

(introductory music)

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**MARYN:** Hi, everybody. This is Maryn from Indie Birth. And welcome to our *Taking Birth Back* series where we've been focusing on prenatal care from the very beginning working our way through. So today where I am about in my pregnancy leads me to the topic of choice. I'm about 18 weeks, which is prime time for what's known as a level two ultrasound. I won't be getting one. But today I did want to talk about this second trimester ultrasound. And I'm calling this "Thoughts on the Second Trimester Ultrasound or Level Two Ultrasound" because this is an exhaustive topic. Ultrasound, in particular, one could speak for days about ultrasound and the different types and when we might choose to have one, different times they're available, et cetera, et cetera.

So today is just thoughts on the second trimester ultrasound and what I'm thinking and what I'm offering to you to think about as well and to pass on to those that you know are doing this routinely. So a level two ultrasound pretty much by definition is a routine obstetric intervention. They may not call it intervention, but I am because when something is routine and it's not necessarily needed and it's done to everybody I pretty much consider that an intervention.

So a level two ultrasound for those of you that don't know is when you go in and they measure pretty much every part of the baby that they can and then some. And they line up all the measurements at the end, usually, with some kind of date either confirming your date or disputing your date—your due date that is. And just kind of giving a general feel for what's going on with the baby. Now we're going to talk in more detail about this, obviously, because what you see isn't what you get necessarily. So just because they're taking all of these measurements of the thigh bone, for example, the hip bone, the stomach—maybe we're supposed to believe that that's good for something or that means something. And as we'll see, that's not necessarily the case. But right now I'm just simply explaining to you what the ultrasound entails, and it entails lots of measuring.

So when I've been present for other women's level two ultrasounds, they normally take a really long time. And, again, that's something else we'll talk about. But I've seen them take up to an hour. So an hour of exposure for mom and baby, so that all these measurements can be collected. So, again, this is second trimester ultrasound. We're not really going to talk today about why someone would choose first trimester

ultrasound or even third trimester ultrasound, which, although both of those categories include routine interventions, they may also include other things. Other needs. Real or perceived needs. So that's kind of not the topic today.

So with level two ultrasounds, to be completely honest, my personal experience is that I did have a level two ultrasound with my first baby. And I had no idea what I was doing or subjecting myself to. And it wasn't until years later that I learned what I know now and why I've chosen with the rest of my babies to not go for that procedure. But full disclosure is I have had one myself, and I do remember it. I do remember it taking quite a long time. And in my case, I remember feeling—what's the word? Not relieved. But it was a nice thing to see the baby, in a way. I remember just feeling really confident that everything must be A-okay, which is another thing we'll talk about. So that's my full disclosure.

But I've learned from my mistakes, and you can too, if it's something you've done in the past. And especially, if it's something you're considering right now, for this pregnancy or for an upcoming pregnancy. Or maybe you haven't considered it because, frankly, a level two ultrasound in most OB practices is routine. Again, I'm saying the same things here, but you really have to understand that for most women this isn't a perceived choice or even an offered choice. It's just a routine procedure that everybody goes through. So if you're one of those people that's signed up for routine procedures, then this is definitely one you want more information about. And if you're taking more responsibility with your prenatal care whether you're doing it yourself or seeing a midwife, still something for you to know about. A midwife certainly could offer this procedure or intervention to her clients. And you can certainly request one as well. So I think it's good to know what the offerings are.

And if nothing else, 99 percent of the women in this country are going for this intervention at about 18 weeks. So it's going to be your neighbor or your sister or your friend or whoever. And information is power, so you can pass on what you know. Hopefully, you'll find some good tidbits in this podcast. And you'll be able to influence somebody's thought making, decision making process.

