

(introductory music)

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**MARYN:** Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Good afternoon. This is Maryn from Indie Birth. And today we are going to talk about, I think, one of the most popular topics for a variety of reasons. One of my favorites to talk about. Postpartum hemorrhage. Ohh. What fun. So here at Indie Birth we do free consults as well as paid consults. And we hear from so many women who want to know more about postpartum hemorrhage or want to share their story. There is a lot of emotion and fear, obviously, wrapped up in issues such as these. Rightfully so. So we hear a lot about postpartum hemorrhages.

And I can't tell somebody, necessarily, what they experienced or why. Obviously. I wasn't there, so I can listen to the story and sometimes possibly come up with some helpful things to say or just things to think about. But the truth is if I wasn't there or whoever wasn't there, then it is rather hard to say, "Yes. You did hemorrhage. No. You didn't." So I am, today, going to talk about just some things to think about if you're one of those women that has had a postpartum hemorrhage in the past. Or hasn't necessarily but is thinking about it for whatever reason. Maybe you're planning a home birth. Maybe you're planning a free birth. Or maybe you're just curious. Who knows?

So I'm hoping that with this short podcast we can dispel fear around the issue, right? Education always helps us dispel fear, I think. And it may help some of you with healing from past experiences, past births, and it may help others in planning for a next birth. So I think education can really help you recognize when you do actually need help, and postpartum hemorrhage is definitely one of those situations. So let's try to get to the bottom of it. Excuse me. Just a little bit. And I want to first share with you a personal story. And I think this is partly why I'm so interested in postpartum hemorrhage. And not am I just interested in it from a sort of midwifery, clinical, standpoint. I'm interested in the psychology of postpartum hemorrhage and what women think and what they believe and how that affects things and how it affects births that they go on to have.

So, anyway, my personal story is my first was a hospital birth. Pretty uneventful. At least from the standpoint of postpartum hemorrhage. I don't think I had any idea what that even was, at that point. But with my second birth, which was my first home birth, after the baby came out, I remember there being blood. And I look back on my own story, and I don't exactly know what happened because was it more than I should have lost? Was it less? Was it—do I remember it because I had never seen a home birth before? Do I remember because I remember the midwife being concerned? In other

words, I don't have any concrete, real, clinical facts. All I know is I was sort of told I was hemorrhaging. And I do remember receiving a Pitocin injection, which, of course, is the pharmaceutical that helps contract the uterus and, allegedly, stop bleeding.

And after that, everything was fine. Nurse the baby in bed. I didn't have any other problems. But emotionally—and I guess that's where my interest lies, again, in the subject matter—emotionally, I was left with this thought, this feeling, that my body had somehow screwed up. That I had hemorrhaged. And that made me scared. And I remember feeling the fear in the room as well from family members that were present at the birth. So, again, I was left with a lot of emotion and fear. And, again, to this day, I don't have any concrete clinical facts really. But it doesn't matter, right? Because I was left with fear, which is never good when you're going into another birth.

So let's fast forward a tiny bit to my third birth, and I had different midwives at this birth. And, again, I remember holding my baby in the pool, looking at the pool, and thinking, "Wow. That looks like a lot of blood." I felt absolutely fine. I remember the midwives looking at each other, trading glances, trading very worried, concerned glances, and getting me out of the pool. And I could tell that they were concerned about the bleeding. So here I was again left with this sort of fear that, "What was I doing wrong? Was my body not doing this right? Was I bleeding too much? Why was this happening?" So this had happened twice now. The second time at my third birth I did not receive any pharmaceutical drugs for the hemorrhage. So in hindsight, that gives me—that gave me confidence to go on to a fourth birth.

So the fourth birth was eventful in the sense that my baby had some issues after birth. And we transported him. But as we were waiting for the EMS to arrive at the house, he had just been born. He was having a lot of trouble breathing. And I went into what I would call survival mode, right? I'm looking at my baby, who is having trouble breathing. And I said to my body, "Placenta, birth." Like I literally said this in my brain. "Get out, placenta. We need to pay attention to the baby here and keep your blood to yourself." And it did. My placenta was birthed within absolute minutes of him being born. And there was absolutely no bleeding other than what I would consider normal at all.

