

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi. Maryn here today enjoying a lovely, beautiful, almost summer day here in Arizona feeling very inspired. It's been a couple rough weeks of just transition in a lot of ways. A lot going on. And sometimes we definitely can lose the focus. So I feel like lately I've reacquainted myself with some things that are very important. And one of those things is simply getting information out there such as these podcasts that help women who assist women among many other things that they do to have an amazing, powerful birth experience that is so much about the work we do here.

So today's podcast, I think, fits right in to that. It's a group of people that I love dearly. And of which I was one at one point in my life. And that is first time home birthers. So just to be clear, this isn't first births, first home births, or first any kind of births. I'm talking to the group of people that have birthed somewhere else, probably the hospital, maybe a birth center. Maybe it was a C-section. Maybe it was a home to hospital transport. But chances are you're someone who has had a highly medicalized birth or births, and now you are considering home birth or perhaps you have chosen home birth for the first time.

So I love you. I love this group of people because I was once one of them. And many people have heard my story, so I won't make it too long. But my first birth, my daughter, was a hospital birth. And she was born vaginally. But, obviously, that experience left me wanting something else, wanting something more. And so two years later I birthed at home for the first time. And really I didn't even have a long lead up to that. I didn't have a pregnancy under a home birth midwife's care. Ironically, I went back to the hospital because I thought that I would birth there again for whatever disillusioned reason. And so it really was a last minute choice in a lot of ways for me to actually birth at home. So in hindsight, of course, I wish I had known some of what I'm about to share. I wish I had had support to really have a powerful pregnancy even though my birth was great. The first home birth was awesome. And it totally changed my life. That set me on the path to midwifery and birth work. So it certainly was highly influential. And for that reason, I'm talking to you today.

My first home birth—yeah. Changed my life. That's the best way I can say it. And I still have such a special place in my heart for that experience, for the transformation that I personally went through, the transformation that my husband went through, and our

family went through. It was so much more than a home birth. It changed us and me and our lives' path in so many ways. So this is for you.

So I'm going to talk for a few minutes just about my perspective—from a midwife's perspective—about this group of people that is choosing home birth for the first time. And, again, there's lots of ways definitely that people come to home birth. Like I said, sometimes it's after a traumatic experience whether that happens in the hospital or at a birth center. Sometimes it's surgical birth. Sometimes it's really just like a no big deal vaginal birth experience at a hospital. That's kind of what mine wound up to be. So all kinds of ways that people come to this idea of home birth for a subsequent birth. And like I said, it doesn't have to be the second birth. I've definitely worked with women that have had three, four, five medicalized births before they come to home birth. And, again, I think it's really exciting. I think there is so much to talk about.

So from my perspective as a midwife, I love this group as I have said. And I find that in a lot of ways, these are the easiest people to work for or to serve. And in some ways, it's not easy, and I don't mean that people are—that people are hard themselves. It's just that often women that come from medicalized birth experiences have a lot of baggage. And I'm going to talk about that. They have a lot to work through. So I don't know. Easy and hard probably wasn't the best way of saying it. I find that they can be complicated situations that are generally easy to support in the sense that the same sort of things come up, and I guess what I mean to say is that they are some of the most grateful and easy going people to serve because they have been through so much even if it's just been a vaginal birth at the hospital. I'm going to talk about some main differences with traditional midwifery care versus other experiences that usually catch people a little off guard. And like I said, in the case of this group, usually make them pretty grateful and pretty awesome to serve because they're just so genuinely thrilled to have someone that's paying attention to them. That's the truth.

So along those lines, I love working with these people because generally these women are very strong. So if you're listening to this, you're one of them even if you haven't had your baby at home yet. Even if this is just in your plan maybe for your next pregnancy or maybe you're pregnant right now, but you are very strong because you have lived in a world where everything is different. You have birthed in a world that says birth is medical. It's dangerous. It's a disaster. And you have learned from your experience and/or you have educated yourself enough that you're not willing to see that as the only option. And I do think that's amazing.

