

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. So today we have a really fun chat with somebody I consider a really good friend even though we've never met. And her name is Ashley. She has an amazing, inspiring story for you all today. And I know it'll interest so many women listening because it is a free birth after a cesarean. So we like to call them FBACs as terrible an acronym as that may be. But it's actually not. It implies so much power and so much rawness. And you'll hear that in her experience. So, again, for anybody that has had a cesarean, I think this is going to be amazing. So let's just jump right in, and here's Ashley. She's going to start by telling us a little bit about herself and just where she's coming from.

ASHLEY: Hello.

MARYN: Hello.

ASHLEY: Okay. So I had my son, Escher—I had him in March of this year. March 11th. I was 16 months post op from a cesarean.

MARYN: That's another really exciting point.

ASHLEY: Yeah. Yeah. A lot of people are scared even further along than that. And so I kind of had to look that in the eye and did my research. And I felt comfortable. And so it was awesome. And so yeah. I had a cesarean in 2012. And it was kind of funny. I don't meet women who have a home birth first, which I had a home birth in 2004. And then wind up with a cesarean after. So—

MARYN: Yeah. That's really unique.

ASHLEY: Yeah. It was hard for me because I knew what I missed out on. Because I knew that I—what a home birth could be. And I lost that and a lot of it was from the midwife that I chose to have. She was way to interventive. And looking back, I know—I knew she would be. I think I was just too—there was a lot going on where I wasn't sure if I could change providers, and I kind of just went with it. So that's another big thing for me is women that I see that are like, "Oh, well, my provider is letting me or allowing me to blah, blah, blah, and we're going to do trial of labor," things like that. And it's just—brings me back to that where I'm just like, "Okay. Well,"—I don't know. I wish that I would have changed my provider or not had one at the time. But needless to say, I kept on with her and faced with—

MARYN: Not it wasn't the same, right? It wasn't the same midwife you had had for the first birth.

ASHLEY: No. Nope. My first midwife was awesome, and she was a CNM. And she had been doing home births for about 25 years. Super hands off. I didn't see any equipment at all. And she came to my house. She was just very cool. She did my laundry and made soup and did all this awesome stuff and left me completely alone for a lot of it. And was just—I felt very empowered during that birth. And I had my mom, who is a birth educator. She was there. My sister. And I had my husband and a best friend. I just had a lot of—a lot of support. And it was great. And it was long. It was 40 hours. She was posterior. She was born in the caul. And no tearing. It was awesome. It was great. So yeah. So with Elizabeth, but—she was actually my surrogate baby. I was a surrogate in 2012. So with Elizabeth, I was—again, she was posterior. She was the exact same weight as my daughter. There was really nothing that would have made it so that I couldn't have her at home really. I mean there's really rare occurrences anyway that would make it that, but everything was pretty identical.

MARYN: Yeah. You had proof too which had—that had to be really hard. You had proof that you could do it, and you could do it at home. And do you think you were—I mean sort of naïve in a sense? Or like how did you get into the second situation? I mean I'm guessing it's just you felt like, "Hey, I can totally do this. Nothing could go wrong after a first birth"?

ASHLEY: Yeah. I think—yep. I think I was kind of led astray by my first birth thinking that all—I think my biggest thing was that all midwives care about their clients. All midwives are birth trusting. I think that was where I was going wrong. Thinking that it wasn't going to matter if she was there. It wasn't going to matter if she intervened because she had my best interest in mind. And I still hadn't taken responsibility for my own pregnancy or my own labor or anything. I was just like, "Oh, as long as she's there, it's going to be fine." And it totally was not fine. And also I was kind of pigeon holed into who I was seeing because I was a surrogate. And the family that I was carrying for, they didn't feel comfortable with a CPM. They wanted a CNM. And so it was just kind of like okay. That's my trade off. I had wanted to be a surrogate for so long, and I had met so many families. But I wanted to have a home birth. And they were a good one—only people that were cool with home birth as long as I had a CNM. So it was kind of a tradeoff. And so I kind of felt stuck in that way even though—I mean she had so many red flags. A lot of body negativity. She was telling me not to gain any weight. I had weighed 150 pounds when I got pregnant. I wasn't even considered obese, and she told me not to gain a pound during my pregnancy.

