

(introductory music)

MARYN: This spin off of my *Taking Back Birth* podcast is called *Walk and Talk*. It was about time that me, Maryn, and Indie Birth cofounder, Margo, got together in an informal regular talk show type format to talk about whatever is on our minds. We'll talk about the ideas and topics that bring us together as midwives, women, and best friends. Stay tuned as we literally walk and talk about whatever comes up for us in this episode. We welcome your ideas or suggestions too so be sure to leave us a review on iTunes and let us know what subjects you want to hear.

Hello. Good morning.

MARGO: Good morning. (cross talk)

MARYN: Go ahead.

MARGO: I'm fixing my snow pants because they were falling off of me.

MARYN: Oh no. I was going to ask you if you heard the silly music I picked for this podcast.

MARGO: I did.

MARYN: It reminded me of Jerry Seinfeld's *Comedians in Cars Getting Coffee*. I realize subconsciously that's what I did. Like I picked like minded music because we're kind of doing the same idea. So thanks, Jerry.

MARGO: Yeah. Midwives in the woods talking about birth.

MARYN: Oh man. So what do you want to talk about today?

MARGO: I don't know. It's such a beautiful day here. I think we should talk about food stuff.

MARYN: Food stuff. Food is always good.

MARGO: Because we don't talk about it enough.

MARYN: I know. I think we're some of the most food obsessed midwives that probably exist, or else no one else talks about it or wants to talk about it. Maybe. I don't know.

MARGO: Yeah. It doesn't seem like it's high on the priority list for whatever reason.

MARYN: Right. Right.

MARGO: Yeah.

MARYN: Well, what are you experiencing? What's been going on in your neck of the woods, so to speak?

MARGO: My literal neck of the woods. Okay. I'm up my hill now.

MARYN: Okay. Well, I can go if you're making it.

MARGO: I think I'm good. Okay. Yeah. I think what I was thinking would be fun to talk about is just working with lots of different kinds of people. And I would suspect that that's part of the reason that midwives all over don't seem to be really tackling this issue. I have a few friends who had a different midwife. They didn't use me. But they really liked about their midwife that she didn't talk about food and never made her—just sort of said, “Eat whatever you want.”

MARYN: Right.

MARGO: “It's going to be great,” which is, on the one hand, great and empowering and like, “Yeah.” If you listen to your body, that should be fine. But I feel like in our culture it's just not realistic to think that most or even many of the people that we're working with have a long history of listening to their bodies in a really deep way. So—

MARYN: Yeah. I agree. I have a lot to say about quote on quote intuitive eating.

MARGO: Right. Well, I did a podcast with Jenna la Flamme, who I love and who I'm hoping one day will join us at one of our conferences/retreat.

MARYN: Right.

MARGO: I think her work is really—it's very feminine. It's very empowering. It's very—yes. All the things. It's good. And that was one of the questions I asked her is like how do we work with women in pregnancy when nutrition is—we really only have one shot to get it right as opposed to like, “Oh, I'm going to figure this out over the course of the next five years.”

MARYN: Right.

MARGO: How do we do that? And she had some good ideas, and I'll be curious some day when she has her own baby what that feels like for her too. But yeah. I think it's—yeah. Intuitive eating is great on the one hand, and then I think isn't quite enough to get us over the finish line on the other.

MARYN: Right. Yeah. I have seen that here quite a bit over the years. I think stereotypically the people here are more likely to claim something like intuitive eating. And I feel like in my younger midwife days I was all for it until you realize that that's not quite what they mean. I think it's something that sounds really nice, and we, of course,

love to honor women and their intuition and what they think they know. But there's so many things in pregnancy that can obscure the view, I think, when we're talking about nutrition. So whether the Chinese perspective is one of my favorites, for example. There are sort of imbalanced reasons why somebody might not want to eat a whole group of foods, or there are imbalance reasons why somebody may have no appetite in pregnancy. These aren't actually physiological occurrences.

