

(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. Really excited today to have a special guest on instead of just me blabbing. Wonderful woman, Juliana, who I met through Facebook, I guess. A member of our How to Have an Indie Birth online class, which is a really awesome group of women, supportive community. And have just been really honored to have had Juliana in our class and kind of seen how her birthing experiences have transpired since. So I wanted to have her on today to just share her story and to inspire and to educate the women out there that are wondering what it's like to have a free birth. So welcome, Juliana. I'm so glad that you're here today, and we finally worked this out.

JULIANA: Yeah. Thanks. I'm excited.

MARYN: Yeah. So let's assume, of course, that people don't really know much about you. Why don't you just go ahead and give a little introduction? And start in with some of the birthing stuff that I know people are dying to hear.

JULIANA: Okay. Well, let's see. I'll be 28 this year. And we have three children. And this—I'm on my fifth pregnancy right now. Our first was a miscarriage. And then three births and almost half way through this fourth baby. So—and that was a little bit sooner than we were thinking, so that was kind of an adjustment. But I guess—I always—my background was with family members being much older than I am who were giving birth when I was a teenager or younger and hearing their stories. And one of my oldest sisters is a nurse, and she—I remember her talking—her—my next sister into having kids and just telling her it's just the most wonderful, amazing thing ever. And then when my sister did get pregnant, she was like, "Okay. So what's it really like giving birth?" And my oldest sister said, "It's like you're being ripped in half."

MARYN: Oh dear.

JULIANA: So my other sister was like, "Well, that was helpful to know." So it was—she's like, "You could have told me this before." But—so I had heard that. And I—they had had different experiences with their births. And some of them were fairly traumatic, I think, looking at them. But nobody had ended up with emergency C-sections except my own mother. And so it just seemed like they had sort of the typical experience. And I hadn't really thought much about it. So I met my husband, and he's one of ten children.

MARYN: Oh, wow. I didn't know that.

JULIANA: Yeah. He's number five out of ten.

MARYN: Oh cool.

JULIANA: So smack in the middle. And so he—most of his siblings were born at home. And three of them were born, I think, at a Navy base hospital. And then all the rest—the seven—at the bottom were born at home. So that was different. I knew that they were—they had done things a little differently there, but I didn't know much about it. And after we were engaged, I think, but before we got married he said one time that he—his kids were not going to be born in a hospital.

MARYN: Wow. That's so stereotypically different.

JULIANA: I was like, "Really?" I know. It's so backwards from how I've usually heard and my friends' experiences. So I was like, "Well, okay. Then where do you have a baby if they're not in the hospital," because that's all I knew. And—but I was like, "Well, I don't really like hospitals. I'm not that comfortable there anyway, so that's fine with me. We'll just figure it out, I guess, once we're there. We'll cross that bridge."

MARYN: Right.

JULIANA: But its like, "Well, I deal with that. That's okay." So he said like most of his—a lot of his siblings were born with just his dad there. Not even a midwife. And I was like, "That is totally nuts. What was your mom thinking?" He was like, "Well, she had already had five babies. I guess that was fine." So she knew what to do. But I was like, "Well, that's really strange."

MARYN: So was he one of the free births that his mom had?

JULIANA: Yeah. He was a free birth at home.

MARYN: That's so cool.

JULIANA: His mother says he was two hours. Her water broke waking her up, and two hours later he was in his little crib. And she and her—her husband were back in bed.

MARYN: Oh my gosh. That is such a great influence.

JULIANA: And he was her biggest baby. And just he was such an easy birth. And she said yeah. She woke up his dad, and he was like, "Well, I'll go make coffee." And she's like, "No. Don't go anyway. The baby is coming now." So it was just really fast. So she had one that apparently had—his younger sister was—she actually—she crowned. She crowned with her head. And then she turned around somehow and crowned

breech. And then turned around again. All kinds of crazy things that have happened with different births. She remembers them all in such detail. And other people have said, “How can she remember ten different experiences? How does she not get them confused?” But now I’ve—I see having been through it that when it is a free birth, when you’re really in charge of it, you know so much more of what’s really going on. There’s no need to block anything because it was traumatic. Or you don’t—you made every decision.

MARYN: Yeah. That’s really cool.

JULIANA: I would see how that would be easier for it to stick and be clear and not get all jumbled because each one is so unique. But—and you get to experience it fully. So I just thought, “Well, that’s kind of far out there to have nobody there.” But I could—I was fine with no hospital. So first pregnancy, I felt absolutely horrible and was very sick. And I did have some high fevers at points before I knew that I was pregnant. So we had just didn’t really know if—who we were going to work with, if we were going to have anybody, or if we were going to a birth center or with a midwife or what. We hadn’t really made any decisions. And so we ended up just handling the miscarriage ourselves. And it was interesting because my husband got a little nervous at points. Should I call somebody? What’s going on? But it was like though I had never gone through anything like that, I knew kind of this is what’s happening. And I was just letting my body do what it was doing. And so we went through all of that. And later I was still sick. So I went to see a doctor. And I was like, “I’m feeling sick. And I was pregnant, but I had a miscarriage.” And they were like, “Well, what hospital handled the miscarriage?” And it just had never even occurred to me that you would have a hospital handle it. It’s kind of like why would you even go there? There’s nothing they can do about it. It seemed perfectly normal for us to handle it ourselves. And I was just surprised. But she didn’t believe me. It was like, “How did you know you were pregnant?” I’m like, “Look. It was three months along. I knew. I had figured this out.” So then when we got pregnant again with our son, he—we decided—we looked at a couple places around. We found a free standing birth center. And during the pregnancy, I watched *The Business of Being Born*. That video. And that explained sort of some of the intervention cycles you can get into in the hospital. And that kind of was like, “Okay. Yeah. Well, I don’t really want to deal with a hospital. I know that. I’m pretty healthy.” And so—but I was like, “Well, we don’t really know how it goes. So I guess we’ll find people who supposedly know better than we do.”