MARYN: Oh my gosh. So there were signs for sure.

ASHLEY: Oh yeah. I made her stop weighing me at seven months pregnant because I felt it was more detrimental to hear her telling me, "You're going to wind up with a cesarean if you don't watch your weight." Things like that. And I was like, "You know what? It's worse for me to hear you say that than it is for me to have an extra slice of pizza," or whatever.

MARYN: Well, and that's what women don't understand. I think that alone could really set someone free that's listening. Which is if you choose somebody that doesn't hold your beliefs and—I mean, honestly, if they utter anything like that that throws you off your path and into fear, it is that meaningful. It is that meaningful.

ASHLEY: Right. Just say no. Like I didn't realize that I have the power to say no. Like that was huge. Everybody gets kind of dragged into this whole hierarchy of these doctors and midwives and people who you think know you better than you. And you don't realize that you can say no to them. They're not like the mafia. They're not the Gestapo. They're not—although sometimes it can go that way in the hospitals. But you can say no. And so I started kind of branching out. I felt bad basically. I had to learn the hard way to speak up. I felt bad even to the point—like I didn't want to step on her toes. And even when my birth was spiraling out of control, she convinced me to have a vaginal exam. And so I let her do a vaginal exam on me. I'd only been in labor for maybe 12 hours at that point. And I wasn't in transition yet. And she was kind of—it wasn't like a normal vaginal exam. I don't know what she was doing. And then all of a sudden, my water broke. And it just gushed and gushed, and I could have said no then. There's so many times after this birth experience with her that led me to have a cesarean, or I just kept thinking about all the times I could have really said no. I could have made her get out of my house. I could have changed—and I didn't want to make those mistakes again the second time.

MARYN: Yeah. But like what you said too, I think when—I mean correct me if I'm wrong. But when you don't accept responsibility, then you're just less likely to be in a place where you do say no because, ultimately, there is that fear, I think, for so many women that what if. What if what they want is wrong? What if it doesn't work out?

ASHLEY: Right. Like what if I don't know what I'm doing? Yeah.

MARYN: Yeah. She knows better than you. I mean that's what people think.

ASHLEY: Right. Right. Right. Yeah. And so I just was very sheepish in that way. I didn't want to intrude. And even when I wanted her to leave my house so badly when she was at my house, I—even my husband even asked me. She kept trying to take my—oh, my blood pressure over and over and over, which you can't even—you're not even supposed to do that. And she was using a cuff that was too small. I was not even in a position for a good reading. She was just coming in and saying, "Oh, your pulse is

really high. is something bothering you?" And I just kept looking at her like, "Yeah. Yeah. Actually, something is bothering me." But I just still wouldn't say, "Get out of my house." And that's what I was—I was feeling that inside. And it got so—like I keep thinking of it as being loud. Like everything was so chaotic around me that I couldn't hear my intuition. I couldn't hear that voice that was telling me what I needed to do. And so I was out of control. And then after she broke my water, the pain was so bad that I just broke down fast. I broke down really fast. And I was scared because she had interfered. And I knew the baby wasn't in the position that I wanted her to be in yet. And she—and my water was intact for a reason. I mean it was—my daughter was born in the caul. Like my water never broke with her for a reason. And so I just—I didn't feel safe anymore. And so when we transferred, I was the screaming woman, who went into the ER screaming for drugs. Something I never thought I would do, but in that moment, it was pretty crazy. So I wound up with an epidural, Fentanyl—oh, you name it. And the baby couldn't tolerate it. I couldn't tolerate it. And they wheeled me back. And I knew it was going to happen as soon as it started happening. I just knew it. I didn't even cry. I just—I just looked at my husband, and I was like, "I knew this was going to happen." And that's when it really—that was like my moment where I realized that it is so crucial to listen to that voice. (inaudible) In order for birth to be—how it's trying to do—like you need to be able to hear that voice. If somebody is intervening, if somebody is trying to take control of what's going on with you, you're going further and further away from the perfectness of birth and what your body is supposed to do. You're intervening. You're serving. And so I realized then that had I listened to myself and I had spoken up and I had taken control and I had taken responsibility, I wouldn't have been in that situation. And so that proves to me with my son when I got pregnant six months later, that through that next pregnancy, it was amazing. I had complete control over my pregnancy. It felt so awesome to not have to go be poked and prodded by anyone. Nobody was weighing me. (inaudible) weighed myself. I focused more on my just eating right and eating what I wanted to eat and not worrying about much. I processed a lot of fears. But it was totally different. And I just kept telling people like, "I feel so free. I feel,"—I felt so free to just do whatever I needed to do and to really, really listen to my intuition. It was right on. Something that kept building and building, and my trust was building in it too. After about 20 weeks, I got to the point where I trusted myself more than anybody else.

