

(introductory music)

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MARGO: Hello, everyone. Welcome to this episode of “*Well, Actually...*”, a podcast by me, Margo Blackstone, in conjunction with the work I do through Indie Birth. So this week we have a special guest, my friend Ruth Goldberg. And she is going to be talking to us today about the placenta and sort of what we can do with it and what that’s all about. And she has a fabulous book she’s been working on. And I’m going to let her tell you about that. And I’m just so happy that she’s with us this week, and I’ll let her say hello.

RUTH: Hello, everybody.

MARGO: So Ruth, I wasn’t sure if you had a bio that you wanted me to read but maybe you could just tell us a little bit about yourself before we dive in here.

RUTH: Oh, certainly. So my name is Ruth Goldberg. I’m a certified nurse midwife. And I live and work in Flagstaff, Arizona. Was born and raised in Southern California, in the San Diego area. I became a nurse in my early twenties. Right out of high school I joined the Marine Corps. And so I was a Marine for a few years, and it was a wonderful experience. But nursing and birth has always been my passion since childhood. I’ve always wanted to become a midwife. I chose to become a nurse first and work in labor and delivery for a number of years and have had three children of my own. And I’ve attended births both in the hospital and in a free standing birth center and outside the hospital, outside the institution. I became a midwife—certified nurse midwife in 2008. I graduated from Frontier. And I’m very proud of that as well. And I am very happy to be here today. Thank you for having me.

MARGO: And could you tell us a little bit about the book and how you came to write this book that we’re going to be talking a lot about today and how you got interested in these ideas of repurposing the placenta.

RUTH: Okay. The name of my book is *Repurpose Your Placenta: 7 Amazing Gifts From Your Baby’s Afterbirth*. And the website is repurposeyourplacenta.com. I got interested in this when I was working in San Diego in a free standing birth center. And a good friend, who is a placental specialist and childbirth educator—her name is Care Messer, and she’s an extraordinary woman. She does placental encapsulation. And she was discussing with me and encouraging me to start doing it. So I looked into it, and I took the training she recommended. I got trained in placental encapsulation by

Amanda Johnson, who is the founder of—excuse me. International Placenta and Postpartum Association. And she teaches placental encapsulation worldwide and other postpartum trainings. And just so I'm—give fair air time to everybody. There's two other places you can learn placental encapsulation if you're interested in that. One is through Placenta Benefits Incorporated, and the woman who is the founder there is Jodi Selander. And she's in Nevada. And that would be her website also is placentabenefits.

And the third organization would be Association of Placenta Preparation Art. That's a collection of women who also have an online course for placenta preparation. All of them I—are excellent. I just happened to choose to do Amanda's course because that's what was recommended to me initially. So once I completed her course and I set out to start doing placental encapsulation I realized I would not be allowed to do it. I was working for a clinic there in San Diego as a midwife. And whenever any practitioner signs up to work for a clinic or private practice, one of the things you have to agree to is to not use the clinic to make money for yourself, so to speak. Not use the clinic as a platform to promote your own business. And, of course, I didn't do that. I never—I didn't advertise there in the clinic. But I also realized that if someone were to come to me for placental encapsulation outside the clinic and if they were a clinic—a client of the clinic that could get messy.

And I didn't want to set up myself or the clinic for anything like that. So once I came to that realization can got my head around that idea, I still wanted women to know about placenta encapsulation. I wanted them to know that the placenta is valuable even after the birth. And so I decided I'd write a pamphlet. And then it grew into an article. And then when—and as I did more research, I realized there's a whole lot more the placenta can provide in addition to placental encapsulation, so it became a book, which is something I've wanted to do my whole life is write a book. So that's how it happened.

MARGO: That's awesome. And it's an excellent book. And I was so, so excited to get a chance to read it. It was very gracious of you to let me take a look at it. And I'm really excited to be able to recommend it to people that we work with and people that come to the Indie Birth site and people who are listening to this podcast. It's an awesome resource. And I'm so glad that you wrote it.