So although that was a traumatic birth in the sense of my baby being transported and everything was fine in the end, I got a new perspective and a new trust actually on my body. And so that was really encouraging. So just a little bit more here. Fast forward to my last two births, which were free births or unassisted births. And at that point, going into my sixth birth, I had been a midwife myself for several years. And I had learned so much more about the way birth works, about physiological birth, about postpartum hemorrhage, that I went into my free births completely fearless about postpartum bleeding. And that might sound unbelievable, but it actually took me years

and lots of work on myself and, again, education to get there. But I did get there. And with both of those births, I was, again, completely fearless. There was nothing in the world that I was afraid of especially concerning postpartum bleeding. I knew it just would not be an issue for me. And we'll talk more about it, but mostly because I knew my birth would be undisturbed. I knew I wouldn't have anyone telling me what, where, when, or how, and that my body did work perfectly.

But I got to experience that because until I experienced it, of course, I didn't have sort of that final piece of the puzzle. So I will say, with my last birth, my seventh birth, which was three months ago, there was absolutely no blood at all other than a tiny bit, which is normal for many women, and is normal for me. So and then this baby was born completely joyful and no need to worry about her at all. She was born. Everything was great. And literally within three minutes, I felt the sensation of my placenta being present down in my body and pushed it out myself into a bowl. And I have to tell you that was the most empowering moment of my life. Yes. Giving birth to babies is empowering. And yes, free birth is super empowering. But that moment of my own placental birth, completely responsibility, complete trust, complete fearlessness that I wasn't a bleeding. That postpartum hemorrhage was an old story for me was the most healing thing I think I have ever done.

So that's where I'm coming from personally. And I hope that inspires you. Again, I'm not here to say if you've hemorrhaged in the past that that was legit or not. I'm just going to give you some food for thought here. Margo and I are planning an intensive course about postpartum hemorrhage, so we will get into the nitty gritty in this course. So this, today, I'm not going to talk about technicalities or how to solve postpartum hemorrhage necessarily or anything like that. I just want to give you some things to think about if you were like me. If you were that woman that I was at my second birth that came away feeling like she did it wrong, or someone told you you hemorrhaged. I think that's where I'm at today.

So I think there are a couple things going on. When someone that is healthy—and, again, we're starting with a base here of a normal, healthy person—I think there's a couple things going on when a normal person reports a postpartum hemorrhage at home or hospital. I think first we need to look at the definition of hemorrhage. And it's going to vary from person to person. And I think right there is an entire class. What is hemorrhage? What do different people think it is? And how do they classify it? I will tell you that the clinical definition of postpartum hemorrhage is two cups of blood. So across the board, hospital, home, midwives, doctors, that seems to be the clinical definition. And then, of course, you get into all kinds of variables like how good is the person at assessing blood loss, right? You could get somebody that isn't very good at it or overestimates or underestimates.

So there's all kinds of things that go into actually is a hemorrhage. Again, a whole class can and will be spent likely on this. But what if we have a different definition of hemorrhage? Because—not because we just want to make up something new. But is two cups—is it really a measurement? I think that's what we're trying to say. Is it a measurement? I would argue it's not because a woman could lose one cup of blood. And if she hasn't expanded her blood volume and/or for a variety of other reasons, that could be a hemorrhage for her. She could be left feeling like crap, which is one way to know if you've truly had a hemorrhage is if your blood loss is enough to leave you feeling depleted and anemic and dizzy and other undesirable things.

So I don't think a number is all that helpful because it could be one cup for you. Hopefully, it's not. But it could be. And for a more typical, normal, healthy, well-nourished woman that's expanded her blood volume, a hemorrhage could be not until she—God forbid—reached five or six cups of blood. So a number just isn't helpful. So when people are approaching hemorrhage from a definition of two cups or 500 ccs—same thing—I don't think it's probably that helpful. And it's probably why lots of women are diagnosed with hemorrhages with, in fact, they're fine.

I argue that we should use a more holistic definition, which wouldn't be a number, but more of a condition. So is the woman feeling bad? Is she feeling lightheaded? Is she pale? How is her pulse? How is her blood pressure? How is she reacting to the blood that's being lost? I don't think we can say it's just a number. So that's one small point that could be made much bigger. Postpartum hemorrhage truly should be really rare. In this developed country with access to what we have access to and, hopefully, our access to good food and nutrition as well, it should be really rare. And that's not to say it doesn't happen. So anyone listening that's going to get upset with me and say that I live in some dream world where people that have free births or whatever don't hemorrhage, that's not at all what I mean. I'm saying it should be really rare. Really, really rare.