MARYN: And that’s so common the first time. I’m sure you hear that a lot too. And I hear it, of course, all the time. It’s like, “Well, it’s our first time, and we don’t really know.” And yeah. Like on one level, right. You’ve never been through it. But yeah. It’s such a common thing to just, at that point, I did the same thing. Yeah. I don’t know any better. I’ve never done this before.

JULIANA: Yeah. And it was mostly sort of the, “Well, we don’t know. If we are one of those people that does have a complication, that we need help, how would we recognize it? So let’s have somebody there who knows what—who has seen it all and knows what they’re doing.” And we—I totally discounted the experience and didn’t think back to the miscarriage and what I had sort of learned from that. That it would be maybe like that. That my body would know what it’s doing. And I would trust it at the time and not be freaking out. And it was—we were kind of like, “Well, I guess it would be better to have somebody but trying to weigh the risks.” But we didn’t have an awful lot of information. So we went with a free standing birth center because I knew, “Well, ones affiliated with a hospital sometimes have more rules they have to follow.” And I didn’t know about different types of midwives. And as far as the experience we were going for, I think in our minds we wanted a pretty nonmedical experience. But we didn’t know really how to get that. We didn’t know that—we thought, “Okay. A midwife. That’ll be holistic and nonmedical. And go with an OB, and it will be medical.”

MARYN: Yeah. That a common assumption.

JULIANA: [cross talk].

MARYN: Yeah. That’s where most people are at.

JULIANA: Yeah. So I hear that a lot now too from friends. They’re like, “Well, I don’t want to be in the hospital, so I just—I’ll pick a midwife.”

MARYN: I know, right? If only it were that simple.

JULIANA: And they don’t—they don’t know that. And it’s hard to find out a lot of things until you really have good questions to ask. So—

MARYN: You are so right about that.

JULIANA: On your website and on podcasts and things, you have great questions. So anyone whose not sure, definitely check those because they have a lot of good information for knowing what to ask. So we went to the birth center. My son was due the first day of finals week. My last semester of grad school. So I was in denial about being pregnant for about five months because I was like, “This is not going to be good. It can’t be because this is the last semester of grad school.” And I was in—studying music, and that was going to totally mess up my grad recital.

MARYN: Oh my gosh.

JULIANA: And I was all in turmoil because I was—I liked doing the recital, but I wouldn’t like doing the recital eight or nine months pregnant. So—and my coordination just totally went. And my memory went with the pregnancy. Overnight almost. And so I

thought, “This—it’s just not going to be good.” But I had an excellent professor, who helped calm that fear a little bit. She’s like, “Let’s just put off the recital, and you can do it later.” And so in that sense, I felt a little better. But after I was freaking out people at college because they were like, “You have to play for my final. You can’t be going into labor while I’m having my final.” And so I was like, “Well, it doesn’t happen that fast usually.” So we—I thought my water had broken. And he had—he went past the finals week. That was good. We were like, “Yay. You can come now.” So he had permission. And I didn’t know what to expect. I wish somebody would have like taken a jug of water and poured it out and said, “This is maybe how much to expect if your water actually breaks,” because I didn’t know. And I thought, “This is not normal so maybe my water broke.” And I made the classic error of speaking up and saying, “I think my water broke.” And now I’ve learned if you think that, you don’t ever say that because now you’re on the clock, or they’re checking more things. And actually, one of the midwives that we—that was at the birth center told us that at—with our second daughter—with our second child. She said, “Well, if you think it’s broken, just don’t say anything.” So she was really reluctant when I went into get checked to see if it had broken. She didn’t want to do any internal exam to see because of infection risk. And she’s—she was really trying to not say my water had broken. And I didn’t want to be thought that I was ignorant, didn’t know what I was talking about. So I kept kind of pushing it and saying, “Well, I really don’t think it was just pee or whatever.” So yeah. So she had to look again. And she’s like, “Well, it could have been something. And it might have broken, so here’s some castor oil. And you have,”—what was it? I don’t know. 24 hours or something.

MARYN: Yeah. Wow.

JULIANA: So then I tried the castor oil, and nothing happened over days. And as—I’ve had people, friends of mine that have gone in and they think their water is broken. And they’re given 18 hours to actually have the baby out.

MARYN: Yeah. Yeah. I know. I did the same thing the first time. And I mean hospital.

JULIANA: Yeah. And so they did give us sort of—they bought us a lot of time. I think my water—I woke up early Friday morning and thought it was broken. And he was born actually until Sunday. Say, “Well, there’s a little progress, so you get 12 more hours or you get 4 more hours.” So they kept giving us a little more time and a little more time. And it hadn’t actually broken. It was probably a little bit of a leak or a pocket between layers of the sac or something. Because I didn’t have any labor at all, so we tried all kinds of things. We drove bumpy roads, and I did the castor oil. And that was awful.

MARYN: Yeah. I bet. That sounds terrible.

JULIANA: So then I think—and so—I don't know. Various people were saying, "Well, here's some herbal thing. And here's another thing." And so we finally—I was in labor that I couldn't really talk through the contractions. And it seemed like they were about five minutes apart. And it had been that way for awhile. So we went in to the birth center, and they were like, "Well, you're only a centimeter dilated. And he's face up, and his head is not in a good position to put pressure on the cervix to dilate."

MARYN: Oh funny.

