

(introductory music)

**DISCLAIMER:** *Taking Back Birth* is a production of the Indie Birth Association and indiebirth.com. No material on this podcast should be considered medical advice. Birth is not a medical event.

**MARYN:** Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Good afternoon, everybody. Maryn here with a slightly scratchy voice wanting to talk about a really important topic today. Of course, they're all really important, but the name of this series is *Taking Back Birth*. And I feel like today's subject is just the perfect example of what that means to me. So to not leave you in suspense any longer the topic is vaginal exams in labor. Other ways of saying that that may be more familiar or less to you would be internal exams, cervical checks, cervical exams, checking progress. Lots of ways to say the same thing. And the more I plotted out an outline for this talk today the more I realized how far removed we really have gotten from what a normal labor looks like.

I just kind of can't stop thinking about that now. That whether you choose to birth in the hospital or at home, really whether or not you have an attendant or a midwife or nobody there—maybe just your partner that this idea that we can stick our own hands or someone else's hand up inside our body to tell us something from the outside that we somehow don't already know is kind of ridiculous to me. Now let me, of course, put out the disclaimer that there can be valid reasons for a vaginal exam in labor. It can be just you wanting to know after you know everything that I'm going to go through today because this is your body and your baby and your choice. And there is no right way to birth. There are no rules. I, myself, have checked my own cervix in labor. I haven't the last couple of births. Mainly because I have learned more and I just hadn't felt the need to. But I have in the past for sure. So that's the full disclaimer is that any of these things we talk about—certainly, I'm going to be giving you research and facts and evidence but also there is my opinion in there. And I want to just leave these subjects in such a way that you feel empowered to make the choice that's right for you because, certainly, this is one of those topics because it is a hot topic.

But disclaimer aside, what I'm really talking about is routine vaginal exams or internal exams in labor. And when I think—I think when we put the word routine in there then I don't even need to make the disclaimer because if you were to choose something kind of outside the box for yourself whether you were to do your own exam or you wanted a midwife or doctor to check you, then that would take us outside of what's routine because that would be a special circumstance that, again, you had worked through. So let's focus for the most part on routine exams in labor. Alternatives, risks, benefits, why this is going on in normal birth around the world. Really I can only speak for this

country, the U.S., and even more specifically I can speak for this state, Arizona, and talk more about routine.

It is, at this point I would say, again, in this time and place, a cultural habit to enforce vaginal exams upon women in labor. And, again, hospital or home. The births that, for the most part, are happening at home are, again for the most part, normal, healthy women with normal, healthy babies. And why on earth are vaginal exams a tool that are still being used routinely? Now here in Arizona the rules and regulations for licensed midwives state that there is to be a vaginal exam, I believe, every hour. And when I was a licensed midwife here, that may have been the rule. But, of course, I sure as heck didn't follow that. And I know many midwives don't, and that's great. But it is quote on quote the letter of the law. And get this, it's true that, at this point in time here in Arizona, you can't legally refuse a vaginal exam if you hire a licensed midwife to be present at your birth. That's crazy, isn't it? I'm not sure what's happening behind closed doors. Hopefully, midwives are acting with as much compassion as they can given that they have to answer to the state and not the woman. But heck, I don't really know.

So the reason I'm talking about this is because most women don't know that that is a rule and regulation for a licensed midwife. These aren't hospital based midwives. This is home birth. And depending on where you live, you might want to check out what the rules are and see. Again, I always say the same thing which is midwives, as a rule, are lovely, wonderful women that care for women and babies. But the politics have made it such in many places, like here, that midwives can't actually do real midwifery anymore. They have to serve the state. So that's why I'm asking you to look at what's going on in your location because often midwives aren't very forthcoming about those rules. They don't really want to tell women upon consultation for hire that the state wants them to be sticking their hand up inside their bodies every hour while they are in labor. Most women would not agree to that as a matter of course, as a matter of routine. So you really have to ask yourself, "Is that the kind of person you want at your birth if they feel like that is a rule they have to obey?"