RUTH: Well, thank you. And I'm happy that you read it and excited to get it out there. The launch is in April in Toronto.

MARGO: Okay. Perfect. Pretty soon. Just around the corner.

RUTH: Yes. I'm very excited.

MARGO: Yeah. I bet you are. So we're going to put all of those links that you mentioned or all of them that I've at least caught at the moment—and you can send me them later too if you have others that you want to include. And we'll put those up on the page—on the Indie Birth page that has the podcast episode so that people can check that out and of course, your website and the link to get your book too.

RUTH: Thank you. And I've got links to websites and the information I used to write the book on the website, repurposeyourplacenta, also.

MARGO: Perfect. So—all right. So I wanted to talk a little bit. I just love so much in your book that you covered cord care because I feel like that doesn't really get talked about a whole lot in the placenta discussion. It's usually dominated by, "Oh, do you eat the placenta? What's that about? What are the benefits?" And we'll talk about that too, of course. But I thought it was so great that you also gave some air time, if you will, to cord care and the options we have with the umbilical cord and stuff. It's also such a secret and amazing part of the birth process. So maybe we could start there, and you could talk a little bit about the different options we have when we are talking about the umbilical cord.

RUTH: Okay. Well, I've decided to make the chapters of the book follow the natural progression of birth. And once the baby is born the first part of—before we see the placenta, we see the cord. So the baby is born. Here's this lovely, juicy cord. Still pulsing once the baby is out and breathing. What's traditional here in the western world is to clamp and cut. And we now—we've known as midwives—we often know intuitively that maybe we shouldn't clamp and cut so hastily. Maybe we should wait a bit. What's the hurry? And this is where the marriage—the place where the marriage of the sacred and the science comes in because something we knew intuitively for quite some time now has some science to back it up. In my research, I found out that the argument of when you cut the cord has been going on since babies have been born. Aristotle argued for the delayed cord clamping. The father—not—it was Hippocrates. Pardon me. But that far back in ancient Greece.

MARGO: Amazing.

RUTH: Yes. Erasmus Darwin. He was the grandfather of Charles Darwin. Argued for delayed cord clamping. James Whitridge Williams, the author of *Williams Obstetrics*, which is an OB book that just about every physician and midwife knows about or reads. He practiced delayed cord clamping. And he mentions that in his—the first few editions of his book. So this has been going on for a long time. Now we finally have evidence that delayed cord clamping is beneficial to the baby especially premature babies. The—when the baby is gestating inside, his physiology is different than once he's outside. He is not breathing the air through his lungs. His—the placenta is sort of the link. Not sort

of. It is the link between mom and baby, and it's part of the physiology that helps the baby to survive in utero. One of the ways that the baby is able to survive inside with much less oxygen than we use on the outside is they have a whole lot more red blood cells than they need once they are on the outside. Those extra red blood cells die off. And as they die off, that's what give the baby physiologic jaundice they often experience a couple days after birth.

So about—depending on what you read about 50% of the baby's blood supply or 100 milliliters of the baby's blood supply is in the placenta and the cord. And so it—there's no—nobody knows how much of that blood that's in the placenta and the cord the baby actually needs to be healthy. There's also stem cells in the cord that benefit the baby. There's—with the extra red blood cells, there's extra iron. You can avoid anemia. And that's one of the big benefits of delayed cord clamping for premature babies by waiting at least 30 seconds. And somebody had to put a number on it. So waiting at least 30 seconds after the birth before you clamp the cord, the baby—especially a premature baby will get some extra red blood cells, which will prevent or at least reduce the anemia that a lot of premature babies experience. There's also a condition preemies experience in which they have spontaneous bleeds in the brain. And that is reduced when we allow the cord to pulse for awhile after the baby is born. The risk of that is reduced.

So now we have science to back up this practice that we've always been so supportive of. Now they say on term babies it doesn't matter so much. I don't know. I still practice the—I still wait a good 30 seconds or more or until I see the cord go flaccid, ideally, before I cut the cord. And to my knowledge, I haven't had anyone tell me that the—my—the babies that I—whose births I attend are more jaundiced than anyone else. I have noticed—and I'm sure you have too—that when babies are born at or—at term or past the estimated due date, they're done with the cord pretty quickly. They're ready.

