

(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 another passionate speech from the heart today. Something that's been on my mind a lot lately and my heart for a couple of reasons. We're going to talk about routine. The word routine. What it means in life. What it might mean in pregnancy and birth. And what our alternatives to that might be. So a couple of reasons why I've been thinking about this. First of all, I am scheduled to present a topic at the Gold Midwifery Conference, which is coming up later this month. February 2016. And funny enough, I named my talk on Group B Strep, or GBS, *Protecting Future Generations from the Harm of Routine Care*. So I get to talk for a whole hour about Group B Strep and some research and alternatives and holistic view. And basically, along the lines of what I'm going to talk about today too which is why is routine care—no matter what scenario we're really talking about it in—why is it there? Why are we following it? Why are we following it when outcomes are not improved especially in the case of GBS?

Another reason popped up. You know how these things happen in synchronicity, right? You're thinking about something or kind of mulling the topic over in your head, if you're like me anyway, and you're trying to come up with how you're going to talk about it or write about it. And then you see it more than once. It's never just once. So to me, that's always great confirmation that I'm talking about something that's important, hopefully, to more than me. So the next instance just was a couple days ago. And the subject of routine prenatal care came up in a Facebook group. And it actually is a group of people that are already involved in birth. So it wasn't a mom, I don't think, looking for advice on just run of the mill prenatal care. These are professionals, allegedly, talking about routine care in pregnancy as if it's just a given, as if it's something we shouldn't question. And so that really wasn't what the question was about. I don't think anybody else was seeing it that way. It was very much, "Well, how does this go?" And it was being answered. And I was probably one of the only ones to say, "Hey, wait a minute. Why are we not questioning this? Why are we investing in this fear based model of routine? Especially when we keep saying low risk healthy women," which is most women.

So I became increasingly concerned, I guess you should say, that even amongst professionals, midwives, certainly we know that routine is the standard in the medical model. But it's more concerning that midwives are seeing things this way. They're practicing this way. And, of course, women are too. Many because they don't know

anything else, and they wouldn't even think to question it. So how many of us—midwives and women—are not even recognizing routine when it's right under our nose? Or it's being used on us in the case of being the pregnant woman. So I think the general assumption of the word routine is that it's safer. So as we're talking about, again, prenatal care or choices, even in birth or postpartum, that somehow the routine is safer. And, again, rarely has that been proven true whether it's Group B Strep or—let's see—gestational diabetes or the routine of vaginal exams in labor or the routine of listening to fetal heart tones in labor. None of these things have been proven to make birth safer or to improve outcomes. And those are just a few.

But midwives are still doing it. And yeah. I pick on the midwives even though I'm in that world too. I want to hold us all to a higher standard of what we're doing because I believe that most are out there because they really love women and babies. So let's all just think about these things. I mean I've thought about them too in order to do this. And the kind of things I might do without realizing it that are routine. So I don't think any of us are exempt from this model just because it's so hard wired in us in this culture. So the things the midwives are doing—I just talked about a few of them. Vaginal exams in labor, routine testing. But other things, how about weighing someone at every prenatal? And we'll talk more about when there might be a reason to do certain things as much as we can. This can't be a ten-hour podcast.

Blood pressure every prenatal or in labor, checking for cord once a baby is born. These are routines for most people. So in other words, it's not that a blood pressure couldn't be taken for good reason or a cord checked once in awhile for good reason. But when these things are done all of the time as a method and as something that's almost taken from a textbook or a model then what is this based on? Other than the textbook or the model. Is it based on the woman? Is it based on the midwife? So I believe we cannot let fear rule us or one experience. And I've come to saying this a lot lately, and you might not know what I mean, so I'll explain. But I've been saying something like, "Every birth is important. But not every birth is important." What does that mean to me?

