So I started the podcast after I'd had my second child. So I had a really difficult first birth, which I would - yes, it was traumatic for me. So I went on to have a really beautiful second birth experience, same hospital, same model of care. So everything else was the same. After having such a fabulous second birth experience, I thought, oh, I want to create something that's Australian focused because I was drawing on international kind of podcasts before it was sort of. So at seven years ago, before podcasts really became such a big thing in Australia.

00;04;07;15 - 00;04;30;14

Sophie

So I just sort of did it for fun. I thought, I will record this great birth experience I had. Literally the second episode is my sister then a few close friends and then people just started listening. So, it's nearly had 18 million downloads now. It's grown into something. Yeah, a real library and tapestry of very different birth experiences of over 500 women and their partners.

00;04;30;14 - 00;04;43;06

Sophie

So it sort of just grew organically and became a business. So I've kind of reverse engineered things that way. I feel like people create a business and now make a podcast to help tell everyone about it. And I've kind of done it backwards.

00;04;43;09 - 00;05;03;13

Cale

Amazing, amazing. It's often as well that like the overnight success is actually many, many years in the making. There's a lot of just organic interviewing your sister, interviewing people you know, and kind of it develops from there. One interesting point that you had, which I found intriguing, was the first child was traumatic and the second seemed to go really well.

00;05;03;20 - 00;05;19;24

Cale

And you even phrase it as everything else is pretty much the same. And so am I inferring that it was the mindset that was totally different. Was it like the preparation? Was there something else in there? I'd love to unpack that a bit more as to why that was so vastly different, based on you doing the research?

00;05;19;27 - 00;05;36;20

Sophie

Yeah, yeah. So I actually had- they call it the gold standard model of care. So I had continuity of care with a known midwife through the public system just through my local hospital. But research really supports that. If you have a known care provider through your antenatal appointments, they're at your birth and they support you for the birth.

00;05;36;20 - 00;05;54;19

Sophie

So I had that for the first pregnancy. We went to those antenatal appointments at the course that the hospital offered, and I was really excited about the challenge of labour and us wanting to experience that challenge and take it on. And my husband is very sporty and we had the TENS machine he's like, "It's fine, it's going to be like a timer."

00;05;54;19 - 00;06;18;05

Sophie

We just like, pace this. I'm going to coach you through. And we were really, really confident. And then we sort of I think we tried all of those techniques. So I think a lot of the research I did in

between having the first and the second was I really need to explore all the options. I need to have a plan, even if sort of I say worst case scenario in an in kind of inverted commas.

00;06;18;07 - 00;06;36;09

Sophie

But if we get to plan C, where it's an emergency caesarean, and then here's how I want that to go. And I really let myself be open to all possibilities, because I think you can read every book. You can listen to every birth story and really prepare yourself. And there are twists and turns in birth that you can't plan for.

00;06;36;09 - 00;06;44;04

Sophie

So you need to be open minded. And I wasn't open minded really, in the first birth. And then I was pleasantly surprised by quick second birth.

00;06;44;07 - 00;07;12;28

Cale

Always the way really well prepared. It's a, it's paradoxical actually a little bit of what you describe, which is you want to plan and have a plan B and a plan C, and hopefully beyond that. But as you describe, you- rarely does it go to plan. And so it's kind of, it sounds like a tricky balance between, as you said, being open, but being like have some semblance of confidence that if it doesn't go in a certain way, it's going to be okay, or there are other options available and it's not the be all and end all, like, is that right?

00;07;12;28 - 00;07;15;11

Cale

Have I kind of got that right? It's a tricky, tricky balance there.

00;07;15;16 - 00;07;41;06

Sophie

And I think that we find that balance at Australian Birth Stories quite tricky too, because we share every kind of birth experience from sort of the pain free, orgasmic kind of for the birth at home right through to stillbirth. And we showcase all experiences, but we get kind of feedback. Over the years, we've had feedback from people saying, I suddenly was having an emergency caesarean, and I was being whisked down the hallway and I thought of that episode.

00;07;41;08 - 00;07;53;20

Sophie

So I think we are forever balancing that, like different experiences, both positive and negative. So it can be really beautiful and really exciting, but you need to be prepared for all the twists and turns.

00;07;53;22 - 00;08;13;12

Cale

I guess there's an element. Any luck with any sort of form of content that's produced there is self-selection, right? And so those that - one - if I think it's going to affect the optimism or it's going to increase their fear around that, you know, you can choose to listen to it at your own pace or if at all, I'm really interested, you made a comment as well on the prenatal class.

00;08;13;12 - 00;08;38;08

Cale

And there was two lines of what you described of confidence and being competitive and having a really clear like outlook of this is the way we're going to do it, but you and your husband. And it sounded, by the way, that the offering that the hospital had was kind of underwhelming. Now you can sit back. Is that actually accurate, that it was underwhelming or is it on reflection, you were just overly confident and were dismissive of what was offered up.

00;08;38;10 - 00;09;13;22

Sophie

Probably a bit of both like, I, I'm biased because I've now got my own birth course that I sell, so I've made a comprehensive course that I obviously think is - it covers all the bases. But I also think that I really encourage people, regardless if you do my course or you do a Hypnobirth course or Calmbirth or any of the courses that are on offer that you also do the hospital one because they're the people that are going to be caring for you, and that's the environment you're going to be in. And every hospital has different policies and things. So it's important to hear that and also get a tour of like where you actually have to go on the day and all of that sort of stuff. But I think there's a little bit of both there.

00;09;13;22 - 00;09;34;22

Sophie

So we were overly confident. And also I think sometimes those courses can be like, here's the full set, here's a ventouse, which is like the suction cup and, and a bit of worst case scenario type stuff all kind of thrown at you. And, I think that can be really scary and overwhelming, particularly if you haven't immersed yourself in the birth space at all.

