(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth.* Hi, everyone. Maryn here with the topic of grand multips or grand multiparas today or women that have birthed a lot of babies. So going to dive in to some of the definitions and just have some fun talking about how these women might be different than women that only have a few and what it means in the mainstream world, what it means in the midwifery world. So personally relevant for me as many of you know. I never thought I would be a grand multipara having birthed more than five babies. Hoping to birth the eighth, healthy, live baby in the spring of this year. And so again, just a topic that personally does affect me, but I never necessarily thought it would. My grandma, however, who is still alive has had eight babies herself. And that was really the only one in my close family growing up that I heard of having had that many births and that many children. My mom only had my sister and I, and everybody in my immediate life especially as a child only had one or two. So my grandma was always super special in my mind and still is for having birthed that many.

And in her generation and maybe even her culture—they are Catholic in the Midwest. They grew up—my mom grew up knowing many families that had even more. They had 10, 11, 12, 13 children. So we'll talk more about maybe how that's changing or not today. But that's just some personal background as to why I think this is a fascinating topic. So let's talk first about the definition of what a grand multip or grand multipara is. So let me give the disclaimer first of using very obstetrical terminology by even saying that. Grand multipara. I mean I could just say women that have had a lot of babies. But a grand multip by obstetrical definition is a woman that has had five or more births of a baby that is viable. Some sources say four or more. The World Health Organization says six or more. So definitely some variation, but you get the idea. More than probably four births would be a grand multipara. Now a multip would be—a multipara would be somebody that's birthed more than one. So two or three. And then a primipara was a woman that has birthed one. And a nullipara would be a woman that hasn't birthed at all yet. It could mean she is pregnant, however. So sometimes this terminology can be confusing. I don't think I'm going to go tons more into depth about the obstetrical terminology except to say that when we're talking about parity, again, we're only talking about births and births that were viable.

So it can be sort of offensive—and I'm right there with you—for women that have had losses, miscarriages, late miscarriages, stillbirths, abortions that this terminology isn't describing that experience. There actually is other terminology that's pretty offensive in

its own right in the obstetrical world to define women such as myself, who have had pregnancies that didn't result in live children. But just to be clear, parity, and that's what we're talking about today, is simply the number of births. So, again, I understand. It's not going to make sense or feel great to everyone because there certainly are many women out there who have had way more pregnancies than they actually have births. But unfortunately, by the letter of the textbook, the term grand multipara only applies to a woman that, again, take your pick. Has had four, five, six, or more births that are viable. So that's the definition I'm going with today just to not get too confusing.

Another fun definition would be a great grand multip or some call a grand grand multip. And that would be a woman that has had more than ten live births or actually I think it's ten or more. Probably depends on the source. So the whole terminology came into play as far as I could find in the 30s by someone name Solomon, who I'm sure was a male obstetrician. And, again, the purpose in even applying this terminology to a woman was, and still is, so that doctors can accurately describe someone's obstetrical history. So, again, we're not supposed to think too hard about. We're not supposed to read our personal stories into it. If a doctor takes your history just at an office, then, again, these things would be described very succinctly. How many live births, how many losses, how many preterm births. But, again, today just talking about live births.

So what is so special about the grand multipara? And I'm not just saying this because I am one. I've certainly had the honor of working with many although not nearly as many as many midwives do especially if they work in certain communities. So the Amish is a great example of a community that has a lot of grand multips and probably grand grand multips to their credit because they do have so many children. So just in a general sense, some things that I've inferred from working with grand multiparas is that they're really fun and cool to work with because they've had so many experiences. So just because someone's had seven births doesn't mean, of course, that they were all the same or all home births or all easy or any of the above. Hearing these stories from women's mouths when they've had this many, I think is really fun and can tell you a lot about them and their life and just their expectations for their current pregnancy.

So, again, I think grand multiparas are amazing for that reason. I definitely think it's a unique sort of woman in this day and age. And I don't mean to sound terribly dated, but I think we'll agree that in times past, even in my grandmother's time, it was certainly more acceptable for her to follow her faith and have that many children and be home and not be working than it probably is today. At least in this country. So it takes a woman willing to go against a lot of status quo even if she is religious. We still live in a culture that is sort of surprised and sometimes horrified by women and all of their children. And I, of course, can speak about that. So I think you have to be willing to think outside of the box a little bit and know how to manage your family. And that's something I never would have known or thought about years ago when I was only

having my first or second. But it's something that has evolved. My lifestyle has changed. My whole life is different because we have many children and how that's structured and how that looks and how one even manages to get pregnant again is sometimes something some people ask because it does just call into question how do you do it. How do you take care of all these kids?

