

(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. I am making my way through a pregnancy. Almost at the end here. About two weeks left. About 38 weeks. And today's topic kind of following that timeline is one of my favorites which, of course, is funny because I think all of these topics are some of my favorite for sure. That's why I'm talking about them and sharing them with you.

But today's topic is about preparing for labor on a physical level and a little bit—can't help myself—about induction. Making labor start before it's time. So I'm still going to keep the focus on natural birth, home birth. Heck. It may even be unassisted birth for many of you. But these topics still come into play, I think. And actually, I think it's funny because in the medical world—at least in my brief experience way back when—there wasn't a lot of talk about how to prepare for labor physically. Induction, yes. But I don't remember the doctor talking about ways I could prepare my body or ways I could go into labor faster or not go past my due date. So I'm not sure if it's still like that.

But I will say in the more holistic world—or not even holistic—but in the world of midwives and home birth, there is a whole lot of focus and attention around preparing women for labor in a physical sense. And I'm sure there's focus on preparing women in other ways too. But the physical focus really is the most intense that I've noticed among midwives. And we'll get into why I think that is. But labor prep—what I mean by that is the idea that there are things that you can do and they're natural—quote on quote natural—things that we can do when we're about where I am, right? About two weeks before. Maybe even a month before that we can make our labors start on time. Whatever that means. And make the labor more efficient or less painful. Or any of these sort of magical things that somehow someone got the idea they thought they could control.

So, of course, for many women that are seeing midwives and haven't thought through a whole lot of these things especially with the fact that their midwives may not be a real holistic care provider, these women are presented with lists or protocols at the end of their pregnancies. And I think the general assumption is, "Oh, it's just herbs." Or, "Oh, they're just homeopathics," and that there's nothing wrong with doing these things before labor would start. But I beg to differ with that, of course. Always have to have a different opinion. And I know many people share this opinion, so it's not something I've invented.

But first I ask you to consider if you're thinking about these things whether it's an herbal protocol or who knows what and you're focused on this due date—this 40 weeks—go back to the beginning of your pregnancy when a due date seems so far away. And it wasn't something you were concerned about at all at that point. What did you believe or what do you believe about your body, about birth? We don't know when labor is going to start. That's one of the mysteries of this process. And the science hasn't even been able to show us definitively what causes labor to start, so we really don't know.

Of course, there are theories from the placenta to the baby to our bodies to hormones to the moon or barometric pressure. Who knows what? There's a million theories, but nobody knows for sure. So it is just as mysterious as so many other elements of pregnancy whether it's conception or how big a baby grows. I mean there's so many unknowns. We just don't know. And, again, the initiation of labor is one of those things. So I ask you to think about that. You can certainly investigate the different theories. They are certainly interesting. But in the end, I think there is a certain very large element of this process that is unknown. And why labor starts, how it starts, when it starts, we don't know.

So consider that. Consider that it could be your baby waiting for just the right moment. It could be your baby and your body aligning in ways that we can't even begin to understand. So I think if we just set that as the foundation as a possible foundation then we may be less likely to take suggestions from other people for no reason. Because we're talking about healthy women here that have healthy babies and are getting near their due date. And why is there a list of suggestions? What does that imply? I think it's pretty clear what that implies. I understand that we live in a time and place where people like to do lists, in a sense. So it gives somebody something to do at the end of a pregnancy to feel like they have some control. They can assemble birth supplies. And they can be taking these herbal supplements.

And while some of the herbs might be nutritive, again, many of these protocols are intended to direct a pregnancy to its end. So I have a problem with that. And I didn't always. I have to be honest. Years and years ago it wasn't something I thought a whole lot about. And, again, in my medical experience, it wasn't part of that experience at all. I don't remember prepping or thinking about those things in any way, shape, or form. But even in my early midwife home birth experiences, I didn't think it was odd that many of the midwives I worked with—midwives that I had personally were communicating to women or still are communicating to women that there are things their body needs to be able to effectively go into labor on time and to have a reasonable length of labor.

So being on the other side of that now having worked as a licensed midwife amongst more mainstream women, I can see that many women sort of look for that guidance

because there isn't a really strong foundation of trust in their bodies and the process. And in many cases, the midwife doesn't have that either. So kind of for the group emotion we're going to take the natural methods that we know of and direct the process. So something to think about. Even the things that you thought were so benign, and we'll talk about some of those. Some are definitely more benign. Some are definitely more serious.

