

EPISODE 1207

*“**AB:** Pregnancy and child birth as an entry point into almost every major issue that needs to be changed systemically. When you think about the anxieties that come up for someone that’s pregnant, we can touch on race, we can touch on socioeconomic status, we can touch on climate change and basic things like how we can communicate with each other and care for each other as people.”*

[INTRODUCTION]

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FT: Welcome to So Money, everybody. Wednesday, June 2, 2021. Update, I think the Apple Podcast issues has been resolved. If you’re subscribed here on Apple or if you’re listening to the podcast on Apple, it should be updated. We have now Episode 1207. If you’re not experiencing it, please send me a direct message or email me. You can direct message me on Instagram @farnooshtorabi. My email is farnoosh@somoneypodcast.com.

Today’s episode is centered around birth and the experience shortly after birth, which is parenting. There is no rulebook when it comes to parenting, especially in those early weeks and months. I remember when I was pregnant with my first, my son, a friend of mine who just had her baby maybe six months in said to me at my shower, “Farnoosh, my only piece of parenting advice for you is that you keep the baby alive. That’s your one job. Just keep the baby alive.” I kind of looked at her like, “Really? That’s it?” I mean, I should hope that at the least, I would be able to do that. Now, of course, I totally understand where she was coming from, because those first few months, that first year — I mean, forever perhaps. But especially in those beginning months, it is so hard. You’re trying to take care of a living, breathing human that you love more than anything and at the same time, you’re taking care of yourself or you want to take care of yourself but people kind of have forgotten about you. It’s all about the baby.

On today’s show, we’re in conversation with Ashley Brichter, founder and CEO of Birth Smarter. It’s a community and digital platform providing practical wisdom and guidance to the next generation of families. Ashley is an educator, a speaker, a health and wellness advocate with

over a decade of experience as a doula, a birth educator, a solo entrepreneur and a mother of two. Birth Smarter provides one-on-one support, group classes, lectures and distance learning for the perinatal population and the professionals who serve them. Ashley and I talked about some of the fractures in our healthcare system, issues only exacerbated by COVID, the inequities that black and brown mothers when they are pregnant, and how families of all economies can get affordable support before and after birth and lots more. Here's Ashley Brichter.

[INTERVIEW]

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FT: Ashley Brichter, welcome to So Money. How are you?

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AB: I'm doing so well. Thanks for having me.

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FT: Thank you for everything that you do. Your work, your business, Birth Smarter is — I like to think that this is your passion, but truly at the end of the day, you are helping people, women in particular and children thrive during what can be a very difficult, and intimidating process and sometimes ill-supported process, which is the pregnancy. Let's start with Birth Smarter and what led you to starting this. It's a hub for classes in community for new moms and families. You're a former doula. You wanted to sort of scale your service and Birth Smarter was your creation. It's been a couple of years. What is it? What inspired it and how's it going?

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AB: Yeah. Birth Smarter is amazing. It's going really well. It really is the culmination of life's work and life's passion. I always joke that when I was three, I started babysitting, like as soon as I could tell that there was a baby younger than me, I knew I wanted to take care of them. I

thought for all of my childhood and adolescence that being a school teacher was the only career choice for me, because it was how I could really help kids. I had so many positive influential teachers in my life. Then actually, I graduated on the hills of the great recession, and there were hiring freezes so I couldn't get the job and down the East Coast in a public school that I wanted to work in and fell into doula work sort of accidentally. A family friend encouraged me to do a postpartum doula training and just said, "All of your nurturing and caretaking abilities would make you really good at this job." It's been an incredible progression of postpartum work, supporting the breastfeeding relationship.

Then eventually, I found my way to a childbirth education program. I had studied education in college, I'm really passionate about curriculum and pedagogy and just thought, "Wait! I can teach this to people. I can teach labor. I can teach early parenthood." Then when I do that, I set up a class of nine couples instead of working one-on-one. I'm going to have a greater reach. After teaching classes for a few years, and we can get into how and why Birth Smarter is different than every other birth education company. But I had a lot of life experience that was like, "Oh! We're not doing a good enough job." I just thought, we got to reach even more people, so Birth Smarter is really the results of a long time and a great realization of the need for people to get incredibly high quality, incredibly informative, just like — we have high standard for ourselves and our society in 2021. That should be reflected in pregnancy, and birth and parenting. That's otherwise really outdated.