So something that I have to talk about before we get into the real meat of what this procedure is is risks and benefits. And although I obviously have an opinion—excuse me—about routine second trimester ultrasound, I still want to say that, as always, the risks and benefits can only be assessed by you. Or if you're walking with women, these risks and benefits truly can only be assessed by them. So we can be the offerers of information. And we can be the ones that know this information for ourselves because we know there are physical risks to ultrasound and maybe possible benefits though

depending on a situation. And, again, that would probably be more about first trimester ultrasounds. Maybe there's mysterious bleeding or not sure if a miscarriage has occurred.

So there certainly are types of ultrasound where there may be benefits to the woman. And, again, as someone looking in, we have to try our best to not judge that. We can only offer the information we have. But, again, I don't think this is necessarily the case when women go in for a routine level two ultrasound. There is usually not a problem that's being investigated because if there was it would have been investigated sooner or in more detail another way. Perhaps with amniocentesis or something like that.

Excuse me. I am getting over a cold from last week. Took a week off from podcasts so sorry about the occasional cough. So risks and effects for ultrasound are, obviously, going to be greater when the scan is longer. That's obvious, right? But think about that. So, again, that may play into somebody's risk and benefit assessment such as bleeding. It's really pretty simple and quick for a good ultrasound technician to scan the uterus for a source of bleeding. It doesn't take more than a couple minutes as opposed to this level two measuring extravaganza that can take up to an hour, sometimes more, sometimes less. But the risks and effects are more for longer scans, and women have to know that.

It's the time exposed as well as the output of individual machines. And because we don't know the output of individual machines, some are more, some are less as far as strength of the essentially radiation that they are producing, then we do have to be concerned with the time that women and babies are being exposed. It's really important. It's really obvious, but it's really important.

Another note about that is that some of the studies I'll refer to later and many of the studies that were done in the eighties when ultrasound really became a thing were done with an exposure time of about three minutes. So I find that frightening because many of these studies, more as opposed to less, do not report that ultrasound is safe in any way and never have. But they were only studying roughly three minute exposure periods. That is frightening when you think of a woman enduring 60 plus minutes.

And the equipment used in the eighties was not as strong as it is today. Again, as far as the radiation put out. So there are some major differences already in the last couple decades with ultrasound. And it's important that women take that into consideration. It's not what it once was. And it was never safe. Again, I'll say that like 20 more times. But it's never been proven safe. And now, how can we possibly think that it's any safer

when equipment is stronger and women are routinely going in for very long exposure times?

So Sarah Buckley, who is wonderful—if you don't know who she is, she's a doctor in Australia that does lots of amazing work on undisturbed birth and prenatal period and lots of good research on ultrasound. She says that if you're going to get a level two, in particular, find a tech with the most experience, who can do it the quickest. So, again, know the time of the scan really is relevant if this is something that someone is dead set on after the rest of this podcast. Find somebody that can do it quick and that knows what they're doing because many of these techs, frankly, aren't educated in obstetrical ultrasound. They ultrasound livers and kidneys of elderly people the rest of the day. They don't have practice and skill with obstetric ultrasound, which is really its own category. So I am no expert in it, for sure. I don't really even want to be, but there is a difference. And there are people that know more, so it's really beneficial. Heck, if you really do, you think, need an ultrasound to find somebody good. And if an abnormality of some kind is suspected or someone thinks they found one get a second opinion. Just like you would pretty much any time.

So a lot of these emotional risks and benefits, again, I don't think can be quantified. As much as I don't like the idea of routine second trimester ultrasound, I do have to take into account that we're all different and that—say there's a woman that has this sneaking suspicion that something is wrong with her baby. Well, for some women, that means that this ultrasound is necessary for them. In their mind. In their situation. Despite any risks that they could possibly know about. Other women, in a similar situation, would still choose to not go there. To not know. Knowing that it can't really change things and they would prefer not to worry and stress.