So unless someone has maybe a blood clotting disorder or something just goes horribly, freakishly wrong—which does happen occasionally—it really shouldn't happen all that much. So midwives that are seeing a lot of postpartum hemorrhage and/or you're hearing—maybe you're a client or you're a birthing woman in your community—you're hearing that all of your friends hemorrhaged this year at their home birth. Wow. Well, somebody should give that thought. Why is that? And, again, it could just be the definition of hemorrhage that someone is using. Some women think that they've hemorrhaged because the midwife is concerned about blood and/or they're given an injection of Pitocin.

So I think we're all probably on a similar page that the use of Pitocin for what we call third stage or delivery of the placenta in the hospital is pretty much par for the course.

Just because you're given Pitocin at the hospital means nothing, obviously. It means nothing. It does not mean you've hemorrhaged. It's just that's the way they do things. But at home, you do hear about lots of women receiving Pitocin as well because, in most cases, the midwives are legal to carry these pharmaceuticals. So I think the assumption is that they needed it. And, again, I can't say if you needed it, or if you didn't. All I can say is that, from my experience, postpartum hemorrhage is really rare at home births. And giving Pitocin doesn't necessarily mean anything because, again, some midwives are using routinely. That's the sad truth. Some don't know anything else. They don't know how to control bleeding with anything other than drugs, and some have no idea what normal bleeding actually is. They're working with this sort of dated definition of hemorrhage. And so, again, women are being given this drug at a normal home birth and then thinking that there's something wrong with them. That they needed it.

And what does that do? Obviously, that creates a lot of fear. Women that's been given Pitocin at a home birth—I can say that because I was one—goes on to feel often a little bit like, "Well, how could I do without that? I don't want to be without that." The what ifs. The what if I needed it again? So another component of postpartum hemorrhage that no one is talking about, from my perspective at least, is that no one is talking about prevention. So when women come to us and they want to tell their birth story that includes a hemorrhage, again, it's really hard to say what happened, right? Again, I wasn't there. But it could be that a woman did lose more blood than she should have. But was that preventable? I think, in a lot of cases, it is especially for women that are having home births because we're assuming that there's nothing majorly wrong with them. They don't have any medical problems, and they're somewhat healthy.

But there's no attention to prevention. So midwives and doctors and women themselves aren't paying enough attention to nutrition. They don't have any idea what blood volume expansion is and how to get it and why. And if you don't either, go back and listen to the nutrition podcast. That's one that you could start with. And go from there. Because most of the problems that can occur or will occur at a normal home birth are a result of nutrition not being addressed properly. So, again, there's no absolutes. It's not the reason for everything, but it's a good place to start.

So there's no attention to prevention. Nutrition is one way that we prevent postpartum hemorrhage. Dealing with fear is another. And I can tell you that, again, from my own personal perspective that fear is very real at a birth, and there can be fear about lots of things. But fear about bleeding is a fear that I hear so much about. And a lot of these women have had what they consider postpartum hemorrhages in the past. And I'll tell you just as many women who come to us haven't actually had that problem. It's just something that's been programmed into our brains that we might die of bleeding after birthing a baby. And that's really hard because, again, it can happen. And in countries

where there isn't access to medical care, it, unfortunately, does happen more than it needs to happen. But the fear is not helpful.

So I don't think being scared about that is the best way to deal with it. I think addressing the fear is a great way. And, again, going on to understand how we can deal with the situation before it happens and then if it happens. So when we talk about prevention besides nutrition and fear, we don't seem to collectively understand what birth actually looks like. And that is a five-week series that we do called How to Have an Indie Birth. What does birth actually look like and why? Why do we leave it alone? Do we leave it alone just because that's a cool, hippy thing to do? No. We leave it alone because that's how nature works best. And when we understand how nature works best, we actually know when it's not working best. And the same can be said about hemorrhage.

So until we know what a completely undisturbed birth and postpartum period look like, how do we know what a hemorrhage is? And I think that's the problem with even midwives today is that they have no understanding of physiological birth. And if they do, that's not to insult their intelligence. I was a licensed midwife once. And even if they do understand—because it's not a hard concept—they're not allowed to respect physiological birth with the rules and regulations that are present today in most states regarding midwifery and home birth. So if we're not seeing undisturbed births, unfortunately, we're not going to see a lot of undisturbed third stages or birth of placentas. And once we've screwed up one, we kind of screw up the other.