MARGO: [laughs]

MARYN: What?

MARGO: A dog was just passing me and decided he wanted to bite my—

MARYN: Oh no.

MARGO: A cute way. He wanted me to play.

MARYN: Oh no.

MARGO: Yes. He was very cute and snowy.

MARYN: Dogs on the (inaudible). It could happen.

MARGO: Yeah. I agree. And I think part of the other really confusing part is the cultural narrative around what is normal for eating in pregnancy. And that's, I guess, what I mean when I'm talking about how do we work with women who want to just eat intuitively which is great but maybe haven't peeled back some of those layers. So recently working with someone who is still vomiting a couple times a week at half way through pregnancy and being like, "Hey that might be normal for you. But that's really not as common as people like to act like it is."

MARYN: I would say that's not even normal honestly past the half way point in pregnancy.

MARGO: Right. And so how do you have those conversations gently with people? Like, "Hey, maybe you were told growing up that vomiting all through pregnancy is normal, and we see that on TV. And morning sickness. Ha, ha, ha. So let's see if there are some things we can do to minimize that." And so yeah. I guess that's the kind of stuff I'm talking about. That or this other thing that I'm dealing with here which I don't feel like I did as much in Arizona with you. Is this pregnant women just want junk food joke. Like, "Ha, ha. I'm pregnant, so I should get—I should want Wendy's every day. And that's okay because I'm pregnant. Ha, ha." Which I want Wendy's every day. But I know that that's not my be healthy inner self being like, "That's what would make you feel good."

MARYN: Right.

MARGO: That's a different part of my brain being like, "Eat all of that stuff is going to be awesome." And it's not true. So how to work with that too and not discourage people from getting enough calories because I want them to. But how do we say, "Maybe when you want Wendy's, you actually want a grass fed burger you make at home?"

MARYN: Right.

MARGO: Or how do we—without sort of taking the wind out of their sails when they—this may be the first time in their whole life they've given themselves permission to eat food in general. There's so much disordered eating. It just seems normal because it's common. It doesn't make it normal.

MARYN: Yeah. And it makes talking about this topic feel really disordered, which is fine. But there's so many—there's so many variations on this topic depending on—I don't know. The person, where you live. I mean here, honestly, I have people that if they—if they said they wanted to go to Wendy's, I would probably like cheer for them.

MARGO: Right. Exactly.

MARYN: If it was a onetime thing because a lot of the people here struggle with getting enough calories, and they're all about healthy eating but to the detriment of the quantity that they are taking in. So yeah. I feel like we definitely have some sort of opposite struggles. Too bad we can't combine effort somehow on that.

MARGO: Well, yes and no. I feel like even the people here who are wanting more fast foodie stuff or that sort of thing still aren't getting enough calories. And that's sort of been the confounding part to me is—

MARYN: So you mean it's like they do that? That's their meal for the day kind of thing.

MARGO: Yeah. It's like their guilty pleasure, and they're like, "Ha, ha. I ate that for dinner." But then when I turn around and say, "Hey, you should add more butter to your meals. Up your calorie intake and get some good fats," they're like, "Oh really? I thought butter was bad." So interesting being the land of dairy here. I'm right next to a (inaudible) in the cheese head state, and, somehow, this area has seemingly been inundated the hardest or maybe still just has the remnant of the anti fat thing. And so my theory is that because of that people are more likely to—especially because it's cold here. I know I want rich, fatty, yummy food right now. And it's winter time. And I think people are depriving themselves of that. And then it's coming out the other end as a desire for McDonald's or whatever. Whatever that—Pizza Hut.

