

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi, everyone. Maryn here with yet another talk on helping you figure out what you want for your birth experience. Couple podcasts that probably could be distilled back to that because it is so important. We spend so much time in our lives talking about what we don't like, what we don't want. And when it comes to our births, it's really time to get positive and see how we want it to go to the best of our ability, to plan, to learn, to turn inward so that we're able to see what we see on the inside manifest on the outside.

So creating what you want, it is possible. Maybe not completely in your control. Definitely not actually. Birth is not one of those things that we can 100% control just like any natural event. But we do have a lot more power than we realize. We are not victims. We are powerful women, who are able to largely manifest what we believe when it comes to birth and other things, of course. So without further ado, today's topic is asking questions. We're going to talk about asking yourself questions first place to start. Asking questions of other people, and that's probably the bulk of this talk just because we're doing that collectively. We're asking other people when we're looking for support during our birth or during our pregnancy in birth.

So I don't feel like there are tons of resources like this out there in the world right now. Really helping us come to terms with what we want. And how to weed out what we don't want and how to weed out what's not true for us. So when it comes to asking questions of other people—so you're interviewing perhaps a midwife, there are more direct ways to get the information you're seeking about the person or how they practice. And women are really taking advantage of that either. So by that I mean looking up, for example, online because everything is online now, right? Looking up rules and regulations for the state that you live in to find out what midwives operate under. So if you're going to interview a licensed midwife, you don't even have to meet her before you can determine certain protocols or certain answers to questions that you're going to have.

So this is all, again, about figuring out what you do want. And by that, we are together changing the paradigm of birth that we live in. We're not changing birth. I don't think birth needs to be changed too much. But we're changing how we see it. We're changing how we react or respond to the societal protocols that are already in place. The cultural protocols that are already in place about birth. And we're kind of turning it all on its head. At least that's my intention. Just really calling into question absolutely

everything we do. So along those lines, asking questions. What if you approached care with an attendant—and by that, again, could mean a midwife, a traditional birth attendant, a doctor—as you being the one in charge? As you're the one that's paying the fee here. You're paying that person's fee. You're paying their bills. And you're hiring a consultant, right? And by definition, a consultant is one that you would go to that knows more about a specific topic than you might. I would, of course, always argue that you know best about you. But for sure, midwives, traditional birth attendant, in particular, do know a lot about natural, normal pregnancy. And that can be really helpful for so many women to have that support through their pregnancy and birth.

But, again, you're hiring a consultant. You're hiring an expert, perhaps, on this topic but not an expert on you. So that's slightly different than when we hire consultants in other areas of life, right? We really do look to them for building a house or something like that. We can educate ourselves a lot, but we may still ultimately look to that person because we just can't be an expert on every subject. What we can be an expert on, though of course, is our own body. So if you're going to hire a consultant, imagine asking questions from that perspective. And imagine that if you were truly asking the questions that were important to you, that you really desired the answers to so that you could find the best situation for you, you'd go down a road that possibly you never imagined you'd travel. And that's, again, another goal that I have here is more women going deeper within themselves. And it's not about not hiring someone, if that's what you desire. But going down a road with them that you never imagined you'd travel because that isn't the road that most women are going down. Most women are going down the road where they're hiring someone else to be the authority, to tell them what to do, to save them from their birth experience maybe. And that is not the road that you are looking to go down.

So you are responsible for your birth. And when asking questions and interviewing people, it's your job to pick the best person for you. And the reason is simple. There is the best chance of you owning that birth experience, which, of course, is part of the Indie Birth philosophy that you really, really get in touch with what you need and are able to ask for it and find it and own it. The best chance of you taking responsibility meaning that you don't give that away to someone either positively or negatively. So it works out to be a great birth, and you don't think that your midwife made that happen for you. You're appreciative for her support, but you know that it was your doing and vice versa. If things don't go just the way you had wanted them, it's not about blaming anybody even yourself. That's taking ownership and responsibility for your experience.