Well, obviously, every birth is important. Every woman. Every baby. It all matters. And so much of what we do is because every person matters. Every experience matters. For the bigger picture. But then we kind of switch it around and you say, "Well, the bigger picture is the most important thing really. And life is not perfect. Birth is not perfect. There is no 100% ever." So that's when each individual isn't as important as the big picture. And I think when we're talking about something like routine that's exactly what we're getting at. The mainstream usage of the word routine in pregnancy is—well, and I have a lot more on this further down here. So not to get ahead of myself. But that definition is—how do I best put it? Doing something to everybody to save one. That's the idea behind routine.

But then we have to turn it around and say is that really what we mean to do. Why don't we not treat everybody in order to save the bigger picture? But I'll get more into that. So let's see where I left off here. I always lose my way. So, again, back to the midwifery model when we're talking about routine care because I don't think midwives are exempt from this at all. And like I've said, I think it can almost be worse because it's not expected, right? I mean women sign up for an OB, and I think it's pretty clear what you're going to get as far as testing and what's expected of you. But so many women we talk to aren't aware that this same routine, this same protocol often happens with midwives.

So rules and regulations. This always comes up in every podcast, doesn't it? But hey, it's because it's legit. It's because it fits into every podcast. Rules and regs make routine not optional. So there could be a million podcasts on that and probably are. If you look at the rules and regs in your state for licensed midwives, such as here in Arizona, they have to follow routine by letter of the law. By virtue of having a license. So all this talk about what routine is and if it has a place really isn't applicable if someone chooses to have a license. And if someone hires someone that has a license, then, sad to say—if that's you—you might have very good reasons for that, but that does not exempt you from the routine that has been set. You have agreed to this routine, whatever it is, by virtue of hiring someone that has to follow the routine. So you can see how it's not as easy as it sounds.

Midwives have stopped thinking for themselves. People have stopped thinking for themselves. Forget about midwives. I'm not putting the blame just there. People have stopped thinking for themselves. And, again, I think it's this idea that routine makes things safer or there are some sort of difference when there is a routine. And I think that's where it often blends with something that midwives, in particular, are really great about. And I mean that whole heartedly. Which is anecdotal evidence, right? Anecdotal evidence is not research based. So as midwives, we collect that. That's story telling. That's this birth went this way. And maybe it's because we thought the woman did this. Or we're not conducting studies probably on our outcomes. But we have these anecdotal stories and evidence.

However, anecdotes are not research based. And—well, routine really isn't either. But in other words, I hear lots of midwives using anecdotal evidence as a reason to support their routines. Now what do I mean by that? Well, a midwife might say to herself, "I do a urine stick on every single person. It's not interventive. It's no big deal. It's just a urine stick. But I do them on every single person because I had one once who dot dot dot," right? Whatever. Had preeclampsia, let's say. So now everyone gets a urine stick. And that's anecdotal. There's no research. There's no evidence to say that that really made any sort of difference or she wouldn't have known another way. But now it

subjects every single person that comes into that practice to a pretty noninterventive routine but a routine nonetheless.

So another example kind of along the same lines. Midwives that say, “Oh, I listen to heart tones every 15 minutes because dot, dot, dot.” And, again, the anecdote is there was a story somewhere where they thought that was helpful and maybe it saved a baby or—but, again, that’s even anecdotal. We don’t have proof to say 99% of the time that what we do equals any sort of outcome. And we’re human. I mean we’re allowed to do that in our head and say more obvious things that we know are true. When women eat well, then they lose less blood at birth, right? But even that has some research basis. So it’s not that we’re not allowed to do that in our heads. But when it starts to affect every single woman that walks through the door and every single woman is subject to a routine then I think there is something there.

Back to the GBS, just since that’s on my brain a lot lately, before this presentation. What’s the mainstream protocol? Every woman gets tested for Group B Strep. Many midwives are the same because that’s the mainstream protocol. And then—and that’s in this country just to be clear. In the U.S. and Canada. It’s not that way in Europe. So routines do differ from place to place between people unless they’re government sanctioned or whatever it is. So—and then every Group B Strep positive woman, it’s advisable that she has IV antibiotics in labor. So that’s another routine. And most definitely, as I said before, that’s not improving outcomes. And with each of those situations I just described, there’s no proof that what we’re doing is changing anything. So what is it really about? And that’s what we’re talking about. Isn’t it fascinating? My brain has been really enjoying this one.