But for now, just think about what anything you would ask a woman to do or what you would be asked to do by somebody else communicated to you. If someone else handed you a list of an herbal protocol or homeopathics to take, I mean you could just not take it very seriously and throw it out. But if you really sat with it a moment, what would this person implying to you? Not only that you needed help—your body needed help—but that things from the outside could somehow improve your experience, which may or may not be true really. But I would say as a routine thing probably not. I think if there are things that could improve a labor—whatever that is—they're mostly internal things that we could do for ourselves and/or the rare woman might stumble across something external even that feels really right in order to prepare her for her labor. And that could be physical or whatever. Emotional, mental.

But as a routine thing, what does that mean? And now that I've been on the other side, you have to think about where this direction is coming from. Does the person who you're trusting with your care think that there's a need for these things because if she's giving this protocol to every single one of her clients then how could she trust the process? Really? And what else is she concerned about? Because most likely, it's that you do go into labor on time by your date. The legalities of midwifery in the U.S. are such that going too much past the date that's been recorded in all the charts and files and ultrasounds is not something that midwives can handle legally anymore in most places.

So some would say maybe she's doing you a favor by trying to initiate your labor before such things become an issue. But that's messing with the process. And it's messing with the process for reasons of fear and not trusting the body and believing that any governmental rule about when you should go into labor reigns supreme over what your body and your baby decide to do. Which when you put it like that, I think sounds absolutely ridiculous.

So let's talk about some of these things that are suggested. I think herbal formulas are the thing I hear the most and have heard the most over the last ten years. And what does this mean? I think in many places there's formulas midwives recommend or maybe even make themselves. So herbal tinctures, which are stronger, of course, than making a cup of pregnancy tea. I don't personally think a cup of pregnancy tea with a bunch of mixed nutritive herbs is on anybody's list probably of labor induction protocol. I

mean that's something you can do your whole pregnancy and receive many amazing benefits from. So herbal in the sense of stronger formulas, and, again, tinctures would be one of those and probably the best known. And there's all kinds of those on the market. And I think everybody is familiar, for the most part, with the cohoshes, black and blue cohosh. And often, those herbs—we know they're for induction. We know they're for getting a baby out. But then if you were to look closely at some of these labor prep formulas, they also have these ingredients. So if you're considering one of these formulas, I would definitely recommend looking at all the components of the formula and doing your best to investigate what each herb is for. Because, to me, that's—those are two completely different things. I can understand the concept, at least, of a labor prep, but if they're sneaking in herbs that are actually going to potentially put you into labor then that's more of an induction formula really.

So that's one of the most popular things I've heard of. And I've heard of midwives at home and in the hospital recommending those. And the truth is we don't know what they do. We don't know how they differ from woman to woman. So I have definitely heard of women saying that they took one of these and—excuse me. They had lots of extra contractions sort of before labor. Well, I don't doubt it especially if there are uterine contractors in the herbal supplement. So is this a benefit? Is it a benefit to have weeks of practice contractions that basically maybe produced by consuming this formula? I don't know that anybody can tell. Does it really shorten the time of the labor? Or is it just an irritating thing to have practice contractions for a bunch of weeks?

And then on the flip side, how many women does it put into labor? We don't know. So I think there's just not even enough information. And, again, what I want to get back to the base question here which is why would we do that? What are we going for? Why is faster better? Why is keeping with a date that we have in a chart better other than legally better, of course, for many people? But why is that better? Babies will come when babies are ready especially in healthy moms and healthy babies. We don't need to help the process even with a simple herbal formula. So I just have a real problem with those. I know many midwives—and many of them are older and have a lot more experience than I do. But they haven't necessarily evaluated—or maybe they have. Maybe they think labor really does need help.

But I think many of them haven't evaluated their why. Why they're presenting that to women. They just sort of get in this rut of this is my protocol. And they have a hand out that they give at 38 weeks, and they may be provide the herbs or make the herbs themselves. And they think it's all just great and benign and helpful. I mean, of course, I believe they think it's helpful. But, again, I think we need to take a step back whether we're the midwife or we're the birthing women and say, "Hey, what is this for?" Just like you wouldn't take any drug, any prescription drug especially routinely. I mean if someone started handing out a prescription routinely to pregnant women you would

probably step back and want to know what it was for and why. So I think we should ask the same questions with herbs and any kind of labor prep protocol at the end of pregnancy. Why would we do this?

