

(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 my other half of Indie Birth, Margo. Yay. So excited that Margo is on this podcast today.

**MARGO:** Yay.

**MARYN:** Margo has her own series of podcasts now on iTunes called?

**MARGO:** “*Well, Actually...*”

**MARYN:** So check for those. We haven't done one together though, so we have these two separate series kind of going which we hope you're enjoying. But we wanted to get together today to talk about reflections of a birth that occurred about a year ago. And that was Celosia's birth.

**MARGO:** And it's hard to believe that it's really been a whole year. And I guess if you haven't been following along that's my daughter.

**MARYN:** In case she's not famous to everybody. Oh boy. Well, today, like I said, we just wanted to chat about this birth that is, obviously, so important to Margo and super special to me. That we just kind of chat. Let you in on it. Hear how it goes. If you'd like to read Margo's actual birth story, we will link to that below this podcast, and you can find it just on the Indie Birth site anyway. And then there is a YouTube, right?

**MARGO:** Yeah.

**MARYN:** Video of Celosia being born. And it's an amazing, inspirational home birth video that's been viewed how many times?

**MARGO:** Nearly 100,000 times at this point.

**MARYN:** And what's it called? Although we'll put the link I guess.

**MARGO:** I think it's called *Celosia's Birth* and then in parenthesis short. I think I had intended to put out a longer one at some point because, as you'll hear, it was quite a long affair. So there's a lot of footage. But the video itself, I think is only four or five minutes long from just maybe a minute or so before she's born to a minute or two after she was born.

**MARYN:** Yeah. Great footage from that birth for sure. I guess it being long definitely had its advantages. So if you haven't watched that video, maybe watch it and/or read the story before you continue listening to us. That way you have some kind of background since we probably won't be rehashing the whole birth story. More just how Margo is feeling now a year afterwards. So where shall we start?

**MARGO:** Well, I guess since we were just talking about the video I could say a little bit about that and sort of all of the media around her birth that I have. So I have a fair amount of photos from her birth. There was a slideshow at one point which I've been meaning to recreate. It had been reported on YouTube because someone was offended about how graphic the photos were. They were excellent.

**MARYN:** Real birth. Yeah. They were.

**MARGO:** So maybe I'll be able to put that up again, and we can link to that too. So yeah. My husband knew that that was important to me for personal reasons as well as for more public educational reasons. So he made sure to take a lot of photos. We had the cameras charged up for probably weeks and weeks before the actual birth. And we borrowed a tripod from someone, so that we could get some video. And it just was really sort of lucky, I think, that we even got the video.

**MARYN:** Yeah. You were just in the right place with the camera in the right place. And wasn't a big production.

**MARGO:** Yeah. And I think my husband sort of—he had turned it back on. He had turned it off and on so many times through the course of the few days that I think it just—yeah. We lucked out that he had turned it on and left it on even sort of as we thought maybe we would be transporting or something. And I was still in the same place that I had been when he had set it up. And yeah. And then Maryn moved the tripod for us, I think. Yes. After she was born. After a few minutes so that there was a better view of really the first—I think it's 30 minutes of her life.

**MARYN:** Oh, that's really sweet.

**MARGO:** It's really sweet.

**MARYN:** That's really sweet. I think—I wish I had that from some of my kids. Especially when you were able to place it in a way that you probably didn't even remember it was on, and that was *[cross talk]*.

**MARGO:** Yeah. I had no idea that it was on. I thought—I mean it just wasn't even in my brain at that point.

**MARYN:** Yeah. That's perfect.

**MARGO:** And so you can even see all the way through having—birthing the placenta. And we've used that footage now sort of privately in our—what are we calling that course? The after birth—

**MARYN:** The postpartum hemorrhage course.

**MARGO:** Postpartum hemorrhage course.

**MARYN:** Yeah. Great teaching materials. So many people could be grateful for Margo's experience caught on film. And, again, I think it just worked out perfectly. I don't know that so many people think ahead of time they want to see a video. But I think you're a great example of if you're open to it, just set it up. And remind someone else to turn it on because it's not something the birthing woman seems to notice or think about. And then, of course, that's your footage. You don't have to share it with anyone. But I think it's really sweet that her very first breaths were capture for her to watch. That's crazy.

**MARGO:** I know. It's pretty amazing.

**MARYN:** And in such a loving, gentle way. I think that could really influence a kid to see that.

**MARGO:** Yeah. I think it's definitely influenced family and friends too who maybe weren't fully on board or understanding where I was at with the work that I do and why it means so much to me. And I think it really made an impact especially for—I know for my own mom to be able to see that. I remember watching it with her probably when Celosia two weeks old or so.

**MARYN:** Oh wow. I didn't know she saw it.

**MARGO:** Yeah. I was like, "Do you want to watch the birth video?" And we—I think we watched more than the section that's on YouTube. We watched some more before and some more after.

**MARYN:** That's really cool.

**MARGO:** And she just cried and was amazed. I think it was really healing for her just to see what birth can look like and reflect on her own experiences and feel like her granddaughter was born in this really peaceful, loving way.

**MARYN:** Yeah. I mean I'm sure that's why even on YouTube it has almost 100,000 views. There's tons on there that might be labeled home birth or unassisted birth, but I think people are pretty used to seeing the same type of births that they see at the hospital. So just more interventions and maybe someone else receiving the baby not the mom or dad even when they're home births. And that footage serves a different

purpose, I think. But yours is just so raw and beautiful and seeing Russell catch her. Just having no one else's hands touch her goes such a long way.

**MARGO:** Mm-hmm.

**MARYN:** It's really special. So what are you thinking a year later? Is it a haze? Every moment of the birth. Or are there some concrete things that always pop into your head when you think about it? Or I don't know. Specific memories you're left with. I mean I know it's all a good memory.