JULIANA: That's all backwards, isn't it? Doesn't labor—I've been listening to your course and thinking about how we focus so much on the cervix, but it's really about the fundus working that maybe his head not being in the right position.

MARYN: Yeah. Yeah. No. It's funny. I just did that—yeah. I just released that podcast on posterior babies today. And that's exactly what was mentioned which is there is that myth out there that we need a baby on our cervix to make labor start. And it's absolutely ridiculous because I said in the podcast, "Does a footling breech—do they need—what happens there? Do they never go into labor? What about moms that have had four or five, six, whatever babies? The babies stay really high until they're being born." So anyway, it's just one of those myths that is perpetuated and lets women—or allows women to feel like they're doing it wrong.

JULIANA: Yeah. Or you have to be afraid or that—something.

MARYN: Yeah. You're malfunctioning. It's not happening when you weren't in labor. You weren't in labor most likely.

JULIANA: Yeah. And he had been face down for the whole time. And then just the day before, he turned over. So I don't know. Maybe he would have turned back over had he had a few days to get in labor by himself. And that may have saved some back labor. I don't know. I had horrible back labor with him. And I had—they said that's because he's face up. And, again, I don't know how true that is. But it was—it's been my experience with the two who were face up that I did have more back labor than the one that was face down.

MARYN: Yeah. Yeah. For sure. Yeah. It certainly contributes. But obviously, you know now too how much does the fear contribute and how much does even an herbal induction contribute. Position is only part of it. And yeah.

JULIANA: So they did a Foley bulb catheter.

MARYN: Oh wow.

JULIANA: That was fun. So I thought I was really in labor. And then I got up off the bed, made it to the door, and was like, “Wow. This is a whole new level of labor happening now.” So that went on all night. And we went in in the morning, Sunday morning, and it was Mother’s Day actually. So kind of like perfect timing. And so it was pretty long. I mean they gave me something, so I could sleep a little between contractions for awhile because I had been up all night. I think it was Benadryl and some other shot of something. I don’t know what. But then it was—I ended up—since it went on fairly long and all—and it had always been they told me what I had to do to stay out of the hospital or to dilate more or whatever it was. Then I just started getting used to listening to what someone else was telling me. And I completely checked out of what was happening. And so when they were saying, “Well, maybe—do you feel like pushing?” And I took that to be I should be pushing maybe. So I ended up not waiting for my body to really start pushing. I kind of forced it. And then they’re like, “Well, the—let’s break your water so that—I think that’s holding him up. Maybe he’ll come sooner.” So they did that because it actually wasn’t broken. So then I ended up in what is apparently not a great position for pushing out a baby whose head is face up, and they haven’t tucked their chin either. So his head was kind of a big—it was a big cross section of his head.

MARYN: Mm-hmm.

JULIANA: So I ended up kind of almost lying in bed. And I ended up tearing a lot. And it was just—looking back now, I was like, “Well, that was a really kind of awful delivery.” But at the time, I was—I was just like—the hormones—because I’d—I mean I didn’t have drugs in my system numbing it all, so I did experience the hormone rush of all of that, of the birth. But then my husband took him because they had to spend 45 minutes sewing me up. And so I didn’t see him for the first 45 minutes. I knew no strangers had taken him and run away with him to run tests or something. He was nice, being held by daddy. And—but it was still—nursing was difficult with him. And he just wouldn’t latch on. And it ended up—a lot of things that I’m wondering how the bonding with him might have—may have been different if I had had him right with me and not had all of that to go through. So it was just—I went into labor thinking this is going to be gross and painful and probably terrible. But I can’t escape because I’m the mother, so I have to be there. But I’m not a blood and guts kind of person. So I thought, “Well, I’d rather not be there except that I have to be.”

MARYN: Mm-hmm.

JULIANA: And I went totally turned a 180 after that. I was like, “Labor is the coolest thing. It’s amazing, incredible. It’s my favorite part.” Even though it had not been an optimum experience, but I didn’t know any better at the time.

MARYN: Yeah. But it's amazing. Don't you think? I mean my first birth was very similar to yours. So I have to think that in hindsight not only were you not drugged and you had the hormones flowing, but it sparked something in you. Don't you think? Where it's like you knew there was more to this than you had just experienced.

JULIANA: Yeah. And I don't know if our daughter—the next one—was—she went, I think, past 43 weeks. And I don't know if she did that maybe because I was like—I wanted to look forward to the labor and delivery. I didn't want it to be over. So I don't know how much I was psychologically keeping her there because I didn't want it to be over. So—

MARYN: Or your body remembering the induction too and being really smart and saying—

JULIANA: Fighting it.

MARYN: Yeah. This is what we do. We don't kick babies out. And if it takes 43 weeks, it takes 43 weeks.

JULIANA: Yeah. And that was, I think, the first thing where we had—where I really went on my intuition rather than what someone else was telling me because everyone was saying, "Well, you don't want to be in the hospital," or, "Well, after 42 weeks, then there could be problems if you go past that," and pushing induction methods. And I was just saying, "No," to all of that. And it really went against everything I'd always been taught. That this is supposed to be somebody who knows better and you don't question them really. And you kind of do what they say because they know what they're talking about. And it was very counter to what I usually—how I usually would handle things to really put my foot down and say, "No. We're not doing any kind of induction. No. You may not strip the membranes."

MARYN: Yeah. That takes a lot of guts.

JULIANA: [cross talk] that is not like me, but I just felt like I had to give her all the time that she needed.

MARYN: Yeah. That's amazing. What a gift. And what a really selfless thing to do because that pressure is no joke. I mean anybody that has been through it.

