



Multiple Sclerosis
Association of America

MSAA Podcast - Episode 18: Family Planning – Motherhood and MS

Host: Kate Durack

With special guests:

Alyx Rossi, DNP, APRN, FNP-BC

Lisa Doggett, MD, MPH, FAAFP, DipABLM

Kate Durack:

Hello and welcome. You are listening to Multiple Sclerosis Association of America's podcast episode titled "Motherhood and MS," which is part of our "Family Planning" series. I'm your host, Kate Durack, Director of MSIN Communication and Patient Focus at MSAA. Today we're talking about something I am quite familiar with and that is what it's really like to navigate motherhood while living with MS.

I'm joined today by two incredible guests, the first being Lisa Doggett. And Lisa is a family and lifestyle medicine physician. Lisa is an author and a mother of two daughters. She's been living with MS since 2009. I'm also joined by Alyx Rossi, who's a nurse practitioner and MS and Neuro-Immunology Specialist. Alyx has a special interest in women's health, and she's also a mother of four. I myself am a mother of two and I was diagnosed before I became a mom. So, each of us brings a different lens - personal, clinical, practical - to this conversation. In this episode, we'll talk about the postpartum challenges, ongoing fatigue, and the mom-guilt that can creep in when you think you just can't do it all, or you feel like you're not enough. But we're also going to talk about the joy found in motherhood and redefining motherhood in a way that is both healthy and realistic. Thank you for being here, Alyx and Lisa. Are you ready to get started?

Dr. Alyx Rossi:

I think so.

Dr. Lisa Doggett:

Yeah, absolutely.

Kate Durack:

All right. Let's start with discussing adjusting to early motherhood through the lens of MS. Alyx, let's start with you. From your clinical perspective, what are some early motherhood challenges that might be intensified or show up uniquely for someone with MS?

Dr. Alyx Rossi:

So, I see a lot of patients that are newly postpartum, in kind of various stages of their MS, whether they're newly diagnosed or whether they have been on treatment, various, you know,

degree of disability. And I would say the one thing, and this comes kind of intuitively, that I hear the most that is hard to address for new mothers is fatigue. This isn't unique, of course, to MS. This comes with, you know, the challenges of a newborn, but certainly if you have a baseline fatigue from MS and then you couple it with lack of sleep, the physical demands of, you know, just giving birth, whether it's, you know, vaginal birth, cesarean, giving any sort of, you know, pregnancy or delivery complications, I think the fatigue can be very confounding and overwhelming. You know, certainly kind of in the same vein, if there are mood disorders or, you know, depression and anxiety, with MS or, you know, otherwise, if it's not related to MS, there are tons of hormonal changes and just overall changes to your neurochemistry that go on after delivery that can be hard for MS patients to navigate. And then, of course, the demands of struggling with managing a chronic disease or managing a chronic disease. And now you have a brand-new life to take care of, and you have a newborn, and your whole world is flipped upside down. So, you know, managing something that's known to you can be difficult. And then managing the demands of motherhood, whether, you know, these are physical demands, emotional demands, I think that's what I hear the most. And it's tough.

Kate Durack:

Yeah, I have definitely experienced that all firsthand. I was diagnosed before I had kids, so I went in having already talked to my doctor about what that increased fatigue looks like, my risk of relapse, when to stop nursing so that I could start my infusions, and then what my just general limits might be. And I think that most women would probably say that that period of life is such a blur for them. And so, I don't really know kind of what my experience was versus somebody who doesn't have MS. But I can definitely say that the lack of sleep and then focusing so much on what needs to be done next to take care of my kids, really was kind of just my main focus for a long time. I, just to share a little bit more, had my boys back-to-back, too. So, they're 16 months apart. So, when I had my second newborn, I still had a little one running around in diapers. So, it was a lot for me. But I had a lot of support during that time, through my doctor and family and friends, that was super helpful. I was wondering, Alyx, if you'd talk specifically about the risk of relapse, because I did experience relapse after I had my second son.

Dr. Alyx Rossi:

Yeah. You know, absolutely. So, I think the risk of relapse, of course, is a hot topic with your postpartum mom. I mean, it's always a hot topic in MS, everyone wants to assess their unique risk of relapse, and I think it's highly variable depending on the patient. How long have they had the disease? How well controlled is their disease? What type of therapy were they on? You know, are they back on therapy? And so just, you know, some data to kind of corroborate what we're discussing. So, there's been several studies, a lot of systematic reviews and meta-analysis that look specifically at postpartum relapse rates for patients without MS. And the one thing that we know, as we start to see in all of these reviews, is we start to see a little bit of an uptick between 4 to 6 weeks postpartum in disease activity. Now, there's a lot of theories around this. There tends to be, you know, kind of this mysterious or perhaps not so mysterious kind of protective window around pregnancy, specifically in the second and third trimester, where we just don't see a lot of disease activity, which is quite reassuring to the patient, and gives them some solace. But it's important to note, I think, especially when you're having these conversations about pregnancy planning and postpartum planning with your patients that there is a known uptick between 4 to 6 weeks postpartum.

And then we start to see, actually, more of an uptick after that time. So, if, you know, you just were to leave your patient without reintroducing disease modifying therapy, we see that relapse risk actually come above their pre pregnancy relapse risk. And again, highly variable in terms of numbers. So, I'm not going to speak to actual numbers. But we tend to see increased relapse

risk at month three and at month six. So, between that time it's really kind of, you know, the more vulnerable time for relapse in the postpartum era. There does seem to be a downtick at, again, this is all, you know, highly variable and kind of over generalized, but there does seem to be a downtick starting that trends down at month 7 to 9. And then you start to return to your pre pregnancy relapse risk, as you were before.

And one thing that I wanted to mention, there were two interesting studies that were released at ECTRIMS. And for those of you who are listening who aren't familiar with ECTRIMS, ECTRIMS is the largest international MS conference where they release annually the newest data, kind of the most sought-after data in MS research and clinical practice. So anyways, they presented this data on the impact of disease modifying therapy on relapses during pregnancy. And they have this retrospective ten-year chart review on about approximately 200 patients, 194 on disease modifying therapies prior to pregnancy. And, if they were on a high efficacy therapy, specifically an anti-CD-20, which is a class of medications that's widely used in the MS community right now, they showed a significant reduction in postpartum relapses to that cohort. And that was done by our colleagues Shaw et al. And there's a separate study of patients that reported a lower risk of postpartum relapse in patients overall on high efficacy therapy. So I really think that that's something to consider when you're pregnancy planning and going into pregnancy, and something that you want to talk to a neurologist about is, am I on a high efficacy therapy, am I setting myself up, you know, for a smooth transition postpartum?

Dr. Lisa Doggett:

I wanted to ask a question actually about that. And I'm just curious... This is Lisa talking now... At what point... So, are most of your patients continuing their disease modifying therapy throughout pregnancy? And for those that aren't, at what point are you usually recommending that they resume therapy?

