

(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, as usual. Alone today. No interview. No chat with anybody else. Today I want to talk about how to respond compassionately to people that we meet, women that we meet, that want to tell us that, "My baby almost died. And the hospital or the doctor or the midwife or whoever it is saved my baby." It's a thing that comes up a lot. And I had posted on Facebook that I was going to be doing this, and it seemed like a pretty good response, at least in my choir, so to speak, of women that get this all the time. Probably a lot more than I do. Doulas get this a lot I know. And to be honest, I don't get this a lot just in my normal personal social kind of circles probably because if people aren't interested in really looking at that—if they're going to offer that kind of story then they don't really enter into my field. So there might be different responses that you come up with after listening to this. But when I hear this, "My baby almost died," lately it's in a class setting.

So I've been doing these free workshops around Arizona. And that's been really fun and really insightful. So free is kind of a big deal just because it takes up the whole day. But so far it's been worth it because I feel like I'm really getting to see where more women are at. And because they're actually coming and spending their entire day with me, I feel that addressing their questions and concerns and this particular topic is really relevant and appropriate and definitely not something I want to ignore because these are women that are coming and, again, spending their whole day. And I can tell by the way they listen to the information and take it in that they're really offering a part of themselves when they ask—or not really ask—well, sometimes they do ask. They say, "My baby almost died." And they tell the story. But what they're really wanting to know, what they're really asking is, "What do you think? And was this true?"

So that's different, I think, then maybe meeting someone at the park and hearing their birth horror story. I'm not sure that I'm up to convincing or educating those sorts of people because if they're not interested it really is, I think, a waste of time, at that point in time. It doesn't mean it will be forever with that person. But it can be a waste of time. So maybe that's the first thing to suggest is depending on your scenario how someone might approach with this kind of story it may just not be worth your time, and that doesn't mean, of course, that you have to be rude or mean. But it just may not be worth the time that it takes to talk through the things I'm going to talk through, and it may be that none of the things I'm going to talk through actually apply. So I do think we need to use our discretion with any of these things because it is a sensitive topic. And when a

women, again, offers this sort of story, it's serious to her whether or not we actually think it is.

So in this free workshop that I've been doing around Arizona, it's basically kind of the nuts and bolts of our five-week class. Now the five-week class includes pregnancy and postpartum. This free day workshop does not. There's just not enough time. And really women are coming to hear about birth, and that's great. So that's what we do. So the way that I generally like to start the class is with photos and videos as we explain and talk through what the technocratic birth model is and what the holistic birth model is. And just so you're clear, the whole discussion really is thanks to Robbie Davis-Floyd's book, *Birth as an American Rite of Passage*. So she's the one to investigate these models in depth in her book. And we definitely simplify it for the sake of this class. But definitely enough that women still understand it and it's usually very clear. So the technocratic model, of course, is what we're all familiar with. 99% of women choose the technocratic model to birth.

So we go into this long sort of discussion about how it's not really about location. It can be about care provider but isn't always. It's more about a set of beliefs. So when I teach that, I like to detach lots of personal bias from it. Yes. Home birth is great. Yes. I think midwifery is great, but it's not really about that at the deepest level. It's about what belief system are women choosing. And if they're choosing the technocratic model, again, they're seeing these pictures and these videos and they can really start to accept—sometimes it's not very easy. That the technocratic model is about looking to technology and to numbers to make decisions. Robbie Davis-Floyd, of course, outlines it or goes way more than an outline. It's in depth comparison of the holistic and technocratic model in her book. And really the harsh truth is that in the technocratic model the woman is a machine. We are machines. And the baby is the product. And the rite of passage is the whole system of birth in this model.

So, again, we know it mostly it as something that happens in the hospital, and all the routines and interventions and protocol are part of this system and, essentially, this rite of passage. So if you haven't read the book, I highly recommend it. It's just great to read regardless. But if you are teaching, then I think you'll appreciate the perspective too because, again, it doesn't feel as personal. It's about belief systems. So that's how we start the class. And generally gets some people pretty excited that there is this difference. And usually, honestly, it's the people that have chosen the holistic model that are excited by what they see. And they feel very validated and that kind of thing. And then there's sort of the people who are just curious and interested and, "Wow. That's cool." And then there always is at least a woman or two that has had, I would guess, significant birth trauma. And that is very real. And that is the part, I think, we need to have compassion for when we're investigating this, "My baby almost died."