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FT: When I first learned of what a doula is or who a doula is, this was over 10 years ago. A friend of mine was going to her pregnancy. And actually, post-pregnancy, she hired a doula to come in and help her like transition into being a mother. I think that you're right, culturally perhaps to our country does not respect moms as a person who is healing post-pregnancy. There's obviously the pregnancy where a doula can be very helpful in sort of coaching you through that, but also post-pregnancy too. We're sort of like, it's all about the baby and we want moms to go back to work really fast or moms have to get back into shape. There's all this pressure to sort of forget that you even just had a baby. I think that is specific to at least, I don't know about other countries, but I feel like it's something that is very high-pressure here.

But going back, I think what I loved hearing about your journey personally is that you started in one industry teaching, out of necessity had to sort of recalculate, renavigate yourself knowing though, ultimately that you did love to be in service of children. You are a helper, you are a problem solver, you are nurturing and were redirected to this area called doula, doula services. But tell us, for those of us who aren't maybe even familiar with it, because I feel like it is more of a — I don't know how modern it is, but it has become modernized, right?

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AB: Yeah, definitely. Doula essentially and there are some controversies around the word, but essentially, it is somebody who's in service of somebody else. If you think about olden times whenever we want to put that, I think it dates back to ancient Greece. Someone who's is really like in servitude. If you can think of someone giving birth historically, that person was always attended by other women, by other people in the village, in the community, aunt, sisters, grandmothers, midwives. The thinking now is, well, we've really moved birth from homes, from communities into a hospital system and in the US, into a for-profit hospital system that is run by male doctors. Some of that is becoming undone, but that is the system that we have.

Doulas are meant to fill the gaps. Doulas are nonmedical, social, emotional, physical, informational support people that say, "Hey! We're here for you. We're going to rub your back. We're going to make you tea. We're going to hold space for all that is." That can happen in pregnancy and labor, and that can happen postpartum. The work I was able to do that I still love is showing up at somebody's house after they had a baby for them. A baby nurse, which is more common these days especially on the coast of the country is really there to take care of the baby. But who's there for the parents? Who's there for you?

Essentially, we're trained to work ourselves out of a job as doulas to say, "Hey! We're going to teach you how to parent. We're going to teach you how to manage your anxiety. We're going to teach you these pro tips. We're going to be this village that you don't have, because it's sort of like, 'Hey! Here are the keys to a car. You've never driven a car before. You don't know how to manage this, but keep this child alive.'" Also, yeah, like you're right, and also go back to work and also lose weight, and also have sex with your partner, and also don't go crazy. Good luck.

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FT: It's such a luxury though, Ashley. It shouldn't be. I feel like it should just be something that are our government subsidizes or at least culturally. We need to do a major shift so that we give women the space to heal and to invite the support system into their lives without having to go out and pay for it.

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AB: Absolutely.

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FT: What do you see in the industry where advice for moms that don't have the financial ability to afford all this extra stuff. We know that black women for example are less lucky to survive pregnancy. That's partly because of racism. Lot of it is — racism, a lot of it is money. Tell us about what we can offer those moms that want to work with a doula, but they can't afford it.

[00:10:48]

AB: Yeah. There's two parts of that. With the black maternal health crisis, we know that black women and brown women are dying at astronomically higher rates than white women. Really, the vast majority of it is systemic racism in healthcare, and it doesn't just affect pregnant and post-partum women. We can trace it to every part of the healthcare system. Really, there was even before COVID, but now with the Black Lives Matter Movement, gaining in popularity and people really becoming aware of the issues, there are many more black-led and BIPOC-led organizations that are saying, "This needs to end" and really pulling in white-led organizations to demand change. I think there are wonderful collaborations and collective efforts to put pressure on our healthcare system.

One of the reasons that Birth Smarter exists and I felt really passionately about this work is I think, pregnancy and childbirth as an entry point into almost every major issue that needs to be changed systemically, right? When you think about the anxieties that come up for someone

that's pregnant, we can touch on race, we can touch on socioeconomic status, we can touch on climate change and basic things like how we communicate with each other, and care for each other as people. Pregnancy and early parenthood is a wonderful window for anyone who is advocating for social change to pay attention to, because it's ripe. It's ripe for just more attention, more support, more funding. There are a lot of really interesting founders here that are trying to make a difference and disrupt this industry.