Dr. Alyx Rossi

Yeah, that's an excellent question. So, I think ideally, we assess the probability of pregnancy. We ask our patients, you know, either at their first or second visit and it's good practice to do, are you planning to become pregnant? And this is really for all of our female patients, because you never know, you know, you can't be biased to age. So, you know, having and implementing an ongoing conversation early about "Are you planning to have children? If not, you know, what contraception are you using? And if you are, when?" And trying to navigate how to transition them, you know, essentially pause a disease modifying therapy, and making sure that they're within a safe range. So, there's different timelines for medications that we're using, depending on which disease modifying therapy that we need to make sure that the contraception period is within a safe range. And so, it's really an ongoing assessment of, you know, risk versus, you know, risk versus allowing the patient to continue to try to conceive if it's a prolonged period.

And then going back to the relapse rate, I mean, of course, this is a highly variable conversation depending on the patient's trying to breastfeed, if the patient has a disease modifying therapy that's compatible with breastfeeding. There's a lot of new data, again, we go back to the anti-CD-20s, there's a lot of new data, specifically, the SOPRANINO trial, Phase 4 ocrelizumab trial that came out, that really continues to classify the anti-CD-20s and their safety profile with breastfeeding. So, to our listeners, if you haven't read that trial and you're on an anti-CD-20 and you're considering breastfeeding, or even entering into pregnancy and postpartum, I suggest that you look at that data. It's quite reaffirming. Or talk to your neurologist about it. And so, I think it's highly variable. There are special considerations in pregnancy for patients that become pregnant on therapies, specifically the S1P modulators, anti-sphingosine, where if you come off of these medications, you can risk rebound disease. And so, we want to be careful about, you

know, when you transition off of that therapy and talk to your neurologist, and OBGYN and maternal fetal medicine specialist about safety.

Dr. Lisa Doggett:

Thank you so much, Alyx. You know, that reminds me of the webinar that we did. And I know we covered some of this then, although I don't remember all the details. So, I think that was the webinar recorded last fall that was released in January. So, hopefully people can check that out if they're interested in just the considerations in pregnancy and preconception planning, because there's a lot there. And we had also an awesome OBGYN on with us at that time, too. Kate, you know, I'm interested to hear... So, I was diagnosed with MS after my kids were born. And so, I didn't have that experience of going through postpartum, that period, with MS. But I'm really interested to hear about your experience and particularly like what you've already shared, but also what happened later. I think you've mentioned that you had some challenges.

Kate Durack:

Yeah. Yeah, absolutely. So, I had my boys back-to-back like I mentioned, and I did experience a relapse. And I cannot... I told you, that time was such a blur. I cannot remember when it happened. But I do remember that it was right before I was planning on starting my infusions. I had not received treatment previous to becoming pregnant, because we were trying to prioritize pregnancy before treatment. So, that was before all of this has come out now about, you know, the idea that I could have actually maintained treatment potentially while breastfeeding. So that was before all of that data had come out. So for me, in my experience six years ago now, I remember distinctly sitting in my room with my baby and feeling like my right leg, like I had set my cell phone down on my right thigh, and then I was receiving phone calls, and it was vibrating in a very distinct pattern over and over and over again. And I knew instantly; I was like, "Well, that's a spinal lesion, like it's got to be that." It was just so clear. And I never experienced anything in my legs before, but it was just such an odd sensation that there was just no doubt in my mind it was MS. And I knew I had the increased risk for relapse, too. So, I was able to go in and get my MRI, confirmed that it was in fact a lesion on my spine, and luckily had not had increased disease progression on my brain, which is always great to hear. But yeah, I do know that there are definitely a lot of things that happen with MS that are not at all that obvious. And so, in a way, I am thankful that mine was so obvious to me. I knew I needed to talk to my doctor. But maybe, if either of you could comment on just more of what could be a sign of relapse versus what isn't, and when to have that conversation with your doctor?

Dr. Alyx Rossi:

Yeah, absolutely. Okay. Thank you for sharing your experience. And in listening to you, you're an excellent historian, by the way. I will tell you that. So, kudos. I'm sure your neurologist appreciates this. So, when I'm listening to you, I'm like, "Wow, Kate is describing perfectly what a focal neurologic deficit is." Right? Now, you know, I think that yours was like, you know, quite specific in that you were already kind of prompted to understand and perhaps look for, you know, new things that might be bubbling up. And so, you know that what I try to educate my patients for, you know, what is it? And it's tough, right? Especially in the postpartum, you know, time of your life where, you know, you have patients that have baseline deficits and they have weakness and they have fatigue and they have urinary urgency or, you know, bowel concerns, or even, you know, numbness and tingling, all of these things, you know, can be kind of taken in a vacuum in MS, but maybe worsened by postpartum. And so, there's always this, this lens that I try to look through. Is this just worsening of your baseline symptoms because of your fatigued, because you're under stress? We know that these things can cause what we call like a symptomatic flair, or, you know, kind of like a recrudescence of your old symptoms.

But what we're looking for in terms of new disease activity are focal neurologic deficits. Right? So, some new areas or new qualities or sensations, symptoms, that didn't otherwise match your lesion or didn't otherwise match your previous presentation. Now, you know, that's kind of a perfect world. It doesn't always, you know, present that black and white. But for the most part, that's what you're looking for – is a new symptom, a new neurologic symptom that you haven't experienced before or something that is drastically worsening. That's persistent. So it's very rare that you have, it happens, but very rare that you have new disease activity that you can see on MRI that has an intermittent kind of come and go quality, or, you know, pops up one month and then goes away and, you know, pops up the next month. It's pretty rare. Usually when you see new disease activity, patients will present clinically with a... it can be some kind of a, you know, a slight onset, but it's persistent and it usually gets worse. Right?

I always tell patients, you know, kind of a good analogy to look for, symptoms is when you start a pot of water boiling for pasta, for spaghetti. Right? And as the water starts to boil, you have these little bubbles that start at the bottom and they come up and they get bigger and bigger and bigger. And then they come to the top and they burst. That's what MS symptoms look like. They're these focal, kind of, you know, piece by piece bubbles that come up and they pop. Right? Because your symptoms are directly related to where your new disease activity is, "Where is that hotspot on your brain or your spine?" And so, yours, Kate, what you're describing, you know; it was very obvious. And it sounds even obvious to you that like, "Okay, this is new. This isn't going away. This is not something that I've experienced before." And I need to check with my neurologist and, yeah, a spinal lesion makes absolute sense. So, I think it's hard. I think, you know, understanding what your baseline disease kind of profile is. You know, what symptoms you have that come and go, that are worsened by things like fatigue or stress or, you know, viral illness, bacterial illness, UTI.

One complaint that I do see, that isn't as straightforward, are patients with new onset numbness and tingling in their lower extremities post epidural or post spinal. So, I get a lot of calls, on calls from OBGYNs, that have concerns with relapse in the immediate postpartum period with patients that have had epidurals or spinals. And that's, you know, quite common in practice, of course. Do they have a new disease? And, you know, it never hurts to have a conversation about that. Usually it's not. Right? But just get an MRI. You know, get an MRI, a contrasted and non-contrasted MRI and screen for a new disease, especially if there's still infacility. I think that gives the patient, you know, some solace and gives the OBGYN some solace as well. Of course, if it is, unfortunately, a new disease, then you're infacility we can treat, or at least, you know, within conversation to specialists.

