(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth.* Hi. I'm Maryn today joined with another special guest, but we aren't doing an interview. So not an interview format today. Just a casual chat about some recent events in our midwifery world for those that want to listen in. My chat today is with friend and midwife, Angee Hock. So go ahead and introduce yourself, Angee.

ANGEE: Hi. Thanks for having me. So I provide traditional midwifery services in Nebraska. My organization is called Nebraska Birth Keeper. I just opened up as of Janary 2017. So I am brand new to the world of midwifery. A baby midwife you could say. And yeah. Just loving it and learning it and enjoying supporting women here in the Midwest.

MARYN: Awesome. So we were brainstorming, Angee and I, before this call, of course, trying to figure out what was a good chat, what people might want to listen in on. And Angee suggested talking about the new NRP guidelines. So NRP, for those that don't know, is the neonatal resuscitation program. And this is the way that midwives and doctors and really anybody that works in birth and with babies is taught to resuscitate a baby in the rare and slim chance that that becomes necessary. So the NRP program has been around for quite some time. I know I've taken it in the almost 14 years that I've been involved in birth a handful. Probably every two years. So about seven times. And although some of the principles remain the same, they're often changing some of the guidelines or recommendations around oxygen use for one and some other things and gadgets that we'll talk about. So Angee brought this to my attention. I really didn't know because I'm up for renewal probably in the next six months or so. But the NRP guidelines have changed. The program has changed itself. And for midwives, it's kind of a thing. So do you want to talk a little bit about what the new guidelines are? Or I don't know where you want to start with it. Wherever.

ANGEE: Sure. Well, I'll just start from the beginning. When I came across it, it was late in 2016, and I knew I wanted to do some international midwifery travels. I had chosen an organization in Haiti. And when I was looking at the requirements, it said—they required NRP certification. So looking at that—and this, like I said this was in November 2016, I realized that they were changing their up and coming guidelines in 2017. And instead of being able to test on select chapters geared more towards midwives and home birth, you actually were required to take it all including chapters based on hospitalized birth with hospitalized equipment and medication. So I quickly

got certified in 2016, so I didn't have to take the extended version yet anyway. And now I'm a year certified and looking into recertification next year and just kind of questioning a little bit of it because really the NRP program it seems has relaly geared itself towards not home birth based and not even an option to take (inaudible) for home birth but really geared towards nurses in a hospital setting. And so I think is the new guidelines even applicable to home birth midwives. The chapters that we are going to have to take and pass.

MARYN: Yeah. I mean it's definitely something I'm concerned about too. And now that we're talking about it, it's coming back into my memory that I think I was aware that a change was coming. I don't know that I knew or maybe nobody knew a couple years ago what those changes were. But yeah. Feeling like we kind of needed to get in one last recertification with a method that was understandable to the kind of work that we do. So I do want to say first, for anybody listening no matter where you are on your path or maybe you're a mom who is pregnant, resuscitation or helping a baby breathe after birth is something that midwives should know. It can happen rarely at a home birth. So Angee, I think you'll agree. It's not that we're, by any means, saying that people shouldn't know this vital skill. Parents should know this vital skill. But we're talking about the specific instructions and method that midwives are being put through to get their recert.

ANGEE: Absolutely. Yes. Absolutely. Everyone should know recertification, and I know there is amazing people out there who teach amazing resuscitation programs. We've had one—not through Indie Birth. Severeal times Karen Strange teaches a fabulous resuscitation program. And she does do it through NRP, I believe, too. But it's not even—yeah. Not even saying that we sholdn't know this stuff. We should know resuscitation. But really we need to get back to maybe a guideline that is applicable for home births because if I'm taking these classes to learn medicalized equipment that I don't even have how is that changing the way I do resuscitation even in a home birth setting or thinking of the next steps from a maybe traditional or wise woman and home birth perspective, I guess?

