Katy Weber 00:00

All right, so now you have not been diagnosed with that long. And so I always love to hear kind of new diagnosis stories. Because I just find your insula such this, like, it's just so mind blowing, right? And it's like everything in your life radically changes for some of us. I mean, I guess there are people who are just sort of shrug and they're like, oh, yeah, that makes sense. But you know, for me, and I think for many women who are diagnosed in adulthood, it is just like, so radically life changing. And I found, one of the reasons why I reached out to you and really wanted to interview you is because like, I talk a lot on this podcast about new mother, and new and baby the baby years, right. And it was so profound, looking back and thinking about all of these struggles that I had, as a new parent and how they related to ADHD. So I want to get into that a little bit later. But yeah, first, I want to I want to hear about your diagnosis. When were you diagnosed and kind of what was happening in your life, that led up to you thinking I should really, I should really look into this, oh,

Jenna Wolfe 01:05

man, I could talk for like two hours just based on just that question alone. But the thing that really, like, prompted me to get diagnosed was like a very small moment, where I was scrolling Facebook, and a friend of mine, who I really respect and adore. She's, she's actually like a International Board Certified Lactation Consultant, too. So and we just connect on so many things. And she posted this, like, you know, meme or whatever. And it was, like, all the things. I'm gonna butcher this, but it's something like, you know, all the things that you know, affect you when you have inattentive ADHD. And it had like, this pie chart, and it had a million things listed. And then at the end, it was like, and if you have ADHD, like inattentive ADHD, you didn't read any of that. And I was like, Oh, my gosh, I didn't read any of that. It's like, I couldn't even focus on it. And that was when I was like, Okay, I think I really do have ADHD, but I had been looking at it for a long time. And I've done so much inner work and trauma work, and, you know, like wrestling with anxiety, and depression, and all of these pieces, and really unpacking my childhood and generational trauma and all the things and yet, when I would sit down to write a blog post, for my business, I couldn't not focus, I couldn't focus. I couldn't write an email, like I couldn't, I could not get my thoughts together. And that was, it was like, I did all
this work to get to this point, where I was finally free to, you know, chase my dreams, right, like to live them out. And yet, I felt like these most basic things that have been plaguing me my whole life, not being able to just sit down and write something, even though I have it all in my head. I couldn't focus. And when I kind of clicked and realized, wow, like, this could be ADHD, like, it could maybe not be my fault. Like, maybe I'm not broken. Like maybe I'm just a little bit different. And this is just normal. And there's actually things out there that could support me. And that's really what kind of prompted me to reach out and get the diagnosis. So Did that answer your question? I ADHD, I can't even like the question in my head.

**Katy Weber 03:27**

Yeah, no, absolutely. I mean, I'm curious because your kids are still pretty young. Right? How old are your kids? Are into four? Yeah. So like, I always feel I always say this other podcast where I'm like, whenever I meet a mom with ADHD with kids that young, I'm like, I just want to give you a hug. Because those years were so difficult. And I feel like I'm out of that time period now with my kids. But like, weren't you just sort of like, Oh, I'm just a new mom, I need more sleep, or, you know, like, I feel like there's so many ways when our kids are young that we minimize what's happening, and think like, everything will be fine. Once I get a good night's sleep, everything will be fine. Once my kids are in school, you know, like, there's all these ways in which we dismiss this that struggle

**Jenna Wolfe 04:09**

totally, I completely understand. And for me, the the struggles had been there for so long, well before kids, that that's when it was really like, like something you know, and as for me, yes, I had all these struggles with with like, sleeping, and, you know, kids needing me, but I've done so much work that I feel more empowered in that like, and you know, even with the like the lack of sleep and whatnot like that. That didn't really seem to be the things that made me want to dismiss it. It was more like before it was like, Well, I've got this trauma. Well, I've got this anxiety Well, I've got but I had all of that kind of like under control. So there was still something that was missing. And yes, my life with young kids is is a bit bonkers. But it is I mean, even as you said that there were like begging on the door like it's like just It's it's life. But yeah, yeah, for me too, it was really having kids that prompted me to, to look inward and to consider, you know, like, Okay, what? Who am I? What are my values? Like? Do I really want to just like carry on things that I was kind of like handed like, it really empowered me to start questioning kind of the world around me and why things were the way that they were and kind of own that. And in doing that, I, I learned so much about conscious parenting and positive parenting and gentle parenting, I studied psychology in university, I loved child development, I loved all those things. So I think that in so many ways, I It's like becoming a mom, like it actually empowered me to, to really grow up and to really be and I don't use the word grow up as if I was like, immature before, but just emotionally and in myself and have that confidence. So I felt like a whole new person in a in a beautiful, wonderful way at becoming a mom. And yet there was this piece that I felt like I was hiding like this, you know, we talked about kind of, and I've heard you talk about like that. It feels childish, like the ADHD symptoms, it feels like immature, it feels like, why am I struggling with these things? I feel young in these areas, like, I can't read a paper, you know, like, I can't do these things. And so it was really kind of confusing and difficult. And so having
the diagnosis was just such a relief and validation, and really freed me up to be like, Okay, now I can work with that. Okay, now I know that I understand this. Like, it's not just me being broken,

