**Transcript**

13 February 2025, 09:37am

 **Interviewer** 5:03

So would you be able to describe when you were first prescribed an SSRI/SNRI, antidepressant so was this before or during your pregnancy?

 **Participant** 6:08
Yes.
Yeah.
Yes. So my first prescription of an SSRI.
Fell in the perinatal period. Post pregnancy of my first child when I was six months postpartum and then in my next pregnancy. I've had three babies. My next pregnancy.
I had come off it in order to not be on it whilst pregnant. However I did go back on it quite quickly.
And I went back on it around 10-12 weeks.
Pregnant. So first trimester and then in my third pregnancy I was on it throughout.

 **Interviewer** 7:10
Thank you. And just to confirm, I think you said earlier on it was sertraline that you were taking.

 **Participant** 7:20
Yeah, it's always just tried sertraline. Just had sertraline. Yeah.

 **Interviewer** 7:25
Yeah.
And is there. Can you tell me anything more about the antidepressant you were taking during your pregnancy? So sort of dosage wise, how that perhaps varied?

 **Participant** 7:37
Yeah, yeah.
I've always.
My most stabilising dose if you'd like, is 100 milligrammes.
I bounced up in down quite a lot over the years, between 50 and 100mg.
But.
I'm sure, like many, have angst about what I should and shouldn't do. However, I've now made peace with 100mg just it's absolutely the dose that works best for me, so that's the dose that I still take, but I'm pretty sure certainly I know for definite in my third pregnancy, which was in 2020/2021, he was born 2021.
I took 100 milligrammes throughout that pregnancy.

 **Interviewer** 8:34
Thank you. And can you share with me any changes that occurred in medication overall during your pregnancy? So I'm also thinking about any other medicines perhaps for mental or physical health medicines that were prescribed by the hospital to be taken regularly, herbal medicines over the counter medicines, any other sort of substances?

 **Participant** 8:58
Yeah. So Iron has been important throughout all of my pregnancies because I'm very disposed to becoming anaemic during pregnancy. So I took iron throughout my second and third only laterly in my first pregnancy. So I actually just used over the counter, Spartone double, whatever it says for pregnant people.
And then of course, I regularly take a multivitamin with additional vitamin D.
And then I also for symptomatic use would use Propranolol occasionally, but only for bringing down my nervous system when it was very very activated.

 **Interviewer** 9:51
Sure. And can I just ask what dose of Propranolol you would take when you needed to?

 **Participant** 9:57
I think 10mg still have to carry them around for very occasional use still now.
Yeah, I would only ever take 10mg and then occasionally, but more post natally. When I was very unwell with PTSD, I would have to take them more than once a day to try and steady my nervous system.

 **Interviewer** 10:30
Yeah, sure. So during your pregnancy, (your pregnancies) you possibly only took it

 **Interviewer** 10:41
Once a day - would be the most? or less than that?

 **Participant** 10:44
Less than that. Yeah. Yeah. I've only ever taken them more, like, since to treat when my symptoms become quite acute in terms of, you know, my anxiety or my nervous system being very, very on fire. They help to kind of bring down the adrenaline quite a lot.

 **Interviewer** 11:01
Yeah.
OK. Thank you.
And now I just wanted to ask you if you could share your kind of thoughts and feelings about taking antidepressants during pregnancy.