But, again, as somebody that walks with them and I have my own thoughts and I have made my own choices, but I do understand that there are reasons people do these things. And sometimes we can't understand. And I guess I'm not really talking about those situations today. I'm talking more about women that blindly walk into a routine intervention with no known need. And really no desire, necessarily, other than (a) somebody told them to; (b) they really just don't know enough to say no; or (c) they think finding out if the baby is a girl or a boy is really a valid reason to get this pretty extreme procedure done. So those are the people I'm referring to. If you have some unique situation, please don't take offense. I understand there are always choices we make for ourselves in pregnancy. And we all do the best we can.

So but it is Pandora's Box. I think that's my personal opinion about it. And I'm sitting here 18 weeks pregnant, and I, obviously, haven't had any ultrasounds. I don't plan to.

And I don't know either. I don't know any better than you do what my baby looks like in there and if everything is quote on quote normal. I don't have those answers about myself or my baby either. But for me, going there to have someone else look in and basically make a guess, is not something I'm willing to do because I don't know what that would mean. If they found something, I don't know how my pregnancy would proceed. I wouldn't know what other kind of interventions I was setting myself up for. And emotionally, I think it would be really difficult. So those are the bigger questions we'll get to that I think we all have to think about. It's not as easy as walking in for a scan as I did think it was 11 years ago with my first baby and then feeling greatly relieved. Those emotions and feelings are actually not based on anything factual. And we should get over thinking that ultrasounds do either one of those things because they don't.

So risk and benefits complicated. It's never as easy as it seems. And, again, the medical world is concerned with physical risks and benefits although ironically there's not a huge concern with the physical risks of ultrasound. There really isn't. I don't see a lot coming from the medical community to keep women from these unnecessary interventions. And that's obvious because it's become a routine thing.

So it's not just a medical intervention that often isn't needed. It is a technology that is defining birth in this day and age. And I think that's over 50 percent of my focus here today is yes. Let's talk about why it's not a preferred intervention especially when routine. But truly, you can look all of that up on the Internet. You can read books and educate yourself pretty quickly as to why it's not a great idea. I'm also concerned with how this is changing birth and how it's changing us as mothers. These moral and ethical questions we have as we're able to look inside our wombs. I think it's not a great idea to be using it so frivolously. And that's the point.

It's not that some people shouldn't or wouldn't or couldn't get an ultrasound. But this routine use is really out of control. So Sarah Buckley says—and I love her, so I'll quote her here. "Although ultrasound may sometimes be useful when specific problems are suspected, my conclusion is that it is at best ineffective and, at worst, dangerous when used as a screening tool for every pregnant woman and her baby."

So I think that right there says what I've been trying to say. We're going to talk about some studies that definitely say it's dangerous. But have we considered that it's actually ineffective? I mean I think that's huge. Dangerous is huge. Ineffective is huge because we're involving mass amounts of women and babies. And it's not actually doing them any good. And at the bottom of the list, it's a waste of money. So that's a whole other issue.

The Cochrane Database says, "There is no clear benefit in terms of a substantive outcome measure like perinatal mortality, which is the number of babies dying around the time of birth, can yet be discerned to result from the routine use of ultrasound." So if you didn't get that, I kind of read it a little choppily there. But there is no benefit in terms of outcome. And something to measure would be how many babies are dying around the time of birth. Are we preventing these deaths with ultrasound? And no. We're not. The routine use of ultrasound is not preventing those deaths. It's actually not providing any clear benefit.

Now this one is interesting. The American Congress of Obstetricians and Gynecologists, ACOG, in 1997, which is quite a while ago, but still—their stance on routine ultrasound is, "In a population of women with low risk pregnancies, neither a reduction in perinatal morbidity, which is harm to the babies around time of birth, and mortality nor a lower rate of unnecessary interventions can be expected from routine diagnostic ultrasound. Thus, ultrasound should be performed for specific indications in low risk pregnancy." Now that opens up a can of worms, frankly. That was 1997, but it has me begging to ask and to spend the rest of the day trying to find out although it's not as interesting as I think, what on earth is possessing most obstetricians—most if not all, obstetricians to order these level two routine ultrasounds routinely?