JULIANA: Yeah. [cross talk]

MARYN: Yeah. It's constant.

JULIANA: And I was also like, "Well, I'm ready to be done with this." I was not very mobile at the point. She was so low, and I just was feeling so tired and swollen up and everything. And so I would say—I was like, "I hope,"—I wanted her to come. But

because I wasn't feeling great, but it was like she needs the time she needs. It's not really—I wanted to respect her in picking what time.

MARYN: Yeah. That's awesome.

JULIANA: And I realized I don't know everything going on, and there may be a good reason she needs longer. And I don't feel like anything is wrong. And it was nice to have the midwives confirm that nothing seemed wrong, I guess. Just feeling her. They were like, "Well, she's not huge or anything." And so that was helpful. But I had done with so much more research and reading. I'd read almost every article on Midwifery Today, I think. On their website. And I just—I read everything I could get my hands on really. So then I was more ready for that labor. And I knew I was not going to push. I was going to fight that until the last possible minute. That I couldn't stop myself from pushing, so that she would have all that time to move down that she needed to and everything I could do to keep open and loose. And so that birth was—we had a lot of people there actually. It was funny. Every sister-in-law came. It was strange, so we had all these people in the room. The midwife we were working with—she had done—she had been there for Logan's birth. And so at one point, she said to my husband—she's like, "Every additional person in the labor room adds an hour to the labor." And it was two days before Christmas. Nobody—she'd probably didn't really want to be there and have it go long. And so—but it was okay. I knew it was fine having them there. I was able to tune everybody out when I wanted to. I knew that they would have left had I asked them to. But I didn't really care. I was like, "This is such a cool, amazing thing, and you're welcome to be here." So for that one, I just didn't mind lots of people around. And so, I was just pacing around humming and trying not to push. And then finally—we wanted to do a water birth. But I hadn't brought a change of clothes. And I didn't want to be in the tub, get all wet, and decide, "Well, this isn't working for me. I have nothing to change into."

MARYN: Right.

JULIANA: It was just weird little things that made me decide certain courses of action that I know if I had been home without anybody I would have probably made different decisions. But those weren't huge, huge things. When I was really like, "Okay. I'm pushing," so I hopped in the tub really fast. She was out, I think, six pushes maybe. She was a really easy birth. And I don't recall that as being painful at all or anything. It was just so easy. It was one push. Her head was out. Another couple pushes her body was out. And it was amazing feeling her head and then her body and not having the screaming like, "It's burning. I can't do this anymore," like it was the first time. And I picked the position. I knew when to push. The midwife wasn't even in the room until the last second. And they were concerned. The cord is too tight around her neck. And so they pulled her up out of the water faster than I wanted to and put a hat on her. Just

little things that were kind of like, “I wish that hadn’t happened.” But it wasn’t a huge deal. But then my placenta didn’t come within 20 minutes. And so then they had to decide, “Do we do the Pitocin shot? Or transfer to the hospital? Or what do we do?” So we were just—we didn’t want to cut the cord so soon, but they said, “Well, if we cut the cord maybe it’ll be more likely to come.” So there were little compromises and compromises at the end about how many nonstress tests and ultrasounds we had to do because then the backup doctor would cover the—her going so long past the 42 weeks.

MARYN: Right. There’s always compromises in those situations. So you’re right. You just kind of pick your battles. And make your most important decisions as best you can.

JULIANA: Right. So it was like well, be in a hospital birth just because she’s 43 weeks or do an extra nonstress test. I guess we’ll do the nonstress test. And but there have been things to process with each one like not letting Logan have all the time he needed to be born and Holly, subjecting her to all that extra radiation that I wish we hadn’t. But we were—as everyone does, you go with the best you know at the time.

MARYN: Totally. Totally.

JULIANA: So we did. But—so third time around—

MARYN: Third time’s the charm, huh?

JULIANA: Third time was the charm. We started out. We said, “Well, we aren’t just running back to the birth center right away because there were so many protocols. Their hands were tied. Our hands were tied.” We thought, “Let’s work with a midwife who doesn’t have as many restrictions.”

MARYN: Right.

JULIANA: So those were all nurse midwives at the birth center. And in figuring out what to do when Holly started going so late when we knew we weren’t just going to go in the hospital because of her being past 42 weeks, we’re looking for someone else who would be willing to step in at that late week. And oh, she had also—she had turned breech. And so then they’re saying, “Well, we have to do a C-section because she’s breech.” And so it was just so many things. So I was looking for not having those decisions at the end. So I talked to a CPM in the area, and she was—well, she was almost an hour away actually. And I liked everything I’d read on her website, and I talked to her. And she said, “Well, she didn’t have restrictions really on how long when your water breaks or if you go past 42 weeks. As long as everyone feels healthy, that’s fine.” So I thought, “This is great. She’s going to let us do whatever we want pretty much.” And so we started meeting with her. And I didn’t—I felt like I didn’t really know what to ask her. I had asked her on the phone about a few specific things we had

experienced before that we didn't want to go through again. But I didn't know what else to ask her really to get in her head like, "How does she see birth?"

MARYN: Yeah. It's a hard one to distill from meeting someone and looking at their website. It's hard, I think, for women to figure out what they actually want to know.

JULIANA: Yeah. So we went to a few appointments with her, and it was just we didn't have any risk factors. We didn't have anything unusual happening at all, and it felt like there's so much of this that I could do at home.

MARYN: Sure.

JULIANA: If I wanted to measure, I could measure fundal height myself. And my husband could take my blood pressure. And I hadn't done the urine test strips at the birth center at all, but I—she did that every time to check for protein, I think, was the only thing she's checking for. And so I was like well, the birth center didn't do that. I guess it's not necessary. It's sort of what the care provider prefers to do.

