

(introductory music)

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MARYN: Welcome to *Taking Back Birth*, series of podcasts here on iTunes presented to you by the Indie Birth Association. So today our podcast is a little bit different. Hopefully, one you will find just as interesting. Today we are chatting—Margo and I that is—Margo and I are chatting with a woman, who is a member of our Indie Birth community. Her name is Sinéad McCarthy. And Sinéad approached Margo and I a couple weeks ago with just wanting to collaborate on some kind of podcast where we could chat about birth and politics. Sinéad is planning a free birth and interested in the world of birth and midwifery obviously. So we thought it would be a really cool conversation just to connect with another like minded soul and to share this conversation with you.

So enjoy. We're hoping that maybe this will give you some new ideas, new insights into birth, and let you know that there are women out there who are on the same page as far and few between as it sometimes seems. And also maybe a glimpse into Indie Birth a little bit further for those of you that are interested as far as our ideals and our philosophy and that kind of thing. So enjoy this little chat. And catch you soon.

SINÉAD: But thank you both so much for joining me today to do this. I really appreciate it. And I hope it's the first of many discussions that we have because you ladies are putting out such great material, and there is such a lack of this kind of information out there. So I just want to spread it far and wide as much as I can. So thank you so much for meeting with me today.

MARYN: Yeah. Thank you.

MARGO: Thank you.

SINÉAD: Yeah. Definitely. So maybe just real quick if you both are comfortable with this, you could kind of explain your background briefly and maybe talk about indiebirth.com and the organization that you two have set up because I want people to know about it. I personally stumbled across it a few months back when I was searching unassisted birth. And I just was hooked. There's so much great information, and it validated a lot of feelings that I had about birth that I couldn't really find validation for anywhere else because everything out there is saying no. Birth is not normal. It's dangerous. It's a medical process. So I was just so relieved to stumble upon both of your lady's—your organization.

MARYN: Cool. Yeah. Well, thank you. That's a huge encouragement to hear that people are finding it and resonating with it. So thank you.

SINÉAD: You're welcome.

MARYN: Yeah. Well, I'll give you a brief history. This is Maryn first of all. And well Indie Birth itself is actually a couple years old. Probably as old as many as six or seven years old. It started as an actual print sort of zine in Arizona, in Flagstaff, Arizona. And, obviously, it's morphed into just becoming completely online now. And when it started, it definitely was more mainstream, more focused on natural birth. And over the years, I guess, personally, I've just gotten a lot clearer on what my passion is. And then of course, in meeting with Margo, we've sort of felt the same way about so many things. So it's definitely changed over the years, but that's how it started for anybody that's interested. And now, of course, it's completely online with classes and a community.

But I, personally, have been involved in birth for about nine years. And I got into home birth, in particular, with my second baby, who was our first home birth baby. So that's been the nine-year journey of apprenticing and moving around to work with different midwives and then settling in Arizona basically and getting licensed here a couple years ago. So I was licensed here for a couple years. And I think that's really when Indie Birth began for me is realizing that the world I was involved in as much as I loved it and as passionate as I am about home birth wasn't actually the world I thought it was. And it wasn't actually the world I wanted to be in. And not to say I haven't worked with amazing families and women here that wanted that kind of care. But it just sort of out—I sort of outgrew the system.

SINÉAD: Right. Right.

MARYN: Yeah. So I turned in my license about a year ago actually. And it felt really good just to—yeah. Start to become clear on the bigger issues, which I'm sure we'll talk about. Who really owns birth? And do women know what they're getting into when they hire even a licensed midwife? I mean most women don't.

SINÉAD: Right. No. No. Just real quick. I personally went to—I had been studying and learning to be a doula. I guess you don't really have to learn to do it. But just studying about birth in general and natural birth and home birth and I wanted to be a doula really badly. And so I decided I'm going to go meet with a midwife because I'm kind of surrounded by these people now. And I want to see what they're all about. And I went there. And I was expecting this kind of mother figure. I don't know. Like maybe an aunt or something that would just give me a hug and be like, "How are you? I'm so excited to meet you." And it was just the complete opposite. I felt like I was just going to see a doctor. And it was all business. It wasn't like, "How are you feeling? Or how do you feel about all of this?" It was very cut and dry. And my intuition was screaming

at me like, "Run. Run. Run. Run." And now not—I'm sure not all midwives are like this, so I don't want to badmouth midwives in any way. But a lot of it—a lot of what turned me off were the laws. Because here in Florida, if I go past 42 weeks, they say, "Hey, you're going for a C-section, or I can't attend your birth." Also breech babies. They cannot attend a breech homebirth. So that really just turned me off because I had this naïve idea that all midwives weren't of the medical mind. But these laws get in the way of that.