And this woman or these women generally find it a little bit hard to accept this perspective. It challenges them. And some do sort of—not get over it but do process it pretty well throughout the length of the class, which, again, is a full day. And some probably don't. That's the honest truth is that some of this is too radical. It's too much for some women. And it's because it is personal even though we may try to make it not be. It is. And they're telling their own stories in their head. And if that story is, "My baby almost died," then this comparison of perspectives feels really threatening because, "What if? What if that technocratic model hadn't been there? What if it hadn't been in place? What if they hadn't chosen it?" So that's what we're going to talk about. Just a little bit more about the birth trauma. This podcast is not about birth trauma. But, again, I just want to emphasize that this isn't about making anyone feel bad when they tell these kind of stories. In fact, I think that's really counterintuitive and counterproductive to the bigger goal, which is we want women to get the information they need to make better choices.

So I try my best—I'm sure I don't always succeed—to not make anyone feel bad. These women that are feeling this way—some of them are 50, 60, 70 years old. They've been holding this story and holding this trauma for decades. So it may not shift in a day. But, again, these are people that are somewhat open because they're sitting here, and they've come to this class. So, again, people share these stories, I think, in these settings—not all—because they want to learn, or they have that nagging feeling and maybe have had this nagging feeling for 20, 30 years that there is more to the story. And here you are showing these pictures of what birth can potentially look like, and they're really having to wrestle demons that are in their mind and heart about what happened to them. And that's what we all do really as humans is try and rationalize and reason and process things that we've been through.

So I have four sort of parts to this response. I'm not telling you that all are appropriate, again, for who you're talking to. Perhaps none of them are. Perhaps only one is appropriate. Perhaps one is all you have time for. But here they are. I've been thinking about this hard in the last week, and this is what's come. So the first part of the response to, "My baby almost died," is that I don't think—and they're asking me. So I can say what I think. I don't think that technology is bad or evil. And I try to make that abundantly clear, but sometimes people hear what they want to hear. So as we're going through the technocratic model, yes. There are lots of photos of the machines that go ding, so to speak, and the fetal monitor and whatever else technology that may appear in a birth photo. But I don't think those are bad things necessarily. I think routine use of these things is probably not ideal. But more importantly, I think most women just haven't made the choice of those things really consciously.

So it's not like they did all this research and, for whatever reason that we'll never understand, they feel super comfortable with a continuous external fetal monitor. Now

I've never met anybody like that, but I'm sure they're out there. And so just me personally, I have total respect for women that choose what they need to choose. Technology is not bad. And we do occasionally need it. Most normal—or most pregnancies and births are pretty normal and pretty healthy, but, occasionally, they're not. So I don't think it's evil. And I think it's part of the perception in the technocratic model—so it's kind of ironic—the perception is that everything is black and white. So in the technocratic model, I think there's no understanding of the holistic model or even acknowledgment of it. Perhaps you'll agree.

So in that model, it's very black and white that all hospitals and doctors and technology is good. And everything else is bad and scary. And funny enough, I don't think being definitely on the side of the holistic model that that's the thought at all. My thought is everything has a time and a place. Let's choose wisely. Let's be powerful in these decisions. But, again, many people coming from this technocratic model have been taught this black and white philosophy. So they're kind of making that up themselves, I think. I don't really think it's something I say. They're looking at these photos, and they're thinking, “Oh, you think technology is bad, and I must be a bad person for having chosen it.” Nope. Not really.

In the wise woman model, which is holistic for sure but isn't holistic—it's kind of it's own separate thing. And there are podcasts that I've done on the wise woman way. The wise woman way is exactly what I've described which is it's not one or the other. It's full range of possibilities, full range of options for people. And people are smart enough to choose. So I think that's the first thing that sometimes can catch someone in that very victim role of, “My baby almost died.” It's like, “Hey, yeah. I'm glad to hear that technology was useful for you,” if that's the appropriate response. Sometimes it is. Sometimes it's not about teaching or really convincing anybody. It's just acknowledging that, “Yep. Sometimes technology has its place.” And, again, I think I have more of an advantage over most people here just because I'm in this setting, again, where people are present for an entire day. So it's a little different than as my other example is meeting someone at a park. Little different than that. So that one is pretty simple. Technology is not bad or evil. Sometimes people choose it. That's okay.