00;09;34;22 - 00;09;49;00

Sophie

Like if you're flying blind at that point, you can be like really overwhelmed and that kind of image and that little role play really stay-has stayed with me. And I think those things are really important as well. So it was definitely a little bit of both.

00;09;49;02 - 00;10;07;09

Cale

You also mentioned and like, some of our listeners, a lot of our listeners probably work in healthcare or adjacent to healthcare in some way. You mentioned this moment as the crisis of confidence, and I would, I personally would love to hear that explained a little bit more. When you first described it, I was wondering, is it hormonal?

00;10;07;09 - 00;10;14;22

Cale

Is it a like inherent natural self-preservation tool? Can you just explain sort of that moment and sort of how it comes about?

00;10;14;25 - 00;10;43;06

Sophie

Yeah. So it's it's at the beginning of transition usually, which is the end stage of labour. It is a combination of all of those things. So it's a hormonal thing. It's your body preparing for the next stage, which is the the actual pushing of the baby out. And then often then you get that foetal ejection reflex of the baby literally making its own way through the birth canal and coming out, if you are able to gather yourself, it is often a period where there's a bit of a pause before you need to start pushing.

00;10;43;13 - 00;11;01;07

Sophie

So if you're aware of it. But I think it is, it is a moment to catch your breath and be like, okay, now we've got the next stage because it's a real gear shift. And, and the way that the contractions work at that point is completely different as well. So there's a real driving down and kind of a use of gravity and things like that.

00;11;01;07 - 00;11;22;17

Sophie

And people often report wanting to just get under things or down on the ground or on all fours. And there's a real kind of drawing in a real primal kind of trying to be at one with the earth and come down, and then the baby is then being drawn down too. It's interesting. We share a lot of birth photography, which again, is a fine balance online of what we'll get through and what won't.

00;11;22;17 - 00;11;46;17

Sophie

But I think that's incredibly educational for people to see other people birthing. You're not often privy to that kind of being in that space. So just seeing even the expressions and the tension in somebody's body at that point is all very educational. But it's kind of a cliché point, and I think midwives often report to that when you start talking like that, they're like, oh, good, she's nearly there.

00;11;46;17 - 00;11;59;16

Sophie

Like, we've done it. She's probably ten centimetres. So it's a great tell for them, amongst other things, where they're like, okay. And usually when you're screaming for, you know, an epidural or a caesarean, they're like, it's coming.

00;11;59;18 - 00;12;18;29

Cale

It's go time. But so the pod itself you know like what has been, I think the most surprising part that maybe you've learned about yourself from really exposing yourself to 500 people who are being extremely vulnerable about the entire spectrum of their birthing stories. What's the most surprising thing that's, that you've learned about yourself?

00;12;19;02 - 00;12;40;15

Sophie

It feels very, a huge honour and that people want to go that intimately and, like, open up in that way with me each week. It's surprised me how open people are. And originally I was badgering kind of family and friends to come on. And then it got to a point where we said, okay, we need a form on the website, and if you want to come on, then fill out the form.

00;12;40;17 - 00;13;06;08

Sophie

And now there's over 7000 applications to come on because people notoriously want to share their birth stories, but it's also a huge honour that they feel like it's a safe space to share it on my platform, and that they want to kind of be interviewed by me. So I think that has surprised me. And I think along the way, I've surprised myself in the upskilling of creating a business and creating with just about to release a second book.

00;13;06;08 - 00;13;22;10

Sophie

So it's, it was definitely nothing I'd ever planned for. And, something I'm very, very grateful for. I think it's, feeds in beautifully to our lifestyle and allows me to work from home and kind of do school, pick up and drop off. And so it's been a beautiful surprise the whole way along, really.

00;13;22;13 - 00;13;46;04

Cale

I'm sure there's a spectrum of reasons why people want to share their story. Is there any major theme through that? I imagine there's a Catholicism to it. There's a-like this is a public service. I just want to tell people so like other women, don't go through this unnecessarily and, you know, without any insight, do you get a sense for why those 7000 people are signing off and wanting to tell their story?

00;13;46;07 - 00;14;01;13

Sophie

Yeah. And they sort of often pitch it in a way of when I got diagnosed with such and such condition in my pregnancy, I went through the podcast and I looked for somebody who'd also had cholestasis or who had also had a VBAC on their fourth child, and there wasn't one. And I should be that one.

00;14;01;13 - 00;14;23;04

Sophie

And I want to help kind of build out that story. And I think that's the most common idea of like, oh, and I had a cleft palate diagnosis and stuff. And it gets again to a point where we do want to showcase every experience, but then we're still balancing positivity and we're also going, yes, very, very unlikely that anyone else will be facing that.

00;14;23;04 - 00;14;46;18

Sophie

So perhaps we won't prioritise that in the list. They also really love to have it as a keepsake. It's something nice to kind of then share with the friends and family and have for their own baby down the tracks. There's lots of different reasons, and they often want to also promote or showcase a hospital, or a midwife, or an obstetrician or a care provider who they think was instrumental in their experience, and they want other people to know about that.

00;14;46;20 - 00;14;53;06

Sophie

And every birth story is different, but everybody thinks that their story has something unique to offer. So it's hard disappointing people.

00;14;53;12 - 00;15;14;11

Cale

Yeah, I mean, they all do, right? It's just how, how unique is it probably at a certain point for you now after 500. But there's no doubt everyone has nuance to their story. It's an interesting one on pulling at a particular say midwife. Do you see or hear people that are working in medicine drawing insights from the pod or fans of the pod?

00;15;14;13 - 00;15;33;28

Sophie

Yeah, so we're now recommended in university courses for midwives, for people to go and listen. So to train and become a midwife, you need to attend a certain number of births. And we're in the resource list for all midwives. And you can, if you're already a qualified midwife, you can count listening to the podcast for one hour as certified Professional development.

00;15;34;00 - 00;15;54;04

Sophie

So it's beautiful to be able to give training midwives and student doulas and things that extra support. So they're taking away different tips and tools that they can then take into their births, which feels incredibly special. And I think the story just unfolds. And I don't kind of do research ahead. So I don't even know what's coming most of the time.