MARYN: Right. Well, it requires so much education, which I think you are doing. I know you're trying really hard to create these workshops or to kind of shift people's knowledge and views on things. And it makes me think when I did my apprenticeship it was in the Midwest. I mean Chicago may be a major city, but we worked mainly outside of the city in the suburbs. And the midwife I worked with didn't know anything about nutrition in a sense until she did. And she had her own sort of not as optimum pregnancy outcome with her first pregnancy. And so she was pushed to learn. And it was really cool to see because when I started learning with her she was really new to a lot of this information too. And, of course, this was almost 15 years ago. But she was bringing it to this population of women that truly had no idea. And her practice was awesome, and the women were amazing. But outcome wise, I feel like I did see some sort of, again, not optimum outcomes due to nutrition that I really don't see any more. I mean lots and lots of kind of awful tears. One legit case of preeclampsia, which diet couldn't even reverse. So anyway, I don't know what I'm babbling about except she started to learn. And she really brought it to these women in a way they could understand, and things started to slowly change. But it was pretty stereotypical information for these women before that.

MARGO: Yeah. Yeah. Yeah. I've seen a huge—and this isn't just with my clients because my clients tend to be more educated. Maybe not necessarily in formal education but they just are people that educate themselves. Have more foundational knowledge around all this. But I did a pregnancy workshop a couple months ago and I've done some other workshops and just I'm in the community trying to work with people on stuff. And so yeah. I just see this really intense fear of gaining weight, which I saw, I guess, in Arizona too. But it just feels like it's a different flavor of it here. Maybe because there are more overweight people here it seems like.

MARYN: Yeah. So what is it like? Because I actually feel like I don't see that here as much. I mean I have women that will admit to that being a thing. But they're pretty open about it. And yeah. I haven't seen it be a thing in awhile. So tell me what it's like there?

MARGO: Hmm. Well, something that's been interesting is—and I have no judgment about this at all. So if you're a client who is listening, do you. But as a general trend, at an initial visit, I'll say, "Hey,"—as we're going through the prenatal flow chart, I say, "Hey, do you want to talk about weight at all this pregnancy or not? If you don't, I'll cross this row out."

MARYN: Right.

MARGO: And you can talk about it if it comes up later. But just in general, I'm telling you we don't have to talk about that. But if you want to, we can. Just like everything, right?

MARYN: Right.

MARGO: I mean so far everybody has said, "Yeah. Let's talk about it."

MARYN: Well, that's cool.

MARGO: "This is what I was pre pregnancy. And here's what I am now." It is cool, on the one hand, but it's also like—I don't know. Just surprising to me on the other that more people aren't like, "Nope. I don't care. And I don't need to even go there."

MARYN: Well, that's a pretty big leap, I think.

MARGO: Right. I guess that's what I mean. Is it seems like there's still a lot—a sense that people are invested in that as a concept.

MARYN: Sure. Sure. Well, how would they know not be is the question? You're doing all this reforming of their thinking. But you're starting at the beginning, and people come in with what they come in with. So I tend to just tell people like, "Look. I don't care about the numbers. But you might want to keep track." And there might be a certain point in pregnancy where we actually do care. We just want to see if that's a sign of your body getting enough. I never, of course, frame it (inaudible)—I'd want to know—yeah. To make sure you're not gaining too much. No. Never. I would love to know just because some people—they're 30 weeks in, and they have gained, let's hope not, 5 pounds. I want to know.

MARGO: Yep. Right. I agree. It's such a tricky thing. And well, I think a good example of this is when we tried to do the reframing the weight discussion webinar.

MARYN: Right. Right.

MARGO: And no one signed up for it.

MARYN: Yeah. That has been our only webinar where literally no one wanted to spend time talking about that.

MARGO: Yeah. Well, because I would say most midwives routinely weigh people. I don't bring a scale.

MARYN: No.

MARGO: I know you don't bring a scale.

MARYN: No. I do have one in my office though. And sometimes people, when they come, will want to check in. So I flow with it. Whatever.

MARGO: Right. Yeah. Yeah. And I think it's a good discussion to have because usually whenever people say, "Oh, yeah, let's—here's where I was at before. Here's where I am now. And I'm writing it down," I just say exactly what you were talking about. Like, "I just want to make sure you're gaining enough."