So why talk about asking questions? Isn't it easy? Don't you just go on the Internet, and you could Google—because I did—questions to ask a midwife? And there is only 100 articles, and we'll talk more in detail about the sort of questions. But on one level, it just seems like a no brainer. You want a midwife. Print out some questions. Read

some books. Figure out what's what. And just go interview people and get their answers. It's really that simple, right? Well, it's not. I think women are so used to being in a submissive role even if that's not something that is conscious. Even if that's not something we realize maybe even about ourselves, even partly. Even partly realize. Or maybe it's part of ourselves. Just a small part that we want someone to take charge.

So we don't want to offend people. We don't want to upset them. We want to hire somebody and have a nice relationship. We don't want to become uncomfortable. We don't want them to become uncomfortable. We don't want to get that look. And I can say from experience I've certainly gotten that look throughout my years. And not even birth related. Just in trying to take responsibility for my own healthcare. It's quite a novel concept to many mainstream medical providers as you probably know too. So just bringing those questions and wanting to see lab work and really getting in there and taking responsibility can be very threatening to certain caregivers. So we know that. We've grown up in that paradigm, for the most part, and that's why we're not asking questions. That's at least the really simple reason. We don't want to create conflict. We don't want conflict in our birth, which is a great—that's a great thing. Nobody wants conflict in their birth, but we're going about it the wrong way.

So we're not really digging deep when we're asking these questions of midwives, in particular. I think we're assuming—and, again, this is a collective assumption. Maybe not about you. But women in general. If they are choosing midwives, they're assuming midwives are holistic. And I've said that about a thousand times on these podcasts because those are literally the words that I hear here, at least locally, and the women I talk to on the phone every week. They're under the assumption that a midwife means holistic, means natural, and that is not what it means in many cases. So I'm not going to launch into that whole thing again on this podcast. There is other podcasts about choosing traditional birth attendants, explaining the difference between a midwife and a traditional birth attendant. How most midwives in most places, it's a really a term owned by the state, and it means medical provider. So medical provider and the word holistic don't really go together. Those are two completely different perspectives in most cases. So we can't assume. That's all I'm trying to say right now is we can't assume. We just can't assume that based on the word midwife or, I mean, there are other words too. Maybe it's a naturopathic doctor, who has experience at births. Who knows? But we can be fooled by terms is all I'm saying.

So we can't assume that somebody is going to give us the answers we want to questions and then not ask them because we kind of aren't brave enough or don't want to go there. And then, of course, a lot of times the answers aren't what we thought they would be, and it's too late. We're in the middle of our labor. And that's too late. That is probably one of the only times it's too late to decide that you've made the wrong choice. So there's definitely different types of questions. And I think I'm going to get into that

more. Really status quo kind of things come up in a lot of these things that I'm reading, at last, online as far as questions go. Where the answers are kind of predictable. And they're not really getting anywhere. So this doesn't apply so much to midwives, but it can. The question do you do epidurals. Epidurals. No. I don't mean that at all. I mean episiotomies. Excuse me.

And I remember asking these questions of the OB that I was seeing almost 13 years ago when I was pregnant with my first baby because I was being a good person. I was being a—what I thought was a responsible pregnant woman. I had my list of questions, and they were kind of all like that because I didn't know any better at the time. And now I look back and just see how silly and surfacey those questions are because that doctor and many doctors probably entertain that same questions 100 times a week. And they're canned answers in the sense of, "Oh no. I don't do that unless absolutely necessary." So those kind of questions and answers don't really tell us anything. They just kind of make us more submissive because we're left to feel like we got the answer we wanted. And it probably won't happen to us unless he or she knows better for us. So, again, we're leaving the actual answer kind of up to chance in the moment and hoping it works out for us because we don't know better. And/or we don't want conflict. So those aren't good things.

Let's see here. Yeah. I always like to just mention even when I'm talking to people personally or on the phone that the list of questions you have should be no different than if you are buying a car or choosing some sort of professional for another kind of consultant role. And I think it's humorous but not really funny that many women today are going to more trouble to buy a car, as far as questions asked and the answers that they get. Again, and that's due to probably a million things. We've kind of chatted about a couple of them. But just giving you food for thought, if you're making your own question list, or maybe you're coaching other women or helping support other women maybe as a doula or birth attendant. And you're trying to help them uncover what's really important to them. Remind women that they ask so many questions when it's something a lot less important. And, of course, what's more important than this?