Because truly, what are we going for? Is it because a baby is in danger and needs to get out? Is that what we believe? Do we believe that the date on the calendar is truly an expiration date? And that once we pass that we're in danger? Well, if we do, we have major philosophical and intellectual material to review because that's not true. But it does say a lot when these things become routine. So I do recommend checking into anything that you're recommended to take at the end of pregnancy. Homeopathics are generally considered less serious than herbs. And I would agree with that from a clinical standpoint. Herbs are much more concentrated and their plants, obviously. And prescription medication is derived from plant material essentially. So it's not that plants are safer than anything else. It's just that was the first form of medicine. It continues to be a form of medicine.

Homeopathics use the plant. But because they're so diluted, I think the general idea is that they're safer. And that, again, that's probably true. Homeopathics are generally safer. Kids and babies and infants and pets. So the homeopathic protocols at the end of pregnancy may not be as forceful as herbs. But, again, I don't think we necessarily have proof, and I think it's more about the idea behind what we're recommending than what we're recommending, if that makes sense. So I know there's a homeopathic regimen recommended in some midwifery textbooks. I know that as a midwifery student it was definitely something we recommended. In fact, we even provided the homeopathics. And I'm trying to remember what it is. It was the homeopathic versions of blue and black cohosh. So, again, those are some pretty serious uterine contractors in pure plant herbal form.

But in homeopathic form, they are diluted and actually have different names. So caulophyllum and—geez. What's the other one? Cimicifuga. Those are black and blue cohosh. And arnica was the third one, I believe. And the protocol was to, I think, alternate them every day of the week for a couple weeks. And it was supposed to have a labor—produce a labor that started on time. So that means 40 weeks to somebody. And was straightforward. And I have absolutely no proof or anything to say about that. Some of the women took us up on that suggestion. Some didn't. I think I, personally, took those during one of my pregnancies. Ironically, it was the only pregnancy that I went past my due date. So go figure that one. But I, personally, didn't notice anything.

So, again, not as forceful. I don't think that anybody is going to compare a homeopathic to, let's say, castor oil. But still, again, it's the underlying belief that there are things we need to do. That we're not good enough. That our babies don't know. Our bodies don't know. We need help because if we don't have help labor won't start on time. And even

if it does, it won't be very efficient. So really, these are huge messages that are being conveyed to women in very insidious ways because nobody thinks to question these things. Now here's something I don't think people question nearly enough. And if you're in this world, if you've had babies before, or maybe this is your first experience with a midwife, how many midwives are still recommending evening primrose oil? Whether it's orally and/or insertion vaginally. I know tons that are still recommending this practice as if it's just no big deal.

And the reasoning is that the evening primrose oil is a precursor to a prostaglandin, and we do know that prostaglandins soften the cervix. But the relationship just still doesn't make a whole lot of sense to me. Sure. You can soften the cervix. But in my opinion, you're still not going to propel somebody into labor just because they have a soft cervix. It's not—that doesn't cause the body to necessarily continue on with the birthing process. However, in a normal, natural birthing process, yes, of course. The cervix is soft prior to labor or as labor is starting. So it's kind of like taking something that did make sense and then not making sense of it. And, again, this prescription. And, again, so many midwives that I know it's on their list. So I don't know how early some of them start it. It could be earlier than—probably earlier than 38 weeks. I'm guessing it could be the last month or last couple of weeks where every woman—every woman regardless of history or anything at all is recommended to use evening primrose oil orally and/or vaginally, so that she doesn't go past her due date. And so that her cervix gets soft. It's absolutely ridiculous.

And there is concrete research. So Gail Hart, who is an amazing elder midwife, has been saying this for a couple years. I'm happy to share the studies with anybody that's interested. Just email me. But the studies have shown that evening primrose oil is actually detrimental—research wise—to the labor process. So not to say, of course, that these sort of small percentage of women really who are home birthers who are doing evening primrose oil are having the same complications. But the study that I'm referring to shows that it's related to, I think, an increased risk of instrumental birth. So forceps or things like that. Generally not as great outcomes.