Katy Weber  06:38
right? Yeah. Oh, my goodness, there's, I feel like a lot of my own grief about looking over through my life and how my life could have been different had I just known. And like you say, like, that's, I think that's what really, really brings the ADHD diagnosis home, like, you know, it's one thing to see a video and be like, Oh, I relate to that I can't focus right now. And then when you, you know, and then from there, you start really looking into what ADHD is. And there are many ways in which it impacts you over the course of your life. And it's just like, yeah, you're just looking through years and years of seemingly random struggles and trauma, you'd be like, Oh, my goodness, I can't believe these all come back to this one solution. And I think for me, like, the early baby years, are the one time in my life where I really wish I could, like, go back and get a redo. Because it's it is such a precious special time in your life. And like, I really envied moms who felt like they could just kind of ride the waves. You know, like, for me, I felt like, I did so much research when I was pregnant with my first kid, because it's like, I was terrified. Like you said, I didn't feel like a grown up. I you know, when you were saying that I distinctly remember my husband and I coming home, from the hospital, to our apartment, in New York with our first baby and like having that moment of panic, like, I can't believe they let us leave the hospital. I can't believe we're alone in our apartment with this baby, like, what are we going to do? But it was that same sense of like, doing so much research wanting so badly to be prepared and to you know, to figure out how, like, what am I you know, I just, I just want to do this, right? And then getting hit with the chaos of of babies and feeling like so much of that, you know, so much of the it's a struggle for anybody. You know, it's always gonna be a struggle for everybody. You're you're not sleeping. I mean, there's so just so many crazy factors, like, It's bonkers. But I think the difference versus for us with for those of us with ADHD or undiagnosed ADHD is that we tend to, like think what's wrong with me? I am the problem, right? And that's, I want to go and give that woman a hug and be like, Look, you know, you're tired. And you are really, really have a lot of sensory issues that you don't realize is, yeah, yeah. So I'm curious. Backtracking a little bit when you're, what are some of the things since your diagnosis in your past that you've gone back and looked at and said, Oh, the science were there all along?

Jenna Wolfe  09:16
Oh, my goodness. Oh, my goodness. What couldn't I say? I think that the biggest one for me. That really, like just, I don't know, it just like went right into my heart just like oh, that was that was actually was when I was listening to the radical guide for women ADHD. Is that the name of the book? The name of a radical

Katy Weber  09:39
guide for women with ADHD? Yeah,
Jenna Wolfe  09:42

Yeah. And I forget which one of them was talking about, like, which of the authors was talking about their experience with like, not knowing what they wanted to kind of do with their life and like having like, you know, these kinds of like, this meandering path to kind of get somewhere and she was lucky enough to have like some therapy in like high school and whatnot to kind of like, support her on that journey. I didn't. When I was in high school, I had no idea what I wanted to do quote with my life. And I had so much potential I was so you know, like, and I loved all of these things. And I was so excited, I did theater and singing, and I loved science. And I had all of this stuff. And I was terrified, terrified of the future, I also had this like feeling that I was going to be like, washed up at 19. Like, it was like, this is like, I if I don't, if I don't do all the things, and I'm not perfect, and I'm not, you know, like, I just I'm, I'm done. Like, I have no worth and no value, like it just it felt like just this weight of pressure. And I applied to university, and then I didn't go and I ended up interning at the search for a couple years, and then I and then I applied again. And then I couldn't pick a major and I kept cheating my major like over and over and over again. And then I couldn't write a paper, I so struggled to write a stinking paper. And I ended up taking this class twice and not writing a paper both times I was just so overwhelmed. And I also felt like I couldn't reach out for help. Because like, I was too good for that there was this, like, you know, this like thing because like, because I really wasn't that I didn't understand the material. It was like looking back, it was like literally executive functioning. Like I literally couldn't, like I just couldn't pace myself and chunk it down into small steps and work my way through it. And the weight of that was just so heavy. In my that was my third year, and I was taking psychology. And like I kind of got like dropped out of my program. Like it wasn't like I failed out of university, I had good grades, it was the classes that required papers, I would just like not handed a paper. And so I'd scrape by with like, you know, a 50 or 60. And I'd like get the credit. And then I couldn't with this one course. So I stopped going to school. Because man, I didn't even know what I wanted to do. It felt like so much money and so much time. And I just had this like weight of like guilt and shame about not knowing what I wanted to do. It seemed like everybody else had it so figured out and I was like, Who the bleep Am I like, what do I want? What can I I don't know. And, like understanding now that like people with ADHD, just like have a lot of passions.

Katy Weber  12:25

Right? You have a hard time picking things. I want to do all the things. Yeah, I totally related to that. Like, everything feels exciting and urgent. Yeah.

Jenna Wolfe  12:34

And it was like, just like, now looking back. And it's like, well, that was exciting. I had a lot of things going on. And then it was crippling, the anxiety was just like, I don't know what I'm doing. I don't have this figured out. I can't tell anyone about the struggle because I have to be perfect. And I have to look like I have it all together. And you know it just like the weight was crushing at that point. Thank God, I reached out and got some therapy hands on to help at that point. But yeah, so looking back that was like, that was just the thing. I was like, oh my god, that was ADHD. That's what it was. Like, it's a kind of a beautiful gift now like, wow. Yeah, so that was like a huge thing for me looking back.
Yeah, it's been fascinating with the book club, like exploring how difficult it is to ask for help. Like, that's a whole a whole other episode. But I really related to what you were saying about like I should, you know, I think a lot of us relate to that idea of like, I can't ask for help, because I am I'm too good for help. You know, like, there's a way that we're sort of like, asking for help is akin to weakness. And we're, like, we've spent so much time trying to prove our worth in that way, you know, in so many ways that I think asking for help feels doubly difficult. In so many situations, especially the school stuff, I dropped out of university after my first year too, because I was like, I don't know what I'm doing. It's such a waste of money.

I wish I would have dropped out after my first year. Where did you go? I'm still paying off. I went to the University of Windsor. Oh,

I went to McMaster and yeah, it was it was the only reason I went back was because my grades were so terrible I couldn't go anywhere else they really held me back. And but you know, it ended up being okay. I mean, I ended up getting you know, pulling my pulling myself together and getting being able to graduate but it's like I feel like I've talked about this in other episodes that feeling of like I had to drop everything in my life and just focus on my grades. And you know how much we have to like, how much we have to like, pull the strength to just do one thing. Because of that sense of like I want to do all the things I want to do everything I being pulled in a million different directions at all times. Okay, so now let's fast forward to new motherhood. And, you know, I'm assuming it was your own experiencing experience with parenting and new motherhood and breastfeeding that led you to become a parenting coach and a lactation coach. So what, what kind of inspired you in that in that phase? Absolutely.