Kate Durack:

That's really interesting. With that specific example, Alyx, how... let me see if I can ask this question in a way that makes sense... how would I know as a patient, you know, what would I be looking for in terms of maybe persistence of symptoms after having a spinal, which I had for my two C-sections? I mean, could it be that I would kind of wait to a certain point to see if it was, you know... MRI's are expensive. And so, if there's another way that we can frame that. I'm not saying, you know, don't get an MRI if you're able, but, is there kind of a time frame that someone should look for?

Dr. Alyx Rossi:

I mean, I will say, like, if you've just had an epidural or a spinal and you have numb legs, you know, I would have, and you have concern, I think the best thing outside of an MRI is to have a neurologist do a physical assessment and assess for changes. Of course you would have to have something to compare to, but there are some assessment findings that can be more indicative of acute relapse. And, you know, I'll leave that conversation to my neurology

colleagues to determine. But, I mean, I guess what it comes down to is, if as a patient, you have a question and if this doesn't feel right, follow your intuition, speak up. Right? You know, patients, usually when you really start to question them, they know best, you know, whether it's a new disease activity or, again, a baseline symptom that's being exacerbated by something else. And when you really start to ask, you know, a true HPI using you usually get to the bottom of that. So I would encourage patients just to speak up if something doesn't feel right, you know, whether it's from the epidural or whether it's from MS, advocate for yourself.

Kate Durack:

Absolutely.

Dr. Lisa Doggett:

HPI - history of present illness.

Dr. Alyx Rossi:

History of present illness. Yes. Doctor jargon here. Yes.

Dr. Lisa Doggett:

No, I just wanted to call out that specifically. So, I just wanted to jump in. I am so grateful to Alyx for all this great information. I just wanted to kind of share my perspective. I think it's just so hard to take care of yourself anyway, when you have a newborn because you're so focused on taking care of that baby. But, when you've got MS, it really does need to be a priority to take care of yourself as well. And so I encourage everyone out there to ask for help, ask for help more than you normally might want to. I think we're all kind of programmed to think, "I'm going to do it myself, I can be independent, I'm a strong woman." But in reality we do need help, especially when we have a child to take care of. And a lot of times this is a second child or third child. You've got another one like, Kate, you were describing, that you've got to watch after. So, I just cannot emphasize enough how important getting that help is. I certainly... it is something that came up for me when I was diagnosed with MS and my kids were two and four. I had to get lots of help.

And then I think the other thing I just wanted to remind everybody about is good self-care. So, you know, I'm a lifestyle medicine physician, which means that I coach people with MS to have healthy habits, to be as good with their lifestyle to support their overall health as they possibly can. And I think that, you know, when you've got a newborn, you're not going to have a lot of time, but you need to look for those little ways to just calm down, to self-soothe, when you're feeling overwhelmed or exhausted.

And so those strategies should be healthy strategies. That does not mean grabbing a bag of Cheetos or the candy that's leftover from Halloween, which I have done before, but not very often. No, it means grabbing a cup of tea or a nutritious snack, making sure you have healthy food around to nourish you. You really need it after you've had a baby and maybe you're breast feeding. Calling a friend, listening to a favorite song. So, I recently made a mix on my phone called "Happy," with uplifting music that I just, it's kind of my go to for tunes if I'm needing to be put into a better mind state or head space. So anyway, just think about those things, those easy ways to pick yourself up. Give yourself a little bit of an energy boost when you're going through a hard time because it's inevitable in that postpartum period, for sure.

Dr. Alyx Rossi:

Yeah. I think that's excellent advice. And one thing that I wanted to add to that, you make a really good point, and we had this conversation... yesterday we had a different scholarly conversation specifically about self-care. So, if you're a planner, like me, and you are planning for pregnancy and you're pregnant, really think about what does self-care mean to you. Right? I

think that self-care, there's this kind of, like, stigma around self-care that, you know, I think you're kind of debunking when you're talking about what self-care means for you where self-care is, like, going out to the spa and getting your nails done. Well, you know, that doesn't really pan out when you have a newborn, right? And, perhaps that isn't meaningful for everyone. And so really like taking the time to think about like, what are my self-care strategies? Like what actually fills my cup? Is that, you know, making a good playlist? Is it just like downtime? Is it quiet? Is it getting out and going for a walk? Is it, you know, connecting with a certain person in your family that you know can offer you that safe space? So, yeah, I would challenge my pregnant patients and friends out there to kind of create a list of ways to go when you need self-care.

Dr. Lisa Doggett:

Yeah, good point.

Dr. Alyx Rossi:

Because it's hard to do when you're fatigued, anything is hard to do when you're fatigued and have a newborn, let alone advocate for yourself.

Dr. Lisa Doggett:

Right.

Kate Durack:

Yeah. That's so great, Alyx and Lisa. I personally found my version of self-care in taking showers, and I would escape with baby, usually in a bouncer, especially with my older, Owen. I remember putting the bouncer on the floor in the bathroom so I could see and hear him, and then just enjoying a really nice hot shower. And that was my peace and my time to kind of just relax and then get my strength back up for whatever might come next with the babies. And then once my second was born, lots of walks and trying to avoid feeling guilty about having earplugs in and listening to an audiobook or music instead of interacting with the kids just while I walked around the block a little bit.

And then the other thing that I just wanted to draw attention to was asking for help in childcare and having someone take care of the kids for you and getting out of the house for a little bit. That was really important for me. And it was also really, really difficult, personally, just because of all the mom guilt that I felt about leaving the babies. But I definitely, I wish I had done more of that, more asking for help and more time either by myself or with friends. So, I don't know if either of you have similar experiences. Lisa, as a mom?

Dr. Lisa Doggett:

For sure. I mean, absolutely get help with your kids. You can't... I know, I do have friends and run into people occasionally who have never had a sitter, and their kid is like four years old and I'm like, "Wow, that's amazing and I appreciate your commitment, but that would definitely not be me." And I really think it's so important. Not, maybe not for everybody. I don't want to, you know, make a universal requirement that everyone has to be away from their kids. But I do think it can be really, really beneficial. And I know for me personally, like, I am able to be a better parent when I have that space for myself, when I have a break. So, I think that my relationship with my kids is much better when we all have some space from each other. My kids are much older now, but that even back then, I think it was better for all of us to get a little break. That said, also, I think that having other people, maybe like a regular sitter or a family member or a neighbor or friend who takes care of your kid on a regular basis can be so great because you have the kid and that person can form a relationship which is beneficial to everybody. I feel like the more sort of loving, caring adults who are responsible and care about your kid, the better. I

don't feel like it has to just be me or me and my partner. Like having more people that care about your kid is great.

Kate Durack:

Yeah, I actually I'm lucky enough to have my parents that live close by. But we've also had the same nanny/babysitter since the boys were born, and she still spends time with the boys regularly. So that that has been, yeah, she's turned into more of an aunt than anything. So, it's been really nice.

