

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi, Maryn here. And today I want to talk about birth bags and everything that's in them and why or why not. So yesterday, which was—let's see June 24, 2017—I did do a Facebook Live event on what was in my birth bag. If you'd like to find that live video, just go to the Facebook page of our Indie Birth Association, and I'm pretty sure the video will be under the video link. So you can check that out. I informally went through my bag just kind of for fun because I got a new bag. And it left me feeling like I wanted to talk more about why we carry stuff around, and I'm intending this to be for anyone really that's interested in midwifery or wanting to become a midwife and even just women who are birthing as far as some ideas to consider when we look at tools and technology and the kinds of things we think we need.

So as I said, I went through my birth suitcase, which is a, to me, a small suitcase. I said on the video I don't really know if that's a lot of stuff or not a lot of stuff compared to what other midwives carry. I suspect it's probably on the not as much stuff part of the spectrum. But I could be wrong. So I went through all of these things, all of these tools and pieces of equipment and all that kind of stuff. And like I said, I packed it back up, and I finished the Facebook Live. And I just kept thinking about the topic like why do we have stuff to carry to births. Do I really need it all? Everything in there. Do I feel like is really, really useful? And then on the other side, is there anything I'm forgetting? Do I feel like there is anything I don't have that I really need? Or if I look around at what other people have or even in birth catalogues are there other items? So mostly I'm not too concerned about forgetting stuff that I really think I need because I think I would have remembered it by now. I'm more focused on just this fascination with stuff and, again, why we think we need it, why we think birth needs it, and what we would do without it. What would we do if we forgot our bags somewhere? Or we rushed to a birth from another one, and we have to leave stuff with the birth that was happening? Or who knows why, but could we manage?

And as the pregnant woman too, how would you feel about that? What do you think you need from your midwife? What do you think she needs to have to help support you? I think they're really interesting topics. So just personally, I am not really somebody that likes to feel dependent. And that probably goes for feeling dependent on people. But definitely on stuff. So, again, I guess it's just you're living in your own little bubble too. I don't feel like I have a lot of stuff. Maybe I do just in general, in life. Certainly with eight kids, I don't think we have a lot of stuff. We don't even have a basement. We don't

have a basement in this house. We don't have a garage. We don't have a shed. So literally, there is not many places to store stuff. And that's fine with me. I'm somebody that doesn't like it, and I would happily get rid of it in my free time. In fact, I did that today. I cleaned out the laundry room. I love getting rid of stuff. I just don't like feeling cluttered.

So my birth bag and birth supplies aren't really an exception. I don't like feeling for whatever reason that I'm dependent on all of these things. And I think it comes back to what I've already said. What if some of them were forgotten? Or what would I do? Would I honestly not be able to be a midwife or attend a birth or take care of an emergency without this imaginary stuff I forgot? I don't like the thought of that. So you may be different, but that's part of my process in assessing this bag. So of course, most of us know or know deeply that midwives weren't medical. Were not medical before pretty recent times. So having this discussion, I don't know how many years ago—maybe even 50 to 100 years ago—wouldn't really have been that novel I don't think because midwives weren't carrying around pharmaceuticals. And they weren't using technology in a really big way because they didn't have access to it.

And I'm not beating up technology actually. I want to say very clearly—and I think I've said this many times before on podcasts that I don't think technology in and of itself is bad. So not having access to ultrasound, for example, I'm sure has really been a problem in the past for some midwives in some situations or some women working with midwives in some situations. So it's not really the technology. I'm just kind of stating fact that once upon a time midwives weren't medical, and they wouldn't really have known any differently. So we're in a unique time I think now where midwifery has definitely become medicalized probably to such a high degree that that's largely all that is existing out in the world. And, of course, that's something we're really trying to change here at Indie Birth.