And I'll speak for myself. My birth in the hospital was not fantastic. And it took me many years to realize that that was nobody's fault. And it wasn't my fault necessarily, but it was my responsibility. And so these are really big concepts that come up when you're choosing home birth for the first time. You have to face that your past

experiences happened and that, again, it's not really a blaming kind of thing. I always said, for myself, I went there. I chose that for all the reasons that I did. I didn't know about home birth. I wasn't comfortable with a birth center birth at the time. And so, again, it wasn't because I was dumb or—I mean I was sort of uneducated. But I wasn't completely uneducated. I wasn't at fault. It was just I wasn't ready to take responsibility. But working myself out of that experience almost 15 years ago, I've had to acknowledge that it was nobody's fault. That I went there, and I got what they give there. That's what they do.

So I'm imagining that many, to most of you, have come to a similar conclusion at some point on this journey that if you're considering home birth you know that what occurred with your other birth or births was kind of par for the course although definitely many women have much to heal from. Much trauma and abuse that happens in those systems. So I get it. It's not as easy as saying I'm over that, and now I'm choosing home birth. It's simply saying that wasn't ideal. I know I made that choice, and now this time I'm looking to make another choice. And so for that reason, very long explanation there, I think that these women are some of the strongest that I see and that I know because they are really starting to get real. They are becoming awake from the slumber that 99% of people are in regarding birth. And these women may have fears and traumas to deal with and uncertainties. This is not a blissful path necessarily while you're walking it. But these women are strong, and they are not willing to fall for it again. They are not willing to give away their power. And this is the first step even just saying, "I think I'd like to investigate home birth," if that's where you're at.

So something that definitely comes up when you're one of these people—and it didn't for me necessarily because, like I said, I had a vaginal birth in the hospital. But let's say you've had a cesarean, or you've had two or three or four cesareans. That is a great example of someone that may want to birth at home but feels that there really is not that option. That there are not resources. That it's not possible. And I hear you, if you feel that way. And I agree that the system has made it very hard for women that have birthed in the medicalized system to make that jump. And I think it's kind of on purpose. Nobody really cares about this more you do. Nobody really wants you to make that jump. At the very least, there's a lot of money in medicalized birth. So it is hard. And depending on where you live, you really may not find someone, at least openly, that can attend your VBAC or your VBAC after two cesareans or your—who knows what. So I am just acknowledging that that is true. That that can look like an obstacle to home birth.

And it's not my place to say whether it actually is an obstacle or not. I think first because that's a really individualized conversation based on your past births, where you live, and what you actually want. But I'm just going to put out there in a very optimistic way that if you want a home birth and you believe that that is best for you and your baby

then I really do believe resources will appear. And they may not be super simple. This may mean that a woman in that situation has to consider travel for birth or consider a traveling midwife. So I'm not painting it as, again, this easy, blissful path. I think it's a path that most women that have done that would say is very well worth walking. But I hear that there are a lack of options. I'm just encouraging whoever is listening to this to not let that deter you to the point where you go back to the hospital or the birth center or where—or whatever it is that has felt like not the right choice.

So definitely traditional midwifery, I feel like, is making a comeback, and maybe that's just the circles that I'm in. But we have licensed midwives in almost every state. And we have traditional midwives kind of working a little bit underground or maybe under a PMA or maybe not as easy to find. And so I would encourage you, if you're considering home birth or looking for a midwife after a having a medicalized birth, that you continue to keep your eyes really open and be willing to learn a lot about birth politics. And I have said this before. I don't think that's ideal in a way that that's one of our main concerns as birthing women. What our main concern should really be is our own well being, our own choices, our own baby, our own physiology but unfortunately are not the role of birth politics is heavy and very relevant to the choices that we have available especially, like I said, if you are somebody that feels like you don't have a lot of resources or there aren't midwives in your area or whatever it is.