The second is a little bit more in depth, and that is back to this comparison of belief systems and perspectives. That is what we're talking about. So I probably will say a couple more times. This isn't about changing someone's viewpoint on a park date or in a minute or in an hour or in a day. This is about offering a perspective and letting any human being sort of sit with this. And the perspective can be applied to any area of life. So when we're talking technocratic versus holistic, the same thing goes for our health care or the way we would educate our children or—I don't know. Pick anything else that you can have a belief system about in life. We can't expect people to change in a minute. So if you're listening to this, you're probably already there or well on your way

to acknowledging that life is a journey, and hard and fast doesn't do anybody any good. But people that ask this question or say, "My baby almost died and would have unless someone saved him or her," they're operating from this perspective where the world is big and scary. And they know nothing. And everybody else knows more, particularly those in the place of a care provider.

Now that's not telling you anything you don't know. But I feel like we, as the people that want to change how women are viewing birth, we need to really understand that. And we need to sit with that. And we need to see the depth of that because it's not as easy as, "Oh, well, you should have just chosen a home birth." That is not possible for these people that are seriously invested in looking outside of themselves. And they have a whole system to prove that that's acceptable. So we're the oddballs, right? We're the 1% of the population, but 99% is given validation and praise really for asking someone outside of themselves. So that's big. And there are rules that govern birth pretty much everywhere. So hospital. We all know that it's happening at home birth.

And people have not gotten it within themselves yet, most people, to look at those rules and question them. They automatically assume that those rules make birth safer, and they don't want to risk themselves or their babies. So one that always comes to mind when I think of this is the pushing for more than an hour. There's lots of places, even home birth midwives, where that is not acceptable. So this idea that birth is chaotic, that it's a disaster that it needs to be controlled is validated by this system with these rules. And it takes a lot, again, for people to question these rules. They would have to go through a many step process, and many of you have so you know how that is. It's not just overnight that you question these things. Sometimes it's because something happens to you that you do.

So part of this perspective is us acknowledging that. That that's where they're coming from. I feel like we really need to be more mindful of that—not that we can change it but just maybe to give ourselves some peace about the situation. But the other side, I think, is extremely positive. If they are open, and, again, in a setting where you're teaching physiological birth then you have the opportunity to show them the other side. So when people say to me in a class, "My baby almost died because of this. And if it hadn't been for technology," in a very compassionate way, I think there's the ability to reflect on how the technocratic model has actually contributed to many problems. So that's something people haven't considered. So that's a really big issue. And there's so many examples of that.

But when we know how birth works, we know that birth is mostly great left alone. Not that the woman has to be left alone but the hormonal flow. Then we can understand why interventions pile up and why they can harm a mother or baby. But, again, people understanding or asking this question rather don't understand that. So again, through

the space of time that you may have with them or resources—Sarah Buckley’s book is a great resource to just offer somebody or to point them in the direction of. Let them read that. They will come to their own conclusions. And they have to be the one, I think, to listen or read and start saying, “Huh. Yeah. My labor was really interventive. The lights were on. It was freezing cold. I had ten interns in there. Maybe that’s why my labor was so difficult and that I needed an epidural. And the epidural made my baby’s heart rate go down, and then I needed the C-section.” They need to come to these things on their own.

So prevention, of course, is a huge part of the holistic model, and that’s something people in the technocratic model, especially people that ask these questions, hardly ever consider. I’m sure there are exceptions of people that really understand, for example, how good nutrition is one of the best preventatives we have. But most of them don’t. So they’re offering this really big thing by saying, “My baby almost died,” but you have no idea what they eat during their pregnancy. They don’t even know that that was important. So, again, it takes lots of time to get to these issues. And it’s best if people start to see them on their own just as you’re teaching the difference between the perspectives. So that was number two. That was kind of long. Oh, wait. No. I’m not done with number two.

I had more to say about that. My notes just kind of had this gap. So another way to approach the education is, again, really positive. So in the class, I like to often ask the question, “How is birth orchestrated for our survival?” And that’s cool because, for many people they have to say, “Our survival,” because they think it’s so dangerous. That sounds like a ridiculous thing to say. But then they have to admit that if it wasn’t a pretty successful process for survival then we wouldn’t all be sitting there. So that’s a great question to ask. And it’s great to have backup examples or—you can come up with probably a bunch of how is birth made so that babies survive it and mothers survive it. Well, the first, of course, is the whole hormonal flow, and that’s a pretty long class or educational session. But even just little examples.