MARYN: That's so awesome. That's—I think that's something that really needs to be highlighted for women listening too. That so many women out there can't imagine having even a vaginal birth after a cesarean much less a free birth. But what I think isn't being communicated is it takes a lot of work to get from the place you were in after that cesarean to wanting to take care of yourself. And it doesn't happen overnight. It's something that happens through the course of a pregnancy, and it takes a lot of work. And I know how hard you worked on all of your fears. And anyway, I just wanted to

highlight that. It's not like you were just like, "Oh, that birth was terrible. Now I'm just going to do this."

ASHLEY: Yeah. No. It was definitely a process. And I found that I'm more sympathetic to women who aren't completely trusting in their bodies yet. I can tell that they want to be. But it's hard. It's hard. I had—I wound up—I had an ultrasound at 20 weeks. And so for me, that was the turning point where I was like, "Okay. I really need to trust myself fully, or I'm not going to do it at all." I had had—people had cut me open and had taken my uterus out and done crazy things. And it was—for me, I trusted my body, but I didn't trust them. And I had to see. My mind just had to see what was there. And so after that, it was—

MARYN: So you were checking—so people know. You wanted an ultrasound to check for placental placement, right?

ASHLEY: Yeah. Like I just wanted to see my uterus. It was really strange. (inaudible) a few months ago. It had passed. I don't know what else—I was like seeing crazy things in my head. I had to know. And so if I were to get pregnant again, I don't—I wouldn't need to see that again. But I did for that time. And I'm totally okay with that because had I not gotten that done in my—because of my own personal situation, I know I would have transferred out of fear during labor. And this is something that I had to do. And so I did it. (inaudible) ultrasound. And after that, I was good. So—

MARYN: Yeah. I think that's really cool for people to know too. It's not like this crazy, hippy thing that women do—just go to have their baby in a teepee. There's lots of intelligent choices. There's lots of education. And sometimes we do. We do testing. And minor intervention just to—because we have to. Because that's what our situation requires. And I think that is so empowered. That's the definition of an empowered choice.

ASHLEY: Right. Right. And I totally agree. I think the biggest thing with free birth is—and just being an independent person when you're pregnant is just taking those reins and listening to yourself. And that's what you want to do, and you've researched it. And you are (inaudible) your choice. (inaudible).

MARYN: Yeah. Totally. Hey, it's cutting out a little bit. Can you hear me?

ASHLEY: Yes. I can hear you.

MARYN: Okay. There you are. Yeah. I mean I think it's not—yeah. Letting anybody on any extreme influence you because really people that say, "Oh, there should be none of that. No lab testing. No ultrasound," they're no better than the medical world that are telling you you should do it their way. It's about doing it your way.

ASHLEY: Right. Right. You should just listen to yourself. And you're the only person that knows your pregnancy. You're the only person that knows your baby and how to birth your baby. And it's all you. So having anybody else make those choices for you just doesn't make any sense. So that's what I did. And—

MARYN: What else did you do for quote on quote prenatal care? We talk so much about that here on these podcasts. And I just love for women to hear what that means to different people.