So, so many things. It was really so with my daughter with breastfeeding. I took a breastfeeding class before, like prenatally so I take in like a prenatal class like about like labor and delivery and like all that kind of stuff. And then separately, I took a breastfeeding class. And my mind was blown. I mean, I was breastfed my breastfed weeks, I was like two so like, I thought that it was just like normal and natural. I didn't even really want to go to this class. But my mom is actually a doula like a labor and delivery doula and she was I was like, well, you can take this class to like, you know, for extra for the, you know, continuing credits that you need and yada yada. And I was like, I'll go with you. And I was just like, whoa. So then I you know, fast forward a couple months and I'm in the hospital and I Give birth to my daughter. And we really struggle with breastfeeding she, she latched once in the time we were at the hospital, but other than that I was hand expressing and syringe feeding. And she was really sleepy she she wouldn't wake up to feed the cat and called her like a lazy latter. You know? What, because I had this prior knowledge because I taking this class, I really felt pretty empowered. And I was kinda like, okay, like, Okay, this is what's happening, but like, I got this, you know, and I had the right people to reach out to, like, I had already made these connections with this lactation consultant. So I was like, okay, like, I'm gonna call her and I had all these kinds of connections.
So it was hard, don't do not get me wrong, there was like, lots of times where I was freaking out. And you know, the middle of the night, hand expressing and syringe feeding and holding her and my daughter, she doesn't have an ADHD diagnosis, she's four. But she absolutely had sensory things happening from birth, like she didn't like to be like, stroked or touched, she would bristle at that she was really colicky. She ended up having like a tongue and lip tie. So we had those revised like a laser revision with a local dentist who does that. Anyway, so I had all these things going on. But I had the sense of like stability through it, because I, I had the supports. And then I watched my friends giving birth at the same time around me. And they didn't have those supports, like, I was the one going there as a brand new mom having taken like, you know, four hours of a prenatal breastfeeding class, not not geared to become any kind of expert, but just like, you know, a mom doing it. And I was the one, like holding their babies with them and showing them how to hand Express and, you know, helping them and getting them the right contacts. And I just saw, I just realized, like, first of all, I love this, like, wow, this is so exciting. And second of all, oh my gosh, there's such a need here. Like, wow, the difference that just having the right support and information made for me, was like night and day, even though I had lots of struggles. I just had this, you know, like ability to kind of like, you know, like, I don't know, be held through the process, if that makes sense, like emotionally, like this confidence that like, okay, like, no matter what happens, like, we're going to be alright, and I have information I need. And I know that the choices that I'm going to make are the best choices for me and my family. Because I felt empowered that way. Whereas I saw my friends who were just terrified. And you know, like my friend, she was gave birth at the same hospital just a couple months later had the exact same issues. And she was sent home with formula, and nothing wrong with formula. But that's not what she wanted. And I wasn't we had the same issues, and I wasn't sent home with formula. And we were able to, you know, keep going towards our goals. And she wasn't. So it was like what's happening here, and the difference was really support, you know. So that's yeah, that kind of led me towards that.

Katy Weber  22:53

Yeah, I definitely fell into the no support. Terrified category with my first job where I was, like, I had a similar issue where I actually took a prenatal course, you know, and there was a breastfeeding section of the course. But I didn't feel like I learned but like, I just sort of felt like it's one of those things where you really don't know what you're doing. Like, there's only you can hold a doll up to your boob. But like, they're really once. It's not until you're actually in the moment that you kind of start to understand. And, you know, you can't like simulate letdown or anything like that, but like, and so when we I was in the hospital with her, you know, she wasn't latching and I was having a lot of difficulty and felt so much pressure from the nurses who would just be like, come on, come on, you gotta latch now if she's not gonna let you know, we're gonna feed her formula. And I would just felt like I was like on that clock. Whereas if I couldn't figure it out in the hospital, they were gonna and I think they actually did take her and bottle feed her and then I was like, oh, no, if she bought a feed, she's gonna get lazy. She's not like, it just felt like from the get go, there was always a feeling like, I don't know if I'm doing the right thing. And then at the same time, like going home, and I actually did hire a lactation coach, who came and visited me in my home and she was amazing. And she was great. And so you know what, it was not cheap. And, and then, I just always felt like, I used to always say, like, I wish there were ounce markers on my boobs, right? Because that was the thing that always bothered me about breastfeeding was like, every time your child is crying, they some the person who is holding the baby, if it's not you, gives them back to you and says, I think they're hungry. And you know, and I was always frustrated cuz I was like, I don't know, I just fed her and I really need to take a shower. Or, you know, like all of those moments, right? Where I
was like, Oh, well, maybe I'm not giving her enough. And maybe she's not getting enough so maybe we should supplement with it. Like it just, it was just that overwhelm of always feeling like maybe maybe I don't know, like, you know, I really felt like motherhood was going to really be a lot more Were intuitive. And it wasn't for me.

Jenna Wolfe 25:03
Yeah, I have so many thoughts about this. Oh, my goodness, I could talk about this forever. But first of all, and I know that you relate to this so much, but like, I think that diet culture really does a number on our brains before we even get to motherhood. And so we can be very obsessed with like, with the type of food that our babies getting, is it the right food? Is that the wrong food? You know, you can have this?

Katy Weber 25:25
Are they eating too much? Are they not eating early? Yeah.