But, anyway, for better or for worse, that's the way it is. And so I think that is a valid part of this discussion. Many people listening even—maybe you're in school to be a CNM or maybe you've hired a CNM and so there's different kinds of midwives that have different access to all kinds of things which makes it more probable, I think that they might overuse these things or not be able to function or focus without them. So that said, I will acknowledge, of course, that I'm human as far as I know. And you're human. And sometimes we just can't see what we need to see and we can't know what we need to know without technology or tools. So there's that. Again, I think there's a balance between using these things, and I've been talking about this kind of concept of really listening to ourselves and turning inward for information since the very first podcast I did several years ago. So yeah. That is the focus.

So personally, I was just kind of reflecting on my last few pregnancies and births. And I really have used very little in the way of testing, technology, or tools. And I'm not saying that to imply that that's a superior idea. It's really not. It's just what I felt was right for me with my own babies. But I think there is something to it as far as that being an option, which is really almost unheard of nowadays. Maybe if you're listening to this, you're one of the rare women who have intentionally chosen not to use as much of those routine tools as most women. And we'll talk more about why that would be a good thing. But I'm just saying that to be honest, so I'm personally not been dependent on those things and have found other ways to assess which is essentially what any of the tools are trying to do, right? Even at a birth. Most of them. Well, some of them are trying to fix or remedy a situation, but many of them are there to assess the situation or to help it along.

And I just know from my own experience that I know I have those tools for the most part. And with the exception of emergency measures, that I have what I need within myself. So that's been a cool evolution. Those of you that know more about my birth history know that it hasn't always been that way for me either. My first pregnancy and birth were highly medicalized hospital experience. And then my journey throughout the rest of my children even though they've been home births have been different experiences. So I certainly did have ultrasounds in the first few. Not for any reason just because I was still kind of coming out of that routine paradigm. So I'm no stranger to the kind of things that do go on routinely. But like I said, I've just chosen in the last few births and pregnancies for myself that I didn't really need very much of that at all.

So on the midwifery side, we have tools, right? I think that goes without saying. So it's not a crazy idea or really that out of the box really to talk about not having stuff. Not having any kind of assessment tool or birth supply. We have mostly what we need because we're trained differently, and we have a mostly different philosophical and maybe even spiritual beliefs than medicalized birth people. So as midwives, we do have brains. Yay. We do. Most midwives are super smart and eager to learn more and always learning. And we have our hands. And those of you that know Elizabeth Davis's book, *Heart and Hands*—she is a midwife in California I believe—she's an elder at this point in time. But her book, *Heart and Hands*, is kind of one of the staples of at least a beginning midwifery library. To be honest, it's not one of my most favorite books. But I did read it a couple of times. And many people do. It's a very popular book.

But I think the title of the book is what I'm focusing in on, and I think that's an awesome title really to talk about what a midwife's work really is. So hands and heart. And that really says it all to me because along with our brains, which of course is not the title of the book. It's not brains and hearts and hands. Ha, ha. But with those three things together, I do think we have mostly everything we need except for a rare situation. And

I'm sure you can elaborate on that yourself. So using our hands to feel and our brains—when I say brain, I really don't mean just our thinking capacity. I really mean our ability to sense on all levels even though that's really not just a brain. That's kind of a combination of our hearts and our souls and everything else. So already just as women, honestly, I don't think you have to be a midwife at all. I think women in general have probably better access to using their heart and hands together and in conjunction with each other. And I think that is mostly what midwifery is about.

So that is my definition at least. That true midwifery would be knowing how and why and when to use what we've been given along with technology and tools when we need them. So that probably won't surprise anybody that is a regular listener of these podcasts. But I've never been a proponent—well, maybe at one point in my life when I was a little bit more of an idealist. But I've never been a proponent of not using technology when it's warranted. I've never been into thinking that holistic, so to speak, care is everything that anybody could ever want or need because sometimes it's not. So that is my definition of at least current midwifery as I would like to see it is we kind of use all of these things as we know we can, and we know the advantages and the risks of all of it.