Grand multiparas usually know their bodies really well. And they're usually pretty confident in the process of birth. And I think that makes total sense. I think when you've had a lot of births chances are you may have had a traumatic experience. You may have had a C-section or even two. But in general, women that are having eight, nine babies haven't had nine C-sections. Most likely. So they have experienced birth in a variety of ways and, again, are pretty confident that no matter what their body can do it. Grand multiparas in my experience are pretty low key as far as from a midwifery perspective and helping walk with them through their pregnancies and births. They don't really require much, and we can talk more about that. And they don't usually over think the birth process or—it goes without saying, I guess. They just have experience. So it's so different than a first or second time birther, who may still have a lot of anxieties or try to over plan or over think. And I generally find that, at least with the grand multips I've worked with, that that's definitely not the case. That they're pretty easy going and laid back, and they're not over thinking things.

However, most grand multiparas are pretty humble as well in the realization that pregnancies are really different and births can be really different. And I think that's a really cool thing to hear come out of someone's mouth. And I've gotten it too. People think, "Oh, you're having your whatever seventh or eighth baby. And oh babies just fall out. Or you must—that must be so easy for you." And I personally don't feel that way. I can feel how each pregnancy has been different. And I have to remain open to the birth experience being different and not labeling it, "Oh, this is like baby number four's birth. Or this is like baby number three's birth." Being really open and saying, "This is baby number eighth's birth. It will be just like baby eight needs to be."

So as a midwife, I am privileged to walk with these woman. Again, I don't feel like I've worked with nearly as many as many midwives do. But enough to be grateful and enough to, again, feel honored I think walking with a woman that has had more babies than you even or even if she hasn't had more than you she's had a lot. She has so much to teach you. She has so many of her own experiences. And the things that come as important to her in pregnancy especially are just unique to her. They're not kind of the run of the mill things that you might routinely go through with anybody. So grand multiparas can teach everybody a ton about everything birth related. Pregnancy, birth, breastfeeding, mothering. They have a ton of knowledge. And so we may not feel, again, like there are tons of these sorts of women in our communities, and it could

be true that there aren't. But it's definitely not dying out. Many women are continuing to live their lives this way and to create their families this way.

So let me see what else I have. So I guess the clincher here and why this is sort of a discussion topic at all—I could just tell really fun stories for the rest of the time about grand multipara births. But really the whole reason I wanted to talk about this is because the Western model of birth tells us that being a multipara is really risky. And we're not healthy. And we have all kinds of risks and statistics applied. But I have not found that to be true. So we'll talk more about that. Again, I would say most midwives who specialize in normal, of course, and a more well rounded health and are focused on nutrition love these sorts of clients and labors for the most part. That it's a pretty easy job to support a multipara or a grand multipara.

So why, of course, would midwives see more? And, again, I don't know that anyone is doing studies on this. But just anecdotally, we know, like I said, that often midwives will take care of very large Amish communities and other religious sects as well, not just Amish. But perhaps even Orthodox Jews or Catholics, like I mentioned earlier, or just there's lots of Christians that are having large families. So I don't know that it matters so much in this case what the beliefs are. But there are many religious groups of people that typically seek midwifery care, again, because their families are bigger, because it seems like a lot of bigger families for whatever reason are not as invested in mainstream health. And that's kind of another topic. I think sometimes it just comes down to having to take care of a lot of people. I love natural health, and I always have. But now that I have a lot of children, I see how learning my way and continuing to learn is so valuable.

Even if I believed it, I couldn't afford to run to the doctor or the this or the that every time someone needed something minor. So it seems like bigger families seek out more alternative holistic care. Again, this is very general, of course. This isn't everybody. But bigger families, again, seem to operate or feel more comfortable outside of the mainstream system. Many of them are already homeschooling. So we could draw lots of reasons why they're seeking midwifery care over doctor care. So, again, in the mainstream world, if you were to Google and feel free grand multipara, you would see all kinds of studies and stuff come up about this topic. Now traditionally, again, grand multiparas are or were—probably still are—considered to be higher risk. And don't quote me on this. But I think in the rules and regulations here in Arizona—I think if a woman is a grand multip or maybe kind of in between a grand and a grand grand multip that a midwife, who is licensed, needs to get permission to care for her. I could be wrong, but I'm pretty sure that that's not crazy. That in many places where the rule is really conservative around midwifery care and it's government regulated that grand multiparas are seen as higher risk. It's just something that's out there. It's in the mainstream world. And people have taken it on.