MARYN: Yeah. Yeah. No. I agree. And Karen Strange is amazing. We have two of her webinars on Indie Birth. So for anybody that wants this infroamtion from a midwifery perspective, her trainings, her talks, are the best whether you're a mom or a midwife. But there's only one Karen Strange. There's only one. And it doesn't seem like there's too many more people out there teaching from a perspective that will really serve us as midwives with the skills that we need and the parents and the families that we're serving. That's my concern. Is where is the real knowledge going? Where is the stuff we really need? How do we get access to that when we're being told we need this to recertify? And a lot of it isn't going to be useful to us.

ANGEE: Exactly. And I know even when I got my certification I had to go all the way to Kansas City to find a midwife instructor. And that is about eight hours from me. So that's—and really the instruction—the hands on skills part takes—I think it was about three or four hours, if I remember right. So that's a 16-hour drive for very minimal course time or hands on skills time. So really no one around here has—could teach NRP for a home birth midwifery because home birth is very minimal here. So finding instructors that are really tailored towards home birth midwifery is getting rare.

MARYN: Yeah. Yeah. I guess it is here too. In fact, I haven't seen Karen Strange personally in many years. There is a midwife a couple hours away who teaches a similar perspective, but still what we're saying is now even these teachers are going to need to be checking the boxes for us on skills like intubating a baby and—right? Giving the baby medication. Things that we would never do at home.

ANGEE: Right. So I don't know exactly how the instruction has to change. I do know the—yeah. The online portion of it that you have to memorize is changing. And that alone can—it's a little complex. I actually read the whole book when I—before I took this—the test. And I did only take my select test that I needed for home birth midwifery, and I was very glad of that because there—it was complicated when I was just—even hearing—because it was an audiobook. Hearing and reading the medications and the different equipment tha they have in a hospital setting that I will—I have seen, but I will never use.

MARYN: Right. Right. Yeah. For sure. And I guess to be devil's advocate, Margo, who I won't speak for her, but we had had a similar conversation yesterday. I think she's actually redoing her NRP recert today. So it was a timely conversation. And she was saying kind of the opposite, but I think we're all still coming back to the same thing. She was saying it felt like it really wasn't as hard as she thought it would be. It kind of demystified a lot of those advanced techniques that we think, "Those are only for the hospital." But of course, she agreed, "This isn't something we can actually do or will actually do at home," but that she felt there was value in just having exposure to this not being something that was crazy hard really. So that's an interesting perspective I think.

ANGEE: Well, and that's good to hear. And I'm all for knowing definitely what's going on, so that's why I read the whole book instead of just the part that I needed because I thought well, it will be nice to know what's up. But I thought, "Wow. That's,"—it really makes you thankful for the home birth setting because you don't see those sick, sick babies very often. So it really makes you thankful for the mothers and the babies that we do have on most of the time for srue. No. I'm glad to hear that because I'm definitely not saying that I'm not going to recertify. I don't know. At this point, I have a whole other year to think about it. I'm not sure. I'm really just thinking aloud about the value of it. And is it really going to help me in serving other women? Or since I am

certified and I do know what's going on and I do know how to resuscitate a baby currently, do I just keep up by reading the updated guidelines? I don't know. We'll see.

MARYN: Yeah. Yeah. I'm totally with you. We were talking beforehand. And I'm up for recertification. But with the CPM certification, which I still hold, they had changed their own system, so that used to be every two years which coincided with this other NRP recertification. Sorry. Not to confuse everyone. But now that the CPM gap is wider—it's three years. So I kind of have a year where I absolutely don't have to do it, if I even chose to renew my CPM, which is a whole other podcast. But I have kind of a gap there, so I've been thinking the same thing because I do want to be fresh with the knowledge, and I want to be fresh with the skills in the rare circumstance that it comes up. But if I decided not to go for the recert, it wouldn't stop me from learning and making sure that I was feeling good about this topic regardless because—I mean it seems like with the medications or this additional information that it's probably taking away time from just solidifying the normal which is really, I think, where we need to be with a topic like this.