So have this conversation, even rules aside maybe once you figure out the rules and regulations of whoever you've hired, have just a personal conversation because then there is that level too despite the politics. What does this person feel about birth? What do they believe? Do they feel that you can tell progress from the inside that way? Do they understand the way physiological birth works? And if you took our course here at Indie Birth, you'd learn so much about the way the labor process works and how it isn't actually the cervix that is the indicator of labor necessarily and/or isn't the thing that should be being measured. It's more the uterus and the strength of the contractions and how cervical dilation, at best, is just a guess and doesn't really tell us anything at all. So, again, routinely when these checks are being done routinely, that's why they're

being done. To see what the number is of the opening of the cervix and maybe how effaced it is or how thin it has become or shortened or where the baby is at.

But, anyway, I'm kind of getting ahead of myself. Back to talking with your midwife or provider, I would definitely broach this subject. Again, politics aside, just personality. What do you feel about birth? What is your habit? What do you like to do at births? When have you done vaginal exams in the past? That's a very important question. You can kind of get from these questions if the person you're working with feels this is something that is routine. And I can tell you for sure that it is for a lot of midwives. Having worked with many midwives here, again, when I was licensed when we would cover for each other, for example, that would be the number one thing that, at least, I would be asked to do if I was covering for another midwife. If she had a client in labor near me or if she was busy, I would be asked to go over and do a vaginal exam. And I can't tell you, number one, how strange and uncomfortable that is to do on someone you've never met before. I can do it, and I have done it. But it isn't something I would ever do by choice.

But, again, that's how a lot of people have been trained is that they think that means something. That means how long labor will be or when the baby is coming. Or when they should get there. And I hate to say I think that's one of the crucial parts of a vaginal exam whether it's in hospital or at home is the care provider wants to know more. And on some level, I think there is always an impatience for a baby to be born. Maybe even it's just excitement, right? You kind of always want to know whether it's your own baby or someone else's. When is the baby coming? I think that's a natural human instinct. But, again, to stick your hand up there and to do a routine assessment, a poor assessment at that, so that you can base your own life and schedule and all that, I think is really selfish and ridiculous. And it—again, it doesn't go along with any evidence at all to say that that means anything. That if a midwife comes over and checks you when you're in early labor and you're five centimeters, I don't know what that means. I'm impressed when people think they know what that means. Does that mean to her she can go home? Does that mean she can go shopping? Does that mean she should stay? I don't know. I don't know how people come up with these plans after a vaginal exam to really act like they know anything about anything.

So please have these conversations. Ask these questions. Figure out will your midwife or care provider send someone ahead of time to check you while you're in early labor. Just how do they feel? That's the basic question. How do they feel about routine exams in labor? And, again, maybe after this podcast along with some additional reading as well as our five-week online class, maybe you would be at a point where you would know more, honestly, than most care providers and know that, for example, the myth of 10 centimeters and being told to push or given permission to push at 10 centimeters is ridiculous and not based on anything. And if you understand the way the

body actually works and the way the body actually ejects a baby, then that's ridiculous. The myth of the cervical lip and someone needing to check for that and the swollen lip and the holding the lip back, it's ridiculous.

And, again, I'm talking about in a natural, normal, unhindered birth. But these things all stack on top of each other. They're all interventions that lead to interventions. So if you start off with a vaginal exam to start your labor, when nothing is wrong and nobody is guessing because you're not having a baby yet, then it leads to more vaginal exams. And it leads to taking you out of your zone. And then that leads to more uncertainty and maybe a longer labor and all kinds of things. So that's why routine, in my opinion, is a really poor idea. But it's something that I really, really, really want women to explore with their care providers and maybe with their partners and maybe with themselves to kind of figure out where they stand on that issue. And the reason I say themselves is many women have a birth experience—maybe their first, maybe their second—who knows? Where there are routine exams in labor. For whatever reason.