ASHLEY: So it was a long process of letting go. Of the need to—for me, prenatal care—like clinical prenatal care is what I started out doing with myself. I started doing urinalysis. I started taking my blood pressure, which I actually continued that occasionally throughout my entire pregnancy. I was a little hypertensive at the end of Elizabeth's pregnancy. If I felt like something was off, I would check that. I would check my blood pressure just to see, "Oh, okay. So that's what it's like when my blood pressure is dah, dah, dah, dah, dah." So that was one thing I continued. The urinalysis strips I stopped doing because they totally confused me. I thought I saw signs of UTI even though I had no symptoms whatsoever. And I actually went to urgent care to get an antibiotic for a UTI that I didn't even have. So that was confusing, and I found that a lot of times those things are just more work than they're worth.

MARYN: Well, it's a lot. I mean you have to know a lot. And even then, you can screw up. I mean to essentially do your own medical care in pregnancy. So yeah. I agree. It can make you more crazy than it's worth especially if you're just a healthy person.

ASHLEY: Yeah. And that's the other thing that I kept thinking to is how much of this would I be doing if I wasn't pregnant. What makes being pregnant all of a sudden I have to check all these things and be scared and have all these things done to me? When it's like I'm just a—what other time of my life would I continue to go see a doctor on a monthly or biweekly or weekly basis when I wasn't sick?

MARYN: Right.

ASHLEY: And test myself for all these things that I could or could not have. And it's just—it just kind of got ridiculous. So I stopped. I kind of let go slowly. And after the ultrasound, I was done basically. I didn't do any more urinalysis strips. I didn't check my blood—I did check my blood sugar before, but I don't know why. I think I was just curious. I never did a blood panel. Never did any blood work at all. Let's see. I don't even know. I didn't. That's pretty much it. That was the extent of myself care. Prenatal care. The stuff that I did was quite simple was really important. I did a lot of meditation, and I had a lot of conversations with birth trusting people. I realized that I had (inaudible) a lot of people in my life when I was pregnant who were not birth trusting just

because (inaudible). So I kind of create a bubble. And I dove into all the Indie Birth podcasts. I just dived—dove—I don't know.

MARYN: Whatever.

ASHLEY: Yeah. So I just got really heavy into it and just releasing a lot of my fear. It felt so good to be able to read (inaudible). You were six weeks ahead of me with Ever. So every time you—

MARYN: Oh, that's right. That's how we became friends first. I forgot.

ASHLEY: Yep. Yep. Yeah. Because every time you had a podcast, I was like, "Oh, she posted another one." I ended up listening to the whole thing. And we were so close in weeks. So it was really cool. So I followed you really well (inaudible) pregnancy. But yeah. So I did a lot of internal stuff. And I—for a long time, I played with the whole—I remember I was about 16 weeks. And I was thinking, "Okay. So if I did go to get a midwife now, I could still play it off like, 'Oh, I just haven't found anyone yet.'" And it was probably about 22 weeks when I was like, "Okay. That's not going to fly." I either have to commit or whatever crap or get off the pot. So I finally did. And I was like no more. I didn't second guess myself after that.

MARYN: That's awesome.

ASHLEY: Yeah. And my husband was amazing.

MARYN: Yeah. I was going to ask about him. Because I think a lot of people wonder how to get the partner on board with what they really believe—and that's for women that may have not had a traumatic experience like you did.

ASHLEY: Yeah. And he was in the OR with me (inaudible) through that. And it was just crazy. And he also saw what it did to me emotionally afterward. I mean the depression that I felt after my cesarean was insane. And I think part of it had to do with I came home from the hospital without a baby. Like I was a surrogate. And then I lost my birth. And I lost my—my uterus had been cut open. I was just so devastated, and he had to walk me through that. He saw all those things. But when it came to being alone during my pregnancy this time and doing self care, I remember I was probably at—I was probably about six weeks pregnant. And I was looking at care providers. And I was just like, "None of this feels right. I don't want to do this again." And so, he came home from work, and I was like, "Hey, what do you think about me not having a midwife for this whole pregnancy?" And he was making dinner. And he was like, "Okay. That sounds good to me." I was like, "Oh my god. I love you." So it was awesome through the whole pregnancy. He was so great. He even listened to the Indie Birth class. And he was really digging into stuff, and he knew exactly what my fears were. And he

worked with me on it. And so he was being a supporter. And when I went into labor, for whatever reason, every contraction I had he had to be kind of—I was on all fours. He had to be straddling me and putting his fists into my sacrum and pushing as hard as he possibly could down toward the floor. So my husband weighs like 135 pounds. He's small. But he was like lifting his entire body up and pushing down on my sacrum. And he did this for—I was in labor for two days. So this was what he was doing for two days every contraction.