 **Participant** 11:18
Gosh, such a good question.
I was very resistant initially.
Even you know in my I know the questions are during pregnancy. So let me make sure I can keep it that way because there's a journey that starts before my second pregnancy when I was taking them.
So I think it tells you a lot that I had come off them because I knew I would like to become pregnant again.
And I think when I first started taking antidepressants.
For me, it was an intervention that would be a time limited intervention. I would always come off them.
However, I do have a history of mild to moderate mental health challenges. I have ADHD, which I'm only really beginning to fully understand in terms of how much that affects me and how it can be very interlinked to my mental health as well.
Plus some history of childhood trauma and various things.
I felt the stigma and the shame very acutely when I when I first went on them.
So when I became pregnant with my second son and I was as on a zero dose at that point.
I was really worried about going on again.
And I had not wanted to be on them during my pregnancy because of an unfounded fear, I would say that they would cause some kind of damage to my baby and that that would be my fault.
And I very vividly remember seeing the psychiatrist who prescribed, who prescribed them to me.
When I was in the early stages of my second pregnancy with my second son and having to really sit with that balance of what's most important, you know, keeping your own mental health in check or this uncertain risk that has no particularly strong evidence based around whether it's a risk or not. So I felt like I needed to take that risk that I needed to focus on keeping myself well.
And my husband and I kind of, you know, we're in that decision together. And I think initially thought I'll just take a little bit and I'm pretty sure that I worked up to 100 milligrammes by the end of that pregnancy.
I then.
During this four years between the birth of my middle child or my third child?
And still very much the target in my mind was to work towards coming off them. And I think it came off them twice.
And with all the all of the side effects that come with that, it's not in easy thing to do to come off and on them physically and mentally. But there was this like target that I really shouldn't be on them and it wasn't necessarily about Wellness. It was a lot to do with like the stigma, the stigma and shame I felt in taking them at all.
And then I got to it. Obviously, COVID had a part to play. There was a very legitimate reason for me to feel like my mental health was particularly, you know, needed some extra attention. And we'd known that we wanted to have another baby. And then this pandemic hit and a lot of the symptoms of being, you know, stuck at home were a lot like what it felt like when I had very acute PTSD after my first.
Son, there's a lot that felt like it was a legitimate stress response going on for me. I remember that being a decision for me to go from 50 up back up to 100 at that point and then I don't know what changed in terms of me or the narrative I hold in my head.
I have had and do have therapy and it is conversation I have taken into therapy.
There was a moment where therapist said, oh, it's a bit like this, this lovely white tablecloth, but there's like this black bit of dust that you keep on wanting to pick away, like you're just focusing on that, you know.
That's the thing. That's that's not right. Like it's not OK, like, it's something that you're using to kind of shame yourself.
So that really stuck in my mind as a useful analogy, but also having a loved one. My sister-in-law also takes.
Antidepressants for depression and anxiety and seeing her the way she's crafted her narrative around it, and then some good conversations with people, plus also I now work in maternal mental health.
And I think I don't know, can't really put words to why the shame has dissipated.
The other thing I guess I I came to my head is from a mental health perspective, I have struggled off and on for the 1st 30 years of my life before I started being a child bearing mother. And then I thought, you know what the kind of came to this.
Comfortable kind of conclusion in my own head, which was that I'm going to give myself 30 years till I'm 60. As in, I've done 30 years of really struggling with this. This is absolutely part of what is making my life much more steady, manageable.
So I am going to stop coming up and down aspiring to come off them. I'm just going to take them.
Until something around me or or conversation with doctors or other clinicians makes me think that perhaps I shouldn't anymore.
So that kind of accepting them as part of my Wellness toolkit, if you like.
Has been.
And really, you know, a really important.
Finally got to that point where I understand my husband takes statins every day and I'm going take my antidepressants every day and that's absolutely fine.

 **Interviewer** 17:58
Thank you.
The you've you've sort of touched on kind of the the next part of the question, which was I was going to ask about sort of any information or advice that you received from family, friends, healthcare professionals, perhaps media sources, social media about taking your medication during pregnancy?

 **Participant** 18:27
Yeah.
I didn't feel I had many places to draw on that gave me confidence that was making a good decision to stay on it during pregnancy.
I only know now about websites like bumps that give information about evidence base, but there is going to be a lifelong challenge with the fact that this is an intrinsically difficult thing to study.
There was a certain number, I think that I have been very fortunate to work in the space. I now do work in because I've been privy to little a-ha moments that I don't think most people are privy to.

So for example - In fact, this this isn't related to my job, but it did help me after I had my second child.
The midwife, obviously in XXXX where I live, they they keep you in for monitoring after you've had the birth and then monitor for withdrawal symptoms. And it became so it was so obvious that this midwife that there weren't going to be any withdrawal symptoms. She was just like, gosh, I've nurse hundreds of people who are taking an SSRI, have never seen a baby with withdrawal symptoms.
And that, like normalisation and in that moment was really, really powerful for me. It kind of took some of the shame away about why I was still there and then also.
I spoke at a hospital about about birth trauma as part of my job and there was a really experienced psychiatrist there and she shared an anecdote about having been to a conference with hundreds of people recently and there had been a question put to the audience.
About have you ever seen any sign of impact of an SSRI on babies and nobody put their hands up and she just relayed that as an anecdote, but also it helped me to understand, like, the hierarchy of different medicines and how, you know, an SSRI is an entry level medication for mental health. It works well in that mild to moderate space.
But for people who are more severely affected than their mental health and taking stronger medication.
That there is more of a cause for a conversation about those medications, but equally there is also a really, really important point around making sure that you value the health of the mother as much as you value the health of the baby. And that obviously flies in the face of our societal narrative, which does not teach us to believe that as true it teaches us to believe that we should sacrifice ourselves.
And maternally, you know, you never quite get rid of, you hold that feeling as a mother.
And that you should sacrifice yourself.
So there was those kind of aha moments. And as I say, my kind of sister-in-law taking it really and us talking of her kind of challenging me being like, why is this really bothering you? Like, it doesn't bother me and us having that really great conversation about that.
And I think the more kids you have, the less people talking about it. The stigma felt stronger even in my second frenzy than it did in my third where no one was really asking me any questions anyway.
So there wasn't a lot of conversation about my choices in pregnancy because it was my third pregnancy. I was more confident in my choices and therefore kind of able to make those decisions more comfortably for myself.
So yeah.

