

(introductory music)

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**MARYN:** Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi, it's Maryn here always so grateful when a topic presents itself whether it's through something someone says or maybe some kind of topic that's already floating around Facebook. But this is one I feel like I get a lot personally just from emails and talking to other women as we here at Indie Birth are always trying to come up with more resources and educational opportunities for women wanting to learn. So essentially, we're talking about how to become a midwife or how that might look. I don't think there is really a recipe out there. So I'll talk a little bit more about that. But people often ask me what my journey has been, or sometimes people are just open to hearing about everyone's journey because they're really not sure which way to go themselves. So that comes up a lot, like I said, kind of on Facebook groups. Should I become a CPM? Should I become a CNM? And it's a pretty big discussion. And I could really answer it pretty easily. I guess I won't today since I like to talk about this. But really it's about following your heart. And we'll talk more about that.

So my journey into midwifery began nearly 12 years ago. Many of you have heard this part of the story at least. Our first home birth was actually our second child. Our first was a hospital birth and definitely left me wanting more. So with our second, sort of ironically because I knew I wanted more, but I hadn't decided on a home birth with him until I was about—I'd say 36 or 37 weeks pregnant. And we lived in Chicago at the time where traditional midwifery or unlicensed midwives, anybody that's not a CNM basically, is illegal. And that really wasn't an issue for me. I got the name and number of a couple midwives and definitely a couple CNMs and one unlicensed midwife, who was kind of underground in the sense that she wasn't really advertising. But the community that we knew she certainly wasn't underground. She was everybody's midwife.

I remember interviewing the CNMs. One was over the phone. And she was really too far distance wise, and I remember being okay with that. Didn't feel like the perfect match to me. And the second one agreed to meet. She was local. She was within the city. And I remember we met at a—I think it was a Sizzler or some kind of restaurant like that. Sat across the table from her. And all I felt was fear. Now remember this was more than a decade before I started talking about these things or even noticing them in myself. So I wasn't looking for some radical experience. I really knew nothing. I really didn't know anything at all about midwives. All I knew, as just this pregnant mom, was that when I sat across the table from this midwife and she happened to be a CNM all I felt was fear. And I remember her. And this was 12 years ago or more actually. Distinctly saying

something like, “You have to have gas in your car. That’s a requirement.” It was on this list that she presented to us as far as what our responsibilities would be. And one of the responsibilities was to make sure that there was gas in the car when I went into labor just in case we had to transport.

And I walked out of that meeting with my husband. And I said, “Absolutely not. If that’s our only option, we’ll just go back to the hospital.” I really thought I would have more freedom there. And truly had that needed to be the way that I went, I think that’s true. I think I would have. I know that this midwife would have transported for one reason or another. I could just feel it. So kind of getting off track of the actual midwife story. But not really because all of these experiences we have with our own births shape us. They inform us as to the kind of people we are. And then in all reality, if we start midwifing we attract the kind of people we are. That’s just the reality of it. So it’s good to know what you believe and how you came to be where you are right now through your own birth experiences because it shapes the kind of choices you’ll make next which is why, again, when people say, “What should I do? CPM? CNM?” it’s like, “No. It’s not that simple.” It’s not really about the paper or the title. It’s about what you believe and the kind of women you know you can serve.

So needless to say, maybe, this first home birth was a great experience, and I remember in the months that followed reading every book I could find about midwifery and home birth. Again, I really hadn’t read anything at all prior to his birth. But I couldn’t get it out of my mind. I kept thinking I want to be a midwife. I want to be at births with women when they feel as powerful as I did. And I want to see their whole world change when they experience a birth that was as powerful as mine was. So in the months that followed, this is what I did. I ended up doing an introduction to midwifery course. Just a self study. And in the assignment section of this course, there was an assignment to interview midwives in the community. So that was interesting because I had my midwife, and I did interview her. And that was really cool because I really hadn’t gotten to know her that well. I only knew her for a couple weeks. So that was really fun to find out more about her. And then I asked her. Who else is around? I didn’t really call absolutely everybody. Who else is doing this?

