

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi. Maryn today after kind of a rough week. Just a lot going on personally. My kids were really sick. That was not a lot of fun. And for one of the first times in a long time, I got really sick. Ugh. Gosh, I am grateful that it really doesn't happen but every couple of years because I am not cut out to sit around and be sick. It's pretty horrible. So feeling better although my throat is a little scratchy which maybe you can hear and just talking about a topic today that maybe sort of feels the same way to a lot of people which is home birth transport. So I want to talk about that today. It's something I haven't talked about in 100 plus podcasts. And I think I'll talk about that too. Why is that? Why is this not a topic that we want to put out there collectively? I think there are a lot of reasons, and I want to delve into that today.

So as far as home birth transports go, I have experienced my own as a mother and, of course, as a midwife. That's just inevitable. So I'll kind of be talking about both sides of that coin as I often do. And let's just face the facts right off the bat. Not every home birth will stay at home. Sometimes it's before the birth. Sometimes it's during. Or sometimes it's even after the birth that the mom or baby needs medical attention. Not every birth goes as planned. And, again, it's not a popular topic because I think we really have a stigma about it. And I want to talk about that first.

So what's the stigma of a home birth transport? I think you'll agree—most of you—that it feels like you failed. And I think that's a really common way for women to feel after their birth goes really in any direction that's unexpected but particularly being transported to a hospital from a home birth. So we can feel defeated or embarrassed. And as a mom, I've certainly felt those feelings back when a transport was in my birth experience. And as a midwife, it's something that I still often face myself. Feeling like I failed like there was something more I could have done. And so I really started to think more about that and feel more into it and wonder where does this come from because really it's not a stigma that should exist. I'm going to talk more about why a home birth might go to hospital. But in a general sense, why would this be a bad thing? Not every birth goes as planned, and sometimes we need medical intervention. So that's just a fact. Why would that be something we need to put judgment on whether it be for another person's story or for ourselves? Why would we do that? Because it's just what it is.

But as I started to feel more into it, it occurred to me that it really is part of this patriarchal system of medicalized birth and really mainstream living that most people are in. And it's the system, I think, that has us feeling this way. So that sounds a little victimized. Perhaps I'll kind of come around to a more powerful point about it. But the system is really the majority of the way people birth these days, right? So most people are birthing in a hospital. They're choosing that even when they're normal and healthy. And so those of us that are choosing home births already feel often on the outskirts, right? We feel like the minority because we are. We feel like the weirdos. We like the fringe.

And so when it doesn't go as planned, it feels really big. It feels like we're sort of failing this whole movement sometimes. Or we get the feeling of, "Well, I told you so," kind of that our culture wants to put on home birth which of course is ridiculous because home birth works almost all of the time. And we can know this in our heads but whether we're the mom or the midwife sometimes it feels like, "Wow. Maybe the system is right." But that's more of an emotional response. But, again, when the cultural belief is that hospital birth is safer then often home birth transports are treated in such a way that they're frowned upon, right? So if you've experienced one yourself or maybe you're a midwife or a doula, many people report the experience of going into the hospital even when it's well needed and being treated poorly, being treated like crap, being treated like you're ignorant, being treated like you're a risk taker with your baby's life. There's all kinds of really extreme versions that I don't think are an exaggeration in a lot of places.

So that's why there's such a stigma around transport. We can't just see it as well. This birth needed to go this way. And births happen in all kinds of ways. We really are still in this system where we're frowning upon our own choices sometimes when they don't go as planned. But that's really hard and intricate to keep going with. So perhaps I'll leave it at that. But I needed to go there at least for myself to understand sometimes why I feel this way. Why do I feel like it's a defeat? It's not. And I'll talk more about that.

So if you've experienced a home birth transport or you've been involved in one, you know that it's quite an emotional experience. And it really does give you compassion, I think, for hearing stories. And stories are hard because everybody has their version, and we don't often all the details. And really we can't know unless we were there. And that's something that I feel like I've learned well over the last couple of years at least as far as feeling judgmental or commenting on other midwives' births or reading anybody's birth story and hearing that it turned into a transport. It really gives you compassion once you've been through it to know that you probably shouldn't comment. If people want feedback, which I'm going to talk about later, then they will ask for it, and it can often be a really educational and awesome discussion to have. But if people aren't

asking for it, honestly, I think it's the kind of thing you should just leave alone. Nobody needs to hear that their transport wasn't necessary. They'll come to that conclusion, if they want to and if they learn enough. And like I'm saying, being part of transports that often are necessary, again, I have more compassion for these stories, and I really would love for them to be held in the highest respect as any birth story is.