Your ability to ask questions and get answers—and that's crucial, right? All the questions in the world aren't going to do you any good unless you get real answers. Is not—it's really important. It's really important. It's more important than being compliant. It's more important than being a good patient or a good client and keeping it nice. And I'll totally date myself here. But anybody who is about my age, which is 37, and watch *Seinfeld* growing up because I'm an East Coaster and I've watched every episode at least a million times might remember the character Lane getting like thrown out of her doctor's office. And they won't see her anymore because somebody had written in her chart that she was a difficult patient. And she tries to steal her chart because this chart is being circulated, and she get in with any doctor now. So that's definitely funny but

definitely true in the sense that we don't want to be difficult. And even amongst midwives, it's a really small community. So I can attest to the fact that I've heard about certain women that are clients of other midwives as being difficult and then maybe they drop that midwife or maybe the midwife doesn't want to work with them. And maybe they come my way. And I've already heard maybe, possibly through the grapevine, that this woman is difficult or whatever.

And that's terrible, but it definitely happens in small communities. So we are not wanting to be in that place. Asking questions though really creates dialogue, and that's the more positive spin on this is not having someone fire you or you firing them necessarily. But think about it as just creating dialogue and don't you want to do that with the person that's going to be supporting and witnessing one of the most amazing life changing events of your life. You want to create dialogue. You want to be able to talk to this person really about everything and anything. So it's good for you and the care giver. And I can say as a former midwife and now traditional birth attendant that it is really important to me that someone have questions. I find it really uncomfortable when someone doesn't have anything to ask. I just don't understand that. I don't understand how they know that we're the right match, or it makes me question what they want or what they're thinking or what's important to them. And most of all, it just makes it difficult to get to know them at least initially.

So sometimes people don't have tons of questions right away. And that's okay too. But I guess it's different than not thinking which can go both ways really. Sometimes it's someone not thinking. Sometimes it's just they get nervous. Or maybe they've had their questions answered some other way. I don't know. But, again, it's not a personal thing. At least that's not how I see it, and I'm urging you to not see it that way either. So if someone treats your questions as if they're personally offensive or kind of gets an attitude or gives you a canned answer or doesn't answer your question or ignores your question or acts like your question doesn't make sense and doesn't kind of help you through it, I think those are all red flags because somebody that doesn't want you to ask questions means that someone probably can't stand not being the authority. And if that's okay with you, then it might work out. But if you are really looking to be the authority in your experience with support, with knowledge, with that kind of guidance and consult, then it probably isn't going to work out.

And that sounds extreme, but it's definitely out there. Stereotypically, more in the medical OB world, doctors aren't going to answer your questions. And if they do, they're just kind of this status quo, standard answer. Midwives even, though, often will avoid a situation. So, again, a lot of these things are in the rules and regulations, which is why I really urge women to find what those are in their state. So here, obviously, I know what they are. I really encourage women to read those over, and those will help formulate their questions. So if something is out of the scope of practice of a midwife,

let's say 42 weeks. You go past 42 weeks. She's done with you. She has to, by letter of the law, transfer your care. So that's the answer, I guess, you would expect from someone when you interview them and they're licensed. But because women aren't doing that research and they're kind of naively, again, thinking midwives are just holistic, they often get lied to. I hate that that's the truth, but it is.

I've heard it so many times here. "Oh, well. Don't worry. We won't let that happen." Well, that's not an answer to the question, "What happens when I'm 42 weeks?" That's not an answer. That's an avoidance of the question. And that's acting like we all have more control over the situation than we do and really just not being on honest because, honestly, that can happen to anyone. And, honestly, there's lots of situations that are not the ideal situation that can happen. So why don't we just be honest and talk about them? And if you're interviewing someone that's licensed and you have those sort of questions about their restrictions and protocol, my thought is that they should just be really honest and say, "Well, by the letter of the law, at 42 weeks, we need to transfer care." That would just put it out there and a lot of women would not be okay with that and would move on. And then a lot of women would be okay with that.