**MARGO:** Yeah. I just sort of—right before we started this we were talking about maybe what to talk about. And I said to Maryn, “It just feels like this really big thing.” In my brain, it feels almost like a textbook or something, or I replay so many parts of it in my mind. And I can think about it all day long as an experience. And I think, again, just having the media that I have of the experience has shaped how I think about it. Having the photos that I have, they're dates and time stamped has helped me put the story together in a way that I couldn't have done without that. And so yeah. Part of it feels like it's sort of a reconstruction like when I try and think about it logically. But when I think about it just more outside of my brain, yeah. It feels very hazy and sort of—I don't even know. I'm just so amazed what we're capable of doing. And not to be like, “I'm amazed by myself,” but—

**MARYN:** Well, you should be. And that's definitely—I know in wanting Margo to talk about that here was certainly one of my intentions. She doesn't have to talk about how great she was and is. But I can because I think it's so important that especially for women having their first babies that they hear these kind of stories that they understand labor and birth can look a lot of different ways. And it's not always what we expect. And these are all huge issues, by the way. But then the last thing that always is very prominent in my mind when I think about Celosia's birth is that Margo took so much responsibility during her pregnancy. And I know that's what we talk about here at Indie Birth. That's what our classes are based on that birth does look a certain way. But to prepare ourselves for that experience, we have to own it along the way. And I just can't say enough about what a beautiful example Margo was of that because then when you do get to challenges in your labor or birth you already know what it feels like to be the decision maker. And that doesn't mean everything works out the way you want it, but there is so much power in that just knowing that you knew enough about yourself. So that's, I think, just so important for people to hear. It's not just about the birth.

**MARGO:** Right. Yeah. I feel in so many ways like the pregnancy was sort of practice for then my birth experience. And I think I have sort of a unique, not necessarily super unique, but sort of at least perspective and had a pretty unique experience just with the challenges that I had during my pregnancy. And when we talk in this world of

unassisted birth or undisturbed birth and holistic sort of—a holistic approach to pregnancy and birth, a lot of times the focus is on really uncomplicated pregnancies and uncomplicated births. And sort of, I feel like the more challenging aspects or experiences sometimes get glossed over or ignored or maybe someone has a reason for it. Like, “Oh, you had a hard birth because you had someone there who was telling you what to do,” or we get very—occasionally, I see this in the—especially the unassisted birth community. If you do it perfectly, then you’ll have this perfect, undisturbed birth. So I think I had a unique experience in that way at least in that I really did have a 100% self-directed pregnancy and birth, and it didn’t turn out just super simple and straight forward. And that’s okay. And I think that what I learned from that was really amazing and powerful and, I think, will help other people who have—some people call them butter births. Super simple, easy births. So I think I can help people now who don’t have that experience even more. Yeah. And I have intentions and I’ve had intentions of writing more posts about my pregnancy experience. I have what someone might call chronic hypertension, which would have gotten me labeled high risk if I went to an OB.

**MARYN:** Or a midwife.

**MARGO:** Or a midwife. Yes. A home birth—a licensed home birth midwife in Arizona would not have been allowed to help me. So yeah. I had to do a lot of research and a lot of educating myself and had to face a lot of fears and go up against a lot of belief even amongst the holistic crowd and the midwifery crowd that I was a dangerous person for doing what I was doing and really had to be sort of almost alone in that belief and feel confident in it. Which I didn’t 100% of the time.

**MARYN:** Well, and that’s part of it too I think. Is people hearing that challenges are challenges. And it’s how you find your way through and what works for you to process that challenge. I think, again, in the unassisted world there is not as much focus on maybe people educating or learning. It’s more just do you trust everything is going to be okay. And that’s one way of doing it. But another way of doing it is meeting those challenges with as much information as you can and then working through that and taking what people say or do and maybe leaving some and taking some. I mean it’s a really complicated puzzle. It’s not, like you said, as easy as somebody that just has a really simple pregnancy and doesn’t come up against anything at all. I mean those births are great. Those unassisted pregnancies are great. But I think you’d say that the challenges probably helped you face birth and mothering because that’s what it’s all about.

**MARGO:** Totally. Yeah. And it—yeah. Just like you said, challenges are totally challenges. Or they wouldn’t be called that. I remember so many times, even before I was pregnant, but it seemed like it happened so much more frequently when I was

pregnant reading in different midwifery groups or I'm involved in the unassisted world as well as in midwifery and traditional birth attendant circles. People talking about which clients were okay to take. Just discussions cropping up all the time about—and it's like anything where if you start thinking about something you start seeing it everywhere.

**MARYN:** Mm-hmm.

**MARGO:** But I felt like I just kept seeing like, “Oh, I'll take just about anyone except for if they have high blood pressure.” And so I kept getting this feedback, I felt like, from the outside world that everything is totally fine. I'll do a breech baby. We'll do VBACs. We'll do twins. But oh man. If someone has high blood pressure, no way. And so I felt like I had to sort of reconstruct like an entire reality almost to base my trust in. And like I said, it wasn't 100% there I don't think at all until after the birth when everything was fine. But yeah. It was definitely a struggle. And I think that that's something people can take away is just that you have to be the one who believes that you're making the right choice. And it really doesn't matter what anyone else thinks. You can build that trust and build that foundation for yourself. And then like Maryn was saying that totally translates into birth and mothering and—yeah. I think that it did in so many ways help me just feel more confident because I think that's been the hardest part so far for me. And just knowing that I could do that and create that space for myself has made the rest seem much easier even when I've had challenges there too.