So learning about traditional midwifery or midwives that choose to not be licensed by the state, we have lots of resources, lots of podcasts. I'm going to probably mention a few at the end. So that you can really start to understand the differences. I fully admit to not knowing that when I had my first home birth. I followed my gut. I followed my heart. We ended up choosing an unlicensed midwife in Chicago. And I didn't know all of this about politics. I just knew who I wanted there. So that's certainly a way to go about it. I also think I got fairly lucky not hiring somebody that did serve the state because then I, like many women, would have found myself, again, in a highly controlled environment that works on the premise of birth being medical.

So let me see if I can say that in a simpler way. If you're looking at home birth as an option and you've come from medicalized birth, you must start to look into your past experience in a way that allows you to make better choices this time. And by better, I mean better for you. So obviously, there's things you want to avoid, or you wouldn't be looking at home birth, right? So being able to look at birth from a physiological point of view, how does birth actually work? What do women need in labor and birth? What kind of support do they need? How does the body work? All of these things can education us so that we clearly can come to a place of what we want, not what we don't want, because you're very clear—I'm sure if you're listening to this—what you don't want. You are very clear. You know what went wrong, so to speak, in your previous

birth or births whether it was an induction or someone breaking your water or an epidural or consenting to a cesarean for X, Y, or Z. You know what happened.

So in order to have things possibly go differently, I really feel we must educate ourselves as to how birth actually works and what the risks are of the things that we have chosen while also really being compassionate with ourselves to relive these birth experiences in a way that feel powerful. So for me, like I said, I did have a vaginal birth. But I wouldn't say I had a completely natural birth. I didn't have pain relief, epidural. But I did have Pitocin. I was induced after my waters opened. And I did have antibiotics. And I didn't know the risks of any of those things or how they might take away from what actually happened. And many of those situations—I think I was pretty rare honestly. Many of those situations end up in cesareans. And when I meet those women, which I do all the time, because they're everywhere it's in relearning how all of those interventions probably contributed and saying to that woman, "You did the best you could. Your body was really smart. Your body knew that that wasn't the optimum time and place to have a baby. And so it was a protective mechanism." It wasn't that your body failed.

So you really start to go down a rabbit hole once you're considering all of these things. It's not as simple as I'm just going to have my baby at home. I don't think it is. You have to start to consider the birth politics. And like I said, what you don't want. You already know that. But what do you actually want? What do you want to have? What do you see for this birth? If you are in a place that has licensed midwives, then I would strongly encourage you to be wise to the rules and regulations that govern the licensed midwives. And this can be at a birth center. Sometimes people that have had hospital births think that a birth center is a really awesome in between choice. And while it might be for some people, I definitely don't agree. And I have a whole different podcast on that that you can look up if you're curious.

But the rules and regulations govern, let's say, licensed midwives in a birth center and definitely at home. And I have seen on the faces of women, myself, how shocking that is. Women that have had hospital births. They come to my free class. And they see undisturbed birth in video, right? We talk about it. They see physiological birth. They get it. They want it. And they just have trouble often immediately integrating that a licensed midwife at home probably won't quote on quote allow them to have that sort of birth. And so, again, that's really shocking because our culture has painted this black and white picture that hospital birth is medicalized. And home birth is holistic or natural. And it can be a really big shock for women trying to figure this all out to understand that home birth isn't always natural or holistic or undisturbed or any of these things. So you have to dig deeper than that first level. And I think, if you're listening to this, you probably are.

There probably is a high percentage of women out there who don't for whatever reason and go from hospital to home without the knowledge that I'm sharing, without the being wise around politics, and, unfortunately, wind up having another medicalized birth either just the location is different. They have a medicalized birth at home, or I think just as commonly that home birth turns into a hospital transport. So that's my motivation to anyone listening to dig deep, to take advantage of the resources we have around midwives and asking questions and traditional birth attendants and just start to go there. Start to go there and find out what's what and become really wise to all the intricacies because if you just take it at face value I promise you you will be disappointed at some point. And as a friend was telling me today in regards to a friend that she has, it's so common for someone to sign up with a home birth midwife and then feel like there was a bait and switch. That is a very common feeling, and I feel like this group of people—these people that are having their first home births—unfortunately are the most susceptible because you think that things will be different. And without really doing your work, both internal and external, you can easily wind up in a similar situation again.