MARGO: Mm-hmm.

RUTH: Whereas babies that are born a little sooner take a little longer. And since he's making this huge physiological shift from inside to outside. I think it's a good idea to give the baby that extra support. His blood stream is literally changing direction. He's—it's the first time his lungs have filled with air. It's entirely new sensations than from what he's experienced on the inside. It's—I imagine a pretty overwhelming experience to be born. And so it gives that baby a little extra time. Let him catch his breath, so to speak.

MARGO: Awesome. So yeah. So that I love that part of your book. I love the awesome history that you included. It was super interesting and fun to read. And then

you talked about something that I don't have a lot of experience with that I think is really exciting if you want to talk about it. The idea of cord burning. And then also lotus birth.

RUTH: Yes. Of course. So once the baby is born and then the placenta, of course, at some point comes out. We have the question of when and how or if we cut the cord. It's common in the hospitals and other practices—places to clamp it in two places, cut in between. And then the stump, of course, dries and falls off after a time. There's another practice called—of cord burning which came about in—I understand through disaster areas like Katrina and the typhoon in the Philippines and stuff where midwives are delivering babies there. But they don't have—or the places where there's limited resources. Where they don't have access to sterile equipment. And in some of those limited resource areas, if a baby is born and the cord is cut with—using something that's not sterile, it sets the baby up for neonatal tetanus. Now we don't see that in this country because we have so much sterile equipment available. Or rather we almost never see it.

So the practice of cord burning came about. They would use a flame. A candle or a lighter or something to burn the cord once the baby was born. And, of course, if—I'm—I haven't seen this. I have experienced it. I've seen a few YouTube videos. But it seems to have become a practice or a desired practice for some people. It's—you can make it very ceremonial. It can be very beautiful. In fact, there's a website about cord burning. I don't remember the name of it, but I'm sure you can Google it. If you're going to burn the cord, please keep safety in mind first, last, and always. We have to be sure we protect the baby from the flame. So the remaining cord that's still attached to baby is going to be longer than usual. A good six inches or more. It takes awhile for the flame to burn through the cord. And during that time, a lot of—it's suggested or some people choose to have a little ceremony. Thank the baby. Show your gratitude for this baby being brought to you and having such a healthy, lovely birth. The cord stump—in burning it, the cord stump is cauterized. So that—and that way it prevents infection. And this also—the Chinese medicine view that the chi, the baby's chi, is projected back into the baby through burning of the cord which would be a health benefit for him.

MARGO: Very cool.

RUTH: Yeah. I think it's very cool. There's also a practice called lotus birth. I have never seen a lotus birth. I don't know anyone personally who has done it. But you could find out on—you'd see about it on—all over the Internet. Robin Lim, who is—Ibu Lim, who was the CNN hero of the year a few years ago and has her birth center there in Indonesia. She has a number of clients who practice it. There is a woman Shivam Rachana, who has an entire book on lotus birth. Dr. Sarah Buckley herself has practice lotus birth. A lotus birth, I have discovered, is not just a practice. It's not just a cool thing some people want to do. It is an entire paradigm. In a lotus birth—with a lotus

birth, the baby is born. The cord is not severed. The placenta is then born. And the baby and the placenta—or rather the placenta is maintained along with the baby until the baby releases it, in his own time, which is about the same time that a severed cord stump would be released. A few days to a week.

Now this sounds kind of shocking to some people. Yeah. The first thing people think about—and I've discussed this with other people who've also never seen it. And the first thing that they think of is, "Oh my god. They're dragging around this nasty old placenta with this beautiful baby. Isn't that dangerous? isn't that gross? Why would you want to do that?" There's also a—there are writings on lotus birth. Popular—very popular midwife. Oh my goodness. Her name has just escaped my brain. You know who it is.