Jenna Wolfe 25:27
And I think we're just really primed to, like, have that kind of perspective, like moving into it. So we can be really obsessive focus on that. And it makes so much sense so much sense to that, what a lot of times the prenatal education that we get, when it comes to breastfeeding is very much just focused on here's the positions like this, you latch like this, you've ticked the nipple, and you do this. And I mean, depending on what era you you were, like, taught how to breastfeed in you either were taught like the RAM method, which is like the rapid arm movement, they just want you to like a child, like literally, like toss the baby on your breasts, right? Or they it's like, okay, well, you have to do it like this. And it has to look perfectly like this and, and you'll have nurses in the hospital that look and like, Well, that looks perfect. Meanwhile, mom is like literally like clenching her toes and her fingers every time the baby latches because it's so painful. So really like what we want to look at with what what is a good latch, a good latch is a latch that's comfortable. And that is functional. So we want we want it to feel comfortable and be functional. So it's got to be comfortable for mom, if it's not, that's not a good latch functional means that the baby is actually getting milk. You know. And I think that when we look at breastfeeding, so in my local area, in Windsor, Essex, Ontario, we have the lowest breastfeeding rates in Ontario. So about 80% of women go into the hospital intending to breastfeed 50%, leave breastfeeding by two months 25% of breastfeeding, and by six months, 16% are breastfeeding. And those numbers are actually few years back. So with a pandemic, I imagine that it's just tanked a lot more. And that's literally some of the lowest breastfeeding rates in the world, we have locally, certainly the lowest breastfeeding rates in Ontario. And it's, it's among the lowest breastfeeding rates in the world. So what happens with this is that I mean, 80% of the women are going in and tending to breastfeed. So it's not a lack of like desire. That's happening. But we have this mindset, like breastfeeding is absolutely like, it's just a biological norm, like for the overwhelming majority of people, like your breasts are gonna produce milk, whether your baby breastfeed or not, and your baby's gonna like be rooting for a nipple, whether whether they're being breastfed or not. So it's just, you know, it's just the
norm. But culturally, the norm is formula feeding is bottle feeding and formula feedings. So if we were in a world that culturally, breastfeeding was the norm, you wouldn't even think of how many ounces your baby is getting breast milk, like the thought wouldn't even like occur to you.

Katy Weber 27:56
Culturally, there's also the norm is to get back, get your body back, get back to work, I get that, like, I think it has much more to do with the pressure on women to have like the, you know, structure that doesn't allow for breastfeeding to I think that's, you know, our lives are structured in a way that it makes it incredibly difficult for women to breastfeed.

Jenna Wolfe 28:17
And I think that's like a reciprocal thing, where like, the more you formula feet, like the more the culture formula feeds, the more that those expectations can be made, the more you need to write. And I do I fully believe that breastfeeding versus formula is a false dichotomy. Those are not two choices. Every baby comes out ready to breastfeed in that sense, like, you know, and of course, there's complications, just like like not, you know, like some babies, whatever, we always have these delays and these these issues, just like some women do have, like glandular tissue issues where they just don't have enough clients to make breast milk. Of course, of course, these things happen. And there's like a full spectrum of alternatives that we can offer tons of alternatives, most women don't realize that they could syringe feed, they can you can formula feed at your breast with a, like a small tube that comes down to your breasts. So you can actually breastfeed, like, give formula at your breast if you want it to. There's so many options available, but we kind of have this, like, instead of supporting parents with information, we just kind of like offer these two options. But there's risks and drawbacks that come with every alternative, right? Like and so understanding those means that you can then you know, have accommodations to mitigate those risks. Okay, like a risk of formula feeding much higher rates of SIDS. Okay, well, if we look at that and understand why that is, it's often because formula is not as easily digested in the infants body so they tend to sleep harder, like deeper and when their bodies are not being like regulated, as well, like they can easily become dysregulated it's easy for their little systems to not like become alert again and so they can literally not wake up so how How can we mitigate that? Well, we can room share, we can put the baby in our room so that they are like in close to us by beside the bed, so that they're hearing our movements and our sounds. And we're hearing there so we can actually respond to them quicker. But when you when you just think, well, formula feeding is just the norm, then you're like, Okay, you've been, it's so easy to put a formula fed baby in another room because like, it's not, you know, like the, your boobs aren't like bursting with milk that you feel like you need to go and grab the baby. So, yeah, I don't know if that but we can just kind of create this, like, snowball effect, where, and because of that, then the more women that want to breastfeed, like, there's just not the supports available, because it's so normal to just not so it's like, well, just don't right. But the reality is, is that that's like, I consider that trauma for so many, because they want to breastfeed, and they're very first whack at parenting. It's like, you're not good enough. You don't exactly know.