MARYN: Right. Right. And that that really does feature in a discussion of blood volume expansion because blood does weigh. So I think it's appropriate for some women to completely throw away the scale. But what I think we're saying is there's also a way to use this information to be helpful. It doesn't have to be all or nothing.

MARGO: Right.

MARYN: But everybody is unique. We are dealing with trauma and such around weight gain. So it is. It's a touchy subject.

MARGO: Yeah. It is. Hmm.

MARYN: Well, on this side of the country, at least here—I can't really say this side of the country. But here I feel like I have the opposite thing going on where seeing that someone is gaining would be really awesome because I feel like there is an emphasis on, again, not getting enough quantity. A topic that comes up here a lot is vegans and vegetarians. And that's something really hasn't changed for me over the 10 plus years I've been here. I'd say I probably have even more vegans and vegetarians than ever. So I don't know. I guess I don't have to babble on about that. I'm going to do a podcast today with a vegan chef friend of mine that is super informed and educated. So I'm going to pick her brain about the way to help these women the most. But in my apprenticeship, again years and years ago, it was really a very strong bias that the midwife I had—or I worked with had. She would not work with vegans or vegetarians at all except for one. I remember one. And the woman was a very picture perfect vegan and wrote down this amazing food journal. But other than that, the bias was really out there. And she just didn't feel like it was a healthy way to be pregnant. So sometimes I fight that bias, but mainly, I think I just need to find better ways to work with women who have different diet types.

MARGO: Yeah. Well, funny enough—maybe things are more similar here and there than I thought. It's just a different personality of it because I have been coming up against—I thought people here would be—and some of them are—big meat eaters and the dairy thing, right?

MARYN: Yeah.

MARGO: So funny enough I have worked with a lot of women already who, in one capacity or another—maybe not as home birth clients but who are trying out the vegan vegetarian thing or don't call it that. But they say, "Oh, meat just doesn't sound good to me in pregnancy," kind of a thing.

MARYN: Right. Right. Right.

MARGO: Which is different, of course. And then yeah. I think it's so hard because I remember I was—I grew up in the Midwest and then lived in Arizona from when I was 10 on. And I was a vegetarian from when I was 15 until I was 21. And then I—

MARYN: Right. Yeah.

MARGO: And so I very much have personal experience. I think you do too you said. Like of being—

MARYN: Oh, I've tried it all. I've tried every single diet type out there.

MARGO: But I mean more like I was the Midwest vegetarian. I was a cheesetarian is what I was.

MARYN: Right.

MARGO: I didn't really eat vegetables. I just didn't eat meat. And so (inaudible).

MARYN: Yeah. That's quite a different thing.

MARGO: - couple of times here. And yeah. It's a totally different thing and really interesting. I don't need to stereotype an entire state of people. But that seems to be more what people mean here when they say that they're vegetarian. It's not the super foods and the juicing. We do have a juice shop here. It doesn't—I—it doesn't appear that they're very busy or doing very well.

MARYN: So funny.

MARGO: And like I said, it's a cold place. We're in a very cold place.

MARYN: Sure.

MARGO: I'm out here in my snow pants.

MARYN: Sure.

MARGO: I don't want an acai bowl right now. That sounds horrible. It's so cold. And so I don't—the raw, and the vegan, and the amount of time it would take to cook and be a really (inaudible) vegan, vegetarian in this climate, I feel like, is just—it would be hard.

MARYN: Sure. Sure. And that's something I want to talk about Brigitte about today because she's a phenomenal vegan cook. She's cooked for me in my postpartum. And I'm not kidding. If I could get somebody like that to cook for me, I could be began so easy. I'm not biased against the diet itself. I think there's so many great qualities depending on your own body type, and my body actually does really like it. But I don't have the time to do it the way she does. And that's kind of my overall, if I had a complaint—I mean I don't really have a complaint about other people's diets. But with the vegans and vegetarians that I work with, it's like yeah. It can be really an amazing way to get nutrients. But do you have the time? Do you have the access? To put it simply, do you have the—

MARGO: Spend the money.

