

Intro music: Bags are packed, are you ready to go?...This time tomorrow we'll be on the road...riding with you into sunnier days...I wouldn't want it any other way.

Julie: It's time to name the neglect from typical food advice. Welcome to the Find Your Food Voice podcast, hosted by me, Julie Duffy Dillon. I'm a registered dietitian with 20 years of experience partnering with folks just like you on their food peace journey. What have we learned? Well, cookie cutter approaches exclude too many people, and you don't need to be fixed. It's not you. It's not me. It's all of us. Only together we can start a movement and fix diet culture. And we will. Let's begin with now.

Transition music: I want to see how the world turns round...Let's go adventure in the deep blue sea...home is with you wherever that may be...home is with you wherever that may be.

Julie: Hey there. Welcome to episode 279 of the Find Your Food Voice podcast. I am Julie Duffy Dillon, registered dietitian and your partner on your food peace journey. Thank you so much for connecting today, and if you're new to the show, welcome, I am so glad you're here. This is a show designed just for those of you who have a complicated relationship with food, hoping to rewrite your fate. And this show started six years ago as the Love Food podcast. I've renamed it, as you can tell, but one of the things that's been a really important part of the show are listener letters. Letters from people just like you, who have complicated relationships with food, who are hoping to rewrite their fate. And I have a letter from someone today who has been navigating healthcare, um, navigating living with a chronic illness and infertility, and now pregnant, and then maybe also experiencing gestational diabetes. So, I got this letter, actually, I think over a year ago now, maybe even two. I've been holding on to it because I wanted to talk to the right person to help me. And I have found her. McKenzie Caldwell is a dietitian who has become my go-to expert on prenatal nutrition. She's my favorite prenatal, post natal, any kind of fertility kind of discussion anti-diet dietitian, and I know you're going to learn a lot from her too. But before we get to hear from McKenzie and this episode's letter, a very quick word from our sponsor.

Julie (ad break): This episode of the Find Your Food Voice podcast is brought to you by my free tools. Are you looking for more anti diet tools or maybe some PCOS tools to help you to reject diet culture? Well, check out my new website. I actually just got a new website. I know that's only a big deal to me, but la dee daa, it is gorgeous. So check it out. It's at julieduffydillon.com. And if you go to julieduffydillon.com/voice, it'll take you right to all the free tools that I have. I have a free download to take to the doctor's office that includes a customizable form to put exactly what you um, need boundary wise. And then on the flip side of the form is a ton of research that if the doctor is willing and ready to take the next step to reject diets as well, we have some resources right there. My friend Laura Watson always says whenever I'm like, I want to plant seeds, she always says, let's pour some Miracle Gro on those seeds. So I'm hoping those resources are the Miracle Gro. There's also some anti diet tools um, that can help you to join in community with other people, because it's not you, it's not me. It's all of us together. So, I have a food voice pledge. Have you taken it yet? If you haven't, go over to julieduffydillon.com/voice. There's also some PCOS resources that you can find in there too. So check it out, and I can't wait to have you on board with your voice.

Julie: All right, let's get to this episode's letter.

Transition music: Take the good and the ups and downs...I want to see how the world turns around. Home is with you wherever that may be.