So my own personal story with transport—I don't think I've told this on a podcast. But I have, oh well. I guess I'll repeat the short version here since it's pretty relevant. But my fourth baby was an after birth transport. And of course, I had had to quote on quote two successful home births, so it's not something that I anticipated. But I was a midwife apprentice at the time, and I really think that a lot of the births I had been involved in that year were sort of part of my chemistry. I don't know how else to put it. I just saw a couple of traumatic births that year that were home births. And I feel like I block some of it out honestly. Some of them were transports. Some of them were just plain out traumatic home births.

Anyway, that's a lot to carry, I think, for any person and being a midwifery student is no exception. So I just had this—having seen these births, I kind of had these beliefs going on that sometimes birth could be hard, and sometimes birth didn't happen at home. And so be it. That's part of my story with this fourth baby, who is now almost nine. In fact, he'll be nine in two days. And nine years has gone by, so I can tell this story without too much emotion. And really I can laugh about it now. So the short version is my labor was normal. And it was hard actually. And there was nothing really very notable about it. It was sort of a typical fourth labor. I remember waiting awhile for it to get started, and it was New Year's Eve and wondering if he would be born—in what year he would be born.

And sure enough, he waited until January 1st. And that morning at 9:00 in the morning, he was born after a pretty intense and short active labor. And the midwife I was apprenticing with was there although she wasn't really invited in my heart of hearts. So lesson learned. Do not invite people you do not want at your birth. Do not feel like you have to invite anyone. But it was sort of an awkward situation because we were working together. I was the apprentice. We were friends as much as we could be. And she sort of expected to be there and, again, her view of birth being dangerous or at least more dangerous than I thought it was at the time kind of compelled me to feel like she needed to be there.

So, again, lesson learned. Just don't have people at your birth that you don't want there. Don't compromise. It's not worth it. But this is the story. So she was there even though having an unassisted birth was something I really, really wanted at the time. My first three were not, of course. My first was a hospital birth. My second two were midwife attended home births. And I had this deep desire to birth alone. Well, I didn't

honor that. I invited this midwife, who I was working with. She showed up kind of at the eleventh hour, which was really fine by me. She had been sleeping on the couch. She didn't like bring any of her stuff in which I still don't kind of understand. Because if she felt like she was the midwife, I'm not sure what happened with that. So my baby was born into the birth pool, and I remember his head coming out. And I remember feeling his shoulder hit my pubic bone for whatever that's worth. I'm not even sure that's really a part of the story. But in other words, I felt him moving just seconds before he was born. So that'll make more sense in a minute.

So I felt him kind of hitting his shoulder, and I remember moving my leg on purpose so that he could clear the pubic born. And he was born into the water. At that point, I think the midwife had entered the room. And as I lifted him out of the water—and I do have a photo of this and actually this part is feeling a little emotional—he looked dead for all intense and purposes. He was the worst baby I had ever seen. And he wasn't pink. He wasn't blue. He wasn't purple. He was the worst shade of white. And he was limp. And he was very much not breathing.

So again, I don't really know what happened. I don't know that anyone has an explanation or ever will because I had felt him moving just moments before. But he was clearly struggling and maybe had been struggling in some way for some time. So it's a little bit of a blur. But the midwife I worked with immediately went into resuscitation sort of. And cut his cord immediately without asking me and, basically, just panicked. And I'm the mom here, right? So even though I'm a midwifery student, I'm the mom. And I don't have a bag and mask out or—I mean I'm not even thinking in midwife mode. I'm just thinking, "Oh my gosh. That's my baby. And he's not alive. What will I do?" And I was just in that state, which is a very scary place to be.