MARYN: Right.

JULIANA: So I thought, "Well, we could maybe not do that." And she'd say, "Well, how do you feel?" And I'd say, "Fine." And that was it. So and I was like and we're paying a lot of money for this. And it seems like we're not really getting a lot, and we don't really want her to do much at the birth either. So it was sort of an expensive just in case. And I was like—I feel like I kind of know what I'm doing. And I had learned with Holly's birth, the second one, to—how to listen to my own body regardless of what voices were saying at the time of the birth. And so I knew I wasn't going to just lose my head and need somebody to really help me know what to do. So we talked about it a lot. And I actually—I started going to a chiropractor because my hip was bothering a lot. And that had happened in previous pregnancies. And in the whole turning the breech baby, we did go to the chiropractor, and I realized I felt a lot better. So I just started doing that. And they had some books on their bookshelf. And one was *Unassisted Childbirth*. I forget who it was by.

MARYN: Laura. Laura Shanley probably.

JULIANA: But there were a few books about birth. And some that were unassisted birth. And I was curious, so I borrowed them. And I read, I think, the first chapter or two and was like, "Yes. This is what we want to do." And my husband read—I read a few paragraphs to him. And he was like, "Yeah. That sounds great." I didn't think he'd go for that. I was like, "Really? You never even asked." He was like, "I always kind of thought that. I'd like to just do it ourselves." But he couldn't—his risk factors was like, "Well, we don't know what we're facing, so let's have someone the first time." Second

time it was mostly, “Well, we already paid for this, and they have a bigger tub. And the midwife is already there waiting there for us, so we’d better go.” So we went kind of because of other things. Not—everything inside me was like, “Let’s just stay here. We have a tub. Let’s do it ourselves.” But we went.

MARYN: It’s a big jump to make. I mean whether it’s something that happens in a split second, or it’s over a period of time with research. I mean for most people it’s a pretty big jump to make.

JULIANA: Yeah. So it just, at the time, with Holly, we were like, “Well, let’s just stay home and,”—but it was like, “Well, I guess,”—we had never—we hadn’t been planning on that. So we didn’t know if there would be legal issues or I don’t know. Something with that either. So we just went. We were like, “Well, we don’t want the midwife sitting there and then call her again and be like, ‘Well, actually, we’re not coming.’” And so—

MARYN: Yeah. Yeah. Totally. So how did you tell—how did you—yeah.

JULIANA: Yeah. With Olivia, we really decided just overnight was like—it put words to exactly the experience we wanted. It helped us realize that that’s the experience each other wanted too.

MARYN: That’s great.

JULIANA: Not just that I had to convince him into it or that—he hadn’t asked me if I would want to do that. He hadn’t even considered that really. He thought, “Well, I had found a midwife, and that seemed to be what I wanted to do.”

MARYN: Yeah. That’s really cool. So many couples just aren’t on the same page at all as you know.

JULIANA: And so that’s—I mean that’s really been a blessing that his attitude has always been, “You’re the one that’s actually physically connected to the baby. And so I trust your judgment.”

MARYN: Yeah. That’s awesome.

JULIANA: And so that’s—I—and that he first even broached the idea of not being in a hospital because I probably would have done the typical thing if it hadn’t been that he had said that. So it already planted a question of what else is out there. And (inaudible) up, so he’s always been supportive of that and willing to go along with whatever decision it was. I’m sure we would have run into a snaggle if I had really put my foot down and said, “I want to be in the hospital,” because he really didn’t feel like that was a good thing to do. So, but fortunately, that didn’t happen.

MARYN: Yeah. Yeah. Totally. So how did you tell this midwife—

JULIANA: [cross talk] and then—so the next appointment, that was the big thing. Because I do not like confrontation. So I didn't want to make her upset. I didn't want her to feel like I didn't think she did a good job or something because I'm sure she's a really great midwife. But—so we—the next appointment, I—and I had talked to the chiropractor a lot about this because I found out that they had had two unassisted births. And the first was an oops. They—the midwife didn't make it in time because she didn't believe them that they were really in labor.

MARYN: Right.

JULIANA: And then the second one they did on purpose because they'd had a great experience the first time.

MARYN: Sure. That's how it happens sometimes.

JULIANA: The third one—year. The third one they hired the midwife that I was actually working with. And so for some reason, she just wanted to do that that time.

MARYN: Right. Right.

JULIANA: So she did. But it was—so I talked to her. “Well, how do I—what should I say? What do I do?” So I asked the midwife, “So what if we would really like a hands off kind of—or so what is hands off look like to you? What does that look like?” And she said things like, “Well, that just guiding the dad's hands to catch the baby, if you want the dad to catch the baby. And only checking the heartbeat every hour, something.” It was like—it was still too much for me. That was her idea of hands off. But that was not our idea of hands off. So I left it at that. And then the next time I went, and I said, “So we thought about the whole oops birth. Just not calling her until it was too late.”

MARYN: Right.