So one thing people get really worked up about is cord around the neck, and that could be its own podcast. But that comes up a lot is, “My baby almost died. He had a cord around the neck, and we needed a C-section.” And instead of addressing that huge thing someone just put out there, one way that babies were made to survive was—or is to put the cord around their neck. People don’t think about it that way. They look at that, and they think, “Oh, that’s a disaster.” But really it’s super self protective. It’s really very smart. Babies move in utero. The more they move usually the longer their cords are. So they get really smart. And at some point in the pregnancy when they still have room, they are smart enough to store, basically, the cord around their neck. So that it’s in a nice soft place where it’s not as likely to be compressed between, let’s say, a pelvis and an elbow or whatever it is. So that’s a great example. That really blows

people's minds, if they choose to believe that. That's something they've formerly thought of as entirely disastrous is actually a protective measure. And there are many more examples.

Oh, another one that I like is the fact that as a woman gets closer to going into labor on her own her oxytocin receptors on her uterus will increase in number making it so that she's ready for labor. And oxytocin can do its job. So we all know in inductions they're using fake oxytocin. So Pitocin. And so many of those inductions fail meaning they don't work. Baby doesn't come out. No labor. And, of course, most—inductions go on to become C-sections because those sorts of measures don't encourage the body to do something it's not ready to do in many cases. So that's a great way to prove that it's not that possible to get a baby out before it's time. Now there are exceptions, of course if the body or the baby perhaps isn't as healthy or who knows what. But in most normal, healthy situations, it's really hard to get a baby out before its time. That is a self protective measure. That is how we survive. If it was possible, if someone came up with something and ran with it, and every baby absolutely had to be born at some very early gestation that would really screw up our evolution for sure.

So examples like that, they don't even have to be about necessarily what the person has offered their story as. But just little tidbits here and there as you see this person or as you educate in your community. Fun facts about how we are made for survival. And eventually, if someone is really wanting to investigate this or leave this story behind—who wants to carry a story, I think, about, "My baby almost died." I think that's a pretty heavy thing to carry. I would want to make peace with that. But if someone really does, then they will. And these sorts of things will slowly get into their brain and make them think. And that's way better than anybody making them feel bad or just rolling their eyes, which, of course, is what you want to do.

So that's the encouraging part, I think of this whole discussion is we might roll our eyes kind of to ourselves. But really it's such a great opportunity to encourage women and to educate them. So whatever it is she says—I think anything. There's probably things that don't fit here. But whatever it is she says—let's say that she says about induction. "Oh, my induction didn't work. My body couldn't labor. Or I never went into labor. Or I was induced, and I never got passed 3 centimeters. Just my body didn't work. My baby didn't come down." Find a way to validate it. And sometimes it's just that you hear you. "I hear you. Wow. That must have been really rough." Sometimes that all that is really allowed. But the more encouraging part is people want to become more educated is that her body probably worked perfectly.

And that's something you can literally see in someone's face that you said something that validated them, that has inspired them to look deeper. Because there is such a difference, again, between—I keep saying making someone feel bad. But that's what I

mean. And I know that I've certainly done that in the past, at least sort of before I found more ways to talk about these things because when you care you just want people to have the information. And you want them to know that was dumb. And you want them to make a different choice. But that's really not the way it works. When people feel threatened or judged, at least overly so, then they kind of shut down. So encourage her. Her body didn't work because she was induced. Wow. Your body was really awesome. The hormones didn't get flowing in your body naturally, and that would be the normal instinct. You always can compare it to mammals too. If a mammal was about to give birth and felt uncomfortable or scared or the family was threatened, then the labor might cease. And that animal wouldn't have the baby right then, and we would say, "Oh, wow. What a smart instinctual animal that is." Well, the same could be said for us.