00;15;54;04 - 00;16;14;04

Sophie

So my, my reactions are just organic, like everybody listening. And I think, I think that's unique now. It's not kind of curated. And we don't kind of start the episode with this big kind of clickbait



catchphrase. It's just very natural and organic, and it's somebody almost like somebody's therapy session really.

00;16;14;06 - 00;16;26;25

Cale

The, I don't want to, preface or, you know, take away from maybe what you're doing in the 500th episode, but you've heard a ton of stories. Is there one that stands out that really, really stuck with you?

00;16;26;27 - 00;17;00;19

Sophie

This one episode that's in the top ten, that's a really harrowing birth experience where she had HELLP syndrome and went into kind of organ failure, and it was real touch and go for the mum and the baby. And people have really listened to that a lot and I, I can't see from the downloads, whether that's midwives trying to upskill or whether that's women trying to kind of see worst case scenario or what, we've had some other really amazing experiences where, same sex couple, had a baby and the, the non carrying mother induce lactation and they both breastfed which always springs to mind.

00;17;00;21 - 00;17;21;02

Sophie

Really amazing. Yeah. And that's another thing we really try and balance as well, the different makeups of families and the different ways people come to have a baby, whether that's a solo parent or same sex couple or donated embryos or sperm and all sorts of things. So it's now become a real juggling act, trying to make sure that everybody's seen and represented.

00;17;21;05 - 00;17;26;29

Sophie

Yeah, that's, there are probably two notable ones that have kind of spring to mind. But this yeah, they're all so unique.

00;17;27;01 - 00;17;47;03

Cale

So it started in very humble beginnings. Started from a personal problem. And we are going to get into another section of the show, which is in and around care providers and what they can be doing. But before we do what's actually next for Australian Birth Stories? Yeah, it started and it's growing. What do you, what do you say is the future of it?

00;17;47;09 - 00;18;20;04

Sophie

I'm not sure a long term, but the next immediate future is releasing our second book, which is the Complete Guide to Postpartum which comes out with Murdoch in July 2025. So that's our next big kind of release. So, hopefully people continue to love listening because I've got plenty of episodes to, to record. So various things we've explored down the, you know, when

brainstorming is whether we do an app or whether we do more courses, which we'd like to expand more into.

00;18;20;06 - 00;18;30;14

Sophie

So like conception side of things and kind of do more educational resources around conceiving and planning for fertility and things like that. So yeah, who knows?

00;18;30;16 - 00;18;52;10

Cale

Yeah. I mean, it's a huge space. One area when I was thinking about you was that would you ever delve more into becoming an expert in the healthcare side of things or the care side of things, as opposed to coming from the "consumer" or the individual perspective and sort of almost relaying that back and using that as the, as the feedback or sounding board for folks as you do with midwives.

00;18;52;15 - 00;18;59;21

Cale

I was wondering, if there is at some point in the future you were trying to make increasingly more structural changes about sort of pre and postnatal care.

00;18;59;26 - 00;19;21;28

Sophie

Yeah. Well, there's been a lot more attention in the media of late. There's been a big birth inquiry in New South Wales, which has kind of been fed into from all around Australia. So there I mean we need, it's a really, really struggling industry and we need a lot of resources in this space. So I've helped and tried to support that by getting submissions in because they needed a first hand account.

00;19;21;28 - 00;19;48;27

Sophie

So I was like, I can't get you all on the podcast. But where you could really make a difference is if you submit to the birth inquiry, if you've, if you fall into that category of being 1 in 3 who were traumatised, share your experience there so we can really advocate for change. Because I'm not a midwife myself or on the ground or an obstetrician, all I can do is try and channel all the excitement and the community attention that I have into resources like that to try and help get change across the line.

00;19;48;27 - 00;20;06;00

Sophie

So it's, this definitely kind of positives coming, but people have been crying out for this for a long time. We've got research that supports that-what I was saying earlier about having a known care provider throughout your pregnancy, and yet it's virtually impossible to get into a publicly funded midwifery program that I had the privilege of being into.

00;20;06;02 - 00;20;31;13

Sophie

So those kind of things are really being discussed and hopefully more funding in those programs expanded out Australian wide. But for a long time I've shied away from that. But then it does get to a point where it's like, okay, well, I don't like to consider myself an influencer, but when you have more power and then media also kind of calling on me to talk about things because I have a social media presence, then you have an obligation because you've got the mic to help champion the right causes.

00;20;31;13 - 00;20;35;01

Sophie

So perhaps over the last 12 months I've done a little bit more of that work.

00;20;35;04 - 00;20;58;22

Cale

Yeah. In relation to healthcare, look, you've got a statement, I guess, around the research and having a positive birth experience, can you maybe explain that a little bit more via what you've researched, what you've experienced through speaking to hundreds of people, where the sort of gaps in that or maybe instances where they aren't supported or respected?

00;20;58;24 - 00;21;20;13

Sophie

A lot of people that report birth trauma feel that they were kind of a passenger in the experience, like they'll often report or the women that I've spoken to as almost feeling out of body and looking down at the situation and feeling quite powerless. And in some instances, when it's a CAT 2 emergency, that does need to be the case to save the life of the baby or the mother.

00;21;20;16 - 00;21;42;01

Sophie

And therefore things do need to happen quickly. However, people who have reported feeling like they had a birth that they did not plan for at all, like they never really wanted to have a caesarean under those circumstances. But they felt like when the moment came, they had a midwife or an obstetrician that they knew that was saying to them, look, I'm going to push the red button now.