And each group, whether they were okay or not okay, hopefully would be closer to finding someone that could truly support them. And that's what it's all about. It's not about us all doing the same thing, obviously. All picking the same care provider. There's that saying—something like there's a midwife for every woman. And really, there's a woman for every midwife. And that's the way it should be. We don't all need to make the same choices. We just need to know when we're being lied to and when we're not. So, again, for me, I love questions. And I think lots of midwives do, and that's a great thing because—yeah. It's a red flag if someone won't answer your question or, like I just demonstrated, kind of avoids it or plays it off or acts like whatever you just asked is ridiculous or won't happen. You really do have a right to ask anything at all that you want because you have your reasons. I hope. Why would you bother? Why would you bother writing it down and asking it? Because it's important to you even if I don't understand. It probably has to do with your past experience or something that's been a part of your life.

So I, personally—personally, don't have an issue with any sort of question a woman would ask. Sometimes there are follow up questions to kind of get a little more information. But, again, I, personally, try to not write off any question at all. Beware of nevers or always. Don't you remember that from when you used to take tests when you were a kid in school, right? All the true and falses. Or pick the best answer. You never picked the one that said never or always because life just doesn't work like that. There is really—I mean I can hardly think of a situation where it's—you would say never, right? So if you get those kind of answers in an interview, I think just beware. That's all. And kind of digest what's been told to you or how the question has been answered. And

then like I say—and excuse me. But turn on your bullshit meter either then and there or maybe when you get home and you're just digesting. Because, again, never and always, those words do not belong when we're talking about birth.

So someone that says, "Oh, we—I never have a long labor," or, "I never have a woman go to 42 weeks," whatever. If that's the case, honestly, if that's really the case, like no ones ever gone to 42 weeks, then that elicits about 100 more questions as far as I'm concerned because why? Chances are something is probably going on there. So the same with the word always. How many examples can you think of, right? "I always make every birth that I'm hired for." Well, no. You try to, but sometimes once in awhile—maybe every like eight years something weird happens and two women labor at the same time or there's a giant snow storm. So to the best of my ability, yes. When you hire me, I will be at your birth, but I can't—nothing is 100%. So honesty is best. And I think I keep coming back to that whether it's honesty with yourself or, again, a care provider. Being really honest, it just keeps coming back to that. So maybe I should just stop there and talk about how to gauge someone's honest response, but I think you can do that.

So I kind of narrowed it down to questions that, to me, are on three different levels. There may be more. This was just kind of my rough sketch on how to explain this from my perspective. There's not a right or wrong though. Again, I'm not trying to say that if you only come up with questions kind of on the most basic level that that's bad or you're going to have a bad birth or you're hiring the wrong person. No. No. No. I'm not saying that. I'm just saying in my experience as I've gone along here, in my own life and in walking with other women, that there's increasingly deep levels that we can access. All of us. And me too. Always, always, always. But three different levels of question asking. And I think it kind of determines where you are right now. The kind of question that you ask. And where you're going. What you want. Back to that what you want thing again. And definitely they get more specific and deeper. So you'll see.

Let's do a little example here. So the most basic kind of question, I think, is a yes or no answer. And probably not that revealing. So, again, a lot of these, if they're protocol type questions, you really could look up in your state, and that would be a smart thing to do because then you would even have to ask that question. So, for example, here is a yes or no. Do you carry Pitocin? I'm going to get a yes or no to that one. Next level of question increasingly interesting. Maybe a little more probing. And is, I think, outline protocol maybe and definitely do a bunch of other stuff. But as far as this example goes, I guess it's more protocol. So second level question would be do you give Pitocin if I bled? Right? So that question is a little bit more complicated because it's not really concerned with if the person carries it or not although that is important on some level. But it's more like how do you react if I bleed?