Their statement is that there is no benefit and that it should only be used for something that is other than low risk. So what's up with this? What's up with all these low risk pregnancies just being put through the mill—put through the mill—of level two ultrasounds, which are long and harmful for many reasons? It blows my mind. I mean, it must be money, right? It must be money. It must be insurance even though they have admitted 15 years ago or whatever the heck it is that it's not actually helpful.

Okay. So let's go back to basics here for those of you that need a primer or a review. What is ultrasound technology? What is it? Because then you'll understand why it's not a good thing. So there's tons of descriptions online. You can read the rest of the day about ultrasound. But I like to just think about it simply—explain it simply—so that we understand what it means to the baby because that, as a mother, is my main concern. I'm sure there are risks to mom to have her uterus ultrasounded. But, frankly, the baby is my concern.

So it uses high frequency sound waves to look into parts of the body. So, again, a baby in a uterus is one thing that can be ultrasounded or looked at with ultrasound technology. But any part of your body, especially the organs in particular, can be looked at. So, again, if there is some kind of disease process going on, kidney, liver, we can look at it with an ultrasound technology. So we're using high frequency sound

waves to look into the uterus and into the baby. And what you see on the screen, like the television screen or hear on the Doppler because a Doppler, which many people use to listen to their baby's heartbeat—that's another form of ultrasound technology. It's a reflection of the sound waves.

So that's something I always try to include when I'm explaining it to people because I think it adds the sort of extraterrestrial type effect. When you're hearing your baby's heart beat on a Doppler, it's not the real heart beat. It's a reflection of the sound which is why once a woman is decently pregnant you can put a Doppler on her belly almost anywhere and hear some kind of reflection of heart beat whether it's the cord or the actual heart sound. You're not really listening to the baby. And you're not really seeing the baby, in that sense either. It's a reflection. It's a creation. Technological creation, which is I think really interesting.

So ultrasound meaning the one you see on the screen or sonogram some people call them—it uses pulsed waves. So the waves of sound pulse. It's not continuous. The Doppler, however, uses a continuous wave. So Doppler is stronger—well, you would have to compare other things. But the fact that it's continuous makes it sort of more aggressive towards the baby. So I think that shatters the myth that your midwife coming into your house listening to a—listening with a Doppler is somehow safer or safe. It's not. It's actually not at all.

There are the same risks that there are to a baby appearing on a screen with ultrasound technology because it is indeed the same technology. So think about that one because I can't tell you how many midwives I've come across in my life that routinely pull out a Doppler at every appointment for normal, healthy moms and normal, healthy babies. It's absolutely ridiculous. Learn to use a fetoscope. And if your midwife doesn't know how, you learn how because it's not hard. And there is no reason to expose a baby to Doppler or ultrasound technology on a weekly basis or, heck, even a monthly basis or ever. Ever. It's not appropriate.

So back to what the technology is, the problem besides what I've already told you is it creates an intense heat. Heat. It heats things like a microwave, which is also bad. So the heat of the sound waves vibrate the tissues. And tissues vibrating especially when something is forming and growing is not a good thing. Cellular change is created when the heat gets high enough to vibrate the tissues and move the cells around basically. And the most frightening thing about the cellular change is that it's been seen to persist for several generations in studies. So, again, I have had a baby with ultrasound as well, and it worries me just like it's probably worrying you, if you've done the same. My point is what you see is not what you get. And I'm thrilled and happy to have a healthy,

vibrant, 11-year-old child, but I can't help but think that the exposure I put her through as a baby is going to affect her future generations. And that's heart breaking in a sense.