So to me, here’s the definition—and I’m going to talk a lot more about this. The definition of routine when there is no problem because we’re—we’ll go through a scenario where maybe routines should be followed and ought to be followed or a woman really wants it to be followed. Any of those valid reasons. But routine when there is not a problem is an episode of not thinking. I don’t think there’s any thinking going on. Routine is put in place so people don’t need to think. So, again, if there is an issue, we might follow routine to get to the bottom of it. So a woman thinks she has a urinary tract infection then we go through the steps. Maybe that’s a great time for a urine stick. We’ll see where that goes. Maybe it’s a good time for a culture after that. So there are steps, but it’s because they’re warranted.

So instead of routine, why don’t we think about it like that? Steps that are warranted for an individual situation. Boundaries are great. Boundaries are great for women to have in their own pregnancies. What are they willing to do? What are they not willing to do? The same for the care provider. A lack of protocol is appropriate sometimes. Sometimes protocol or steps in a process, which is really all protocol is, like I said, is

appropriate. But I think for midwifery to remain an art and to be able to survive and, again, balance that art and science, we must individualize these boundaries and protocols. So the word routine is just bleh. It's just not very three dimensional, in my estimation. I think there are ways to decide what we need to do next whether we're the mom, whether we're the midwife. But it's not based on predetermined, written rules. It's based on our own boundaries and our own choices and our own intuition. And definitely will be more about that.

So to me, routine is killing the art of midwifery. From the midwife's end and the mama's end. And I do have a podcast somewhere about how I compare birth and midwifery to art, and so I'm not going to go into that here. But I think it's a creative process. I guess I am going to go into it here but just for a moment. It's a creative process that the mother is in charge of. And the midwife is there. She can be cocreators sometimes, if asked. Mainly, she's just support. She's witnessing this process. But routine takes that away from both sides. So it's not entirely unselfish even as a midwife, I think, that we abandon routine. What's left if all we do is follow rules in a book? Couldn't anyone do that? Where is the interpretation? Where is the art? Where is the soul? Anybody can follow a routine.

I would also argue—not that anyone is arguing with me here that routine can create risk. And it can put a label of high risk on someone. And it can separate, again, the two sources, the mother and the midwife, from their intuition, which is a huge risk. We do not take into account the role of intuition and intrinsic knowledge nearly enough. If I had to put a percentage on how that was appreciated in this culture especially as it applies to our pregnancies and births, I'd say 1%. That's my feeling about it. Nobody appreciates that. It's all what can be seen. It's all numbers on the surface. And that's, again, where this routine idea comes from. But separating a mother from her intuition and her ability to know and separating a midwife from that and never allowing her to work that way, I think is really dangerous. And we're not improving outcomes just by virtue of that.

So I do think risk is created by many routines. And it can be dangerous. And it can create issues far greater than we started with. So here's the GBS thing again. You'll just have to humor me. Plus if you want to learn about GBS, then here it is. Kind of combined into this podcast. Group B Strep testing and treatment routinely—specifically the treatment I suppose—is a great example of routine not being benign. This isn't urine sticks here. This isn't just noninterventive, pee on a stick, nobody is harmed in the process. So if Group B Strep routine treatment, again, antibiotics. And these routines and the ones like it are creating huge physical problems for generations to come. And I'm not going to go into great detail about that. But just sort of the obvious. Antibiotics and gut health and how we're destroying the gut health of these babies while they're in utero really and what that means for them and for generations ahead.

So I think when we're talking about routine, yes, we're being particular about this woman and this baby, like I said. We don't want to subject her to things that don't make sense for her because that's not right. And we're taking her away from her intuition and her knowledge. But then here's that same thing I said earlier. We're also endangering the big picture. And routine is sacrificing the whole to save one, as I said, instead of sacrificing one for the whole. Just think about that for a minute. I mean nobody likes sacrifice, right? It's not like we want to talk about that in a way that makes it seem nonchalant, right? I mean one baby dying is one baby dying. And that's heart breaking. And for that mother, that's her reality, and there is no statistic that makes that okay.