MARYN: - (cross talk) to do it right?

MARGO: Mm-hmm. Totally.

MARYN: And Brigitte would say the same thing. It's expensive. I mean when I see the kind of stuff that she is buying in bulk and processing I mean it's literally taking up her whole days. And she doesn't have kids, so it's working for her life.

MARGO: (Cross talk) community, right?

MARYN: Right.

MARGO: And that's part of it too. We should talk more about that maybe next week. We should talk about community in pregnancy because I agree. If I had a super awesome stone grinder, I would eat delicious, sprouted nut butters all day.

MARYN: Yeah. It's absolutely—I mean it's a luxurious way to eat. Her way of eating is not just crunch green salads. She's making extraordinary, amazing, creative dishes that just happen to not use any animal products. So yeah. Anyway, I wish I could get a Brigitte in everybody's house that was wanting to be vegan or vegetarian especially while pregnant because otherwise yeah. It's sort of defaulting to just leaving out major groups of nutrients, so that's what I'm seeing. More people dealing with anemias. And I don't generally feel like that's something we see in omnivorous diets as much unless there's something else going on.

MARGO: Right.

MARYN: So that's concerning because that's the body obviously saying like, "I'm struggling with this whole entire thing over here." Not even just calories.

MARGO: Right. I know that's—yeah. I mean that makes me think of, too, were we talking about this recently? Just the idea that—oh, it was with a different midwife, who

is working with someone. And they are anemic. And I said, “Well, what kind of anemic are they?” And they’re iron deficient. They’re deficient in iron. They seem to have ruled out the other possibilities. And they’re like, “Oh, so she’s taking iron supplements. Blood builder whatever.” And I was like, “Okay. Great. But why is she anemic?”

MARYN: Right.

MARGO: But how—throwing iron at the problem isn’t going to fix it. It’s the—a normal, healthy person should not be anemic if they are eating enough high quality food and absorbing it properly. The problem isn’t iron. It’s she’s not eating enough in general probably would be my guess.

MARYN: Sure.

MARGO: And iron rich foods, of course. But supplementing, to me, is backwards. It’s like—it’s the same as putting an oxygen mask on a mom when the baby’s heart rate is bad. You’re—it’s a band aid solution. It’s not actually getting to the root of the problem, which I think is so interesting.

MARYN: Right. Well, yeah. And I would add that I think many midwives are just looking at a hemoglobin or whatever and deferring to iron deficiency anemia when it’s not. And I’ll admit I’ve done it too. And it’s only through experience that—yeah. I’m more aware of looking at the other values and consulting the textbook if I need to because lab values aren’t something I’m doing all the time and really figuring out what’s going on because someone that’s got a B12 deficiency—the iron is not necessarily going to hurt them especially if it’s food based. But yeah. You’re not getting to the root of the problem. And that can just go downhill fast. So I’m not for lab values for everybody. But with vegans and vegetarians it’s more relevant to talk about that with them and to ask what they want to see because you don’t really want someone to get symptomatic too before you figure it out.

MARGO: Right. Well, and that’s a nice plug for—it might be too late for some people that are listening to this, but they can get the recording I guess. Gail Hart is doing a great lab work call for us—webinar in a couple days. Two days from now, I guess, it is from right this moment.

MARYN: Yeah. And if you miss it, I mean the recording will be available later to buy. So if you’re listening to this at any point, yeah. Find Gail’s lab work class on our website. Yeah. Gail is, of course, super knowledgeable. And I feel like she is one of the—she’s been one of my main teachers with such things. Having her help me look at this or that to really figure out what’s going on with somebody and like you said, not just be like throwing a supplement at them.

MARGO: Right.