Dr. Alyx Rossi:

Wow. That's great. That's awesome. Yeah. You know, I, just for full disclosure, do not have MS. I just have the unique privilege of caring for patients that live with MS. But I do have four children. And so, you know, I think that we all share kind of this experience of, you know, it's tough to have a newborn and it's tough to... I think the one thing that I really struggled with was, you know, feeling this pressure to, you know, bounce back or return to normal. And for me, somebody that's, you know, always valued not only my children and my family, you know, but my career, I felt this pressure to have, you know, return back to, you know, what normalcy was. And, I think that in retrospect, if I would give, you know, one piece of advice, and this kind of evolved as I had more children and I learned from my previous mistakes, but, is just to really look at, you know, taking the time, taking the time to enjoy this period, while still keeping a sense of identity. Right? Like, I encourage patients, and all new moms really, to, you know, "What do you look like? You know, what does Alyx look like? What does Kate look like? What does Lisa look like outside of MS? Outside of being a mom?" And try to hold on to that. I think that, like, when you talk about, I'll just share for me personally, like, "What does self-care mean?" It means holding on to the identity of who I am outside of these things. Of course, they are all, you know, deeply intertwined in who I am. But that's, I think, a part of self-care, something that can help aid people to take care of themselves in the postpartum phase where, like, you know, you don't know what's up or down or who's coming and going, sometimes it's tough. And I think that a good way to do that when we're talking about self-care mechanisms, and for me specifically, and perhaps you both share this, is learning how to say no.

Dr. Lisa Doggett:

Yes.

Dr. Alyx Rossi:

Which is easier said than done. But when you only have so much space and time to care for yourselves with a chronic disease, to care for a newborn, you know, perhaps older children, making sure that your family unit is up and functioning, making sure that you're up and functioning, you know, that's the priority. You have to learn how to kind of say no. You know, we don't have endless time and space in the day, and we only have so much energy. So, learning how to prioritize things and putting yourself first.

Dr. Lisa Doggett:

My wife's sister has said, "You have to say no in order to say yes."

Dr. Alyx Rossi:

That's right.

Dr. Lisa Doggett:

And I love that. I think about that all the time because I, you know, you get requests for different things and people are asking you to do things, and your kids are asking you to do things, and you're having to make choices. And whenever you make a choice and agree to something, that

means you're saying no to something else. So, when you say no to that thing you don't want to do and say yes to, maybe, time to yourself or time with your kids, that could be really positive and powerful. So anyway, keep that in mind.

Dr. Alyx Rossi:

And have a positive ripple effect on your family.

Dr. Lisa Doggett:

Yeah. Yeah, absolutely.

Kate Durack:

I could definitely see us having a complete other episode about maintaining identity in motherhood and MS. I would absolutely love to talk about that more.

Dr. Lisa Doggett:

Yeah.

Dr. Alyx Rossi:

Yeah, definitely.

Dr. Lisa Doggett:

Do you want to talk about the fatigue thing now?

Kate Durack:

Yeah. I think, actually, just kind of playing off what we were just talking about, a lot of it does come back to fatigue, right? I mean, we're... that's really the symptom that is, I would guess, Alyx, is what you hear most often in your office. So, Lisa, do you want to talk more about MS fatigue and what strategies you offer?

Dr. Lisa Doggett:

Yeah, absolutely. Fatigue with MS is really tough because you have, especially as a mom, the fatigue and exhaustion of being a mom, but you also have MS fatigue. And so with MS you have problems with, where it takes more energy to do things that are common, because your central nervous system isn't able to communicate as well with the rest of your body, and it just takes more energy in order to process things and do things the way you would, you know, if nothing was going on, in terms of disease like MS. You also can have fatigue with MS because of some of the symptoms of MS. So, for example, if you have bladder problems and you're having to wake up multiple times all night to go to the restroom or you're having chronic pain from your MS, that can make it a lot harder to get a good night's sleep. So, you may be tired as a result of that. You may also have other medical problems. Just because you've got MS doesn't mean you're not going to have sleep apnea or a thyroid condition or anemia, which are other causes of fatigue. So, you definitely want to rule out those other causes. That's one of my most important kind of first points when I'm addressing someone with fatigue. It's also really important to find out, to find where you are getting energy and what's sapping your energy. Keeping track of your energy throughout the day can be very helpful. So do you usually feel better in the morning and then get tired in the afternoon, or is it the reverse? And then being able to schedule accordingly. So maybe you're getting exhausted in the afternoon. And that's a time when you really do need to get a babysitter. But you're okay in the morning to hang out with your kids. Trying to determine where you need, what you can adjust in your schedule in order to give yourself, just the best chance of being able to accomplish the things that you want to accomplish.

I think also important to be wary of other healthy habits. So that means making sure you're eating well, that you're exercising. In fact, exercise is one of the most important strategies for battling fatigue. When I had little kids, it was hard to exercise. We actually got an old school StairMaster. We still have it today. Keep it in our laundry room. And it is a great way for me to get exercise when my kids are napping. Or now they don't do that. But when they were little, when they were napping, I would go on the StairMaster. I was just one room away and could make sure that they were okay. And then I also got a great jogging stroller to take them out. So, exercise - super important. Sleep - I've mentioned very, very important. It is really tough when your kids are little, but, making sure that you get the help you can. Maybe you swap nights with your partner wherever one person is up, and then the next night, you get a good night's sleep. And then stress management, of course, tough with a newborn or with children. But very important as well. Figure out those soothing ways that you can kind of help calm down if you're having a tough time.

And then finally, avoidance of unhealthy substances, that's another pillar of lifestyle medicine. And that means that you're careful about substances, particularly like caffeine and alcohol that can contribute to sleeping difficulties. So we know that alcohol can help you fall asleep, but it actually interrupts sleep. It keeps you from getting into really deep and REM sleep. So the quality of your sleep isn't as good. You want to make sure you're not using alcohol as a means to fall asleep. Also, caffeine can be something that can be helpful with fatigue, especially if you're, you know, like coffee in the morning is okay. It's not inherently bad to have caffeine. It's just that it can interfere with sleep. And so usually I tell people to stop drinking anything with caffeine after about 2 p.m. because it can stay in your body for six, eight, or maybe even more hours. It depends a lot on the person. But just don't rely too heavily on substances like caffeine and alcohol to help control your energy levels.

Kate Durack:

Yeah, I want to actually speak to that, Lisa. Yeah, I have noticed, even if I, and this is with my current parenting of a six- and seven-year-old, both boys, lots of energy happening. I have noticed that if I have one glass of wine, the next day, my energy level is not what it would have been if I hadn't had a drink. And I'm really talking just one glass of wine. It's incredible the impact that that is having on my body the next day. I also just don't have the same level of patience that I would have otherwise had if I hadn't had that glass of wine. And I wish that I had, and not that I'm a heavy drinker by any means, but I wish that I had just realized this and listened to my body in that way sooner. Because it could have made some days that are harder with the boys a little bit easier if I wasn't still having those effects from the previous night.