Katy Weber 30:56
oh, man, I know. There's so and even with, even with room sharing, too, like I remember really
struggling with room with co sleeping because my husband was always worried about co sleeping, he was always terrified of co sleeping. And also he was back at work. So like I wanted him to get a good night's sleep, because it was like he needed to be able to function. And so like there was just yeah, there's always just like 10 factors that were weighing down. Every decision I ended up, I ended up weaning my daughter at three months, because I had gone back to work because I had to go back to work at 12 weeks, which is a whole another whole episode, which I'm surprised at the breastfeeding rates are so low in Ontario, because I you know, since I had both of my kids in the US, I always was like, so embarrassed because all of my friends from back home in Ontario, were having 12 month, you know, parental leaves from their jobs. And I was like, I get 12 weeks, maybe if I can save up for it. Like I just it was so anger inducing. So I would have thought having a longer, you know, more generous parental leave would encourage breastfeeding rates. So that kind of surprised me. So I ended up waiting my daughter because at three months because I went back to work, I worked in a newsroom. So there was no offices, it was just like a big newsroom desk. Yeah. And so my boss was like, Okay, you have two options for pumping. You know, this was they didn't have any kind of like, you know, pumping rooms are anything that some, you know, more cushy companies have but so they were like your two options are you can ask the editor in chief to vacate his office every time you want a pump on deadline. So like that wasn't gonna happen. Or you can go into the wheelchair bathroom, which was the one bathroom that was like not, you know, it wasn't the stall. So it was like this one isolated lockable room, which is where everybody went to take a shit. So it was, those were my two options. In terms of in terms of pumping, so I very quickly like was like, You know know what, it's just going to be easier for everybody involved if I win. And I had a much better experience with my son because, you know, I, my, my experience with new motherhood was so difficult going back to work for me was, was like you said, it was traumatic, it was so awful, I had this job that I loved. And suddenly, I was a terrible parent who had because I was going back to work full time and had a full time nanny. And then I was also terrible at my job. And it just was like, I just felt like I wasn't good at anything was really hard. So like when we decided to have a second child, you know, we decided to leave New York City and move out into the to the Hudson Valley so that we could, we could so I didn't have to work like I just was like I There's no work life balance for me. I had to I was like if we're going to do this again and have another baby I have to be at home, I have to be a full time stay at home mom. And so we moved. And I had a much easier time with breastfeeding the second time around because you know, literally just was at home sitting on the couch most of the days with my son. So it was it was great. But then there was a lot of pressure I had pressure on myself to wean because I wanted to get back on antidepressants because I felt like you know, the PPD which now again through the lens of ADHD, I wasn't I was like it was not postpartum depression. I you know, it was ADHD. And that's another thing that I'm just like, I want to give new moms a hug and I like I really wish they could connect the dots a lot of the time because it's just felt like also. Yeah, I feel my emotional regulation was so disrupted because of the sleep deprivation and the array like I just would get thrown into a rage a lot of the time and often it would be aimed at my husband or my four year old and so it was like my I remember my husband being like, I know you really want to breastfeed as long as possible. I know this is important to you. I know that your first child experience was not ideal. But you also have me and your other child to think about you know, like it would just I felt like such it was just like no matter what I did, I felt like it But you know, and so, yeah.

Jenna Wolfe 35:04
And breastfeeding to like, most honestly, most antidepressants are compatible with breastfeeding. And most doctors won't necessarily let you know that because they don't know.
And it's just easier to say like that it's not. So of course, in every individual case, like consult with your care provider, all those things, but in the States, there's infant risk, which you can totally, like, look up the specifics about how much antidepressant would be transferred through their breast milk. And most of them are at very low levels. And there are a couple that are very, very safe. So for anyone listening, who is like, you know, I work with moms prenatally who are told by their OB GYN like, as soon as they're pregnant, that they have to go off their antidepressants. And it's when we went or but maybe by their GP, or whatever. And when you look at the data, and I mean, like mine offer done to me, they're like, Oh, you have a history with anxiety, like, you know, if that comes back, you can just like pop back on the medication you're on. I was like, oh, okay, cool, thanks. But that's not the case for everyone. So like, that's another area where we just like, as a, as a liability issue. A lot of doctors will just say, like, No, it's not safe. I mean, my doctor said that to me, and I'm like, I'm literally like, I'm a lactation counselor, like, I can show you the research. Like, it's like, there's there's options here, you know, anyway, so I completely understand. And that's a position I speak to moms about all the time, and not to mention that it can be scary as to go to your doctor and say, I think you're wrong. Like, I think you're wrong, like I think so. And I completely understand. I mean, I've supported moms, absolutely, who have been in that position. And, you know, like, as a lactation counselor, I fully consider my role to see my clients like innate wisdom, and see them as whole. And so my, like, my opportunity is to sit there and reflect with them, and help them to see the situation more clearly. So that they can choose what they want to do. And like if they choose to wean, because talking to their doctor is is too much for them. Bravo, amazing. Like, that's awesome. Like you made a choice, because I fully believe that when you are presented with the information, and you make a choice that you feel supported in, you will not have any regrets. Even if you're presented with new information down the line, because you know, for a fact, I did the best I could in that moment. But when it's taken away from us, when that feeling when we're left powerless in those choices, they feel like they happen to us. I mean, that's when we get accused of mommy shaming, because we're sharing, you know, just accurate information. And with very gentle, you know, we're just like, Hey, these are the breastfeeding rates, like, I mean, on my own Instagram, like I posted, like, oh, here are some cool facts about breastfeeding. Like, you know, breastfeeding is more than just nutrition. It's about emotion regulation, and you know, immunological protection and disease prevention. And then I have somebody immediately comment that's like, oh, and formula is like the opposite of all that, right? And I'm like, oh, oh, like, I can talk about breastfeeding. And like the things about it. So and then without being, you know, like, trying to come against formula. And I think that that is, I think that what empowers women, to to not feel the shame when they're just, you know, being presented with something that they wish they could have done is when they know that they made a powerful choice in that and they did it with the best was like information they had. And I think that like the overwhelming present of the overwhelming majority of women don't get that opportunity to support it and make an informed choice. So they're in a lot of pain still,
of ADHD meds, there's lots of ADHD meds that are compatible with breastfeeding. Yes. And in many situations, like formula feeding carries much more risks than breastfeeding with ADHD meds. So talk to your care provider, you might have specific situation like specifics or circumstances that you know, move that in a certain direction. But just to throw that out there for anyone with ADHD who's thinking about that there's, there's, there's research supporting that you can breastfeed with ADHD meds,

yeah, that was my that was gonna be my question because I would like I feel like there is so much more research around stimulant medications and there are around SSRIs and I think that was, you know, that was the narrative that I had with both of my doctors which was like, it is so far. It's which we think it's safe, but there's not really enough research. And so if you inadvertently do something to harm your baby, you'll have to deal with that for the rest of your life.

Like, Okay, nevermind.