**MARYN:** Yeah. It's not a small thing to go against the grain that way. Like you said, even in midwifery or holistic circles—

**MARGO:** Going against the grain of the against the grain.

**MARYN:** Yeah. Against the grain of the grain. And so not to diminish that, but yet so many women can see themselves kind of like in a mirror. Whatever your thing is whether you've had a cesarean, whether you have a breech baby, right? Or something else that really is only important to you or something that brings you fear, it doesn't matter. It feels the same in our bodies, I think. So I guess I'm just saying that women out there—no matter what your thing is—you can use Margo as a role model to kind of combine what she did which is lots of research. And I mean I saw a good percentage of it. Definitely not all of it. But I was so impressed and continue to be with her questioning. And I think that's something we all should do no matter what our issue is. And breech baby is a great example. Like okay. People are saying this. This is what we're told to believe. But when it's you, you really got to do more than that. And when you really start to dig with most of these issues, you realize, like you said—you kind of have to reconstruct your reality because the research reality is not your reality. Really. I mean that's just research. You have to create your own beliefs based on what you

know and what you feel. And only you can come up with that. It's both a blessing and a curse, I bet.

**MARGO:** Yeah. Pardon me. Yeah. And even, like you said, research is just research, but as you know, even when you start digging into the research with most of these things, it has no basis for what most people think about the topic. It's really amazing. It's sort of like the more you dig there and then also in your own self and how you're feeling, what you believe, the sort of myth behind all of this just falls apart. And you come back to—I just remember thinking so much during my pregnancy about what is risk. What is safety? And these sort of bigger cultural questions and philosophical questions about what do these things mean. And what amount of risk is acceptable to me? And then going beyond that, thinking if the risk is—if we could quantify it even, what amount is acceptable? And then what doesn't matter because if you're that percentage then that's what happens. And if you're not, it's not. And there's nothing we can do to control that. And everyone who is having a baby is taking a risk.

**MARYN:** You're taking a risk if you're not having a baby. You're taking a risk getting up out of bed and getting into the car every day.

**MARGO:** Yes. Exactly. So it's just—yeah. It's just all so—it's a big thing. I spent a lot of hours.

**MARYN:** Yeah. I'm sure. I know you did.

**MARGO:** Possibly too many hours.

**MARYN:** No. Not too many. I mean because—well, there isn't an end at this point. But I think so many women will be helped by the research you've done and the knowledge you have because, like you said, hypertension is a big scary thing out there. And once you really start to look at it, I think even on a basic truly holistic level—and I know this stuck with me from just being around you. Well, what can you do? Like with any risk or complication, like what are our basic tools? And I know for you—and I agree—what are you eating? That was the number one thing because it looked like a lot of the risks for women with high blood pressure, they were really looking at women weren't taking care of themselves and nourishing themselves. And so just coming back to really basic knowledge like that. No matter who you are. Like okay. I am in control of how I treat my body this pregnancy, what I feed my baby, and I'm going to do the best I can. And a lot of it we just don't have control over.

**MARGO:** Totally.

**MARYN:** Yeah. So many good topics in there. So what other lessons or maybe just wise words would you leave someone? Maybe they're preparing for their first birth? And don't know what to expect. Where do you go with that?

**MARGO:** I feel like the theme—and I just wrote a post that I haven't published yet. But the theme of my pregnancy, birth, and postpartum experience so far feels like even when we do these things that we know are biological and we know are physiological, that doesn't mean they're going to be easy. And maybe I sound really bitter about it. But—

**MARYN:** Well, that's the truth, and that's your truth. And I think that's better than us acting like it's all simple and blissful because that doesn't really help a large percentage of women. I mean because when it's simple and blissful then you're not looking for help. You're fine. But what about everybody else?

**MARGO:** I just always feel like the bearer of bad news or like a Debbie Downer or something when I think about just that question of, "What would you say to,"—and we have to grapple with this in a very real way when we teach our class locally and online. We did the online class—at least the latest recording—before I had had a baby. So I'd be curious to listen to that one and when we do an update.

**MARYN:** Well, your life—yeah. Your life is completely different before and after.

**MARGO:** Yeah. So I don't know. I had a really unique experience, I think, of having gone to births for over three years before I had Celosia. And so I got to see women have babies. A lot of different women in different places in their lives. A lot of women having their first babies. Long labors and short labors.

**MARYN:** Everything in between.

**MARGO:** Water births and not water births. And so I feel like I was more prepared than most anyone really can be.

**MARYN:** Well, just for the variation which you don't get to see—most women never see anything.

**MARGO:** Right. I got to see so much in real life stuff. And I think that's where so much of my confidence came from was that I saw women get through it, and I knew I could do it. I saw it, and I visualized it. And I always say the first births that I ever went to I was always so dumbfounded when a baby actually came out. Like I could not believe that was happening. And then as I went to more, it was like a thing I would have to tell myself when we got to a labor was like, "A baby is going to come out. Don't forget."

**MARYN:** It's unbelievable.



**MARGO:** “That’s going to happen. That’s why we’re here.”

**MARYN:** It’s unbelievable. No matter where you are.

**MARGO:** So I think there is something to be said about if we return to something that was more our ancestral sort of roots if women grew up as girls even seeing births, I think it would definitely change the way that we birthed because—sort of as I’m getting to the point—I had a very challenging labor. And I don’t think I could have done it if I hadn’t seen other women do it. I don’t think that I could have, in my brain, been like, “No. A baby is going to come out.” You don’t know what it’s going to feel like yet because that I hadn’t done. But I had seen it happen, so I knew it was possible. So in those moments when it felt impossible, there was that in the back of my head like, “You’ve seen dozens of women do this before.” Whereas if someone had never seen it happen, I can see very easily why maybe they would start to doubt that after three days.

**MARYN:** Yeah. Totally. And that wraps back around to even why watching birth at this given time and place is important. I mean, really, women aren’t probably going to go out and see live births. But yeah. Watching good birth videos because—

**MARGO:** And talking about it.

**MARYN:** Yeah. There’s only so much relaying of information, I think, we can do because our experiences are so different. We can share the stories, but the—just seeing it and feeling that in the room or seeing it on video, I guess. Not quite the same, but you know.