The problem with this kind of question, I think, is that it's still based on a yes or no answer in the sense that the answer is somewhere. So, again, back to those rules and regulations. You would have to read through all 15 pages, at least here in Arizona, to know that if you're given Pitocin after birth to control bleeding it is required by the letter of the law that you are transported to the hospital. And I can't tell you how many women have no idea about that. So in other words, they think they're doing the responsible thing by asking, right? Because, "Oh, everybody wants Pitocin. And oh, would you give it to me if I were bleeding," and everybody thinks the answer should be yes. But really the answer, of course—well, that's a huge topic. But anyway, the second part of that question or answer would be yes or no. I give it. But yes, if I do, we have to transfer.

And that's just, I guess, the kind of thing you learn as you go. You learn from experience. You really have to do your homework in formatting your questions. You can't anymore just leave questions up to what you think you should ask because sometimes the answers are more complicated than you even realize. So here's the third level question. And, again, there might be more here. Trying to keep it a bit simple. But I'd say like the third level of question, to me, get to the heart of the matter, talk more about philosophy. Let you kind of see who you're dealing with personally and professionally. And this might be a series of questions. And I think that's okay. I think at least, to my ears, that makes more sense because something as complicated as postpartum hemorrhage—dear me. I don't think that is a one word answer. And I know when people ask me here or, again, over the phone it's definitely not. That's why we came up with a whole postpartum hemorrhage course, and I would prefer women take that. That's my answer. Take the course. It's a whole huge thing because so few things are easy to answer in birth.

Okay. So back to this level three question. It's a series of questions. And, again, it's going to get deeper. It's going to probe someone's philosophy and way of thinking and ability to think and ability to problem solve. And isn't that what you want when you're hiring a midwife? Or do you just want a monkey who is following the rules of the state? I don't know about you, but I want someone that can think. Licensed or not. I want someone that can put things together. So my series of questions along these Pitocin lines would be what do you think about hemorrhagic drugs. Do you have alternative ways of dealing with hemorrhage? Have you handled hemorrhages without drugs? And what would you do if I hemorrhaged?

So to me, that's like the perfect series of questions. If I was the birth attendant answering that, again, I would probably just say take our course. But obviously, I would answer the question too which we talk about prevention and how birth works a little bit and just how it's so rarely needed. And then we talk about other ways to control a hemorrhage. And then we talk about the fact that I don't carry Pitocin and actually

wouldn't ever want to and the risks of Pitocin and the after effects and how it's not this wonder drug and when the hospital is the safest place for hemorrhage because it definitely can be.

So you can see that with that level of question it creates a dialogue. It creates more questions. Maybe the midwife would say back to you, "Well, what was your experience?" And you get a chance to share your last birth and what happened there and how maybe the hemorrhage was dealt with, and the midwife gets to know a little bit about you and your concerns and your experience. So don't choose the yes or no questions. And if you find yourself asking those or writing those down, look at your question and ask yourself, "How can I elaborate on this? How can I find out more? How can I find out what this person is really about?" And then what's important to you?

And I know for me just coming up with this outline something like hemorrhage—that would be something that I would want to know how someone deals with. I didn't just make that up out of the blue. I think that's a really important topic. And for me, even though I'm in the birth world, if I were going to hire someone to be with me at my birth, that might be a topic I'd want to know how they felt about. I don't want someone that's scared of bleeding. I'd want someone that was confident and had ideas and had experience and didn't rely just on a drug and have no knowledge. So you can see it goes deeper and deeper here. And, again, I think it comes back to what you want and what you think your role is and what role you are hiring someone for. So, again, are you hiring someone to protect your space? To be someone with more knowledge? Or are you hiring someone to tell you how it goes and when to go to the hospital?

And there's no right or wrong answer. But, obviously, completely different questions and series of questions that come with what you want. So I won't spend too long on this. But like I said, I did Google questions to ask a midwife or something like that because I was really curious. I don't think I had ever done that before. I wanted to see what people were asking homebirth midwives these days. And I found a couple sites for homebirth midwives, and they had their series of questions. I guess they thought they could put that out there or should put that up there for people interviewing them which is kind of funny. But yeah. No deeper questions at all. No how do you do this? Or no outside of the box kind of questions for the most part. Most of them were really, really mainstream and medical, which, again, is just another reflection of how mainstream and medical midwifery really has become.