 **Interviewer** 22:21
Yeah. And I just, I just wondered as well sort of when you were perhaps planning the pregnancies. Did you speak to a healthcare professional at at all to have that conversation, you sort of talked about not being a well?
Potentially earlier on in your pregnancies. The BUMPs website was very much in its infancy. It's not actually that old, is it? But yeah. So just curious about any kind of interactions with healthcare professionals where they able to relay some information to you?

 **Participant** 22:54
Yes. Yeah, it's so variable. So I would say my best advice came from because I've had a lot of support to heal from my PTSD, and because of the work I do, I've been very lucky to have had some brilliant conversations with very experienced clinicians.
The most powerful of which have been with psychologists and psychiatrists, whereby it's been explained to me that using an antidepressant for prophylactic purposes is also absolutely fine in terms of if this is someone who has experienced going through birth again after trauma and they know that they're going to be very, very triggered and potentially retraumatized by their birthing experience, you know it's not wrong to consider an antidepressant, start taking antidepressant kind of pre-emptively knowing that actually that post natal period is very difficult for you. So that kind of introduction of the concept of using medication in that way was very useful for me.
No one has talked about it lightly.
It's always been something that has been met with, like, serious consideration with any healthcare professional. But I would say across the 10 years of, you know, I was pregnant at age 30, 33 and 37 across those years it does feel like it shifted a certain amount in terms of you know, I certainly felt like with my midwife appointments in with my third pregnancy, when I said I've decided to stay on, that it wasn't met with any -
Well, you really mustn't, and are you aware you're going to damage your baby? It was not met with animosity or caution. There was a real respect for me having made that choice.
Whereas my earlier pregnancies, obviously it was, I was so desperate to be led by a healthcare professional. I needed a healthcare professional to tell me what to do, and obviously they don't do that. They will say this is the evidence base, they might say in my experience.
You know, similarly, a wonderful obstetrician I know said when I said, oh, I was still kept in hospital after I gave birth and she worked in XXXX. She was like, God, they don't do that in XXXX. She's like, certainly. And everyone's taking it just, you know.
And again, that could have been interpreted differently by different people, but for me it kind of normalised something that causes a lot of angst for a lot of mums about whether they're making the right decision or not.

 **Interviewer** 25:40
Sure. So.
I think again we've you've perhaps covered this, but I'm interested in kind of consistency of advice across.
Information sources and differences, and if you experienced any sort of conflicting advice.

 **Participant** 26:05
I remember consistently being told that there was no evidence that sertraline could get into breast milk, or that it was considered to be a safe.
Medication to take when it came to breastfeeding, I remember that being quite consistent in that they're not being a concern about me being on it post natally.
I don't think now I what I notice is that your advice isn't consistent.
Not in the least, because people might say the same words to you, but it's quite obvious that they might be holding a sense of judgement about that as a choice.
And.
Yes, it definitely doesn't feel like it has always been met with.
A consistent level of OK, you know well, this is the evidence base. It's very important that however what we do know is it's also very, very important that you focus on your own wellness and therefore the choice is yours. And if you make that choice, it's not a wrong choice, doesn't feel in my experience that there has been like one message coming through, I mean, I see this in my work I could give you a very real example of training a group of like 50 midwives in January around birth trauma. And I know that there was a question in the room about safety of mental health medication in pregnancy from a midwife and another midwife answered their question in terms, do you know about the BUMPs website? You know?
I think it's something I sense that all of our different healthcare professionals involved in that perinatal period want to have a more consistent line on, but because the evidence base is not like solid or definitively X&Y, it feels like there's quite a lot of wobbling about.
And what they should do with that?