So that's something to think about. I do like to reference studies when necessary. I don't think that all decisions we make have to have a study to go along with them. But this one actually does. So if you're using evening primrose oil or you're just one of many women that thinks that's just totally normal, really. Look at the research. It's actually scary enough, I think, to keep you from doing it. And you could pass this on to your care provider or other women and say, "Hey, this isn't benign. This isn't something we should be recommending to every woman." And, again, for the millionth time, why are we doing that? Why are we telling women that there's stuff they need to do when their bodies work just fine?

And if there are hang ups that a woman has before labor—maybe she's had a difficult birth. Maybe her experience has been that labor isn't straightforward, and labor—her body doesn't always know what to do. There's millions of women like this whether their experiences have been messed with in home or hospital or for a billion other reasons. So I'm not saying that birth always is a piece of cake. But let's address the real reasons and the deep reasons why we do have tough birth experiences and how we can work through them. And not think, like the western world does with medicine, that a pill or an herb is going to magically fix things.

I think that's not a service to women. A woman that's had a really difficult birth in the past instead of working through it with her on many levels. We say, "Oh, you don't need to worry if you take this herb." Or, "Oh, you don't need to worry if we induce you. That will make it go faster." That's avoiding the real issues that she needs to, probably, work through. So let's see. Well, let's get to the point here. One of the major points, which is—yes. Many, most, people do not trust the birth process. And that could be birthing women. I think a lot of birthing women don't trust the birth process just as many care givers—home birth midwives even—do not trust the birthing process. If they did, they would support women birthing on their own. Fully informed and fully capable. And look far and wide. There aren't too many midwives that do support that. So I think that that screams fear frankly.

Anyway, what is one of the major reasons that midwives are recommending these things? I think there's a couple. So we talked about midwives that have been around a long time. And they've been practicing a long time. And this has just been the way they've done things. And I don't think that especially back in the day—we're talking 30, 40, 50 years ago. There was this attention that we have now on really informing ourselves and really taking responsibility and not taking anything that's done to us at birth or during pregnancy for granted. So I think we're in a new place. And that's why this is a subject today. But 50 years ago probably not. And if a midwife recommended something to a woman or brought a package of herbs to her house, there was probably not this kind of discussion. There was probably more of, "Oh, well, she knows. She's a midwife, and she's wise. And she's helped me through eight children already, and, certainly, this is what I should do."

So I think there's just a different time that we live in. And I very much embrace the use of natural health and remedies and alternatives. And herbs. Again, I think it's in this common thought we have that somehow it's better. And sure. I think it is preferable. An herb probably is preferable over an antibiotic, for example. But when we're talking about the fact that nothing is actually wrong, I don't think we should assume that just because it's a plant that it's safer or won't hurt us or isn't serious. So I think those two things need to be considered both by midwives and by women. And then, of course, the new element, which probably didn't exist a bunch and a bunch and a bunch of years

ago is the attention on the rules and regulations around birth in the U.S. I can only speak about the U.S. really.

But midwives are recommending these things as protocol, as a page in the book that you get at 12 weeks. I mean this is the way care goes. That at 38 weeks you start this protocol because she doesn't want you to go past your due date because she doesn't want to have to transfer care of you like the rules say, if you were to get to whatever it is. 41 weeks or 42 weeks in some places. So I think in many midwives' minds it's a nice thing to do. It's, "Hey, let's not make this a problem. Let's solve it before it becomes anything bad," because there's certainly more aggressive methods—and we'll get to those—to get a labor started than a homeopathic. So I think, again, midwives are recommending this as a way of saying, "Let's avoid that. I know you want to avoid the hospital. I want to avoid the hospital. Let's work together in a natural way to make sure that we don't have to deal with that." Because, of course, that's a serious thing to have to transfer care when a woman has gone past her due date. It's not a nice thing for anybody.

And I don't believe that midwives enjoy doing that, by any stretch. They want to keep their clients. They want to be able to attend these births of these families that they know. So they're just doing what they have to do—they feel—to exist in the system. So what can I say about that? It's there. And I guess, in the end, when you hire a midwife, if she's state licensed or is responsible to some governing body that's going to make these rules, then you should really know about these rules ahead of time. Really isn't a great thing to get to the last couple weeks of your pregnancy and to realize that if you don't go into labor by your due date or shortly after, you won't have a midwife. You won't have a homebirth.