00;21;42;01 - 00;22;35;14

Sophie

The room is going to be flooded with people. You are completely safe, but we need to get the baby out now and here's what's going to happen next. And are you okay? Kind of. And a real connecting with that person who is giving birth. And often it's gone from a dimly lit room, perhaps with the fairy lights with the select playlist to bang - this is a medical emergency. So I think the big difference there is feeling like also that care provider knew that's not perhaps what you wanted. No one wants an emergency in their birth, but they know okay, you'd actually

planned for this. And so we recognize that this is really going to be overwhelming for you. And we want to support you through this when there's a change of plans or, labour stalls or something that isn't going as well as they hoped, the term BRAIN can be used and we teach it to our mothers, but a lot of midwives will know it as well.

00;22;35;14 - 00;23;15;28

Sophie

And obstetricians. But BRAIN stands for benefits, risks, alternatives, intuition and nothing. It's really important to feel heard and to have those options and to have that communication and dialog, rather than someone saying, we're doing this now and this is what's happening. So informed consent is paramount. And that kind of feeds into having know all the terms, know all the risks prior to the actual birth, knowing that going in, but also having an open dialog with your care provider in the throes of labour so that you have opportunities to use, say that BRAIN acronym and work as a team and work out what's best for you and your baby.

00;23;16;00 - 00;23;28;18

Cale

So it's really interesting that the obvious one here is continuity of care, like having a midwife who you trust and walk you through that process. Why isn't there consistency there? Like what are the actual structural roadblocks here?

00;23;28;21 - 00;23;49;25

Sophie

There's a few. It depends where you are located. There's kind of, they talk about a postcode lottery for your access. So depending on where you live, like maybe they don't even have an MGP program like a midwifery group practice. So there's issues there. There's issues with staffing for midwives. It's hard to, like the actual definition of a midwife is to be with the woman.

00;23;49;27 - 00;24;10;29

Sophie

And because the system is so overstretched, often midwives can't operate in the way that they want to. And really support you because they're short staffed or because they don't have enough beds in the hospital. And it's not that conducive to having a young family. And often midwives have their own kids. So it's quite hard to find, for them to find a position which works with their family.

00;24;11;01 - 00;24;43;18

Sophie

They're not paid enough as well. Like all caring professions across the board, there's so many problems. And then we know that there's like 330,000 births in Australia each year and 1 in 3 women having birth trauma. So like it's a huge, huge number of people. And the knock on effect then of having an anxious or depressed mother then affects the family, affects the baby like it's so, it's so that cliché kind of public health thing of putting an ambulance at the bottom of the cliff rather than preventing the accident from happening in the beginning.

00;24;43;18 - 00;24;50;29

Sophie

And we kind of know what we need to do, but no one's doing it. So hopefully this inquiry is a step in the right direction.

00;24;51;02 - 00;25;34;07

Cale

It does seem insurmountable, and certainly like this type of care is not alone in the, as you mentioned, like the postcode lottery and the understaffing and incentives don't actually align and it's not at all proactive. It's very reactive in its approach and how it's structured. So in knowing that, how do you solve it? as you described it like I took a little bit of a counter view, which is kind of a if the system isn't going to change anytime soon - and in many instances, pregnancy and birthing is not a, an acute illness, you know, that needs to be treated. It feels like a lot of the transition of communication and ownership and empowerment can come with the mum and dad.

00;25;34;07 - 00;25;45;25

Cale

Right? You know, like there's a whole lot of education that can be done there for them to at least brace themselves for what may be to come in a world where what may be changing any time soon.

00;25;45;27 - 00;26;07;23

Sophie

I upset doulas often, but I don't want to upset them by saying this. But I feel like a bridge in this interim. And when you know that, say you want that continuity of care and you can't get in. There's been a rise in people training and becoming and having doulas. And I think that's a beautiful way of having somebody you know and trust to be there throughout your pregnancy and birth.

00;26;07;29 - 00;26;27;23

Sophie

So I think there's been a huge increase in the number of people training as doulas. There's certain people pushing for the government to support, like because often that's out of pocket and that can range from, you know, a thousand to many thousands depending on how involved they are in your pregnancy and birth, whether you have a postpartum doula to support you in the early days as well.

00;26;27;25 - 00;26;46;07

Sophie

I think there's been a real rise in that, and we often encourage people to, if they want that continuity of care, to seek out a student midwife, because they do need to attend a certain number of births and they're eager and excited that's not burnt out by the system at that point. And you've got that beautiful resource and continuity throughout.

00;26;46;10 - 00;27;04;24

Sophie

Obviously, I'm all about education, so I think the more you can educate yourself and support yourself, you and your partner, it's really important that your birth support person is across all of that education as well. It's really important, positive, hard work. And I mean not everyone goes in like that. But you know, we have different ways of showing it.

00;27;04;24 - 00;27;19;29

Sophie

And and again, that comes down to talking about I might look like this, I might not talk at all. I might be screaming like, this is what we need to prepare ourselves for. I like that analogy of saying like, people really kind of connect well with that. They're like, okay, yeah, that's good.

00;27;20;02 - 00;27;46;24

Cale

I reckon it's great. It's actually a good way to think about it. And particularly for we're going to get into a little bit of advice in a second for sets of people but you know, as a partner of we've got kids is changing their perspective on it to make sure that you're giving the appropriate support versus viewing it as this are the scary or burdensome or like it's going to be incredibly grinding, optimistic, and life changing, actually, like taking the this is a physical sort of struggle that you got to go through here.

00;27;46;25 - 00;28;08;25

Cale

And it's a really interesting spin on the ball. I can speak from probably the other side of the lifecycle here, which is on the death side. And I know doulas are probably, is very nice. And, and with that comes a suspicion. And, you know, probably people that maybe going in with good intent but don't have a lot of practical kind of training or insight to provide.

00;28;08;25 - 00;28;31;22

Cale

Certainly birth doula is much more mature, I would say. But can you give some insight maybe into the relationship between the clinician? So you know, GP, a doctor, midwife and doula. And is there still a preconceived notion that actually they're not very valuable as part of the birthing process?