 **Interviewer** 28:07
Thanks. Yeah, that's really helpful.
I'm just interested now in asking you if you created any kind of birth plans before your baby babies were born.
And if so, were there any sort of key details relating to medication or medicines in that and your sertraline specifically?

 **Participant** 28:38
In my sertraline pregnancies, yes, there was a plan because in both cases I had an elective Caesarean birth.
So in the plan was not to birth vaginally.
And but when it came to search mean, the plan was always to keep taking it. But you have to take responsibility after you've had a baby for bringing in that medication and still taking it so.
The only kind of conversation around around sertraline.
In terms of birth plan was make sure you bring your sertraline to the hospital because you're going to need to like self administer whilst you're here. You know we're not going to give that to you.
And then of course the protocol, if you like in XXXX, is that you monitor the baby for, is it 24 or 48 hours?
4 hourly OBS or similar. So that was a kind of non negotiable part of the plan that that had to be part of the plan because that's the way they do things in XXXX.

 **Interviewer** 29:45
Yeah. So I just wanted to know a little bit more about those extra observations.
So you've mentioned a variable amount of time. Was your experience that the amount of time was the same with each child or actually was it different with each child as well and and what the frequency was that the same or different?

 **Participant** 30:04
It's slightly complicated because I've had caesarean births with both of them, so and also obviously it's the post natal haze going on around it.
Something I've just remembered something else about ibuprofen. That one doctor once said to me and sertraline. So.
They definitely monitor you at XXXXXX Hospital. They don't monitor you, they monitor the baby for withdrawal symptoms. It's what they tell you it's for.
It's at least 24 hours. It definitely was at least 24 hours for both of my
babies who were born on sertraline.
And I seemed to remember that they were four hourly obs.
Certainly contributed to a lot of waking me and the baby up in that first 24 hours.
I would say with certainty it was 24. I feel like possibly in my second pregnancy it was it was 48. I can't tell you definitively because I'm afraid I can't remember.

 **Interviewer** 31:23
Yeah, that's good.

 **Participant** 31:24
It's very clear that that was what you know, we are monitoring the baby for withdrawal symptoms from your sertraline was that was made very clear to me.
But then anecdotally, you know midwife saying, I've never seen a baby withdraw a bit. Like, I'm not sure why we do this, but we've got to do it. So that was quite powerful part of the experience. And as they're quite validating and supportive to a parent that's naturally anxious that they might have caused withdrawal symptoms in their baby.
The other thing that sprang to mind was in one of my sorry again, I can't remember if it was said. I'm trying to remember it by the room they put me put me in.
In the hospital.
But yeah, I can't remember totally vividly which one it was. I think it must have been Mattie. So this was my middle pregnancy. Yeah.
A doctor, so it must have been. It was definitely a doctor, so it must have been an obstetrician. I'm guessing that.
Doctor kind of post natal ward said to me. You should be really careful about taking ibuprofen with sertraline.
I was like, right? Well, no one's ever mentioned that to me before, ever. And you've got other healthcare professionals telling me I've had the caesarean birth. So to turn it, to keep telling me, taking paracetamol and ibuprofen, you know.
I then kind of pressed other medics on whether that was a thing none of them knew anything about it, and since then I've never heard anyone else tell me that again. So it was one doctor that gave me some quite specific advice.
And then disappeared and never saw him again and no one else ever reinforced it. So that was also a bit like I'm going to choose to ignore what you're saying because no one else is telling me to do it.
But I think that probably just goes back to the inconsistency piece.

 **Interviewer** 33:27
Yeah, sure.
Thanks. Yeah, that's yeah, that's really helpful. Just I don't know if you know you're you noticed or remember?
What those observations involved? Were they mostly a midwife? Just having a look over your baby and and doing a short checklist and then coming back again? Yeah.

 **Participant** 33:47
Yeah.
Yes. So it was definitely like the classic obs were like the similar to the obs that they do on you. So it was like take your temperature check the heart rate.
Looking for any signs of like fitting or that was definitely a thing that they could have said that they were looking out for.
Yes, that was it was just the kind of pretty standard. It didn't seem that was anything specific. It just felt like it was on there kind of list of the obs we do.
But I definitely remember mentioning kind of just looking at the baby, checking that they weren't fitting in anyway, or showing any obvious signs of of withdrawal. Not that I knew necessarily what that would be.