I mean on some level you learn to let those things go, and you just do better. So for anybody that hasn't been down that road think about that. It's not just you. It's not just your kid. And you can say that, "Oh my kid is fine. There was no effect of ultrasound," like so many people do. "Oh, I had an ultrasound every other week of my pregnancy. My kid is fine. My baby is fine. There are no problems." Well, these problems sometimes take generations to come out. And when we're talking about cellular change, I mean I'm no biologist here, but I know that's pretty serious. So consider that. The heat is creating cellular change.

And when we're looking at a baby or a fetus really that is 18-20 weeks in the uterus—gestation—there is a loss of brain cells. This heat is killing off brain cells that this baby very much needs as we all do but especially because this baby is growing. And this loss of brain cells will not be reversed. So there you have it. The studies on humans and the effects of ultrasound include—and this is a short list. I mean really. Preterm birth, miscarriage, low birth weight, dyslexia, more of a use of the left hand—dominance with left hand, delayed speech development, intrauterine growth retardation. So these are things that have been studied despite the lack of public knowledge since the seventies and eighties. And ultrasound became a routine part of OB care in the seventies. So it hasn't been that long. I was born in the seventies. There has not been enough time to see what the effects are.

Again, there has not been enough time, and there will not be enough time for generations to come. So if we keep going at this rate and this is routine and that's routine and an hour here and an hour there and who knows what else, we are looking at major genetic disturbances for the human race. I think that's the bottom line. So doing these things routinely is just not okay. It's not just you you're messing with. Your need again to find out if it's a boy or a girl, is that great enough to accept the fact that you are changing future generations and killing brain cells? I don't know. If I had known that, I sure would have chosen differently.

Okay. So some specifics on the level two ultrasound. Again, how many times will I say? Routine. This is routine. Routine. People just go in for it. They just get the paper. And at 18-20 weeks, they go. And I remember not really being given a heads up about what it was but knowing that, "Oh, if I wanted to find out if she was a girl, then I'd have to wait until 18-20 weeks." So there's sort of—I think for those of us that don't know anything or didn't know anything, there's some excitement put around, "Oh, well



just wait until then. And you'll find out everything you want to know." Yeah. I think that's sort of the main theme in most doctors' offices.

But, again, many of these women are just having routine ultrasounds at every visit, so maybe it's not so special anymore. I don't know. The dating is not as accurate. So an ultrasound done—excuse me—in early pregnancy is going to be more accurate for dating purposes, if you were unsure about that. But that's not the main concern with the level two because, frankly, it's just not that accurate. And that's not why most of these are being done. So this kind of blew my mind. The level two routine ultrasound misses—misses—up to 40 percent of abnormalities. Right?

So what's the point of this? Why are we measuring femurs if this procedure can't actually detect abnormalities? I mean isn't this why women are going. I certainly went wanting that clean bill of health for my baby knowing that she was quote on quote perfect. But if there was something to see, I'm assuming people want to see if they're going to get this done. But missing up to 40 percent of abnormalities is unacceptable, frankly, for a technology that is this routine. So these are false negatives, right? The mom is sent home, told everything is great, fine, perfect. And there is actually something wrong with her baby.

Another possibility that we've all heard of is the baby scanned can be—the doctor or the tech will say that there's something wrong with the baby. And this—I've known friends that have had this happen. It causes extreme amounts of anxiety and stress. They don't know what's true. They don't know what's false. They have to go for repeat ultrasounds to try and figure it out. And sometimes it's a transient something meaning something looks a little bit off with the baby particularly the skull or brain development. But it's just the gestation the baby is at or perhaps user error. And by the time, they repeat ultrasound everything looks perfectly normal. So, again, total stress attack for these situations.

In a study with high risk women—and I don't know exactly what their definition was of high risk—but 10 percent of their ultrasound results were quote on quote uncertain. So these are women that already were pretty high anxiety, high stress about their pregnancies. They go in for a routine intervention, and they're told, basically, we can't tell you. We don't know if everything is great or not. Or if you're—there's really something not right. And in the study, the mothers remained anxious until about three months after birth.