00;28;31;28 - 00;28;57;16

Sophie

Yeah. And I'm, I should just say I haven't had a, I've worked with a lot of doulas and heard a lot of stories, but I haven't personally had a doula at any of my three births. So just to preface that, but I think, and it definitely depends on the hospital or the specific care provider, whether they're open to the idea of a doula, because I think they can kind of be a power dynamic issue of like, yes, but you're not trained and you haven't done 15 years of medicine.

00;28;57;16 - 00;29;20;24

Sophie

And, it's all very well that you think we should do this, but we don't. And I mean, yeah, I feel like there's a myriad of different great things that doulas bring, but I think that can certainly be a real dynamic kind of used to be quite woowoo and a little bit kind of alternative and kind of the idea of kind of coming in with certain clothes and your incense and stuff, and that certainly have evolved.

00;29;21;02 - 00;29;43;01

Sophie

And there are very many different varieties of doulas that have different interests in different things. I think you need to then find a doula that works with you and your family, but also just as important that they work within the setting of where you're birthing. Because if they're going to be pushed out or undervalued or made to feel less, then then the whole dynamic of the room is not going to work.

00;29;43;01 - 00;30;06;22

Sophie

So I got myself into hot water when I say doulas get crossed. A doula did get cross with me the other day because on the ABC we were talking about do I think funding like, Medicare funding will come out for doulas? And I said, I don't see that happening anytime soon because it's an unregulated industry that anyone can kind of call themselves a doula trainer and do a course, and therefore it's very hard to kind of regulate that.

00;30;06;26 - 00;30;29;01

Sophie

And I think if we're not getting Medicare rebates for lactation consultants who are midwives, who have done additional training, if we can't get funding for that, then I don't see the jump to getting it for doulas, even though we've already sort of touched on it there a great kind of bridging point to, to give you that, to reduce the risks of this trauma and to give you that kind of known face and care provider in the room.

00;30;29;01 - 00;30;36;01

Sophie

So it's a hard one. And I think, yeah, I've heard many instances where obstetricians are not interested in you having a doula in the room.

00;30;36;04 - 00;30;55;14

Cale

It is a very tricky one because we talk about a lot. I think about a lot of care as well, this concept of continuity of care. And I also think about the future of medicine, full stop. And it definitely relates to, to birthing of a so much of it comes down to being able to build trust with whoever your care provider is.

00;30;55;17 - 00;31;13;23

Cale

So you can have really informed conversations, knowing that patients nowadays will increasingly be more self-aware. So expectant moms will listen to 15 of your episodes and kind of get a sense of what they're going into and not be totally reliant on the obstetrician to tell them everything that's going to happen from this point forward, you know. And so really interesting point.

00;31;13;23 - 00;31;22;05

Cale

Now, I hope over time that they can find a space to merge meaningfully and where they can sort of co-exist without it being competitive.

00;31;22;08 - 00;31;43;15

Sophie

Yeah. Yeah. True. I it's interesting when you were touching on, you know, your background and where you work, and I know there are quite a few doulas that work in the birth space and palliative care, and they see themselves as kind of conduits to letting people into the world and letting people out. And there's a lot of similarities between kind of birth and death in that sense.

00;31;43;15 - 00;31;54;21

Sophie

And so they work across that field, obviously quite different experiences, but they see it. They see their role as the same kind of yeah, I know, I don't know if you've come across people that do both in your line of work.

00;31;54;23 - 00;32;16;12

Cale

There's definitely a lot, there's actually, there's a lot of celebrants that do weddings and funerals. And so I think it's true that most certainly doulas place, really, really high regard on having, you know, being a guide or being a sharer for people who are experiencing, like, they're walking into the unknown. But the cynic in me sometimes also thinks that, yeah, it's hard to make a living.

00;32;16;14 - 00;32;36;16

Cale

So, you know, that's a cynical view. I think it's somewhat true, but it's also like, fundamentally, people who enter that space, whether they're excellent or not. Excellent. I think they're led by a really high degree of empathy. So yeah, I'm interested in application for the listener. Like you've got literally hundreds and hundreds of hours and obviously your own personal experience.

00;32;36;20 - 00;33;00;17

Cale



There's a few folks that would be listening that I want to ask a question almost on their behalf and get your advice. And so, the first is the partner of a mum that you know pre and post. What's the biggest piece of advice that you can provide to an expectant mom or a person in, in the postnatal stage?

00;33;00;19 - 00;33;12;10

Sophie

You know what came to mind? And I don't know if it's a good one, but, was like, it's not about you. It's all about her. And I have an issue with people saying we're pregnant. I'm like, no, she's pregnant.

00;33;12;12 - 00;33;12;29

Cale

Yeah.

00;33;13;01 - 00;33;32;21

Sophie

But I think your job, as a birth support, obviously it's your child as well. I've probably lost a few listeners in saying that, but, I think your job is to support and care for your partner in that time, in whatever way, shape or form she wants. And perhaps it's not what she put in the initial birth plan.

00;33;32;21 - 00;33;51;18

Sophie

But if she's telling you that she wants this right now, then your job is to help get that done. And I think it is so important for you to discuss your hopes and wishes in the pregnancy, because I think often you kind of wish it's easy to assume things, with your partner, and they're often conversations that you'd never would-

00;33;51;18 - 00;34;11;22

Sophie

It's not something you just chat about on a date night. I think similarly with pain medication, you can kind of bring up with your partner. So, it is so important to have that conversation early on. And at the end of the day, obviously everyone wants a healthy mother and a healthy baby, but it's her body and her choices and you need to work as a team but have that top of mind.

00;34;11;26 - 00;34;33;10

Sophie

And I think a lot of other discussions, too. People often struggle within that pregnancy stages, people that want a home birth, whereas their partner is perhaps more medically minded and think it needs to happen in the hospital. So often there's a lot of discussion and perhaps both of them educating themselves and discussing all the different scenarios so that both people feel confident with that approach.

