

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi, Maryn today with another really awesome guest. I have Rixa Freezer here today. And really excited to speak with Rixa about all she's doing in the birth world as well as her own personal birth experience. I've been following Rixa's blog for many years. So I'm super honored to have her here. Formally, Dr. Rixa Freeze. Doctor. You're a doctor.

RIXA: Yay.

MARYN: Is a researcher, professor, and mother of four young children. Her interests include midwifery, home birth, unassisted birth, autonomy and informed consent, and breech birth. So welcome, Rixa. Thanks so much for being here today.

RIXA: Oh, you're so welcome. It's my pleasure.

MARYN: Yeah. Well, we have so much to talk about. But let's start with what you're up to now. Maybe you can kind of give us the lay of the land, and we'll go backwards.

RIXA: Okay. So right now I'm heavily involved in breech birth.

MARYN: Yeah.

RIXA: Pretty much everything and anything involving breech I'm in there somewhere.

MARYN: Yeah. And where did that interest come from?

RIXA: So it started with reading a book about ten years ago. If you know Jennifer Block's book, *Pushed*.

MARYN: Yep.

RIXA: I read it, and there was this one part in it about when she went to the first International Breech Conference in Vancouver, BC in the year 2006 or 2007, I believe. And she described this conference where for—probably for the first time for many of these people these international breech experts got together and started sharing and learning from each other in person about breech birth and specifically about more upright physiological breech birth. And she wrote about the conference and described this really great collaboration going on and wrote about the attendees watching an unassisted home breech twin video. And I was so intrigued. I got the video soon after

and watched it. At the time, I was involved in doing my dissertation research, which was about unassisted birth in North America. And so I was really drawn towards a lot of these stories. And so I was so fascinated by this idea of more upright, physiological breech birth so that when the second International Breech Conference came around in Ottawa, Ontario in 2012, I said, “Okay. I need to find a way to get myself there.” So I need to do some research so I can present something. I could have attended, but I also wanted to get some institutional funding and help pay for my airfare if I had some research to present. Actually, no. At that point, I was self funded. Just kidding. I wasn’t working for Wabash College yet.

So anyway, but I thought, “Okay. I want to get myself there. And the best way to get myself there is to have something to present.” So I collaborated with Julie (inaudible), who was a PhD student at the time. I had just—let’s see. I had just graduated the year before. Finished my PhD. So we did a series of surveys of women who had either had a breech baby during pregnancy at some point and/or a breech birth. We had something like 900 responses. They were long, open-ended surveys. Some with multiple choice. Some with open-ended essay answered questions. And we looked at women’s experience of having a breech baby and/or a breech birth. So that got me to the conference. And of course, that was amazing to meet Dr. Louwen. He presented his preliminary results of his research doing upright breech births in his clinic in Frankfurt.

MARYN: Right.

RIXA: And there is a ton of interest around that. There was Dr. Gimovski, who analyzed the term breech trial and critiqued a lot of its findings. We had just an amazing group of people. So I did that. I went to the next breech conference a couple years later. Let me think of the years. Actually, I think the first one might have been the 2009. And then the third—yeah. 2009. That was the second international one in Ottawa. And then the third one was in 2012, I believe, in Washington D. C. And so I started writing up summaries of these conference presentations because otherwise they’re very ephemeral. They’re given to the group, and then you might have to keep them in your memory but otherwise they’re gone.

MARYN: Right.

RIXA: And so I said, “I’ve got to capture this information because otherwise it’s not going to exist except in memory. And it won’t be written down anymore.” So I started writing down conference summaries. And they got more detailed and more elaborate with each conference I went to. So you’d see me typing like a madwoman in the audience presentation and recording it as I went, so I could verify my summaries. And

then I'd usually double check with the presenters afterwards to make sure my summaries were accurate. And then I'd publish them on—put them on my blog.

MARYN: Yeah. That is such a gift. And I want to say thank you for that because that's something that I've certainly used as a resource personally and even with our students. It's just such amazing information. I feel like saying thanks, Rixa. I couldn't be at that conference, but your notes are excellent.

RIXA: Oh thank you.

MARYN: That's doing such a service. Why is it so hard to find this stuff out there on the Internet? You have to be present a lot of the time at these things. So thank you. That has been a really invaluable service to so many already.

RIXA: Oh, that's good to hear because sometimes I put these things out in the ether. And then you wonder how much they're actually getting read. But I have a lot of training as a historian as part of my graduate program. I did, among other disciplines, quite a bit of history, history of medicine in particular. And there is a real value in preserving this knowledge that otherwise will disappear.

MARYN: Yes.

RIXA: As much as it's really exhausting to go to these conferences and have to take notes every single minute and not just be able to sit and enjoy, it's worth it for me because it's so valuable to have that information for myself and for other people. So I did the same thing in Amsterdam in 2016 and this year in Sheffield in 2017. And in the future, I hope to keep doing this as much as I can travel and find funding to go to places so that I can capture this amazing breech knowledge that's happening. So that got me started in breech. And I was kind of interested in going to these conferences but wasn't really doing anything until about last year when I had a little more time when I was living in France. All four of my kids were in school. And I started dedicating myself to going through every single reference on breech that exists on PubMed since the beginning of PubMed, which is the mid-1800s give or take.

MARYN: Wow.

RIXA: In preparation for doing a lot of other projects. So I also organize a breech training workshop in 2011 in Indianapolis. We brought in Betty-Anne Daviss from Ottawa and Dr. Peter O'Neill from Ontario. But that was about the extent of what I'd done. So conference summaries and some vaginal breech workshops. So then last year I dedicated myself—because I had all these projects I wanted to start working on again. In part because my youngest is four. She's in preschool. I'm starting to have a little bit more time during the day, and I'm really interested in getting my professional life

going a little more. I've been working on stuff the whole time researching, writing, blogging, activism. But I haven't been doing it in a paid setting. And at some point, I would love to find a job because so far it's been completely unpaid as far all this birth work I've done.

MARYN: Right.

RIXA: And I love it, but it's not the sustainable in the sense of bringing money in to support my family. So in the hopes of getting enough publications under my belt and also because I love it, I started doing a lot more work with breech. So at the same time, I was interviewing American physicians, who are still attending breech births in hospitals. We're doing a project on barriers in facilitators to vaginal breech birth in hospitals. And so we're still working on this. Still doing interviews and actively trying to recruit anybody who is still attending or recently has been attending breech births in America. And hopefully, we'll expand that to international providers after I finish with my U.S. cohort. And so then I went through all of the PubMed citations. And as I went through, I organized them all into categories and subcategories, so that now if I want to find something I can find them all with a single click depending on the topic I'm looking for. So, for example, I want to find all of the things that talk about cord prolapse or presenting cord, and I have them all organized in a category called cord prolapsed. And I just click on that, and they all come up. I did that for everything. There is about 4,200 articles that came up when I did the search in PubMed.

MARYN: Oh my goodness.