MARYN: And I don't know. I mean it's a whole other topic, but I've found the women here, for the most part—the women I work with—I mean like you do too. They're so amazing, and they really want to be healthy. And they're so conscientious. And it's just me bringing this up, and I always try and phrase it—like I had a woman the other day like, “Hey, does this resonate with you? This advice that I'm about to give you nutritionally. What do you think about it?” And just having them be like, “Yeah. That sounds like I'll try it. And why not,” or rarely, someone is like, “Nope. I don't think so.” But they're very—I mean compliant is not the word I mean. That's a gross word. But they're very receptive. Very receptive. And so it feels like a team effort. I don't feel like I'm pulling people along. And in the past, I've had people like that who didn't want to work on whatever it was that was so obvious even by a lab value then they're not the people for me. They need to find someone else that doesn't care.

MARGO: Right. Exactly. Yeah. I always try to talk about it as an experiment. Maybe that's the scientist in me. I don't know. But—

MARYN: Well, no. It is. It's a science experiment.

MARGO: I don't have—and I don't feel like I have—and I'm sure you would say the same thing. I don't feel like I have the answers or the right way to do it. I know my partner gets so mad at me when I don't like mushrooms or—I'm a super picky eater and grew up being a really picky eater. And I have a very picky three and a half year old. And so I know that there is no one way to do this no matter—even if it's just personal preference. And that's why I do really like Jenna's stuff because she talks about how joyful eating is important for our digestion. She's (inaudible) about the hormones. It's so fun and totally comes back to the same stuff we talk about. She even talked about oxytocin and how releasing that while you're eating is a good thing. It helps you absorb the nutrients better and her context and her book that's out is around weight loss. So not appropriate for the pregnancy conversation, and I've asked her to please someday write a pregnancy one. But I don't know where I was going with that other than—yeah. I don't want people to feel like it's a chore either. There's this balance always—hi, doggy.

MARYN: Yeah. I was going to say. That's a dog on your end not mine. Mine are being so quiet today. Yeah. I think it's—I mean really we could boil it down to an emotional conversation alone. And for each and every one of us for ourselves, I think that's really valid. I mean—but it's hard to work with someone only on those terms. So this is why we've expanded the conversation to the other important things that we know or we think we know. Physiology or science. But when it comes down to it, I'd say even as almost 100% emotional.

MARGO: Right.

MARYN: And someone's attitude about what they're eating whether they're pregnant or not is something I really thought about especially with kids. I was listening to this podcast last week. Honestly, I don't even remember what podcast it was. I think it was a Ted Talk. And it was something along the lines of there being research around kids and kids that are really loved and taken care of emotionally in their homes. That what they eat is really secondary to that. And that the kids who aren't feeling emotionally stable and loved, all the perfect diets in the world don't make them healthy. And that's something that's really relevant here in Sedona because people are crazy about what their kids eat. We have kids going to birthday parties, and they bring their own beet cake. It's crazy.

MARGO: Yeah.

MARYN: But it gave me something to think about because I can be controlling especially with my kids. But it gave me permission to be like, "You know what? I'm just going,"—I mean there are limits. But nutrition can be secondary to our emotional state, and that's—I think that's something that as expansive humans, we haven't really, a lot of us explored. So in the end, it might not even matter what we're eating.

MARGO: I know. That's funny. I had someone recently say, "I've never felt so happy as I do now," because I asked—I have my list of questions I ask or work into every visit. One of them is, "How are you doing emotionally?" I used to feel really awkward asking.

MARYN: Right.

MARGO: It's really point blank. Like, "How are you emotionally?" It felt very robotic or something.

MARYN: Right.

MARGO: But I feel like people generally really take it as an opportunity to share.

MARYN: Sure.

MARGO: Which is really cool. So anyways, I had someone say that like, "Oh, I just feel happier than I've ever felt."

MARYN: Right.

MARGO: And I thought, "You're going to have such a good birth and your pregnancy is going to be,"—yeah. It was just that feeling of everything else really is secondary to that.