MARYN: Oh my gosh. He's amazing too.

ASHLEY: So—yeah. He was awesome. So he did that. And at one point in my labor because I had called you a couple times—I needed a lot of support this labor because I was battling with a lot of stuff that I thought I let go. But it was still there. The fears were still clinging on. But I wanted to stay home so bad. And I just kept going, "Let's just transfer to the hospital." And then this voice inside of me was like, "No. Don't do it." It was just so—I don't know. I don't know. I just—I doubted it. And I had doubt, and I had fear. And I had all these things. And I kept telling him that I wanted to go, but I didn't really. And he was like, "Well, why don't you—why don't we try to call someone else? Why don't we do this first?" And he kept postponing the trip to the hospital, which was perfect.

MARYN: Well, that's—yeah. That's the mark of, I think, a great birth attendant even in a sense. Not to prolong an emergency, but he knew it wasn't anything real. I mean you know you would have known if there was something wrong.

ASHLEY: Definitely. Yeah.

MARYN: So I mean—but emotional stuff is big.

ASHLEY: Mm-hmm. I mean he knew that all I needed was I needed a little bit of a distraction, and I needed some time. And so he bought me some time, and then he suggested calling one of my very, very, very good friends, who I called her at 2:00 in the morning. And I asked her if she was ready to come over, and she was like, "Let me get pants on. I'll be right there." So she was by my side. And she's amazing. She's had a free birth too. And she's pregnant again. With baby number five. And she's doing another free birth. So she was the perfect supporter for me. She was amazing. And it was just so emotional. Like when I finally, finally—he slipped into the birth canal. I could feel him during one of my contractions. And—

MARYN: How long was it that you were in labor before you felt that happen?

ASHLEY: So I was in labor for over—well, I don't know. I had prelabor. I was in labor for like four weeks it felt like. But the really hard labor that I couldn't sleep through the contractions, and it was—and they didn't stop. It was about 32 hours.

MARYN: Wow.

ASHLEY: And then I pushed for 15 minutes, which was phenomenal. So I pushed for three hours with my daughter when she was born in the caul. So 15 minutes was cake compared to that. But it was super intense. Like he—so we went through the whole birth. And so what I wanted to say too is that I was scared to push. And so I was holding back my entire birth. And I knew I was. I was—it was so bad that you know when you have to pee really bad, and you're like trying to lean over to the side so you—and you're crossing your legs. And you don't want to pee. I was doing that during contractions.

MARYN: Yeah. So what did that mean to you? What were you feeling?

ASHLEY: So I needed to let go. I really needed to let go. I needed to just face it. I needed to face any of my fears. My fear of pain. My fear of failure. My fear of losing him because I went through such grief after Elizabeth went home to Pennsylvania that I had a taste of loss. Like I had to go through therapy for infant loss and grief. And I had the empty arms feeling. And I had this—I wouldn't let anybody leave my side. It was so dark and so hard to go through after that. And I was very alone because I didn't have a lot of people that were in my situation as a surrogate. So I didn't even really know anyone. And so I knew grief and loss mamas. But there didn't really fit either. I didn't feel. So it was hard. It's interesting that they were the most—like I had three friends that had experienced a great loss with losing a child or—and/or stillbirths. They were the first people in line to say, "Your grief is valid. You did lose a child. And we love you. And we're here." And so I had support in that way which was really important for me. But I think during that time when I was going to push Escher, I just—I didn't want to go through that ever again. And so I was going to push him out, and I was scared. And no one knew that—who was at my birth. No one knew. So everybody is supporting me every contraction. And offering suggestions. And that's how I had them phrase it is, "Ashley, do you feel like you want to go to the bathroom? Ashley, do you feel like you want to do this?" Instead of, "You should do this." So it would give me the opportunity to be like, "Hmm. Let me check with myself. No. I don't want to do it." So that was cool. But I knew—I kept—I knew it was going to have to come out, but I knew I was afraid. And I was going to have to tell them because they were kind of—they were getting exhausted. And they were doing all these things. And I just knew that it would—that I could do it. I just had to get over the fear. And so I finally just blurted out, "I know why he's not coming out." And Pat was like—my husband was like, "Why?" And I was like, "Because I'm scared. And I know that if I squat, I know he's going to