I think in terms of you, any listener, anybody who's like, "I want to have a kid" or "I have a kid and I feel this lack of support." There are community organizations that are trying to make doula services more affordable, so that is an option. There might be free or low-cost doulas in your area. There are some hospitals that are trying to bring in doulas on a volunteer basis, where the hospital pays the doula and that doula volunteers for anybody on call. There are many I would I say. The vast majority of doulas I work with offer sliding-scale services and so sometimes we charge folks that can afford more a little bit more and say, "Hey! You're contributing 10% of or 15% of what you're going to pay me is going to cover me providing low-cost fee to someone else."

Birth Smarter for example, we were the first company in the education space to offer pay-what-you-can pricing for our classes. Our typical birth class is \$295 and that's really expensive for somebody having a kid in the US. If they need to pay \$50 to take the class, we have a no-questions asked policy where we let that happen. Then we say to a family, "Worth \$295 isn't a lot. Hey! Would you take in more? So you can add **[inaudible 00:13:44]** check out." I think there's a lot of creativity happening. My other perspective personally, like not as a business owner is, I would like my company to not need to exist. I don't know if I'll see a time in our society where we don't need education and support.

But if anybody listening is like, "Oh! I've always thought about becoming a doula," like do it. Go do a doula training. Learn about how to support pregnant people. Learn about — I became a post-partum doula sort of to support my friends, and then you can be the voice to know when your friend's mother-in-law is doing something wrong, that you can go and offer support. We just need to relearn part of what brings people together in community and start doing that, and don't charge each other for it.

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FT: I know you have a free YouTube channel, where there's a lot of conversations happening there. Going back to your own personal decision to start Birth Smarter, you came to this with obviously a lot of passion, experience. You were built for this in some ways, but to be an entrepreneur is a whole other set of skills. How did you bridge that gap? What were the hardest lessons learned? What was the most challenging thing in the beginning?

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AB: I don't want to sound really confident, but I don't feel like there were huge challenges in the beginning. I feel like the pandemic has kicked my butt a little bit. But my parents, both started multiple businesses. I think that there is an entrepreneurial gene that I was given that is positive and negative. The negative of it really is like it's been hard for me to work for other people, because I want to do what I want to do. But that's exciting, because I get to have a vision and see it through. I had a lot of support in terms of, we have a family friend who's a lawyer that started the LLC, so I was like really privileged to get informational support in terms of setting up a business. But also, we're in such a great age where you can Google almost everything.

It's really been slow. We haven't raised any money. I just taught classes and we made money, and then we went to the next step. At first, it was one class in one location, then we grew into another location in Brooklyn. Then with COVID, we moved our classes online and we started hiring a little bit more a team and teachers. A lot of it felt really organic and I just feel like I was very lucky to have a great product, and develop a great team. Then with COVID, it's gotten a little bit more complicated, because I think life has been unpredictable for people and finances have been unpredictable for people. So there's a decline in birth rates, and people are cautious with their spending, and they have been.

We've seen in the last 12 months or so, really big peaks and valleys in terms of revenue. I would say, the hardest thing for me recently as an entrepreneur has been being able to cope with the unpredictability of finances.

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FT: That's good to know that you had a smoother start, but of course, COVID of course upended so many businesses and it was real hard for all businesses to navigate. I'm curious to learn from your perspective, Ashley, like what did you learn about the healthcare system. Were there things that you saw happen that were revealing of maybe fractures in that system. Because you know, COVID really did unearth a lot of the bad stuff, like a lot of the bad stuff came to the surface. Whether you're talking about healthcare system, mothers not being supported at work, racism.

On the other side of things. I think that we learned a lot about how we can be really resilient too. So companies that didn't have work-from-home policies, suddenly everybody's working from home. And now like, "You know what? We should rethink this and make our employees happier and maybe this'll be a long-term shift." From your perch, because you work intimately with families and also medical professionals in this very delicate process and experience of birth. What did you learn? What did the pandemic bring to the forefront in a big way? Also, were there any positive outcomes? Were there any silver linings to what we learned and experienced in the pandemic, and how it's informing your business at least going forward?