ANGEE: Mm-hmm. Absolutely. It fails to touch on some other aspects of resuscitation. And I know I had mentioned this to you earlier in a text. But the spiritual side of recertify—of (audio cuts out). Skills are great, and everyone should learn different types of skills for sure. But really you need to cultivate that with a lot of wise woman tradition and beliefs. And I'll just give an example, if I can go ahead and talk about this.

MARYN: Yeah.

ANGEE: I just had a birth last weekend. And that baby needed some serious help. It had an APGAR score generously a one. And so this baby needed some serious help. And so yes. We did a resuscitation. And baby was not coming through, not coming through, not coming through. And I remembered something that a spiritual midwife once told me. She's a spiritual midwife in the East Coast. And she said she would call out to the baby by name or the dad would or the family would. Would call out the baby by name. And so I look up, and I said, "What's his name? We need to call him out." And so they started saying his name, and immediately, that baby came through. And I just thought it was such a unique perspective because I had all the skills, and I was using them appropriately. And I would get very minimal response. But once that baby started hearing his parents' voice and—alongwith what I was doing, that baby was coming basically into his body. And then was present with us. And great. Very shortly thereafter is still doing great. I think there's just more to it that we need to be teaching aobut as far as the spirituality of—and alternatives as far as yes. We want the skills, but we also need to know about calling babies in and the spiritual aspect of maybe what's going on with that baby.

MARYN: Yeah. That's amazing, and I've experienced that as well. I think it's a connection too. You have a connection to that family, to that baby. You did already. So I think that's so helpful. And just realizing that—yeah. Those aren't often skills that people talk about or that can necessarily be taught especially in a more studious setting with question and answer. That kind of thing. But that is a tool for sure that we are blessed to have with the way that we work. And especially if it comes back to a when all else fails kind of thing you remember that as a last resort. Calling the baby in. That it's such a transition to be born. And I think that is what people love about Karen Strange's trainings too. Is that she really does address the experience of the baby. In fact, that's almost her full focus I've found with some of her classes. And I think that's amazing. That's what we need to be doing is having this multidimensional perspective on a baby that might be slow to come around.

ANGEE: Absolutely.

MARYN: Yeah. I have a similar story. I've told this in various ways and shapes and different podcasts. But my fourth baby was very slow to come around and really didn't look terribly alive when he was born. It was probably the worst I've seen. And my own baby to boot. So I remember having those thoughts that when I looked at him seconds after birth that he just wasn't in his body. There was a body there, and there was no spirit yet at all. And yes. We called 9-1-1. And yes. We went about resuscitative efforts. But I also said to my husband, "Call,"—we had a friend that was kind of a spiritual teacher of ours at the time. And I asked him to call her. And he did somehow in the midst of all this chaos. And she—her impression—and, of course, she wasn't there phsycially. But her impression spiritually was just what I had seen. She said he's just not—he's not in his body yet. He's out doing something else. I think she said he was fishing, and that she used her skills and her connection to kind of call him back into his body even from afar. So anyway, it all worked out thankfully. But that was my frist epxeirence with all the tools in the world didn't seem to be doing the job to get this baby to breathe.

ANGEE: Mm-hmm. Wow. Yeah.

MARYN: Yes. So these crazy things. How about something like mouth to mouth versus bag? With this baby last weekend, how did you give him breaths? Or did the parents? What was your method there?

ANGEE: Well, my method—typical—my typical MO would be preferably the parents do just the rescue mouth-to-mouth breaths. Mom was not in a position. She wasn't—she was not in a position where she could. And dad didn't either. And it was just actually instinct for me that—you just—I just went ahead and did it. And I did breaths—rescue breaths mouth to mouth. And then—well, stimulation first, then the rescue breaths.