And I remember as a student before I, myself, had had a lot of babies reading that in a textbook and being sort of—not scared. But just what does that mean? Specifically the risk of postpartum hemorrhage. If you're caring for a woman that's having her ninth baby, is that something you legitimately should be concerned about? So the reason behind the terror—and I actually did find that word in association with grand multipara on the Internet. I don't remember what medical source it was. But it's terrifying for some doctors because they do firmly believe that there is a risk of all sorts of horrible things. Dysfunctional uterus kind of being at the top of the list. Now, again, I feel like that's something I learned in my student days before it affected me, and I don't remember questioning it. It just made sort of sense, right? A woman whose uterus has been used that many times might—it might just not work, right? It might just be kind of lazy. And so I think there comes this mythical fear of a grand multipara having dysfunctional labor and/or postpartum hemorrhage. This myth of the dysfunctional uterus, which is interesting.

But these things get written down, right? In textbooks or whatever. Doctors talk about these things on their lunch breaks. And something like that becomes part of the mainstream culture that women that have had a lot of babies are at risk. So is there risk? I think it's interesting to talk about why there might be and what some of the studies have essentially focused on. So there may be risk. I would agree because the women are older. But that's really a huge conversation as well. I, like many midwives, have cared for many moms, who are into their forties and not necessarily grand multiparas but maybe even having their first or second babies. So we know, as midwives, that age doesn't mean much. What matters is health and how someone has taken care of themselves. But, again, I'm just talking from the mainstream perspective. You could understand how they might think a grand multipara is so much more risky just because of her age. What are you considered old now in obstetrical land? Honestly, I don't even know. It's probably way younger than I am. What is it 33 or 34? I don't even know where you're considered geriatric pregnant person. So yes. If you're going to think that older women are riskier, then I guess that's where you would feel a grand multipara would be riskier for one reason.

Another reason that I think, again, is just up for discussion is sometimes with a grand multips there aren't a lot of time between pregnancies. So, again, I think of my grandma, who was having babies as part of her faith of not using birth control, then it really wasn't something she was able to prevent. So women that aren't taking enough time to recover between pregnancies could, theoretically, be at risk health wise, right? Not even pregnancy wise. Maybe their iron is really low, and they don't have time to raise it in between. Or, again, their nutrition is really poor, or it was even average. But then nursing depleted it and they're pregnant again. So I think there are legitimate

reasons why we could be risky. But I don't think the studies have accurately focused in on those things.

So let's see what else. Again, with nutrition which I think we should definitely talk more about, there certainly are complications that we know, at least as midwives—doctors don't believe it. But there are complications that do come out of malnutrition, poor nutrition, just frankly not enough. And those kind of things would be placental abruption. And if a woman is having more pregnancies with less time in between and she's really not recovering, then it does make sense that things like that could potentially happen more often than not. So miscarriage is another thing that they say is more common among grand multips. And honestly, I don't know what to argue with that maybe just because I've been there. But I think it makes perfect common sense. Just the older someone gets the more pregnancies they have, there's lots of reasons why. But I don't think that's necessarily a risk or a bad thing either. That's just part of life.

So is the grand multip more risky? Again, there's tons of studies to look at out there. And many of them say no, not at all. And then a lot of them say yes. There's definitely risk, and these are what they are. But if you look at the studies more closely that are assessing the increased risk, you'll see that they're not really studying healthy populations. They're studying groups of women in low economical status. So in countries like India or Africa, and I'm definitely not saying that it's all created equal. So if you've had ten babies here in the U.S. and you're well fed and have great support, it's quite the different scenario than having ten babies in Africa where you're not getting enough food and you're not supported and maybe you're not healthy for a variety of other reasons. So we definitely can't compare apples to oranges. We have to just compare like things to like. And in a nutshell, if we're going to talk about just Western cultures and Western countries, there really isn't a risk, again, more than the nutritional factor and accounting for age and just average socioeconomic status.