And so, again, here we are. We've sort of full circle back to why are people seeing so many hemorrhages? Or excess bleeding. It's probably a lot because we don't understand the way birth works. And we've screwed up the births. And, therefore, the postpartum periods are just sort of naturally screwed up. People are talking to the mom. Touching her, touching the baby, getting in between them. Hats, blankets, stethoscopes. This makes women bleed more than they normally would. Not all women. But we know that when the hormones are affected between mom and baby that her uterus won't contract as efficiently.

So this is huge. It sounds so simple, but it is a huge issue. And it's creating this fear, and it's creating more women coming away from their births saying that their body messed up when that's not the case. One other thing—or a other thing—certainly more than one here—that may go into this sort of false sense of having had a postpartum hemorrhage is a lots of attendants have fear. So not only are lots of midwives, in particular, and doctors, in particular, not educated or allowed to respect a physiological birth, but they actually have a lot of fear. And I saw this in my apprenticeship. One midwife, in particular, that I worked with, and I worked with a few. Was really scared of women bleeding after birth. And so, literally, when I think back, the energy in the room

shifted. The minute the baby was out you could feel the fear in the room. You could feel the anxiety. You could feel the let's hurry. Get the placenta out now.

And that's something that I've had to personally work with because I saw so much of it and felt so much of it to kind of release that and to embrace a new reality of the way things usually work. Of course, it doesn't mean we're not attentive to bleeding should it occur. It doesn't mean we pretend it isn't happening. But that we allow things to go right. I think that's one of the most helpful things somebody could have told me years ago as a student. Allow things to go right. Don't screw them up. And fear is particularly impressionable on a woman that has just had a baby. I can't say it any better than that—I don't think—right now. But having been that birthing woman many times, you feel everything. When your baby is out in your arms, there is something about your body and your soul, seriously, that is still wide open. And anything in the room is magnified.

So if it's love, it's magnified. If it's joy, it's magnified. And if it's fear, it's magnified. So be careful about who you choose to have there. And, again, understand that if you've had a situation in the past where you thought you had postpartum bleeding or were told, think about what you felt in the room when your baby was born. Think about who was there and what their feeling was about how soon you get your placenta out or how much bleeding you were having. Because those feelings affected what your body actually did. So let's see. What else here? Yeah. The bottom line is that even among midwives—trained midwives—there is a lot of hemorrhage going on. And I think it's also because the obvious. We're not doing studies on physiological, undisturbed birth. So let's just say we were. We'd see that maybe bleeding looked a certain way. That maybe if we were going to take averages and measurements of bleeding after a physiological birth my guess is it would be a lot less than two cups, honestly, for the average woman.

But let's just say it turned out, on average, to be three cups, right? Then we would rework possibly our definition of hemorrhage. And that definition would be more in line with the natural process of birth. So in other words, we have a definition of hemorrhage that goes along with births that are messed with. And so it's just like comparing apples and oranges. I'm not quite sure what we do with that other than, again, create a new definition that is working towards the kind of births that we want to see and that woman—a lot of them—are desiring. So, again, postpartum hemorrhage would be a lot about interpretation. And this could be your interpretation. It isn't always the evil doctor or the evil midwife that has blessed you with a postpartum hemorrhage interpretation. It's often just we do it to ourselves, right? Even my story. I said that to me the pool looked really bloody. Well, compared to what?

I hadn't seen that many births at that point. I was more going off the feelings I was getting from the other people in the room. But I'm sure there are people that have free

births or unassisted births and say they hemorrhaged or think they hemorrhaged when, in all honesty, they didn't or possibly didn't need to go to the hospital. So that's not to say we shouldn't listen to ourselves especially if we are in a free birth situation. If something tells you you're bleeding and you need to get to the hospital, then I do think, by all means, listen to that. I'm just saying that when women aren't educated that there is a possibility that they're misdiagnosing themselves. That's all.

So let's see. Why does this matter? Why does it matter that I have my own—or it's not really my own. But a little world that I live in. Why does it matter that we kind of come up with another way of talking about this? I think it matters because at least women are coming to us—I'm sure they're going many other places as well. They're coming to us wanting to know. And they're coming to us wanting to go into another birth experience having more confidence than they do. And, again, having been that woman, I can totally understand because taking fear from your birth into the next one is not a good thing.