RIXA: And it's—now that I have done it—it took about three or four months of full time work. It was insane because it's so tedious. I mean you're sitting there. Click. You read through an abstract. I'd get the full text if I could, but if not, I'd read the abstract. And I had to decide, "Okay. What category or categories would that fit into," and then organize it, label it. But now that I did that I can find things so easily. And I found things that nobody has ever talked about before because they're lost in the literature. There might be some random German article that's been never translated into English or something in Russian that I was able to track down. And I said, "That title sounds interesting." And then I would get one of my Russian friends to find it for me in their library and tell me what it says. And I'm like, "Oh, this is interesting. Nobody has ever talked about this before."

MARYN: Yeah. Yeah. What—

RIXA: Oh sorry. Go ahead.

MARYN: Yeah. Sorry. We're overlapping here. Skype is acting up. Yeah. I mean I've definitely seen some of the really cool things you've posted or translated. But give us

an example. What's been one of the most insightful things from the past that you've kind of brought back as far as education or things around breech for those of that are around now?

RIXA: Well, let's see. So one thing I'm really excited about, but I can't tell you exactly because I'm still waiting on the translation is this Russian obstetrician named Sovian, who was around—published things in the 1950s. And he developed these two different methods for vaginal breech birth. One of which is really similar to the Brock Method, which basically replicates gravity but the woman is on her back. So it follows the curve of the sacrum, and you basically lift a frank breech baby up around the curve of the sacrum much as Brock did, much as Teesom did. And the other thing he did was innovate a way to turn a footling breech into a complete breech during labor where you apply gentle counter pressure to the foot or feet as they're emerging at the introitus. And as the baby descends but you keep your hand there, it just flexes the legs back up again.

MARYN: Hmm. That's awesome.

RIXA: With the idea that it might mitigate some of the risks of footling because then you have a wider presenting part to bring more space—open up the vaginal canal a little bit more so that by the time the head comes through it's a lot easier. And so he developed that method as well. And it actually is widely known in Russia and surrounding countries, Ukraine, the Czech Republic, Holland, and Hungary. They're in modern day textbooks. He's in there. His methods are very widely known but had never, ever made his way into any English literature.

MARYN: Wow.

RIXA: And the only way I even figured it out is I just saw this one title saying the new method of breech presentation. And that was it. There was no abstract. It was in Russian. And I got in touch with Katrina Probovlac, who was doing a lot of things in Russia in the childbirth movement there. And she sent me some pictures from her textbooks, and she's like, "Oh yeah. We all know about this guy." It's so interesting.

MARYN: Wow.

RIXA: And so now I found maybe 13 or 15 articles. I'd have to count. In all these different languages, none of which I speak. I don't speak Polish or Czech or Hungarian or Russian. That have written about this method. And so I'm really excited because I have a group of translators, who at some point—they're volunteers. But at some point, I'm hoping to get all these translations done, and then write an article summarizing the results of this method, which, again, is widely known in certain areas but has not crossed the political or linguistic boundaries outside of Russia and neighboring

countries. So it's this kind of thing that I'm discovering. There's huge troves of knowledge that we might have lost because it just got lost in the archives somewhere, and it didn't get translated. And it just disappeared. Another thing that I found that was very interesting was an article about the risk of umbilical cord prolapsed in breech. That's one of the reasons that footling breech is generally contraindicated for a vaginal breech birth.

MARYN: Right.

RIXA: Because it has a higher rate of cord prolapsed. Actually as does complete. Complete has the same rate as frank. But that's one of the reasons. And it was interesting is this German article, never been translated, so I had this wonderful woman help me do a translation of it where we discovered yeah. Cord prolapsed is more common for non frank breeches especially for footling. But it's much, much less dangerous. It's actually the most dangerous in frank breech. It's as dangerous in a frank as in a cephalic. But for non frank, it's actually not very dangerous. In other words, you have more time to get the baby out. The mortality rate is not related to time between diagnosis and delivery as it is with cephalic or frank. So these kinds of things that I'm finding—this is just two examples—are so interesting because this does not exist in the English literature. The English Saxon obstetric world basically.

MARYN: Yeah. That's fascinating. And I mean the obvious that would really start to mitigate some of the fear that's around breech and the reason that women have so much trouble finding practitioners. So the obvious question, I think, is do you intend to compile this information? How do you plan to get this out so that we can all learn from it?

RIXA: So I have a lot of projects in the works right now. Some of these I want to turn into journal articles. But the thing I'm working on right now with—that I'm most excited about is a textbook about physiological breech birth. And it's spearheaded by Shawn Walker, who is a midwife in the UK who—and a breech expert who does trainings around the world. And (inaudible) is part of it. She worked with Dr. Louwen and now she has her own clinic in Frankfurt that does upright breech birth.

MARYN: Right.

RIXA: And a fantastic illustration, Kate Evans, also known as Cartoon Kate. So we're working on our first chapter of this textbook. I'm super, super excited about it. And this is one place that I can use to consolidate all of this research that I've been doing as well as writing articles that are maybe not really relevant to the textbook but that would be interesting for other people. For example, the article about the Russian obstetrician, (inaudible), and his methods. I think that would be fantastic to have in a medical journal somewhere.

MARYN: Oh my gosh. Yes. Yeah. And we'll all anxiously await this textbook obviously. I mean it's so hard to get a hold of this information. Obviously, it's hard as midwives to even get training. So much of it obviously is happening in other countries and in hospitals and—yeah. There's many people that are left out of learning—continuing to further their knowledge around breech. And it's so important obviously.

RIXA: For sure. So I have a whole bunch of articles and chapters in the pipeline that within, hopefully, the next year or two will start coming out. I actually have one article that I finished in collaboration with an obstetrician who does home births. And we wrote about a series of breech and cephalic home births that he did in his practice and analyzed the outcomes. And that's currently submitted. It's just under review right now. So that should hopefully be coming out in the next month or so.

MARYN: Awesome. Yeah. I can't wait to read that.

RIXA: Yeah. Excuse me. And so let's see what other projects I have going on right now. I mean that's going to take awhile to get the textbook done, to be honest. I also want to create a resource. So with all this research I've been doing and categorizing these articles on PubMed, I want to find some way to make it publically accessible where I write basically an annotated bibliography explaining my methods like how I categorized things into groups. So what you would find in each category and why I put them there. And then make everything online because I can make these categories publically available. I can change the settings on PubMed. And so everybody could benefit from the research I've done. And I think it would be a really useful resource because it's different than anything else that's out there. It's different than a systematic review or meta analysis because I'm taking everything. A meta analysis or systematic review is also very useful, but they restrict it to a very narrow set of data that's relevant to their question. So my question is what's everything that's ever been written about breech.

MARYN: That's an awesome question. Everything that's ever been written about breech. Yes.

RIXA: At least that's on PubMed, right? That that involves (inaudible). There are things that don't always show up on PubMed.

MARYN: Right.