So these are the kind of questions that were on the site—these different homebirth midwifery sites—that they were encouraging women to ask them. It's just funny. So what certifications and licensing and professional organizations they were a member of? And not trying to sound like crazy and bitter or anything. I am actually a CPM. And whatever. I don't know that anybody cares necessarily. But I'm just saying we all

choose where we need to be. But that shouldn't be the only question women are asking us. And gosh, no one should be hiring me or anyone else just because they have any sort of letters. I don't think that's the way to hire somebody. Other questions around malpractice insurance, which is really frightening to me. But, again, this is mainstream midwifery. Lots of women that don't know any better are going this route, and they're winding up with essentially hospital births at home, if they get that far.

Collaborative relationships with hospitals. Oh, that's a hard one for me with the history I have here with the hospital, who hates home births, hates midwives, hates women. It's really hard to think that that's seen as a good thing that women would potentially looking for someone that has a collaborative relationship. And, again, this isn't 100%. I'm sure there are many amazing, holistic home birth midwives that somehow worked out a relationship with a really cool doctor, and that's awesome. And really I think in the best scenario we would all have access to that. So I'm not saying that that shouldn't be held as a vision. But, obviously, the way things stand right now it's not that way most places. So if a woman comes to me and only wants to hire me if I have a collaborative arrangement with a hospital, well, she's probably not the woman for me. So all questions really do serve the needs of the people that are asking truly.

Other questions, do you take insurance? What happens if I transfer? How do you determine if I am safe for home birth? How do you determine if I am low risk? And wow. Those questions really bring me back to reality because I don't live in that world. I live in my—maybe my own little world in my head where women decide if they're safe for home birth or safe is just not necessarily the word I would choose. But I live in a world where women decide if they're going to have a home birth or not. And then they find the right person to support them. So, again, just kind of giving you a glimpse, if you are potentially as out of it as I am, to know that this is what the rest of the world is asking. These are women that are wanting, desiring home birth midwifery care. And, again, I'm not saying it's because they're stupid or anything like that. I think we just—we don't live in that world. We've created this strange, strange monopoly on birth with mainstream midwifery. And women just don't know. They just don't know. It's as simple as that.

So maybe this podcast will help. I don't know. If you're asking those kind of questions or thinking those are the kind of questions to ask a midwife, maybe I just opened your eyes a little bit to asking deeper questions. We've got to change the questions we're asking though, and that's why I'm doing this podcast. I know that I can seem probably a little persnickety about some of this. But it's only because I care. I really truly do. I want to see more women own their birth experiences. That's probably only happening at home for the most part. And I want to see midwife stepping up to what women are asking for. I want women to figure out what they want and how to go about getting it

because I think it matters. It's going to change the way—again, the way we're viewing birth. And this is going to affect our daughters and our sons down the road.

So when I look at it like that, it is really important that we ask the right questions for us, and that we understand we can ask whatever we want. We can make it as deep and thorough as we want. We don't have to ask these just ridiculous questions to get a yes or no answer and avoid confrontation and true knowledge and true ownership, which, again, I think is maybe even subconsciously what a lot of people are doing. They're just kind of in the status quo thinking they need to do things a certain way. And they're just going to find someone to go along with it because they don't know there is another option.

I love when people ask me who else is in the area. What other midwives are around? What other birth attendants are around? Who are the doulas? Who supports unassisted birth? Who doesn't? This shows me that a woman is aware that she has options. And I know you might be thinking, "We don't have any options where I live." Right. In a lot of places, we do have really reduced options. But there's always something. There's always something even if it's a traveling midwife or phone support. We always have more options than we think. So when women ask me I am happy and always have been—honest to goodness—always happy to review the midwives in the area. It is not that way across the board. There are many midwives that will act like they're the only one or have something bad or unprofessional to say about another midwife just out of competition's sake. I may have those thoughts, but I keep them to myself as best as I can because it's more important to me that a woman investigates all those options even if I can tell by what she said that she probably won't go the medical route. It's still great for her to go to meet with those people to ask those really great questions and to hear what the responses are. That can really help us make ourselves more secure in our ultimate decision.