But if we're looking at the bigger picture, then we have to be willing, I think, to abandon routine and know that we will sacrifice that one but not because we abandon the routine. But because it's not 100%. Nothing is. And if we abandon the routine and think that, then we'll want to go back to the routine. But if we can more clearly see that life is uncertain and that, in this case, not all babies will live, then we can preserve the health of the whole which is my whole talk. So how cool is that that these things fit together?

I think the word routine itself is actually the biggest problem or might be the biggest problem. So women that do not know yet—maybe they're not pregnant yet. Maybe you're listening and you're newly pregnancy, and you just have no idea what your choices are or where you're going or what you're doing. And you've been thrust into the medical model like so many of us with our first pregnancies just because you don't know any better. And that's what you do. You make an appointment with an OB. So what does this word routine imply for this very open, vulnerable woman that hasn't yet birthed? Or for the women that has—really it can affect anyone. So here are some pretty obvious things. But I'm going to say them because I think it's powerful to hear what we are—I don't want to say doing to women. What we're putting forth with this model of routine care.

So one, there is only one way for this to go. That's what routine means. There aren't five different routines for Group B Strep. There's one. There is one way for this to go. Two, that the woman is only subject to the routine but does not create it. So woman as subject. Three, that birth is predictable and can follow a curve. Well, wouldn't you think that if you were this unsuspecting woman who just didn't know any of this yet and walked into this doctor's office where there is routines and protocols? You would just think, "Oh, this is the way it goes. I mean it's going to be great because my ultrasound was great and my test was great. And that's the way it goes." Or sometimes the opposite, "Oh, everything is horrible. I failed the gestational diabetes test. And they're worried about my baby. And now they're going to do an amnio." And the protocol, the protocol, the protocol. And then birth isn't predictable. It's actually really terrifying. So that one was kind of a double whammy there, huh?

Let's see. Number four, that prenatal care looks one way and that this one way is safest and best. That kind of goes along with the first one. But I guess I couldn't help saying that again because I'm so passionate about routine prenatal care. I just want to scream at people. Even smart people that are doing it. Why? I don't know that everybody can answer that. Okay. I don't know what number I was on. But still going here. Experts know better and have developed a drill that can control the outcome. Drill. Kind of another word for routine. Next—again, we're talking about what does routine imply? That there is an emphasis on risk. Tests, in particular, aren't done to prove low risk. They are done to prove high risk. And there it is again. What does this do? This routine has created fear and distrust in the mom, so then she sees birth as something—someone else knows more about. And she looks for it to be managed and handled. It increases her risk of an interventive birth and blah, blah, blah, blah, blah. This goes on for generations. And suddenly, nobody has babies vaginally anymore.

Next, that each mama baby is essentially the same piece of machinery. And that's a little take on Robbie Davis-Floyd's book. And her really awesome, amazing description of the technocratic model of birth where women are machines. That's our function in that model. And that's exactly what routine makes me think, right? When I think routine, I think factory. And that's essentially how the woman or, as I say, mama baby, which is just the combo, which, of course, they don't really even see like that. But anyway, that we are a piece of machinery. Because if we're all treated exactly the same, then we must be the same.

So it makes me want to look more deeply at this from—not even a birth perspective. A cultural perspective. What does this word mean? Why are we using it? Where did it come from? So to the dictionary, I went, of course, with my own ideas here as well. Obviously, routine can be a noun, or it can be an adjective. Something is done routinely. Or it is a routine. So I was thinking about my own life. What is routine to me? What do I do? What do I consider routine? And I came up with that for me a routine is a practice in my life that happens regularly. So for me, exercise, meditation. Generally, things, to me, that are more positive really that I want to be more disciplined about. And I think there is comfort in this sort of routine. And some would argue, I guess, in prenatal care routine even. There is comfort because it gives us a familiarity. It gives us something to rely on when the world is so uncertain.