I think it's bad because women are returning to situations that do not serve them. And in fact, just today, I was in contact with a woman who hemorrhaged at her first birth or thought she hemorrhages or whatever the case may be. And this is a very confident and capable woman, who hasn't gone on to learn a lot about physiological birth. So to make a long story short, it looks like she'll probably go into the situation again where hemorrhage could be caused, actually, by someone that's there. And that's a whole other topic. Actually, midwives or doctors causing hemorrhage. So in that case, it's not saying the hemorrhage didn't happen. It's saying, "Oh yeah. This woman did lose more blood than she should have." But it was actually caused by another person. So pulling on the placenta. Pulling on the cord. Whatever the case may be.

But, again, women that are returning to situations that—dare say—actually abusive whether it be hospital or at home or with a caregiver that doesn't respect her because she feels like she needs this pseudo protection from somebody because she might bleed. And that's a scary thought. I know because I've been there. And not only does she need the protection of an actual person, but she wants the protection of a drug. So that is what it is. But I hate to see women returning to situations that, ultimately, don't serve them out of fear. It's one thing to process something and to choose as wisely as—and consciously as you can for yourself. But to return to a situation because you're scared, I think is dangerous.

How to treat a postpartum hemorrhage with anything other than a pharmaceutical is a whole other topic that we will be exploring in our intensive class. But let me just say that pharmaceuticals are not without risks. They are not without side effects. And so does Pitocin or Methergine, for example, save lives? Yes. Of course. At least occasionally. Should it be used at home? That's another topic. And not one I want to dive into today



other than to say that it doesn't have to be the first line of defense. Medication, in any form, is generally, again, with risks and side effects. Sometimes the drugs that are at home births for postpartum hemorrhage don't even work. They're ineffective. Or they're expired. Or who knows what. Pick one.

But the bottom line is, I think, if women are choosing attendants or having free births, they should get on the train of knowing what to do in actuality of a true hemorrhage. Because relying on a pharmaceutical isn't helpful either. I think we have to have a better understanding of the way the body works, the way the uterus works, why bleeding occurs, the many reasons it can occur, and what to do if. Because, again, we're not saying that postpartum hemorrhage doesn't happen. We're just saying that it's over diagnosed. But if it does happen, again, I think we should all think about ways we can educate ourselves further whether we're an attendant or we're the actual woman having the baby. How can we deal with postpartum hemorrhage, if we didn't have drugs? Because certainly there could be a time and place when we don't have access whether it's because that sort of thing leaves our paradigm or we just can't get a hold of these drugs or we're in some remote location or someone has a baby unexpectedly. I mean there's a million ways it could look why we wouldn't have access to an injection of Pitocin after birth.

And midwives, doctors, and women alike, I think reliance on these sort of things is definitely dangerous. So there is lots to be said about that. But I'll save that for our more in detail class. So just to wrap it up here, postpartum hemorrhage is very variable as far as how we view it, how we see it. And if it's happened to us in the past, we may not know if that's actually what happened. So these are just some things to think about. Even if we have had what would be considered a legitimate postpartum hemorrhage—and, again, I really couldn't tell you that for you—but if that's really what happened, it does not have to be that way again. So when women come to us, again, and they're describing their past experiences, that is exactly what we say. That, "Okay. Even if it did happen, let's talk about ways that we can explore that, so we don't have to have it happen again."

And it just goes back to what I've already talked about today. So physical prevention. And there's a bunch of components to that. Dealing with fear and anxiety about the issue. And educating ourselves. Again, how does birth work. How does the uterus work? What do we need to know? And least but not least being prepared if it does happen again. So if there really was an excess amount of bleeding, being prepared in the event that that really does occur again. But, again, most likely, it won't. And most likely, birth just flows the way it needs to flow. And postpartum hemorrhage, as I said a million times already, is really rare. So that is my very simple podcast today on something that is a very complicated issue. Very interesting issue. Hopefully, that will

give you a few things to think about if you are attending births or you are about to have your own baby. Give you confidence to kind of look at those things.

And, again, look forward to a more detailed class about this whole issue where we can really dive into the details and the clinical definition and how to assess blood loss and how to actually deal with bleeding because we didn't talk about any of that today. So thanks for listening. As always, check out [indiebirth.com](http://indiebirth.com). We have a five-week online childbirth series called How to Have an Indie Birth. And we do free consults every Monday, so look on our site for that and feel free to sign up for a time.

All right. Thanks so much for listening. Have a great day.

(closing music)