So we are emotional beings. We are not just physical. If we could solve all the problems of pregnancy and ensure that everybody, every woman, all over had a healthy pregnancy and a healthy baby, we would do it. We would all want that. But that's not

the way human life works on this planet, right? So we don't know everything. We can't know everything. And sometimes the emotional stress of this can get to people. And I certainly understand that. But that's a long time. Three months after birth these women were stressed out. Not knowing the results of this test. When even as high risk women probably wasn't very effective anyway. So could they have done without? Would that have saved them anxiety and worry unnecessarily? Probably.

So a level two ultrasound besides measuring the baby and all of that, some women especially women that have had cesarean births and are planning vaginal births although not necessarily maybe wanting to look at the position or the placement of the placenta. Of course, not wanting to see a real low-lying placenta, which unfortunately is definitely a risk of cesarean birth for future pregnancies. That the embryo will implant super low and then that's where the placenta will be. And it will cover the cervix making vaginal birth impossible. So I understand wanting to look at the placement of that placenta, if you're one of those women. But frankly, this isn't the best time for that and incorporating it into this hour-long thing is just adding to your exposure.

So because placentas move—they migrate. We know that. That's a fact. Yeah. Looking at 18-20 weeks could also cause very unnecessary worry and anxiety because that placenta likely will move if it is in a less than desirable position. So you have to just examine your reasons and what it means to you and what you would actually do. Because if there is nothing to do but worry, you have to weigh that, I think. So 90 percent of women nowadays are having two or more ultrasounds. I found that kind of surprising but not. I guess seeing it in print I was surprised. But yet knowing tons of women that do still have ultrasounds, I wasn't surprised because I know that, as I've said ten times already, many women get ultrasounds at every visit.

So, again, it's never been proven that having even one is safe, so women having two or more and just routinely. I mean how many of those women are honestly using for some real purpose. Who knows? There are women, I'm sure. Maybe they're having more than one or more than two or more than three babies, and there is something—somebody really feels like they need to see, or they have some kind of history of this or that. But most women—90 percent of women—are not having anything unusual going on. They're just having normal, low risk pregnancies. At least some of those women are.

So some questions and thoughts I have. And, of course, no one is here to answer me. But I kind of pose these to you as part of our discussion and part of your involvement in this issue. Are these, so people and studies say that ultrasound can promote bonding? And that's debatable, of course. I did find one study that said 3-D ultrasound, in

particular, was really great for bonding. Not so much the 2-D. And that 3-D ultrasound people basically came away feeling really great and having pictures and blah, blah, blah.

So it goes both ways. There are certainly studies to support that bonding is being interrupted. So I kind of think that's what I'm offering to you. People say it's promoting bonding. But what does bonding mean to anybody at this point in pregnancy? And I guess I'm very much speaking as a woman that's 18 weeks because yes. I love this baby. And yes, I'm excited to feel her grow and those kind of things. But bonding. Like I am only as bonded as I feel I naturally should be at 18 weeks. And it certainly isn't the bonding that I expect to have by the time I'm due to have the baby. And it's certainly not the bonding I expect to have when the baby is six months or a year or five or ten. And it changes.

And I think anybody that has had any kind of mothering experience—you don't necessarily have to be a mother to experience bonding. You can bond with children or people or pets. We know that it changes. And it increases as we get to know each other and have experiences. So I want to know why promoting bonding at 18 weeks gestation is this big plus. As pregnant women, do we feel like we should be something that we're not? And I think it's an acceptance for many women of maybe not feeling as connected right now which I think is perfectly normal. Movement is just starting to happen.

I mean I feel this baby move really every couple days. I'm too busy most days to feel every tiny little movement that she makes. And she's not big enough yet to feel a lot. So, again, I feel like the bonding changes. And why are we trying to rush bonding? I think the evolution of a normal healthy pregnancy is perfect. And that women wind up sort of at the peak of wanting to bond with their baby as birth approaches. And so for some women it's not even that, and the bonding really doesn't happen until after.