So she gave me a couple names. And as time would tell, I wound up interviewing this midwife, who lived about an hour outside of the city. And she offered me an apprenticeship literally as I finished the interview. And I don’t really know why honestly. I don’t know how much it had to do with me. I think she was actually looking for someone unbeknownst to me. And remember, I knew nothing about this world really. I knew nothing about apprentices or timelines or skills or any of this. I just knew that I was following my heart. So, again, I did this interview with her. And she seemed really cool. And I definitely learned a little bit about her and how she worked. And so at the end of the interview, she said, “Well, do you want to do an apprenticeship? Do you want to

start working with me?” And I remember feeling really uncertain. Surface wise. I think deep down I knew that I would do it, but it felt really scary. My baby was only four months old. And I had no intention of this. No plan of this. I literally stumbled into it, it felt like. And I didn’t know what would be expected of me. I just didn’t know if I wanted to commit. I didn’t know if I wanted to get involved in something only to find out that it wasn’t as cool as I thought it was.

And actually, I think that comes up a lot for people interested in midwifery that it often isn’t as cool as they think it is. And, of course, it is super cool, but it’s not for everybody. So there is this level of glamour, I think, that people see from the outside. And it’s not really that way. So I was sort of afraid that I would feel like that. The midwife that we had, again, I just thought so highly of. I thought she was so great. And what if I got involved and it really wasn’t that fantastic? Then I would have to quit. So, again, this is a long time ago, but I distinctly remember going home and telling my husband, who was extremely supportive, and telling my best friend over the phone. And they both said, “Just do it. You have nothing to lose. Just try it.” Now if I knew then what I know now, which is how darn hard it is to get an apprenticeship, then maybe I wouldn’t have waffled at all. I know how hard it is. And when I look back, I feel so incredibly blessed that it just fell into my lap.

So I did think about it probably a couple days. And then I got back to her, and I said, “Okay. How do we do this?” And that was the beginning of a three-year apprenticeship in the Chicago area, which really was amazing. And I feel like the older I get the more I appreciate that. And I don’t think that can be said about every apprenticeship. I did have one after that that I’ll talk a little bit about that wasn’t quite as fabulous. But yet, great for learning just the same. But my apprenticeship in Chicago was really wonderful in that it laid the foundation for what I think is traditional midwifery. I didn’t know that at the time. I didn’t know there was a label. All I knew was that we spent a really long time with these women and their families in prenatal visits. We did all home visits. We drove around like crazy. I spent most of those three years in a car. That’s the truth.

But I never regretted it. And I never was upset about that or felt like that was a waste of my time. It really wasn’t. It felt amazing. And I got to see most of these women just birth in such power with so little intervention. And that was my heart. That was my heart. That was my heart for my own births. And so, again, I just feel so blessed to have learned that. The midwives that I worked with weren’t licensed. They weren’t CPMs although I think one of them, at least, went on to do that. But at the time, it was so little about numbers and that kind of thing. It was about each woman and learning from her. And I hadn’t enrolled in a midwifery school yet. I did end up, as you know, enrolling in Ancient Art of Midwifery, which I did graduate from. But initially, I didn’t do a school. And my preceptor or mother midwife really, which is a nicer term for it, didn’t really suggest that I do that anyway. She had learned purely by apprenticeship, and she said the best way to

learn is pay attention to every woman. Keep your mouth shut for the most part. Just kind of observe, take things in. If something comes up for a woman, maybe it's high blood pressure, maybe it's whatever, use that as a case study.

And I remember doing that several times. I remember there was a woman who had been diagnosed with HELLP Syndrome in her previous pregnancy. Not the one she was seeing us for. But she had all these labs, and we were definitely monitoring her for reoccurrence of that. So in that opportunity, I got to learn about HELLP, and I got to look at real lab values. And I got to talk to a real person about how that felt and how it felt that her birth had to kind of be changed and how she was feeling this pregnancy and what she was doing to prevent that from possibly happening again. So I couldn't agree more. If you think of apprenticeship, which really is the way midwifery has always been taught, as an opportunity to learn really interesting chunks whenever they happen, it's a way more fluid, organic process, I think, than being all about the numbers and the paper and the checking off the box which really is what midwifery has become for so many midwives.