RIXA: But if I could write an article explaining my methodology and how I categorize things because maybe my way of organizing wouldn't make sense to somebody else, but at least I can explain it and say, "You'll find X, Y, and Z in these categories," and then make it available. I would love to do that as some kind of a resource and then

update it every six months to a year so that they know—people know who are using it that it's updated constantly.

MARYN: Yeah. That would be amazing.

RIXA: Yeah. Again, it's tough because I'm doing all these things with no funding. And I'm working essentially full time with no pay.

MARYN: Yeah. That's really rough.

RIXA: I know. In the birth world, there's this whole tendency we have to be like, "Well, we don't want to charge too much money because we care for women." And I mean I've been doing this for ten plus years without pay. But at a certain point, we also have to—we have to make money to live. And it's tough because I think it's easy for us to be like, "Well, it's okay. I'll just donate my services. I'll just volunteer." And I do that. And I do it gratefully and willingly. But I also am feeling the need to actually make this a career because otherwise it's like expending energy with no nutrition, right?

MARYN: Yeah. Yeah.

RIXA: And you're not getting any energy exchange back. And after a certain point, it's not sustainable. So I'm really hoping I can find somebody or some organization who would love to pay me to do the things that I'm already doing. I love it.

MARYN: Mm-hmm. Well, I'm right there with you. I mean I, like I said, super appreciate all that you've done but would never expect anyone to spend that much time without pay. And obviously, the birth community, I think, needs to rally around someone like you and make sure that you are supported to do this work and that it benefits all of us, obviously. So I am with you on that. And if there is any way we can help, I have no idea. But maybe we'll talk about that later. Yes. You need to be supported in this work. This is not—you are not a charity. And you are spending lots of time. I can't even imagine the intensity of this kind of work. So wow.

RIXA: Yeah. It's been—like I said, it's really gratifying, and I don't begrudge any of that time or money that I've spent on my own to go to all these conferences. But it would be really nice to actually have it come the other way at some point.

MARYN: Yes.

RIXA: So anyway, other things I would like to do in the future, especially if I can find collaborators with the skills that I don't have, first, I would love to put together a translation team and have a full website versus maybe even publishing outlet dedicating to translating articles relating to childbirth somehow into—either into English or from English into other languages because there's this real linguistic barrier that we have

between—I noticed this when I was in Russia recently at the 8th International Life Birth (inaudible) Conference in October. There's a boundary that medical and obstetric knowledge doesn't always cross. And I saw that really, really distinctly when I was presenting about breech over in Russia, and they had never even heard of the term breech trial.

MARYN: Oh wow.

RIXA: Which to anybody in the kind of—how do I call it? North and South America and most of Europe, everybody knows about the TBT. Whether they agree with it or not, it's common knowledge. And in Russia, they're like, "What is this term breech trial? We don't know what it is."

MARYN: Wow.

RIXA: And so political linguistic barriers are still very much keeping knowledge from flowing. And then at the same time, we see this Russian obstetrician, who is well known in textbooks even today who we've never heard of. And we have the ability to translate and disseminate information quickly. I just need to find some way to do it that would be feasible. And I need to find translators, who speak the languages I don't. I speak French fluently, so I've been translating a lot of French articles recently. And then I've had some German people help me. I knew German in high school, so I understand the grammar. I just totally forgot my vocabulary, so I need help with that because just my vocabulary is shot even though I understand the grammar and everything. But if we could get a team of other people as necessary to do some of these (inaudible) our regular series of articles being published—of translations being published, I think that'd be an amazing project to have going on.

MARYN: Right. Like an international breech network.

RIXA: Yeah. And not just breech necessarily although I'd love to start with breech because that's what I'm doing, but some kind of thing related to—even more widely. Not just breech but anything about childbirth that's—that we feel is relevant, and that needs to be spread to people who don't speak those particular languages. So I would love to get something going with that and have this become a big thing where we are actively translating and putting out so many articles on a regular basis to keep this information blowing. So that's one thing I have in the works especially if I can find people to come on board with their langue skills. So anyone out there who speak other languages besides French, please get in touch.

MARYN: Yeah.

RIXA: And another thing I'd love to do is using the—all the knowledge and information that I've been able to put together from my PubMed searching and from all the other research, I really feel like there's—we need to change the way that we do informed consent. And so I'm thinking in terms of breech because right now I'm—everything is breech, but this is not just about breech, right?

MARYN: Right. Of course.

RIXA: But if we give women—we give women like this big long stack of paper with lots of medical jargon and numbers and statistics and risks and dangers, and then they're supposed to somehow make sense of all this complex information, which is often really hard to digest even for people with a lot of medical training. And every provider might give a woman a different informed consent sheet, which may guide them towards certain choices, right?

MARYN: Right.

RIXA: (inaudible) to be able to make sense of all this information and make an informed decision. And then these women—they might not have medical training to interpret medical data. Some of them might not be very literate in the sense of reading skills. Some people also learn better by listening. Some people learn better by watching. Some people learn better by kinesthetic movement. But the way we're informing women is largely by written materials that are very hard to understand even for very well educated people.

MARYN: Right.

RIXA: So I think we need to find a different way of doing informed consent. So I have this great idea, but I need somebody with computer coding. And I need a graphic designed to come on board. I want to create an informed consent info graphic video that's interactive. And so with info graphics, you can take really complex data and represent it visually in a way that's easy to understand, but that doesn't lose complexity. And I think if we did this in an interactive video format using info graphics with really, really good graphic design and making it interactive so that at any point the viewer/listener can stop it and click and follow it all back to the source material if they want to. And if we could create a standardized tool that we get (inaudible) or ACOG or SOGC on board with, to endorse. And that has a team of experts, and it's updated on a yearly basis. That we send everybody to the same tool. And that everybody has watched this and has the best available, most up to date, most thorough information but also appeals to multiple learning styles and that is also customizable. Wouldn't that be a much better way of informing women about the risks and benefits of a complex decision such as vaginal breech birth?

MARYN: Right.

RIXA: Such as VBAC, such as induction. There's all these situations where I feel like right now informed consent is this scattershot thing where it varies widely from one hospital to another, from one provider to another. And women might not very well understand all this complex data in the way that we're presenting it to them.

MARYN: Right.

RIXA: (cross talk).

MARYN: Yeah. I mean that would really change—that would really change the whole outlook, I think, if women had more understanding and accessible knowledge to make their decisions. I mean that could change everything so quickly in probably a way that some organizations wouldn't even necessarily like.

RIXA: That's possible.

MARYN: But would be great for women. It's possible.

RIXA: Yeah. But think about it. I mean if we're all starting from the same place and from a place that's very thorough and very understandable and that is the best available evidence that would be so much more beneficial than having every single provider telling women something different.

MARYN: Right. Right. Yeah. For sure. I mean I can't imagine the differences all over the nation, all over the world with the information that women are given. And we know a lot of the time that it is biased, and it is fearful. And people are making choices based off of even limited knowledge that these practitioners have. So that sounds like a fabulous idea.