And so anyway, the short story is we called EMS. And they came. And by that time, he was breathing. And he still wasn't like in fantastic shape I remember. We also lived really rurally. And I remember the EMT guys saying, "We're really not sure,"—of course, they didn't know. They're like, "We're really not sure what's wrong with him. What if he has some kind of heart condition? And in another hour, he crashes, and you need us to come back. And it's too late." So that's not the best thing to say probably. But I acted on fear. And the midwife completely sort of abandoned care, so to speak, even though we were friends. And she just kind of stood back and said, "You should do whatever they say because I don't want to be involved." And so I took the recommendation of bringing him just to see if there was something up. And so we were airlifted by helicopter because we were so rural. And the rest is good history meaning that he was fine. He was breathing great, and I really don't know what happened.

So I told you that whole story just to share and also to illustrate that I definitely had a lot of the feelings afterwards that I've already talked about especially being in the birth

world. I felt a lot of embarrassment and just guilt and kept replaying the birth in my head like literally every second of every day even though he was fine. And I had this perfectly healthy baby. I spent a lot of his postpartum time kind of in this grief trauma state, which was really hard. And I remember hearing rumors around town—again, because it's such a small town—"Oh, did you hear about so-and-so with the water birth where the baby died." Untrue myths that get created sometimes when there's a transport which is also part of this strange culture, this strange paradigm where, again, hospital birth is the norm.

So God forbid, right? One out of whatever it is. One out of every—I don't know—20, 25 home births ends up in the hospital. Not even necessarily for a big emergency. Just because things aren't working out at home. But to have actually experienced that and have that experience of feeling just so bad about myself and just—yeah. Like I failed. Like something had gone wrong took many years to process, many years to get over, and, honestly, many years to come to a place where I could sort of truly forgive this midwife even. And we don't speak. We don't talk. We're not acquainted in any way since then really. And I don't think that's a surprise. That was a huge breach of trust to me. Not only as a midwife but as a friend. So anyway, that sort of goes into another story about apprenticeships, but that's a personal/professional story that made a huge impact in my life.

But I also had to accept responsibility for the fact that I invited her and that it wasn't her fault and that she did the best she could in the moment. And would that have happened if it had been an unassisted birth? Would that have happened if a different midwife had been there? I'll never know. Probably not. Maybe not. Maybe yes. I don't know. But I'll never know. That was the story that I was given. This was his birth story. This is his birth story. And I have to try to tell it in a way to him that makes it sound not like a negative thing because I will talk a little bit I think about I just believe that babies choose their stories as well. And sometimes there's not a whole lot we can do, so we have to honor and accept the story that the baby has created and go from there.

So that's my personal story around home birth transport. Let's see. I have lots of random notes today. So one kind of subtopic I wanted to talk about was definitely more midwife related than mother related. But this idea of transport rate and what that means. So I don't even know if I can explain this as well as I want to. But when the medical world talks about statistics and transport rates or whatever they are talking about, C-section rates that feels like apples and zebras to me when we're talking about this topic. Home birth transports. Many of us are home birth midwives. And let's talk specifically about home birth midwives that are not licensed or following rules and regulations because that's where I'm at. And I really am trying to apply this concept to what I do, and I just can't. So what is a transport rate? Why do we want to talk about that? Well, we talk about how many births we attend that need to go to the hospital.

And there's just something that's feeling confusing about that to me. Because although I do accept responsibility for the kind of care I give, I can't accept responsibility for the outcome of the birth in the sense of weird things can come up or, again, babies might choose their path. And how does that affect something like this mythical transport rate? Which we're supposed to brag about because really it's like this ego thing. Like, "Oh, I don't—I only transport this many people." Well, I mean I think there's something, of course, to be said about that that's positive which is, as a homebirth midwife—duh—you're naturally going to have a pretty low transport rate because generally you're lucky enough to work with really healthy people that are taking responsibility. And most of the time birth works really well at home. So having a low transport rate isn't something that any of us have to try super hard for.

But on the other hand when we are talking about transports and we have people that legitimately need medical intervention kind of why is that to our detriment? Why do we feel embarrassed about, "Well, my transport rate isn't 0"? I mean nobody's transport rate can be 0 really. Not if they're going to do this for an extended period of time. It's just not possible. So I guess I'm saying is that a personal thing. Is it something that midwives should feel bad about having a transport rate above 0? And, again, I think as an unlicensed midwife or midwives that are operating outside of a system that's requiring them to transport it isn't something we should feel bad about. Yes. We should learn, and I'll talk more about that in reviewing births. But I was just taught to take it so personally at least as a student. And that's something that I'm still really struggling with. So right. Of course. We want to do the best for these women. We want to be the best midwives. We want to have the skills we need. We want to be attentive and not miss problems, all of these things.