But if you think I'm going to totally criticize that world, I'm not because then I had the experience of going through that world. So the short story is the midwife in Chicago ended up moving out of the country. She did have some legal issues practicing unlicensed. And that's a whole other story. But that was influential to me and for me because I was her right hand person. We were friends. Our families hung out. Our kids were playmates after three years, and it was really hard to have all that happen. And that's definitely why I came to Arizona. I knew that I wanted to find a place where I could practice legally, where I could be licensed. Obviously, at that time, I knew nothing of the risks of licensing and how regulation really does destroy midwifery and birth. I knew nothing. All I knew was my own personal safety. And, of course, that's a myth too. But to me, it wasn't feeling like a myth because I had very much seen the repercussions of what can happen in a state where there isn't regulation.

So we came here to Arizona. And I sought out an apprenticeship. And we had kind of a little visit a couple months before to see if it was a good fit. And it felt like a good fit. This midwife was working in an area where she felt like she needed help. She was willing to take on another student that was advanced, and that was me. I was willing to move here with my whole family, and I was ready to take on primaries, so to speak, which was really valuable to her. So in a way, I was glad all of the experience was useful. But I remember distinctly being irritated that none of the numbers mattered. So I can be a numbers person too. And that was where I was at that point. Like, "Okay. I'm going to get a license. Then why do none of the births count that I had been at in Illinois?" Well, they just didn't because I had to do them, so to speak, with a licensed person. So number wise, I had to completely start over when I got to Arizona even though I had more experience than most people at that point.

So then I went on to learn with this midwife and, basically, to handle a good part of her practice as she ended up moving out of the area for a couple years and simultaneously got licensed and did my CPM as well. And so then I was on that side of the fence where I really had—I won't say forgotten. But the type of practice that I was working in really due to her—and there's nothing wrong with that. We all attract the kind of people that we want to work with. But she was attracting people that I wouldn't attract probably on my own and definitely wouldn't now meaning these women weren't aware of the differences in midwives. They wanted a licensed person. They wanted that alleged safety. They wanted the rules and regs. So I feel like there was this period in my life where I knew where my heart belonged and I had lived it. I had had this wonderful apprenticeship. But I was doing things differently. And many of you know that then, of course, that kind of erupted. That I wasn't able to live not true to myself anymore. And when the State of Arizona basically found out that I had attended a VBAC, which was against the rules and regs at the time, then there became this large legal battle where they wanted to take my license. But then they really weren't. They were willing to essentially barter with me and make agreements. And I turned them down and said, "No. It's not you. It's me."

And that's really the truth. I was in the wrong system for what I believed. But I needed to go through all that to come full circle and realize that my heart—what I had seen, what I had lived—wasn't what I was actually doing. And that was really eye opening. So I feel like my experience is unique in that sense meaning that I had this traditional midwifery foundation, but then I kind of went the other way. And I was quote on quote trained. And I do have the validation, so to speak, of having had letters and still being a CPM. So if that comes up, which honestly it really doesn't for me, but I understand that feeling that a lot of young midwives have that they want to be validated. When parents sit in front of them, they think it's better if they can say, "Well, I'm licensed. Well, I'm a CPM." So I'm admitting that that's not my scenario. I have those things or had those things. I don't think they're worth a whole lot, but yet, right, if it comes down to needing to express validation, I suppose that that will satisfy some people.

So I don't have regrets about the way I did this at all. I still think apprenticeship is absolutely the gold standard of midwifery. And that's kind of the point, I think, of this podcast is to encourage those of you that are thinking about midwifery in this sense, this traditional midwifery sense, to get back to your focus. Take it from me that getting away from the focus although that was my life's path and I got so many great lessons out of that—that you don't have to go through all that trial and tribulation, if you stay true to what you believe and you stay true to your heart. There's all sort of educational opportunities out there now for new midwives in the U.S. And the schools are pretty medical from what I can see. And by that, I mean if they're accredited by MEAC then they're having to follow certain educational standards. And then that becomes more

about money and the educations are really expensive. And, of course, that plays into the bigger system of certifications and how much we do pay to sit for a CPM exam and how much we do pay to recertify every three years. All of these things play into essentially this patriarchal system of numbers and control and quantity.