And then they go on to have another pregnancy, and they really have trouble detaching themselves from this myth, from this comfort almost of someone else is going to tell me how I'm doing. Someone else is going to tell me when this will be over. Again, it's a cultural shift I think we, as women, need to make where we're more willing to get the information from the inside and less willing to get it from the outside. And, again, that doesn't mean we can't ask to the outside. It's just we turn to ourselves first.

So, again, just to rehash a little bit. Rules and regulations in most places whether it's hospital or home make it absolutely impossible for a woman to not have routine checks. Here, again, in Arizona, the licensed midwives are held to exams every hour. And it is based on Friedman's Curve. Now if you don't know about Friedman's Curve, just give it a quick Google look. And that is a doctor—gosh. I want to say the fifties. I don't know. But, anyway, a doctor that did a study that said, "We should,"—we, as women, as machines in the birth process—"should be dilating at a certain rate per hour." Well, isn't that lovely? Aren't we all just textbook machinery? That's just horrifying to me. Ridiculous. But, again, midwives, women that think they are enlisting holistic care—those are in quotes. Many women here say they think the midwives are holistic. Then they don't know midwives have to follow these rules based on Friedman's Curve, which is if you don't dilate at a certain rate you are inefficient and possibly failure to progress. So why do you think the C-section rate is so high? It all starts with the routine vaginal exam. That is my theory. And, honestly, I don't even know that that's a theory. That's probably been proven somewhere.

So I just want to enforce upon you that midwives are certainly not immune to this idea of routine checks that wind up with very interventive births, with births that transport to the hospital for no good reason, with women that suffer cesarean sections for no good

reason. Learning to not do a vaginal exam, if you're a care provider at a home birth, is an art. And I'm not professing to be an artist, per se. I am saying that it has taken me a lot of learning and observing and being with women and babies to feel like I even have a clue as to how not to do a vaginal exam in labor. And I don't, for the most part. I'd say very, very rarely. And, again, maybe only at mama's request and that is after education and all kinds of things. But it is possible is what I'm trying to say. It is possible to find someone out there near you that understands that there are other ways to observe women in labor. There is a million different things to consider.

There is the big picture to look at. There's not just a hand in the cervix to see where you're at because really that kind of thing is so not focused on the whole picture. It's not focused on moms and babies. It's focused on time. Yes. It's focused on the clock. How long? When? When is it going to happen? And, again, it's focused on very male perspective of birth. What's the number? What's the measurement? It's not focused on the woman or her baby. It also is focused very much on the care provider as the powerful one. And these are not new ideas. But I think they're very important ideas to bring into our conversation when we really talk about empowered birth because empowered birth is the person that's having the baby leading the game and not someone else. And a vaginal exam can be done very compassionately, very gently. It can be done by someone you trust in such a way that they are not above you in power. It can be done in a way that you feel like you are in charge, for sure. But in general, it is a hierarchy. Whoever is doing the vaginal exam knows more and is in control.

So not doing vaginal exams in labor is a very real option. And I want to paint that picture for you before we get into the nitty gritty because that is so important to me as a mother and watching my daughters grow up. I want them to know that there are other ways to go about this thing we call birth. That we don't need the numbers and the machinery and the tools and the technology and the hands inside of us unless we choose that. So it's not hocus pocus to not do vaginal exams. As you can imagine, I receive a fair amount of criticism from midwives all over really and especially here that they have no idea what I do or don't do when I'm attending a birth. But rumors abound. And it's not about knitting in the corner or whatever. Ignoring a woman that's in labor at all. It's actually a very close attention and attunement to she and her baby. And it's relying on other tools.