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AB: Yeah. I think the biggest thing that COVID exposed, there are a lot of us that already knew this to be true, about birth in the United States because the vast majority of people choose to give birth in hospitals. The vast majority of hospitals here are for-profit hospitals, is that the people who are in charge of creating the systems have no experience with giving birth. They are not getting setting up prenatal care, they are not setting up labor and delivery units to support or promote patients. Our system in general is just not set up to have the best outcomes in terms of holistic well-being for our family's foundation in the beginning of life, right?

Our metrics that we really hold up as the highest priorities are that, parents stay alive, baby stay alive and the hospital makes money. That's not a society that I want to live in and that's not a society that I think most of us want to live in. We really are moving to a place where we care about holistic well-being, mental, physical, emotional health, where we understand the importance of family bonding, where we understand that partners need to be in the room, that you might need them a mom, or a sister, a doula in the room. That we can't have this profit over

people mentality, especially when we're talking about birth, and then infant feeding, and someone recovering.

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FT: I remember during the pandemic, there was a big scare. A lot of women were concerned they were going to have to go into the hospital in labor and their partners would not be able to accompany them. That happened for many moms, and my heart went out to all of those families. That's just like a really frightening thought.

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AB: Yeah. I think a lot of people don't understand birth, and this is why Birth Smarter exist. This is the core of what we do is, you can say, "Oh! There's a baby in your body and the baby is going to get out. It doesn't actually matter. Medicine can do it. A cesarean is just as good" and all of these blanket statements. But the reality of just how the human body works and human physiology is that, it's really very simple and straightforward. You have an organ in your body called the uterus that has to contract, you have the cervix as the bottom of the uterus that has to get soft and you have a baby, that's one object that has to move through a pelvis, that's another object.

Really, what we're talking about is, the hormones of birth is all around because of something called oxytocin, which is our love, trust, bonding hormone. If somebody is feeling scared, if they have cortisol and adrenaline spiking, they can't have contractions. They're not going to be able to give birth to that baby vaginally. If somebody is stuck in one position, their baby is not going to be able to rotate through the pelvis. This is basic physics, basic geometry. You've got something stuck in a cookie jar; you have to shake it to get it free.

Ultimately, birth is a process of feeling safe, and relaxed, and like you trust your environment and that you need freedom of movement. If we could set up a system that allowed for those two things to happen, we can still utilize medicine, we can utilize epidurals, we can utilize induction, but we can give people more choice, then we see better outcomes.

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FT: This is so important to share. I mean, I often think about what would the world be like if men were the ones who got pregnant. Because you did kind of allude to this, that a lot of the people that are in charge of controlling and creating that experience in the hospital care system are not parents, they're men or they haven't gone through the birth experience. Have you ever thought about that? We live in a patriarchy, so what you've just described as something that is important may not — maybe following on some deaf ears, because there's no empathy there.

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AB: We talk about it all the time, because I say honestly, I think I'm better at teaching male partners than I am even like the pregnant person. That's just my particular net. That's one of the things we do and we start all our classes as, "Hey! Can you define these terms? What does pathology mean? What does physiology mean?" Physiology is something is working in your body, breathing, digesting, all good. Pathology is when something is wrong, so asthma or irritable bowels. Well, the issue is, getting pregnant, giving birth, breastfeeding a baby should you choose to, those are physiological occurrence in the female body. So then I can look at all these men in our classes and say, "Hey! If you got pregnant, what do you think?" That would be pathological, something would be wrong.

That's your mindset. Your mindset going into set up systems around giving birth are mindset in medical schools. As obstetricians, learn how to do this, is let's watch for pathology. Let's see when something is wrong. We don't have a system that is designed around, "Hey! We trust the body. We trust giving birth." Then just in case something goes wrong, we got this really awesome medical system set up here just in case. It's the other way around, and it's increasing bad outcomes for parents and babies because we're finding scares that we don't need to.

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FT: I always say, make the financial case for something and suddenly, people will listen. Or you get more men on board and suddenly, you've got a movement. Needle is moving. What your'e

doing is so important, is educating the dads or the man in the room. But what is the financial argument for this?