Can't tell you how many women don't know these things about the rules and regulations. They think midwife means holistic. And they think their care is going to be exactly what they want from beginning to end without realizing that the politics are huge. And post dates, as it's known, is a huge topic. It is a huge liability. And even the most caring, loving midwives usually won't keep somebody too much past what they're legally able to do. It's just too risky.

So let's be honest in acknowledging that that is the reason for many of these lists and that we need to start questioning that. We need to start speaking up and standing up and saying, "We don't need those things. And thank you. I know you're concerned for you, but I won't be doing those things." And perhaps you'll find somebody that trusts the process and is less scared about the regulations than helping you. So, again, those are some pretty benign—I mean if I have to categorize them. Despite the evening primrose oil having serious consequences in studies, at least. I think we'd all consider herbals and homeopathics just still pretty benign. Probably not going to force anybody into

labor although that could be argued, again, with the herbs. Not necessarily in formula. But if someone were to take black and blue cohosh just straight and in some sort of protocol. So I'm not saying those are harmless by any stretch.

But if we were comparing them to something pharmaceutical, right? Like Pitocin. Which we all know what that is. Then, obviously, there's a huge difference. But, again, I think it's an insidious sort of thing because most women are being induced with Pitocin in a hospital. So here we are at home with our lovely homebirth midwife thinking that a homeopathic is just, again, no big deal because the comparison in our minds is different.

So what else is recommended for women? And many midwives or many women even are looking for these things. It's not necessarily the midwives. They're eating spicy food thinking it'll make their baby come earlier. Or walking or having sex or—I don't even know. The list is—can get kind of funny and kind of long because everybody knows somebody that did something that apparently brought their baby. Which hopefully you can see that it's semi ridiculous. They're fun stories to tell. "Oh, I had spicy eggplant parmesan," right? There's an eggplant parmesan recipe that floats around the Internet that is for beginning labor. And the first time I heard that I just laughed. Because really that's ridiculous. If eating eggplant parmesan can make you go into labor, what the heck is everybody taking Pitocin for? Right?

So these are just coincidences. I believe they are. Not to say sex, for example, can't begin labor for some women. But let me just say that they were ready already, right? Because having sex at 33 weeks isn't going to put a normal, healthy woman into labor. You have to be ready. You have to have your oxytocin receptors ready to go, your hormones—whatever the heck else we don't even understand about how labor starts. Our bodies have to be aligned and ready. And then whatever we do whether it's standing on our head or eating red jelly beans doesn't matter. It will probably start labor. So recognizing those things, I think, is helpful.

But, again, I think when I hear about these things sort of on the Internet or in local conversation it's let's fun loving really. It's more panicky. It's more because someone wants the baby out. And, again, sometimes it's the mom. It's not always a care provider. Plenty of women don't understand that their babies will come when they are ready. And they think they're ready at 37 weeks. I met somebody the other day that is due essentially the same time I am. Somebody I don't know at all. Just out in public. And, at the time, I was 37 weeks. And she said to me, "Oh, my doctor says the baby can come whenever whenever." The doctors don't even understand the benefits and the amazingness of a full term baby. And I'm sorry. 37 weeks is not full term. Is it the end of the world, in most cases, if you have a baby at 37 weeks? Probably not. Especially if you're healthy.

But really 40 weeks is a great time to have a baby. Or 42 weeks is a great time to have a baby. And it's not necessarily the weeks. 39 is great for some babies. But it's the not forcing the babies out before the babies are ready and appreciating that there is a time. There is a time that's good. It's not any time from when the baby can actually survive. I mean I think our standard should be a little higher than a baby big enough to survive and breathe. We should have a baby with fat stores and really strong lungs and ready to suck and nurse. There's so much more than meets the eye about the timing of birth.

So we don't want to mess with that. We don't want to mess with that naturally because there is no way to mess with getting a baby out naturally. It doesn't exist. Again, things like walking or sex, those are coincidences really. And anything more forceful than that—so castor oil, acupuncture, massage, an enema—anything else is messing with the process. And on a huge scale, think about what you're actually doing. Depending on your beliefs, you have a baby that's destined to come earth side at a certain day at a certain time. And who are we to mess with that? Because these babies know what they're doing. They know what their timing is. And anything we do to mess with that is messing with a process we don't understand well enough to mess with.