00;34;33;15 - 00;35;06;03

Sophie

I think those kind of discussions are so, so important, and I think we've moved more so into kind of also sharing postpartum stories. And I think similarly, there is a lot of focus on the birth. And I think birth experience is incredibly important, obviously. So I think a lot of postpartum discussion is really, really important to, which again, comes down to education, because if you don't know what to expect and you don't know how challenging breastfeeding can be in the first six weeks, or that sleep deprivation is like, had to prepare for it, but really important to just even open the discussions.

00;35;06;03 - 00;35;13;02

Sophie

And, hopefully with our resources, we're kind of planting the seed that we should like, learn more about this and chat about it before the time comes.

00;35;13;04 - 00;35;34;23

Cale

Yeah, such a tricky one because as a partner, like, I'm, all about it, I agree, like, I'm not I'm not pregnant. Like, I'm not the one who has to do all the heavy lifting. The second person or cohort I love advice for is might be health care professionals who are listening in and they, you know, we've sort of waxed lyrical about, you know, the inherent structural problems.

00;35;34;24 - 00;35;56;13

Cale

And we've talked about continuity of care, and there's no dispute that everyone would agree and go, shit, I would love to do that if I had the time or the accessibility. The other bits of advice that you would provide, maybe just from learning from consumer, like how to best support, from a medical standpoint, women that have pre and post pregnancy.

00;35;56;15 - 00;36;31;27

Sophie

I think probably the most important that I've come across is your use of language. And I think even though we've talked about in the birth space and in labour, kind of perhaps you're being introverted or whatever, you're also in the same sense, really hypersensitive to things. I feel like a lot of people can recall exactly what time it was, or maybe they fixated on a particular sign that was in the room, or they heard the rustle of like the the kit that they opened when the baby's close, when you're in hospital and they're getting all the gloves out and things like you're hypersensitive to certain things, and you're also hyper sensitive to tone and

00;36;32;03 - 00;36;52;27

Sophie

the use of certain terms. So I think, if you're working in the healthcare profession, it's really important to - if you're perhaps going into a birth space where you don't know the woman to

really try and build that rapport as quickly as possible. Obviously, if you have a birth plan and you've got your previous history there, then they can bring them self up to speed.

00;36;52;27 - 00;37;25;11

Sophie

But you I think just being acutely aware of how sensitive and I feel like anybody who's drawn into this profession would be that way inclined anyway. But I think just being mindful of that, because I have had that feedback from people saying, oh, I didn't realise that, you know, that would be so overwhelming for someone to hear that or I think even really small adjectives that can be really problematic in that space of like, oh, you're only at four centimetres or something like a just that, you know, those tiny nuances can really be effective in changing someone's mindset.

00;37;25;11 - 00;37;47;03

Sophie

So I think just to add another layer of stress and complexity to an already challenging job, just also being really mindful of that. And I think, I mean, I've had countless times when sonographer aides have just said the wrong thing to people like, oh, a woman who had triplets and he was just sort of saying, oh, like really flippantly like, oh, it looks like the third one's gone.

00;37;47;03 - 00;38;05;20

Sophie

Oh, no, there it is. A kind of a, and it's just like, oh my goodness, or like, aren't you glad you're not having twins or whatever? And that literally the previous pregnancy had been a miscarriage of twins. Just kind of the flippancy of small language can be really, really distressing. I think that's probably one of my biggest tips.

00;38;05;22 - 00;38;22;00

Sophie

Yeah, really. And I mean, again, I haven't worked on the grounds that this is all kind of just listening to experiences so I can begin to know the challenges. And even though I love the idea of midwifery, I don't think I don't think I could handle the shift work and the responsibility, so I'm happy to record them afterwards.

00;38;22;07 - 00;38;27;04

Cale

Yeah, happy just to take shots from the side like they are, but not like it's, it is interesting.

00;38;28;03 - 00;39;05;15

Cale

That's right okay. No responsibility. And like that's like it's worth prefacing on this show. Like the intention of this is just to probably understand from 500 plus stories. It's not necessarily, you know, direct advice. And it's I do think that like you try to it's really important. Often it extends beyond you know the obstetrician or the midwife who, you know, they pretty intimately

understand, very intimately understand pregnancy and potentially the context around it. But all those other, you know, whether it's a radiographer, whether it's actually friends and family, all these other things, there's actually a bit of a takeaway there on, you know, you often don't know the full picture of how this all came together.

00;39;05;15 - 00;39;23;06

Cale

You often don't know what, what language is actually quite triggering for, you know, certain people are sensitive. I actually think it's a really, really important point. I've seen it personally as well, where that person has great intent. And, you know, maybe it's humour. It actually has a really negative impact down the track somewhere. So super interesting.,

00;39;23;08 - 00;39;43;24

Cale

Hey, you may be experiencing this now, actually, you probably are, but, like, do you have any advice or you've spoken to women who experience a really severe emotion, often guilt around going back to work. And, you know, childcare generally. Is there any, anything you've gleaned in terms of advice there of how to, how to cope with that?

00;39;43;27 - 00;40;15;26

Sophie

Yeah, I think it's hard. I mean, in some senses I social media has worked really to my advantage you know, in my business of like spreading the word and kind of sharing stories in that sense. But I think social media can also have a really difficult and damaging effect on women when they're comparing their experiences and comparing like, oh, she's like swanning around in the latest outfits, looking amazing, going to Pilates, and I'm juggling everything in a complete mess, and I have to go back to work or, or whatever dynamics or seeing someone's got so much family involvement.

00;40;15;26 - 00;40;45;03

Sophie

And perhaps you don't have family involvement or family support. I think that comparing yourself on social media can be really, really challenging. And I mean, even though we know, oh, look, it's a highlight reel and they're obviously not showing the screaming baby in the 4 a.m. feeds, but I think you just can naturally kind of spiral. And I think in this where we're at right now is if you are up at 2 a.m. feeding, you are scrolling often and looking at how other people are doing it, and you are always questioning, am I doing it right?