So let's see what else. Yeah. I know many midwives or most would definitely agree with that statement. Midwives see lots of grand multiparas, and that's usually really exciting because it's usually a family you've served many times. And I found that just working on nutrition is really the best place to be. It certainly can't hurt and self care. So I do think those increased needs are real. And if I wasn't as passionate or, some would say, crazy about nutrition and pregnancy then maybe I'd be more on the side of the fence that said, "Oh, maybe it is more risky to have a lot of babies, and there is a risk of postpartum hemorrhage and all of these things." But I don't think that that applies when someone is eating and taking care of themselves to the level that they need. Now that's the hardest part, I think, is that every woman is different. So I think we're more likely to see the similarities between, let's say, woman A and woman B when they're in their second pregnancy.

For the most part, these women have had one baby. They still have reserves. They do need to care about nutrition. But it's just so totally different than, again, having your 7th, 8th, 9th, 10th, 11th baby. And I, personally, can attest to that. I don't even know on paper what the difference is between what I ate the first time and what I need to eat now. All I can say is that I have needed to drastically increase the amount of food in my subsequent pregnancies. Now, of course, you're always nursing. if you have a lot of children, you're probably pretty active, so those things come into play as well. But I mean just from my own standpoint of assessing myself and how do I feel. Am I getting enough? The amount of food that I need to keep a pregnancy healthy and functioning and to keep myself healthy and functioning seems crazy. And it is crazy compared to what I probably ate the first, second, or third time.

Now I'm note saying every grand multipara is like that or has that exact need. But as her midwife, it's being receptive to differences in needs between pregnancy. Maybe asking different questions or looking at food journals or asking about her activity level. We certainly do have lab values that in some cases can help. Is she anemic? or has she expanded her blood volume? And just different things that might come up in different pregnancies that would let us know that maybe she is not getting enough. So to me, that's the hugest thing. With each pregnancy, we have increased need. And, again, how that looks I think can be different for each person. But to act like that isn't true like the medical world does essentially I think is setting yourself up for problems.

It doesn't even make common sense to me—and I'm—although I'm sure there are women that are exceptions—that can have eight children and treat each pregnancy exactly the same and never feel like they needed more. I don't know. Maybe there are women. But I think it's safe to assume, as midwives, that they do and they will and just kind of keeping up with that as a main staple of our care. So Chinese medicine offers another relevant perspective, and I talk about Chinese medicine here and there just because it's not something I'm an expert in by any means. But I am interested and passionate about it. So the Chinese medicine perspective is that we have our chi, our energy that is our life force. And they believe in this tradition that with every pregnancy—and in this case, that would even include losses. With every pregnancy, with every birth every time we're nursing, this all basically sucks our life force out. And I think that makes sense too.

Doesn't it feel that way? That you're giving a lot of yourself when you're growing a baby and nursing a baby and how we feel after birth. So I personally resonate with that idea. That our chi does get lowered throughout these rites of passage that do challenge our body. And it doesn't just build itself back up. it's not just going to happen without some effort. So the effort that can be applied to build your chi in between pregnancies or even during pregnancy—of course, it's a huge topic. you can do acupuncture and Chinese herbs, and I would highly recommend that if you're someone that is depleted or

feeling like you're not quite back to where you were especially if you anticipate getting pregnant again. But then just food sources and lots of warm food and cooked food. And I hate to say for those that are vegan or don't agree. But in the Chinese medicine perspective, animal products are what build our chi for birth. So assuming someone is open to that, then there's all kinds of, obviously, food sources that we can use to build our chi.

So just offering that. This isn't just a current perspective. It isn't just common sense that oh, we should be depleted if we've had a lot of babies. That these are ancient beliefs. So something the Chinese tradition has honored for years and years and, of course, isn't the only tradition either of healing that talks about really building up a pregnant woman, really nourishing her, and also after the birth. And, of course, we're talking more now about how birth plays into birth plays into birth. But we can't neglect that there really has to be that thread, I think, that ties the health of the woman together. And without tying the health together through nutrition and whatever other means she would be open to, then I do think there's a possibility of increased risk for grand multipara or whatever even a multipara depending on her health because pregnancy is depleting. And I think we do have to pay attention to keep ourselves together and have as great self care as we can to have good outcomes. I think that makes perfect sense.