MARGO: (inaudible)

RUTH: Yeah. Yeah. She died some time ago. Long gray hair.

MARGO: Jeannine Parvati Baker?

RUTH: Yes. Jeannine Parvati Baker. Yes. Thank you.

MARGO: Sure.

RUTH: Okay. We can splice some of that out. Jeannine Parvati Baker also practiced lotus birth and wrote about that. So how is this done? When—why would they want to do it? Well, why would they want to do this? There's two powerful benefits to lotus birth. One is for the mother. If the mother, of course, is going to stay close to the baby during the postpartum period and—for breastfeeding and bonding and rest. And if there is a placenta still attached to the baby, it's going to be a little more cumbersome to pick up the baby and go somewhere. You're not going to just pop the baby into a car seat and go off to the grocery store or doctor's appointment. You're likely to have limited visitors because there are some people who don't want to be in the same room with a placenta. And this—all this to benefit the mom. There is—she gets to stay closer to the baby for longer periods of time. She stays in bed and rests. Limiting visits. Also limits the—help keeps the energy in the household and allows more sacred space to incorporate this new life that has come to you and to be fully conscious and aware of what has—what you've just experienced and what has just happened. This is the birth of a baby. A new life. A new member to your family. So it's very consciousness—it's very consciousness based. Very awareness based. And that benefits not just mom but the entire family. Everything slows down. And can be a very sacred time.

The benefits to the baby is that in the paradigm of lotus birth the placenta and the blood it contains is entirely the property of the baby. And just that the parents are the

stewards or the custodians of that placenta. And it is their responsibility, if not their duty, to make sure that the baby gets to keep his placenta as long as he needs it. The baby is growing inside the womb with this placenta. It's his spiritual partner. It's an appendage. It's pulsing. It's alive. It's not just a lying—the cord is not just lying in the womb like a limp garden hose. There's two arteries. So—and you can hear the placenta—the blood rushing through the placenta. I'm sure if you've listened to a pregnant woman's abdomen you've heard the placenta as well.

MARGO: Mm-hmm.

RUTH: So in the lotus birth paradigm to sever the cord before the baby is ready is to commit an act of violence—amputation. And there is some work by a man named Lloyd Demas, who gets into the psychology of this and how he feels that this might lead to how we—how some cultures or—conduct war and how—how and why we, in our own—some cultures, we just want to take what we want without consideration for the fallout and to the community and to the—to nature in general. So it's more in depth than I can get into here. But it's—the—Shivam Rachana has the book, *Lotus Birth*. And it's called *The Practice of Nonseverence*. And, of course, there's a website for that too.

And Dr. Sarah Buckley practiced lotus birth with her—a couple of her babies. And she has written up a nice protocol for how to do it. So what do we do with the—what do you do with the placenta? It's not—you're not just dragging around this nasty old placenta. No. The placenta is washed off after—it's rinsed. And it's placed in a bag or a colander or basket. Robin Lim discusses using salt. Lots of salt to encourage the tissue to dry out. And herbs so that you can avoid any unpleasant odors. Shivam Rachana says that there are no unpleasant odors. And not everyone uses salt. They use other substances sometimes. And once the baby releases the cord, of course, you can celebrate that moment too. And after the cord is released then you can consider burying the placenta which is another chapter in the book.

MARGO: Right.

RUTH: Yeah.

MARGO: Awesome. That's good information.

RUTH: Yes.

MARGO: So as you said, your book sort of chronicles the natural flow as far as the birth goes. Of course, you're not talking about too much before birth. Well, I guess you are actually in the book. You do talk about the anatomy and physiology a little bit. And how it works when baby is inside which is really awesome and cool. And I'm excited to encourage parents to read more about that. And then you have what we just talked

about. What do we do with the cord once the baby is out? And with lotus birth, we're talking also about what are we doing with the placenta once the baby is out. So like you said, letting the cord fall away on its own, letting the baby release the cord, and then you have this placenta. And what do you do with it? So I guess that's a good segue. Your book was so (inaudible)—it has such a nice flow to it that it's made our discussion today so easy. So that sort of segues into the bulk of, I think, what people talk about when we're talking about placenta options. And so I don't want you to give away everything, of course. You couldn't because your book is so awesome and detailed. But if you could give us just a basic rundown of the options that women have with what they can do with their placenta after their baby is born.