MARYN: Yeah. I mean that's, obviously, a huge misconception. I think so many women especially with their first baby have that idea that midwife equals holistic person or whatever. And they are totally unaware. And they give all their power to this person and the something comes up usually at the end whether it's the 42 week thing. Or I mean taking your pick. And then suddenly, they're sort of panicking, and they don't have a plan. And it's, "Oh, nobody told me." Well, the laws—the rules and regs are there for everybody to read. But unfortunately, midwives themselves don't educate their clients about this is what I can provide for you. I am technically a medical professional. And this is the box that you're in.

SINÉAD: Right. Right. Especially when she mentioned all these tests. I was just—I was blown away. I, again, was naïve thinking, "Well, why would you do tests? You're a midwife. You want to do pelvic exams. And you want to do vaginal checks." And I just—I was very confused. But yeah. So that was a big learning experience for me. But I don't mean to get off on a tangent. I want to know more about you, Margo, too.

MARGO: Sure. Yeah. I mean I think I definitely went through that learning curve myself but was lucky enough when I first got interested in midwifery to have met Maryn first. So it was really a nice introduction to what it can actually look like to be with women. And I just as easily could have met with someone who was not that way. In fact, the town where I was living I had called some other midwives to maybe meet up with them and talk about doing some sort of apprenticeship or learning more. And I'm just so glad that I didn't meet them first because that wouldn't have been a very good fit. So I guess my story starts a little over three years ago. I got my Bachelor's degree in women's and gender studies and sociology in 2010 and finished school and sort of was trying to figure out what my next steps were. And you know how some things go. It just—the choices were sort of presented to me. And one of them seemed really good, and so I ended up grad school studying criminology of all things. And so I got to be selective in sort of what aspects of criminology I was interested in studying. And so that first semester I started looking into the criminalization of midwives of all things.

MARYN: Funny. Funny.

MARGO: I know. Funny. Funny. And looking at the way that we legislate around women's birth choices, birth options, sort of fetal personhood laws. That kind of thing. So all things birth and criminal—the criminal justice system was sort of my focus. And so about half way through the semester, as I was learning more, and reading some sort of holistic sorts of things, I started thinking, "I don't really want to finish my criminology degree. I think I want to be a midwife." And serendipitously, I mentioned this to a friend. And they had used Maryn for their previous child's birth and said that they thought I'd really like her and give her a call and meet up. And I think I did—I called and left a message for Maryn the next day. And we met a couple weeks later. And so now it's almost three years. Yeah. Almost exactly three years since I started going to appointments and meetings with Maryn and learning.

SINÉAD: That is awesome.

MARGO: So I dropped out of grad school.

SINÉAD: But hey, I hear you. I hear you.

MARGO: Yep. So yeah. I dropped out a month or two before—I finished the semester. But then after Christmas break—I think it was January 1 I went—started going with Maryn once a week. And it's just been awesome. An awesome three years. And—

MARYN: Except for all the craziness.

MARGO: Except for all the craziness, which is so interesting that I was studying the politics and the—

MARYN: I blame it on you. No.

MARGO: What's that? You blame it on me.

MARYN: No. I tease Margo that we came together, obviously, at the perfect time. She was—is and was the perfect person to be there. And so much of it was new to me like the politics. I hadn't gotten that deep into it yet. And here I am all of a sudden in this legal situation and having to deal with it. Yeah.

MARGO: Yeah. I think three months into my apprenticeship—I guess we'll call it—was when things started happening. So it was really funny timing. And so it's been awesome to just be with—I mean sometimes not so awesome. But it's been a privilege, I should say, to be with Maryn sort of in this journey and to get to learn from her and with her. And sort of refine what I believe and work with her to spread this information and these ideas.

MARYN: Well, and it's been the best support for me. I mean I couldn't have imagined a better support over the last couple years. I mean if you think about how many women

say they want to be midwives. I mean there's just a gazillion trillion. And to happen upon one amazing person that's actually dedicated and that was able to sort of put up with the last bunch of years and to help me find my way through. It has been such a gift. I think so many people would have just run whether they were scared or didn't agree. I mean I don't know if it's just serendipity that we agree on these huge issues. That women do get to choose who they want there and what they want and not everybody believes that.

SINÉAD: No. No. They don't. And that's actually really—it's very sad to me to see other women attacking women like ourselves that think this way and calling us—I think of it as calling us out as witches almost. Like a witch hunt. They're calling us reckless, baby killers. And I've seen Facebook groups started by OBs, surprisingly enough, that are fed up with natural childbirth, against natural childbirth. And I was just floored. Because, again, I have this naïve idea that all women are just going to get it. That they just want this kind of holistic thing. But that's not the case.

MARYN: No. It's definitely not.

SINÉAD: Yeah. You said that you were experiencing—were you experiencing legal issues with someone that you cared for? I mean you don't have to go into this if you wouldn't like.