So here are some ideas of things to think about. And thank you to anybody on our Facebook thread, in our Indie Birth Midwifery for the People community group that contributed. I'm not going to name any names. But I appreciate just some thoughts here from women that are actually in this boat. They are actually planning their first home birth. And I don't know how much answering of questions I'm going to do here, but I'm just going to pose that these are some topics to think about and let you all do the research.

So things that might come up as you are planning this home birth—now first, I think you might not even know what the list is. So sometimes it's hard, right? To know what you don't know. But you may have some concrete examples from your past birth experiences. Like I said, maybe it was an induction. Maybe someone broke your waters. Maybe you went past 42 weeks and had to do all of the testing and induction again. So looking at your past birth experiences and the interventions that you can isolate can give you a starting point. Like what is that about? And there's tons of these kind of questions happening in our free Indie Birth community Facebook group, for example. I feel like I get a lot of emails. Lots of women just saying, "Okay. This happened last time. What is up? Where is the truth in that?"

So as you start to look into home birth, things will come up that hopefully will be completely different. So here are some examples. Vaginal exams in labor. That's really something to look into and to determine what those are for and why you would want one and how that might play out at a home birth and especially asking these questions of any potential home birth caregiver that you might hire. I have a podcast on vaginal exams in labor. I feel like there are definitely good articles out there as well. And so that is a little rabbit hole to go down because that is something you may not

have considered was even a choice. In a hospital, that's not generally treated like too much of a choice. They really don't believe they can assess where somebody is in the birth process without vaginal exams. So you are going to have to reeducate yourself and reframe a lot of these issues that you just took at face value. And I know because I did too.

So another one would be going past the due date. That might just seem like totally not even knowing what you would research there because that is so ingrained in our culture, again, even with home birth midwives. We just assume that people don't go past their due date or at least not by very much and, certainly, not to 42 weeks. And most definitely, not beyond 42 weeks. So these are the kind of things that really are worth your time to look into, obtain information about, and then determine how you feel. That is the most important part of this whole equation. You are a first time homebirther. And the biggest different that I might talk more about is you get to decide, or you should get to decide. So doing your research, isolating these potential myths or issues is only part of the equation. The final part is always learning to trust yourself, access your deepest wisdom, and make a choice. And that is, I have to say as a midwife, the most fun part of serving this group of people is watching them go through this process that often includes all of the emotions. Fear and anger and not trusting themselves and all of these things that they go through to come out the other side after a beautiful home birth and to know that they followed their deepest voice. That is the most exciting part of serving these people.

And that's exactly how I felt, of course. I felt just like I had tapped into knowledge that was bigger than me, that was deep, that went across life times. And I was able to do that on the other side of my home birth. So that's how powerful these experiences can be, and that's why women seek them out. It's not just to have your baby in a different location. It's not to wear the badge of honor usually that you've had a home birth. It's that you know somewhere in you, even if it's just this teeny, tiny part, that there is something you are able to access here, and you want that. And you want this experience for your own growth, and you want the best for your baby and for yourself.

Another example would be—and there's so many. I mean I could go on and on. But prenatally, this pertains to, using ultrasound routinely. So that's only a couple. I know when I see women here everything is a choice. And that can be really overwhelming to somebody that has not had a midwifery experience before. They have not had a home birth. They can be easily overwhelmed by the fact that I am not in charge of their experience. They are so used to someone saying, "You need to do this. A, B, or C." And, again, strong women. So it doesn't mean you haven't had the experience of kind of arguing with someone that's in charge of your care or declining this or that or informed consent. You may have very much butted heads with whoever was in charge of your care last time. But the whole dynamic is different now. There is no butting of

heads. There is not you being subservient to someone else's choices. This is all you. And that's big. And it can be overwhelming.