RUTH: Okay. Certainly. My pleasure. So once the baby is born and the placenta has been born also, there—what can we do with it next? Some ladies do choose to do placental encapsulation or consume it in some way. And I'll discuss that more in a little bit. There's also other fascinating things. Some people—there are people who will take your placenta and prepare it and put it in a charm or a bracelet or something as an art. People do that with cremains as well. And breast milk I found out.

MARGO: Mm-hmm.

RUTH: There is a practice of burying the placenta. There is a company in—I think it's Australia—called Birth to Earth. They will give you a kit for you to bury your placenta with. They have a little a bag. They have a book that you can write things in for the baby. There's a little copper tag you can put on the tree or the bush that you plant along with the placenta. So the baby knows that this is his special tree, special bush. And I just found that very sweet. A very sweet way to honor the fact that you've had this placenta and now your baby is always going to have a special little place that he knows is his.

Now placental encapsulation. That's become a very common practice. Very common in some circles. Some people—some women do feel the need to consume the placenta after the birth. Some ladies like to do it immediately after birth in some raw form. And midwives for quite some time have used a chunk of the placenta to help prevent postpartum hemorrhage. They would put that between mom's cheek and gum, I suppose. I have never seen it done.

MARGO: I did after I had my baby.

RUTH: Yeah. Yeah. So how did you do it? You had it—just a wad under your tongue or between your cheek? Or how did you do it?

MARGO: Yeah. I had Maryn cut off just a little piece of the placenta. And I put it in my cheek. Yeah.

RUTH: Okay. Well, I'm sure the listeners want to know what it tasted like and felt like.

MARGO: Yeah. It was—hmm. Sort of a spongy texture. And it didn't bother me. But I don't know. I'm sort of a strange candidate for such a study. Since I'm around placentas all the time, they don't freak me out. So yeah. It didn't bother me. It just kind of tasted like a—a warm—I mean it didn't feel like I was putting a raw piece of meat in my mouth or anything. It just sort of made sense in the moment. And I think it did help.

RUTH: It seemed like the right thing to do. Well, good.

MARGO: Yeah.

RUTH: There's also some ladies who like to put the placenta or part of the placenta in a smoothie and drink it right after the birth for the same reasons. Now why would they want to do this? Immediately after birth, it's known to—or—to prevent postpartum hemorrhage. Ladies who take their encapsulated placenta have claimed that it supports their breastfeeding. It helps prevent postpartum depression and overall increases their energy. It helps them to heal faster. Helps their uterus to shrink down to its normal size. And—now there's no hard science behind this. There's no prospective, double-blind studies behind this practice. But there is some research that has been done, and it's still ongoing, in Las Vegas with Jodi Selander. She works with a sociologist, who did some studying on it. Now he, himself, in his studies feels that this is a fad. He did not have faith in the practice. But what he did discover was that women who encapsulated their placenta and took it after the birth did experience or perceived that they experienced better breastfeeding, better milk production, improved mood, less likelihood of postpartum depression, and less postpartum bleeding, and felt their recovery was faster.

MARGO: Yeah. It's amazing.

RUTH: Yeah. Now we all know—science knows that a lot of animals will eat their placenta. Rats, dogs, cats. Humans and llamas and alpacas and, I think, sheep are about the only animals known to not routinely eat their placenta. Most animals will eat their placenta. And there's a lot of theories about why they do that. Are they trying to protect their—themselves and their babies from predators by eating it? There's been some studies done with rats that if they don't eat the placenta they don't bond well with the baby. They don't breastfeed well. There is a—oh, there is one piece of hard science that the—our researcher discovered is that there is something called placenta opioid enhancing factor. There is something about the placenta—and this was demonstrated in rats as well—that increases our body's sensitivity to or production of opioids. Our body makes its own painkillers. And something about consuming the placenta increases that. So women who've consumed the placenta—however they do it

whether raw or encapsulated—say they have less postpartum pain. Less discomfort. Less after pain. And—so that’s an interesting piece to look at.