And so, again, I'm asking those that are actually taking the time to listen to this to just rethink that for a moment. When you're feeling frustrated about how this is going for you, maybe it's not going fast enough, you don't have enough numbers, you're never going to get anywhere, just take a deep breath and, hopefully, use some of these words as inspiration that true midwifery, true serving women is an art. And it can't really be measured. All these experiences aren't created equal. So there's plenty of women who want to serve as midwives, but they think that, again, they have to get these numbers. They have to get these papers, and they're going off to birth centers for months or a year or years. And it's a unique experience, I'm sure. And admittedly, it's not an experience I have. But I rejected that experience. I did have the opportunity twice during my apprenticeship to go to a center to finish off my numbers, so to speak. And really I think it was just the grace of the universe knowing that that wasn't right for me. I remember being really frustrated that it didn't work out at the time. Honestly, I don't even remember why.

But in my heart, it wasn't the right thing. And to me, it's still not the right thing. I know we're not all the same. And so people can do what they want to do. But I think going to a high volume clinic to see lots is valuable only in a certain way. And honestly, I don't think it's valuable in the sense of continuity of care, of really getting to know people, and having that be the reason you have great outcomes. As far as wanting to see complications, I think I'm understanding that less and less every day because I know a lot of people that were completely scarred from—and I mean emotionally scarred from going to high volume centers like that. They ended up seeing things they didn't want to see again and again. Trauma, abuse, scary stuff that really imprinted them. So that sounds really fearful and perhaps it is. But I think we have to ask ourselves when we're looking for experience, what does that mean? Why would a number be important over spending a couple hours with women? I don't know. It's really something, again, that's becoming farther from my experience.

But I think it's a valid question, obviously, or I wouldn't be blabbing about it. There are many people out there that really think numbers and quantity of births make a midwife. They make you a midwife. They make you a great midwife because you can get your paper, and you have experience. I think experience is both positive and negative and definitely can be. I don't think it's about numbers. I think it's about what you're seeing and the relationship that you're in with people. And in that way, you can feel the difference. So I know for me when I think about maybe being at a high volume place or walking in on lots of births all the time where I don't know anybody that just makes me

kind of freeze up. And I can see why the focus is on protocol and emergencies and disaster control because without the relationship we really don't know anything. We don't know how this woman is eating. We don't know anything about her personal life or her relationships, her prior births, what she's afraid of, what she's worked through, what she wants for this birth. And I think that all matters so much.

So know there's places, of course, in the world that we don't have the luxury of behaving this way. We don't. And there are high volume birth clinics in third world countries that just need midwives, and I think that's a wonderful service. And that's not really what I'm talking about. I'm talking about all us, basically spoiled people here, that can practice midwifery in this really heart centered way because we have that luxury. We have that luxury of healthy women and of people that want to take responsibility. And that's just the reality. That's, at least, part of my reality although it's not everybody's.

So what else was I going to say? Oh, I guess along the line of seeing complications. That's something, again, that comes up a whole lot with midwives or student midwives that approach us. If you're only seeing a couple of births a year—so maybe you're working with a traditional midwife—then how are you getting that experience? Well, I guess first why is that experience or that alleged experience so valid to you? Well, it's because you want to be able to handle whatever comes up. But I think there's lots of ways to go about doing that. And the truth is, we never know what we're going to get, and we never know if we can handle in a sense because we're not working with textbooks. We're working with people. But one of the midwives I worked with did say to me during my apprenticeship—and I thought she was quite right about this in hindsight. She said, "In the average apprenticeship, you're going to see 50-100 births probably." And that's just on average. Maybe more, maybe less. "But even in about 50 births time, you really should see sort of the spectrum of what can happen at a birth." And I think she's totally right meaning you see fast births. You see long births. You see first time moms. You see tenth time moms. You might see a sticky shoulder in there or a little bit more blood loss than you've seen before. Or all of these things.

I mean if you're lucky—yeah. Maybe you'll see a breech. Maybe you'll see twins. But in 50 births, you're going to see a pretty good spectrum of normal. And really we just can't forget that we're seeing normal as traditional midwives in this country. Again, we're seeing healthy women. We're seeing people that want to do this. And that's just a whole different scenario than working in a clinic and wanting to just fix, fix, fix person after person. And I'm not saying that's not legitimate in those situations. I totally understand actually why things like third stage management, automatic Pitocin for everybody in a birth center, is protocol because they just don't know these women. They just don't know them well enough, and they haven't had time to talk about things like how to prevent hemorrhage. So really, it's easier to just do those things.