And, um, excuse me, that's another thing, right? Where it's like, I used to remember it was the What to Expect When You're Expecting books, those series was to drive me crazy, because every every chapter of that book was like, while there is no research to suggest that drinking orange juice is deadly during your pregnancy, there's also no research to suggest it isn't deadly at all. Like it was like, every, you know, they were just like, just to be safe, you really shouldn't leave the bubble of your bedroom for died buds.

Right? Right. Oh, my gosh, so true,

right? It's just that but just that idea of like, you know, you could make that decision, but you might be, you know, destroying your child's life.

And we don't talk about the risks of formula feeding, which are present, like, and I'm not trying
to bash it by any means, but there's risks for it. So if the alternative is like breastfeeding, and they're gonna get trace amounts of this medication or formula feeding with, you know, a whole array of risks, like you have to weigh those risks and benefits too. And some medication is not compatible with breastfeeding. So I'm certainly not suggesting that everything is, you know, like, look at it when in reality to right like,

Katy Weber  41:18

well, and that's what happened with me with with I weaned at eight months with my second because I wanted to go back on Celexa and Celexa was not compatible with breastfeeding. And so I was my choice was, Do I try something that is compatible? Or do I go back to the drug that I know has worked for me in the past? And we ended at that moment, at that point, I was like, you know, I'd much rather do formula than try to, you know, try a new type of medication that I know. So yeah, it is, you're always kind of just like looking at all the factors and

Jenna Wolfe  41:48

full disclosure, people might judge me for this, but I my four year old breastfeeds, once a day, and my two year old is still breastfeeding, and I take antidepressants and stimulant medication. So like, That's it, you know, just as a choice, like, we all have those those, like those choices, right, like a lot along the way. And that's a choice that I made for me. And like I said, I've supported so many moms just like you that are in this situation of like, hey, like, I don't know, like, what, what is the best option here? And I always just firmly believe that, like, every family knows what's best for them when they can tune out all the noise of all the pressure, and the expectations and the rights and the wrongs and the shoulds and the shouldn't and then it's like, okay, the reality is, is that like, I'm gonna feel so much better on this medication. And that's, that's what I need to do right now. And I'm like, bravo. Amazing, you know,

Katy Weber  45:20

So is there anything you think is unique to the experience of a neurodivergent? Mom, or new parent? Like, has there anything that's come up? Because they're, you know, I always have those questions where I'm like, was it? Was it the ADHD? Was it the sleep deprivation? Was it the fact that I worked full time? You know, like, there's just so many factors are kind of figured out? Have you come? Have you had any interesting insights into, like, navigating new parenthood with neuro divergence? See,

Jenna Wolfe  45:48

definitely well, on one hand, I think that there's the masking and the shame in all of those pieces, which really get amplified when we become parents. So if we've already been living a life that like is, you know, like, I feel like we have these things that are very uncomfortable, like these emotions and these feelings of like, okay, like, Oh, I'm not good at this, or I'm bad at that, or whatever. And we kind of organize our life to like, not feel that. And we can kind of like make kind of like, I, I want to say accommodations, but they're not like intentional accommodations, where like, I have this and I'm owning this, and I'm going to make this choice to do things this
way. Instead, it's kind of like, okay, well, I can kind of like, you know, put some duct tape here. And I can kind of, like, do this and kind of do that. And like, I can kind of, like, kind of make a life that's kind of working for me. And then we have a baby. And like, all that flies out the window. And so it's like, all our strategies are like, like, they just fall apart in like, a moment. And so I think that that is, like, I think that everyone experiences that to a certain degree, but very much in order neurodivergent parents, like very much experienced that. On the other side, as far as like actual elements of neuro divergence that can really like play a role. I think that like rejection sensitivity, dysphoria, like I think that can like just go like massive in those early postpartum days, especially when you're going through those hormonal mood swings. It can be very easy to feel so isolated to be reading into, like, all of the things. And I think that's just like, you know, a piece that for me understanding that, like, oh, okay, like, so there was a reason that this all felt so intense, you know, like, and it's got a name, and it's like a thing, you know. And then I definitely think that like sensory processing, like differences, sensory processing disorder can play a huge role. Breastfeeding can absolutely have sensory like things at play. And as much as I say that to like, I've supported moms with like, mindful breastfeeding. So we do mindfulness, mindfulness techniques, while we're breastfeeding, to help support the sensory issues during that, especially if they're pumping to like, the pump can be very uncomfortable for anyone and it can be very, like difficult the sound of it, like auditory processing disorder, I remember.

Katy Weber 48:20

when he used to talk to me, and it would like Sing to me these repetitive song to be like, I don't remember but it was always make these noises where I would hear songs in it all the time being like what you do and what you do what you do. Love it.

Jenna Wolfe 48:39

Oh, I love it. That's so good. Yeah, so that's definitely a piece that I support, like neurodivergent parents, and for sure, and I mean, like, even coming in. Now, especially, I had done a lot of like, research into autism, ADHD, all these kinds of things. Like prior just for my own learning. I was just fascinated by developmental psychology, and, you know, like, all of those pieces. So, plus, my daughter had just tons of things she would just have, like epic meltdowns from the time she was super, super young. And so I was doing tons of research, we were seeing OTs, we were doing all those things. And then, like I clicked was like, Oh, wait, that's me. I have it. You know. So even before my diagnosis, like, sometimes I would suggest moms to go and get and get tested for for ADHD or in even autism. It's like, I think there's something more going on here. And I think that you know, that their support that can get offered so I am by no means an occupational therapist, but I can start to support moms with some sensory things too. That can be really helpful during that another piece would be like with ADHD, just keeping track of everything. So like I really help moms like the scatterbrain is so real for pregnancy anyways like Mom Brain, but to have have like a small basket with like the essentials that they just kind of take around the house with them is so helpful. Like have your water bottle, have some snacks, have a diaper or have like a receiving blanket have some wipes like keep it all right there anything you need. And also using, I don't love tracking apps, because I think we can get like kind of obsessed and hyper focused with them. But they can be really helpful during those early days when you're like Which side did they feed on last? And like, you know, and maybe your babies like mine, jaundice super sleepy, not waking up, and you need to keep track of the
time and it's so easy to just like be like, when when did they last for you to I don't know. So that's another area that I support new parents and for sure, and it's very applicable to neurodivergent parents,