MARYN: Well, yeah. That's so resonant I—for me too. With the people I work with. If somebody's emotional state is seeming really as stable as any human can be and they're reporting being really happy and joyful in life and all that, it's like it's true. The nutrition conversation usually gets a back seat to that because they're also probably really taking care of their bodies too to feel that way. It's an interesting overlap.

MARGO: I agree. Well, and the partner stuff. I feel like they're probably having pretty good relationship.

MARYN: Right.

MARGO: And they're probably—part of that is the partner supporting them often (inaudible) in pregnancy.

MARYN: Totally.

MARGO: Like, “Oh, he brings me breakfast every morning before I get out of bed so I don't puke,” or whatever. It all just ties together. I mean even with the Brewer Diet, right? (Inaudible) stress increases your need for calories and protein and carbs and all of it. And so (inaudible).

MARYN: What is that noise? What is that noise?

MARGO: Is that better?

MARYN: Yeah.

MARGO: Maybe it's the wind. The icy (inaudible) wind.

MARYN: Yeah. It's really loud, but I guess that's what we get.

MARGO: That's what we get in real life here. Is it less loud now?

MARYN: Now it is. Yeah. It was pretty intense there for a moment. That's better.

MARGO: I'm shielding my microphone.

MARYN: Yes. Shield the microphone. That's the key. Well, anything else we want—yeah. Go ahead.

MARGO: No. Just—that's it. Just that those aren't separate topics. That you're supposed to add more to your checklist if you're feeling stressed out.

MARYN: Of course. Of course.

MARGO: I know in my last pregnancy I needed probably six extra checkmarks for the amount of stress I felt which is not good.

MARYN: Sure.

MARGO: So I was working on both ends of that.

MARYN: Sure. Yeah. And that's, I think, something that surprises people sometimes at least that's what I see. Somebody that has a stressful job or is on their feet all the time or has other emotional stressors sometimes coincidentally or not those can be the people that are like a little bit more resistant to looking at their diet. And so when we do and I make some kind of statement about that, they seem surprised. It's like, "Oh, but I am getting the 2,500 calories." It's like, "Yeah. But your life is requiring more. So yay. That's awesome that you can see that part and now you're just in a spot where you might need more right now."

MARGO: Mm-hmm. I'm back at my house.

MARYN: Nice. Well, we always wind up coming full circle. It's pretty amazing. We must have this subconscious timer going on in our heads from talking together so much and our routes are all plotted out.

MARGO: Yes.

MARYN: Cool. Well, thanks for listening, everybody, to our walk and talk. We are literally walking. Someone had asked. They thought that was a joke or something. No. We're literally walking, and we're literally talking. And you, hopefully, got out to listen to this podcast while you were walking. Let us know your feedback. You can always leave a review on iTunes, which I know is hard. Believe me. I have people tell me all the time how hard it is to deal with iTunes. But if you really love our podcast or you want to share an idea that would be a really great way to do that and make sure that other people find it too. So please do that on iTunes. And stay tuned for the next one.

MARGO: So you ever talk about some of other big offers at the end of our podcasts?

MARYN: You can go ahead. I do occasionally. But go for it.

MARGO: Well, I was going to say that our 2018 Indie Birth Conference and Retreat is going to be awesome. And we're going to have lots of really great sessions in addition to walk and talks just like this. More informally during breaks and such. So if you want to come do that in persona with us, that's going to be in May 2018. It's the 18th through the 21st. And you should go check out indiebirthconference.com for more information about that. And we're also enrolling for our second year—our second incoming class of Indie Birth Midwifery School. So if you would like to be a midwife, you should go to indiebirthmidwiferyschool.com or reach out and talk to us about that as an option.

MARYN: Yeah. Sounds good. That's a great plug. I know. I do usually end with the school. So thank you. All right, everybody.

MARGO: Have a good day.

MARYN: Bye.

MARGO: Bye.

(closing music)