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AB: Yeah. I did the numbers on it recently. All right. In the US, we have around 30% cesarean rate nationally. The World Health Organization can't say for sure that the latest recommendation was we think 10% to 15% cesareans would be medically justifiable. Cesareans on average cost much more than vaginal births, so it comes out to about \$2 billion a year. That for-profit insurance companies, hospital companies, all of these are — it's a two-billion-dollar industry for unnecessary cesareans. When we're talking about, hey, we want people to have freedom of choice to not get pressured into a cesarean or have — there are so many layers. It's not just vaginal and cesarean, but just using that as an example. We're trying to disrupt a two-billion-dollar industry with a really big lobby and really powerful people. The financial incentives for not changing our system are huge and it feels scary to go up against that.

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FT: Right. What can we say counter to that? Short-term, it's a two-billion-dollar game, but long-term, the trauma, all of that. There has to be a financial cost to that or your body has to go through so much more of a recovery after that. There has to be a total sum at the end, at the end of the day. That's actually a net negative for everybody. Have you gone that far to look at it that way?

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AB: No, I love the idea. To the extent that we've gone and this is what I was saying earlier about the opportunity to see like every major issue. What we're talking about when we're talking about reforming prenatal and postpartum care, it touches mental health, it touches divorce rate, it touches adverse childhood experiences. So getting into addiction and community violence. It touches body dysmorphia and weight gain. There's almost no area that the way we give birth, the way we start parenting, the way we set up our family doesn't touch. Almost all of the

negative issues that we're all facing in our individual lives, I mean it's a joke in therapy. Like it's all your mom's fault all the time.

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FT: All the time.

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AB: What if we went in and supported moms?

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FT: What else Ashley needs to happen in order for your initiatives to follow through? Like you have all these great goals for women and families. But it almost suggest that there has to be like, a rising tide lifts all boats, right? On the one hand, you've got your initiatives, your Birth Smarter, which is all about helping women, and babies and families. But it also suggests that we have to sort of put people before profits. We live in a capitalist country, so what other cultural shifts, paradigm shifts need to happen in order for what you're working on to be supported too? Because you know, you've mentioned like, you don't work in a bubble. You have to depend on a lot of other things working so that you can move the needle for what you want to achieve.

I'm think like we have to break down the patriarchy. We have to like —

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AB: Totally.

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FT: Remove some of these hospitals that are too profit focused.

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AB: Yeah. We universal health insurance. We need it to be that you don't have to buy in to the system to get certain kinds of care. We need paid parental leave for more than six weeks, so that families have the time to bond. It's not just on moms that partners are involved. We need to figure out urgently how to curb racism in healthcare. Then I think the cultural shift in terms of us as consumers is just, it's time to take health into your own hands until those things happen. I always say this as a business owner, my biggest competitor isn't other birth education companies. My biggest competitor is the idea that you don't need to take a birth class, because most people are like, "No, it's fine. I trust my doctor." That era needs to end, like stop trusting your doctor, do the research on your own, learn from people that have come before you, gather few different sources and see what feels right to you. Then start putting pressure back on the system as a healthcare consumer.

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FT: Right. I go back to thinking about when my second daughter was born, my second child was born, my daughter, she wouldn't sleep. Like a lot of babies, they're nocturnal. They sleep all day and they're awake at night. She was a bit colicky and so she would skip her feedings, or she would drink her milk, but then she'd be up all night. Like gas, a whole shebang. I was out. I mean, I was like sleepwalking. You can tell when you are running on little sleep, like just how irrational you become, how quickly irritable you become. I was like, I am not a good healthy person to be around. Plus, I have to have this child with me at all times.

I remember holding her and being like, "Okay. This is New York City, a lot of rich people in New York City. There have to be people who throw money at problems like these." I went online. First, I looked up like sleep doctors or sleep — then I found the Overnight Sleepers. If I tell you how much it cost, I literally, it was the biggest expense of my life, besides my mortgage. But like, I remember for six weeks, I would take cash out of my bank account, like I was laundering money or something and put it in a big, thick envelope and give it to this amazing woman who would come in and sleep in our house for 8 to 10 hours a night, and ultimately get my daughter on a sleep schedule. I kept counting my blessings going, "I'm so glad I saved my money." Who you never know, right?