 **Interviewer** 34:34
Yeah. So that that brings to me to to my next question, which was about.
You've obviously heard of some of these terms, but I'm just interested in what they perhaps.
Actually mean to you so.
We talk about terms like neonatal adaptation syndrome, neonatal withdrawal syndrome or withdrawal and discontinuation symptoms in babies. Are you able to share with me what these terms have meant to you?

 **Participant** 35:05
Yes, the word neonatal is interesting because I don't think that word.
It's a very clinical word that I don't see healthcare professionals using with the women and birthing people in their care necessarily. So I would say withdrawal symptoms is the only.
Few words that I feel familiar with in that list in terms of the words that have been used with me.
I've certainly never given any like literature or information about that, or really given any sense of what that really meant. Like I said to you, I don't really know what they were monitoring.
XXX and XXX, for I also know that they seem very relaxed about the whole thing.

 **Interviewer** 35:54
Sure. Yeah, so.
You weren't given any literature.
Any sort of explanation?
Of note, no, just a mention that it could happen.

 **Participant** 36:10
And it was like, oh, you take sertraline and you've got to stay. That was it kind of. This is just part of the process.
I think because I've had Caesarean birth, I knew I'd have to stay anyway. I can't even remember the first time around whether I knew that they would have to keep me in to monitor the baby or not. I remember knowing that I would have to stay in because it had a caesarean birth. Not that I have to stay in because I had a caesarean birth and I was taking sertraline. It was definitely like a subsidiary point.
That may have been made to me.

 **Interviewer** 36:46
Sure. And can you tell me if the midwife clinicians observed any symptoms at all in your babies during these periods of observations?

**Participant**: No
**Interviewer**: We're also interested in experience of feeding babies whilst taking antidepressants, and you did mention.
Getting some advice.
Just to recap, you said that you, you got advice about sertraline and that that was always fairly consistent.
Did you get written literature?

 **Participant** 37:25
I feel like I was quite consistently told that feeding on serttraline isn't a concern.
I don't remember being given any information about that, but I remember being told that and that being to put you at rest about this, we believe sertraline to be a very safe medication to take whilst feeding.

 **Interviewer** 37:53
And these next few questions are actually about what you observed, but I think you've probably covered it all actually, so.
I.
Would want to know if if you'd observed any symptoms of withdrawal in your baby, sort of how that affected your baby's health and behaviour, and if you were able to describe any of these symptoms. But I think you've probably told me already, haven't you?

 **Participant** 38:08
Mm hmm.
Mm hmm.
Yeah. I mean, I've had, you know, 3 births with live babies where I've been able to look at, I guess compare and contrast as best you ever can. And they were all different.
There was no theme in my sertraline in babies compared to XXX. If anything, he was a more distressed baby than the other two were. I feel a sense of certainty that my first son's, some of his responses were linked to my trauma and that the PTSD, but I wasn't on sertraline.
I don't have any sense of sertraline at all affecting my other two children.
And I know in terms of like milk production feeding, so I started taking sertraline.
At six months, when I had XXX and I, I fed him until he was 12 months old.
So I had six months of feeding with no sertraline and six months on sertraline and didn't make any difference to my milk production or him or his behaviour. I fed my middle son on sertraline for four months.
I chose again in that kind of building, more confidence in my own choices. I then chose to move him on to bottle, but not because of any feeding issues. He did feed very differently to his brother, but that felt more about just the different ways they feed. And then with XXX, you know, with all of them I had ample milk supply. There was no issue with supply could affect them all indefinitely. My choice is to move to bottle even quicker with my third. Were more about me how I found breastfeeding really uncomfortable.
How I appreciated having more independence and.
Just suited me better.

 **Interviewer** 40:27
Yeah. And we know that support systems are really important, you know around.
These times of sort of pregnancy and post natally, and I wondered if you could tell me about what support system you had in place, sort of family, friends, community online.