But isn't that actually a plus? If we're a midwife at a birth and things are not going well or we have even an intuitive sense perhaps that something is off, that this isn't healthy, that this isn't a birth that should remain at home, shouldn't that actually be the positive? Shouldn't that be the feather in our cap to say, "I knew that something was off," or, "I was humble enough to not think that my ego is more important than getting a woman to a hospital when she needs it"? But no. Instead we're focusing on this silly transport rate and making that seem like the midwife has anything to do with it. But I do think there are times we have to do with it, and I do think that's a case of protocol for most midwives. So that's not really personal either. But if you're following rules and regulations then your transport rate is going to be higher. And you're going to have to admit, at some point to yourself, that a lot of that transports are medically unnecessary. And then this all gets very confusing because, again, we're comparing apples to zebras. We're comparing unnecessary transport to transports that are actually necessary, and we're all confused about who is taking credit for what.

So I don't know if that made any sense, but it's just something I've been thinking about and will continue to think about. It's very common as a midwife or maybe as a doula—I don't really know. Maybe depending how involved you are as a doula to definitely feel guilt about transporting anyway even if it's not because of protocol. I definitely felt a lot of guilt when I was licensed, and I had transports that were simply protocol. Those were heart breaking. And I think were made to make me feel bad because they weren't necessary. These weren't women that had anything wrong going on. They just simply didn't meet the criteria to remain at home according to the state.

So all of these issues kind of overlap. But in the end, a lot of them just end up making us feel kind of bad which is not a great thing. I do think transport for a midwife is a great learning opportunity. Again, you are not, if you are considering this path—you are not going to have a 0% transport rate. And honestly, any midwife that would claim that I would not believe or maybe she's just not attending really any births. I mean if you attend 2 or 5 births a year or something, yeah. I hope you don't transport any of those people. But that's not really a 0 transport rate probably over time. So if you're attending enough births over time, you will transport. And that is the smart thing to do really. Again, I don't think it's a reflection, most of the time, of lack of skill or even for the mom feeling like she failed. No. There are just some births that will not remain on the path to normal at home. And that is really, most of the time, no one's fault.

And, again, I think seeing that and even as the mom seeing that—being the one to say, “I think something is wrong. I need to go to the hospital,” I think those are really valid things that women can say that need to be honored. And, again, we should feel no guilt about. So each transport is a learning experience and opportunity. At least, that's how I see it. And, again, I don't love transports. I really don't like them for all of these reasons. They're disappointing. They put the mom and the family in a completely different situation than they planned for. They're often not fully prepared to deal with the politics of the hospital system no matter how much primer they have because I personally don't spend a ton of time on that. I think that's pretty counterintuitive considering that most births will remain at home. I do have a transport talk with all the people I work with, but we don't really talk about it for more than one prenatal. We make our plans. We talk about why, how, when, and kind of leave it.

So it's hard often for these families to enter that system and feel like they can really stand their ground. So it is a learning experience for everybody. But, again, not necessarily a super pleasant one. The things you can learn from a transport. Wow. Well, obviously, if the birth is needing to go to the hospital then there's probably a lot at the birth that you've learned from. And I can say that. And all of these births can make you feel like you know nothing. And I don't think that's a weird or unhealthy thing because when you do transport often it's because something is just off track. Something is wrong. Sometimes you don't even know what it is in a more clinical

sense. You just have a feeling, or you have a bunch of variables that seem just not quite right. So you're always learning. You're always going back to say, "Could that have been different? Would it have been different? How can I not have this happen again? What parts could I have done better? What could I have seen earlier?" Man, if you're in this work at all, you know that these questions can keep you up at night, and that is also a really crazy thing.