So naming a few, I think is enough. There are so many things that come up in pregnancy care. All the testing options. Should anything be mandatory or routine? Everything should be a choice. That's what I believe. And I think there are choices that make more sense for some women. So it doesn't mean that we don't do medical testing or blood work or ultrasound. It just means that each woman is approached as a unique individual and that she is the final voice and the only voice really. I mean she may accept some kind of suggestions or advice. But in the end, you, as a first time home birther even in pregnancy, you are the one that makes the final call.

So so many more good topics there that might come up. But I think that's enough. You get the idea that everything is a choice. If you approach everything as a choice, then that's a good way to start. Just don't take anything at face value that anyone tells you or that you've experienced in the past. Don't assume that anybody knows anything. Really you know the most of anyone about you. And yes. That doesn't mean that you have statistics at the ready, or you know the risks or benefits of A, B, or C, or D. But in the end, you can access a place of wisdom about your pregnancy and birth that no one else can. And that, of course, is a huge difference between this kind of care and the kind of care that you receive previously is you are not being treated like a stupid child. You deserve to be treated like an intelligent woman that is very aware and able to choose for herself.

So moving on, I think some next advice, if I can be as bold to give any advice, is again to decompress, to review your past birth experiences perhaps with this new midwife or whoever really. Certainly, there are many people that specialize in birth trauma. They don't have to be midwives. They're trained in other modalities. But my point is when you're walking this path of having a first time home birth it usually doesn't come out with the—it doesn't come without the release of some kind of trauma, some kind. As I said with my story, I didn't feel that I had physical trauma. But I definitely had things to work through as far as the choices that I made and the interventions. So I think everybody pretty much that comes from that kind of experience has stuff to work through, and that is one of the must haves, I think, when you are planning a home birth. And honestly, I think that goes for anyone whether it's their first home birth or their eighth home birth. There is always stuff we're working through. Our past, where we are now, how the pregnancy has gone for us, our expectations of birth, our fears. Nobody just blows through it all blissfully really. I don't think so.

So if you're somebody that, again, has some past experiences that have been traumatic, then I really encourage you to work through those as you're able with other people, without other people. You want to gain more understanding about what actually

happened as I was talking about before. But also I encourage you to find your own wisdom about your past experiences. I think there is wisdom in all experiences, and I think it is often our job to extract that for ourselves. And that goes deeper than the what happened. That goes deeper than the surgical report. That's something that we can work hard to get to the bottom of. But I think that is the beginning, at least, of healing from trauma.

So please investigate all of the ways and resources and people to do that because walking a path where you are taking full responsibility means that you have to step up to what that means. And, again, that doesn't mean that there aren't fears. It just means that you're human. And you face the fears you do have. And so often, fears come from past experiences. So some words of wisdom or—I mean really it's a question, but I think it's a very wise question as it fits into this podcast. And this came from our—again, our Facebook group. When I asked—I'm going to do this podcast on first time home birthers, is there anything you really want to hear about? And one woman posted her main question and her main concern and kind of what was always in her mind and heart while she either is or was preparing is can my body really do this. Like that's the question, right? I think that's very resonant. And maybe it's just resonant for me. I don't think so. But I saw that. And I really wanted to include that today because I know I felt like that 100%.

And I had a vaginal birth in the hospital. I didn't have anything on the surface that looked super traumatic. But as I mentioned, I was induced with Pitocin. And so when I was birthing my second at home, I was very fearful in moments and uncertain and discouraged that my body couldn't do this. And that really wasn't something I had through consciously for whatever reason. Again—excuse me—I switched to having a home birth like literally two weeks before he was born. So I don't know how much decompressing and processing of birth trauma, honestly, I did. I didn't really feel like I had the timeframe to do that. So considering can my body really do this wasn't something I worked on very consciously. So don't—you don't work on it consciously. And it's a thing for you. Well, it's probably going to come up in labor, and so it did.