MARYN: Yeah. No. It's fine. I mean I was happy to make a big deal of it actually. It wasn't something that I really wanted to keep quiet because it was just a total breach of, I think, human rights. Here in Arizona there are many rules and regulations just like in Florida. So one of them here—at least a couple years ago was that midwives could not care for anybody that had had previous uterine surgery, which, of course, is a cesarean. Honestly, that's a D&C. So if you're really reading into the law, it's more restrictive than you could ever imagine. Sorry about the dog barking. Hopefully, he'll go away.

SINÉAD: That's okay.

MARYN: So I had a friend, a neighbor, who had had a previous C-section. And her only option in our tiny, tiny town was to show up for a repeat C-section. That's her only option here. There's nobody that would take her. She could consider driving two, three hours down to Phoenix and attempting a vaginal birth. I mean there's a million reasons why that's not okay.

SINÉAD: Right. Right.

MARYN: Right.

SINÉAD: I agree.

MARYN: So yeah. I was happy to care for her even though it was outside of our rules and regs and support her. And we, again, live in a tiny, tiny town. And when it was time for her birth, the outcome was fine. She and her baby were fine. She did choose to go to the hospital. And upon arrival, her family was basically like grilled as to who her midwife was and what the situation was. Yeah. I mean in a tiny town where four male OBs run the show and they hate homebirth and they hate midwives—so they made it their personal mission to make sure that that didn't happen again. And, unfortunately, this is when I learned tons about state law and politics. We don't have a board, or they don't I should say. They don't have a board here of protection for the midwives. So if somebody does call to complain about a midwife in this state, there's nothing. There's no peer review.

SINÉAD: Wow. That's scary.

MARYN: It's really scary. And I mean when a doctor calls them up they really don't take your side. They're kind of not interested. And they don't know anything. And there wasn't even anything to know. This was the woman's choice. This was her only choice. I helped her. End of story. Yeah. So I wasn't willing to lie about it which they encouraged. I wasn't willing to make up a ton of excuses or pretend I didn't know her like most of the midwives do here. Because midwives attending VBACs here is—it's not unusual. It happens all the time. No one actually follows that rule.

SINÉAD: Mm-hmm.

MARYN: So I just sort of became the target. And then—I don't know. Sort of became happy to be the target in the sense of I really had nothing to lose once I realized I didn't belong anyway.

SINÉAD: Right. Right.

MARYN: I didn't belong.

SINÉAD: I mean I've heard that same story just happening all over the world even. I'm sure you both know of Ágnes Geréb, who was imprisoned for—I mean I don't even think she attended a birth. I think she was doing an antenatal class, and someone went into a premature labor. And the baby was stillborn, I believe. I might be getting the story kind of mixed up. But she was—the OBs, again, all got together, and she was a former OB. And all got together and did everything they could to get her thrown in prison. And I think she's still on house arrest to this day.

MARYN: She is. It's been years. Mm-hmm.

SINÉAD: Which is just absolutely ridiculous. She had nothing to even do with this. I mean if some—if I'm walking down the street and some woman goes into labor and has a stillbirth, am I automatically implicated in that?

MARYN: But that is the implication with midwives. And you're right. There are tons of other stories where midwives aren't even present or maybe their neighbor calls them and they're not even technically the hired professional. And the world we live in is just really quick to incriminate midwives on any account. It hardly matters. And this really, in the bigger picture, it was very graceful. And if that's all I ever have to deal with, then I'm very grateful because it certainly is a lot worse many other places.

SINÉAD: Oh absolutely. And the fact that there's no board, like you were saying—I didn't know that. That's really—that's terrible because there's no backup for midwives. There's nobody—like you said, there's no peer reviewing. There's nobody that can say, "Hey, you're wrong about this," and no one to stand up for their rights. And it's just scary that—I mean judges—or people will even just be okay with this. "Oh, yeah. She's in jail for the rest of her life." But this is the thing that really gets me. And I get very angry at this. Thousands, millions, of babies and mothers die in hospitals. And no one is held accountable for that.

I guess if you're a doctor and you have your license you have a license to kill and not be incriminated for that. I mean doctors are still—still administering Cytotec to induce labor which is—I mean it just blows my mind. The cover of the medicine has a big X through it. A pregnant woman with a X through it. It's killed thousands and thousands of babies and mothers. But that's okay? I mean there's a real, real big double standard going on, and it's—I think it's now sort of coming to light a lot more as women are demanding home births and are realizing that they have rights and that their body is theirs. It's come a long way. We still have a long way to go.

MARYN: Yeah. That's for sure.

SINÉAD: I mean it's just—I mean it's just terrible that midwives are being thrown in jail for just being in the presence of—and the family could be completely okay with what happened. Not okay if they had a loss. But they won't be trying to get the midwife in jail. They'll try and stand up for that midwife, but it doesn't matter.

MARGO: Right. It doesn't count for anything.