come out faster." And then they were like, "Oh, well, okay. Well, are you going to squat?" And I was like, "No. But I'm really scared." So we went into the bathroom, and I was sitting on the toilet. And I grabbed this little pillow, which was like whatever kind of ritual I was doing. I had a pillow off of my bed that I had to keep holding whenever I had a contraction. So I sat on the toilet. This is in between contractions, and I was like, "Okay. I know it's going to happen. And I'm scared." And so my husband was holding my hands. And I looked up at my friend, Sammy, and I was like, "Okay. So 60 seconds. That's all the bravery I need to have right now, right?" And she was like, "Yep. 60 seconds," because that's how long my contractions were lasting. And so I was like, "Okay. I think I can do that." And so I sat on the toilet, and I had this insane contraction. And my water broke. So my water had—I didn't realize that it was meconium staining in the water, but it was. And that could have totally thrown me, but it didn't at all. It was just kind of whatever. I had been in labor a long time. It is what it is. So I didn't get scared of that. But then after that, everything started progressing, and I was letting it happen. I was squatting. I was doing things like that. I got really tired. And I went into my room. I laid down, and I fell asleep for like five seconds. And I woke up to this insane contraction. And I was by myself at that time. And I remember my friend, Sammy, was saying, "Why don't we leave you alone? And you can do your own thing. We don't have to be here." And I was like, "Okay. Cool." So they left me. And I was by myself. I got that insane contraction, and I started breathing through it. And I couldn't breathe through it. It was just so intense. And all of a sudden I felt him just like fly into my birth canal. And I got up on all fours, and I called everyone in. And my friend, Sammy, was just so awesome because she was saying things like, "Do you want us? We do not need to be in here. You can do this." Like, "If you want to be on your own, just say the word." And I just said, "I want you to be in here." And so I pushed for 15 minutes. And it was like my body was pushing. And my body was completely taking over, and there was nothing I could do. And as I was pushing, this blizzard came. And I was super aware of all these things that were happening. And the most emotional thing that was happening was that my friend, who was very aware of my last birth and the pain and the suffering that happened afterward, she was holding me up like supporting me. Literally. But she was also saying things like, "You're doing it, Ashley. You are a warrior. You are a goddess." Just saying these things as I was pushing. And, "You're going to meet your baby, and you are fabulous. You are a rock star. You are,"—just saying all these things. And so when he was born, it was just—I turned around, and I picked him up. And it wasn't even like—I just knew him. And it was just—it was so different. This experience was just so different. And it took me a few minutes to have—to realize what I had just done. And then I just—I laid back, and I cried. And I just thanked everybody for not letting me go to the hospital because I had wanted to go. I had, seemingly, wanted to go so bad before. But yeah. It was incredible. And then I didn't get out of bed for two weeks. So—

MARYN: That's amazing. I mean you totally faced your fears. And I think—when you say you wanted to go to the hospital, I've certainly felt that way at various points during my birth. And lots of women do. And, I mean, the truth is lots of women do go to the hospital, and that can be, of course, for a gazillion different reasons. But if we're talking about a reason or a situation where nothing is actually physically wrong, I think it's just highlighting for women too that that can be really normal. And it doesn't mean that you should always stay home. It just means that our fears and our emotions are such a part of birth that we have to know that, and we do all the work we can do before just like you did. But we have to accept that things do crop up in the birth, and we have to be connected enough to say, "What is this? Is this me being scared, or is this—is there something wrong?"