Julie (as letter writer): Dear food, Our relationship has been tense and emotional, but I feel like we are starting to reach an understanding of each other. My mother put me on my first diet when I was eight, but I only ever seem to gain weight, despite the countless diets and rules I've had over the years. By 2019, I was restricting so much and still gaining weight, and I hated and resented you for that. My husband and I also started to try to conceive in 2019, and having both come from highly fertile families, we were concerned after months of failed pregnancy tests. In February 2020 I saw a new OBGYN who was wise enough to catch that I have PCOS. After a vaginal ultrasound, the diagnosis was confirmed. On the one hand, I was devastated, but on the other hand, I was so relieved. I was relieved to know that it was not my fault that I gained so much weight over the years, despite eating nearly perfectly. It wasn't my fault I craved sleep so badly in the afternoons that it impacted my ability to do my job. It wasn't my fault that I had acne since the fifth grade, and it wasn't my fault I couldn't get pregnant. Our relationship, food, changed that day. I figured if I was still gaining weight despite 20 years of dieting, what was the point? My body obviously needed something other than a diet. I started researching into intuitive eating and curating an Instagram feed full of other women who had PCOS, fat bodies, and freedom. I read books on how to recognize the damage diet culture had done to my belief system, and how to rebuild a set of beliefs that neutralized food and accepted my body. I slowly reached a place of equilibrium with you, and acceptance of myself. Simultaneously, I started taking fertility medications in order to help my body conceive. I've never experienced anything so taxing to my body as the intense hormones from the fertility drugs. I gained weight quickly, my boobs grew several sizes, and I was exhausted. I was learning to give myself grace when it came to our relationship, and to feed myself as I needed to, even though my body was changing even faster than it might have otherwise. I am so grateful to have conceived some months later, but I had no idea how difficult it would be to go straight from fertility treatments into pregnancy. My hormones are still all over the place. I'm still gaining weight, as I should be, and my boobs are still growing with my family history and my PCOS, I am at high risk for gestational diabetes. My OBGYN had me take the glucose test a few weeks early, and I just barely skated under the threshold. He and I agreed, however, to retake the test in a month because of my risk, just to make sure we are aware if anything changes. Food, it's so difficult to know how to stay at peace with you while taking care of my body and my baby. The pregnancy community is so fatphobic and diet centered, and overweight women are criticized for their weight and gestational diabetes, as if they are choosing to harm their baby by being overweight. The weight gain guidelines are so restrictive for overweight women who are expected to be losing fat while pregnant. I have felt so alone in this pregnancy trying to navigate my health while doing my best to weed out the fatphobia. But I'm exhausted. The pull to go back to diet and restriction is so strong, and there is a constant voice in the back of my head telling me that every bite I take is harming my baby. I don't want to go back to being scared of you again, but I'm running out of the emotional and mental energy it takes for us to stay at peace. Food, is it even possible to get through this pregnancy on good terms? Sincerely, scared and very pregnant.

Julie: Hey there, letter writer. Thank you so much for your note. Oh, I have witnessed, I have seen, I have heard just how fatphobic the fertility space is. It's just inundated with advice to um, continue to police bodies. And I'm so sorry that you're experiencing this, and I'm excited for you as you welcome this new bundle of joy into your life. So, what I'm going to do now is to invite a friend and colleague. Her name's McKenzie Caldwell. She's a dietitian that specializes in this conversation. And you know, the thing that I appreciate about PCOS in particular is the evidence shows that experiencing gestational diabetes is still mostly genetic and has nothing to do with body size and what you eat. But I am not an expert in fertility nutrition. McKenzie is. So let's go and give McKenzie a call.

Julie: Hey McKenzie, it's so great to see you.

McKenzie: Hello, It's great to see you too.

Julie: I am so glad that you are going to help me with this letter. You know, I got this letter a while ago and when I read it, I was like, this is McKenzie's letter. I'm going to hold this for her for when we can chat, because it named all the things that I know that you like spend so much time with clients on like the PCOS, the fertility, pregnancy, gestational diabetes, and like all the fatphobic shit that comes from all that. So when you read this letter, what was your impression about what this person is experiencing?

McKenzie: I've seen this shit way too much. It was my first impression. Yeah. Like every time I hear, this story is unfortunately not new. This is something I see in my clients all the time, and it's like the same shit over and over and over and over again, and when it's happening the same way to multiple people, then we know that it's a system flaw and not an individual flaw.

Julie: Oooo, can you say that again?

McKenzie: When we see the same thing happening to multiple people, we know that it's a system flaw, and not an individual flaw.

Julie: Yes. Like letter writer, I hope you hear that, for sure, and like, hold on to it, you know?