And then I was checking for a pulse, but I couldn't actually ever get a pulse through the umbilical cord. And I didn't want to reach for my stethoscope. So—and he—I knew enough that he still needed breaths because he was not breathing. But he would—at one point, I think it was after—let's see. The sixth rescue breath that he somewhat opened his eyes for just a split second. And then right away just not there. Just all of a sudden gone. So that's—I did two more rescue breaths, and then that's what came to mind of we need to call him in. So that's when that started happening. And it was the two rescue breaths after they were—everyone was calling him in that he really pinked up. And he breathed and started crying and was—yeah. Or attempting to cry. And yeah. Then he was looking good because honestly right before we—I said, "Let's call him in," I actually looked at my assistant. And I said, "Grab my resuscitation kit," because I did have my bag and mask with me.

And I was about ready to go there and call 9-1-1. So we were about there when I—that quickly popped into my head to call him in. And I said to call him in, and then two rescue breaths later he was with us. So we didn't end up needing to call 9-1-1, so that was great. Yeah. We were almost there. And I actually kind of kenw that something (audio cuts out) do this except for this one time I did. I looked at my assistant, and I asked—I said, "Grab my Doppler." And she looked at my funny because she knew I never check heart rates. Very rarely. Espeically during the pushing stage because it's more disturbing to mom. And if the mom is not asking for it, it's just not my MO. I let mom's intuition really flow during this time. But yeah. For some reason, I just knew something wasn't quite right. When I had actually—I got a split heart rate or a little bit of a heart rate that went from 130 to 60s. And I thought, "Okay. This baby is going,"—but this baby was almost here. So I was like, "Okay. We'll see what's going on when baby arrives." And yeah. I thought maybe things were going to be okay. But the rest of him birthed out, and he was not.

So yeah. Just one of those situations. I hadn't needed to do resuscitation since Haiti. So yeah. Just one of those deals. But I'm just grateful that he came around and that we were able to call him in and that it was really—it seemed to be more a matter of him just not being present with us yet more than anything. So—rather than an actual something physically wrong with him. So—and he had good blood flow. The placenta was flowing—or the cord was purple and still twisted, and he had oxygen flow. So I wasn't ever worried about that. So yeah. And once he started up and going, he was good to go.

MARYN: Yeah. Well, it sounds like you did an awesome job. And obviously, this baby wanted to be here as well. It makes me think of Karen Strange says too—or at least she did in her one class just about giving kind of more rescue breaths than you'd think. It's not the kind of thing generally wehre one breath or two breaths really is going to make a huge difference for a baby that truly needs it. So it's interesting to hear that you

really did do—you really did do a handful of them in addition to, of course, calling him in for that to help.

ANGEE: Yeah. Absoltuely. I think total—I have to look at my notes. But I know it was at least eight breaths. Maybe ten.

MARYN: Wow.

ANGEE: But yeah. Yeah. It was just amazing. And once he was in his body, he was there. And he was totally with us.

MARYN: Mm-hmm.

ANGEE: And he made sure of that. So—to let us know. But yeah. It just got me to thinking more about yes. I'm really grateful I had the skill set. But definitely more, I guess, that—just more of that perspective as far as what's going on from the baby's perspecgtive and spiritually and some things that can also be done in addition to the skill because you never know in any situation because they're all so different. We'd like to think that if we have the skills we can tackle the situation that we have the skill set for. But really it takes a lot more of that wisdom to know what things you need to do in that moment. And it's not going to look the same in each scenario. And that's one thing with the actual hands on skills training that you would do through NRP or any type of program really is, hey, this is going on. And here are your steps. And you realize very quickly that those are great to memorize, but it never really happens that way because there's a lot of intuition at play. And there's just a lot of variables that you—it's impossible to discuss them all of what to do in that moment. So really just knowing the skills and then listening to your inner wisdom of what's needed at that time is just crucial. And that's the biggest thing I took away from it for myself was yes. I loved having the skill set but also listening to that inner wisdom and not just going through the steps. Because if I had kept going through the steps, we would have been in a transfer situation because the steps were not enough. They were great. And they helped. But alone they just weren't enough. We needed something more. We needed that wisdom and that spiritually and the intuition of calling him to complete the processs, I guess.