ASHLEY: Right. So when Escher was born, that was another thing that happened was that his breathing was not—he wasn't breathing. We had given him some time to try to breathe, and he was having a really hard time inhaling. And so he was making a lot of gurgled noises, so I was doing some inverted poses with him and trying to help postural drainage. And he still wasn't doing it. So we were milking his cord down, and I didn't feel—I never felt that we needed to call anyone. I didn't feel fear really. I felt some concern. And so I sucked his nose and mouth out with my mouth and spit it out on the bed next to me. I did that a couple times, and I just gave a couple breaths. And he totally came around. His breathing. And so when I told my mom this story, of course, she was just freaking out. But I didn't feel that. And I know that if I would have felt an actual need to go somewhere, I would have. And the same with the hospital like how you were saying that a lot of women get to that point where they're like, "I can't do this." That's a very common thing for women to say in labor. And so that was my way of I can't do this. I want to go to the hospital. And so I—there was a huge difference between that and the way that I felt when I was in labor with Elizabeth. And (inaudible). Like I needed to go to the hospital because I was not going to give birth with that midwife here. And things were going chaotic at that point. So I knew the difference, and I knew I didn't really—if I really would have wanted to go to the hospital, no one would have been able to stop me.

MARYN: Yeah. Yeah. And also I think it sounds to me like if you had had somebody there you probably would have ended up at the hospital, don't you think? If they had heard you say that or just because it took a decent amount of time for a third baby. I mean you know why it took that long. But rules and regulation wise, you probably would have been toasted.

ASHLEY: Oh totally. Because I didn't mention this, but my contractions never regulated the entire labor. I mean up until the point that he came in—that he came into the world I was having contractions that were anywhere from 30 seconds to 10 minutes apart. I mean the whole time. I had no idea where I was in labor because I had been so

focused on, "Okay. This is a normal—the normal progression of labor is that it's going to get closer together, and I know what transition feels like." I never hit those. That didn't happen.

MARYN: Well, and that's really common, I mean, in a sense because most of us don't have textbook labors. And on paper, we call that dysfunctional labor, which is hilarious. But when somebody else is there and their butt is on the line and you're not following a predictable pattern, it's just not good for you.

ASHLEY: Right. Especially for someone—I would be convincing everyone that I could do this, and I'm a VBAC. I'm six months postpartum. So I absolutely would have wound up having to go to the hospital. I mean they would have totally transferred me. And Janet, the midwife that I had when I was pregnant with Elizabeth, when I was in labor—she was operating totally from a place of fear. Because I kept saying things like—she told me that I was 10 centimeters, and I could just push the baby out whenever I wanted. And telling me all these things. And I had no urge to push whatsoever. And I was just so confused. I just kept envisioning this super thin cervix and the baby's head was right there. And why wasn't she coming out? And I was having so much pain. And when I brought that up to her, she was like, "Well, we call this obstruction of labor."

MARYN: Oh dear. The textbook term.

ASHLEY: And that's what I call her. But she—"We call this obstruction of labor. We're going to need to transfer." So I didn't have anybody doing that this time. Everybody was kind of just following my lead and really supporting me and letting me make the decisions. And it was awesome. And I also learned that I had always pictured it just being my husband and I and my nine year old here. And that didn't go down like that, and that's okay. I had to phone a friend. And I had to phone a couple friends.

MARYN: But that's the meaning of support. And that's—I mean you know I get on my little soapbox about these things. But you can never repeat the same thing too many times if you really care about it. And one of my things is that people think unassisted birth or free birth means you're alone in a closet somewhere, and you don't have any help. And nobody cares about you. And you're just—what—it could be farther from the truth especially in a story like yours where you're supported by love and not alone at all.

ASHLEY: Mm-hmm. Yeah. And I was free. I was still free to make those choices. And I was talking about it after I had him, and I never liked the term free birth. I always thought it was really hokey. Or I don't know. Corny or something. So I never really used it. And I was always like, "Oh, I'm doing it unassisted," for anybody that I told. Like I'm unassisted. But after his birth, I finally realized how awesome that word is.