But if we're wanting to really serve women, then why would we go there? If all experience isn't created equal, why wouldn't we put our time and energy and effort into what it takes to really serve people? And, again, that's where I've come full circle. I certainly have moments too where sort of selfishly I'm like, "I wish I saw more births." I may see one a month here. Not a whole lot. So I think fondly of even apprentice days where we had three or four a month. But yet, I know that this is right for me, and that this is refining the art that I feel I'm able to offer and teach about. And I think that's what we want to not lose. We're not going to lose the skills that come in a clinic. We're just not. At this point. Because they're heavily imprinted on our culture, medical birth. We're not in danger of losing that at any time soon. What we are in danger of losing are the women that want to serve as traditional midwives and they want to be skilled and educated, but they have decided that all that number stuff isn't for them. We're losing those sort of people.

So when I think of traditional midwifery—and, again, this goes back to my very first apprenticeship and, of course, full circles to what I love to do now. It's serving a community and making a commitment to a community. And it was a long time, to be honest, until I was ready to that. We moved around a lot. And it's kind of like I couldn't find the right situation until I realized you actually have to commit to a community. And until you do, you're probably not going to see results in the sense of women coming to you a whole lot because they can feel it. You're just kind of not committed, in transit. And for people that are really conscious about their births, they can totally feel that.

So I think it's committing to a community as best we can with the unknowns of life. For me, it's all about personalities and personable things and people. And it's funny. I wouldn't consider myself a super personable person out in the world. At the grocery store, I don't talk to everybody or anything like that. But with the women that come to me, I love them. And I love their families. And I love their partners. And I love their kids. And it's not just about them being pregnant. It's about sitting in their house and being around their children or eating with them and hearing about the rest of their lives. It's so strange to me now that a lot of midwives, licensed midwives, whatever, birth centers—it's just not even about that anymore. It's literally come in. It's all about the belly. It's all about the clinical skills. "Hi. How are you? Do you have any questions?" But then it's all hands on the belly.

Honestly, there are lots of prenatal visits where I don't touch anyone at all. Only if they want that. Or whatever. Whatever reason might come up to listen to the baby. But other than that, it's just getting to know people. And that's what's not glamorous, in a way. It's not fast. It's not easy. People are complicated. Sometimes you have to try to get to know people more quickly than you're comfortable with. Sometimes it's hard to get to know people for a million different reasons that you could never really teach a course on because it just takes you and them and figuring it out. Home visits were something that



were taught to me, again, 12 years ago. We drove around and sat in people's homes. And that is something I have continued to do. I very, very rarely do anything else. I love going to people's homes, taking off my shoes. By the time they have their baby, they're so comfortable with you there it doesn't feel like you're a visitor.

And slowly, hopefully, little by little, you feel more welcome. You don't feel like they're cleaning up for you. But these things take time. So it's all for good reason, right? It's like the grand strategy of having them be comfortable at their birth. That's really what you're going for, not just because it might be nice to drive around and sit at people's houses and drink tea. It's nice because it matters. And these are the people that continue to call you for months and years. And I'm not friends with everyone that I've ever served. But I think probably 80 to 90% of the families that I serve do become friends. And we live in a really small community. So if that's a similar thing with you or even if it's not, I love that these relationships are, for the most part, long term.

So I love talking with them about their skills and talents and what else they do in the world because certainly they're more than just having this baby. And I'm often just so amazed by what they know and what they've seen in the world, and they're interesting people. They're people you want to be friends with. So in that sense, I think we're back in the village, which is what I always hope to recreate. And of course, it's a tiny village. But in that sense, the midwife is just another villager. And I think what a great analogy that is. We're not coming in all superior with our stuff to tell anybody what's going on. We've been invited in by people that are, essentially, friends. We're with them at a very important, magical, beautiful time of their lives. But we continue on after that. We don't disappear. And, again, the technical name, I guess, is continuity of care. This is what isn't being taught. This is what is not in textbooks. This is what is not honored or acknowledged or valued when all people are concerned about is filling out paperwork and getting numbers. There is no way in that scenario to develop these relationships.