Dr. Lisa Doggett:

Well, it's just great that you've figured out that connection. And I think that, you know, really trying to be tuned into yourself, paying attention to your symptoms. I've tracked my symptoms in a journal for years, to try to draw correlations between things like, "My main symptom is dizziness and my sleep and stress levels." That can be really informative. So yeah, I think it's great that you figured that out. For me, I had to do a lot of trial and error as well, and found out that caffeine is a big trigger for my dizziness. So, I actually had to eliminate caffeine. And that's been very, very helpful. I'm glad I know that about myself.

Dr. Alyx Rossi:

That would be tough.

Dr. Lisa Doggett:

It is really tough when your kids are young, that's for sure, because I definitely relied on it. And then I found out, oh gosh, this is actually making my symptoms worse.

Dr. Alyx Rossi:

You're inspiring me.

Kate Durack:

Me too. As I drink my coffee.

Dr. Alyx Rossi:

I know. You know, Lisa, you bring up a good point. And when you're talking about weeding out kind of other healthcare related co-morbidities, I think that that's good. And that is how we should all look. And the thing that I talk with my patients about, and it's kind of a pretty easy adage and perhaps, you know, those listening want to kind of take this away with them, is I always I always question my patients, and, "You know, this isn't always as black and white as you would think, is what belongs in the MS basket and what doesn't? Right? Does your fatigue actually fully belong in the MS basket?" Usually, the answer is no. Right? There are other things that may be confounding it. You know, "Does your weakness, you know, if it's generalized weakness, focal weakness aside, does it only belong in the MS basket? Or is it also deconditioning and perhaps poor nutrition?" And so, I think that there's a lot that we miss, simply just throw everything in and say, well, that's MS. Right? Because, then, you know, assuming that your disease is well controlled, you're on a high efficacy therapy, you miss a lot of action items, you miss a lot of things that could otherwise be, you know, kind of looked at and identified and adjusted primarily through lifestyle medicine. I mean, there are very proven, you know, scientifically proven ways to mitigate fatigue and to, you know, follow a schedule and to get excellent sleep and to fuel yourself properly. So, I would challenge my patients to ask themselves, "What belongs in MS basket and what doesn't?"

Dr. Lisa Doggett:

That's such a great point. It's really easy for us to blame everything on MS, and yeah, and even sometimes your doctors, especially if they're not MS specialists, they may be inclined to attribute things to MS without really understanding. So, as a physician, I can tell you that that is a challenge, sometimes, to sort out what's MS related and what's not. Especially, I'm not an MS specialist. And so I think that can be tough. But I also would encourage you as the patient, if you feel like something is happening that, you know, you have a strong feeling one way or the other, "This is my MS, this is not my MS," advocate for yourself. Make sure your doctor listens to you and does the appropriate work up.

Dr. Alyx Rossi:

Yeah, there's no shame in asking. Like, you know, that's what I think is important, is saying, like, if you're realizing an increase in fatigue, talk to your neurologist. You know, talk to your family practice provider, just making sure that you are with a healthcare provider, sorting through these things. And, you know, and that also doesn't take away from the fact that, you know, at baseline, you may have increased fatigue. You may have, you know, a degree of dizziness that troubles you. But identifying the things that may play into that first, kind of, cyclic worsening, I think is important.

Kate Durack:

So do you both think... I'm just thinking about that for myself if... and I'm kind of experiencing it right now, you know, there's things that are coming up for me physically, and I'm trying to decide who to have that conversation with. But now that you are both saying that, it's making me think that maybe I should be bringing up my symptoms with everybody in my care team, you know, my OBGYN and my GP and my MS specialist. And just seeing, you know, what it is that they say and then continuing the conversation with everyone and not just my MS specialist in case it

is something playing into another aspect of my health. How would you all recommend those conversations go, or kind of like where to start in those conversations?

Dr. Lisa Doggett:

I mean, I think there's not a right or wrong answer. I think it kind of depends on specifically what your symptoms are as well as, you know, what's the most convenient? Who are you most comfortable with? But I think you could go anyway with that. Ideally, we would all be practicing under the same roof that we would go as physicians and communicate with each other. We don't get to do that very often. And so, unfortunately, you're left kind of trying to navigate between different providers and specialists to help understand what's going on. I think that it wouldn't be crazy if you're really confused and you're getting different advice from different providers to ask them to talk with each other. To help get on the same page. It is important that, you know, you can get copies of your notes even, and share them between providers. It's unfortunate that you have to be kind of a go between sometimes with your care team. But I think, yeah, you could kind of start with any one of those three specialists that you talked about and then see if you can get some clarity. If not, then getting them to talk to each other might be helpful.

Kate Durack:

An example that could work for motherhood, just like changes in urinary health. I feel like, you know, I've had two babies. I mean, it's kind of, I'm sure you hear this a lot, Alyx, like, "What do I do with MS?"

Dr. Alyx Rossi:

And I think, you know, I always trace it back to, "Did your urinary problem start with a disease presentation or a relapse or is this a post pregnancy thing that came up and this is something that may be worsening over time or hasn't been addressed?" And so, trying to tease out, and of course, there's different degrees of severity to urinary complications. You can go from one to like maybe some urinary urgency that everyone postpartum can experience, or, you know, some intermittent incontinence, stress incontinence. I think we've all been there. So, I think, you know, assessing the degree of severity, when it started, and then, getting it to the right specialist. So, "Do you need a urologist? Can this be triaged by a women's health provider?" You know, that looks very different depending on the degree of severity. And I will throw this plug out there, thank you to our pelvic floor physical therapist. I think that does wonders no matter what your severity or if you've had a child, and you just are having some urgency or intermittent stress incontinence, pelvic floor therapy goes a long way. So that's my plug. But, talk with your neurologist. I mean, or even your OBGYN. They're very apt to triage those things as well.

Dr. Lisa Doggett:

Yeah. I just want to second what you said about pelvic floor physical therapy. I think that can be incredibly beneficial. I don't think a lot of physicians really even know about what they do. I was pretty ignorant of that until several years ago and have learned more about it working with MS patients. But it is an incredibly helpful tool. And so, you may need to ask for a pelvic floor physical therapist if you're struggling with valid bladder issues.

Kate Durack:

I'm going to ask that we switch gears a little bit and focus now on the idea of being present with our kids. My kids are a little bit older now, and it's always been a struggle for me, and continues to be, to really feel like I'm showing up to everything, that I'm fully present, that I'm there physically, that I'm there emotionally, energetically, all of that. And I do want to be all in all of the time. And sometimes I just can't. At least once a day, I definitely find myself having to say no to

something because of my fatigue. Actually, I took a nap today and said no to a couple of things so that I could do this and be fully engaged. So, you know, with the boys in general, it's really hard for me to work through. But the older they get, the easier it's been for me to include them in that planning and that thought process. And I can really be direct with them in a way that I wasn't able to be when they were little. So, you know, they know that sometimes I need to say no to things, and I can't be out in the heat as much, and we need to go to the park in the morning before it gets too hot, and everything needs to be mapped out a little bit more, especially because I live in Florida. So, I don't know if the two of you could kind of, both as parents, if you could speak to just what you do to balance that with your self-care and being present with your children.