RIXA: Yeah. So I have all the knowledge available. The problem is I need a graphic designer, and I need a coder at a bare minimum to put it together.

MARYN: Well, putting it out there.

RIXA: Yeah. So anybody who has those skills get in touch with me.

MARYN: Yeah. That would be a really amazing project to be in on for people with those skills, I would think. So yeah. Put the call out. That's a great idea.

RIXA: Yeah. And at a bare minimum, I'd love to put together a pilot version of it that we can then show to these organizations because we need to show—we need to have something ready to show them. And then we can develop an even better version if we

get funding and get people signing on. But yeah. So I am not going to run out of things to do for many years. Let's just it that way.

MARYN: It doesn't sound like it. It doesn't sound like you are anywhere at the end of projects. No.

RIXA: No. No. No. I mean my limitations are time obviously. And also funding because I'm paying for—paying for this myself and doing it in my spare time. I work part time as a professor at Wabash College teaching English.

MARYN: Oh wow.

RIXA: So I have a very, very small income from that. But I mean I teach one class every semester. And I would love to work full time in my field because I enjoy teaching English, but it's not my life's passion. I want to be teaching and researching in my field. So, again, I'm very focused on trying to get myself enough publications and enough—not the word. Notoriety. That's not the right word. Just be well known enough that I could actually be hired on somewhere eventually.

MARYN: Yeah. Yeah. Well, like I said, totally support you in that. And maybe something even as small as this podcast will hit the right ears, and I think your intention is obviously amazing and that will, I hope, bring in just what you need to continue this work because we all need you to do it. So it's a—it's important to everybody. It should be anyway.

RIXA: I hope so.

MARYN: Yeah. Well, thanks again for all that.

RIXA: You're welcome.

MARYN: Like I said, it's a whole different can of worms than birth work and attending births. It sounds so labor intensive and hard in a different way. So I honor you for that, and, again, thank you and look forward to all of this amazing stuff that you're going to be putting out so that we can all learn from it. I'm thrilled.

RIXA: Yeah. I'm super excited. So our first chapter—we don't—I don't know when it's going to come out, but we're working on a chapter right now and actually trying to finish up the first draft of it by the end of this week. And then we'll see what the timing. But as soon as we have anything to announce, I will announce it for sure.

MARYN: Yeah. We would love that. We are happy to help spread the word, if you need it as well. And our students even will much benefit from all of this. So we're so excited. It's so great to hear the detail. I've seen through Facebook and different—your

blog that you're obviously working on a lot of things breech related. But I didn't even know the details. So I'm really thrilled.

RIXA: Yeah.

MARYN: Yeah. Very good. Well, are you up to talking about your personal experience in birth a little bit? I think for the people that listen to this podcast that might be a really sweet thing to hear, if you're up for it.

RIXA: Yeah. For sure.

MARYN: Okay. Well, I feel like I certainly know your background, but I don't know that many people do. So what is your personal interest in birth? Obviously, you have children. But just start wherever you'd like, and we'll see where it goes.

RIXA: Yeah. So let me just say that growing up I didn't exactly have the most rosy view of pregnancy and birth. I just—

MARYN: Interesting.

RIXA: I was kind of like horrified that we have to go through this awful process that seemed really degrading. And this was not at all anything that I was interested in. I knew I'd eventually probably have kids, but I was not excited about the process and just was kind of like trying to not think about it as much as possible.

MARYN: Wow. That's fascinating.

RIXA: It's so funny because it's so not what I'm doing today, right?

MARYN: Right. Right. Yeah.

RIXA: So let me tell you a funny story about how I was born. So my mom had my older sister in a really great—I mean she said it was a great labor. It was in a hospital with a fantastic nurse, unmedicated birth, went really well. And so I was number two, and she was kind of expecting the same thing. She had moved to Rochester, Minnesota, home of the Mayo Clinic and kind of just expected that it—similar kind of experience. She had a fairly straight forward, easy first birth. And so when she went into labor with me at the hospital, whoever the doctor was on call for her strung her from her ankles from the ceiling. And she gave birth to me strung upside down from her ankles. The only thing touching the bed was her head and her shoulder blades.

MARYN: Oh my goodness.

RIXA: Against her will. I mean she was screaming to be let down. She just—I remember her describing the door was open. There were people walking past in the hallway looking at her as she is literally hanging upside down from her ankles.

MARYN: Wow. Wow.

RIXA: And maybe that story, which I only heard once or twice growing up, but I knew it was there vaguely—maybe that colored my perception of birth a little bit too. But it was definitely a shocker for my mom. She was (inaudible). She was screaming to be let down, and he wouldn't let her down. So that's kind of a very funny/not funny story about how I was born.

MARYN: Yeah. Definitely not funny.

RIXA: At most, the doctor told her after, well, he had this theory that if you were upside down, it would prevent hemorrhoids. And my mom was like, "I've never had hemorrhoids." But it was his theory that if you're upside down without gravity putting pressure on the woman's rectum that she wouldn't then get hemorrhoids during birth. That was the reason he strung her upside down.

MARYN: Wow.

RIXA: Okay. So fast forward, I am a PhD—new PhD student at the University of Iowa. I was—let's see. I started when I was 24. My PhD program. And I knew I would want to have kids at some point. But I was definitely—I was all in that headspace yet. I got married when I was really young. So I was 20 when I got married. And sometime during my first year, I was taking this class called Feminist Research Methodology or something like that. And I had to find a topic for my semester paper. And we had a colleague of mine, a fellow grad student, who was pregnant and had her baby over the winter break. And I remember talking with her shortly after classes started up in January about her experience. And she said something like she really wanted to have a homebirth, but she couldn't find any midwives because in Iowa direct entry midwives are not legally recognized. So she ended up having a nurse midwife at the local—at the university hospital. Had a really—a really bad experience. She was really dissatisfied with her care and definitely said she would go with a homebirth midwife the next time around. And I was just fascinated. I had no idea that it was illegal to have a midwife at home unless you could find one of the rare nurse midwives. I didn't know anything about the politics of midwifery, about home birth or anything like that.

MARYN: Right.

RIXA: So I just started reading books. I was like, “That might be an interesting semester topic to write about.” And the very first book I read was Peggy Vincent’s memoir called *Baby Catcher*.

MARYN: Oh yes. Mm-hmm.

RIXA: She was a midwife in Berkeley in the 70s and 80s, worked in the hospital, became a midwife, worked in birth centers, at home births. She had done everything—anything and everything in Berkeley at that time. And it’s a hilarious memoir. It’s super, super well written. I read it multiple times because I actually used to use it for my composition classes.

MARYN: Right.

RIXA: So it’s really engaging. And I remember reading that, and I was completely sold. I was ready to have children. I really wanted to have a home birth because I saw that birth didn’t have to be this horrible thing that I had in my mind. And once I saw that there was a different way of doing it and that it could be something really empowering and something that was life giving and enriching and something not to be feared but something to be looked forward to, I was ready. I was like, “Yeah. I want to do this.” I didn’t actually end up getting pregnant for a couple more years. We had some infertility that was totally not expected and actually went through IVF, didn’t work. And a couple years later, I finally got pregnant on my own and then obviously, had not had many problems since then. (inaudible). Another story. Anyway, so I was like I’m ready to do this thing. It totally made me ready for motherhood.