So besides what we have, right? As the midwife. These women, you, me, we all, as women, have those things as well. And when we're pregnant, we have extra information. So this sounds really obvious, but I'm just really trying to emphasize the point that we have what we need. I guess I could just call this podcast that. But if we're pregnant, we have our own bodies obviously. We have our connection with our own physiology on every level, if that's possible. So physically what's going on, mentally, emotionally, we have all of that to draw from. We have a baby. A whole separate being that's inside of us that we can connect with, and we even have another organ, which is the placenta. So between all of these things, as a pregnant woman, I think you are pretty well set up, again, in just a normal, healthy, typical situation to have the tools you need to make the choices that you'd like to make. And when I was thinking about this, I even thought something like postpartum hemorrhage after birth assuming the placenta is out or even if it's not then there's a cord at least that we can use those as tools to solve a potential hemorrhage.

So it's not that we're not using anything, it's just maybe we could think more intentionally about using what we've been given. So I thought that was a cool example. I've been thinking a lot about resuscitation just because I've been kind of studying up—my brain on that reviewing things. And the mama. She is the perfect person to give her baby breaths, if needed. So, again, if there isn't anything rare or weird that comes up, most things we have what we need.

So I talked about this a little bit, but midwives have always done this. Again, it's nothing new. Midwives have always used their hands, used their hearts, relied on the mom for her intuitive sense, relied on her own intuitive sense. And I'm sure in the past have had things in their bag. They just haven't been things like Pitocin. They have been probably plants and herbs and maybe even food or whatever. Whatever they were able to draw knowledge from. So most midwives are not operating in this way, as I said, but some still do. And kind of the opposite of what I said earlier, most don't have an ultrasound machine, for example, especially that they bring to births. In fact, I can't think of a midwife that has that ability or resources. So midwives that are out there attending twin births, for example, or whatever kind of birth where they might want to see something like what position the baby is in, they don't have—we—they don't have that luxury or that tool.

Some can't or won't carry drugs, like I said, for hemorrhage. And then, of course, let's not forget that we're talking about midwives here in the U.S. or in a developed country that midwives all over the world that do not have these resources and advantages, if we want to call them that, wouldn't bat an eyelash at this topic as being a topic. They don't have those things. They don't have access to them. And they're not trying to be cool by not using tools. Not that that's what we're trying to do. But you get what I'm saying. They're not intentionally trying to not use technology. They just frankly don't have access to it. And as I said before, that's not always the best thing. There definitely are situations and cases and actual people that will benefit from that. So I'm not trying to sound ultra obnoxious and privileged by leaving that part out. That we are, if you are in the U.S. or a developed country practicing midwifery or a pregnant woman living here, you can find caregivers that have all of these things. So just saying that it's not that way everywhere, and that's a key difference.

So let's talk more about why we might not use what's in our bag or even prenatally and how can we do that without feeling like we're endangering someone as funny as that might sound or not. How can we do that? And why would we? Well, let's talk about the why first. So why would we even think about this topic? Like I said a couple minutes ago, is it just to be cool? is it just so we can say that we don't need much to be a midwife? No. I don't think so. As I said earlier, I don't like the feeling of being dependent, and I would like to feel confident. And I would like more women to feel confident about what they do have whether they're the pregnant mom or the midwife. Let's build up our sense of confidence with what we were given and what we know. So that's one reason why we would do this.

Some other reasons are that—and these are not things that are going to be a surprise but anyway. Technology can pose risks seen and unseen. That's a valid point. That women are coming to midwifery care, hopefully, because they want to avoid unnecessary interventions, and that is a main risk of technology when used routinely is

that it can often point women in all kinds of directions that they don't actually need to go. Another reason why it would be great to cut down our reliance on these things is that the same goes for testing. So something as benign as—let's see—someone wanting to find out the sex of their baby and doing the blood test that also is a genetic test, there are lots of risks involved in that decision if someone isn't clear on what they want and what the results can potentially be. You could also argue, I suppose, that there are benefits in those sorts of tests. So it's really going to be an individual choice, but you can see that routine use of testing technology can really change things up for a person and make things more complicated.