And I'm just telling you. This is, to me, what true midwifery is. The slow relationships. You can't take on too many of these at a time because it's hard work. It's emotionally—I won't say draining because I don't mean that. But it takes a lot of emotional energy, I think, to engage in—to engage with people in this way. So it's not something the world sort of recognizes when our world is just so fast paced and hurried and more about getting people in and out. It's less about the experience and more about what we think we know, what we think we can provide. It's really a partnership. So one thing that comes up a lot when I talk about this is people say, "Well, what do you mean then? That midwives don't have to be trained. They don't have to have skills. How can they learn what they want to learn without the numbers and the signing off and the high volume and all that?"

I say it comes back to being a person with integrity, which means you know what you know. And you're honest about it. It's called being transparent. When people are interested in having you at their birth, you tell the truth. You tell the truth about how many births you've seen and the way you work and if you've seen complications. Tell them about the great things. Be honest about where you are and what you believe and what you've handled. There's no need to not be honest. Again, I think that dishonesty—and it does exist, I know, amongst midwives who are competing very heavily for quote on quote business. It does exist, again, because that world isn't based on anything but that which can be counted. And so I guess I'm saying this type of midwifery just can't be assessed in that way. And it is so valuable because of that.

So be transparent. If you've only been to 20 births, then that's what you tell them because that's the truth. And I think trust is the other thing. So transparency is one. That you have boundaries. That's another part to add to transparency. You have boundaries. Doesn't mean you have to go to every birth you're invited to if you're not comfortable. You can have your boundaries of what's comfortable and what you're willing to do or handle or what you're even willing to be witness to. Trust is the other thing. And that doesn't mean that you trust blindly or, again, that they're trusting something that isn't being honestly explained to them. No. They trust themselves, first and foremost. They trust you. And, again, not trust in the sense that you're god and know everything, but trust that you have the right intentions, that you wouldn't overstep your boundary or hurt them in any way intentionally. You trust them. That's just as important. That these are people you know you can trust. And not just in birth but in life. Are these people that you would trust? You trust the process. I think that's pretty important.

And, again, just reiterating that back to the numbers and this idea of being a better midwife because you've seen 10,000 births at a birth center, you might lose your trust in the process. And that kind of is when you want a moment of silence, isn't it, here? I think that's really important to bring up as you're finding your way and wanting it to look this way or people tell you it's more legitimate to do this or you need to earn money to go this way. What if what you see or experience causes you to not trust the process? Then where will you be? And you also trust you will know. And that is something I come back to a lot. None of us know everything. I'm going to talk a little bit more about ways to keep learning, of course. But even if we were studying 24/7, we would never know everything. We would never know exactly in every moment if we made the right decision. But we have to trust that we will know what we need to know when we need to know it. And that's something that has guided me very strongly in the last couple of years.

So as far as complications go—and this, I'm sure, sounds totally woo woo, but that's why podcasts are great because really—those people don't listen in very long. That the few times I've had minor complications at births I trust myself to know that I would know

what to do. So hopefully, you know what I mean. Knowing something intellectually is great, but you also have to slowly get a trust in your own hands and your own heart that you are the right person there. If you're there, you're the right person to be there, and you will know what to do. And to me, that's way more peace than an emergency skills drill training. It just is. That's where I'm at. So, again, this is the new paradigm. I say that a lot. But this is part of creating that. We talk about the new paradigm and women taking back birth and owning their births and all that, but we, as midwives, when we're looking to be in this world the new paradigm is not looking to anyone else to make this happen.

So you could say that maybe I don't appreciate looking for an apprenticeship because I've never done. Really. It was pretty easy for me. That's probably true. What I really mean is it's not anyone's fault if you can't get 20 births in a row in a really short time to sign off on your paper. That's what I'm just feeling a lot from younger midwives nowadays is that they feel like someone owes them something for them to get this paperwork done. And, of course, the biggest irony is it doesn't make them anything that they either were or weren't. So that brings up a great question. Man, this is getting long. When are you a midwife? And if it's all about paper and numbers and you think when you're done with that, it makes you a midwife, I'll tell you you are 100% wrong. You are 100% wrong. It doesn't mean that you're not. It just means it doesn't make everyone that.