MARYN: Wow. Go Peggy Vincent, huh?

RIXA: I know. Thank you, Peggy. (cross talk) I have my four kiddos. And I’ve done this—thanks to that I found—I was like this has been my life’s passion. I’m so interested in this. And so that’s what actually made me choose my final (inaudible) in American Studies because it was really flexible. And each student basically creates their own program of study. And so I did two primary emphases. One was history of medicine in child health care, and the other was U.S. environmental history because I’m also very into environmentalism. And the history of medicine stuff I focused a lot on maternal child health as much as I could with the classes that I had access to at the University of Iowa. And like I said, I wrote my dissertation about unassisted birth. So that got me to my dissertation. And I got pregnant and had my first baby and got pregnant with my second during my dissertation writing stage.

MARYN: Oh okay. I was wondering about the timing of all of that.

RIXA: Yeah. So luckily—it actually worked out really well we didn't get pregnant right away because if I was still in the middle of taking classes it would have been a lot harder. But I had already finished my comprehensive exams before I got pregnant. So it was perfect timing wise. And so I was researching unassisted birth because I was thinking more and more that that would be something interesting to write a thesis about. It was really heavily in the news media starting in about 2007 and '08, which is right when I was writing. It was this big uptick of interest in articles about it. And I also just became very personally drawn towards it. It was one of those things that I almost couldn't explain. It was this—just this inner knowledge that it was something that I needed to do. And it's one of those things that's hard because I feel like I have both a very rational side of myself but also kind of a strange, intuitive side that I like to pretend I don't have sometimes. I'm such a left brain person. I mean I'm mostly (inaudible) reason, intellect, but I do have this other side of myself. It's intuitive. Maybe I'd even call spiritual or religious but kind of all into combine. And I really felt drawn or guided or led towards unassisted birth.

MARYN: Right.

RIXA: For my first which is kind of crazy for a lot of people. And even for myself, I was—I was like, "This is,"—I felt it was the right choice, but I also recognized it was very unusual.

MARYN: Yeah. For sure. For sure. That definitely is unusual. And like you say, especially for someone like you that spends a lot of time in their brain, I think it's a fascinating thing for you to be drawn to.

RIXA: It's just so interesting because once I changed my attitude about pregnancy it was so interesting to go through the process. The embodied process. It was so—I was just endlessly fascinated especially with the first pregnancy, which was fairly easy.

MARYN: Right.

RIXA: I didn't have any others to take care of. I didn't get very sick. It was a really easy pregnancy. And I just felt like I was glorying in this physical process the whole time. Almost learning a new side of myself that I had never explored. This physicality of myself because I never felt very much connected to my body in that sense like I did when I was pregnant.

MARYN: So did you do care with a midwife? Or did you do your own prenatal care? How did that look for you in that pregnancy?

RIXA: I was assisting a nurse midwife in—I had moved to Illinois by that point after I finished my comprehensive exams. My husband got a job in Illinois. He's also an

academic. He has a PhD in creative writing. So I was assisting a home birth nurse midwife kind of as her assistant, going to births with her. And she was great. She's a fantastic midwife. But I just didn't really—I was like, "I just don't know if I want her at my birth." I couldn't—wasn't—I had nothing against her. She's amazing. I just was like, "Oh, I don't know if it's quite what I want." And so she did a couple—she tested my (inaudible) once or twice. I asked her to, and she was really nice to do. But mostly, I took care of myself. I took my blood pressure. I had a fetoscope. I had measured my fundus.

MARYN: Awesome.

RIXA: I love Excel spreadsheets. So I would keep track of everything. I knew everything about myself. I tracked it on a weekly basis. And was really pretty aware of everything I could be. I read like crazy. I mean that's kind of my personality too. I'm a big reader.

MARYN: Sure.

RIXA: But I read every textbook. I would just read everything I could get my hands on. And I had gone to several births as a doula, and then I had been assisting two different nurse midwives. One in Iowa when I was a grad student still at the University of Iowa and then the one in Illinois during my dissertation writing stage. But for the most part, I did that myself. I just—I felt pretty self sufficient, and I would have definitely seen somebody if I felt like there was anything I couldn't figure out on my own. But since I could do most of the basic prenatal stuff—like all the clinical stuff I could do on myself. So I didn't really ever see a need to see somebody regularly except for a couple small things.

MARYN: Yeah. I mean that's wonderful and very well supported by the listeners that I'm sure are listening.

RIXA: And it was a great birth. Very textbook. It took maybe—let's see. 10, 11 hours, start to finish. The contractions got longer and stronger and closer together. I pushed for about 2 hours. She had a lot of head molding. So there was definitely a lot of (inaudible) going on. I think that's why it took so long. It's not terribly long, but it was longer than my other births for sure.

MARYN: Sure.

RIXA: But really straight forward. No big surprises that way. And part of it is I'm also a very independent person, and I don't—when I'm emotionally stressed, even in a good way these intense emotions (inaudible) whether it's good or bad, I kind of like to be by myself. I'm very solitary. And I kind of knew I just needed to be left alone. And even

with my husband, I actually didn't have him in the room because I was like, "I'm fine. Just leave me alone. I'll let you know if I need anything." And he would just sit in the bedroom next door. I was in our bathroom for the most part. And I could hear him playing online Scrabble trying to distract himself. He would pop in every so often to give me something to eat or drink and make sure I was okay. But mostly, I was—I didn't even want to be watched by him. It was just I needed to be really just on my own. I had this real need to do it myself with no interference. So yeah. She was born 38 weeks, which probably surprised me because I was—I'm like I'm going to go late. I'm sure I'm going to go late because then I won't be disappointed if I do.

MARYN: Right.

RIXA: I was so ready to have this 41 weeker. And then 38. So it's great. Nothing really crazy or out of the ordinary really with that at all. The midwife I had been assisting was super kind. And I called her after the birth, and she came over and checked me for tears a couple hours after. I did have some second degree tearing, so she was really nice and stitched me up. (inaudible) feel grateful for that even to this day because I had not asked her beforehand if she would do that, and she could have said no because that was a lot to ask of her. But I was really happy to have that available for me because I would have needed to go to the hospital for that. I mean it's a ridiculous reason to have to go to a hospital and pay who knows how many thousands of dollars for a perineal laceration, which was not really horrible. She said it lined up really nicely, but I was more comfortable having it stitched since it was into—a little into the muscle tissue. Go ahead.

MARYN: Yeah. No. That's amazing. And I was going to say with your research that you had done already into unassisted birth, I'm sure you extra appreciated that knowing sometimes the politics of unassisted births and midwives and all of those things don't always get along, so to speak.