People email me all the time, they're like, "I have a little bit of savings, I don't know what to do with it." I'm like, "Keep it, because you never know when you need to throw money at a problem." My problem was not being able to sleep and also my daughter not getting supported. I didn't know what to do in my coma, in my like sleepwalking, how to also help her train and sleep well. It was the sort of thing that I am so privileged to have been able to do that, and I think of all the other mothers, and fathers who cannot afford that. I mean, she was worth every penny, but also, it's like, come on. You're not really living much option for most of the population. I joked that I'm going to have to retire a couple years later, because she delayed my retirement plan because I had to take out so much money to pay for it. But this is what I'm talking about, and you know this very well, like this is not cheap support. This is very expensive.

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AB: It's cheap support when it's one-on-one. That's where I think my company and the fact that we really are rooted in information and education is so different. A lot of companies in the space are product companies and they're free giveaway is education. I just think you should be really weary of trusting free stuff. That's their lead magnet. They're trying to get you to buy a product. For us, our product is this information that we've worked incredibly hard to curate, to make sure it's really balanced. What I want to do is I want to go back in time and I want to sit with you, and say like, "What is your daughter eating, and why does her belly hurt like that and how do we fix that problem? And how do we think about that? Is it a sensitivity to something in breastmilk or something in formula? What can we do to support your bond to help her feel better?"

Then, "Hey! Can I hold her while you go to sleep so you can make this decision tomorrow so you're like a little bit more rested? How do we give you the time you need to tell us what's going on, how do we give you the information you need to try on?" What we talk about is, parenting is, there's no success and failures. Parenting is a series of experiments. Let's try something this week, let's see what happens with this baby, and then let's learn from it and try the next thing next week. It doesn't have to be cut and dry. How do we give you enough information and support so you can take a breath, so you cannot panic, so you can say, "All right. Here is what I think we need to do."? I'm really just so passionate about people thinking more creatively and thinking out of the blocks and living like a much more flexible life than a, "We got to get the baby to sleep through the night" or "I got to switch to formula" or "This is the only answer." Because

we live in a world where everyone is looking for a magic bullet and we don't have one when it comes to parenting.

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FT: To have that support to someone else to give you permission to take your time to figure it out is invaluable. You're a mom yourself. We haven't even discussed this up to this point. But tell us about maybe one of the things that you learned. I'm sure you came into this already so equipped, unlike a lot of moms, you had a little bit of a head start in terms of anticipating what you might need. But even still, I think maybe you had your own discoveries or revelations. Share at least one with us.

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AB: Totally. My kids now are four and seven, and I'm in the process of selling my stroller, which is heartbreaking. Because somehow, I've made it until like **[inaudible 00:33:41]**. But I think for me, I did, I knew a lot going in. I had an early ed background, I had a lot of baby experience. My daughter is one of the coolest people on the planet. For the first two years, I was like, "Oh my God! I got it. Like I'm going to write a book." Then I had my son and I was like, "Oh no!" It's about your kid and we just posted on Instagram today, like I was a really good parent until I had kids.

I think for me, it's been about totally dropping the judgment. There is no right way for any parent. There is no right way for every family. Just like, unless you've walked in that person's shoes, like don't say shit about them, you don't know what they're going through and why they made that choice. Everyone is doing the best they can with the information they have at the time.

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FT: Ashley, I want to end on that because we can't top that advice. That is the most important thing you'll hear all day, listeners. If you haven't walked the walk, zip it. Even if you have, like we don't want your advice. We just want your support.

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AB: Yeah.

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FT: Ashley Brichter, thank you so much. Everyone, check out birthsmarter.com. It's been a pleasure.

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AB: Thank you.

[END OF INTERVIEW]

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FT: Thanks so much to Ashley for joining us. Check out birthsmarter.com for their award-winning game changing class for pregnant people. Send me your questions for our Friday episodes of Ask Farnoosh coming up. You can direct message me on Instagram. You can send me a message on the website, if you go to somonypodcast.com and click on the green button, Ask Farnoosh, you can do so there. Or email me, farnoosh@somonypodcast.com. Thanks for tuning in, everybody. I hope your day is so money.

[END]