Dr. Lisa Doggett:

Yeah. You know, I think we've really created some impossible expectations for ourselves as parents. I used to beat myself up for being distracted and bored. I was bored, I hate to say it. My kids always wanted to play, not always, but I got so sick... Oh my gosh, so Go Fish and Candyland. I was just like, so done with those games. I was dizzy. I had, you know, my daughters were two and four when I was diagnosed. So, we did a lot of Candyland and Go Fish and Chutes and Ladders and the like. And I was dizzy, and I would just need a break. And I was just so mad at myself for not being able to be, like, excited about some of these activities. But I've learned, you know, I think showing a little vulnerability isn't a bad thing, that can be, you don't want to necessarily scare your kids by making them think you can't take care of them, of course, but seeing you experience challenges and come out okay, and sharing some of that with them, I think is okay. And it helps make them more compassionate. And you are modeling how to overcome challenges and help them to be resilient by overcoming those things yourself. So, you know, I think we need to give ourselves a little bit of grace, realize that the expectations of ideal parenthood are unreasonable and take care of our kids, but also realize we're not going to be perfect. We're not going to be 100% present all of the time. And that's okay.

Dr. Alyx Rossi:

Yeah, I mean, I think you touched on something and it is something that I am highly aware of now, but I think we all can be aware of it, but still very much feel the pressure of like we live in a culture as women, that pressures us to do it all, you know, like, "you have to be the perfect mom and you have to you perfectly manage your health, alone." And "you shouldn't be asking for help" or, you know, we're talking about childcare, you know, "you shouldn't have to ask for childcare for a break." And maybe that's a little bit exaggerated, but, you know, certainly you feel the pressures. And so, I would say, like identifying, you know, what is valuable to you as a parent, and really, the things that you want to convey to your child. Again, I don't have MS, but I know that I have a lot of patients of young children that feel like their disease is a burden to their family. And I really like to talk through... and that's a tough one. And you know, that often creates a, you know, a bigger conversation, that may be better managed by like a mental health professional in navigating that. But I really challenge the patient to explore, you know, "why do you feel that it's a burden, and what would happen if you explored your disease with some honesty to your loved ones?" And that can be children, you know, to an age-appropriate extent. Because, again, you can teach them a lot through your disease. You know, at any stage, whether or not, you know, managed well or not. I think that, you know, there's a lot of growth that can happen in the family unit by being honest and exploring that with them.

Dr. Lisa Doggett:

Absolutely. Yeah. Those are great points.

Kate Durack:

Yeah. I actually, now that we're talking more in depth about this, I'm realizing that my boys have, because I have been transparent with them about quite a few things, hopefully not enough to scare them, but, you know, if we're going outside in the summer or if I'm, you know, going to go water the lawn and it's, you know, 93 degrees outside, my boys will say, "Momma, do you need your fan? Do you need your frozen neck wrap?" I mean, they are offering solutions. And, you know, I don't know..., you know, it's very helpful to know that they've kind of got my back. You know, I don't want them to feel like they need to take care of me. But it also is just, I hope that I'm teaching them what it's like to be supportive in a relationship of what's going on. And then I'm not perfect, nor do I expect them to be. And we're all kind of in this together. So, sometimes it's easy to feel guilty about that exact thing, but I'm also constantly trying to reframe my way of thinking about that and looking at the positive sides, too, of just how I'm showing them, maybe just how I'm demonstrating how to show up as part of a family. So how to support each other and how to be thoughtful.

Dr. Alyx Rossi:

I don't know your boys, Kate. I know you, of course, but it sounds like your boys take pride in being able to offer you care and show you off. So, again, a job well done as a parent in my humble opinion.

Kate Durack:

Thank you. It's very sweet. All right, so I also, we touched on... Well, I feel like we kind of circled around a little bit, around maybe some mental health support during this time. I don't think we've directly talked about that. But I think, Alyx, if you could speak a little bit to, you know, the experience of depression, especially with MS, and kind of how you have those conversations around increased depression, or anxiety or whatever it may be with your patients.

Dr. Alyx Rossi:

Yeah. I mean, I think that in general, women with MS who become mothers face unique challenges during the postpartum period, specifically with postpartum depression. We know that patients with MS have a higher incidence of depression than the general cohort. And so, of course, you know, we screen for depression; we screen for postpartum depression with our OBGYN colleagues. But it's something that we should be mindful of in a patient population that already has an existing, you know, depression likelihood, and postpartum depression, just for some numbers, affects about 15% of new mothers. And again, women with MS may be at an increased risk, because they have increased fatigue, they have mobility challenges that they're struggling with. And just, you know, we've talked about this, the stress of managing a chronic illness, I think, can preclude you to depression. Not always, but certainly a higher likelihood. And so, there's several screening tools that can be utilized by OBGYNs, which they use routinely. As well as neurology. I think that your neurologist should be on the lookout for postpartum depression, or an increase in your baseline depression when you have those postpartum visits.

Dr. Lisa Doggett:

Yeah. I think knowing that we are all at risk for postpartum depression even without MS, and that can be for months after having a baby. And so just being aware that that's something we need to be thinking about letting our families and our partners know, so that they can help detect any kinds of signs or symptoms that may be consistent and help us get help. Because sometimes the person who is depressed is not well positioned to seek out the kinds of resources and support that they need.

Dr. Alyx Rossi:

Creating a care team, medically, right, having the right people in place is key, but also at home. Like, what does your care team look like at home?

Dr. Lisa Doggett:

Yeah, yeah. Your whole support circle can be broader than just home. Right? So, like your community of friends and neighbors, and family.

Kate Durack:

True. And there's definitely plenty of instances that I can think of where that care team does need to potentially extend beyond your immediate family. One thing that I was just thinking about in terms of expanding your support system outside of your family is that, you know, I worked in behavioral health before my work with MSAA, and there's definitely, I've seen a lot of instances outside of MS where someone's immediate support system doesn't necessarily support medication or, you know, different treatments for different things. And so, I don't know, I think what I wanted to say is just that if you're feeling like you're not getting the support that you need, from your friends or family or, you know, from your care team or whatever, just keep looking for someone who will listen and help and hear you and try to work through things with you. I don't know, Lisa and Alyx, if you have anything to add to that.

Dr. Lisa Doggett:

No, I mean, I think I do have patients who feel like they... no one understands what they're dealing with and this is more general MS than specifically moms or postpartum, in the postpartum period. But I think an MS support group can be beneficial. I would imagine there are some out there that are specifically for moms. I have not looked for that before, but that might be worth seeking out. But certainly, getting connected with an MS support group, virtually or in person, can be really beneficial helping people feel validated that someone gets it. And also, a community of people with MS can provide suggestions and strategies to each other to help them to, kind of, come up with some ideas to deal with their symptoms, since it is a unique situation that we find ourselves in with MS.