So other uses of the word routine in my life are not as positive, right? I think of a grocery shopping routine, which I hate. I know that work is a routine for some people. Not for me. But 9:00 to 5:00 routine, Monday through Friday. School can be a routine. And when I think of those sorts of routines, I think of them being dull, not creative, boring, and, again, lack of thinking. They can be done automatically. So I think those are all things to consider as we're looking at this giant mess of routine we've made in birth just to see where it's coming from. How do we want to live? Why do we have

routines in life? What purpose do they serve? So, again, let's think of it as an expected course of action. It's predictable. It's desirable in some cases. Comfort by predictability. Similar actions at similar times. I'm just giving you a whole bunch of ideas here.

Oh, this one came off of Google actually. And I thought I needed to say it. Performed as part of a regular procedure rather than for a special reason. Huh. So should that sort of thing apply to us as women? Should we not be special? Should we be without variability or individuality? That's ridiculous, right? Who wants to be treated that way? So I was thinking about it more and more. Such a rabbit hole when you do these kinds of things. And I thought is routine really fear. So I don't know for you what the answer is. I do think that the use of routine in pregnancy and birth is definitely fear. There is really only one reason that we want a routine is for the control. And the control comes back to fear of death and wanting to believe that by our own human constructs we can avoid any catastrophe, which is not the way the world works.

But, again, back to personal contemplation, I thought, "Yeah. I can see how fear might be routine." Even with something like meditation or exercise. I guess it depends just personally, right? On your reason for doing it. And maybe you wouldn't even use the word routine. I can think of other words when I'm being more positive to apply to meditation than a routine. But I can see, again, how fear might be part of it just in that it could be a fear of losing control or not being able to cope if you don't do those things. And I think that's exactly what it gets down to with routine in any situation in pregnancy and birth. It's fear. Fear of retribution for not following the status quo, if you're a midwife in particular. The rules and regs. That's the worst thing you could do. And, again, that's not the midwife's fault. It's this cultural thing that she controls birth. Her routine will make things perfect. And if it's not perfect and she didn't follow routine, then somehow it's all her fault. It's a very big ball of wax. Very big.

For women, I think not following routine can feel really uncomfortable, really scary especially when women are unsupported. They are told they're irresponsible. And they feel guilt, again, especially if. There's always that if something happens. Well, didn't you do this? Didn't you take that test? And as I said ten times already, we don't have proof that that test would have done anything. Or you hear the classic, "Oh, the baby died at home"? No. There's no proof that the routine in the hospital would have saved that baby. So there's definitely more to it than that because sometimes people need constructs to feel safe. But, again, I'm offering to you to go out into the world and question routine, Because, ultimately, if it's based on fear it's not really the vibration I think a lot of women want in their birth. And they're unknowingly choosing it.

So, again, routine in pregnancy most likely is required by law with midwives and doctors and/or by belief of the care provider that doing the same thing to everyone is best and

will save someone or change something. So, again, it's sort of a sad cultural thing to think that a very well meaning care provider, doctor or midwife, who loves moms and babies isn't able to see each woman as an individual person either because (a) they have a license and they can't or just their own fears are in there. And they're so scared of something happening or going wrong, and they don't want to be blamed. But that's taken precedence, at this point, over actually caring for somebody. And that, if I had to narrow it down to the main problem with maternity care in this country—wow. I'm getting really broad on this podcast. I would say that was it. Is that we have culturally just forgotten who we are. We've forgotten what life is which is uncertain and not predictable. And we have come to this place where we believe people control it. And routines are just another way to do that.

So what should we do from one woman to the next? And I don't think these are routines. Not by every definition I've stated here today. But there certainly are things that are common in our own pregnancies or the way we walk with women whether we're doulas or midwives or childbirth educators. There certainly are things that we do. But, again, hopefully, it's not just because we said we do them. It's because they're part of our beliefs and our philosophy. So they're obvious, right? We listen to women. We encourage them to listen to themselves. We listen to ourselves as midwives. We abandon any rule or reg that tells us all women need something. That's a big one. I don't know that that's really happening. And I had posted on Facebook that I was going to be doing this podcast. And something about—something came up as birth is routine. And I totally get that sentiment, right? As in babies come out. Birth happens. Yes. I totally agree.