RIXA: Exactly. Yeah. And so I was—I need to write her actually and say thank you again. I really appreciate it because it was a big thing that I asked of her, and she came. And I love the postpartum stage. I know some women really struggle with it, and it's hard. And for me, it is the most magical time of my entire life. And if I could do that again, I would love it. I just love having a newborn baby. I mean it's tiring, but I love breastfeeding. I love having this tiny little baby to have on my body all the time. It's my favorite thing. The sensuality of having a naked newborn on your chest and just—especially post birth is one of the most blissful experiences I have ever had in my life.

MARYN: Yeah. It totally is.

RIXA: (cross talk) because I can't keep having babies forever.

MARYN: Well, yeah. I understand that sentiment for sure. It's such a fleeting memory. Like you know it's there, and you know how awesome it is. And you crave to do it again, but it's like—it just is so fleeting and over so quickly.

RIXA: I know. And I didn't have any major problems. No horrible breastfeeding problems. I had some plugged ducts. Everything went really smoothly for me. (inaudible) mostly thankful, and I attribute it—it's probably half chance and half preparation. I don't want to say it's (inaudible). I prepared a lot, but I know a lot of women who prepare and they have a really hard time with things. So I don't want to be like, "I had an awesome pregnancy because I just did my research," because that sounds so snooty. It's a combination of I did what I could to prepare, and I also just happened to have—I had babies who breastfed well. And I think it's—I just feel (inaudible) saying that it went really smoothly.

MARYN: Yeah. That's amazing. So did you—then you were kind of in the middle then of the UC dissertation for your unassisted birth? How did that kind of wind up?

RIXA: Yep. So I had Zari, my oldest. And I wrote the dissertation during that time.

MARYN: I saw that. I read your—I read it and saw that. Thank you to my daughter for napping or however you said it so sweetly.

RIXA: Nap time and bed time. I had a little neighbor girl next door who was maybe eight or nine years old. She would come over and play with my daughter for maybe an hour or two several afternoons a week. And that also really helped. Just having somebody to take her in another room. I could just lock myself in my room for a couple of hours. And because I knew I only had that time, I only could work during nap time, babysitting time, or bed time, I was very productive during those few hours I had every day.

MARYN: Oh yeah. Gosh. I say that all the time. Back to the pre-kid days. I wonder what I did with all of my time. You find a way, right? To get it done.

RIXA: Yeah.

MARYN: That's true.

RIXA: So yeah. I was several months pregnant—maybe 6, 7 months pregnant—I'm trying to think. When I graduated with my second baby. When I finished my PhD. It was—yeah. I graduated in the winter, and he was born in April. So yeah. 5 or 6 months pregnant maybe at that point. And it's interesting. So the rest of my babies I didn't really feel drawn towards unassisted birth the same way I did with my first even though I had a great experience. I never regret the way it happened or anything. But I

felt a lot more drawn towards having a midwife which was a real struggle for me to accept.

MARYN: Independent you.

RIXA: Yeah. How is this going to work? Because I knew I needed to be mostly left alone and not bothered. I just did not want anybody messing with my space.

MARYN: Sure.

RIXA: And I was so fortunate to find an amazing nurse midwife, Penny Lane. She's great. She's at Believe Midwifery Services in—near Indianapolis.

MARYN: Nice.

RIXA: Anyway, she really got what I wanted. She had a lot of crazy birth experiences. She's done some—she had breech babies, unassisted babies, C-sections, home births, hospital births. She'd gone through the ringer herself personally with some of her birth experiences. And she really got what I wanted. And she was 100% happy being a very unobtrusive presence and largely leaving me alone. And we got to know each other really well. And because there is this professional connection because I'm an academic. I'm working in the world of childbirth. I knew birth besides—I was in birth as more than just a mother or a consumer.

MARYN: Right.

RIXA: There is this—I think there is this trust. She knew me, and I knew her. And we knew—we had this mutual language that we would share over what maybe a typical woman would share with her midwife. And so she—I think she and I both trusted each other. She trusted that I would really do it myself just fine and if I needed help that I would ask her. And I trusted her that she would really just leave me alone. And she listened to heart tones but otherwise would totally leave me alone. And I trusted that if something needed doing, she would do it. And if she came into my space that meant something needed doing. And I just told her that. I'm like, "If there is an emergency, obviously, come and help. If not, just leave me alone, and I'll tell you if I need help." And it was great.

MARYN: Yeah. I mean that's the way it should be really, ideally.

RIXA: It is. Yeah. And some women really like their midwife to be all hands on and like, "You're a birthing goddess," and massaging them and guiding them and leading them through this process. And I was like just leave me alone. I'm fine. I'll holler if I need help. And that's my style. Really the flavor or the tenor of my other three births

was so similar to my first one in large part because I knew myself. And I had a care provider who knew exactly what I wanted and who met me where I needed her to.

MARYN: Right.

RIXA: So I was endlessly grateful. And so I did it myself every time, right? I mean besides her popping in really on occasion to listen to heart tones there is really no difference. I did it myself, and she was just there to—in case something happened that needed skills beyond what I could do. So yeah. My second baby, Dio, was really straight forward. A lot faster pushing stage. Not surprising either. Usually, your first pushing stage is longer. (inaudible) fast. It was just really straight forward. As boring and unexciting as a labor can be in a very good sense, right? Just everything happened smoothly and without too many surprises.

MARYN: Yeah. Boringly normal, textbook labors are great. Sure. I'll take them.

RIXA: Yeah. Yeah. It's great. Inga was the interesting one. (inaudible).

MARYN: Yeah. Let's talk about her birth. That, for sure, I remember reading and reading and reading about. That was quite an Internet birth story. Yeah.

RIXA: It was a wild ride. So again, I had the same midwife for all the last three. But with Inga, her labor was very fast. So with all my babies, it's—labor always started right about midnight whatever morning is. Like stronger contractions. With Zari's, I could not stay out of bed. I had to move through them. But the last three, I was like I am not getting out of my warm, cozy bed. And they weren't quite bad enough. I could just deal with them lying down, put covers on, and lights off, and kind of snoozing in between on occasion.

MARYN: Right.

RIXA: And so I did with Dio. And Inga, same thing. And right about 6:00 or 7:00 in the morning, I couldn't handle being in bed anymore. I had to get up and move. And Dio I did that, and he was born like 2:30 in the afternoon. With Inga, number three, I did that, and she was born two hours later.

MARYN: Wow. Yeah. Third surprise babies.