**MARGO:** But similar.

**MARYN:** Yeah. Allows women to realize that that is what happens, and it’s going to happen.

**MARGO:** Well, it’s like magic. I mean I remember my whole life even after I had seen women have babies be like, “How is a head going to come out of there?” Like I don’t think that that’s a stupid question when people are like, “Really? How does this work? I kind of don’t,”—I mean we know the physiology, and we know the vagina is rugated. And it can stretch widely and the bones—but it’s crazy. It’s amazing and crazy.

**MARYN:** Well, and you can see it hundreds of times, and it’s not any more ordinary, in a sense. It’s always—there’s that element of disbelief, and I know Gail Hart has talked about this. Or I’ve talked about it with her. That even midwives feel that way. It’s not an uncommon feeling to just have that, “What’s going to happen next? Is the baby really going to come out feeling?” Because it’s that crazy.

**MARGO:** Magical. Yeah. So I guess that's what I would say especially for someone the first time is just find the most ways that you can to just believe that it will happen.

**MARYN:** And see it happening.

**MARGO:** See it happen for other people. Visualize it happening for yourself. I spent so many hours visualizing just as I was feeling the baby. And I was sort of—what's the word I'm looking for? Superstitious about it. I didn't visualize it very much until we were closer to being term because I didn't want the baby to be getting any funny ideas about being born too soon or something. I don't know.

**MARYN:** Well, have to be careful with your visualizations.

**MARGO:** Yes. You must be careful. But just visualizing her being in the perfect position and her little arms down and—for the most part, as far as we could tell, she was in a pretty good position. Maybe I'd be a little more specific next time about being lower. But in coming out and being pink and breathing right away, and she did. And yeah. So it just I think paid off. And in a lot of ways and—yeah. I think the first time is just different because I know going into a future birth, if I ever have another baby, I will remember that feeling. I'll have the benefit of having seen other people have babies, and then I'll also have the benefit of knowing for certain that I can do it. And know what it feels like and know what to expect in that way. Which is different.

**MARYN:** I mean confidence goes a long way which is why, usually, subsequent births are easier although—I mean they can be really different. So that's a whole other topic. But yeah. Confidence in general. So that, again, I think is why it's so important that we, as a culture, kind of get to these women that are having their first babies because, as we all know, how many of them are likely to have a surgical birth when their birth doesn't look like a textbook. But yours certainly didn't. So I just feel like you're one of the poster children for not home birth at all cost by any stretch. I mean there was lots of give and take all around. And all that. But birth doesn't have a map.

**MARGO:** No map.

**MARYN:** No map comes.

**MARGO:** Yeah. I've had so many people—maybe not so many people, but a good handful of people in the last year—I talk about my birth story a lot because—

**MARYN:** It's a great story. Go read it.

**MARGO:** - like everyone talks—yeah. I think everyone or a lot of people talk about their birth stories, but I do even more I think just in the context of what we do and who I am and what an oversharer I am. And so—

**MARYN:** No. But there is such practical lessons that it's impossible to not share them.

**MARGO:** Right. So I've—yeah. So where I was going with that was there are people that I've come into contact with who will be talking about birth, and they'll be sort of telling me their story. I had someone tell me, "Oh,"—I think I had said, "Oh, I had my baby at home," which is particularly interesting where we're located. We're at a trout farm, so people know the trout farm. And we live in this funny little trailer at the trout farm. And so it's sort of interesting that my baby was born there because—

**MARYN:** Very unique.

**MARGO:** Very unique.

**MARYN:** Not a lot of babies can say that.

**MARGO:** Only a couple. So it's sort of a story, and it's a very small community. And so I had mentioned it to someone like, "Oh, my baby was born at the trout farm." And so she started telling me her birth story and how, "Oh, I had to have a cesarean because I was in labor for 48 hours. And I just wasn't dilating past a five," or whatever the story was. I can't remember the exact details. But I had a cesarean, and then I had cesareans for the next four or two or something. Like mind blowing. And then I didn't say it to make her feel bad, but I said, "Oh, I was in labor for about 66 or 67 hours." I said, "It doesn't sound that abnormal to me that you were in labor that long. And it sounds like you were doing a great job for the first time." And she got really defensive. But I think it made her think about it. And, again, it wasn't said to make her feel bad, but it's interesting to now have my own story to share to combat these myths that we have out there. And then on other side, I've shared the story with people. And most recently just maybe a week ago or a couple weeks ago and the person said, "Well, isn't it dangerous to be in labor that long? That can't be good for the baby." Said this to my face after I shared my birth story. And I was, first of all, a little like, "Wow." I was glad to have the conversation, but I was a little taken aback that they had sort of the confidence to say such a thing. And I don't know that the full impact of the story got through to them, but it was a teaching a moment I though. And I said, "No. I was listening to the baby throughout labor." This idea that labor is stressful to the baby or hurts the baby or—these things have to be challenged. And it's so ingrained. This was an older man, who said this to me.

**MARYN:** Well, people are scared. I mean they're scared of labor. They're scared of birth. Not to mention it happening at home. So although every home birth doesn't go as planned, that's not your story. And you have every right to share your story. It's not like you're just glossing over, "Anybody can have a home birth. And you can be in labor for days. It's no big deal." You lived it. And you were faced several times with, "Okay. Is this still a safe place to be? Is this where I want to be? Is this where my baby wants

to be?” So everyone is different. But I think for anyone that wouldn't guess that that's going on during a process where a woman is really taking responsibility for herself, you have it wrong. These aren't, most of the time, women that just cross their fingers and pray. They're very in touch. And they're constantly weighing—especially if it gets long or more complicated. Are they still where they want to be? Do they feel like there's somewhere else to go? And that, I think, is such a blessing that we have four ourselves and our babies.