I'm just getting really, really picky about the actual word because it really doesn't have a very positive connotation in the birth world right now. So yeah. Should birth just be no big deal in the best sense? Great. Yes. All babies are born. Women can do it. And that is common from one to the next or should be more often. But I'd like to think of another word other than routine. I still think birth is crazily individual and creative. I just—I can't get away from that analogy personally having been a musician. That no matter how run of the mill a birth is—whatever that means—just textbook wise I guess—it's still this huge creative process this mom and baby have just done. And there is absolutely nothing routine about art. And there shouldn't be.

So as I said, I don't think those things are routine. The things that we strive to do to connect with people and to connect with ourselves because, again, think of routine as being the same exact thing every time. And we don't do that. We don't birth that way even when we've had many babies ourselves. None of my births have been routine. None of them have been the same. When I feel like I need to connect my intuition to a situation, it's not the same every time. It's not the same situation every time. And I think that is something pregnant women really need to hear. This idea of predictability

and graphs and numbers just doesn't go with pregnancy. Not that it can't for some people with the way different brains work for some of their decision making. But as a deep process, birth is not analytical.

And so I think avoiding the use of routine with pregnant women can be uncomfortable for them at first. And, again, only if they're open to this. Obviously, you're not forcing anyone into your ideals. But if they're open to creating this with you or without you, then that's the best thing for them because that's what life is. That's what birth is. That's what mothering is. There is no routine that we all can use to make it okay for us or to make it better. I can't even imagine being so routine anymore. I mean I cringe at the days when I had to honor ridiculous routine that had no place meaning that it wasn't appropriate for this mom or this baby. It was horrible having to take people's blood pressure in labor for no good reason when they've never had a blood pressure issue ever and interrupt that process for them simply because that was the routine on paper. Showing up at someone's house whether you're their friend or their doula for a birth—would you do that the same way twice? No. it's not even possible, right? it doesn't happen at the same time. The possibilities are endless why that, in no way, could be a predictable event.

So back to the bigger life definition of routine—or not really the definition but the conversation. Life is variable. Life is unpredictable. Life is messy. And these things do not follow a routine. They do not follow a grid or a graph. And that's really uncomfortable, like I said, for most people which is why we are where we are. So if we recognize we cannot control life, that doesn't mean we just give up. I don't know that everybody thinks that, but I've had people say that to me. "Oh, if you believe you can't control things, then how do you even get out of bed in the morning? Why don't you just hide and,"—no. I think our positive energies can certainly shape our paths. And we have the choice when we're faced with a routine decision. And I'm going to talk more about this in a minute. We have the choice of fearfully subjecting ourselves to the routine just because either we don't know or we feel weird or we think it makes us safer or we don't want to go outside of the box. We have that choice. Or we have the choice of our deeper knowing. And that's what I'm advising.

And it's the same philosophy when it comes to birth. Is it if you're not all about doing and charting and that kind of thing—is it that you do nothing? Well, nothing in the sense of avoidance of routine. But not nothing. Connecting with your deeper knowing, your intuition, as I said, is the most valuable tool and where a lot of knowledge and insight comes from. And I want to say that if you're able to do that it doesn't mean that your intuition doesn't guide you towards something you didn't expect, right? Using intuition isn't avoidance of all things medical or not recognizing there's a problem. Intuition can very much be that in some case a woman does choose to follow a routine. But without consulting that, it's safe to say that it's probably done in fear, as I've said.

So here are some positive things to go away with here. Again, so many women listen to this podcast, and I so appreciate that just because it's able to, I think, reach women all over the world and help them know that they're not alone and spread these ideas. I know midwives listen to this and probably are, at least occasionally, offended. But that's not my intention. It's just that we walk away with a different way of thinking about things. So here's what I want you to think about now that you've thought about routine and what you think. Take this out into the world.