Another reason to not be reliant on all of these things is because it really can take the woman outside of herself. And that, of course, is a key message that, like I said, I've been talking about for a hundred episodes. Another reason is that we may value the technology or tools more than our other ways of knowing. So that's kind of building on one of the other reasons. But it's not just using the technology but relying on it, kind of putting it on a pedestal above everything else as the solution, so that we don't look at the whole picture. We might actually miss what's going on. We might misdiagnose. We might make some other kind of choice or decision that comes out of having used this technology that is false. It's false assurance. And really I think that's one of the hugest dangers of relying on information that comes from something that isn't human.

Another reason we'd want to strengthen this awareness of what we do have is because, as a culture I think—and I think the world reflects that we need to strengthen this feminine way of knowing and, at the very least, balance it with the masculine, which is the testing and the numbers and the technology. So as I've said, I'm not saying that we should get rid of those things. It is in the balance of the masculine and the feminine. It is in the balance of our intuition versus the other information we have. And whether we like it or not, the testing and the technology and the birth supplies, they're not going to probably go away any time soon. And then finally, I think whether we're the midwives or the women by relying less on these things—and that's key. Relying less. It doesn't mean we have to throw out our birth bags. But by relying less on them, we open ourselves to new information. We use different senses and ways of knowing.

So even in my couple minutes of reflecting on my birth bag sharing, I felt like there were some new directions I wanted to go in. This podcast being one and some other things that I've been thinking. But it wouldn't have maybe come up in the same way if I hadn't intentionally thought that exact thing. How can I rely less on this bag of stuff? Do I really need? And all of those things I've brought up already. So I think those are some pretty valid points and interesting things to consider on your own as far as these things go.

So, of course, we are the oddballs in many ways in the world. And most people would be shocked that we would even consider, right? I mean maybe not intentionally, right? Going to a birth without your bag. But intentionally considering this conversation as valuable or not or what can we do to strengthen our own knowing because most people do think that tools and equipment and technology are 100%, if not 500% necessary, and they have value. And really our whole birth system whether we like it or not is built on routine care, as I've talked about, and even women that are seeing midwives—maybe even some women that I work with or that you work with—they expect certain things because that's what they've been taught. And it's just a learning curve and a growing to consider not being reliant on what you've learned.

So something as simple as a urine stick in a prenatal. We know that those aren't really research based, but it might be something that you still do routinely or at least offer. I do offer it. I don't do it routinely or insist on it or care one way or the other most of the time. But women expect certain things. So that's not a flaw in that woman or, I think, women in general. It's just what we've been taught, and that does play into how midwives care for women. We want to please these women we work with or—I mean I don't think I'm alone in saying that. I don't want to offend people. I like to, of course, share my philosophy with them. And most of the time, the people that come are of the same philosophy. But if someone is still learning and growing that path, it's not made to make them feel ridiculous, right? For wanting to, let's say, to pee on a urine stick. It's expected. So we work with this relationships in a way to teach women and to meet them where they're at sometimes and to not make a big deal possibly when there isn't one.

Another thought that came to my mind is along those same ideas of expectations. How would it be if you showed up at a birth with nothing or a prenatal appointment with nothing? And on the flip side, if you were the woman, what would you think? Would you feel weird? Would you say to yourself, "What am I paying this midwife for? She comes over and she doesn't do anything. She doesn't have anything"? That would be very strange for most women. So I think, again, culturally we have a ways to go because that's certainly not how I operate either. My birth bag was on video for all the world to see, so I'm certainly not showing up with nothing even though I'm working on understanding why I have these things and questioning them. I'm still showing up with it because there is a certain amount of expectation when, of course, the reality that you don't want to not have what you need even in some moments you think you don't need the stuff. But then what if you did, right? So there's all kinds of conflicting thoughts I think that go on. But, again, it's mostly due to our training.