So I think this expectation of this bond—we have to see the baby to bond as if our sight is the only sense that bonds us is sort of insulting because there is many ways to bond with something. And some of them don't even involve the sense that we all talk about. What about bonding with your baby through a dream? Or some kind of meditation? or connecting with your baby just subtly? Why are we trying to rush it? And why does it have to be better and more and sooner? It's sort of just the way this culture works. The way we want babies and toddlers and kids to be these responsible, independent creatures for moments after birth. It's the strange—I guess it's American—maybe—expectation of just having everything be more obvious.

We don't want to feel into anything. We don't want to intuit anything. We just want—we want a connection with our baby, so, by god, we might as well get an image up on the screen. And then we'll feel bonded. And perhaps some women do. And then I guess I think that's sadder, in a sense, than just speculating about it because I'm sure there are women that do feel a connection there of some kind. But I guess I'm just questioning whether these women are being educated or offered other ways to bond because bonding through this pretty interventive technology, I think, has such risks that we just need to rethink what bonding means and how soon we expect it and et cetera, et cetera.

Just this is a reflection of the baby's anatomy. What does that say about us as a culture? If you've ever seen a 2-D ultrasound, black and white, it is primitive. It is as primitive as they come. I can hardly believe when I see one that they're sort of as basic as they are. I mean, seriously. The outline of a skeleton. The outline of a face. The outline of organs. It's not real in the sense of how we may picture our baby although it does offer women something. So I find it kind of disappointing actually that that anatomy scan can make something real when you're able to feel something growing in your body especially if you tune in.

But women are so detached. People are so detached that I think we have to make an extra effort to remind people that these are other options. There are other options. We look to the outside for everything from the moment we get pregnant. And that's been the theme of these podcasts. And there's probably a good almost ten of them now. And that was the very first one was starting with the moment we know we're pregnant. What do we do? Most of us look to the outside. And that's not a judgment even though it may sound like one. Pregnancy tests are not because you can do both. You can look to the outside and take a pregnancy because that means something to you. But you can also tune in to your body and listen to the subtle signs that say you're pregnant or not.

But from the moment of if we just completely look to the outside and for someone else to tell us then I suppose by now, at 18-20 weeks, it really doesn't feel odd at all to just go. Sit down in a chair and look on a machine for an image of our baby. And have someone else tell us, "Yes. He's fine. No. He's not. Yes, it's a girl. No, it's not." I mean it's just bizarre. If you just take yourself out of thinking that's normal for a minute, just kind of look at it from a bunch of centuries ago or something it would seem absolutely crazy.

So another question and thought and there's nothing anybody can say but just kind of take it back to your own brain to think. We're obsessed with having a perfect baby. And

who doesn't want a baby that's healthy and well? Of course. I do. You do. We all do. But we're obsessed culturally with having perfect. And to be honest, for some people, having early ultrasounds in particular are important because they may choose to not keep a baby that isn't quote on quote perfect. And that's a choice that's being made every day. And it's, again, not a choice that I would make. But that's a reason that ultrasound is being used, and genetic testing is being used.

So how much of this information coming from the outside messes with what we need to develop, cultivate, and grow to become mothers? I think that's my biggest question. And that's the one that I wish we could offer to mothers along with this information about risks and benefits. How do you see yourself becoming a mother? How does that happen? What was your mother like? What was your childhood like? How do you want to start fresh to be a mother to this person? Right? Because we all have mothering things from our past as children. And we can change, and we can do things differently.

So how do we want to be mothers? Do we want to look to the outside? Do we want to expose our babies to dangerous technology for immediate gratification? These are just huge and good issues and big issues. In the end, I guess my thoughts are we cannot change what is, right? I mean my baby in there right now is. There's nothing I can do in either direction. She just is. And she'll be what she is. And she'll live out her life as she's supposed to. That's my personal spiritual belief, I guess, that helps me make big decisions like this.