First, no matter what role you are in, recognize routine in the tiniest things. That's your exercise for the week. So even in your life, with your kids or with your pets or with your partner or whatever it is, recognize routine and just feel it. What is this? Why am I doing it this way? Do I like it this way? Do I feel like I have to do it this way? Where did this routine come from? And just see for yourself what is true. When faced with a decision in pregnancy and birth, which is slightly different, I think we must ask ourselves a few questions. And they're similar to the ones that I just stated. But, again, whether you're a midwife and you're about to do something routinely, back to the urine stick. "Oh, everybody just pees on a stick because I want to know." Or you're a mom and, "Well, I mean it's no big deal to pee on a urine stick. And I don't mind doing that every time. And I don't mind if she takes my blood pressure every time." Just think about these things. Open yourselves up to knowing more about yourself.

So here are some questions. Why does this routine or choice or test exist? Find that out. Why does this exist? Don't just do it. What is a urine stick about? Why would anyone do that? What does it diagnose or not? Or back to GBS, why do people test for it? What are they scared of? What's the disease about? How many people actually get it? How many babies actually get it? You have to know these things before you agree to a routine. So second, what might cascade from my agreement to this routine? And that can be tricky. Sometimes you don't know because you just assume it's routine. Everything will be fine. But what if it's not fine by testing standards, let's say? What will you do next? Will you be willing to agree to the next routine? Or will you not? Will you find a way to consult your inner knowledge?

Three, are there any benefits to this routine? There might be. And kind of along the same lines, what, in my personal situation, might make this more relevant or not? So I've given a couple examples. But there certainly might be choices that are more appropriate for one woman over a next. Or really why following a predetermined set of steps might make sense for someone, right? I mean there's a million ways—million examples of that. But you have to know for yourself. What does my intuition say? And, again, I think that's no matter what role you're in. Is this something I need or want to know for me? Or is something I feel pressured to do? It's really big to think about routine and to abandon routine. And I think you've heard from me today that I'm not advising reckless abandon. I've put a lot of thought into this and probably will for some

time and continue to, again, with issues that I'm personally passionate about like prenatal care. I'm always doing research. And I want to find more. I want to find what people are doing and why. And then I want to find alternatives because I'm not just trying to shoot that system down. I'm trying to show you that there's other ways of doing things out there.

So if you consider these questions that I've asked, then you may be able to abandon routine for the better. In your birth. In your life. I do love the idea that we can abandon this thought that there is one course of action for everyone. It's really ridiculous as unique human souls. Mostly, I do think that is what needs to happen. But, again, not advising reckless abandon of routine. Really feel it. Think it through. See what you're doing and why. Recognize routine when you see it. And know that it can be messy. That life is messy. That there aren't always these boxes. And sometimes—or I should say more than sometimes—our growth happens outside of these boxes. So you'll never know unless you try. You'll never know unless you question. But for each of us we're able to create more than we think is possible. When something is put in front of us that someone else has predetermined, there is so much more that lies outside of that than we even know. But we just won't know until we abandon the routine to find our own place.

So thanks for listening. I will add that our Wise Woman Circle at indiebirth.com is becoming very popular. And I am thrilled about that. I mean you never really know what people are going to gravitate towards or not. If you don't already know, the Wise Woman Circle is a private group. We have a private page on the Indie Birth site as well as a secret Facebook group. And any woman may join. You don't have to be a midwife or a doula or a student midwife. Any woman that wants to keep exploring these ideas in a more intimate setting with me and Margo and a lot of other women are—you're welcome to be a part of the circle. We also provide teaching calls once a month. We teach the calls along with people from our conference like Lisa, who taught about alignment, and Dr. Stu. So you can take a look at the page, but it's pretty impressive. And, again, pretty popular, which is exciting. That's indiebirth.com/circle.

Thanks again for listening.

(closing music)