MARGO: Very cool.

RUTH: Yes. So that benefits mom and baby and dad. I’ve known a couple of—I’ve known a lot of people do placental encapsulation. When I was learning to do placenta encapsulation, I was able to do it for free for a few ladies. There was one woman who—whom I did it for. It was her third baby. She’d had an excellent OB history. Never had any trouble breastfeeding. Never had any trouble with birth or postpartum. No postpartum depression. She did it on a lark. She thought, “Sure. yeah. Why not? I’ve heard about. Let me just see what it’s about.” So she had—allowed me to encapsulate her placenta. When I saw her at her six week postpartum visit, she looked amazing. She said she’s never recovered so quickly. She said she quit—now, when you prepare a placenta for encapsulation, you can—there’s a number of ways you can do it depending on what you’re trying to achieve. And you can prepare them to support breast milk. You can prepare them for recovery or for emotional. Depending how you mix the herbs and what not.

So I prepared some for her that was to support breastfeeding. She told me she quit taking those pills because her freezer couldn’t hold any more milk. So I was—so for her, it was really profound. And this is the woman who—she did it on a lark. She didn’t do it because she was so—because she believed in it. She did it. She said, “Let’s see. Why not?”

MARGO: Mm-hmm.

RUTH: It’s pretty profound results.

MARGO: Yeah. That’s amazing.

RUTH: And I would like to see more research. I would like to see more research done on this because if it—if there can be some scientific evidence to support it even if it’s supported as a placebo effect, I think that would lend more credence to the practice. There is the fact that preparing the placenta, the steaming or the drying, and whatever could actually destroy the hormones in it.

MARGO: Right.

RUTH: But since there’s no—no one has done any studies to see what kind of—or what condition the hormones are left in after the preparation, we don’t know.

MARGO: Right. Something we would love more science on, huh?

RUTH: Yes. A lot more science. And there is something now the government is doing called The Placenta Project. They're putting a lot of money to discover more things about the placenta. It's a misunderstood and understudied organ because it's temporary. And we discard it. We think it doesn't have value. And it does. And that's just started a couple of years ago. And I haven't seen the results from that yet. But I am fascinated. I can't wait to see what kind of results they come up with.

MARGO: Awesome. Well, we definitely have a lot of interest from people in the Indie Birth community about this topic and what they can do with their placenta and all these different options, so I'm really so glad to have you on here and talking about this and demystifying it for us and so glad to have your book as a resource now too.

RUTH: Thank you very much.

MARGO: Yeah. So did you do anything exciting with your kids' placentas when you had children?

RUTH: No. I didn't because I didn't know about these things at the time. My youngest child is 25. And although my pregnancies and births were all comparatively easy, I had no trouble postpartum either. Breastfeeding was easy. I recovered well. This was not something that was on my radar. I hadn't heard about it. I was—with my first child, I wasn't a nurse yet. With my other two—my second child, I had just graduated nursing school. And my third child, I was working in labor and delivery. But this wasn't on the radar. I didn't know about these things. So if I were to have a child today, which is not likely—but if I were to have a child today, I would give birth at home with a midwife. I would probably do the lotus style birth in which the placenta is born without severing the cord. I wouldn't do the full lotus birth though. I would do a cord burning ceremony, and then I would bury the placenta.

MARGO: Awesome. That was my next question. If you were to have a baby today, what would you do?

RUTH: Yeah. That's what I would do.

MARGO: That's what you're drawn to. Very cool. So another question I have for you, I just loved, again, how you incorporated the sacred into your book too. It wasn't just sort of a how to do this or why to do this in this certain way. It was really great how you sort of talked about the meaning and the intention and worked in some of the ceremony aspects. And so I was just curious. Do you find in your work with women that they have greater respect for the placenta after you've explained its job and its importance to them? And do you think more women are starting to understand that part of it as you do your work?