So I can't advise that enough. I mean I think more serious things like stripping the membranes—I'm not even going to talk about that. But that's obviously just way out of line. And the midwives that are doing that to women, especially routinely so they don't go past their dates—I think that's just abominable. They're introducing the possibility of infection. They're violating a woman's body, a baby's timing. It is all just so wrong. So I hope that's not anybody's experience that's listening. But the reality is it probably will be somebody's, and it is somebody's every day. Probably every minute of every day even at homebirths.

So please consider the timing of everything and the fact that you just don't know. That nobody really knows. And that a really good point that actually midwife Gloria Lemay made—I saw her make a couple months ago just on Facebook was how can we support induction at all even pharmaceutical induction. It actually makes no sense. Either a baby needs to get out or he doesn't, right? A baby needs to be born because there's legitimately some reason the baby needs to get out whether it's not growing or it's not thriving or who knows what. And, honestly, should those babies be stressed with an induction? A pharmaceutical induction or something natural. Probably not. A baby that really needs to be born should probably be surgically born. As much as we hate to think there is a reason for surgical birth, sometimes there is.

So if the baby isn't in need of being born then why would we try? Why would we try to get this baby out? Why are we doing that? For whose benefit? So I hope that gives you some things to think about today. Something as serious as induction, which probably most of you are well versed on the risks and reasons to not ever do that. But

also, again, just taking a closer look at these other ways that we mess with the process and these other ways that we try to play God and get in the way of a birth and get in the way of timing. And I don't think a lot of people are thinking about these things, again, even with homebirth midwives.

So just a couple minutes on what I personally have done in the past or not. I mentioned I did homeopathics with—I think that was my fourth pregnancy just because I was still a student. And that was what we recommended to people. And I thought, "Hey, why not? Maybe it will help." And that pregnancy I actually went to 41 weeks, which is kind of funny because I had never done that. I pretty much birth around my due date. What other things have I tried? I believe I've tried some herbal formulas. That might have been the same pregnancy though. I don't know why I was so into trying things. And surprisingly, that was probably one of my hardest labors. So I guess I don't have any personal ties to any of these things doing anything good at all.

My current pregnancy, of course, I wouldn't dream of doing anything to mess with the timing. But I do think there are instances in which we're called to prepare, again, in different ways, like I've said. Not just physically. Although it may incorporate some physical elements to welcome our babies here. So what do I mean by that, for me, I mean essential oils. I love essential oils. I live with them. I use them. I breathe them. I ingest them. I use them on the kids and the pets. So that's very much a part of my normal life. And I'm not afraid of them. So one, in general, is clary sage. And that's sort of a big scary one especially for people that don't know medicinal oils. Oh, clary sage is scary. If you want to induce yourself, start putting it on your body or whatever.

Since I've learned about essential oils, I've not ever been scared of those things. And so I actually use clary sage as I feel I would like throughout the pregnancy even in the beginning. For morning sickness and other kinds of things. And then, at the end, I do use it the last month. It's just kind of a daily routine. And for me, it's not only physical. Pouring the oil on my belly. But also it's a moment to connect with the baby. It's a time to talk to the plant because I do believe the plants are alive and help as we need. And to say sort of a little blessing or prayer with the plants on my belly just for safe passage basically. I'm not asking for a super quick labor or any kind of magic. I'm just asking for protection and the benefits of the plant.

So that's probably different reasoning than some people might utilize something like an essential oil at the end. But, again, for me, it's not an induction thing. It's not even a labor prep thing. It's a helpful guide, I guess you could say. A helpful guide for the rest of my journey that I've chosen to use. And very well aware of whatever risks or benefits could possibly be associated with that. But something I enjoy. So that's all to say that there are things that we each choose as individuals that may be other people would pass judgment but that we do because it feels right and because our bodies or our

babies ask for it. And it's not along the same reasoning, again, as someone would follow a protocol that was handed to them without understanding it.

So that's what I'm up to, and those are my thoughts. And I would love to hear yours on the subject of preparing our bodies. And, of course, this subject could be taken far and wide. This is focused on labor prep, but there's so many areas during pregnancy and birth that we feel that we need direction for or we need a road map for in—as unknown and as scary as it can be, it's understandable that we could feel that way. I think it's okay to feel that way. But not taking direction from anybody else blindly about something you don't understand, I think, is the best way to own your experience. And that, of course, is what we're about here at Indie Birth.

So thanks for listening, and I will catch you soon.

(closing music)