MARYN: Well, and that's generally the case. I mean I know with mine the family was completely supportive. They made their own choices. This was their choice to go to the hospital. And we're still close to this day. And I would say that she was my biggest supporter which I was so grateful for. Not that we didn't have things to work through because it was a very trying situation for everybody. But they had absolutely no

problem. And she made all kinds of statements and this and that to say, "Hey, look. Get—leave us alone. This was my choice. We don't need a third party looking in." But it wasn't about that anymore. And I mean I think the larger issue is just that when birth becomes a medicalized process—and not to say it doesn't need medical help sometimes. She wanted medical help. But being a licensed midwife, I put myself in the line of fire of being a medical professional, which I don't think I had any—I don't think any of us have any place in that world. But when we're in that world then we have to deal with that world. And they don't know our world. And they don't want to know it.

SINÉAD: Right. Oh, exactly. And it's just really disturbing to me that it was the OBs that really are the ones that caused this to become a legal matter. There's a war going on between OBs and midwives. And it's just unnecessary. But it's just very telling of where we're at as a society and our views on just human rights. And a real hatred of women's bodies and of birthing women. I'm just—I am shocked and appalled by the abuse that is going on—that's happening to women. I mean I just hear horror stories about doctors performing episiotomies without notice, without letting them know, without numbing medication. And, of course, there are no legal repercussions because—oh well, he was trying to save her life. He had to do this.

And it's very concerning. It's kind of kept under wraps. And I had no idea about any of this even though I'm sure my female family members—I know, for a fact, they have experienced abuse at the hands of doctors. But they, for some reason, can't seem to acknowledge that it was abuse. And they will put their blind faith and trust in a person in a white coat just because they have that certificate on the wall when—I mean doctors told me grandmother that her pelvis wasn't big enough, so that's why they needed to do an episiotomy. I mean anybody with common sense would tell you that makes absolutely no logical sense because the baby is already in the birth canal.

MARYN: Right.

SINÉAD: Okay. If your pelvis wasn't big enough—which rarely happens—I mean to my knowledge—that episiotomy—I mean no. It's just—and it's—she'll defend them. I've talked to them about my birthing choices, which has been hard because I feel like I'm fighting a battle of constantly having to put my shield up. And I'm really sick of having to explain myself. That I'm prepared. I'm not just winging it. I'm not being reckless. But I mean they think that I'm crazy when I think that they're crazy.

MARN: Right.

SINÉAD: I'm sure both of you ladies understand that as well. I don't know if your families are very understanding. It does seem like a battle that we're in right now.

MARYN: It does. I think, though, that things are changing even slightly as you said with women—I mean, for you, having your first baby and making these choices is huge. And what I love about it is you're going to shift the DNA of your family and for your children. And that's why I want to get up every day and work on Indie Birth stuff or serve women in the way that we do because I think that's how we're going to affect change. The damage has been done to previous generations. And we just—we can't acknowledge it in a sense anymore. We acknowledge they're hurt and their experience. But we say, "We're changing it from here on out." And it's for the better. It's for future generations that we start to make these choices because, for the most part, women have lost touch with what they can do and what they are capable of. And when they don't acknowledge abuse at the hands of this person or that person, it's just simply because it's too painful for them to do that.

SINÉAD: Absolutely. Yep. That's totally it. And for me, the most exciting thing I've—it seems that throughout this pregnancy every day I just learn to trust this whole process even more. At first, I was of the mind—I didn't even know unassisted birth existed, okay? Because I was in the whole world of doulas, midwife. That's your only option. And then after I went to see that midwife, I had an epiphany. And I said, "You know what? I think I don't—I think I could do this on my own." Because essentially, even if there is a midwife there or a doctor there—essentially, it's the woman and baby that do it on their own.

MARYN: Right.

SINÉAD: It's people getting in the way and these interventions that are causing all these problems. So I just thought, "Okay. Let me see if anything like this exists out there." And did a little Google search and I found actually a lot of information. So that gave me hope. And I've heard a lot of people say that they think I'm going to die and that I should have oxygen there and all—yeah. So I just can't—I'm really excited to prove them all wrong. And also for my female friends that are now having babies. And I try to give them a little bit of advice. I don't want to overstep my boundaries and push them away.

MARYN: Right.

SINÉAD: But I can't wait to show other women—especially my future daughters—to show them that this is possible. And you're completely capable of doing it. And it's not crazy. It's not lucky because you have an unassisted birth, and it's a wonderful, beautiful experience. You're not just, "Oh, you were lucky that time." That's how it should be.

MARYN: Right.

SINÉAD: For everyone. I'm not saying that things don't go wrong and we should be prepared for those things. But I just—I look forward to not only proving it to myself but to be able to show other women that it's possible. And I think that if someone close to you has done it and can say, "I did it, and it was fine. And I'm not dead. And I'm not emotionally traumatized. I'm actually empowered, and it changed my life," then other people are going to start to think, "Hey, you know what? Maybe I could do that too."

MARYN: Right. Right.