It reminds me of a story though from my own apprenticeship. My first apprenticeship, which was many years ago. And I wasn't present for this birth. It was before I started apprenticing. But at that time, the midwife I worked with was still very new. And she ended up transporting a woman that had to be catheterized because she didn't know how to do it. So I always think that's an interesting little subtopic of transport because that wasn't—it wasn't a medical emergency probably, so to speak. It was more like a medical skill that was needed and that she wished she had. So that's not my plug for all midwives to learn all of these crazy medical skills although I don't think catheterization is really that crazy and, in fact, have utilized it for sure myself. And I have been very grateful because, as she reported—this midwife many years ago—it was a very silly reason to have to transport.

So I don't think anybody can determine the silly reasons for other people. But if you're a midwife especially, I think coming into that knowing that your skill set does determine sometimes what you can handle at home. And, again, I'm not advocating personally for the use of things like IVs in labor or anything like that at home. I'm not. But I think there are simple skills that we can have, that we can always brush up on, that we can get better at that can save women truly unnecessary transports. And the catheterization one is a really great example of that.

So in other words, transports can leave you feeling like, "What do I need to know better?" And I, after every birth pretty much unless it's just the kind where a baby falls out, make some kind of list or notes about what I felt about my own knowledge because there are always gaps no matter how long you do this unless you're Gail Hart maybe who I adore. And who I feel like knows everything in the world. I just can't believe her amazing, vast knowledge. Unless you're Gail Hart, there's just always stuff you don't know. And I know for me it's when a transport situation comes up and I go back and review it I'm just often feeling like, "Wow. There's things I don't know. That's another thing I don't know. Oh wow. There's another thing I don't know." So it's a very humbling way to be in the world. Just constantly having to have confidence enough to serve women and being skilled but yet having these situations come up that show you that there's always more to learn. So transport is probably the best example.

So when we talk about an Indie Birth—the definition of an Indie Birth is on our site and on T-shirts and all kinds of stuff. But essentially, the shortened definition is that it is a

birth experience made from making choices from a place of autonomy and power. And I know that the women I get to work with can be traumatized by transports too. So maybe you're one of them that's listening that's very dear to me and didn't have the birth experience you wanted. And I wouldn't negate your experience or the fact that birth can still be traumatizing whether or not we're feeling powerful or not. But I'd say, for the most part, that the women I get to see are very powerful. They have experienced Indie Births whether they wind up in the hospital or not.

So most of them will still report even after a C-section feeling like, "Well, that really was necessary. That really did need to happen. It wasn't what I wanted. I didn't really like it. But I feel pretty powerful in the fact that I could stand up for myself or make the choices I wanted to given the situation." And I think that's evident too by the relationship I feel like I'm still able to have with them. Back when I was licensed, it felt really different when someone would transport. It felt really like I was being blamed. And maybe that was just something that was being reflected since I felt guilty. But those relationship often weren't maintained. And that's a sad thing because I really don't think anyone is to blame, but that's just, again, sometimes the hierarchy that's set up in birth is that the midwife is the one in charge. She's the one that promises a wonderful, safe birth. And sometimes when it happens, people—when it doesn't happen—key word—doesn't happen, people are angry or blameful. It's more rare, I should say, in home birth than it is in hospital birth as far as people suing their caregivers or anything like that. But still people can be unhappy, and I suppose that's their right to be after a birth that didn't go as they planned.

But anyway, when I was licensed, I worked more with people that, unfortunately, that would be the end relationship, if they transported, which was really sad and heart breaking for me and probably where a lot of the guilt came from. But I don't feel that way, again, with these sorts of families. The relationship is usually intact, and we continue to talk. And I continue to care for them even though it wasn't something they wanted. And usually, a transport situation for me is more of a group decision. Sitting down and talking about the options. Most recent transport, which I won't share details of why, but was me saying, "Yes. You can go to the hospital now. Or we can continue to do this until you decide you want to go to the hospital, but here are my limits around that. Here is what I am going to do. Here is what I would be looking for," just because I really do believe in choice. And I don't believe in calling 9-1-1 on someone without their consent. Of course, there is a time to call 9-1-1, but this wasn't one of them. This was not an emergency transport. This was a, "Let's sit down and talk about where this is going, and let's decide together what the best plan is."

So I do think that helps families feel less neglected. That's way different than calling 9-1-1 on someone without their consent. That's way different than having to transport someone in because of the rules and regs and not giving them any choice or any say.