00;40;45;04 - 00;41;03;01

Sophie

It should I be doing it that way? So I think personally I was very, very lucky in that I did go back to work when my kids were about one, each of them, I think, but I had family support. My mum was able to come and mine, the children, I was able to keep breastfeeding and that's certainly not an option for a lot of people.

00;41;03;01 - 00;41;23;19

Sophie

And I think some people have got like minimal maternity leave and are going back when the baby's 3 or 6 months old and perhaps have a stopping feeding when that's not what that plan was. We try and share those experiences as well as how did you manage pumping and what did you do when you transitioned to formula, and how did you go with weaning and things so that people can kind of draw from different experiences?

00;41;23;19 - 00;41;41;28

Sophie

But I think, yeah, it's incredibly difficult, particularly if it's you doing it for financial reasons, not by choice. You feel like you have to go back because the cost of living is ridiculous at the moment. And, and I think, yeah, I think assuming people are doing things by choice when they're perhaps not can be really dangerous as well.

00;41;41;28 - 00;41;59;28

Sophie

Like maybe, they've, you've kind of pulled and pushed and pulled so it's yeah so, so hard. And I think we're expected to kind of that whole line of you're expected to work like you're not a mother and mother like, you know, working and do everything. And, you know, there's a lot of like, I don't know, arising, you know, can you do it all?

00;41;59;28 - 00;42;19;07

Sophie

Can you have it all the way that you want? And, I think we need to. I generally just say this. My rule of thumb is this. Lower your expectations, expect less, and then feel less overwhelmed. So, I mean, certain days you can't get much done at all, and other days you nail it. So it's really sort of seesaws right through.

00;42;19;07 - 00;42;34;16

Sophie

But I think you've got to take the pressure off yourself because nobody's living the same experiences. You know, no one has the same baby with the same temperament or the same breastfeeding experience or the same financial. So you can never do a true comparison. So you have to try and do away with that. But it's easier said than done.

00;42;34;18 - 00;42;54;25

Cale

It's, it's kind of, it's exactly that is as you describe it. And unfortunately now you can compare yourself to everyone and everyone's best version of themselves. So super tough. I, what I gleaned from that answer, by the way, Sophie, is I compare, you know, you just run your own race. Yeah. Don't be too hard on yourself and, you know, effectively you'll get through it.

00;42;54;28 - 00;43;10;28

Cale

There'll be, there'll be a brighter day ahead. Basically. So what gets you up in the morning? What makes you happy? What makes you excited? You've, you've built this amazing sort of podcast. You, you've got other things on the horizon. What are you particularly motivated about now?

00;43;11;00 - 00;43;27;13

Sophie

I feel so lucky at the moment. Where the place is for the business is that I've got different members of the team, so I don't work full time and I can do some of the things that I never thought I'd be able to do. I've got, you know, a five year old in kinder and the other two in school.

00;43;27;13 - 00;43;45;10

Sophie

So I'm slowly kind of seeing the light and getting a bit more freedom. And I guess I'm still fine tuning. Feels very privileged to say, because I know a lot of people, again, like forced back to work, but working for yourself and working on your own business, you can obviously work many, many more hours, but you have the freedom to pick and choose.

00;43;45;10 - 00;44;01;19

Sophie

So I do have a lot more flexibility in my day. I'm trying very hard to kind of batch the podcast, so I do kind of a whole couple of weeks where I do loads of podcasts, and then I have a break because I think it's emotionally draining as well. And I'm a bit of an empath, so I can't just kind of pump them out.

00;44;01;22 - 00;44;18;20

Sophie

They're not like business podcasts. I really go there with people. So, yeah, I mean, I've got that flexibility. We've obviously got that, we do things in sprints, kind of. We're doing the book in sprints at the moment, need to rebuild the website. A lot of behind the scenes stuff that people don't know about business. So working on all of that sort of stuff.

00;44;18;20 - 00;44;36;08

Sophie

But I feel like now I'm starting to get a bit more of that classic work life balance where I go to Pilates and do a few things for myself. So if anyone's listening and they're in the throes of newborn, you do get some freedom. At some stage, they do move away. You're not always tethered to them. So yeah, I feel like I'm lucky in that.

00;44;36;15 - 00;44;51;22

Sophie

But I mean, in the same breath, you're always kind of fighting the algorithm and everyone's doing podcasts and stuff, and you're trying to stay relevant and be on LinkedIn and be on TikTok. And I don't obviously don't have a problem talking, but I do have a problem with being on TikTok, so I haven't delved down that path. Really.

00;44;51;22 - 00;45;06;00

Sophie

I can't just talk to camera every day. So that's the way it's going. So I've got to push past that. And I feel annoyed that podcasts have suddenly become video like what? I feel like everybody being traitors on that. I was like, guys, we were just doing audio. Why do we need to have to produce it now?

00;45;06;00 - 00;45;27;23

Cale

Oh no, I know, tell me about it. Well, you do have a lot of great things going on. Actually, a question that did come to mind, as well, was you've built a real community. Right? And with that, it has become, has come influence. And sounds like with that has come a lot more responsibility and work, frankly. But what are the people who are sitting there thinking, you know what, I have had this life experience.

00;45;27;23 - 00;45;46;06

Cale

I'm particularly passionate about quite a nuanced or specific topic, and I want to find my people, and I want to do something about it. I want to share stories. Is there anything from those early days which you go, actually, that's the reason I did it, and this is how I did it. And you know, anything through the journey that you can share for people who maybe want to build community?

00;45;46;12 - 00;46;01;29

Sophie

Yeah, I think to start with, just like it's kind of not helpful but also helpful. You just got to start like, I mean, I thought about lots of different things in the business and I put off an annoying task. I'm doing it the moment I put it off for three years, and now that I'm doing it, I was like, oh my God, I should have done this three years ago.

00;46;02;06 - 00;46;20;00

Sophie

Just start and see what happens. And worst case scenario, maybe. I think with podcasting I often say to people, just start with the season, just say, I'm going to do six episodes or eight episodes and give you - take the pressure off. You don't have to perhaps aim for 500 episodes and a million downloads. Just think I'm going to do this small part and see how it goes.