So the best use of our midwifery skill, I think, with a grand multipara is definitely in nutritional counseling and taking into account everything that I had already discussed. And being available just emotionally for whatever she needs. Having done it myself, having a lot of kids can be hard. And there's days that you just, like anybody with even one or two, wants to cry and give up. So sometimes the midwife is that friend that just sits and listens and knows that it can be hard to have a lot of children and be pregnant and to make sure that the woman is caring for herself and to give her ideas in that regard. Just time alone or meditations or whatever makes sense for that woman to still carve out a tiny bit of time alone because she's still pregnant. She still needs care. She still probably wants connection to the baby in her although she probably has way different time and space for that than she did the first or second time she was pregnant. But if she's just a normal, grand multipara, she wants all of those things too. And it's increasingly hard to balance. So to me, that's the best use of a midwife in those situations.

Postpartum can be helpful. Most grand multiparas have it down. But some have not learned along the way how to balance that postpartum time and how to make it special. And actually, I think the grand multiparous woman in sort of a typical scenario might actually be the one that has some of the hardest time in the postpartum period because she has seven, let's say. And all seven times she's just gotten right out of bed and gotten back to work and the wash and the cooking. And here you are maybe to enlighten her and give her some information about the sacred postpartum or whatever.

Setting up meal trains or relinquishing those house responsibilities for a few weeks. And that can be just really new. Despite her experience in birth, that could be an area that she just hasn't really focused on. And this time, if she's open to it, it will change her life. And it will make her postpartum and her breastfeeding and her relationship with her other children all so much easier.

So I think we never assume, right? That when we're working with someone they know this or they know that. I think it's great to offer whatever we have and even a woman like this who knows so much and has done so much. There's probably still topics that she doesn't know about and is interested in learning. So let's talk a little bit about labor, birth and labor, and that kind of thing for a grand multipara. Now, again, this is general information. No one is the same as someone else. But there are a couple characteristics that come up when we talk about grand multiparous labors, at least amongst midwives, that I think are just fun to talk about. And it's fun for us to see some of the variation as our bodies have birthed increasingly number of babies.

So labor. I think most would agree is definitely different than the first or second birth. To me, the first and second births kind of stand alone, or I guess I should say the first kind of stands alone. And then the second stands alone. And then the third can stand alone. But I feel like after that things change a little bit. And not for the better necessarily. Not for the worst. Just different. So when we talk more about a multiparous or grandmultiparous labor, this is knowledge that really people have always known, I think, as long as women have been having lots of babies. But we're just talking about it because it's not really talked about anymore. And for people that are choosing hospital birth, a lot of these moms surprisingly are at risk for induction because the labor pattern can be so wonky.

So a grand multipara is likely to go past her due date at least with a singleton. And she will probably have many sessions of maybe labor. And I have that in quotes. Maybe labor. So I've personally experienced that. And, again, we're not all the same, so maybe you won't. Or maybe you have already, and you've only had your second baby. Who knows? But many grandmultips will have contractions, let's say, every night for a week before they birth. And every night the contractions will feel real. And they'll go on for several hours. But they'll never get farther than that, obviously. The labor will quit. And the woman wakes up still pregnant. Again, that's considered pretty typical for someone that's had a lot of babies.

So the funny thing with a grand multipara labor is that it doesn't often follow the pattern we're used to talking about. So generally when we talk about labor patterns whether we're telling someone when to call or analyzing it, we tell them the contractions will get closer together, right? We tell them that. Five minutes apart is the magic amount of time. Well, not so much with a grand multipara. Her contractions may be 15 minutes

apart. And as long as they're getting stronger, she may very well birth a baby soon or within a couple of hours. So looking for the number of minutes apart is really not helpful. And I have to say I remember very distinctly with my fifth birth, my daughter Belgium, and I was a new midwife. I had just kind of started my own practice when she was born or before she was born. And her labor really bothered my mind because I was timing them. I wanted to be able to know what was going on or call someone or whatever it is but hadn't really considered that I was a grand multipara. And I remember this labor just being so weird. The contractions never got closer than—I don't remember. I want to say seven or eight minutes apart. And I remember thinking, "There is no way I can have a baby with contractions seven or eight minutes apart." Well, they did eventually get closer probably just minutes before she was born. But when I thought that, she probably was about two hours from being born. So definitely don't look to a grand multip for close contractions to mean that a baby is coming.