And, again, I've been there too, and it's a really horrible way to transport. So I guess that's actually a sort of positive spin on this topic, which is being able to really have discussions with people and decide together is the most optimum way, if you have time, to transport. And if you're the family, I would imagine that that's appreciated as well. Things come up. Birth doesn't always work the way we want it to 100% of the time. Obviously, none of these families is expecting to transport, so it's always a surprise. But I've been impressed by the grace and resiliency of these families to have these discussions in the moment and to think clearly and to ask good questions and to, ultimately, make the choice for them which often is transport.

So I don't even get the calling 9-1-1 on someone without their consent. I think most people will choose medical intervention when they know it's needed. So I don't know. That's my experience. I think owning your power as well. So we call it having an Indie Birth means you navigate the medical system in a way that it is meant to be navigated which is as a consumer. Not a victim. So, again, I don't spend tons of time teaching people about how to do that because it's really not that often that it happens. But I think just working with the kind of people that are already really owning their decisions, they're really owning their choice to have a home birth, they're not just doing it because insurance pays for it or it's a cool thing to do. They really believe it's best. And so when things go off track and they wind up at the hospital, I have been really impressed by these families' ability to speak up, to ask good questions, to understand that they are not at the mercy of the hospital unless, of course, it's a true emergency, right? Then you're just there to get the help you need, and you don't probably refuse a lot of the things.

But if you're there for other reasons or if you have time or maybe it's after the birth and you've had the baby in the hospital, there is not some kind of rule that these families have to do everything the hospital wants. They can sign out. They can refuse everything under the sun. It may be hard. I'm not saying that that's the route for everybody. But in other words, just because you transport doesn't mean that you have to accept the whole kit and caboodle of the hospital system. You can pick and choose as you need to unless it doesn't make sense to which I also think there's a place for. But that's different. That's different than going there and just kind of laying down and letting them force you into stuff, which is, I think, also unfortunately a pretty typical transport experience.

So if you're a woman that's had a transport because I have, I understand that it's kind of doubly hard when you are planning a home birth, and you work so hard to be healthy. And you work so hard to be powerful. And all I can say as having been there myself and even as a midwife is there's so much mystery in birth. And I don't know that I can explain it. I don't know why normal, healthy people with normal, healthy pregnancies sometimes need to have medical intervention before, during, or after. I can't explain

that. I don't have a formula for it. I wish I did. And Margo and I were joking or not really joking but sort of joking this morning on the phone about that topic, right? I mean not just as midwives but as women I think we would love to feel like there was more boxes we could check, right? To have the beautiful birth that we want. And there's so much talk of that kind of stuff on Facebook groups and whatever. All the preparation that goes in. And yes, what should we eat? And how should we plan? And what should we visualize? And while I think that's all fabulous and I would recommend doing all of that, it doesn't mean you'll necessarily get the birth you want because birth is so mysterious. There is just elements we don't understand and cannot control.

And the surrender and the control is, I guess, at least the lesson for me of late having had a couple transports this past year. Just feeling like, "Well, (a) I'm not perfect, and it doesn't necessarily have anything to do with my ego or perfection. And that's ridiculous because no one is perfect. If you attend enough births at home, of course, you will transport. And (c) I am still working all the time on just surrendering the control that I don't control birth." I don't control anyone's birth. And I can love these women, and I can just imagine how beautiful their births are going to be because they're so powerful. And they're so smart. And they're so healthy. But I don't actually get a say in that happening more than I could possibly do. So this idea of thinking we know, "Oh, So-and-so might have a rough time in birth. Or So-and-so is going to have a really easy birth." Stop thinking that. At least, I'm going to stop thinking that. That's a sort of bad habit.

But mostly really positive, right? Because most of the time, I'm thinking, "Oh, So-and-so's going to have a great birth." And it's not that I want to think that So-and-so isn't going to have a great birth. I just want to be more neutral about it. I want to be less controlling and surrender more to the idea that I don't actually know what kind of birth So-and-so will have. And that's really the best place to be.

So because birth sets us—excuse me—on this motherhood path, I think that explains some of the mystery. Motherhood is not always easy. It's not always what we expect. And I think that alone is why birth is just this big unknown kind of lottery. I do think, of course, the baby plays a huge piece as I was saying. I believe in karma and different lifetimes and all kinds of things. And if—even if you don't, the baby is a separate being from the mom. A separate soul, if you will. And so how can we control another person like that? The mother is healthy. The mother is powerful. But this baby needs a different experience for reasons that we may never know. So, again, I think it's a great way to reverse the blame and reverse the guilt and just say, "We don't know. Sometimes we get dealt this in life or that in life. And the best thing we can do is feel as powerful as we can and try our best to move on."