Dr. Alyx Rossi:

Yeah. And just from a medical standpoint, you know, my patients that I have increased concern about, I ask them, or really any of my patients, I say that "If you feel that you're in distress, if you feel that you're in a place where your depression, anxiety, is worsening, you know, whether or not it's coming to a critical mass and you're having things like suicidal ideation, homicidal ideation, there is always hope. So, you can reach out to any of your healthcare providers, and we will push you within the right resources, you know, get you with a talk therapist, get you to psychiatry." And there are plenty of online resources as well. So, you know, it's tough for new moms just from a care access standpoint. So, if you're struggling with mental health, there are plenty of online talk therapists and psychiatry avenues that you can take.

And then the other thing that I wanted to mention, you know, outside of MS support groups and mental healthcare providers, and I think it's important, is the National Suicide Hotline. So, if you're having thoughts of hurting yourself or anyone else, from any phone, any time of day, there is support available 24 hours by calling 988.

Dr. Lisa Doggett:

Yeah. 988 is the 911 for mental health and substance issues. So, that's a really good number to keep in mind. And I just wanted to point out, I do think that the MSAA's online community, it's not specific to moms, but it can be really, really helpful for people to kind of have that connection with others with MS. I'm on that email list or listserv, and I get those updates regularly and they're great. And there's often people posing questions, and you can pose your own question and, and get great feedback from others who are dealing with MS.

Kate Durack:

Yeah. Thanks for that, Lisa. And I will mention more about that at the bottom of this episode. But, thank you both so much for sharing those resources in general for mental health. Much appreciated. The last thing that I wanted us to focus on, I think we've danced around it quite a bit, I did hint at it earlier, is just can we just talk more about mom-guilt? Because I feel it all the time. We are, not in the summer because I definitely wouldn't show up to any football game, but my boys played flag football in the fall, and that is when my guilt kicks into high gear, because I really have to be picky about how much I'm there. I have to look at the weather, I have to plan it all out. I have to go into the shade. I have to go sit in my car in the AC. I feel like I'm missing everything. So, you know, I just would like to see if we can chat about that a little bit more and normalize those feelings, especially around MS fatigue and how it impacts your ability to show up. And how you can maybe reframe how you think about it and decrease those feelings of mom guilt.

Dr. Lisa Doggett:

I totally feel your pain, Kate. I appreciate you sharing that example of the football, the flag football games. It is so frustrating. I am glad you're taking care of yourself. I appreciate that you're going to the games and then making these accommodations for yourself. Because I'm sure that is essential for you being able to function later in the day, for example. Looking back on myself over the last 15 years since my diagnosis, I don't think I've missed any really major family events, but I do feel like I missed some of the joy of parenting young kids. My symptoms at that time were just so bothersome and persistent. I had dizziness every day, constantly, and there was almost nothing that I could do about it, especially before I discovered that caffeine was a trigger and that mindfulness meditation was extremely helpful in helping me cope with that.

But, you know, I lived with that for many, many years, and it was really hard. I still get it sometimes. But I think that it is important to give ourselves, again, a break, and know that it is okay, we are not going to be perfect, we are going to miss some things. We need to adjust those expectations. We set out as parents with these ideas of what it's going to be like and what we're going to be like as moms and what our kids are going to grow up to be like. And just most of that is wrong. Like, our kids are going to be really different than we imagined, and that's great and wonderful and fun. It's a time of discovery and really exciting. But it's really hard to kind of make those adjustments, especially when you've lost some of the ability to do things that you used to be able to do.

I've recently had several patients talking about this, like a mom talking about how she used to, she has two kids and her older one, she used to be able to go on bike rides, and her younger one is much younger. She can't do that anymore. And it's just so hard to give up that whole image of herself with her child doing this fun activity. So, you know, I did call on family and friends a lot when my kids were young. My mom and my sister helped a lot. And it was, in the end, a great gift to them. Not just to me. My mom and my sister are really close to my kids now. And I'm grateful for them all to have that special relationship. I think the bottom line is we can't do it all, and we really don't even need to try. We need to help shift that culture away from some of those expectations and stop feeling guilty.

Dr. Alyx Rossi:

I think that's super wisely put by both of you. And yeah, I mean, I can't imagine what it's like to navigate having those symptoms in early motherhood. And I think that, you know, I don't have any specific words of advice in terms of mom-guilt, it's something that I personally struggle with. You know, less now than I used to as a young mother. You know, again, I've learned a couple things in my tenure. But I think that, you know, as humans, being able to embrace kind of the

theory that we're all evolving all the time. And maybe, you know, my today doesn't look like my yesterday. And more often that's an opportunity. And that's a good thing. And so, finding joy in maybe different things than you thought you were going to find joy in, or things that doesn't look the same today as it did yesterday and where can you find joy and where can you add value in life. And what are some things that might give you an opportunity to be creative with your children? You know, maybe, it's not standing in the heat, you know, at football games, although you wish you could, but taking care of yourself first is priority. But what can you do that you share with your children that you can find joy in? So being, you know, fluid and being able to evolve and adapt to that, you know, even, you know, not only from a physical standpoint, but emotionally as moms, I think is maybe a lens that you can look at.

Kate Durack:

Yeah, I love that. It's making me think of my own strategies that I've kind of come up with throughout the years. I really enjoy having a roll of paper on hand and tearing off big sheets and taping it to the ground and giving them paint, and then they can just go crazy and make some art.

Dr. Lisa Doggett:

That's a great one. My daughter would love that. That's fantastic.

Kate Durack:

We do it a lot. And then it's kind of a rotating art exhibit. So, there's an area in the house where those get hung up and then they get switched out. It started as a hurricane activity, as we do in Florida. And yeah, and now it's kind of evolved. So that's been a really, you know, easy go-to, kind of memory maker for me when I can't get outside as much as possible. I've also had so much help in making my home and my backyard as kid-friendly as possible. So, I don't feel as much pressure to go to the beach, which is five minutes away, but still such an energy zapper, go to the playground, because now I have a playhouse and a swing set and just more yard space. And that was all because I had conversations with my parents and my friends, and just said, "I just can't take them to these places anymore. And I wish that I could still experience those things with them." And so, I've had a lot of help, actually, this past year. This will be the first summer that we have all of this. And I'm really looking forward to just being able to look out the window and sit in the AC but still see them enjoying all of those outdoor activities and getting out there when I can. So, things like that have been really helpful.

Dr. Lisa Doggett:

That's great.

Dr. Alyx Rossi:

Yeah, you talk a little bit about changing your environment, right? Like making your environment a positive place. And that can mean a lot of different things to a lot of different people. So making sure that your environment, you know, is matching the things that work for you. You also talk about something too, and this is, I think, kind of goes back to the self-care, but certainly plays into mom-guilt, is setting your own timeline. I think that as moms, as a whole, we feel like we have to do everything and we have to do it right now, and we have to be, you know, have all of our ducks in a row and be perfect. But setting your own timeline and saying, you know, perhaps, you know, I can't do this motherhood task right now. But maybe I can create my own timeline where it's meaningful and we can, you know, approach it from a diagonal standpoint where it doesn't have to be as linear as, you know, one, two, three steps and making it work for, you know, the adaptation of your disease course, or your own goals, your own goals in life.