And I remember exactly where I was standing. I was walking the sidewalk on our street in Chicago. And the contractions were really intense. In hindsight, this was about probably three hours before he was born. So you can imagine where I was at. But in my head, I thought I was nowhere near having a baby. And I remember saying to my husband, "I can't do this like last time," right? Because it's always about last time. "Last time they induced me. My body couldn't do it last time." And I said to him, "Right now where I am in labor feels like when I was several hours into the Pitocin," so it was quite intense. And my body was doing it. But my brain was questioning that because I really felt like I had failed after that first birth. Yes. It was a vaginal birth. But could I really have done it without the pharmaceutical help? I think many women can related to that.

They feel like they couldn't have. Surely, they couldn't have done it without whatever it is. The induction, the breaking of the waters, the Cytotec, the castor oil. So many insidious ways that we're told we're broken.

So thanks to the woman that posted that as being her main concern. I think that's incredibly real and honest and just very, very common and relevant. It's an overwhelming question for women nowadays across all types of demographics, across the world, across all types of birth choices honestly is the question, "Can my body really do this?" Wow. So another plug for investigating physiological birth, I really believe that is the answer. That is the answer to your question, "Can my body really do this?" That is the answer to probably all of the interventions and trauma that you experienced in your past. And I do like to hold physiological birth as the ideal scenario. We don't live in a perfect world. We're not machines. It doesn't mean that every birth winds up that way. Sometimes we have to make choices. And we do the best we can with the interferences or interventions that we might feel are best for us.

But in the end, physiological birth is what will sustain humans. That's how we'll get more humans here and continue to get more humans here in the most natural, loving, kind of blessed, quiet way. So that is my answer. Investigate physiological birth and find out how closely you identify with these principles at a deep level. So, again, that's getting past your initial fears, your initial reactions, your grief, your anger at not having had those experiences. Getting past possible excuses you've made for yourself. "Well, I needed to do that because of this." Being really honest with you and only you as to what happened in the past. And if you're looking forward, what a physiological birth could actually look like for you? And entertaining that thought in those feelings and setting that as your ideal as well. Again, it's not because everybody will have that. But that is a great body of knowledge to access and kind of hold as something that you'd love to experience.

So another little component or big component is the relationship with your midwife, if you are choosing a home birth. And how different that is. And I probably don't need to talk too much about that especially for those of you that are actually in the midst of it. So maybe this is more for the people that are potentially choosing home birth or aren't pregnant yet. But choosing a midwife is completely different. And, again, I was there a long time ago. And I remember just being so floored, like so in love with my midwife honestly. We had our first visit with her, as I said, only a couple weeks before I birthed. And I remember going to her apartment in Chicago. And I remember sitting on her couch and having her dogs come over and sniff me. I remember laying on that couch and having her feel my belly and listen with a fetoscope. It was so different that 13 years later I can still recall the feelings. It was so different. It was so unlike anything I had experienced. She would call me and ask me how I was in those couple of weeks. Texting wasn't a thing back then. I would call her.

She would come to our house for visits for the couple we had left. We had a birth team meeting, and everybody that was attending my birth, her assistant. I had a doula. We all had a nice little meeting that I remember very fondly in my living room. She was more like a friend than anything. But yet, I really trusted her. I trusted her knowledge. I was kind of amazed and impressed by her knowledge, which was probably was a clue that maybe I would walk this path. But I remember just different things she would share with me when I would have questions. And I don't think I even had as many questions as I probably should have. But I relied a lot on what I felt which was that I trusted her. But for example, I remember her saying something about—we were talking about listening to the baby's heart rate during labor, and her saying something about when the baby is crowning we can tell by the color of the baby's scalp how the baby is doing. And just that little tidbit of like, "Oh, that's a gem." That gives me so much confidence in you and the process, and it's not not using technology just for the sake of not using it. It's because midwives have other ways of knowing.

And so that was one of my first forays into that whole world and just being like, "Wow. This is so cool. What an awesome job this lady has?" So you may not feel that way. My point really is that our relationship—even though we had just met and it really wasn't a super long or deep relationship at that time—was completely different. And it was—she was so accessible. And she was so approachable. And she wasn't this professional. And she wasn't a doctor that didn't return my phone calls. I made the choices that I wanted to make. And she was an amazing resource for all the kinds of information and knowledge that even then was important to me like natural health. I've always been interested in natural health, but I didn't know a whole lot about herbs or how they pertain to pregnancy, for example. I knew very little about pregnancy nutrition, and that was some of the information she shared.