RUTH: Yes. Yes. There is. And in fact, I know a lot of home birth midwives and midwives who practice in birth centers will have a placenta conversation with their clients before the—during the prenatal care. That’s not something that you see a lot in the standard OB practice. But it’s—yes. Once I discuss it with them, yeah. Some people think, “Well, that’s kind of weird. But okay.” And others are a little more curious. I have—I just got together an infographic I’m going to put on the website that people can download and laminate about the different placenta options if you want to—if anybody—and it’s going to be free. If any professionals want to download that and use that for their placenta conversations. I always make a point of showing a woman her placenta after—her and her baby’s placenta after the birth. And most ladies are very curious and very in awe of it. And I tell how wonderful it is and how—this is what—this is your baby’s house before he was born. And this is what the placenta does. And they are very curious and very—they’re glad I showed it to them.

I work with a large Native American population. And a lot of them will take the placenta home with them. They won’t tell me what they do with it though. I’ve seen a lot of them will wash it there in the sink. And I attend births at the hospital here in Flagstaff. I’ve seen them wash it in the sink. And they won’t tell me what they do with it. The research I did into cultural practice is that they bury it. And they’ll say, “Yeah. We do something like that.” It’s their business. It’s their practice. And I also have—it was too lengthy to include in the book. But I—if anyone wants to download and look at their cultural practices regarding the placenta, that’s on the repurposeyourplacenta.com website also.

MARGO: Very cool. Well, I will definitely be looking into your—what did you call it? Your laminated sheet.

RUTH: Yes. You can download it and laminate it. It won’t come out laminated naturally.

MARGO: Right. Of course.

RUTH: You can laminate it. Yeah.

MARGO: And what was the title of that?

RUTH: I haven’t made it—it’s going to be on the website under one of the tabs. Other birthy stuff. And I’m going—the link is going to identify it as a resource for professionals. A free resource for professionals.

MARGO: Cool. That would be awesome.

RUTH: I’ll get that up in the next couple days.

MARGO: Great. So for women out there who are listening and maybe are new to these ideas—because I'm sure there are some—what is the main thing you want to leave them with to think about as they sort of process this later in the day?

RUTH: Well, the main point I wanted to get across is that the placenta's value doesn't end with the baby's birth. The placenta is still working and very much alive at the time the baby is born and for some time after. And even though we've, in the western world, come into the habit of just clamp, cut, and toss it—we're done with it—its value isn't finished. It's still working for mom and baby and, by extension, dad. And I don't want—even if you choose to discard it, even if you don't feel you have a need for it after the birth, that's perfectly fine. I just want them to know that its value isn't diminished—isn't—its value isn't diminished by the fact that it's a temporary organ.

MARGO: Right.

RUTH: Yeah. And that it's—I think the fact that it's temporary makes it even more precious. We only get one with every baby. And it's only going to be with us a short time. And what are we going—how are we going to acknowledge this? How are we going to make the best of use of this?

MARGO: Yes. Amazing, amazing organ.

RUTH: Yes.

MARGO: Well, thank you so much for chatting with us here today. And I'm really excited we got a chance to do this and that people are going to have this information. And maybe we'll have you back on in the future to talk about some other fun topics. I'm just so grateful to have met you and for you to have been open and willing to share with us.

RUTH: Well, thank you very much. And I am very glad that you had me on your podcast. I love what you and Maryn are doing. And I am so grateful to have met you and to have become a part of your Wise Woman Circle.

MARGO: Thank you so much. So to everyone out there listening, we'll put some links up for you to check out. It sounds like Ruth's website has lots of awesome links as well and more resources to check out. And I hope you take advantage of that. And hopefully, we'll see you or you'll hear us next time when we have our next episode come out. So hope you all are doing well. Happy pregnancy. And that's it. All right. Thanks, everyone.

(closing music)