McKenzie: Yeah, truly, this is, and this is where diet culture and fatphobia collide with patriarchal medical system, and um, the prioritization of fetal health over maternal health, and so that's kind of like, yeah, I was like, yep, yep. Sounds about, unfortunately, sounds about right.

Julie: Right. You know, I remember this random conversation I had with, I thought, at the pool of all places, years ago, it was before COVID even, um, and this woman was pregnant and very far along into her pregnancy, at least seven months, and she had like, two or three other kids, so it wasn't her first time at this, and um, I got to talking to her and she had mentioned about, like, her doctor had just told her she was gaining too much weight, and so he told her to cut out all the carbs, and I was like, what, like, what, what are you talking about? And she's like, yeah, you know, he just said that would be the best way to like slow down my weight gain, and he doesn't want me to gain any more weight? I was like, are you, wait, and this is someone I didn't really know well, so I was like, do I clock in right now and say something, or do I stay clocked out,

disassociated from nutrition stuff, but um, I was like, oh, well, well what, what's that like for you? And she was like I'm miserable. I'm like, yeah, I bet you are. That just sounded so awful. And um, is that something that you hear too from people that they're getting those kind of recommendations? And hearing you even say like, prioritizing fetal health over maternal health really hit me, because like that's what that kind of recommendation is really pointing to, is like, being pregnant is already really hard, and like in itself like kind of traumatic, you know.

McKenzie: Absolutely.

Julie: You know there's great times too, but like you know, it's hard, but then to have to like restrict something that is such an easy to access macronutrient.

McKenzie: Necessary macronutrient.

Julie: Necessary! Yeah, we have that too. Yeah, you're already constipated too. And like you take out the one thing that can help things move along.

McKenzie: Right? Exactly. Exactly. And for people who aren't dietitians speaking, what we're talking about is fiber, we need fruits, vegetables, whole grains to get adequate fiber. And those are all sources of carbs, and it's just not, it's just, it's just not sound nutritional advice to cut carbs. Um, I would pretty, I would say pretty much everybody, especially in pregnancy. Um, but yeah, I mean the, the Institute of Medicine waking guidelines for pregnancy are based on the BMI, which we know has so many issues. It's an extremely flawed system that is not based on good science, period. So the fact that we have then these recommendations on the amount of weight that you should gain in pregnancy based off of that flawed system, we already can kind of question it deeply. And then we also know that it's possible to have a healthy pregnancy when you do gain weight outside of those guidelines too. So this is where we always need to look at causation versus correlation, like is weight gain outside of these recommendations inherently dangerous or bad in one way, shape or form? Um, or is it just associated with other issues?

Julie: Right. Is it just like that's happening and it's not the cause? Right? Yeah. And you know, I mentioned this before we jumped on the call that in the 2018 evidence-based guidelines for PCOS, they have a whole statement about gestational diabetes in there, talking about how it's not related to weight, and it's really still mostly connected to genetics. I don't know if you have any more updated kind of like intel in there, but what about the gestational diabetes piece?

McKenzie: Yeah. So I think 2018, yeah, fall 2018 was when I wrote my master's paper on gestational diabetes. So, I bet you-

Julie: Oh wow, I didn't know it was on that.

McKenzie: Yeah. Yeah. That's partly why I nerd out about it so much, because I spent all semester thinking only about gestational diabetes. Um, but yeah, so um, I would I guess that like when I did the most research on it was about when those guidelines came out. And um, yeah, that's what we see, essentially um, it's um, I view gestational diabetes as kind of your body's saying like, oh hey, we have something here, we have some insulin resistance or some issues

with pancreas being able to produce enough insulin one way or the other, we actually see that um, like when they do, when they do research on um, like why you have gestational diabetes, whether it's due to your pancreas not being able to produce enough insulin, or having insulin resistance. The kind of incidents of both issues is about the same as the incidence of type two and type one and other types of diabetes in the general population. We're just seeing it happen in pregnancy because the placental hormones are saying to the rest of your body, hey, don't take this sugar, we need it for the baby. So, every pregnant person is a little bit insulin resistant. If you already have some underlying issue that is mostly genetic, um, you're going to end up with gestational diabetes. Um, and so yeah, very genetic, is what it is. And it can also just happen to random people. You could have absolutely no risk factors at all, and your placenta just decides to be extra crazy and send out extra-

Julie: Extra. [Laughs] Yeah.