So back before birth really became this medical event and it went to the hospital, what do you think midwives did? They knew how to be with women. They knew how to take care of them. They knew them really well. They had a relationship. They knew the family. They fed the women. They made sure that their babies were handling labor well through the tools that they had. So, again, I'm not necessarily wanting to go back to a prehistoric era where we didn't have technology. I'm just saying that it's a very real option to find someone to attend you or to create your own experience without an

attendant where these things are not a part of a normal birth because they don't have to be. And I think that's what I'm trying to say. You may receive criticism. You may receive negativity about how that would work or why. But just consider the people that need to know numbers and measurements in a normal birth are from a different paradigm. And, again, they're of the one where mom and baby are not of utmost importance. It's more about damage control, and it's more about a timeline that they have to meet. And, again, mostly for political reasons.

So a routine exam, again, is done for all kinds of quote on quote reasons. The biggest being cervical dilation because people think that means something and/or they just want to have something to write down on their piece of paper to know when they should bring you into the hospital. But other than that, if you were to request a vaginal exam outside of it being routine or want one for some reason or you have a really, really smart, I have to say, compassionate care provider that does ask to do one at one point in a labor because it's—something is going on the main function of that sort of vaginal exam would be to clarify a situation or confirm what is already suspected. So just digest that for a minute. Again, a situation that needs clarification or to confirm what is already suspected.

So that means that even in the case of a nonroutine exam, you're not going to find something out in most cases that is a complete shock. Because if a labor isn't progressing or something seems off, you're mostly going to find what you expect to find which is a mom and baby that aren't quite aligned yet. And what does that mean for that mom or baby? Maybe the baby is in a funny position. Maybe the mom's cervix is an interesting position. Maybe her pelvis is just not quite relaxed yet. Maybe the baby is presenting breech, for heaven's sakes, and nobody has thought of that. So, again, there's sort of a limited number of things you're going to find out anyway even in the nonroutine situation. And in most cases, it's just going to confirm what you already thought.

So here's a study of some kind that I found. Vaginal exams. They are inherently imprecise with studies indicating an overall accuracy for determining the diameter of the cervix at between 48 to 56%. So, hopefully, you got that. What it means is that they're not very accurate. That only 48 to 56% percent of the time is the vaginal assessment of the cervical dilation accurate or mean anything at all. So what else you should know about vaginal exams is that they differ from person to person. It's really not an exact science. It's very far from being an exact science. A lot of it is in relation to your body. And, of course, everybody's body is different. Practitioners will differ in the same assessment. So literally, one practitioner will do a cervical check. And the next minute another practitioner could do a cervical check on the same woman, and they could come up with a different synopsis.

The World Health Organization recommends that the number of vaginal exams should be limited to those which are strictly necessary. And ideally, this should be the one examination to establish active labor. Now that's really conservative, I think, in a positive way. I want to know what all these midwives are doing, what all these licensing boards are doing, with these rules and regulations around hourly checks. The World Health Organization is saying that maybe one to establish active labor. Personally, I don't even agree with that. I think that actually makes no sense at all. What I do like is that they're limiting them. But a normal, healthy situation—just all labors are different, but they all proceed in a certain manner in the sense of the baby is getting closer to coming out. And we determine that to be active labor really when things get serious. And I think to do one then is absolutely ridiculous in the normal, healthy situation because that's the point at which—at least if I'm observing a woman and her labor, when she gets to that point it's like, "Oh, okay. Now finally, we know what's going on." The baby is going to come sometime soon.

So yes. I love that the WHO does say we should limit them. And maybe only one ideally. And those are their words. But I think that's even a place where we really need to grow and understand more about the way this process works. But that guideline is being given for clinics really and places where mass amounts of birth are happening. And these women aren't really being given attention or no one knows them necessarily. They're not working with a midwife that knows their ins and outs. So as a clinic rule, I guess, that makes more sense. But in our little world here of empowered, mostly home birth, the one examination to establish active labor is still really ridiculous. And I think if you are working with someone that thinks that's a thing, no matter how much you love them, if they still think that even one routine exam upon active labor is what they should do at your labor, personally, I would run. Or I would have a lot of questions because that is not evidence based. And it is totally disrespectful, I believe.