A really interesting fact—and this is mostly fact. Again, not everyone is the same. But high percentage, very, very high, of grand multiparous women will not have a baby that's engaged in their pelvis or even during labor. So if you don't know what that means, the baby does have to nestle down into the pelvis at some point before coming out. And for women that are having their first or second, that will happen during labor. So as the woman's body is opening, the baby is also coming down. Well, not so much with a grand multipara. She may be seven, eight, nine centimeters open with a baby that's still really high. So you're not going to know these things unless you're checking. But it's something you can definitely just feel on yourself if you're one of these women even from the outside. That your baby is not in your body but you feel your body opening or you're having strong contractions. So that's where someone in the more medical world might be labeled failure to progress because even by the rules and regs here in Arizona—this is crazy. But one of the rules is a baby must be engaged by six centimeters, I think it is.

So that's a reason for transport really. So think if you did that to a grand multip. That's normal for her actually. Babies are not engaged in women that have had babies before before the baby is ready to come out. I don't necessarily know why that is. But that's just the way it is. So, again, she might be fully open or nearly open, and the baby is still not into the pelvis and then will generally come down really fast. But, again, if you were analyzing this from a very textbook way of doing so, then you might think something is wrong. What's wrong with this woman? She's nine centimeters, and the baby is sky high in her body. What's going on?

So usually, the way it goes is these women push very little for that reason. By the time the baby is ready to come out, they're already open, and so the baby goes from up inside their body to being born very, very quickly. And I can attest to that as well. My fourth baby I remember thinking—I could feel it. It felt like a freight train barreling

through my body. It wasn't a gradual descent. It wasn't like, "Oh, he's molding, and he's coming down." It was, "Oh, no." He was up inside one contraction, and he was literally out the next. So that labor was my fourth. I guess, at that point, I wasn't technically a grand multip. But what I learned during that labor that has applied to my subsequent births is this. Someone that's had a lot of babies can basically seem like nothing is going on. And by nothing, I mean weak contractions, not very close together. She's still going about her business cooking, whatever she's doing. It can go from that to labor labor like a baby is coming out in the next hour or sooner in minutes.

And I remember the midwife that I was working with at the time saying that. She said, "Just remember. This is your fourth baby. And you'll go from nothing to something." And those words have always stuck with me. And it's been very easy to apply that to births I've been at especially of grand multips where it really is nothing then something. So midwives know this pattern. And we generally know to wait if the signs are there even if they seem mild. Talking with my mentor, Gail Hart, I thought she had very wise advice that I would share. Excuse me. Which is if you have a grand multip, she calls you in the morning. Maybe her waters have opened in which case you definitely better go especially if she lives far. But if she calls you that morning, and she says, "Something is different. I'm having contractions. They're only 15 minutes apart. It doesn't feel like anything really yet," that often we choose, as midwives, to go over. And that might sound crazy. You wouldn't do that for somebody that was having their first baby. You'd say, "Okay. That's great. Let's keep in touch," and that woman might not birth for 48 hours.

But with a grand multip, if she says that, Gail's advice was you go over. And you fold wash. You help her out. You just hang around all day, if that's okay with her. And sure enough. By afternoon, she'll have a baby, if not a tiny bit later. And I've definitely seen that to be true. Again, not in everyone's case but in most. So it changes the way we think of labor, the way we think of even supporting women. A recent grand multip was telling me about her last birth. I wasn't her midwife for that birth. But that was exactly her story. Her waters were leaking a little bit that morning. Her midwife came and basically spent the day. By early afternoon, she was having contractions that were real, and then the baby was born within an hour. So it's a tricky scenario if women want support because you really can't leave a grand multip in most cases to wait to call. If she waits to call and you're more than across the street, you probably won't make it. It's a very unique and curious, I think, birth process.

So a couple of anecdotal stories. My birth story of Ever, my daughter Ever Wild, is on Indie Birth somewhere. It's called *The Free Birth of Ever Wild*. And you can read it there. But the short story was my waters opened one night. And she wasn't born until 24 hours later. Now in that 24 hours, there wasn't that much going on. It was very frustrating. I cried. I whined. I cried. I called people. yes. I was having contractions.