**MARGO:** I think that's definitely something to—that I still think about, and I'm sure I will think about for a long time is just that moment. So if you haven't—if any—hopefully, you've read the story, so you'll know which moment I'm talking about here. Where we were listening to Celosia's heartbeat, and we're like, “Hmm. That's pretty different than it was last time we listened.” And I think that that, again, was a really awesome learning moment for me to be able to feel like, “What's happening? And what do I want to do about this?” And my initial reaction was definitely fear based and was like, “Oh shit. We got to go right now.” Which I would not terribly suggest trying to interpret fetal heart tones when you're in labor. That might be another lesson.

**MARYN:** Yeah. Yeah. No. I wouldn't wish that on anyone.

**MARGO:** So I think it's really—this sort of second point was that I think it is really helpful to have someone there to support you and help you with those sort of more brain related activities, if you're going to choose them. So I'm so grateful that I had someone else there, Miss Maryn.

**MARYN:** Well, I always say the same thing which is I don't think we were meant to birth completely alone. I mean that's fine if you choose it. That's fine if you just have a partner there. I mean it's all everybody's business. But yeah. There's something about having someone there that can give you a little bit of distance and a little bit of perspective. And, of course, I could easily be seen as being emotionally involved because Margo is so special to me and this baby is so special to me. But still, you're not the person birthing, so you have that little bit of distance.

**MARGO:** Your brain is not flooded with crazy hormones.

**MARYN:** Well, and it's just not meant to interpret those things. And the fear reaction, I think, is so normal and what any of us would have. And sometimes it's appropriate. Sometimes there is something that needs to be done, but I think the collective feeling in the room was like, “Let's just take a breath. And if this baby can be born soon, that seemed to feel the right thing.” I mean Margo being the authority on that but just kind of working with those feelings.

**MARGO:** Yeah. And I think that was such an interesting lesson and sort of the pinnacle. Other than the birth itself. But I feel like that, for me, was one of the biggest emotional moments of the whole pregnancy and birth experience for me. And I think it was an interesting lesson in that it wasn't something a number could tell me because I'm a very number kind of person. I like having that. And I like then extrapolating from that and combining it with intuition, and I like all of that too. But I am a very analytical sort of person, and I spent, like I said, so many hours pouring over obscure research and trying to quantify my risk of placental abruption. These strange—I mean not strange. But very detailed things. Like I would come up with ten new questions every day that I'd then be like searching PubMed about. But so this moment that was probably, to me, sort of the heaviest moment—like an, “Oh god,”—at the deepest level, the answer of what do I do, it wasn't something I could look up. It wasn't something I could try and put a number on. It was like I had to literally just ask myself and check in with my gut and then literally feel inside myself and be like, “What's happening? And what do I want to do?” And have the choice come from that instead.

**MARYN:** Well, there's no person that could no otherwise. I don't care how long you've been a midwife or what sort of doctor you are. Anybody only has a certain ability with the numbers anyway. And so, unfortunately, that's how most decisions in birth are being made. Not because there's truly a problem just because there is a chance of a problem, and there is a number that on some chart. And people just do that. So it's no small feat. I mean I don't even think—I don't know. I guess you do realize. But it's no small feat to have that kind of thing happen in your own birth and to have to just find that spot within yourself. I mean there is no amount of drawing out of you someone else can do.

**MARGO:** And it wasn't like a pretty moment. In the story, I think—

**MARYN:** It never is.

**MARGO:** No. It was a very raw, animal sort of moment. And in the story, I think I said—and I'm sure other people wouldn't share this about themselves, but I stuck my finger in my butt because I felt like I had to poop which, of course, in my brain I was like, “That's what everyone says before the baby comes.” But then part of me was like, “There is no way. This is taking so long. It's never going to end. That can't be real.” And so it was sort of out of spite almost. It was like, “That can't really be true.” So I felt. And then I was like, “Oh, that's a head in my butt.” And that totally shifted things for me. And that's not something a doctor would tell you to do or even a midwife.

**MARYN:** You know what though? It makes me think of many birth stories actually where there is that pivotal moment. And I don't know why it manifests often as fear. I think it's just our culture. And, again, there is a tiny percentage where there is actually a

problem. But in most of the births we see at least, that pivotal moment doesn't mean there is really a 9-1-1. It means—it's like the moment that the woman identifies with what's actually going to happen.

**MARGO:** Right.

**MARYN:** And it's scary.

**MARGO:** It is really big. It's a *[cross talk]*.

**MARYN:** It's really big. And yeah. Yeah. I think it's an interesting thing to think about. All the births. I mean it looks different for everybody. It's not always a panic. But I don't know. Maybe it's part of that fetal ejection reflex in some—looking lots of different ways where a woman needs that adrenalin to just finish it off.

**MARGO:** Get the job done.

**MARYN:** Just have the baby.

**MARGO:** And then I think just thinking about it it's just another moment where I think I could make the case—and it's not for every woman at all. But I did that. And then I felt like, "Okay. This is real." But then it helped me a lot to be like, "No, Maryn. You feel too." Because I was still in disbelief like, "No way. Is that really happening?" And Maryn, of course, tried to be like, "I don't know. That's wonderful. And keep going." I was like, "No. You're feeling now."

**MARYN:** Well, when you've been in labor that long—not to mention you had never felt those sensations before. Like I said, I think if we all had someone to trust the first time, I mean, I know for me it would have made a world of difference because what's wrong with looking for assurance that this is happening. That's what we're doing. I mean every single time I've said to whoever is there whether it's you or it's been another friend it's the same moment when I say something along those lines.

**MARGO:** It's not happening.

**MARYN:** I can't do this. I can't—this baby isn't coming. And then the baby comes. So I don't think looking for reassurances—I think it's what we're supposed to do. It is. It's such a big moment. And how can you wrap your head around it really? You can't.