MARGO: I think it can be healing too for—I know you mentioned that you're having some stresses with family and disagreements and that kind of thing. And I just have to say—my family is, surprisingly, really supportive. I don't know if it's because they are afraid of me or what exactly that is. But I think it's going to be—I'm pregnant and expecting our first baby in July. And I just know my mom and my grandma talk a lot. And my grandma is always curious how I'm doing and asks funny, little questions about choices I'm making. Seems really excited to sort of learn about it. And similarly with my mom.

And actually, last year for my birthday, I asked my mom to get my birth records for me from when I was born. And doing that and just having conversations and sort of telling her what I hope to be different for the birth my children has been really, really healing, I think, for her too. Just to be able to finally talk to someone and say like, "Oh, yeah. I guess I didn't really ever think about it too much. But yeah. Your birth sort of sucked in a lot of ways." She said she was sorry for some of the choices she made and if they affected me. So I think there's just a lot of power, if we can get past some of the scarier, "You're going to die," sort of comments and that stuff. If we could get beyond that, I think there's so much healing that could be done intergenerationally and like Maryn said, setting up the next generation for something a lot better.

MARYN: Yeah. Well, in acknowledging that—

SINÉAD: Yeah. I mean imagine—

MARYN: Yeah. No. Go ahead.

SINÉAD: Sorry. Go ahead.

MARYN: No. It's okay.

SINÉAD: No. No. No.

MARYN: I was just going to say acknowledging I think for at least for us three here that birth is a transformational process. So as pregnancy, we don't know which way it's going to go. But we trust that we probably are going to come out differently on the other

side whether it's our first baby or our tenth. And I think older generations didn't necessarily consider that as a whole. And now if they're open to it, they're coming back to it. And it does. It makes so much sense to them. And it answers a lot of questions, I think, that—like the deeper questions because it's not so much about surfacey stuff—I don't think—any more when people like that start to get interested. It's not like, "Oh, how is the baby going to breathe?" It's like they understand what a huge thing it is to bring somebody into the world and to do it on your own terms because they didn't get that chance. They didn't take it.

SINÉAD: Right. Right. Definitely. And just imagine for children growing up—I mean I know when I grew up, my only picture or idea of what birth was like was from movies and TV shows where it's always a hospital setting. Or it's like she's having a baby in a car, and it's terrible.

MARYN: Chaos. Yeah.

SINÉAD: Usually in a hospital. And there's always pushing. "Push. Push." And sweat and crying and screaming. And it's just awful. And I just remember thinking especially hitting puberty and starting to become a woman just trying as hard as I could not to think about birth. And I—for awhile there, I didn't even want children. And I think this is having a huge impact on young women now wanting to even have families. And it's really sad because a lot of women that I talk to are just saying, "Oh my god. Give me the drugs. Knock me out. I don't want to have any part in it." And that just breaks my heart because I want to tell them—and I try to tell them, "No. No. No. Your body is perfectly designed to do this. You can do this."

But it's like—I'm just wacky and out there. But that really—it's really sad. So imagine children seeing their brothers and sisters coming into the world at home. It's going to change the way birth is viewed for a long time. And that's really, really cool. I mean it's already happening. I'm sure, Maryn, your children have witnessed you go through a pregnancy and be healthy and taking care of yourself and not really having to look outside for reassurance. And then they get to see you give birth in your home and just see how it all works. It works perfectly.

MARYN: Yeah. I agree. I mean I think it's such a gift to children. I always encourage people to include their children, if that feels right for them. And, obviously, for the baby being born, that baby—it's an amazing thing, I think, to be—I don't know. I mean I wasn't born that way. But I'm guessing it's an amazing thing for a baby to be born just gently into loving kindness. They say that the emotion that we experience at birth is the one that shapes our whole lives. So whatever that is, in most of us—well, I mean I know mine was. And certainly, older generations—it was predominantly fear coming

into the world in a cold place, rough, taken away. And if you really think about that, it's huge. It's huge.

SINÉAD: Oh, absolutely. I mean it's setting the foundation for the rest of a child's and a human's life.

MARYN: Right. Right.

SINÉAD: I think birth trauma—maybe we can get—I know we have limited time today because I have to run to work. But maybe we could get into birth trauma in depth more maybe on another chat. But this is something that is really widespread. And I think it's a very good explanation. One of many. A good explanation for why this—why we see the state of things as they are right now. Why we're seeing so much pain and trauma and—a lot of this birth trauma hasn't been acknowledged. And I think that has a big part to play in dysfunctional people walking around traumatized. We have young boys being circumcised, which I just call it genital mutilation because I don't want to call it circumcision. That just—that is a cop out, in my opinion. But you have all these things happening. And men are dealing with this for the rest of their lives, but there's really no outlet for them to say, "Hey, I was abused. And I was,"—and a lot of them don't even understand where some of their anger or a lot of their issues are even coming from.