But they were only 15 minutes apart. And I felt like, “What the heck is going on? My waters are open. This is my seventh baby. Where is this kid?” Well, that went on for nearly 24 hours. Literally, an hour before she was born, I was still doing stuff. I was feeding dogs and ridiculous things like that. Ten minutes before she was born it was definitely getting harder. And I texted Margo to come hang out with me. But I actually had the ability to text ten minutes before she was born. It still wasn’t labor as we know it. And then she was born. Literally ten minutes after I texted Margo. And it happened in that ten minutes. It was nothing. And then it was something. So it can look lots of different ways.

So my friend, Justine, she was willing to share. With her sixth baby, she said she had 24 hours of surges. Kind of like Ever’s I guess. But they were so uncoordinated, and she said they were 30 minutes apart, 16 minutes apart, 47 minutes apart, 3 minutes, 7 minutes, 22 minutes, 2 minutes, 6 minutes. It was all over and made absolutely no sense. She said the only consistency was their duration. Long and strong. 90 seconds. So yeah. That’s a pretty good contraction. But right. The time apart would mislead anybody that wasn’t aware of Justine being a grand multipara. So she said she had no clue what was happening. This went on for 24 hours. And then she literally went from two centimeters at 11:36 p.m. to crowning at 11:50 p.m. with just two surges. And the last one was completely painless. So I think that’s the picture perfect example of a grand multipara situation. Totally erratic labor but yet strong. And then when it’s time, nothing to something. Baby all the way up inside to baby out in minutes. It’s amazing, isn’t it? What our bodies can do.

So on the opposite side of the spectrum, we can’t label every labor to be this way. Just because someone is a grand multipara. Some labors for grand multiparas can randomly be weird or maybe long or something else is really different. And that’s just part of life. So my friend, Julie, with her 11th baby, we were talking about it again just before this. About 23 hours she would say for her labor. And all of her babies before were nowhere near as long. Her average, if I remember correctly, was more like four hour labor. So coming from far away, we weren’t even sure that Margo and I would make it with a four-hour labor by the time she knew. But in this case, we did make it because the labor was quite long. And we were there and happy to support her because this was different.

And the best explanation that any of us were able to come up with is that her baby wasn’t quite sure which way she wanted to come out and maybe turned from breech to vertex to breech to vertex or who knows what. Did come out head first. But when you look at the research, which again I think is very debatable, something like a malpresentation might be more likely. And in this case, I wouldn’t even say that’s a malpresentation. That’s just a uterus that has room for baby to move around in. So,

again, not a bad thing. But just goes to show you you never know what you're going to get.

So back to the tired uterus, I think we need to end on a positive note here. I don't know where that came from. And I was talking, again, to Gail Hart about it. It's just something that's in the books. Again, maybe it's because your average woman receiving medical care wasn't as well nourished. And by the time, she had her 10th or 11th she really was perhaps in ill or poor health. Maybe that's where this myth came from that the uterus is too tired to do much of anything. But based on the wisdom that midwives have and hold and even these anecdotal stories, I think we can see that that's not true at all. Definitely midwives that I talk to say that postpartum hemorrhage isn't something they see more often especially when the mom is well nourished. And that they don't think of it at all as a uterus that is lazy or tired. That actually the uterus is so efficient. And I think the couple birth stories—even the long labor one goes to show you how an experienced uterus can do. And, again, that can look a bunch of different ways whether it's a really short active phase or even a labor that's longer. These are uteri. That's such a funny word. Uteri that know what they're doing.

So I think that's a great way to think of it. And I think the stories really do support that. And talking to women that have had this many babies, again, I think you'll see and you'll hear that for most of them it continues to be a great experience because if it wasn't, truthfully, maybe they would stop having babies. Or if their health was so poor, then perhaps pregnancy wouldn't continue to be an option. But most of these women that we know at least here, again, in our culture are pretty healthy and can just maybe use a few suggestions. And mainly support to hold onto that title of grand multipara. And then who knows? Perhaps move on to the grand grand multipara.

So that's it for today. Hey, iTunes is not updating podcasts for those of you that have asked. It does when it wants to, but that's not always. If you ever want to see the entire list of podcasts that I've done whether it's to share with someone or just to maybe hear ones you haven't heard, be sure to go to indiebirth.com/podcastarchives. There you can see the nearly 90 podcasts that have been made from start to finish. Again, if you rely on iTunes, you'll get a handful. And if you're a faithful listener, you might miss some. So do that to check out the full list of podcasts. Have a great day.

(closing music)