RIXA: Yeah. And I even called the midwife. And I was like, "You need to come really soon. It's happening quite fast." I knew. I could just that it was happening faster. But she took her time. She took a shower. And it was so funny because afterwards she was like, "I knew I should have come. It was Rixa telling me to come. Why did I go in the shower?" Of all things, when Rixa says come you'd better come. And so let's see. So yeah. She was born just a little over two hours after I got out of bed. And so the

midwife was still on her way which, again, didn't bother me at all. Like I wasn't fazed by it (inaudible). And so Inga was born. And it was really similar to Dio. Pushing stage was maybe 20, 30 minutes. Otherwise, nothing out of the ordinary except that it was faster than the other ones. And she was born. And she had color and tone when she came out. She was actually opening her eyes. She was moving, lifting up her arms, wiggling her body like arching backwards, like a lot of tone. But she never breathed. And then after about 30 seconds, she just lost—completely lost her tone and completely lost her color and turned grayish. And just looked—the glassy, lifeless eyes. Have you ever seen a baby that hasn't come around yet? And their eyes just look like blank mirrors. That's what it looked like.

MARYN: Totally. And the video is still accessible, yeah? It's on YouTube. It's on your site.

RIXA: Yeah. It's there. You can watch the whole thing. Right. It's on my website. And I had taken neonatal resuscitation class with Karen Strange because when I was a doula before Zari was born I had to resuscitate a really, really, really scary looking baby. Like way worse than Inga.

MARYN: Oh wow.

RIXA: So I was like after that happened—after I had to resuscitate because the midwife was in the middle of a blizzard and on her way in Iowa, I thought, “I should probably make sure I know what I'm doing.” Luckily, I knew what I was doing even the first time because I read a lot of books about how to resuscitate. I just never had taken a class.

MARYN: Right.

RIXA: So with Inga, I had taken the training. And it's funny because I got a lot of criticism because I didn't do things quite as fast as the NRP flow chart tells you to.

MARYN: Oh my goodness. Yeah. That is a whole other topic. The criticism around the awesome job that you did with your own child. It's phenomenal. Anybody that hasn't seen this video needs to go watch this—Inga's birth. The water birth where Rixa does an amazing—just self-guided, intuitive—I mean I know you've read books. But come on. You were her mom. And you did it as you needed to do it. So that's what I have to say about it.

RIXA: Yeah. I know. It's funny because in my memory it happened a lot faster.

MARYN: Right.

RIXA: I didn't start giving her her first—I went back and timed it just recently because I was giving a presentation in Russia about mother-led resuscitation and mother's breath

in conjunction with Sister Morning Star. And so I wasn't—I did—I finally went through the logical thing like really analyzed it to death. I timed it all. I timed how many breaths I gave her and at what point it happened and when she started opening her eyes and when she started coughing and when she finally started crying and wrote down all the times of all this because I had never done that before. And it was funny because I would have said I gave her breath a lot faster. But it was about 1 minute after she was born when I gave her her first breath.

MARYN: Right.

RIXA: Because it took awhile for me—I would—it was surprising to me because she had so much color and tone right away. So I knew she wasn't compromised in the sense of—she wasn't half dead coming out, right?

MARYN: Right. Right. No.

RIXA: It surprised me that she lost color and tone having been so vigorous when she first came out. So I just wasn't anticipating that there would be a problem as I would have with this first baby that came out like gray and lifeless.

MARYN: Right. Right. Of course.

RIXA: So I think that just took me a few seconds to be like, "Oh, this is weird. This is not what I was expecting." So yeah. So I gave her several breaths. And I did it more slowly. I would give her a breath and then take a look and see what was happening. And then I'd give her another breath. I wasn't giving her continuous breaths with no pause. And, again, that's different than the NRP guideline. Whatever. I'm really not apologetic of it because I feel like in the moment it was what she needed, and it was fine. I knew that she had some reserves because she had—she was pink and vigorous coming out. So it wasn't like she was so compromised that being a little more thoughtful and careful wasn't going to harm her. That was my thought at the—as much as I was even thinking about it logically at the time, right?

MARYN: Right.

RIXA: And see I gave her several breaths. And some of them didn't seal well. So if you watch the video, a few of them I gave her a breath, and I could feel the air went out and actually got in her lungs because if you don't get a good air seal it just kind of (cross talk) around your lips. And she started opening her eyes and lifting her arms up again, so she got tone back first. And then she started coughing. And then right around 2 minutes, she started—she gave her first cry. And then she was fine. Totally pink and fine and 100%.

MARYN: Yeah. Yeah. It's an amazing—I mean I know you didn't plan it this way, of course. But it wound up to be an amazing teaching video. And I'm sure you've been through it a couple billions of times. But—yeah.

RIXA: And the funny thing is when you watch the video, right after Inga cries and I settle back with her, ding dong the midwife's assistant rang the door bell and comes in. The thing I like about the video is she gets all in my face. She doesn't know me. She doesn't know that I wanted to be left alone. She's like chit chatting, "(inaudible). Oh, blah, blah, blah, blah, blah. Oh, I have,"—chatting about her random stuff on the day. It was so bothering me. And I finally just kicked her out of the room. And I love that it's in that video because it really shows you've got to—as a birth attendant, you have to guard the woman's space and not bother her. And she wasn't doing anything bad, but she was sure bothering me. And as a woman giving birth, you have the right to kick people out of your space if they're bothering you without any apology. Like you need to say, "Leave me alone. I'm fine." And luckily, she got the hint, and she left right away. And then it was great. But for those couple minutes, I was just so annoyed.

MARYN: Yeah. Of course. And I mean the obvious is thank goodness that you didn't have to deal with that while your baby was having trouble. So you took care of it in the most intuitive, calm, and powerful way. So yeah. Another reason to love you, Rixa, and to honor you for what you've put out in the world even without meaning to. That's a great tool, and thanks to Inga too, of course. She very much participated in that learning opportunity for many people.

RIXA: That birth is—it's just odd. I mean I never, ever saw her cord have any blood in it. Like my earliest memory of looking at her cord, it was white and limp. And there is another strange thing. I had almost 0 postpartum bleeding. When I birthed the placenta, usually, there is a little blood. There was 10 ccs of blood too. The midwife was so shocked. She's like, "I have to take a picture of this. I've never seen so little blood in my life." I don't know if any of those are connected. It was just different.

MARYN: Yeah. For sure.

RIXA: We'll never know what's going on inside as she was being born. But I never saw a cord at all—like a full cord, the (inaudible) cord. Never. And who knows when I looked at it? But I know at least by 2 minutes it was completely white and limp, if not even earlier. It's just very strange. But it's a mystery. I don't really know—we'll never really know what happened, right? But fortunately, it went well.

MARYN: Yeah. I mean for sure enter the mystery of birth which is—I don't know. At least 25% if not more I think with all of these scenarios. We can only know what we know. But yeah. That's interesting. I'll have to think about that some more. Hmm.

RIXA: Yeah. And the nice thing about it, I tend to be a very calm person anyway and fairly non emotional. Sometime to my husband's frustration. But anyway.

MARYN: I understand.

RIXA: The good thing is I never, ever felt any adrenaline or any fear. And that's such a blessing. Panicking does not help a situation like that.

MARYN: Right.

RIXA: But even in my memory of it, there is no trauma. There is no residual fear even in my memory. And I think that's such a gift. And to me, that speaks to the necessity of being prepared for these kinds of things so that if it happens you just calmly do what you need to do instead of panicking and then having—who knows how many years of trauma after the fact, right?