MARYN: Right.

SINÉAD: So I think it has a lot—we're under the mindset for awhile there going back years ago thinking that babies don't remember these things. And babies—in utero, they can't even—they don't even know what's going on. They're just floating around in there. And it's not really a person yet.

MARYN: Right.

SINÉAD: They're real. And they respond to things. And they can hear. And they can feel. And I mean we're now just starting to realize this widespread. A lot of people just thought, "Well, it's a blank slate. It just comes out, and it's not really going to remember things until it grows up." But subconscious is very powerful.

MARYN: Yeah. Yeah. I totally agree. And that's, again, why it matters so much to me. Once I began to see that bigger picture then every little thing—even attending a birth matters. Every little thing that you do or say or bring to that birth, if that's affecting that labor and that mother, it's affecting that baby. And who wants to be responsible for interfering with someone's life that way? I don't. And I just realize how often that happens. It happens all the time even at home. So to give a baby the best chance at just—it's karma. We really have to trust the mom. And she has to trust herself. And then it's—unattended births are great, but I think having someone there that respects

the process and respects you can work for some women to. So it's not about being alone. It's just about acknowledging that that mother baby is the unit that we respect. That no one else matters.

SINÉAD: Yeah. Definitely. And what I hope to see happen—there used to be a time when most women would just know about birth and would be able to just be there for their friends to support them. And they had knowledge, and they had their instincts, which we have completely lost.

MARYN: Right. Right.

SINÉAD: It's just gone. So it wouldn't—it would just be a normal thing to call up your friend that lives down the street. "Hey, I'm in labor. Can you come hang out with me?" And that woman would trust birth, and she would know how to possibly give suggestions to help their friend. But now as women a lot of us are just completely clueless. And, of course, we've put our trust in those quote on quote professionals. And they're really not doing much for us. They're actually hurting us a lot.

MARYN: Right.

SINÉAD: I hope that all women and men too—I think men have a big place in birth. And a lot of this doula midwife community, I think, kind of shuns men sometimes and tells them, "You don't know what's best for your partner. You're a man. I'm a doula. I know how to comfort." Not that doulas are bad. But I think that men need to be included in this too. And, again, if they follow their instincts, of course, they're going to be one of the best people to support their partner.

MARYN: Right. Right.

SINÉAD: And I think for a man to be attending a hospital birth and—there's some other guy in between his wife's legs. And he's just a passive participant standing there taking orders and has no real place in the birth of his own child. So I think that affects men's psyches big time.

MARYN: Yeah. That's a super complicated issue, I think. Just partners and relationships and, obviously, the choices we make as pregnant people and having partners involved. And I mean the fact that when it comes back to it birth really should be a family event. It doesn't have to be just us like locked in our bathroom having a baby. For many people, it's a family thing. And the whole family participates. So it's, again, getting back to those roots.

SINÉAD: Right. Definitely. And normalizing it again. Labor. Life doesn't stop. The dog can be running around. People could be baking. Washing dishes. I mean it's not like it's an emergency, drop everything you're doing when a woman is in labor. So

yeah. I think just bringing it back to home. And also I think that there needs to be a safe place for women to go if there is an emergency because it scares me a lot that—look. I know birth is a beautiful process, and it works perfectly almost every time. But there are crazy things that happen. It's scary to me that there isn't a place where you can go if you're trying an unassisted birth and say something is wrong. And you really do need medical attention. You will be treated like crap if you go to a hospital, and you're attempting unassisted birth. That really scares me. I don't want women to have to—they should have a safe backup plan.

MARGO: Right. Yeah. Maryn and I were just talking about this yesterday. It's sort of a long story. But I had a bleed last week that was really scary for me since I've had two prior miscarriages. And ended up making the choice to go in to the ER to get some help. Meaning to get an ultrasound and take a quick look and see if I needed to start preparing for another miscarriage or if everything was okay. And I just needed to take it easy or whatever. And yeah. Just being astounded even though I shouldn't be at this point—at just how difficult it is to navigate that system when you are someone who is empowered and knows what you want. And yeah. But I agree. It's scary that—it's sort of—I mean I don't even know if it's a real thing. It's like a mythical unicorn. But maybe I've heard of a few times when people have had respectful care when they go in. Even when they're planning a hospital birth. You know what I mean? Obviously, there's a whole set of things that can happen when you go in from a home birth or from an unassisted birth. But the fact that they don't even treat their own clients that they know well is just terrifying.

And I just—I dream of a system where we can get respectful medical care when it's needed and efficient and fast medical care when it's needed because that's the other part is that—I was just reading an article by Robbie Davis-Floyd about transports and sort of the way that these overlapping worlds collide sometimes in ways that are not good. And how if someone goes in—like you were saying, if you're having an unassisted birth, and you go in and you say, "Hey, something's wrong. I think I need X, Y, or Z." And they put through the rigmarole, and you have to sort of play their game. And they won't give you the help that you know you need until they say that you need it. That can mean the difference between a lot of things. And so yeah. I totally agree that that's completely unacceptable. And that'd be an interesting thing to talk more about like what do we do about that.