**Katy Weber  50:42**

I think as much as I try to stay away from Facebook nowadays. I was so grateful for Facebook communities, you know, and groups as a new mom, I felt like it was so important. It was so cathartic to find out that other people were having similar experiences. And I think now realizing like I think that is also something that's really important when you have ADHD is to sort of find communities and be able to kind of break through a lot of that tendency to mask and isolate because of any sort of shame or guilt issues you might have. And to break through that and to get the support of sorry, to get the support of knowing that you're not alone, like and being able to feel a little bit more kind of normal in some of these experiences that and so, again, like I just feel like finding your people is so important for people with ADHD in so many different stages of our life.

**Jenna Wolfe  51:40**

Yeah, a little plug for that. I have a Facebook group moms and milk village. And I bring in experts like last month I had, like an ibclc, who was also a trauma recovery coach come in. And we talked about lactation trauma and Perinatal trauma. You know, today later on, I'm interviewing like, a parent coach, and the next month we're doing like a sleep coach. And so like there's tons of support out there. And I completely agree. I'm obsessed with like I was obsessed with my mom's groups. And I found the ones that I loved. Like there's lots of I was like, too much drama for me. But when I was first a new mom like yes, that was my sanctuary like going in those groups. I'm not alone. Oh my gosh. And like learning from moms who have been there who can just bring this like peace to that chaos. Okay, honey, this is so normal. You got this, you know, it's like I needed that. And so it's, it's my privilege to be able to support other moms in that same role with that, you know,

**Katy Weber  52:31**

I love your Instagram account. I love your reels. And it's funny because like, my kids are 15 and 10. Like I am not your your demographic at all. But if I find it really like comforting to watch your reels because you do so many, like myth debunking. And I think there's just something like, it's been interesting for me to kind of relive that time in my life through watching some of your social media content, because it is like, I mean, some of it is mind blowing like swaddling, oh my god, I lived and died by the swaddle. And so that's been I've been had a really hard time, that's been a hard pill for me to swallow that maybe swaddling isn't the best thing. Yeah, so but like, yeah, I just, I love what you're doing in just like, you know, I think it's that idea of just giving people permission to be like, You know what, that's that's actually not, you know, these, there's nothing to support this or, you know, like, you're doing a good job. Like, I just feel like you're very nurturing. And I feel like my inner new mother just really enjoys watching your stuff. I fully
Jenna Wolfe  53:35
believe that everybody on the planet needs breastfeeding education. Because I believe it there. We don't talk about it. When I was just having an interview for lactation trauma. I'm using the hashtag lactation trauma, it doesn't exist. It like literally didn't exist. Breastfeeding, trauma had some stuff. But I'm like, why are we not talking about this, as I say, like, this is your first whack at parenting, like the best time to latch your baby is in that first hour after birth. And it's supposed to be normal and natural, because of a million reasons that you have no idea about culturally happening, you know, like, I mean, just so many things I could go into, I won't. But all of these forces are kind of against you, and your baby, and learning to kind of block that out and like sent her back in to just you and your baby. You're just not given that support and those tools to do that. Most of us aren't. And so I really think that it is so healing no matter where you're at, like, you know, I mean, you can literally talk to women. I've talked to my husband's grandmother, and she will talk about the trauma of breastfeeding her, her little ones. And and I spoke to other women, like you know, just even my mother in law in different people and like, share with them like it didn't have to be that way. You weren't like you weren't not enough like it makes sense. Like a lot of women that you know their babies are put on schedule. was super early or they have a tongue and lip tie. And it's on undiagnosed. And then they it's such a common story, oh, my milk disappeared at six weeks, my milk disappeared. I didn't have any milk. But what happens at six weeks is actually that your milk goes from being hormonally driven to supply and demand driven. So if your baby isn't able to remove the milk efficiently, like your supplier is going to take because there's just no demand for it. There's not appropriate demand for it. And what they feel like is a failure. I don't know what happened. I was it seemed like it was working. And now it's not. And then we have this late onset, you know, low milk supply. And they just they write their stories, like I called my business on your parenting story, they write their stories, and this becomes a narrative. And it really, like can really confirm or create these negative core beliefs about who they are as a parent. And then they move through parenthood with those, those things. And the rest of the world says you had a healthy baby, everything's fine. There's no shame in formula feeding. And it's like, that's okay, that's fine. Like, there's no shame in formula feeding. And it's great to have a healthy baby. And that's not enough. Yeah. And how you felt about it mattered? Absolutely. And you deserve to process that, you know? Oh, my

Katy Weber  56:10
goodness. Yes. Yes. So So when do client what's the ideal time for a client to reach out to you when they're still pregnant? You know, because I feel like I like when you were talking, I was like, God, I wish I just had you on speed dial from a minute. From the minute I gave birth, because it seemed like you just need that. I think you just need somebody in your corner. You know, and that's I think a lot of the time as a new parent, especially as a new mom, I just like, I just felt like everybody else had an idea of what I should be doing. And I never knew if I was doing the right thing, like, you know, you just are so you're just so overwhelmed. By that fear, I guess that fear of just like it like you said, like, I'm not enough.

Jenna Wolfe  56:52
And it seems like nobody trusts your wisdom. Like, that's what I feel like it's, it's nobody trusts me. So how can I trust myself? It seems like nobody trusts me, like everybody knows better than me. So how can I trust myself? Right? And I mean, there's a million things that could go
to say that has ADHD written all over it, too, right?