I think too people are used to being assessed male or female, pregnant or not. When they see someone that is caring for them, they are, again, through this training we've received our whole lives used to being told by that other person how things are. So you

think of something even like routine blood pressure. I don't do that routinely, but I do offer it. And a lot of the time women will take me up on it. I don't think because they really want to know their blood pressure. But they want to get that assessment, and they want me to probably run it through my filter and say, "Oh, that's great. Or oh that's not great." So there's no throwing out the blood pressure cuff any time soon when people want that, and there is no other way that they think you can have that information.

Hmm. I don't know how many midwives or other people that are attending births really are thinking about these things. I do think in midwifery training it's pretty strongly ingrained in all of us to have this stuff and to have the tools and to order the supplies. And I do think that a lot of that is about midwives feeling legitimate too. I mentioned yesterday on the Facebook Live that I don't love going through the birth sites, the birth supply websites. I used to be a musician back in the day before I got into birth. And I loved doing that. I loved ordering—I was an oboe player, and I made oboe reeds. And I loved ordering new supplies and new knives, and it was so fun. And I got to pick all these colors of thread I wanted. And I would always anxiously await the mail coming. But I do not feel that way about birth supplies. It doesn't mean I don't love birth. I just don't enjoy that part. But I think that is a real part of midwifery these days.

And we're participating in that as well. So we have a skills workshop, and we have lots of supplies and things we think we need. And I don't think we've had this discussion at our skills workshop, but I think it'll be something I want to insert even if it's just maybe a 40-minute discussion with students coming, learning skills, using stuff, having a birth bag to talk about this. So why, when, and what would we do without? I think that's partly the way midwifery can change for the better. I think it is a valid thought—and I wanted to bring this up for the sake of midwives and women—that we do have this reliance on tools and technology sometimes even when we think we don't which, again, is part of what I was discovering because we want to feel like we know everything is okay. And I don't know. That should probably be another podcast.

But I feel like that comes up a lot in pregnancy. It's come up in my own pregnancy, right? So mostly, I was connected. Mostly, I could answer what was going on or not. Was my baby fine or not? But every now and then, like anybody else, I would have a moment of how do I know everything is okay? And I would have to regroup myself and refocus in a way that maybe some of you listening do but not in a typical way. So not looking to tests or technology to give me that answer but to do what I think is harder work and just go inside and be really uncomfortable or really upset for possibly no reason and get that question answer. Is everything okay?

And I think some women are there with being able to ask and answer that question for themselves. But there certainly are many women that aren't there. And, again, that's

not a judgment. I think it's just a result of this culture, this fear. So together as midwives walking with women, sometimes we have to take those baby steps. And we can't answer that for her, so that's key honestly. Just because we're the holders of some technology—like even a Doppler. So we can listen to a heartbeat really early. But that doesn't really answer her question. Is everything okay, right? That means that technology can hear a heartbeat. That's all that means. And I think being really honest—and I try on these podcasts and in real life—to be really honest with—about those things with people. have uncomfortable discussions. Then she is closer to answering that is everything okay question for herself. Because as long as we continue to act like technology has an answer to that, then people have no reason to think they should turn inward. Of course, it's a really superficial thought, but people don't know that it's superficial in the sense of not being very complete. They think that if the ultrasound shows their baby being quote on quote perfect that there is absolutely no chance of an issue. And there is absolutely no chance that everything would be not okay.