McKenzie: We also see risk factors. Like, one thing that I found that was funny is being over age 25 was a risk factor for gestational diabetes.

Julie: Uh yeah, okay.

McKenzie: And so that's-

Julie: That is hilarious.

McKenzie: Yeah, right? I don't, I don't know the statistics on how many people have kids over age 25. But I would guess most American pregnancies.

Julie: Right. Right. Exactly. That's how correlational data can like make it seem like so much more umph than it really, it really is. Oh my gosh! That's, and that's amazing. Yeah. And the thing that really struck me with this letter is how this person has had to navigate fatphobia in so many areas of their fertility. You know, getting diagnosed with PCOS and then experiencing infertility, um, going through pregnancy and then the like, fear of getting gestational diabetes, now. Um, what do you see that that does, if anything, to people's relationship with food?

McKenzie: This is something that you have said to me, Julie, is that nothing messes with maternal-

Julie: [Laughs] What did I say?

McKenzie: You said nothing messes with maternal desire.

Julie: Nothing! Don't fuck with it.

McKenzie: Don't fuck with maternal desire.

Julie: I know you didn't say the f-word, I did but [Laughs]

McKenzie: Oh, I do not mind an appropriately placed F bomb here and there.

Julie: Yeah. [Laughs] Yeah, same.

McKenzie: And so I see that hardcore, and a lot of the time, let's say a fertility clinic has a BMI cut off and we have somebody who is right around that cut off. I've had to have an actual conversation with people of like, hey, I'm here to support you. I know you really want to get pregnant, and this is the fertility clinic that you're in with, baby they have your embryos and transferring your embryos somewhere else would be impossible. Too expensive, whatever. It becomes basically an informed consent about weight loss. And really digging into what are the true costs and benefits here of you losing weight. And um, luckily it has ended up being that it's almost like the fertility clinic just kind of scared them out, was trying to scare them in one way shape or form, which is totally fucked up, and people have ended up being able to either figure out a way around that um, it's so stupid, but having to like write an advocacy letter for the client just proving to the doctor that even though they're in a larger body that they're still eating healthy, which makes me so mad. Um, I'm willing to do that. Absolutely. But again, that's a system flaw in the assumptions we make about people in larger bodies. But it kind of like, you could be feeling like you're in such a great place with your recovery, with intuitive eating, and um, feeling a lot more accepting of your body and um, and then face weight stigma. And feel like the only way to get pregnant is to change the size of your body, and usually there's a way around it. Um, but again, that's a system thing, not a you thing. And that's always something to remember. I think I also see it playing around with it, just like diet culture in the fertility world overall um, and um, saying like, oh if you go gluten free or dairy free um, or keto, you'll get pregnant. And um, people really just like, they want to get pregnant so badly, and they're willing to do anything. And um, it's just really important that we think big picture and look at the evidence overall. So that's usually a lot of what I'm doing with my clients is kind of taking a deep breath and like, trying to ground as much as we can, and try to share information. Like, hey, you don't actually necessarily have to do that. Um, where is this information coming from? What, what, like if you were to do a high school paper on um, the gluten free diet for fertility, what would you, what kind of sources would your teacher make you cite?

Julie: Oh, that's a good way to start that conversation. I love that.

McKenzie: And usually they're all like, usually people will be able to be like, oh yeah, I did learn that. Um, not everybody has learned that, some people have, um, but it can kind of bring us back to the here and now, and focus on using nutrition for self care, instead of as a way to control body size. I think I kind of bounced around there. I don't know if I actually ended up answering your question, Julie.