Kate Durack:

Yeah, I... this is something I struggle with weekly, if not daily. But I think also just with that timeline thing, even just making it smaller, it's just how to prioritize my day and being okay with the fact that the laundry needs to get done and the dishes need to get done, and I need to do lunches for tomorrow. And I have to, you know, get their clothes set out for the next day, all while also being asked to get on the floor and play Pokémon. So, I really, I am feeling better, honestly, every day about just being able to just say no to the boys, knowing that me saying no isn't not being a good parent, it's actually quite the opposite. It's just taking care of the things that I need to do in order to best care for them to the best of my ability, especially knowing that I have limited energy with MS.

Well, this has been definitely one of the most honest and personal conversations I've had about motherhood and MS. So, thank you both for bringing your stories and your expertise. Before we close, I did just want to circle back around. I know it kind of feels like we were a bit all over the place in our discussion. But is there any key point, Lisa, or a few key points that you'd like to share?

Dr. Lisa Doggett:

So, I think my key recommendations are, first of all, ask for help. It's really important, especially with kids, to get someone else to help you with taking care of them, giving yourself some space. You know, maybe doing this with or without a partner, make sure your partner, if you've got one, is very involved and understands some of the limitations that you have and can help fill in and give you a break too. But definitely ask for help. Oh, one other thought about asking for help, is if you are struggling financially, try to find someone who can help swap childcare. So maybe you can take turns having playdates, if your kids are a little bit older, so that you can each get a break and the kids will often entertain each other. So, yeah, think about those kinds of arrangements.

Okay. The second recommendation is find small ways to self-soothe, to give yourself a stress reliever. And, again, it doesn't have to be going to get a massage. It can be making a cup of tea, taking a very short walk around the block or even down the driveway. And, really just... or listening to good music. Those are really... I like, actually, what you said, Kate, about when you would go for a walk listening to an audiobook. That was really brilliant. You don't necessarily need to be having a constant conversation with your kids, especially when they're really small. And it may be a really necessary break to just be able to listen to your book for a little while. So, yeah, those little ways to help yourself feel better.

And then finally prioritize all of those healthy habits, that we harp on in lifestyle medicine. So, a nutritious diet, lots of fruits and veggies, whole grains, nuts, seeds, legumes, those are kind of the core of a healthy diet. Make sure you're getting some exercise. Find a creative way to make it possible to do with or near your kids. Make sure you're getting enough sleep. It is important to try to get 7 to 9 hours of sleep a night. That may be really difficult with a really little one, but once you can, if you can get some extra help or support for that, you want to prioritize your sleep. Also stress management, avoidance of unhealthy substances, and connection with others. And we didn't talk much about that, but connection with your partner, with your family, with your friends. Don't lose those people in your life that bring you joy. Those connections are critical, especially when you've got kids.

And then finally, I just wanted to leave you with this thought. You know, I used to get so frustrated when people would say to me, when my kids were little, they'd be like, "Don't blink. It goes by so fast." And I was so annoyed, like, "Are you kidding me? This is not going by fast enough." But now that my kids are almost all grown up, it did go fast. And I missed a lot of that, the experiences of having them when they were little. So, I really think that the expression is apt

that says “The days are long and the years are short, and know that this time when you're having your kid have a meltdown or when you're just like, ‘I can't take it anymore, I'm so exhausted my kid isn't sleeping’ or, whatever, like, it is... it's going to go by and this will pass and you'll look back and there will be hard moments, but a lot of times you forget those and remember the good ones and you'll look back with some nostalgia and be like, what happened to all that time?”

Kate Durack:

Yeah, that's perfect. I, while we were talking about this, I just kept thinking of something my grandmother always said, which is “this too shall pass.” So, all of these things will all pass. And I mean, personally, I can't believe my little one is going to turn six very soon next week. So, I can't believe that my baby is now a six-year-old boy, so it does go by quickly. And that being said, it is incredibly difficult as you're kind of slogging through it. So, yes, give yourself some grace.

Dr. Lisa Doggett:

Alyx, do you want to answer that question? I want to give you a chance to answer.

Dr. Alyx Rossi:

Yeah. And I'm not going to say anything profound. You know, my key takeaway is, and Lisa has covered a lot of this, but it's what I truly believe, and, you know, this is just as a mother, as a healthcare provider, and as an MS specialist, you know, the three things is: invest in your health. That's, you know, during pregnancy, that's postpartum, that's when you have young children. Really take the time and invest in your health. What does that mean to you? You know, whether it's MS disease control, you know, lifestyle medicine, your mental health, you know, the health of your family unit. Invest in that health. This is never going to be time poorly spent. It is time incredibly well spent. And, you know, there's nothing more that you could do to improve your quality of life than invest in your health. And so, so just, you know, be mindful of that. And kind of in the same vein, advocate for yourself. If something doesn't feel right, if you have a question, if you have symptoms, your health care team wants to hear from you, your family and friends and support system that loves you wants to hear. Right? Like, everyone wants to know, “What's going on with you? How can we support you?” You know, “How can we, you know, diagnose your fatigue or figure out what's going on with you, if there are any problems?” You know, our goal, especially as healthcare providers, is to get you to the best you. So, you know, please advocate for yourself and speak up.

And then, I'll just part with, you know, I don't think it's a mystery that MS is hard. It's hard to navigate. Motherhood is just the same, right? New motherhood is difficult. It's challenging. It creates these fresh, new challenges that, although I think that we like to say that we were born and programmed knowing how to navigate this, it's a new experience for everyone, and it looks different for everyone. But all that to say, whether it's hard and you talked about, you know, enjoying the time and being present in the moment, when it's hard, you can still allow yourself to enjoy the experience and allow yourself to grow. So, give yourself that space and that time to enjoy the experience of motherhood.

Kate Durack:

I love that. Thank you both so much. I also just wanted to make mention that MSAA has a helpline. So, if you are struggling to kind of find your resources, find answers to questions you have, find support, you can always reach out to the MSAA Helpline and I'll share that information at closing as well. I just wanted to thank both of you so much for your time. I know that we have had previous discussions around motherhood, and I hope that this is not our last. So, I really just want to thank you both, and I look forward to chatting with you soon.

Dr. Lisa Doggett:

Thanks for the opportunity.

Dr. Alyx Rossi:

Thank you Kate, thank you Lisa, this was great.

Kate Durack:

So, thank you, both of you, for bringing your stories and your expertise. If you're listening and you feel like you're doing it wrong, you're not. If you're tired or grieving parts of the journey that don't look the way you imagined, that's okay. You're still showing up and you're doing more than enough. I did want to touch on a few resources that we mentioned in this episode. The MSAA Helpline can be reached by calling (800) 532-7667, extension 154, and that's available Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time. We also mentioned MSAA's free online forum, My MSAA Community, which you can find at mysaa.org/community. If you're interested in listening to our first discussion, you can visit mysaa.org/videos and search "Family Planning." Once again, I wanted to extend a very special thanks to Alyx and Lisa for their valuable contributions to this discussion. And I would also like to thank Gradwell House Recording for hosting us again today and producing this program. This podcast, along with additional resources and support can be found by visiting the Multiple Sclerosis Association of America's website at mysaa.org. Thanks for being with us. And until next time, take good care.