So technology really—total rabbit hole here. Just is a double-edge sword. And I think until we're honest about that and shine light on it people will continue to be dependent on all of these kind of things. Hmm, hmm, hmm. So let's see. My notes are a little repetitive here. Oh, something I did want to say, of course, is that all of this kind of thinking, which to me is really fun, is certainly a journey, and there is so many levels. So I am not acting or thinking that I am at the level of completeness. Like I said, I have a birth bag full of stuff that I think I need. So each of us are on our own journey at a different point perhaps where we're ready to give up certain things. We're not ready to give up other things. We still no matter where we are or who we are—we have fears that come up. We have what ifs. And so I think that's just part of this human experience. If we were done doing all those things, then my belief is we probably wouldn't be here struggling to be human anymore and figuring them out.

Just reinforcing that. That I certainly don't have it figured out, but I like to think about how I could go to the next level. Another thing to mention, and I probably mention this on every podcast, is that most midwives are medicalized. And they are following rules and regulations that require them to carry stuff, which is crazy if you think about it, but not if you realize just how prevalent it is. So not only do the rules and regulations require this test or that test or an ultrasound, Arizona midwives are required by state law to have an ultrasound report for every single person. I don't think I'm wrong on that. But at least first time moms. So they are required to utilize technology. But then as far as stuff, they are as well. So if you're required to listen to a heart rate or you're required to do a vaginal exam or you're required to give vitamin K, you're required to carry stuff.

So many of these things, of course, are now creating more harm than good. And that's really something we have to consider. So what do we do if we don't have stuff? I think,

again, it's just depending where you are on your journey and really if we're talking prenatally or in birth. But prenatally, of course, there's tons of ways and tons of podcasts and all kinds of things like diet and waking and signs of well being. And things like that. Something I've thought of when it comes to birth there can be things in our bag. I mentioned yesterday I don't do IVs. I don't carry IV equipment. I don't believe in that honestly. And so if somebody needed fluids, then something like rectal fluids is a great thing to know. So, again, it's not about doing nothing. it's not about having nothing. It's just having maybe some different stuff than you possibly thought.

Technology brings up another problem or even carrying around birth supplies. Hopefully, it's right or correct or in proper working order or not expired or those kind of things. Pitocin, for example, expires as do all pharmaceuticals and has to be kept refrigerated. So if those two requirements aren't met and you figure that out when you're at a birth and you don't have any other ways of dealing with a hemorrhage, then you're kind of stuck. So it definitely pays in a lot of ways to know your options and not to be dependent on anything whether you're legally permitted to carry things or not.

Another example I thought of and this kind of goes back to the prenatal period is assessing urine. What if we forget our urine sticks? What if they're like mine and they're so expired that who knows what they're going to read? There certainly are other ways to assess what's going on with someone as far as their urine goes. And that comes back to something I mentioned earlier which is using all of our sense. So we use our eyes to assess the urine sample. We use our nose. And we get more detail that way.

So I guess the question to leave you with is could you have a pregnancy and birth without any technology, testing, or tools? And if you're a midwife, could you work with someone like that if that is what they wanted? Now I do think that's pretty rare although I think—and I see women coming kind of in various stages. But it's a journey on both parts. Like I said, I don't have it all worked out. And if someone comes to me and they want this or that and they are truly informed, I do believe that's her choice. And anything should be on the table. It also can be a challenge for midwives for all the reasons that we've mentioned but also because we have to trust that women know. And I do in the big picture trust that women know. But I have to trust each individual woman to know herself and what's best for her. So if I don't feel that way, then well, I probably shouldn't be working with her. But as far as testing goes, then I might agree. Something like this test or that test would give helpful information.

So I love being challenged by these questions. I hope you do too. I love that there are women out there doing these things and taking charge of their pregnancies and births without all this stuff and learning and sharing what they learn with us as the birth keepers can really put us all in our rightful places and ask us to serve women in a way

that asks us to question our fears and what we're doing and what we're not doing all for the higher good I think of witnessing all women and all people really finding their inner strength, their inner power, without and over use on outside information.

So hope you've enjoyed this podcast. Have a great day and thanks for listening.

(closing music)