**MARGO:** Yeah. See? We had no shortage of things to say.

**MARYN:** And I'm sure we could keep going. One last thing I wanted to add just because it's such a great thing to keep in mind especially for women maybe having their first baby is that attention to keeping yourself physically able to do the labor. I think you're the poster child for that. And I think being aware of it in your head is the number

one thing. You had the benefit of seeing many women either feed themselves really well during labor or the opposite. You've seen lots of women too not able to eat or drink and truly become unable to birth at home. So I don't know what you can say to drive that home to people that haven't been this way yet. It's so important. It's not just—well, you can talk about it. I guess it's not just like an intuitive thing that you think people will know.

**MARGO:** Yeah. Yeah. It's a fascinating thing.

**MARYN:** I don't know why it's not.

**MARGO:** Yeah. I don't know either. I mean, for me—like Maryn said, I'd seen it go both ways. And I knew that I needed to minimized as many other variables that could go wrong as possible to—and so that was—

**MARYN:** It's back to feed as the basis.

**MARGO:** Yeah. To food as the basis. And I had the benefit, and I would encourage other people to sort of cultivate this too. I had the benefit of a really supportive partner in that pursuit of like kind of to an obnoxious point even.

**MARYN:** But that's a great thing for partners—

**MARGO:** But it's good.

**MARYN:** Yeah. It's a great job for them to have. It's very easy to do in a way and hands on. Just feed the woman.

**MARGO:** Feed the woman. And he was really good about it. I mean as long as I was able to—which was—I went into labor on late Saturday night, and I think until late Monday night I pretty much ate my normal food.

**MARYN:** Yeah. She was amazing.

**MARGO:** Full meals three times a day. Then lots of snacks in between. And I didn't eat a ton I don't think at night which kind of makes sense just because it's night time. But I did snack throughout the night too those nights when I wasn't—I wasn't able to sleep. If I was able to sleep, I'm sure I would have not eaten so much. But yeah. So I don't know. It's tricky. And then after that point on Monday night, I ate a full dinner even though I knew it didn't sound good at that point. And that's when I think things really did switch into a different gear for me. And now I would know that in the future that that might be a good sign that things are progressing more. But my—

**MARGO:** But yet not wanting to eat crops up a lot before that point.

**MARGO:** Totally.

**MARYN:** And women sort of go with that like, “Oh, I can’t eat. I’m in labor.”

**MARGO:** Right. And I think what was interesting was my partner, again, was like, “No. You’re going to eat this chicken dinner with mashed potatoes and broccoli.” And I was like, “It sounds really bad.” And I’m glad he made me though. I mean I did end up throwing it up. But it was a valiant effort. And then from that point on, I knew okay. I probably can’t eat that. But I’m going to eat—I have to come up with something different then.

**MARYN:** Yeah. I mean you were amazing. It’s okay to be choosy although I don’t think anything I offered you you refused. She was the most willing person to keep herself going. But, again, that’s really rare. I don’t know. Women get into this sort of wheel where they don’t. And if you don’t eat or drink for long enough when you’re using that many calories and working that hard, something seems to click off in your brain. And then you don’t want to eat or drink at all. And it’s really quite impossible for the uterus to work after days of that. It’s just not a good situation.

**MARGO:** Yeah. And I don’t know if it’s a cultural thing or—that you don’t eat in labor. Or maybe it’s wishful thinking like—

**MARYN:** I’m farther.

**MARGO:** Yeah. It’s really going to be soon, and then I’ll have a meal after or something. Or I don’t know. But I think I had that on my side. And it was so long that I thought it would never end. So I figured I’d better keep eating.

**MARYN:** Well, in some ways, we don’t prepare other people. People prepare themselves, but I don’t think it’s that horrifying to just put it out there to most people. I mean whether it’s your fifth baby or your first baby it doesn’t matter. That labor could be different. It could be longer than you expect. And it doesn’t mean you’re in absolute misery the whole time.

**MARGO:** Or it might.

**MARYN:** Or it might. You have no idea. But eating and drinking is just so crucial. And, again, I just wanted to bring that up because it seems so basic. But yet, it’s a really easy thing to neglect, and it’s something that—man, I think you could really kick yourself for later. Because it’s hard to recover from a lot of hours of depletion. And truly, those might be situations where then it becomes necessary to go somewhere where you can get an IV or whatever it is because your body just can’t—it can’t do all that.



**MARGO:** I don't think—yeah. I don't think I could have. I mean I know I couldn't. I know I couldn't have done that long if I had been eating granola bars or something for meals. And I think even the day that I had her, which was Tuesday, I'm pretty sure I had an egg breakfast that morning.

**MARYN:** I'm sure you did because you were—

**MARGO:** Something pretty substantial.

**MARYN:** - very dedicated. Yeah. Yeah. That is something I will never forget. And Margo can be the, like I said, poster child for sharing that with other women and being that person that understands too that it's not really the most pleasant thing. But if you have that in your head before hand, it certainly helps. And like she said, if you have a support system that gets that from as simple as having food in the house, which believe it or not, some people really don't in labor.