Julie: You did! You did. Yeah, because I think, well, I mean that's the one thing I can relate to with this letter after experiencing years of infertility, was like I was willing to cut off one of my arms to have a baby. And I was like yeah, if you can make it happen, I'll do it right now, like, and so, I can appreciate for many people that it's an easy decision. And it makes like, you know, like, oh this is going to be complicated for my recovery, but, but this, you know and um, it's just really shitty that people have to do that sometimes to be able to access medical care. Um, for many people that's the only way they're going to be able to get pregnant. And um, yeah, it just

really angers me, if you really want to see me pissed off. That's where you start going in that conversation, because I have so many friends and colleagues who yeah, they call an endocrinologist to um, a reproductive endocrinologist, and they can't even make an appointment because of their BMI um, to even just get evaluated. Oh my goodness.

McKenzie: And the important thing to know for people listening is that it is not every reproductive endocrinologist. Even, even in the States, there are ones who will work with you no matter what your body size is.

Julie: That's so great to know.

McKenzie: Not to say you won't face weight stigma anyways when you're going through that process, but um, it is something worth fighting for. And um, kind of continuing to do the search for the provider that's right for you.

Julie: Yeah, that's so good to know. Well, so for this letter writer, you know, if, if this person was sitting in front of you, what would you recommend as some first steps forward?

McKenzie: Yeah. So it seems like right now this person is really um, they're working with their doctor. It is great that their doctor knows that they are at risk for gestational diabetes. Um, having PCOS and the insulin resistance associated with that is a risk factor, and early screening can be helpful. This is where gestational diabetes is weird.

Julie: [Laughs] I love that you just [inaudible].

McKenzie: Right? So I want everybody listening to know that if you are dealing with GD right now, even if you do end up developing type two diabetes in the long run, it is absolutely in no way shape or form as intense as gestational diabetes. Everybody is freaking out about this baby, including you. Um, and regular diabetes is just a lot more chill because we know that you have time. We have lots and lots of time, and there's um, less at stake, really. Um, and so that said, there's just like, there's a lot of pressure. And so sometimes getting diagnosed with GD early does give us a little bit more time, even though it feels like it's X amount of weeks more that you have to prick your finger, that you have to be on this diet, all of that kind of stuff. But honestly, I appreciate it when I, when clients are able to come to me and we're able to take a little bit more of a zoomed out mindful approach to GD versus um, some like, kind of more of the traditional weight centric approach or very strict diety approach. Um, it is actually a little bit better, because we have more time to experiment. And that's something that um, I do with my clients, and I would recommend for this person too, is kind of treating this as a science experiment. When you can kind of pretend you're this neutral observer, you're just looking at the data and doing these little experiments to see what happens, it can create a lot more neutrality towards yourself, a lot more self compassion. Um, because we don't know until we try with any of this stuff. We have no idea if chocolate is gonna spike your blood sugar when you pair it with a meal versus a snack until you actually try it. And so we have to do some of that experimentation, you have to allow yourself to quote unquote fail. Um, which I hate, I hate that term when we're talking about GD anyways, but we have to be able to, to know that there's going to be some high numbers that that does happen. But back to this person um, who's feeling the urge to control, um, to restrict in

order to achieve control of the pregnancy and the pregnancy outcomes, which is what's happening right now. Um, this is unfortunately a little bit out of your control. Um, it is very due to genetics and placental hormones. That's okay. Sitting in that discomfort of not being in control is terrifying, but you are able to do it. I'm sure there's many other ways that you have felt out of control in your life and been able to work through that, and you can still take care of yourself. Um, anything that you know about intuitive eating and listening to your body, you can still apply that here. There's studies showing that intuitive eating can help with blood sugar outcomes, um, at birth and at six months postpartum for people with gestational diabetes, and-

Julie: Wonderful.

McKenzie: It can set you up for success. That ability to be a little bit more neutral towards this medical data and to trust your body's response to certain foods too. You might even start to just tune in, how does my body feel when I do eat a very high, high carb meal. Do I notice myself feeling sick or dizzy or anything like that? Um, when do I notice I feel like I have low blood sugar? And um, being in touch with that can help you continue to take care of your body right now.