 **Participant** 40:46
Yeah.
Yes.
Yes, I'm very fortunate in terms of living in a kind of high support.
Scenario and very well supported, particularly in a very you know, very close, very stable marriage where we've made a lot of these decisions.
Together and he has always held a lot of empathy about my needs, being as important to the child's needs.
I've struggled a bit with my mum. I think the older generation and you know, she makes a lot of flyaway comments about.
Oh, I do. I would never take an antidepressant or, oh, have anyone else talks about mental health, you know? So there is a generational challenge, I think, with some of our support structures where they've grown up with less of a ease around talking about mental health and more concern about the idea of taking a medication whilst you're pregnant. So that's definitely something like intergenerational piece that can kind of destabilise the support thing.
But I've had a lot of support.
Yeah, from family.
And very good friends.
And.
Yeah, that's made a huge difference. I mean, I would say particularly when you've been post Nataly incredibly unwell.
I haven't needed as much support around.
You know, around my decisions with sertraline, in terms of needing the wider circle, I've needed my husband at night to feel that we're on the same page with our children and our health.
But in terms of support structures for myself more broadly.
I've got plenty. Very lucky.

 **Interviewer** 42:41
And.
Looking back, is there anything that you wish you had known or done differently regarding antidepressant use in pregnancy?

 **Participant** 43:08
I wish there were stronger evidence base to help people make the decision.
About whether it's right for them or not.
It feels like.
You know, I actually haven't read the latest on the bumps website, this kind of thing.
But yeah, I wish there had been more evidence to help guide that decision.
I wish, however, the evidence wasn't just about the physical effect. Potential physical effect on the baby. I wish that evidence was as balanced with the positive mental health impact.
And how that can affect someone's ability to show up to parent and newborn baby?
I wish that parity between mental and physical health, maternal health and baby health was very much held together because when we say we want the evidence, what we want is that we want, you know, evidence to to prove to us that we're not going to damage our baby's physical health in any way. That's what we would really would like. But really that is one lens, because I would always be encouraged, though. Let's say that there is an evidence base for some type of withdrawal symptom within a scope of a scale of whatever it might look like.
I don't then think that's a definitive reason not to take an antidepressant.
Got to be this. Can't just we need a lot of balanced research, but all research that also really encourages us to consider the positive impact of being able to show up as more mentally well and stable.
I was so unwell after I had my first son, so unwell wasn't taking an antidepressant. I was.
I couldn't leave my own bedroom that I'm having a panic attack, you know?
I had all the support. I was one of the lucky ones, but at the end of the day.
In that moment, and if I haven't resisted, I resisted so hard, taking antidepressant for months and months and months because, because also, they're called antidepressants. We don't really understand them as selective serotonin reuptake inhibitors, is that right?
We don't understand them as SSRIs. We understand them as antidepressants and that's quite they're two quite nuanced, but different ways of understanding a piece of medication.
And I think if the medication itself were better understood that we didn't just see it as an intervention for depression.
It would also ease some of the stigma in terms of people understanding why it could help them.

 **Interviewer** 46:10
Thank you and.
In terms of.
Advice that you would give or could give to other women and birthing people who are taking or considering taking antidepressants during pregnancy or is, is there anything that you'd like to share here?

 **Participant** 46:27
Yeah.
I would say like it really matters that you care, that you care about your baby, that you care about doing the right thing for your child, but also it really matters that you care about yourself.
And that is just as important.
I think we need to acknowledge the feelings of shame and stigma. We don't make those go away by saying they don't exist.
We need to say to people.
Yeah, that shame is really real. That stigma is so strong. What do we do with that?
And create safer spaces where people feel that they can be more honest about the way that that's affecting them.
Those are the main things really.

 **Interviewer** 47:21
Thank you. And and based on your experience, do you have any recommendations for healthcare providers, clinicians?
About the management of antidepressant use during pregnancy and neonatal adaptation syndrome withdrawal symptoms really, is there anything that you would like to say to healthcare professionals that we could sort of take on board?

 **Participant** 47:48
I think it is important to develop a more consistent message.
That is unbiased.
And non judgmental.
And I think we have to even where we haven't got the the evidence necessarily consistently emphasised to women and birthing people and partners that their health.
And their mental health needs to be held in parity with their babies development.
And understanding risks in context. So yes, the idea of your baby withdrawing from something may sound really scary. Let's talk about what that might look like. Let's talk about what we know about whether that has any lasting effect on the baby. If they've gone through that experience.
But also really encouraging people to hold on to.
The importance of their Wellness that parents and mothers particularly really need to be reminded of that all the time.
I think.

 **Interviewer** 49:00
Thank you.
Well, Participant, that brings me to the end of my my questions. I'll just stop the recording.

 **Interviewer** stopped transcription