But can we know too much? Are we looking for approval or disapproval on what is perfect? On what is acceptable? On what is normal? On what is okay? So for me, right now, it's enjoying this baby where she's at. Not having any third party in between me and this baby. I don't want to see a reflection on a screen. That's not who she is to me. I'm learning who she is. And I don't need someone in between me and her making predictions or anything like that. For me, that would really disturb my pregnancy. And as I've said before, it's been proven. And many of you will know people, if you haven't had it happen to you, that anxiety can ruin a perfectly good pregnancy.

And I say ruin in the sense of just making it really difficult, making it difficult for everybody in the family to anticipate a baby with problems that may not have them. Or who knows what? Any variation of that's created by ultrasound information. One thing will lead to another. And that's what most people find themselves caught up in is one thing leading to another and not knowing where to get off. So, again, if we look at the facts and we know that if you're looking for abnormalities with a baby, there's a pretty good chance it won't even be found on ultrasound. Then why? Why expose anybody to

this? And ironically, say you have a completely healthy baby in there. And who's to say what you're doing with an hour or more of ultrasound exposure? Are you literally turning a healthy baby into something that isn't healthy or creating a problem? And those are the studies we don't have and probably will never be done. And they're really hard to think about especially that we could create these problems in our own children.

But the truth is the potential is there with this technology. So please think about it. One last study to leave you with. I thought this was just really interesting. It was 1990. Kind of awhile ago. Lumley was the author of the study. And I could dig these up and provide other links as well for this podcast for those that are interested in resources. So this was the kind of wind up of the study. Looks like they did ultrasounds on a group of women and they were looking for what effect it had on the woman's anxiety. So this is quote on quote from the study.

"This trial suggested that women's anxiety was actually increased during scans and then allayed by positive feedback from the operator. Not all women considered scans reassuring in one interview study. And other authors found that mother's interpretations of scans depended on their personal and social circumstances. As used in every day practice, ultrasound scans are not always accompanied by feedback. And when feedback occurs, it is sometimes in the form of slips of the tongue, incorrect diagnoses, identification of structures that cannot be deciphered, and language that is unfamiliar and alarming to mothers. This diagnostic toxicity of ultrasound scans of the fetus has not been studied."

So I just find that super fascinating because the kinds of thoughts that I have are things that will never be studied. And here it is a study admitting that the things I care about, ultrasound related, will not be studied and have not been studied. Probably never will be. And I really think that's a good term they've come up with, if they've come up with it. Diagnostic toxicity. How many interventions in pregnancy and birth, routine interventions, can be classified as diagnostic toxicities? So many. So many cause more harm than good simply because of the stress and anxiety and unknown that they put on women and babies. Women, obviously, in particular.

So that quote really touched me in that way because I can feel being that woman. Even though I haven't actually been that woman. I can feel that feeling, right? Of sitting in the chair and seeing the uncertain face of the operator. The operator. Right? the ultrasound tech. The other. Not you. Not your baby. And seeing a look on his face that says—that expresses concern or a slip of the tongue or, again, pointing something out that may be a problem that turns out not to be. I mean I can feel the stress of that

mother. And it takes me outside of myself in a way I don't like which is why I don't choose to go there. Yeah.

It's putting this third party, this other, this outside force into a pregnancy that doesn't need to be there. If it needs to be there, then you'll know, and you'll be grateful for information. But this sort of routine procedure does not need to be there in almost all cases. That's why it's routine.

So I'm going to leave you with that. That study. I always hope that these are informative and helpful and that we can each find peace with our choices when we are as fully aware of all the aspects as is possible. So there is a time and place for technology. I will never dispute that, but I ask you to reconsider the routine use of ultrasound in the second trimester and to pass on this information.

Thanks so much. Have a great day. Bye.

(closing music)