Julie: Yeah. And I could see how that would like, help that mind body connection to stay um, like flowing easily as a person gives birth and whatever comes next. You know, it just helps with that kind of relationship continue, and I don't know if you see this in clients with PCOS, but what I have noticed is for some people, their PCOS symptoms about, I don't know, six months or so after giving birth, sometimes their symptoms of PCOS can be just more um, aggressive, like the, whether it's like from the sleep deprivation, or just recovering from pregnancy, but things like the fatigue, of course, I'm like, well, what's the fatigue coming from? The increase of insulin or just like, you have this baby, like screaming. Um, but you know, things like cravings and more patches, dark patches and skin, so like, signs of insulin resistance just increasing, it's really common for that to happen. And um, so doing this now, I see how like, if there's a way to ground yourself and have that practice as you move forward, like life as it's changing, like I can see how it would benefit. And something else you said, it just reminded me that when we make decisions in times of like fear, how a lot of times that's not the decision that we really would want to make. And medical health care, I mean, I remember early on as a dietitian, like relying on scare tactics as a way to like promote behavior change, what a shitty thing! But that's just like the norm. And I see that so much with ges- gestational diabetes of like, let me scare them into doing the right thing make sure they don't gain weight.

McKenzie: Which is so messed up. Yeah. Exactly.

Julie: Um, dehumanizing a person.

McKenzie: It's um, infantilizing, and that's like, I see that a lot with pregnant people, is like the way we talk about food safety, the way we talk about gestational diabetes, we're just treating this person like they don't have any basic concept of risk versus benefit. And that's not how we treat them pretty much any other time in life. Um, then that's not, that's not appropriate.

Julie: Yes, it makes sense though, because that's the way many of my fat friends and clients have described, like medical interactions period. Um, that's, that's, I don't know, it's all kind of sinking in. I'm like, ah, that's why. Um, and I have to say too, I have always loved your points on food safety and pregnancy. I don't know if I saw it in some Reels or Tiktok or whatever, but like, um, you definitely have different points of view, and I've always appreciated that. So, thank you. What recommendations if any do you have for this person, like any resources that you currently are offering or anything um, that you think would be helpful for this person?

McKenzie: Sure. So, um, I do have an online course and community called Fully Nourished Pregnancy, and um, this program is set up to help people navigate intuitive eating and pregnancy. Um, and it also offers body positive prenatal nutrition information that's evidence based, up to date, and um, isn't shamey or restrictive. It's very focused on what can we add versus what can we take away, what fits with your values, what fits with your needs. And um, the way that I have it set up, kind of the way I teach, kind of how can we build a meal that's going to um, give you multiple food groups and have you, give you like a flexible structure to be able to nourish your body according to up to date nutrition science. Um, it can help with honoring your body's needs for balancing your blood sugar. Sometimes if you, you might need extra individualized support if you do get diagnosed with gestational diabetes, which I do offer as well. I see clients one on one. Um, but in this meantime where you're feeling scared, um, where you're feeling like you need um, just a grounding resource, that's a really great place to start. I think also um, just kind of practicing any coping skills you've picked up, period. If you have been to therapy before, making sure you talk about this, this fear that's coming up for you with your therapist and seeing if there's ways that you can practice mindfulness, practice kind of creating a little bit of space between yourself and your thoughts. Um, so then you can kind of be that neutral observer and build those, build those skills.

Julie: Mhm. Yeah. You mentioned earlier, you know, this letter writer probably has gone through times where they felt equally stressed or um, gone through hard times. And those skills that helped in those moments will help here too. And I was like, oh, that's, that's, I appreciate that. So thank you for your insight and um, I really appreciate your expertise in this area. And if people want to find out more about you, where's the best place for them to go?

McKenzie: Yeah. So I'm on Instagram as at [@womens.health.dietitian](#). And same with TikTok, I have kind of some crossover content there. Um, and then I started realizing that I really love just like talking for a long time.