SINÉAD: Right. Exactly. Do we work towards creating a new place where that happens? A new kind of birth only (inaudible), or do we change the—just the mindset of the people working in the medical industry? Or I call it the industry.

MARYN: Well, it is.

SINÉAD: It is. Or the hospitals. And I don't know. To me, it seems like that might take longer than just creating something new.

MARGO: Yeah. I've said that before. That I think it'd be so cool if we had a whole group of holistic, surgically trained people who we could set up an alternative sort of hospital system and just say like, "Fuck you," to people that are doing a bad job. And do it on our own.

SINÉAD: Exactly. Because I mean we're up against years and years and years of programming, in my opinion. Programming our—of our minds to view birth in a certain way. So if we just said, like you said, "F you to you guys," and we're going to just start our own thing here. And yes, we are surgically trained in case the small percentage that a woman needs the Cesarean.

MARYN: Sure.

SINÉAD: Or she needs some kind of medication, which may be—these things aren't all evil, and it's not like an either/or thing. It's holistic or no other way.

MARYN: Right.

SINÉAD: Because these things can be used as tools and they can be life saving, but when they're given to every single woman that doesn't need them. Yeah. That's not good.

MARGO: Well, it's like the—I think it's sort of changing it from this discussion of holistic versus medical or natural versus medical birth to a system where it's either legality centered, which is what it is right now for midwives and doctors, or it can be woman centered. And I think that that would—that doesn't just mean, like you're saying, home birth and midwives. That means a woman making her choices, being respected, and getting the care that she needs whatever that is. It's totally different.

MARYN: Well, it's the wise woman way. I mean that's—we talk about it in our class. And I think Susan Weed has presented an awesome model for all kinds of things. Not just birth. I mean really it's politics, education, whatever. That we're informed enough to choose from the full spectrum, as you say, Margo. Right. That nothing is off limits when it's the right choice for you.

SINÉAD: Right. Right. Or I just had an idea pop into my head because going back before birth was even moved into the hospitals which was a big experiment. We don't really know much about this, so let's just bring them on in here and convince them that we know. But back in those days, obviously, it was mostly midwife attended births or unassisted. But say we had a surgically trained person that was on call that could go to the home and just set up an operating theater right there. Because I don't think that

birth has any place in the hospital at all. I mean it's a germ infested, sick, disgusting, terrible place, in my opinion. I would never want to go. But how cool would that be if—how doctors used to kind of make house visits? Well, if there was an absolutely emergency, how cool would that be? I don't know how realistic that is. How cool would that be to be able to bring the care to women at home?

MARYN: Yeah. That's a possibility.

MARGO: Yeah. I think it's—we're at the point where I think we should all just use our imaginations and come up with as many ideas as we can since the ones that are around at this moment are not particularly pleasing.

SINÉAD: They're not working. The—

MARGO: Put it all on the table.

SINÉAD: Yeah. Yeah. Exactly. I mean what do we have to lose?

MARYN: Yeah. Yeah. Well, I mean hopefully—I think women are just starting to come back, as we've said a million times, to what they do know deep down. And I think at the root of it that will solve a lot of problems because a woman in her deepest knowing—I don't think it's as judgmental as far as her choices. She's going to still choose what's right for her whether that's surgery because she needs it or not. Right now it's just women looking to everybody else. And it's not that the doctors are evil or the hospitals are this or that. They're simply providing a paid service just like the midwives are. But the women are looking to them for answers. So I think it just—it has to come from within. And that's why we're talking about things like this.

SINÉAD: Absolutely. Yeah. It's cultivating intuition, again, that's been—that's just been completely lost. I think that's one of the big missing links in this whole thing is just trust and intuition. I mean it's a no brainer. You're going to know your body and the baby that's growing inside of it best. I mean no one can hop inside your body and say, "Oh, no. You're wrong. Actually, it's this way."

MARYN: Right. Well, but they do all the time. And women are so willing to listen to that and to give it up. So I just prefer to see that that change is coming because it's not really about blame. It's not like an us against them kind of thing. It's the paradigm exists because it's still needed because women aren't there yet. So our job—yeah. Is just to slowly cultivate that in women that we meet and have contact with. Because it's not an immediate confidence thing for so many women. I mean for me it's been many years. So I feel like women can—they can know that's okay. You don't have to—you're not going to connect with this knowing maybe immediately. But if you're willing to go on

that journey, you will. You will eventually do that. And then you'll know when to look outside of yourself.