JULIANA: But somehow that—it didn't sit right with us. It didn't—I don't know. It didn't feel honest. If we know we're going to do this, we should be up front about it because we wouldn't want her dealing with all kind of legal issues or whatever. Having to deal with that too and keep it a secret. Because we were so excited with the idea, we were just ready to blab to everybody. So I said, “The next time what if we called you like right after the birth or what if we wanted to do the birth ourselves and you were just—could you be in the next room? We would just call you if there's something.” And she's like, “Well, no. I kind of have to be in the room because I have to see when a complication is starting and not wait until you realize it and call for me.” She's like, “I can be really quiet. I'll just hide in the corner.” And so I was like, “Well, okay. That doesn't sound like what we want either.” So then we told her—I told her that we really—we really

looked it up. We looked into it, thought about it a lot, and we really wanted to go unassisted. We wanted to do the birth ourselves. And she said, “Well, then, I have to terminate because I can’t be responsible in any way.” And she said things like, “Well, I know that women have given birth in forests by themselves, and it’s been okay.” She’s like, “But you can run into things. Shoulder dystocia. What would you do to resolve that? And you could bleed,” and listed common things people think of as complications that you would not know what to do with. And I just felt like we’re going to read up on some things. And if there’s a real problem, the ambulance can be here quick. And my husband is an EMT. So I was like, “Well, he would definitely be able to get them here fast.” Necessary. So my biggest concern was what if the baby doesn’t breathe right away.

MARYN: Right.

JULIANA: But he felt confident to handle that—any kind of resuscitation needed if it would be. And we just started realizing that a lot of these risk things are—they’re really not that common, if you’re really looking at births that are left alone. And we don’t have red flags that something might happen.

MARYN: Right. Right. And that’s just—obviously you know what the rest of the world isn’t considering. If a midwife feels like she is vital to the process, then it is quite frightening and disturbing to think of someone not being there. But what they’re missing is just they don’t know how it looks and functions when it is left alone. They don’t see how the interference plays a part. I mean well enough. I mean I think people have that idea but just to see it happen is something else.

JULIANA: Yeah. And I was now comfortable of how to trust my intuition.

MARYN: That’s really cool.

JULIANA: And so we read some of Ina May’s things. Just some of that. And we had—we didn’t ever actually get around to reading *Emergency Childbirth* by—who is it? I don’t know. It’s online.

MARYN: Gregory White. Yeah.

JULIANA: Yeah. That one. We were going to read it but never got around to it. And I don’t know. I read *Pushed*, which was really good. I thought really interesting. And just read a lot more things. And then when we really wanted to be unassisted, I think it may have been through some online forum that someone recommended Indie Birth. So I ended up on your website and saw the course. And I just—I must have spent hours the first day just reading blog posts and things on there and listening to different podcasts. And I thought this was so great. So we signed up for the course. We listened to the

course. And it was so fascinating to me just learning about how everything really interacts and how the hormones work and physiologically what's going on. And I'm not a medically minded person. Usually, I would rather not know about the insides of people's bodies, what they're doing. Just leave it in the doctors. But it was just—I was fascinated. I couldn't stop talking about it. I was—I talked to my mom's ear off about it and my husband. I was constantly talking to him about it. And any friends that were pregnant. I was like, "You have to go to Indie Birth's website. Here. Read this book." I was probably really annoying.

MARYN: Well, hey, I mean it gives women confidence to discover this knowledge. And I always say it's not like we're holders of the knowledge by any stretch. It's just getting it out there in a way that women, like you, can access it and use it because that's what it's for.

JULIANA: Yeah. And it was—it just was fascinating. And I—and I went through a period of like, "Well, why didn't someone tell me this before the first one?"

MARYN: Sure.

JULIANA: So imagining how different his birth would have been and having to somewhat grieve not having that experience the first time.

MARYN: Mm-hmm. You and me both.

JULIANA: Meeting the women on the Facebook group that it's their first baby and they already have come to this decision, having that knowledge, I'm like, "Oh, I'm just so jealous. Why couldn't I have had that the first time?" But it's like I'm so glad that they are realizing this without having to go through something else to push them that direction. They already for whatever reason have—are on that path. And so yeah. So then we were on our own after we—the midwife terminated with us. With Olivia. We were on our own. And so I thought like, "What if—should I be doing anything in particular?" And I had never—in the previous pregnancies because I had regular checkups and other people checking things for me, I never really bothered to check in myself. And so at least with Holly, I got on board with it during actual labor and delivery. But I didn't check anything really much the rest of the time. So with Olivia once I was like, "Well, we're on our own. Nobody is going to be checking things," then I really realized I did spend a lot more time just sort of thinking about her and trying to connect with her and feeling around myself a lot more than I did. And we got a fetoscope and listened to her heartbeat a few—sometimes just for fun. And I didn't really bother measuring anything. I figured if there was something that seemed really wrong then I might find someone to bounce it off of and see what they think or someone whose seen more cases. They might know if I'm like, "What? Is it something wrong," I could—I would have people I could talk to. But I just—I felt fine and very sluggish. But fine. She

seems so big and so low. So and it was just relaxing, I think. Not having to rush to appointments or not having to wonder what was going to be—what they were going to find this time or if someone was going to think something was wrong and then I'd have to fight a battle with them about it or that that would start me being afraid something was wrong. I just [cross talk].

MARYN: Yeah. Yeah. That's hugely different.

JULIANA: And so when I went into labor with her which was—there was a lot of practice labor with her. But one morning I did wake up and it felt very different. And so I thought, "Well, this could be it." So my mom took the other two and—because they were little enough, we kind of didn't want them running around and having to divide my husband's attention. He wanted to be able to focus on the birth too. So they were little enough we thought well, they're probably not going to get a lot out of it. And we didn't know if they would be afraid if I got loud. Scared or something.

MARYN: Sure. Sure. Yeah. Little kids. I always think it's great for families to really consider the whole family as best they can. I mean, obviously, because you want to be able to labor and do your job.