Yeah, absolutely. So I love to support moms prenatally. And in fact, I really, really prefer it. I so much prefer to support a mom prenatally than postpartum, not because he can't, I fully believe that it's never too late, that like, women who many people don't know this, but women who are adopting can induce lactation, and they can even induce lactation after menopause. So it's literally never too late. Like if you're experiencing breastfeeding troubles, if you know, like, there's, we can create a goal, we can create a plan, we can look at your values, we can look at your lifestyle, we can look at you and your family's unique situation and create a plan to meet those goals. I firmly believe that. And it's also a hell of a lot of work. To do that, when you kind of like, like I said, we've we've come into this moment in time where there's all of these kinds of like, you know, elusive factors that are fighting against us, we can't really see them, we don't really know that they're there. But we feel this weight of it. So when we can do that, work prenatally and really start to break down some of those beliefs. Because my prenatal education isn't just like, here's how you let your baby. It's like, okay, what are your core beliefs about yourself? Well, how can we like, what are your values? Right, like sleep? And it's yeah, it's really how do you handle triggers when they come up? Like, what? What is like, you know, what are your coping strategies, because all of those things are what you're going to be doing unconsciously once the baby's here, and it's just going to reinforce them. And it's going to continue to reinforce them in your parenting, and then you're going to reach out to me when your kid is four, and they're having meltdowns, and you're screaming and yelling, and you don't want to be doing that. And absolutely, we all do that. But I just mean, you can do a lot of work prenatally to kind of set yourself up for better success down the road. So no shame if you didn't, absolutely not. But I do love to work with women prenatally because I think that we can really do a lot of work there. During that kind of tender time or their space versus when you know you're literally it feels like life or death. And it's like high stakes, kind of afterbirth where there's just extra pressure. So ideally, it's prenatally. Normally, I mean, around 30 weeks is a great time to reach out and book an appointment. And then we can set up like one or two prenatal sessions. And I have a package to you that includes like prenatal education as well as Postpartum Support and some video trainings as well that you can look at to do some learning.

Yeah, I was gonna say Do you Do you ever work with clients outside of the Windsor area? Like do you work online with clients? How does that work? Absolutely.

Virtually, yep. Virtually. I've worked with clients all over North America. And it's, it's totally it works great. The only thing I really can't do to virtually is like stick my finger in your baby's
works great. The only thing I really can't do to virtually is like stick my finger in your baby's mouth to do an oral assessment. So that is something that if I suspect that there's something physical going on in the baby's mouth, you and I will like me and the client will work together to just see who locally is available to, to provide that kind of support. And then I continue to do the coaching, like, the lactation counseling, so this like very specific knowledge of breastfeeding, physiologic physiology, and you know, like, all of that, as well as the coaching, emotional kind of transformational coaching that kind of fits alongside of that, too. And yeah, it's it can all be done virtually, I do a medical history, all that kind of stuff. And we normally I normally have like the laptop going and they might have like a camera, we have two different angles to kind of like look at the latch. I have models so I can show you what we need to do. And it works really well it works really well.

Katy Weber 1:00:59
That's so cool. I just had a flashback of my lactation coach and she brought a scale with her because she would weigh the baby would weigh my daughter before and after I fed her just to prove to me that I was that she was getting enough. Because I was so that was like all of my anxiety was wrapped up in like the fact that she wasn't getting enough. And absolutely not, oh my goodness. Well, I love I love the fact that you I just find you very appealing. And I love what you're doing. And I love the kind of it's yeah, like it is there is so much trauma. And I think it's really important to kind of label that as as what it is and to start that conversation. And you know, rather than be like, Hey, you can do everything new mama, you can do it all like your your, you know, you can figure out how to balance it and you can go to work and you can do all the things to be like let's slow down and really talk about like, how? Yeah, like, how much support and help you need? Because I feel like that seems to be a running theme. Right? Yeah, that seems

Jenna Wolfe 1:02:02
to be running you. Yeah, that's a beautiful thing, I think to have the space to explore those values and what really matters to you. And you might be surprised. Like, you know, you might have thought that work is the thing that matters. And it's parenthood or you might have thought that I need to be a stay at home mom, and then you're like, actually, like, this is what fills me up and what you know, and then this was great. How can we support that? Like, you matter? You deserve to have that? You know? So? Oh, yeah.

Katy Weber 1:02:28
Okay, beautiful. So where can people find you? What's your word? Your website and Instagram and where else are you

Jenna Wolfe 1:02:34
own your parenting? story.com is my website. I have everything there blog posts, you can contact me I'm online booking all that kind of stuff. So it's own your parenting story.com. And then my Instagram handle is owned dot your dot parenting dot story. And that also works for Facebook as well. And I'm on Tik Tok, too, but I'm not on there as much.
And yeah, so your Facebook group one more time because it was something

moms and milk village is the Facebook group. And you can find that on like on my bio of my Instagram as well, as well as my website, too. It's all linked there.

Awesome. And what's kind of the age range? Is that any anyone who is pregnant or breastfeeding or not even breastfeeding, and

yeah, so pregnancy to preschool is kind of what I see to preschool. So anywhere from pregnancy to preschool, and I do I believe that my breastfeeding knowledge will support breastfeeding parents for sure. And also it's the biological norm. So even if you're formula feeding, like your baby is still like a baby. And they were like biologically air quotes, like, you know, quotes designed to like breastfeed. So like, it's like, okay, well, breastfeeding would meet this need this way. So how can we meet that need, you know, as a formula fed baby, so I don't differentiate to say like, I only work with breastfeeding parents. Like, I'm super happy to work with that with anyone in that in that range.

Awesome. Well, thank you again, for sitting down and chatting with me and sharing your story and some of what you do. I was so excited to pick your brain and it was very cathartic for me to talk about my own trauma. So thank you for that.