Being really myopic, just interviewing one midwife even if you love her to death and then hiring her, is really myopic. It really doesn't allow you to see the spectrum of care that's out there. And, again, that can teach you so much. It can teach you about what you want, and it can really reaffirm the choice that you do make. So other ways questions help you if you didn't already come to this from what I've said is just really obvious. It's going to communicate to you, hopefully, if you're choosing the right person, if this isn't the person for you, or if it is. I know as a traditional birth attendant I love questions because it shows me, again, that women are thinking that they're aware of their options, that they understand there's a lot to this birth thing. That it's not just a simple yes or no. They're not looking to relinquish responsibility. Those are all really great things to me.

I love learning. So it's not about having all the answers. It's about creating that dialogue. And it's true that women do figure out at different places in their pregnancy

that whoever they hired isn't right for them. It happens all of the time. And all I can say is maybe the right questions weren't asked in the beginning. And I think that's possible. And, again, it's not necessarily a fault of anyone. It's just how would you know especially if it's your first baby. So when you do come to the conclusion that whoever you're sitting there with is not the right person for you any longer, how much wiser you are then at that point to find someone else and ask what are now the right questions for you. So really it can give you a second chance. Like I said earlier, it's never too late to start over unless you're in labor. Even then, I'm sure women have kicked their midwives out or whatever. Probably not too typically though.

But other than that, it's never too late to start over. Just cut your losses. Gather up what you've learned. Don't hold a grudge and just take all your newfound knowledge and wisdom and find somebody else. Or don't find somebody else and have a free birth. Do not ignore your inner voice. That goes for midwives of all types. Best advice I ever got in my life that I, obviously, try to use all the time and not just in birth but in life. So I think it's important for all of us. And sometimes in a pregnancy, the lesson is as simple as that, right? Everything comes with its lessons. and sometimes our lesson is just to trust ourselves. Just to listen. And we're given so many opportunities to do that.

So I do believe you should be asking the questions that are important to you. And, again, to do that you have to probably dig a little. Probably have to do some soul searching. Talking to your baby. Reading. Talking with your partner. Talking with other women. Hearing their birth experiences. These questions don't just fly out of you especially when you really don't have any idea. You've never had a baby before. You've never been pregnant before. And, again, these online resources are really pretty useless as far as I'm concerned. So yeah. It can be difficult to kind of come up with those questions. And, again, those are situations where you just sit with someone during a consult. You kind of hear what they have to say. You just hear more about their philosophy and maybe the questions come a little bit later.

You do not have to ask questions of anyone. And I kind of just hinted at that with my free birth comment. But I meant it in that questions are great. We all learn by asking and answering and listening. All of us. No matter what area of life. But the kind of question that requires permission from someone else or their approval, we do not have to ask those questions during our pregnancies and births at all. We can choose not to. So that's kind of cool. And if you're being really honest with yourself, you might come to that conclusion that you're just over it. You're done asking somebody else about how you're going to do things. Everything we need is within. I do believe that. So when we're sitting with someone at a consult or interview, sometimes it is good to be quiet, in a sense, or maybe quiet afterwards just internally to let everything digest and to figure out what we need and what we want. I do think, again, our inner voice speaks to us. It's just learning to listen.

So my last little bit here is kind of my own personal feelings on somebody I would hire just because I really got thinking about it. And to me, the most important thing that I could come up with—and this is as a pregnant woman myself in years past specifically—the most important thing to me is really honesty. And I talked about that already. And yeah. It's sort of a hard thing because sometimes you hear the answers that you want to hear, but you don't trust someone. And, again, that comes back to that gut feeling and sitting with it or going with it or leaving it because honesty is just about the most important quality I think you could choose someone for.

As far as experience goes in numbers, to me, that's along the lines of more like the malpractice and the numbers that real, male, linear perspective of what we should be looking for. Experience is awesome. And I think we're just all going to differ with how comfortable we feel with someone if they've only attended one birth or how comfortable we feel with someone that has seen 3,000 births. I think—I really think that it can go both ways. I think women are entitled to hire who they want to hire as long as that person is being honest about their experience. So I was talking to someone just last week who was really, really comfortable and loves and trusts the person they hired who on paper doesn't have that much experience. Why not if it's somebody you love and trust and you're not looking to them to save you anyway? Then that could be your answer. It may not be everybody's answer.