I know for me that I wouldn't even use the word midwife for a really long time. And it wasn't until I really was off on my own. And I was on my own. When I started attending births alone, I had no one. I had no one here. The midwife that had been my preceptor was too far. I had no one. And I didn't feel like a midwife really until I kind of lived some of this. So that's the point I'm trying to make without being super obnoxious. It's just that midwives are not made midwives by numbers or papers. They're made by knowing that it's okay to call themselves that. And it might be experience. It might be a certain birth. It could, I think, literally be a turning point in someone's life. It could be just women asking them, "Please come to my birth. Please support me." Suddenly, you're a midwife. And I think even in those situations truly it can take time but for you, personally, take on that term. And I'm still leery to use it in a way just because there is so much sort of importance sounding with that word. Like so many podcasts about what that means or doesn't mean and does the state own it or not. So it can feel like a pretty heavy word to me sometimes. And I can see the hesitancy in wanting to use it.

But, again, more important point is you're not made a midwife by anything but when you feel ready. That's really what I think is the truth. So how many ways are there to learn? If you're out there and you can't find an apprenticeship or maybe it's just not time yet or maybe you don't even know, you're just wondering, "Okay. How do I get on this path? I'm not somebody that's going to go get the paperwork and start signing things off. I really want to learn this woman to woman way. I want to have that experience. How do I

do it?” Well, certainly, we have tools here just as you can. Our online classes, our *Wise Woman Circle* is quickly becoming a really amazing resource for people like that that want access to other women that are kind of doing the same thing or wanting to learn.

I know, for me, it never stops. You really never stop learning. And a lot of the learning really comes from the women that you’re working with. So I guess if you’re not at that point just know that learning never stops and that these women will teach you. And I remember elder midwives saying that to me years ago. Neither of the two that I apprenticed with but some other older midwives. And they said, “You just sit at the foot of these women. And they will teach you.” And I think that’s really beautiful. Maybe too simplistic for some people, but I think sort of the general idea is that you learn a lot on the job. And you’re transparent about not knowing nothing before and being grateful to women that trust themselves enough to kind of let you learn. And they’re aware of that. I really love to say, honest to goodness, when something comes up for a woman—or maybe she has a question. And you don’t know the answer. That’s perfectly acceptable a lot of the time. And maybe it’s some topic area that she ends up being really passionate about. And I really will tell her, “Please share with me what you learn. Teach me too. This isn’t a one-sided relationship.” So these women, this community that you’re in, if you choose to stick around and serve it will teach you way more than anything else.

Of course, there’s tons out there besides what we’ve got going. Tons of research. Tons of stuff. Courses. CEUs. Conferences. Tons of textbooks. All the kind of standard ways we know to learn things. I’d say definitely take advantage of the elder midwives that are still around today. Gail Hart is one of them. She is a fabulous friend and many, many, many, many times has consulted with me whether it’s a lab result or something else that I just don’t have the experience for or want her elder expertise on. So that’s another element of this whole training program thing that we’ve forgotten. We’ve forgotten the elders that come before us. We’ve forgotten their knowledge. And I say take advantage of them in the most positive way that you can. And there’s so many elder midwives out there who maybe are retired. Or even if they’re not, they’re so willing to share with us. They’re so willing to tell us about how it used to be because often that’s where a lot of the answers that we’re looking for come from.

Teaching is a really fabulous way to learn. And you could probably guess that that’s one of our main ways here. Teaching locally face to face. Any way you want to do it. Teaching what you know even if you feel it’s minimal. You probably know more than someone else. And you probably know more than women that want to come hear you teach. So best way to learn is definitely that. Again, using your community. Sharing with them. Showing movies. Having discussions. Just really you could sit and make a really big list, big brainstorming list as to how to get what you want—that kind of sounds bad. But I don’t mean it like that. How to become this midwife that you know you can be—

how you're going to do that. And, again, these are just some ideas. I think you could sit and make a whole list of connections and people and resources to really, really use in this full bodied, full spectrum way. And to me, that's just the art of midwifery.

So thanks for listening. That was a pretty long talk. Check the [indiebirth.com](http://indiebirth.com) site for newest events. We do have a skills workshop. Speaking of midwifery training or traditional skills and interpretation and all those things that really are more important than the actual skill, we have a workshop coming up in June 2016. And if you're listening to this past then, still check the calendar. We plan to repeat this workshop a couple times a year. Thanks so much. Have a great day.

(closing music)