So even over the course of just a couple weeks, I was amazed at the difference care, and I was just totally in love. So that is—that was really a very pivotal moment for me in forming my idea of what midwifery was. And of course, I've had a lot more years since then and developed my own way. But a lot of my way is—comes from what I experienced with her. So I hope of course for everyone—not just people having their first home birth but especially those people—that they can find that kind of midwife, that they can experience this midwifery care that is supportive and loving and knowledge but that allows them to be in control. I say to people a lot especially if I have people come for an interview type thing and they're looking into home birth for the first time. I get that it's overwhelming. And so I always say something like, "This is a journey. Assuming you're early pregnant, you have 7, 8, 9 months to learn and to find your truth and to release your fears. This isn't something that happens overnight."

So in other words, it doesn't mean that home birth feels like 500% the right choice the day you find out you're pregnant. And you've only had medicalized births. It means that

you allow yourself to open to this idea. You allow yourself to open to growing and learning and so does your partner probably. And so by the time birth is close, you are at a place where you are fully supported and educated and ready for this. And I think a great midwife plays a very key role in that whole experience in supporting those months of fears and things that come up and the, "Can my body do this? And what if this happens? And this is what happened last time. And this is what they did last time." All of these things, you have someone there to pick up the phone, to text, whatever it is, and just say, "I'm feeling this way. Can you help me through this?"

Midwives, at least in my definition, are made to do that. We aren't made just to show up at a birth or just to monitor your blood pressure during pregnancy. We are counselors in a lot of ways. And, of course, there's definitely limits to that. But in the average situation especially with someone having their first home birth, we're ready. We're prepared. I know for the most part the sort of thing that will come up. I'm ready for a lot more interaction and getting to know her because that's important to her. And it's important to me, and it's something she's never experienced. So I want to make it as awesome as possible. I want her to think midwifery care is just the absolute best, and everybody should have it. Everybody should have somebody that they can ask a question of and be free to make their own choices with.

So maybe that's painting a really idealistic picture of midwives. I don't think so. I hope that's not. That's the kind of midwifery care that I strive to be better at every day. And as we're graduating students in our school, the kind of care I hope they provide. So, again, for those of you that are doing this the first time, you are not alone. And you have just this amazing person and this, hopefully, amazing network of support throughout your whole pregnancy because it really is a journey. So I would just say that, again. Keep that in mind that you're not supposed to feel 100% confident and ready right away. You're supposed to learn. You're supposed to grow and have uncertainties, and you're most likely, if you stick with it, you'll come out the other side probably having an amazing birth. And on the other side of that just saying, "I couldn't have done it any other way. That was amazing. My life was changed." And you become one of those people. And this is another thing I like about this group. They become the most fierce home birth supporters because they have been both ways.

I love women that have a home birth for their first baby. In fact, that should be a different podcast. I'm amazed by them. That was not something I had the guts to do. They're strong. They're powerful. They're young. They know what they want. But they don't have the experience of having had a medicalized birth. And so it's just a different group. It's, in some ways, kind of naïve like it's great. That's just birth to them. They never had anybody do anything to them, so it's kind of like they don't even know how good they have it. But, again, this group that I'm talking to today does. They're

appreciative. And they almost always are comparing in their brains and their hearts kind of like, "Oh, man. This is really different."

Sorry. I've got some kind of weird tickle today. Maybe it's the coffee I'm drinking. Okay. So another topic that comes up that I've already kind of hit on but just want to encourage all of you to delve into is that you have to undo learning. So not only are you being asked to learn new stuff like physiological birth and choosing a midwife and all of these things, but you have to undo, unlearn a lot of what you learned. And that is complex because it's not usually factual knowledge. There's a lot being done in the medicalized birth world that is not done for any reason other than it's always been done. So it's not the best choice by any stretch. It's just what is done. So it's not like this educational unlearning. It's more of a soul unlearning like, "That doesn't feel right. What does the research say? Yes. But what do I think?" If I'm not asking anybody else—not my doctor, not my midwife, not my husband—what do I think? And this comes up so many places. So in pregnancy with testing options. It comes up maybe through the postpartum. What were you told needed to happen? What were you told? And what's actually true? Hmm.