And conversely, if you're looking for someone that has lots of experience, I think you do have to ask yourself why and not that that's not a good thing. There's lots of great things about experience. Obviously, someone has seen complications. They've probably handled them. I like that feeling too. I like feeling confident in somebody's ability should something come up. But myself, very honestly not being someone with 30 years of experience, I don't always think it's the be all and end all. Lots of midwives with tons of years of experience are fearful about certain things, or they just don't keep up frankly with the most cutting edge knowledge, information, research. And for me, personally, that's a thing. It doesn't have to be for you, but I like feeling like the people I surround myself with in birth are confident and knowledgeable and willing to go that extra mile to keep learning. That's just really important to me.

So let's see if I'm going to cover this. I guess I was just going to say that when I hired a home birth midwife almost 11 years ago I didn't have any intellectual knowledge about midwifery or birth or anything at all. So I'm saying that for women out there that think well where do I start with these questions. I'm not a midwife. I don't know this stuff. I don't even know what to ask. I didn't either. And somehow I found someone that was really suited to me, and, again, it's what I've already said. I liked her honesty. I liked her transparency as far as her experience. And I felt comfortable with her. And my baby felt comfortable with her. And that was what I needed. Now I've told the story a couple times in different ways. But we also interviewed probably the day before a nurse

midwife. And I was like 38 weeks pregnant. This was totally last minute that we decided we wanted a home birth. And the nurse midwife, even with her 30 plus years of experience, had a completely different vibe. Every question I asked her—and I don't honestly remember exactly what I asked her—but every question seemed like it came back to when to transport.

There was this really negative feeling like—I do remember her specifically saying something like one of their requirements for the car to have gas in it and be packed with a hospital bag. And that did it for me. I may not have known anything about birth at all. I may have never had a home birth. I may have been a couple days from having a baby. But I was not going to put my eggs in the basket of fear. And it was a feeling. Again, I didn't know what to ask. I probably didn't ask anything along the lines of like how many people do you transport or what's your transport rate. I didn't ask that of the woman we hired either who was a traditional birth attendant. I went with my gut feeling. So you don't always have to have a million questions. I think you just have to ask yourself questions and be tuned into the response. The physical response you get. The emotional response you get in your body when you're interviewing people and asking them.

So take this as an opportunity to accept the role as authority in your birth experience. Again, doesn't mean you know everything. None of us do. But we can consider ourselves the authorities on our own bodies for sure. This is your birth. Interview lots of people. You don't have to really have the intention of hiring them. You really don't. They'll never know. If you really wanted to get into it, you could go interview a doctor. I mean you could just see how that feels, how it feels so different from the midwife you sat with yesterday. Ask the same questions. Ask different questions. Watch their reaction. Listen to their words. It could really become a pretty interesting social experiment. Not that that's what you're after when you're looking for a birth attendant but still. Really. Realize your power. Know that whoever you choose—if you do choose someone—should make you feel supported. You should feel happy. You should feel comforted. You should feel excited about this birth experience.

Not that you're looking again—I don't think—at least I'm not. I'm not looking for someone to be some magic answer to my prayers to take on my responsibility or anything like that. But just somebody that feels right, that I feel comfortable with, that my husband feels comfortable with, that it feels right having them in the house. It just feels natural because that relationship means everything. After, of course, you looking inward and comforting yourself, being there to listen to yourself. You have this person to turn to, ideally, on the outside. And to me, that's the best case scenario. I absolutely love free birth. I love women taking control of their births. But I will always, always, always say and have a place in my heart for women supporting other women. And I think this is one way that we can distill who that person is.

So thanks so much for listening. I know this was kind of a long one. I'd love to hear your feedback on asking questions. And please be sure to check out our over 50 other podcasts on taking back birth as well as our online courses. We have a five-week, online class that's pretty amazing as well as the postpartum hemorrhage course I mentioned and lots of other fun stuff. Thanks so much. Have a great day.

(closing music)