**MARGO:** Right. Yeah. Lots.

**MARYN:** Yeah. And just maybe thinking ahead with ideas too because you're not really loving the idea in labor.

**MARGO:** I think there was only—I'm having two memories pop up in my head. One was driving back to our house with me and my partner probably a month or two before having the baby. And it was one of many conversations where I said, "I probably won't be days long. Ha, ha. But,"—

**MARYN:** But if it is—

**MARGO:** "I hope not. But I fit is, you have to feed me." I was very serious about it. And it was very—

**MARYN:** Oh, that's great.

**MARGO:** - stern. And he really took that to heart. And then the only time—the only memory is that the only time during labor that I remember being, "Ugh, no. I don't want that," was when my husband tried to feed me a spoonful of peanut butter or something. And he made the argument of like, "No. You really have to," and I could see that he was fearful sort of. Or afraid. He was like, "No. This is my job. You told me I have to do this. And you have to eat." He said something that was convincing enough that I ate the disgusting spoonful of peanut butter. I think I said, "Add some honey," or something. It was just the texture. It wasn't even that I was unwilling to eat the peanut butter. It was just it needed some sprucing. And so he went and, I think, added some honey, and I was like, "And I need water after." And so he did that. And so I think that

having that speech prepared—and to not be like, “Oh, okay. Sorry. You don’t want the peanut butter.”

**MARYN:** Yeah. It’s not for the faint of heart. I mean it comes back to, again, I think a relationship with your partner and/or support team that you’re taken seriously or you’re not taken seriously depending on the moment. That they know you well enough that they’re still trying to hold true to what they know you want because in the moment of labor—I mean you don’t even really have the words to form about much of this. So to have someone that isn’t afraid to get yelled at or whatever it is, to just keep offering food.

**MARGO:** Yeah.

**MARYN:** Not even asking. Just offering. That’s always a good tip.

**MARGO:** Yeah. And—I don’t know. Are we going way too long here?

**MARYN:** No. Feel free. This is your story.

**MARGO:** I keep having more things crop up.

**MARYN:** No. It’s great. They don’t have to listen to it all at once.

**MARGO:** Sure.

**MARYN:** Pres pause and come back.

**MARGO:** Press pause. Get a cup of tea. Rejoin us. I was just going to say that I think something I have learned for myself—I don’t know if this is true for other people. But I think my husband, who sat through our class and has heard me blab for years, took it a little too seriously the whole no talking thing during labor.

**MARYN:** That’s an interesting point.

**MARGO:** Yeah. Because it’s like, “Be quiet,” and all the things we say you should do to have an undisturbed birth. And I think he was afraid to ask questions. I don’t know that he had questions to ask. But—and I think he was afraid to talk too much to me. And I think I would have probably benefitted a little bit from him having a more up front conversation with me. At times being like, “What can I do to make this easier?” So I think that was an interesting thing. And I’ve told people—clients of ours and people in our classes—that if we were to have another baby, I think something I would do would be sort of to prepare a list of things that sounded good to me as far as comfort measures. Which we talk about in our class. But I sort of took for granted that maybe he would come up with—or that I would be able to come up with those ideas. And what made me think of it was when you said it’s like you don’t really have the words to put

together when you're actually in it. So that's something I think people might benefit from hearing. Just having a long list and then someone who is not afraid to—be careful of course—not to really mess your space up, but be like, “Hey, do you want to try this?” Like we do for people.

**MARYN:** Sure. Sure. I think that just shows too that birth is complex. That—like when we talk about physiological birth on one level, it's simple. But we're not as simple—

**MARGO:** Simple creatures.

**MARYN:** - as it can be. And when a birth takes a turn from not being super simple, then right. There are changes you make to your own situation to ensure your own sanity and your own comfort even if they may not be on the rules of undisturbed birth, which he was following the rules.

**MARGO:** He's very good at following rules. Yes.

**MARYN:** Yes. And most men are. And that's how their brains are working during the process. I mean it's stereotypical, I know. But that's why having a midwife or a friend there because we're the feeling ones. We're the ones that are feeling that you need a change in position often. But some guys, I'm sure, do. But most are willing to stick to what they've been taught. And the minute it deviates—but that's a lesson of birth, right? It's just a big deviation from what we've learned.

**MARGO:** And then the last thing—or at least what I think is the last thing. I'm not sure what made me think of it but just saying, again, how important I think it is to follow your intuition. I knew this that women instinctively choose positions that work best. And I was essentially trapped on my hands and knees for the entire time or most—like 80% of the time. But I remember thinking, at one point, we've talked about this—and I think I even talked about it immediately after, I felt like I needed to grab something like hang from the ceiling. A rope from the ceiling or something. Maybe it's some weird past life thing. I have no idea. But I needed to do that, and I didn't have anything like that set up. And it didn't—I didn't feel strongly enough about it that I insisted we construct something. But—

**MARYN:** Well, again, it's the words thing. You just felt it.

**MARGO:** The words thing. I felt it. I felt like—and I think I did my best to replicate that. But it was so interesting I think because what eventually got her out was to be sort of pulling on a towel that my husband was holding the other end of. So in a sort of similar fashion to give that dangling sort of feeling and sort of a squat, like a support squat essentially. So I just thought that was so interesting to think—I think it was that morning. I remember thinking it probably at 8:00 in the morning, and she was born at

4:00 in the afternoon. Like, “Oh that sounds really good.” And so just so people—I don’t know. And in that moment, I didn’t think, “Oh, that’s an intuitive what I should do.” Whereas I think if I were to have another baby and if I thought in my head, “Oh, it sounds really good to do this,” I would be like, “Oh, yeah. I’m going to do that right now.”

**MARYN:** You would trust yourself. Yeah. Yeah. But that’s the confidence, I think, and trust that I don’t—I mean a pretty small percentage of women even have the first time, and that even looks a million different ways. But—no. That’s a great point because there are women all the time, no matter what baby it is, more asking other people. Like, “Do you think I should get in the pool?” And that’s fine too. But often they know the answer, but they think, “Oh, it’s too early for the pool. Or it’s too late for the pool.” So yeah. To go with whatever is popping into your head, just go with it.

**MARGO:** Even if it sounds like—or feels—I don’t know. It felt like a—I don’t know how to describe it other than it felt like a sort of fleeting thought. And I thought that an intuitive sense would be more demanding.

**MARYN:** Go to the towel.

**MARGO:** Yes. Go find the towel. Like some voice from above. That would have been nice. But—well, it sort of was. A friend on the phone.