So more about that WHO recommendation. And this is in quotes. Excuse me. "It is debatable whether vaginal exams are indeed the most appropriate method for assessing progress in labor. However, they have become so routine in labor care that they are no longer seen as an intervention. Walsh,"—who is an author of the study—"suggests that,"—and this is in quotes—"routine repeated vaginal exams in normal labor should be abandoned until research establishes their appropriate place." So that's more of what I'm trying to say. And much more along the lines of compassionate care. Yes. Let's abandon them. And that may seem really extreme to you. But, again, I'm talking about routine exams in labor at your home birth. The hospital. I'm not even going to go there. But them too. Although they could not function, of course, without this tool at all. They would have no idea what was going on.

But at home when you're hiring midwives, yes. This should be totally abandoned. They are not helpful. And, of course, what I just read was very politically correct. It is

debatable, right? Whether they are indeed the most appropriate method. No. Not appropriate as routine at all. And some would say harmful. So why? Why would they be harmful? And maybe this is news to you.

Again, it's not this hocus pocus hippy midwife knitting in the corner idea. It's let's look at what we're doing and talk about how it's actually hindering how we have babies because that's the most important part. Just to say, "Oh, I had a really cool labor with no vaginal exams," which is really cool. But we're not saying it to just be really cool. Vaginal exams in a normal labor are completely disruptive. They reek of impatience. And those are my words. I realize that's a really strong thing to say, but they reek of impatience. A routine exam. There is no reason anyone should want to do that to you unless you request it. And if it's just routine, why do they want to know? They only want to know for their own timeline. That is absolutely the only reason.

Vaginal exams are traumatic for many women. And this could be women with a history of PTSD or abuse. This could be women with no history of PTSD or abuse. They are traumatic, and they are painful for many women. They are disappointing. They cause a great deal of mental anguish for many women because, again, most women have been taught that dilation means something. And so here they are working really hard to have this baby over the course of whatever many hours. And they're told that they're only 4 centimeters when that means nothing. Hopefully, you know that. They could have the baby the next hour. There is a risk of infection with all types of exam. Going up inside your body. And that's even self exam, to be honest with you. If you decide to stick your own fingers up into your cervix, that's your business. But wash your hands for sure and know that even that may not be good enough because we have bacteria in our vaginal tracts. And when we put something in and it ascends, we can drag that bacteria with us.

There is a risk of rupture of membranes or opening of waters or breaking of the water bag, however you want to say it, with a vaginal exam. And that's the story, actually, of my first baby. I won't go into long detail here. But 12 years ago I was seeing a doctor. He did routine vaginal exams in pregnancy. Get that. And I knew intuitively that was bad and wrong, and I didn't want one. And I got kind of got humiliated into one. He told me that it was necessary for him to determine whatever whatever. And being a really young woman, uneducated, I allowed him to do this vaginal exam at 37 weeks of pregnancy, went home, and my water broke. And I ended up having a baby way before she was ready to come out.

So there is a risk of rupture of membranes whether you're in labor or not. And the biggest risk—well, not biggest but another major risk is being labeled. There is really nothing that exam is good for except to label you like a piece of machinery that is either doing its job or not. So after a couple exams where you're not progressing to



Friedman's Curve or whatever, you're failure to progress. You're CPD. You're deep transverse arrest. You're whatever. And, again, do some of those labels happen anyway? To some women later in the process, perhaps for good reason, sure. Not every labor is picture perfect. Not every baby is going to come out vaginally. But most will if given time and patience. So that label put on a woman in early labor, again as routine, is detrimental.