JULIANA: And it is an amazing opportunity if you have kids who are a little older that they get to watch. That they can be part of it. And I know that that can be a great thing for them bonding with the sibling. And some of them may be just really fascinated with it. But some aren't. And at their ages, being three and under, I thought they're just so—they—they're not old enough really to ask yet. They don't understand really what's going on. So we don't know what we're really facing. Let's just—they'd have more fun hanging out at MomMom's house anyway. So they went with her for the day. And we were dealing with all kinds of issues at the time. Our—a main beam in our house was eaten up by termites. So we were trying to deal with that and trying to get the termite guy to come and check. And the whole time I'm in labor a little bit. But I didn't have to time anything unless I was curious. How far apart are these contractions? Or how long are they? Then I used a phone app a couple times. And it was like, "Oh, about seven minutes. Interesting." But I didn't have to call anybody and report it. And I didn't have to be rooting for it to keep going. And [cross talk].

MARYN: Yeah. That's huge. That's huge.

JULIANA: It was just—it was just—it was amazing. And so I—the kids weren't home, so I got to clean up the house. And—but we were just home. So I could eat whatever I wanted. No one was telling me what to do. And so my husband is dealing with the beam issue with the termites, and he's doing whatever he has to do. And so—and in the evening, it started to pick up a little more. So, I guess about 8:00—8:00 or 9:00 I told him maybe we should fill the pool. The birth pool. And so he went to start working

on that. And I was really expecting another birth like the second one had been. Really easy. I thought, “This will be great. We don’t have anything to raise any fear or stress. And so no people we don’t know there really. So this will be great. It’ll be another easy birth like Holly’s water birth. Perfect.” And that’s what I was sure. And so then when I started getting back labor, then I was like, “Oh no.” So a little bit of fear did creep up. Like, “Is this going to be another one like the first one where it was such bad back labor? Am I going to want somebody to give me something so I can sleep? Is this going to go on all night?” And the first time, you don’t know how far along you are each time.

MARYN: Yeah. Totally.

JULIANA: So you could be like, “Mmm. This is really hard. I must be close to the end,” and not know that you have another 12 hours of this. And that it’s going to get more. But your body can handle it when you’re not making it—deal with something more than it really needs to.

MARYN: Right.

JULIANA: So I kind of realized, “Whoa. This is not going super fast like Holly’s. So this could actually go on for a long time.” So a little bit of fear started to get in there because I had been absolutely not afraid of anything until that point. And then all of a sudden, it was like, “Whoa. Can I really do this?” And it wasn’t like there will be complications. It was just like, “Oh. I forgot. I forgot how back labor was. I forgot that it could be longer.” And so it was—so I had to process that a little bit. And then—and realizing this is—my body is doing what it needs to do. It doesn’t mean that it’s going to go on for longer. And just—I just need to take one contraction at a time. And work through it slowly. And so it’ll be however long it needs to be. And if I relax, it’ll help rather than getting tense and concerned and afraid of projecting what it may be like. Just take it how it is. And so—

MARYN: Yeah. And that’s the best advice anybody could give anybody. Really.

JULIANA: Yeah. It’s just—and I know—I realized that is a tendency I definitely have. And so the more you know how you tend to think—

MARYN: Sure. Me too.

JULIANA: - and realizing that I tend to project like, “Oh, this is how it’s going to be, and it’s going to be awful.” And instead of realizing maybe not. It could be good. So [cross talk].

MARYN: Well, once you’ve had a labor—yeah. And once you’ve had a labor that’s short or blissful, I mean it just is part of the process that the next labor might be

completely different. And I face that every time too. And it's always just a huge wakeup call because you really just don't know what you're going to get. Free birth or not.

JULIANA: And I had such a definite expectation what it was going to be like. And so my husband is filling the pool. And I was standing around in one room leaning against the wall for counter pressure. And so—and it's—it was really picking up. So eventually, I thought, "Well, I probably should walk to where the pool is while I'm able to walk." So I got into our room, and we had planned to video the birth because I was imagining it being more or less like the previous one. And so I get into the room, and my husband turned the light on a little bit more. And he looked in the pool, and he's like, "There's no way we're having a baby in that water," because the water was brown. And he had a few inches of it in the pool. And he said, "It was looking really awful." So he was—then started getting really busy figuring out what was wrong. Why the water was this awful color. If the filter was clogged because our well is terrible. So [cross talk]. So he's—and he had a pump that he was going to use to pump out the pool afterwards. But he didn't think the pump was very—was clean enough to pump it out while we were still going to have the baby in it. So he's hooking up hoses and cleaning and filters and pumps, and he's rushing around like crazy for a couple hours trying to figure this out.

MARYN: Oh funny.

JULIANA: Then he realized that our water heater was rusting out while we were pumping water out of it. So we were getting water full of rust. And he didn't want our water heater to explode by getting too thin. So he was busy—

MARYN: Excuse me.

JULIANA: - trying to solve this problem. And—while I'm in labor. So he went out of the room, and then I'd be like, "Come in and push on my back." So he'd come in and push on my back and rush out again and do something else. It was, I'm sure, quite humorous to watch at the time. But I was just focusing on contractions. He was focusing on trying to get this water thing solved. So then when I called down, "It's the head," he didn't believe me.

MARYN: Oh wow.

JULIANA: He had no idea how things had progressed because he had his attention on other things. And—but it was fine, and I remember looking at the video camera and thinking, "We meant to video tape this. But we just won't this time." And he's like stressing out about the pool not filling up. And I was looking at that—between contractions—and think, "Well, I guess we'll just not have a water birth this time. That's just not supposed to happen." And it was not the least bit stressful, and it didn't throw me even though this was not going anything according to plan.

MARYN: Yeah. It didn't even look—didn't even look on the surface, I'm sure, how you had pictured it.