**MARYN:** Sure. It was a voice from above.

**MARGO:** So we did end up manifesting that way. But—so yeah. I guess that would be my advice is just if some little—whim, even, pops up. I need to eat a popsicle. I need to do this. You’re not going to do—it’s not going to hurt anything. And just to follow those because it might be more important or more helpful than it maybe seems at—it might not be this neon flashing light. It might just be a, “Hey, you should go hang from something.”

**MARYN:** Sure. And who knows what purpose that serves? We don’t know all the intricacies that are going on in the labor. We think we do sometimes. But even if it’s just that she wanted to rotate her head a tiny little bit, and that gave her the opportunity. Who knows? We don’t know. We don’t know much.

**MARGO:** We don’t know much. So yeah. I think that was—well, and then similarly right at the end—and it’s in the birth story too. I was pushing on my back for awhile which worked very well for the purposes at the time. And then I think I asked Maryn. I was like, “Should I move? Should I,”—and I—I’m not sure—it’s in the someday video that’s the long version. Something like, “Should I get up and squat?” And Maryn did such a beautiful job of saying, “Whatever sounds good to you. What do you think?”

And I think I did another contraction or two that way. And then I was like, “Yep. I’m getting up.” And that’s where the birth—the video starts is with me heaving my enormous pregnant body off the ground like a leprechaun or something. I don’t know how I moved that fast.

**MARYN:** Pregnant, laboring women can do amazing things.

**MARGO:** I moved very quickly. Quicker than I had in months I think. It was like, “Yep. I’m going to do that towel thing again, because that’s going,”—and it got her out pretty quickly.

**MARYN:** Yeah. That’s awesome.

**MARGO:** And I don’t know, again, why, or we don’t—and maybe it wouldn’t—maybe she would have come out just fine that way. But yeah. That felt right. And in that moment, it was more of the neon sign like, “Yeah. Get up.”

**MARYN:** Yeah. Well at that point, I think generally speaking you just can feel a lot more. So your body can direct more. I mean it is intuition, but it also can be very clearly like where you’re feeling pressure.

**MARGO:** Physical. Yeah.

**MARYN:** So right. In the labor might not be as obvious. But yeah. Like we said, who knows why you pick one thing over another? But I guess knowing your options too is a smart thing in a way. I mean many women don’t in the sense that they just figure they’ll know how to move. But there is something to be said for just knowing what you can do when a baby—

**MARGO:** Seeing, again, what people do.

**MARYN:** Exactly. Watching videos.

**MARGO:** And trying out different positions around your house beforehand, I think, is cool. And then in the video, you can see—I don’t think I talked about it in the birth story. But it’s something more that I’ve noticed in the months after. I thought it was neat that I—and this wasn’t even the neon light. It was like autopilot would be sort of how I describe it. But I was squatting to get her head out, like a full on, crazy squat with some crazy pushing. And if you notice in the video, I yell, “Out you go.”

**MARYN:** That’s my favorite line.

**MARGO:** Listen carefully. “Out you go,” which is hilarious and weird. But yeah. So I was in a full, full squat, and her head came out just a little peek. And then I sort of oozed out between contractions, and then I—I think at that point I was on one knee and

then one foot was a half squat. And then to get her whole head out, I sort of leaned forward. And they talk about that with breech babies too. This rotation around the baby's head. And you can see her head just sort of blurp. Come right out with that rotation as I lean far forward. So it's sort of cool to see the way that position—how my body just natural moved that way. And then just to see how her head responded by coming out like that. It's just neat.

**MARYN:** Yeah. That's—yeah. That's so neat. And I think so many of the time women have what they need to do just that. So whether it's a sticky shoulder or a breech baby or this or that, you're really better off listening to yourself in most cases because, obviously—I mean it's just so internal. I know I felt that too. I've felt shoulders rotating or being a little here or there. And your body just knows what to do if you're not looking to someone else to just tell you. Because you wouldn't really know to tell somebody that.

**MARGO:** Right. And it's interesting too. I think I asked you, "Is it out? Is the head out?" Which didn't really mean is the head out. It was the head is not out. I knew. This doesn't—it didn't feel like it was out. And it wasn't yet. And then I moved forward, and the head sort of pops out. But it's also interesting too—again, back to having the video to look at, I don't think I would have known that I had down that at all if I didn't have a video.

**MARYN:** Yeah. That's a very good point.

**MARGO:** My memory—like in my body memory of it is sort of hazier. It was more like I pushed really hard, and she came out.

**MARYN:** Well, because it was a subtle movement. I think back on—I don't have any recorded videos of my births. And I couldn't tell you the slight little movements you make. Yeah. But it is. It's brilliant. And we're only aware of them, again, with sort of the more complicated situations. What we should instruct women to do. But yeah. Most cases you're feeling it. So it's just another reason to listen to yourself.

**MARGO:** Yeah. And it's another reason I'm so glad, in this case at least, that we have a video to sort of have those little subtle teaching points for people to be like, "Oh, that's really neat," and to have this play by play of that's what happened because most women, if they have an uncomplicated birth at home and they don't have a video or whatever, they might not realize how amazing their bodies are to instruct them in that way. Sort of like the proof.

**MARYN:** Yeah. For sure. For sure.

**MARGO:** I love proof.

**MARYN:** It is. It's all about the proof. Well, thanks for listening everyone. We could talk for hours. So we'll cut it off for now. Maybe we'll do some other fun ones together. It's always nice to have someone to talk to on these. So be sure to check out Margo's series of podcasts as well called "*Well, Actually...*" They are on iTunes under Indie Birth so just another series. And, of course, check our [indiebirth.com](http://indiebirth.com) for new webinars and free consults and all that good stuff. Thanks so much for listening.

(closing music)