MARYN: It is.

ASHLEY: I was saying to someone—I wasn't around going, "Oh, man. I feel so unassisted right now." I was thinking, "Oh my god. It feels so good to be free." And that's why free birth is just—I don't know. It's phenomenal.

MARYN: That's a beautiful way of saying it. And yeah. I think it certainly means different things to different people. But I'm with you on the unassisted. I mean I get it. And I—whatever. People can do whatever they want. But I agree just from a personal and emotional standpoint. I think free birth means a lot to me too.

ASHLEY: Definitely. And then with—when you say unassisted, it's like you're missing something.

MARYN: Well, it's like saying the norm is assisted and somehow you're the weirdo that's unassisted. I mean the norm is assisted. We know that. But yeah. Well, another thing you said too that I think is just really something I'd love for people to keep in mind is free birth or not is not really the point. It's just not being surrounded by fear. So hire a midwife if that's what you want to do. Hire a traditional birth attendant. Have a friend there. But make sure you surround yourself with people that are not going to be adding fear to your environment. And then your story is just like the perfect example of that.

ASHLEY: Yeah. Definitely. I mean there was a lot of fear coming from the midwife that had attended my birth with Elizabeth. There was a ton of fear. And then we got to the hospital and she totally took off.

MARYN: People don't understand that though. I think they think that's going to go away when they feel that during the prenatal period. Somebody being overly cautious. That's called fear in most cases. If you're not—yeah. So it's not going to go away if that's how they operate and that's how they view birth. It's like I want to ask women to when they interview people to get an honest answer to, "What do you think about birth," because if people could be really honest I think most people would respond with, "Well, it can be really scary, so I'd better be there for you."

ASHLEY: Right. And it was just so nice knowing who was there. I was so, so, so picky about if I was going to call somebody. I had to know them inside and out. And really that's—you never know that with—and especially if you're in the hospital and you have an OB. It could be any OB on staff. And you don't even know that person. They don't know you. It's just so different. And then I learned a lot about midwifery in that it doesn't really matter. The letters behind a person's name don't matter. It's who they are that's important and what fears they have and their experiences and their viewpoints and all those things. And that's not something you can get from a 10-minute conversation with an OB at your appointment. A lot of times.

MARYN: Yeah. Definitely.

ASHLEY: So I just learned a lot about that. And so I don't know. It was just really, really intense and empowering, and the coolest thing I think I've ever done. And now I can tell Escher his birth story and the really (inaudible) that I stuck it out. And not even that I wound up with a vaginal birth because I called those shots. And I (inaudible) for my birth. (inaudible). That's everything I wanted. And I got it. I had to take the reins (inaudible).

MARYN: Yeah. Yeah. That's the best message. Take the reins to your own birth. And yeah. Thank you so much. I think your story is just so beautiful, and we will certainly link to the written birth story from this podcast, so people can read every word and get the whole, entire thing. Any last bits you want to say? Or anything you want to leave women with who are listening and contemplating a free birth or contemplating even just a vaginal birth after cesarean?

ASHLEY: That you can do it. You can't control. It's hard when you have a partner who doesn't really see—trust birth as much as you might. But getting him on board—it's worth it. Showing them (inaudible). It's worth getting them into research with you because it's an amazing thing. And I just want this experience for women. Not just a vaginal birth. But I (inaudible) to realize that birth means something. And your birth can be amazing. And your birth can be powerful. And own yourself. And you can say no to whoever you need to say no to. And it's your body, your baby, and your birth. So I think those are pretty important things to know for sure.

MARYN: Yeah. Yeah. No. That's wonderful. Your baby, your body, your birth. Wise, wise words, Ashley. Wise, wise words. Well, thank you so much. I think we'll wrap it up on that note. On a very high note. And thanks for listening everyone. Check out indiebirth.com for more information on our five-week online series as well as all of our podcasts, and we'll catch you again soon.

(closing music)