So what else is there to do if we're not going to do a vaginal exam, what do we do, right? Because everybody wants to know what they do. And if you're planning an unassisted birth, then it's still great information for you to know. Maybe your partner wants to know how to assess your labor from the outside or how anybody knows when the baby is going to come out. And that's really what we're going for here, right? I mean that's what we all want to know when we're being impatient or not. We want to know is the baby coming soon or not. And really there's only a couple options. The baby is coming soon. The baby is coming later. Or the baby is not coming at all right now. And that's not necessarily a negative thing. It could be that the woman isn't even in labor yet. And that is one of the biggest misdiagnoses of a vaginal exam in labor is that she's not actually in labor. So talk about a risk of a label. If you're labeled as being in labor at 8:00 at night and you're really not and you're no change in your cervix by 8:00 the next morning, that's a pretty big label to be slapped on you.

So I would encourage looking at the whole picture. And I won't go into all kinds of crazy detail because most of you aren't attending births. But there is a whole picture from where we hear fetal heart tones with the fetoscope to where the baby is in the uterus to how firm the uterus is to how close the contractions are to how strong they are to how long they are. And the disclaimer here is we aren't machines. We aren't textbooks. And so women do labor differently. For sure, there are women that don't act like they're in very hard labor at all and go on to have a baby in the next hour. And vice versa, there are women that look like they're working really hard. Their contractions seem to be coming really close together, and they're nowhere near having the baby. So we only know so much. And so much of the process is still a mystery. Observation of all kinds is necessary.

And, again, that comes back to looking for a care provider. How do they know how to watch you without watching you? Because no one likes to be watched. But it's more an absorbing of somebody's energy, of the information you're getting. The most important part, I think, for someone to do attending a birth and to not be relying on a routine exam is to really hold the space. And, again, that sounds all hocus pocus. But to be fearless. To be there. To support the mom and baby. To be listening to her sounds, to be feeling the energy in the room, feeling the temperature of the house, feeling the temperature of her, the sounds she's making, the things she's saying, gosh. There's just so many things you can gain from keen observation of a woman in labor.

So all to say that if this is you—if you're the woman in labor, that there is a way for people to have an idea, at least, from the outside what is going on. And, again, if you're fine and the baby is fine, then there is no need, in my opinion, for them to know anymore than they know from the outside. You're intuitive sense is really powerful. And that, again, is something I believe has to be practiced through pregnancy. I have many podcasts starting from the beginning of pregnancy and kind of cultivating that talk between you and your baby, cultivating that sense, that knowing, that deep knowledge that you have because that's what you'll access in labor.

And if it feels like your labor is taking a long time or whatever, that's when you engage in that conversation to figure out is this normal. Or is it not normal? Is there something my baby needs to know or not? Is my baby ready or not? But there is no hard and fast rules, unfortunately. All labors are unique. And no matter how long I'm involved in the birth world I will continually be surprised by labor, by moms and babies, and by any expectations I set as the care provider or even as the mom. I know in my own labors I've felt like maybe they were slow at parts or fast at parts. But in hindsight, it's all come back to my expectation of what I think should be happening. And, again, I've had to unlearn many things as well. So when I talk about cervical dilation and that being a myth and all that kind of stuff, I've had to unlearn that as well and to separate my own brain and heart from that in my own labors has been a challenge to not feel like there's a certain way it needs to happen because there's not.

Let's see. What else? I think having an expectation of normal helps create a normal circumstance. And always—there's always a disclaimer, right? Because people always want to read into things I say like that. Sure. Not every situation is normal. But if given a chance, a normal, healthy mom and baby will have a normal labor. But what does normal mean, right? We're not talking textbook. We're not talking expected. We're talking normal for them as far as timeline, as far as intensity. All of these things will differ. And there isn't one way for it to look, so that's just another way that a cervical exam is completely meaningless. To go from 4 centimeters to having a baby in an hour, we all know that's possible. It has happened. It will happen. And vice versa.