So many stories that people tell you you can pick out a part where that really is the truth. You're not lying. You're being completely sincere. "Wow. Your body did exactly what it was supposed to do." So the baby was posterior and got stuck. Were you pushing on your back? Were you under a time limit? You weren't eating and drinking? Wow. Well, no wonder. That's really hard. It's a wonder that birth can work in those settings. Wow. Your body really did great considering that. It's really hard to labor without eating and drinking. Our uterus is like a muscle. And when we don't have the calories, it's best if it diverts blood flow somewhere else. So I think that's a huge key. And the more you know through reading and studying and just experience then the more ways you'll have to really pick out those parts of, "Wow. You really did a great job. Of course, it makes sense that this happened. But your body is really smart," and all of that kind of stuff.

So reverting back to science really, I think, is a great way to handle that. It's really positive. It doesn't leave you feeling awful or terrible or like you didn't speak your mind or offer something. I think that's a piece that comes up a lot, again, not for me so much right now. But it has in the past. And I know for doulas having to deal with or work with more women that are choosing these options—choosing to birth in a hospital—I think is really hard. And we as the women that educate or speak out it can be really heart wrenching to not say anything. So, again, I think this is a great way to give you the feeling of, "Okay. I'm helping. I'm educating. But I'm being sincere, and I'm being compassionate." And honestly, I said before I've seen it in women's faces. Just a light goes on in them. You've said that they did a great job, and they may never have heard that because the world doesn't really want to hear their whole story. What they've really heard, and we all know this, is, "Oh, you're lucky. You have a healthy baby." That woman who had that C-section for failure to progress probably never heard, "You did a great job. Your body did just what it was supposed to do. It didn't—it wasn't comfortable to labor, and that makes total sense." So I kind of couldn't enforce that or



recommend that more is just having the light go on bother emotionally and mentally for these women. That's what we want. We don't want to shame them into feeling like they did a bad job.

So, again, it's a complex approach as everybody here knows by virtue of all the hours of podcasts that there are of me talking about self—such things. And it takes time. But you can never predict really how long it will take. It's like a labor. You never know with that woman who you saw the light go on. You don't know if she'll get pregnant tomorrow and have questions and really want to investigate this. It may take a year. It may never happen for her in this lifetime, but it's still worth it.

Okay. So I'm on to number three here. Someone says, "My baby almost died. The doctor saved the baby." And here's the really hard part of this response, and I just had this occur. So I guess what came to me when someone asked this in a class was this. I asked her if she knew for sure that that had saved her baby. So I think the story was kind of vague actually. "Oh, my baby went into distress in the hospital birth. And basically, they did a crash C-section." And they told her her baby never would have lived had they not done the crash C-section. Now, of course, in my mind, in your mind that raises all kinds of questions that you may or may not get the answers to. For example, many women think their cesarean was an emergency cesarean. And it wasn't. When someone takes half an hour to get their cesarean performed, it was not an emergency in most cases unless—I don't know. Unless something went wrong in the preparation. But really if it was a true emergency, I think, it's from the time they say that to the baby is out is 10 minutes. So if that wasn't the scenario then probably wasn't a crash C-section. But whatever, that's what she believes. And she's emotionally attached and invested to this idea.

So it's all about that. Did we save a baby? We'll never know. But I think that's a big question mark in any scenario. We don't really know. We don't have studies on each particular situation. We only have what we've been through, and we make our own conclusion. So some people are ready for that. Some people it's really not appropriate. I think the other thing that definitely comes up for me is just very close to my heart is that routine protocol and interventions may save one baby on paper. May. We don't even know when we look at things in a more metaphysical way. But it may save one baby. But is the harm of that routine protocol or intervention okay to put on every other baby? And that's what we're not thinking of any more culturally. We have this idea that everybody should be saved. There is no more quote on quote survival of the fittest. We think everything should be saved when, of course, that's totally impossible anyway. That is not possible ever no matter what the intervention or medicine is. It's not possible. But we are risking perhaps many, many people.

So Group B Strep comes to my mind because it's one of my passions. But antibiotics in labor routinely for any GBS positive mom, will it save a baby? Well, perhaps although antibiotics have been proven to not be effective, per se, with Group B Strep. But first, we would have to just think, I think, that it could save baby. Again, we don't really know. If that baby lives, is it really because of the antibiotics? There's a billion other factors there including spiritual factors, which I'll get to next. So we just can never say for sure. So I should never do studies, by the way, because I could never be that person that could say, "This is how it is. For sure, we know this." I just think we don't know anything really. But, again, even if that one baby with the antibiotics in labor was quote on quote saved, what about all the thousands of other babies that had to receive antibiotics in labor? What about all of the risks that that puts on them for their entire lives? Not to mention that there's got to be babies that actually die from the antibiotics, but we never, ever hear about those.