00;46;20;00 - 00;46;38;21

Sophie

And if it goes well, then I'll keep going. But I think I started just by having an Instagram account and sharing things that were of interest to me and and organically. It was back in the good old days where Instagram was easier to just organically grow. I think you, they certainly kind of pivotal interviews or pivotal experiences that can propel the business forward.

00;46;38;21 - 00;46;45;11

Sophie

But I think the number one is just try and give it a go. What's the worst that can happen? You might change your whole career and your life.

00;46;45;13 - 00;47;09;03

Cale

And I think, you're speaking personally because I'm quite an introverted person. I don't really have a social profile in any way, and I don't really want one. That getting started is, is difficult because you don't kind of want to put yourself in that limelight, which you can't repeal or take back. And so, yeah, like as you describe, and just, just sharing things which are interesting and important to you, it's actually kind of a no regrets move.

00;47;09;04 - 00;47;32;25

Cale

You know, you're not making these bold, grandiose statements which will come back to haunt you at some point. It's actually just who you are. And I think there's a bit of a YOLO sort of component to it. Right? Which is just give it a go and see. So legacy you're, we're going to project, you know, 50, 60, 70 years in the future here. You're writing your own eulogy. What are you writing? How do you want to be remembered?

00;47;32;27 - 00;47;51;15

Sophie

Oh, that's an interesting one. I already feel excited that I've kind of in a kind of weird way of coming around to it. I sort of studied public health because I wanted to make a difference at scale, even though perhaps wasn't conscious of it. And I feel like I've done that with the podcast because hopefully podcasts continue on or they morph into some new way of listening to things.

00;47;51;17 - 00;48;10;22

Sophie

But I've, I will be leaving two incredible books, and I feel like I've really bridged the gap that we had in the Australian market. So hopefully they live on and kind of get updated throughout the years. But I feel like recently my son, who's eight, had to do a famous person for school and he said, mum, I'm going to do you because I googled you and you came up on Google.

00;48;10;22 - 00;48;18;14

Sophie

So I told the teacher, I'm doing my mum good, so I've made it, I've made it for him. I'm on Google search.



00;48;18;17 - 00;48;25;05

Cale

So he's surely you have some insider information as well about that project that won't, that won't be straight off the internet.

00;48;25;07 - 00;48;29;11

Sophie

Yeah. The mums had a laugh so they should have been selling the book at the display. But yeah.

00;48;29;14 - 00;49;15;25

Cale

Exactly. Exactly what do you say you have. It's amazing from, as I said, humble beginnings. All beginnings are humble. Yeah. Having a huge influence on a number of people and very impactful actually in their lives at a time of their lives, which is arguably sort of the most or one of the most impactful. Also, the final question that I have is the name of the show is Grin + Bare It. The reason it's called that is because it's often advice given to people who are, you know, in a really challenging situation. And so in the context of this conversation, it's kind of like you're having a hard birthing experience. Just get on with it. Like, so what? I don't necessarily know if that's outdated, but it's not useful in every instance. That kind of advice. What's the single takeaway for a person listening who's experiencing a really challenging time in their life professionally or personally, that you would give to them?

00;49;15;27 - 00;49;33;01

Sophie

I think in the context of birth, I think people throw away of like, it's just one day, how bad can it be? Or like, now you've got a healthy baby, so let's just move on. And I think undervaluing that experience is what contributes to kind of trauma and people over-processing or under-processing the trauma that they've been through.

00;49;33;01 - 00;49;53;29

Sophie

So I think we're big proponents of don't just grin and bear it if you have had a bad birth experience. There's resources. There's so many different beautiful organisations that can support you to process that. So don't perhaps suffer that in silence. Draw on that. And it's imperative for your, for not only your healing but your whole family. Like it can have such a systemic effect.

00;49;53;29 - 00;50;14;08

Sophie

So reach out to PANDA or COPE or some of the beautiful organisations and perhaps don't just grin and bear it. And similarly with healthcare professionals, you know, speak up. If you're go through a hard time. And I feel like that they're doing that en masse now in this, in this recent

birth trauma inquiry. So, yeah, don't grin and bear it like the bare minimum is not good enough. Let's aim for better.

00;50;14;10 - 00;50;25;24

Cale

Is that your advice to an individual? Aside from healthcare, birthing all that other stuff, is that the don't do it alone? Sort of be vocal about what you're what you're being faced with.

00;50;25;26 - 00;50;52;06

Sophie

Yeah. And I think that probably stems from having a mum who's a psychologist. But talk it through like tell people don't you don't have to suffer in silence. And I think there's a general shift where people are more willing to talk about more difficult things. And perhaps if you're not ready to do that, then listen to some of the experiences on podcasts like mine, or there's a myriad of other ones to, to make yourself feel less isolated because you're certainly not alone. It's very, very common. But it doesn't have to be what you go through. You can work through it and get support.

00;50;52;09 - 00;51;08;10

Cale

Words to live by. Sophie, thank you so much for joining. As I said you've, you've had a really profound impact on a lot of people in actually a very, very short period of time. So I'm super excited to see what the next, next decade holds. And thank you so much again for joining the show.

00;51;08;12 - 00;51;14;26

Sophie

Thanks so much for having me. It was lovely.

00;51;14;28 - 00;51;45;01

Cale

Thank you so much for listening to this week's episode. Hope you enjoyed it. As always, I would love your feedback, questions, or any suggestions that you have for someone that I should be speaking to next as our guest. You can find me on LinkedIn, or you can find the Grin + Bare It podcast on TikTok and Instagram. Now the best way to support this show, if you did like it, is leave your feedback, subscribe or wherever you get your podcasts, or simply share it with your friends and colleagues.

00;51;45;03 - 00;51;48;21

Cale

Thank you so much again. See you next time on Grin + Bare It.