So home birth to cesarean is something I wanted to spend just a couple minutes on. And that's a can of worms I guess, right? Again, because how many home births are ending in cesarean because of rules and regulations around birth or unnecessary transports. If a woman is transported truly unnecessarily from a home birth—so let's say my example of that—this is kind of the reigning example around here. Midwives transporting women in after their waters have been open for—I don't know. 12 hours or something ridiculous. Without a baby or without labor. To me, that's not emergency. That's not even necessary unless she had developed some concerns or signs of infection, right? So just having your waters open and not being in labor is not a necessary transport. That is a political transport. That is a rules and regulation transport.

But the unfortunate truth is that when you went the hospital system even with an unnecessary home birth transport, your rate of cesarean is, of course, higher. Of course, it is. As Carla Hartley would say, you're going to the cesarean store. So again, this discussion gets a little convoluted because of that. So when women report about their necessary cesareans after home births, we don't really know what category to put that in, right? We don't know. Was it necessary? Was it not? How do we assess that? When all of these politics of going on that most of these women wound up in the hospital completely unnecessarily.

But on the other side, again, if you're someone that is working with an unlicensed midwife or you are an unlicensed midwife, I am not transporting people because of this ridiculous protocol. So when I'm transporting them and it truly does wind up in a cesarean in my estimation, most of the time that is actually something that was necessary because if it wasn't they wouldn't have gone. I'm not working with the kind of people that would just walk into a hospital for no good reason. They're going because they really need the help. And sometimes that help is surgery. And sometimes that surgery is the only thing.

So I was talking to Gail recently who is a dear friend about a transport. And she reminded me that if a cesarean is truly needed then obviously that's the place for it. And it isn't a quote on quote failed home birth. It was just a birth that needed to go another route. So that's her quote more or less. And I thought that was really beautiful and might bring some peace to other people's hearts as well. It's not a failed home birth when you wind up (a) in the hospital at all or (b) with a cesarean especially after a necessary transport because that's not a failure. That's just a birth that needed to happen in the way that it did with medical intervention.

So anyway, trying to work on all of those things myself feeling less guilty hoping other people can glean some wisdom from that. And either way, I do think reviewing births is super helpful. Having an elder midwife or two to do that with is amazing and, again,

learn so much from. If you are a midwife yourself, we commonly do some peer reviews through Indie Birth with our Wise Woman Circle. So you can join that and ask. And I will set one up, if there is interest. But we've had a good time doing that just virtually. So people share stories and kind of give feedback and really that's the best way to learn. And as Gail was saying to me today, that's something that used to be done around the fire or in a community room amongst midwives. It's just something sadly that isn't happening in that way anymore. Midwives are so territorial. They're competitive. People don't want to share their birth transport stories with other midwives for fear that they'll be blamed or ridiculed or criticized. So none of that is helpful really. So if you want to do a peer review in a helpful environment, you can be in touch. And we, like I said, commonly arrange those.

If you're a mama and you've had a transport, we are always open to hearing those stories and giving you feedback, if you desire. And even if you don't want our feedback, of course, there are many moms all over the world that have stories of transport that need a listening ear and that can support each other. And whether that's online or something even like ICAN or other groups that are happening in your area, I would say for sure take advantage of those if you can. Sharing your story is one of the best ways to get healing. Not that anybody even has to say anything or criticize it. But I have found personally that that's one of the best ways to learn and to move on.

So thanks for listening to this podcast about transports. As always, you can check about—check out the site indiebirth.com or indiebirth.org. We are slowly kind of moving everything over to the .org for Private Association reasons. But either one will get you there right now. We have all kinds of cool things coming up. We have a retreat in May, and we will soon be rebranding and redoing the look of all the Indie Birth sites. So stay tuned for that. And I always look forward to reading reader emails. So if you have something you want to say or you just want to say hi, you can always email me at maryn@indiebirth.com. Have a great day. Thanks for listening.

(closing music)