JULIANA: No. It was like this is not anything like—but it wasn't—it was like, "But that's okay. It doesn't matter. Nothing terrible is happening. It's just not what we—the way we thought it was going to go. And it's different this time." So I remember—her delivery—I think, in ways, was the hardest. She had—she came kind of forehead first.

MARYN: Oh wow.

JULIANA: And sort of an odd head presentation. And it was interesting because every time I'm—I mean not the first time because I didn't let it happen. But the second and third time just how you don't have to think about it and figure out what position should I be in, your body just does it.

MARYN: Right. Yeah. Totally.

JULIANA: And at one point, all of a sudden, I stood up very suddenly. And I have no idea why I stood up. But for whatever reason, it suddenly worked. That's what I had to do. And I didn't think about it at all. And so I remember I was far louder during that birth than the others. And because her head just felt so big, and I was—and I started to be afraid of dealing with recovery issues that I had had even since the first birth with tearing or hemorrhoids or whatever it was. And I just was so afraid of irritating those things that I was afraid to push. I didn't want to—her head just felt so big. I thought, "I can't do this." But it—there wasn't anyone there to offer, "Do you want drugs? Do you want a C-section," or anything like—or, "Do you need,"—asking me what should they do so I had distractions? Or anything like that. It was just well, the baby is going to come. So and I realized I can't be afraid of recovery. It's going to be whatever it's going to be. And the baby has to come out. So—

MARYN: And the baby did come out.

JULIANA: I remember—yeah. I remember a giant push, and I asked—and my husband is watching. I was like, "Is her—do we have the head? Is her head out?" And he was like, "Well, half way." And then I was like, "Oh no. We can't stop at half way. Half of a head. That's not any good." Because—so yeah. Then we got—so and then the next push was like all her head and her body. And it was funny because I had been—the whole time what was helping get me through was I remembered how it felt when Holly's body slid out. And that was, to me, the most amazing feeling. And so I was sort of like living for that moment. Well, when the head is out and then you get the body. That's just so amazing. That feeling. And I had totally missed it because she was half of a head and then all the rest of her.

MARYN: Oh funny.

JULIANA: So I didn't even get that moment. But it was funny. It was so, so different, and none of the things I thought would happen happened. We didn't—we weren't prepared for a land birth. So we didn't have enough towels and pads and things on the floor. We were like—we had—so the clean up wasn't anything like we thought. And my husband did get enough water in the pool that right after she was born then I got in the pool with her and held her in the pool.

MARYN: Oh sweet.

JULIANA: And he did clean up. So she was purpely. She was a little hard to start. Kind of gunky. And you know how it feels like it's forever when they don't start breathing immediately.

MARYN: Right.

JULIANA: But she—it was like we didn't—I didn't have to be afraid of that either because, again, instinct kind of kicks in. And so I just—I tipped her a little bit and stroked her back and spoke to her. And she—so she breathed. And she cried a little bit. And so—and then she calmed down. She nursed so easily. It was just—I noticed the bonding experience has been very different with her. Much more natural. Much easier.

MARYN: Yeah. I feel that way too.

JULIANA: Yeah. It's just—it was so different. And so we're sitting there. We were like so surprised she was a girl. I was sure she was a boy. And so we were cleaning up. And then we just could figure out like okay. Should we cut the cord now? Do we want to cut the cord? Does it seem like a good idea? And what do we do with the placenta? Well, I guess we'll just sort of—my husband stuck it in a pan in the freezer. And it was like well, we'll deal with that later. And—

MARYN: Yeah. Freedom to do it when you want.

JULIANA: Yeah. And it was just so—we didn't have anybody rushing around. We didn't have to decide about the junk in the eyes. That goop they put in the eyes. Or a Vitamin K shot or anything. We were just—nobody was asking us these questions. And we hadn't—didn't have to make these decisions. We were just sitting there enjoying our baby.

MARYN: Yeah. That's awesome.

JULIANA: It's midnight. And then he's like, "Should we text anybody that we had the baby? Let them know." And I was like, "Sure." So we told a few people, sent out a text

to some family. Baby is here. And it was great. And then we could get in bed. And only had to go five feet. And then got to be in bed and just hold her. And didn't put clothes on her for a few days. It was really such a different experience. And I know had there been someone there that I didn't know very well then I would have been embarrassed that I had been so much louder than I thought.

MARYN: Yeah. It's true. That's true.

JULIANA: And I might have been embarrassed that it was—we couldn't be in the water, or we would have had someone probably stepping in a few times to do things. But there was nothing that went wrong with her. So she had an odd position.

MARYN: Yeah. That's beautiful.

JULIANA: But that was okay. It's—it was fine. There was nothing emergent that happened.

MARYN: And it was simple.

JULIANA: It looked just how it needed to. And—yeah. Exactly. It was very, very simple. And we tend toward the minimalist side, and that fit perfectly.

MARYN: Well, that's awesome.

JULIANA: It was like we didn't have extra stuff. It was just—it was really amazing. So we're looking forward to another experience. And I now know not to expect it to be like any of the deliveries except that it will be free. We get to decide what we're doing with all of it.

MARYN: I love it. Thank you so much for sharing all of your stories. Olivia's and your other children. They're all just so beautiful because I think everybody can hear how one really led you to the next. And so I think everybody is different. Like you said, some women, for their first baby, are ready to make that jump. And others aren't. And just to see the continuum and the choices and the spectrum of people making these really empowered choices is so inspiring. So thanks again. And maybe after your next free birth, we'll have you back. But I really appreciate you being here.

JULIANA: We'll see how that one goes. Yeah.

MARYN: Yeah. So thank you so much. And thanks everybody for listening. And we'll be back soon.

(closing music)