MARYN: Yeah. I agree. Mm-hmm. Yeah. I mean and sometimes—I thnk we'll agree that sometimes these trainings or certifications, whatever, can get in the way of that kind of knowledge but also that the trainings on the flip side, I think, can be a confidence builder. They don't give you the answers for every situation but just refreshing yourself with that info, I think, is either confidence to do what needs to be done and then to utilize the other tools in your toolbox, which, of course, are the ones like we said. Not really being taught, per se.

ANGEE: Exactly. And really I totally agree with giving you the confidence because part of it—when you're coming from a wise woman perspective and you have the skill set alongwtih the intuition, listening to your body, and it's not just number on a paper or a number of—order of things you need to do, but it's a collaboration of things, then you automatically know what you need to go to first. I really think—because in any situation that I needed to act in I felt like that's how it was where yes. I have these skill sets, and I have—but this wise woman intuition over here, I know what I need to pull from when I need to pull it from.

MARYN: Yeah.

ANGEE: Because if I didn't have the skill set, knowledge, then I'd be wondering what skill set should I use. And that would get in the way of my intuition on the flip side.

MARYN: Yeah. I totally agree.

ANGEE: Yeah. The knowing the skill set and knowing what needs to be done there and then with the intuition you know what's going to be best at that particular time for that particular scenario.

MARYN: Yeah. Yeah. I agree. I mean I'm definitely I think, like you, more an intuitive person than a numbers based research person. So something like NRP actually can make me feel sort of uptight or nervous. I know there are guidelines around the beats per minute or whatever it is. And I think it's great to have that knowledge tucked away in your head. But the couple of times I've had to resuscitate I feel like the baby just looks at you, and the baby is clearly saying, "Give me a breath." Where you can double check that with the clinical information and often we do if we have time or if the stethoscope is sitting right there or whatever it is. But yeah. Just kind of feeling that this is what's needed in the situation is what we're talking about.

ANGEE: Yeah. Exactly. So and I know—like in this situation, I didn't have my stethoscope nearby, and I tried to get a heart beat through the umbilical cord. And I couldn't feel the beat. And yeah. I could have asked for my stethoscope. But really in my mind, it was like this is—that's wasting time. This is what I need to be doing here is more breaths and then back to calling him in. But yeah. And so when you're focused on purely the—what you've been taught or what the book says, then a lot of times that can get in the way because I would say, "I need my stethoscope." And then we would have wasted those seconds, which it wasn't like far away. It was right there. I mean like five feet from me. But still it's just one of those deals. Yeah. I don't know. It's interesting. I just really like the collaboration of the skill set with the wisdom. But yeah. Again, of getting back to the NRP just kind of looking at it and thinking, "Is this program getting so far away from home birth midwifery that it's not even all the way applicable?"

I know there's things in it that are applicable, so I'm not saying that. But we'll just have to see as the guidelines change what happens, I guess.

MARYN: Yeah. Well, and it's certainly not the first example of guidelines changing in a way that doesn't really make room for the best parts of the way we work. We are used to kind of just fitting in to these sorts of boxes when it comes to training. You just kind of make do. We take what we need from it. We feel like that's the best case scenario, but there certainly are midwives—and I think the bigger picture of midwifery starts to be affected by things like this. A couple of years ago with NRP it was the pulse oximeter. And that might still be going in certain circles. And I think that's a thing that many midwifery practices now have incorporated and used especially those that are serving more mainstream populations and in birth center capacities. But that is something I have very intentionally resisted. I don't know if you have thoughts on that or where you're at, but that's another thing that—that's happened. That's not even a thing that might happen. There are midwives carrying around pulse oximeters and doing this on normal newborn babies because it was part of their protocol now.