MARYN: Mm-hmm.

RIXA: It doesn't hurt to know what to do in certain situations that might arise. So I tell people why not know what to do if you need to help your baby breathe which is probably the most common thing you're going to need to do.

MARYN: Sure. Yeah. Yeah. And it's a great testament to, like you're saying, having people take responsibility for that whether or not they have a midwife, whether or not they expect a midwife to arrive, and having some security in that they have what they need. And like I said, it's just a great teaching tool. I feel like I send that to a lot of people and the moms I work with too. It's like hey, this is a thing. And sometimes midwives don't make it. And here is a great representation of a mom helping her own baby in the way that she knew she needed to. So yeah. So how old is Inga now? How many years ago was that?

RIXA: That was six and a half years ago.

MARYN: Oh my gosh. No way.

RIXA: Yeah. Isn't that crazy?

MARYN: Six and a half years ago. Oh my gosh.

RIXA: I know. And then, so I have one more baby, Ivy. And they're all about two year apart. And Ivy, I had a photographer there. And I videoed that one again. I think I got more and more comfortable having a little bit more people in my space as time went on just because I knew how I labored. And (inaudible) some beautiful photos this time around.

MARYN: Yeah. That's so great.

RIXA: I'm so glad to have that. And Ivy's birth was probably the most challenging.

MARYN: Why so?

RIXA: So here's a couple things that I noticed. I suspect she was probably OP during the whole labor. Posterior. I didn't have some of the classic signs. Like I never had any sacral pain like I had read about in books. But just having constant (inaudible), which I never had before.

MARYN: Sorry. Say that again. You cut out.

RIXA: I was having constant rectal pressure almost the whole labor. Not horrible like I'm pushing a baby out rectal pressure. But like it was there.

MARYN: Yeah. Mm-hmm.

RIXA: In between my contractions, it never fully felt like the intensity went away, which every other time I labored it's like the contractions ends and it's done. And there is no pain. There is no tightness. There is nothing.

MARYN: Right.

RIXA: And this one it never felt like it relaxed all the way. Like there was always some sense of intensity or tightness that was always there. And my endorphin level felt very much dampened in between contractions.

MARYN: Hmm. Interesting.

RIXA: I also pushed like a good 45, 50 minutes with her, and it was—I could feel something was not moving especially towards the end. She was just one or two knuckles deep, and it was just not moving past then. And it was just like—it was so intense. It was the most intense especially in the pushing stage of all my labors.

MARYN: Wow. And you don't expect that the fourth time. Stereotypically and all.

RIXA: No. It wasn't horrible. It was just definitely more challenging and more intense than I would have anticipated. And based on the combination of all those things like the rectal pressure, the feeling of the intensity never quite subsiding in between contractions, the lower level of endorphins like I wasn't feeling them as strongly as I usually would have felt, I'm thinking that there was probably some kind of positioning thing going on. But in the end, I had a mega contraction. Maybe 5 minutes before she was born. I'm guessing she spun around at that point and then emerged. She didn't

emerge OP. I'm really hands on when I have my babies. I'm feeling them. I'm supporting their head. I kind of know what's happening.

MARYN: Yeah. Totally. Well, and it's the blessing and the curse of knowing anything at all about birth. I mean I can totally sympathize with that. Your brain is going. You're trying to sometimes figure things out or looking at the clock. It's different than someone that can just be in the bliss of what their body is doing.

RIXA: Yeah. But otherwise, really uneventful. It's just a little more challenging than I was—it was pretty challenging. Just really intense, I would say. More intense than my other ones. But otherwise, totally—I don't want to say easy. It's not easy. But very straight forward and doable even though it was the most difficult in that sense.

MARYN: Right.

RIXA: And it was—I kind of knew at that point that she was probably our last. My husband was very much done with four. I was kind of on the fence. Do I want to have another, number five? I have five kids in my family. So five always seemed like a reasonable number because that was what I was used to. So I kind of knew at that point that she was my last. And it was just really bittersweet. Like I—knowing that I'm doing it for the last time. So everything is, "This is the last time I'll ever have a baby. This is the last time I'll ever have a silky newborn on my chest." Kind of that enjoying it but also feeling sad about it at the same time as its happening.

MARYN: Yeah. Yeah. I do know. I've said that a couple times already though. So I've had my bitter sweetness, and I'm like, "I don't know. Maybe that really was the end." And now I've missed it. I didn't hang on to it enough.

RIXA: Yeah.

MARYN: Wow. So maybe you really are done. You're moving on to all these other exciting ventures it sounds like which is awesome. Just a different phase of life perhaps.

RIXA: Yeah. Once I realized I don't—if I had ten babies, I'd still be sad when I was done. Once I realized and accepted that, I could accept being done with four because having another one isn't going to make that bitter sweetness ever go away.

MARYN: Yeah. Tell me that ten more times and maybe I'll hear you. No. It's a good point though. In any case, I mean each person coming to kind of their own conclusion about that is what you've got to do really when you're a birth nerd like we are especially.

RIXA: Yeah.

MARYN: Yeah. Well, wow. Thank you so much. It was amazing to hear your actual voice telling these stories. I feel like I've read the blog posts and seen the videos. But this was really special, so thank you.

RIXA: You're welcome.

MARYN: Yeah. And why don't you let the listeners know your blog and any other way you'd like them to get a hold of you?

RIXA: Okay. Yeah. My blog is called *Stand and Deliver*, which I think is appropriate given the way I was born upside down. I feel like I'm kind of putting things back right again. And it's easy to find. It's rixablogspot.com. If you just search Rixa or Rixa Freeze or *Stand and Deliver*, you'll find me pretty easily.

MARYN: Yep.

RIXA: And you can also find me on Facebook. I do most things public. So even if I don't friend you because I don't tend to friend people I don't really know. But I do almost all my posts publically anyway. So you can find me there as well. I'm not on Facebook a ton as far as posting. But I use it so I can mostly find other people. And if you need to get in touch with me via email, that's linked on my blog, on my about page. I'd love to hear from people especially if you want to get involved with some of these projects I'm working on or if you know somebody who might want to help especially with translation stuff that I'm really eager to get some of these Russian and Czech and Polish translated. Also some German ones I need pretty soon for this book chapter. Hint, hint. Any German speakers out there? I have this part of the chapter I have to write, but I can't write it until I get these articles translated. Anyway, yeah. Get in touch with me. Feel free to message me on Facebook or send me an email if you want to talk more or connect or get involved in any of these projects.

MARYN: Awesome. Yeah. I do want to talk with you more later myself. And everybody else, feel free to contact Rixa. And thank you again for being here. This has been really awesome. For the listeners, just check out the Indie Birth site for all new offerings. The indiebirthmidwiferyschool.com. We are accepting applications for school starting in July, so you can check that out. Otherwise, thanks for listening, and have a great day.

(closing music)