SINÉAD: Definitely. And I think what does it—what did it for me—I've been looking into natural birth and just the birth practices of the world. And what did it for me—I could read about unassisted birth and what it is. I could read about that all day, but it's actually hearing your—Maryn your voice—Margo your voice, your stories and knowing that there's a real woman out there and real women that are doing it. And it's not just in some book. It's actually happening, and that's what just made it—the light bulb go off for me is all of these women are doing this all over the world. And they're having the best experiences of their lives. And that's what I want. That's what I want badly.

MARYN: Yeah. Yeah. And that's, to me, such a gift of the Internet. I think we all get frustrated with living in this virtual world. But the truth is, I think, in most physical locations there's not a surplus of women that are there yet. So to create this connection whether it's through Indie Birth or whatever, we're all just—we benefit so much from each other's knowledge and support. I mean I am daily—on a daily basis grateful for the women I know online that believe what I do. It's just what keeps me going.

SINÉAD: Absolutely. I totally agree. It could be used—as such a tool to connect and to learn from each other. It's—that's where I've done most of my growth. It hasn't been talking to the people on my street.

MARYN: Right. Right.

SINÉAD: Talking. I mean I have great—I do a podcast with the—with a lady that lives up in Maryland, and I've never even met her. And we just have the greatest conversations, and she's one of my best friends. I'm going to be meeting her soon.

MARYN: Oh cool.

SINÉAD: It's just—it's amazing what you're able to learn about if you use it as a tool.

MARYN: Yeah. Yeah. It's really—it is growing, and it is out there. And I mean I think this is a great example too. Just people that you meet that share the same ideas. And we can encourage each other and slowly start to bring it to our local community. I mean I know we try. We certainly try. And I think we've affected some amount of local change here. But it's obviously easier on a bigger scale to feel like you're connected.

SINÉAD: Definitely. Definitely. Do you ladies offer classes on—off of the Internet? Do you do an in person thing locally? Or have you found it—you have more success online because there's so many more women interested?

MARGO: Well, yeah. We definitely have offered the How to Have an Indie Birth class locally in a few different locales. That's how it started actually. And then we transitioned that into being an online class. And then we've offered some other classes. We did some free meet ups for awhile. Recently, we did a do your own prenatal care—like a DIY prenatal care class.

MARYN: That was really fun.

MARGO: That was really fun.

MARYN: Down in the big city.

MARGO: Yeah. So we had some more—wider audience for that too. But really it is kind of hard. I mean we live in a small town. And I know Maryn and I have both offered plenty of things that just no one expresses interest in which can be really frustrating. And start getting desperate and being like, "Well, I'll just do it for free then." But then no one shows up. It's all interesting. But I think in the next little bit I might try a new idea of doing a first time moms meet up, see if that might be able to bridge sort of some of those gaps, and not just be home birth people. And so that's been kind of the thinking lately at least. Doing some fertility awareness classes. Things that aren't as charged.

SINÉAD: Right. Right. Right. Yeah. That's—

MARYN: Although—no. Sorry. Go ahead.

SINÉAD: Nope. Go. Go ahead.

MARYN: The online classes, which is essentially the local class that we teach as well, I think has been really helpful because we are really clear about what we believe and sort of what we have to offer. So local people that are interested are really interested. And it's sort of a requirement on our end to if somebody is interested in us supporting them through their pregnancy or birth experience that they're basically like required to take this class because it's almost everything we could ever say in one place. And if they're on the same page then it's a really great match. It's really easy to find those people.

SINÉAD: Right. Right. Well, that's really cool. That's really inspiring too because I had really wanted to study midwifery, and I had looked into a few programs here. And I just—this is before I even really knew the depths of how the law really controls this whole thing. And I was just turned off because it just seemed like a lot of hoops to jump through. And I don't consider myself lazy. But it just seemed like a lot of nonsense for something that I thought didn't really need that much—I don't know. That much to go through to be able to go and attend a birthing woman. Not that I would not be constantly learning. But it just seemed kind of over the top at least here in Florida. So it gives me hope that you ladies are just taking your own road and you're still serving

women and walking with women. And I hope to find a little midwife side kick sometime soon as well.

MARYN: Funny.

SINÉAD: Really. That's what I would love to be doing. And it would be nice to have another woman that would want to do that as well. But just going to tie things up real quick here. Unfortunately, I have to run out the door.

MARYN: Sure.

SINÉAD: For anybody that's listening, if anybody is, I strongly encourage them to go over to—it's indiebirth.com, correct?

MARYN: Yep. Mm-hmm.

SINÉAD: Indiebirth.com. And I've signed up for almost all of your webinars and the whole How to Have an Indie Birth series of classes. And that's one of the best things I ever decided to do. And I thank you both so much for the material that you're putting out and for even coming on and talking to me today. It was really awesome. So thank you both so much. And I will be keeping an eye on everything you do. And it's really great. So thank you so much.

MARYN: Yeah. Thank you. And we can't wait to hear about your experience. So best blessings and wishes to you.

SINÉAD: Thank you.

(closing music)