ANGEE: Yeah. Absoltuely. And getting—yeah. Having to get those oxygen saturation rates. So honestly, I mean I do have one. I have not ever used it on a normal, perfectly healthy baby. I have attempted to use one on one that I suspected of some problems, and it wasn't even this one. It wasn't this one that I had my resuscitation on. It was another one. But it was—I mean unless you have time or something that can put it on for you and know—and a lot of times it's like, "Well, it's kind of worthless," in a way. And really what does it tell us? It tells us numbers, but it only tells us physically what's going on with the baby. And—

MARYN: Well, it doesn't even does that. I mean with my son years ago—of course, that was eight years ago. They attempted to put a pulse ox on him. The EMTs did, and it was completely fruitless and gave us zero information. And it just made it seem more confusing. No one knew what was going on. So I don't know.

ANGEE: Absolutely. And I had that too with the one I attempted to use it on. It took forever, and I was like, "Man, I could never use this thing in a hurry." It (inaudible) tell me anything.

MARYN: Well, and that's the thing. For people that are—or midwives out there saying the classic, "Oh, but,"—oh, but I needed it in this situation. Oh, but it helped this baby. I'm not disputing that. I don't think you are either. Every bit of technology that we have available at some point has helped someone and will help someone in the future. But it's more just are we making this part of midwifery. Are we making this part of home birth? Are we carrying these things because we think it makes this whole thing safer? And that's why philosophically I just can't get on board with some of this stuff.

ANGEE: Right. No. I completely agree because I've thought many times—when I go through my bag each time, I'm like, "Hmm. Do I really need that?"

MARYN: Right.

ANGEE: Why am I carrying this type deal which is always good. It's always good to question because if you don't know if what you're carrying is actually valid maybe you need to revisit that. Or if you—if what you're carrying is maybe necessary or you're just carrying it as a—Linus's blankie, for lack of a better term. Yeah.

MARYN: Totally. Totally. Or I mean there is certainly is the angle of these things being carried because they appeal to people that perhaps don't understand these complex issues, right? So if there was another midwife around town and she's in to telling people that she has all this extra stuff and she carries oxygen and—your average person doesn't really know these issues or what's safe or what's not. So it starts to change the topography of midwifery. What is actually being offered? And who are we? So we're getting very existential here, but you know what I mean.

ANGEE: Absolutely. Are we a home birth or we hospital in a home? Are we—what are we trying to be?

MARYN: Exactly. You said it.

ANGEE: Oxygen is my big beef. I'm like—I ask midwives when they carry it—even if they say, "Well, it's not that they need it, but it looks better if you transfer." I'm like, "What?"

MARYN: But it's harmful. Dear me.

ANGEE: I'm like, "Well, then who are we serving? Are we trying to look good? Or are we actually trying to help mothers and babies?"

MARYN: Well, but then here we are. We're circling right back to wehre we started which is yes. There is value in all of this education and knowledge. but when it comes to a certification, in the end, isn't that a lot on the outside of just how it looks. And are we doing our job? And are we educated? To the mainstream world.

ANGEE: Exactly. Exactly. Because yeah. Really you could take NRP certification against any certification. Why would you want to get certified? Is it because of the way you look? Is it because somebody is going to accept you more? Or is it because it actually has some value and meaning to you that you want to provide to women? So yeah.

MARYN: Yeah. Well, there we are. We circled right back around in a beautiful way. And it didn't take us too long or too short. So yay.

ANGEE: Yay.

MARYN: Well, thanks for chatting today. I hope people have enjoyed this informal chat. My plan is to do more of them with Angee and some other people that I have kind of on deck that I feel comfortable just chatting with and not having a real agenda or interview. So thanks for being here, Angee. We're going to have to do it again soon.

ANGEE: Yeah. Thanks for having me.

MARYN: Awesome. Well, have a great day everybody. And tune in soon. Check the indiebirth.com site for new information. We have all kidns of new classes and T-shirts and things that have hapepend even this week. The indiebirthmidwiferyschool.com is accepting applications for school beginning in July 2018. And you can always email me with any questions or concerns. I love hearing from people that listen to the podcast and support Indie Birth. Have a great day everybody.

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