Julie: You have a lot to say.

McKenzie: I do have a lot to say! And so I started a Youtube channel. I have like two videos up right now. We'll see if-

Julie: It'll be coming along.

McKenzie: It'll, it'll come along. Um, and I think Youtube has this like thing where you can't name it until you have like 100 subscribers or something. So you have to google, or not google. You have to search in the Youtube thing. [Laughs] The Youtube thing. The Youtube search bar.

Julie: I know what you mean. [Inaudible] we did. Yeah.

McKenzie: Yep. McKenzie Caldwell, mphrdn. If you google, if you search that in Youtube, my channel will pop up.

Julie: So say it again, because I think I was talking over you. What did you say?

McKenzie: Um, McKenzie Caldwell, mphrdn. If you search that on Youtube, you'll find it. Um, and then my blog, I have a blog as well, www.feedyourzest.com. And there's more information on my website as well on the Fully Nourished Pregnancy program, and working with me one on one as well.

Julie: Awesome. Well, thank you so much. I appreciate your time, and have a great day.

McKenzie: Thank you. You too.

Julie: So there you have it. I hope you enjoyed my conversation with McKenzie Caldwell. I always learn so much from her, and I hope you did too, letter writer. I hope it gave you some next steps, and for those of you struggling in a similar place, I know it is just so wild how much pressure you're getting to really torture yourself and your relationship with food while you're pregnant. And I hope this, this resource provided you some permission to slow down and consider what you and your body really need.

Julie: If you enjoyed this episode of the Find Your Food Voice podcast, hit subscribe. And I would love for you to check every episode, we come out every Tuesday, and I want to be able to serve you as you are navigating your complicated relationship with food. And if you liked us so much that you'd be willing to share it, oh my gosh! We'd be so happy that you could do that. Doing any of those things like sharing an episode, subscribing, even writing a rating or review helps this tiny little show reach more people, and we thank you in advance. Also, check out my free anti diet resources. You can get to them at julieduffydillon.com/voices.

Julie: Alright, so I see that food has written back, but before we get to food's letter, I do hope you take care, and until next time, bye for now.

Julie (as food): Dear exhausted, scared and very pregnant, You have been through a lot, complicated by the world's anti fat bias, living with and caring for your body has not always been easy. As you navigate this next season as a parent, we hope you hold dear your own lived experiences and data. While diets have been doled out as the solution, they haven't worked. But one thing is for certain: your body is on your side. While pregnant with or without gestational diabetes, consider your own data. When you wonder if a food is appropriate or not, consider experimenting first. How does it feel in your body? How does it energize you? Does it make you sluggish, give you a headache, satisfy, provide pleasure, heartburn? Let you and your body decide how it needs to be expertly cared for. And by doing so, you are contributing to breaking the cycle, the cycle of body hate, destructive diets, the thin ideal. By moving within to decide

how to care for you, you will be teaching your child to do the same. Oh, that is so sweet. Love, Food.

Julie: Thank you for listening. I am Julie Duffy Dillon, and this is the Find your Food Voice podcast. Ready to join the anti diet movement and take the food voice pledge? Go to julieduffydillon.com and sign your name to the growing list of people saying no to diets and yes to their own food voice. The Find Your Food Voice podcast is produced by me, Julie Duffy Dillon, and my team of kick ass folks. I couldn't make the show without Yeli Cruz, Assistant Producer and Resident Book Fiend. And Coleen Bremner, Customer Service Coordinator and professional Hype Master. Audio editing is from Toby Lyles at 24 Sound. Music is Fly Free by Hartley. Are you looking for episode transcripts? Get them at julieduffydillon.com, where you can also submit letters for the podcast, give us feedback, and sign the Food Voice pledge. We need your voice to end diet culture. We literally can't do this without you. Subscribe to the Find Your Food Voice podcast to get weekly inspiration and education on how we can defeat diet culture and reclaim our own food voice. I look forward to seeing you here next week for another episode of the Find Your Food Voice podcast. Take care.