So let's see what else I want to say here. Other things to look for—and, again, this may be you. So you're not really going to be assessing yourself, but you might. How you feel in between contractions. Some women, again, are really chatty in between and can be close to having a baby. But as a general rule, we become more serious. We become more inward. We become more centered. During our labor process, the closer the baby gets to coming out. Feeling pressure in all kinds of places in our body is normal in the labor process. It becomes more pronounced as the baby is getting closer to coming out as well. So you notice a pattern here. I can't say for sure A equals B. All I can say is so far examine who you have there and what they'll want to do to you and

have an idea of how labor might look but don't hold any attachment to it because, again, it can look so different.

Whether your waters are open or not can be an indicator of where you are in labor or not. As I said with my own story 12 years ago, waters can open way before labor, and that is not labor. That's just waters opening. Waters can open, of course, most commonly with healthy people later in the process when there's a good deal of pressure, and the baby is making its way through the birth canal. And birth often happens really fast at that point. Bloody show coming from the cervix is usually a good indicator of the cervix opening. And, of course, as I've said, the cervix opening is not the be all and end all. However, it's one part of the puzzle when you see bloody show to know that there's some action. There's some capillaries breaking up there because the cervix does have to open. I don't mean to say it doesn't have to open. It's just the myth of how far it has to open and only considering that as a factor is a complete myth. That is not the only factor.

So when would someone really want a vaginal exam? You heard this podcast. You understand the risks of routine exam. You do not want that at your labor. You do not want that timeline. You do not want those rules and regulations at your normal, healthy birth. You want to be allowed to labor and birth your baby in the right timeline for you and your baby. And you don't want the risk of infection and assessment and all this other stuff with you. But when would you want one? Again, I think it's a really personal question. I guess if you're considering going to the hospital for whatever reason whether you're attended or not then a vaginal exam at home by someone you potentially trust is better. And it may give you information to stay at home. It may give you information to not stay at home which might be beneficial in your case. So, again, I guess as a last open, if it's going to be done at the hospital anyway, it's not a terrible thing to be done at home with your consent by someone you trust. And it may just give you that extra little push to keep going if everything is going well. It may give you that little bit of information.

Maybe it's that oh, the baby is descending and how encouraging that is. Or oh, your cervix is completely open. Or something that's really happy news that keeps you at home. And then, of course, conversely, it might be something where you're not comfortable staying at home. And you're glad that you did this exam before you get there. If anything seems really strange or different in your labor and you're concerned to a point where you feel like that information would help you, of course, that's a great time for you to take advantage of, again, having someone you like and trust do the vaginal exam for you. I will say having done my own exams in my own births that's really darn hard to reach up there for most of us. Your belly is so big. The cervix is where it is depending on the length of your fingers. It's pretty darn hard to do. So I've done just to see more as an experimental thing which is an option. And educational

training there to see what it felt like in my own body. But it's really hard to feel the detail like the baby's head or the sutures or the fontanelles on the baby's head. That kind of stuff is really hard to feel on anybody. But it's really hard to feel on your own body.

So if there is really detailed information you feel you need for whatever reason or want then that's a great time to take advantage of that if that's what you want to do. Ruling out preterm labor in your own body is another thing that came up for me when I was thinking about this talk. And, of course, that's not labor really. I mean unless you are in preterm labor in which case you want to know. But women often do have preterm contractions. And my feeling is if you were considering going to hospital, if it were me, I'd probably start by checking my own cervix if I was 28 weeks and seeing what was going on up there. If it was opening up or not. For me to know what my next step would be.

So those are some ideas as to why you might want one at different points. Again, I think, at this point, you're pretty well versed on the risks. So I'd ask you just to consider all of those things and to make the best choice for you. So thanks so much for listening. As I mentioned, we talk a lot more about the physiological birth process, the process of undisturbed birth in our five-week online class. We also do free consults on Mondays by phone, so we'd love to speak with you then about your experience or answer your questions. And, again, just really get you on board with all of the details of creating this empowered birth experience that I know you desire.

Thanks so much. Have a great day.

(closing music)