So, again, it's a very touchy subject when someone is talking about death and the possibility of death. But I think it's something that we all culturally need to be considering more. It's not just about us. It's about how we survive, how we flourish as a species. And this—what am I trying to say? This focus on the one, I don't think, is really the best thing because babies will die. People will die. There is no such thing as 100% ever. So the risk of, with the GBS, inflicting that on all of those babies all the time when it creates lifelong health issues just, to me, is something we really have to think about. But people aren't thinking about that. They think that their baby being saved, quote on quote saved, is reason enough to harm the masses. And I know people aren't thinking about it like that. They're not thinking, "Oh, this routine intervention that I'm choosing is absolutely ruining everybody else." But actually, it's the lack of that, I think, that's concerning.

So the question can lead to and has led to so then you mean that my baby should not have lived, right? If technology saved my baby and you're saying that that's not where our focus should be, then my baby shouldn't have lived. And I say, "Wow. That's really big, and I'm not God. And I'm not in charge of who lives and who doesn't. And neither are you actually or doctors or midwives." We are not in charge of those things. That is my belief system at least. You don't have to necessarily agree. But I think these are big questions and really they come back to the fear of death. That's what we're talking about. So there are big answers for big questions. And it's not my job to say your baby should have lived or should have died.

And really it's on to the fourth and final thing, which is something bigger than us is in charge of that. And if technology quote on quote saved a baby, then my belief is that baby chose to be here. Was it the technology? Well, we can say that as humans. But really that baby chose to be here because, as a friend reminded me this week—she said, "If babies are meant to come, they come even in very unfortunate circumstances.

And if babies are meant to go, they go even in the most ideal circumstances.” So for me, it really comes back to that. And that’s, again, maybe more personal belief system. But, again, it’s about something bigger than all of us. So yeah. That’s number four. In quotation marks of my friend, who wrote Arielle called *Home/Birth*. She’s a poet. And she spoke on our Wise Woman Call this week. She’s amazing. Has a couple home births herself. One of a stillborn baby. And in quotes, she says, “Sometimes babies die.” And it comes a couple times throughout her book kind of as a refrain. And that pops into my brain often, and I’m sure I said it here on this podcast.

So not trying to over focus on that. I think it’s definitely come up for me more in the last couple months because my baby died. But I think it’s just become clear to me that we don’t talk about that enough, and we don’t have to sit around talking about the fact that everything will die. But when people will get into this kind of scenario and question, that’s the ultimate truth, isn’t it? That sometimes babies die. And the spiritual perspective for me is that we don’t save anybody. It’s not possible. All we can do is be in our truth. Be in our truth. So to me, that means learning and identifying with the choices that feel like they’re in my truth, and I know that whatever happens as a result of that was meant to happen. That each soul has their path. And blame and guilt really gets us nowhere. So that can be the simplest way, but, of course, you probably have to know somebody fairly well to just kind of go to that number four. That that’s how it is.

So none of these responses are necessarily right for everybody. Again, you might want to pick and choose or use the one or the other, or maybe this is just something to reflect on for yourself. I think we all have things in our lives that we think should have turned out differently. There’s always an example. But I think it’s helpful to use these same perspectives about birth for life really and really investigate into what model we’re looking at—looking through really. Not at. What model of beliefs do we live our lives by? Because that alone can shape the response to such a question.

So, again, I hope you enjoyed listening to this. I hope it gave you some food for thought and ideas. Please go to [indiebirth.com](http://indiebirth.com) and check out our classes and podcasts and Wise Woman Circle. Something I’ve been wanting to ask of my devoted podcast listeners—and I’m so grateful that they are out there all over the world—is to leave a favorable review, preferably. Not an unfavorable review although there are few. On iTunes. That would be really cool. And not just for me to say, “Oh, wow. What a great podcaster I am.” But for other women to read the reviews and want to listen, and they are usually the women that identify with this kind of stuff and really feel community by having access to Indie Birth and all of you that are such great support. So [indiebirth.com](http://indiebirth.com), leave a review on iTunes, and have a great day.

(closing music)