So for a lot of you, I have found that there are patterns that need to be addressed. So it can be a simple pattern like not thinking about any of the test options because in the past you've just done them all. And you figured, "Oh, well. What's the harm? It's just a blood draw." And so giving up your power in this habitual way that now you need and you want to, right? You want to look at that. You want to break this pattern where you gave away your power. So testing options is a great example. And often with these women that I work with, again, that can be really overwhelming. But we just go slowly. You don't have to decide about all the testing options at once. It's just here's the first one. Here's the information. Here's the research. What do you think? Because you really do, I think, to own your birth have to break the pattern of making a decision for anyone else.

And then, of course, there's more detailed patterns that women can follow especially if they've had more than one birth. So one that comes to mind is induction. I've worked with a handful of women that have had one, two, three, four, and more inductions. So they've never had a baby on their own terms. They've never been allowed to respect the timing of their own body and their own baby. And here they are having had many children. So they're not inexperienced birthers. There's some level of their being that does trust the process because they've birthed. But then there's a very real part of them that doesn't trust because if they always needed help how can they possibly have a baby without that help this time? And so, again, this isn't quite that simple because our brains tell us one thing, right? Our brain says, "Oh, but induction is bad. And of course I didn't need it. And this time I'm just going to wait." But then in the moment or through a pregnancy, this woman is really battling these fears and confronting what her

friend says about it or what her husband says about it. And sometimes she's not really through the trauma until she is out the other side with the baby in her arms at home.

So there is no magic bullet to make this okay for her as a fear as she's waiting for her own body to go into labor, right? If she's always been induced then every day is a new adventure that she has never experienced even if she's had many children. So that's a brave way to walk. That's also an exciting way to walk. That's also a really—can be overwhelming and scary at different times. Again, that's, I think, the bonus of a really awesome midwife and a support system to just keep reminding you that that was last time. Or that was the three births before this one. This one is different. You've learned about physiological birth. You've learned about the hormones. Trust in the process. Trust in the process. If something were to be wrong, you would know that as well. But you don't need what you think you need from that whole system.

Similar kind of things would be rupture of membranes. So somebody that has always had their waters broken in the hospital, and they really believe that they can't have a baby at home without it. And sometimes those women struggle in labor a little bit. They want you to break their water. They really, viscerally, in themselves kind of have this memory of that's what's needed. They almost just can't even imagine that birth could happen without these things. But those are the patterns I'm talking about. Being aware of them. Not necessarily being able to fix them in the prenatal time but being aware that these things could come up, that they could come up in labor, that you have good education. You have good support and that you really can get through them because you will have a baby, if you can stick with it whether it's because you've always been induced or you've always had your waters broken. You will have a baby without those things. You will. You will see. You will. But in the moment, it can feel just like that's not possible. It's just outside of your experience, which, as humans, is always really hard when something is outside of the realm of what we've experienced it can be really hard to believe.

Pain relief would be kind of one last example of that. Women that have had births with epidurals. Maybe they've had many births. Maybe they've never had a birth without an epidural, and now here they are choosing a home birth. And so going into that space of not knowing even though you have birthed before, this is a whole new thing. This birth is completely different. And breaking that pattern. Being willing to break that pattern for all the reasons that you know you should.

One last pattern is just something I've hit on a little bit with—which is someone knowing better or giving away that power. So no matter what it is, it can seem to the outside world like no big deal. But if it's something that comes up where you allow someone else to decide for you, this is the chance whether it's in pregnancy or birth. This is the

chance when you are having your first home birth to make your own choices and to feel how that feels because it's a big feeling. But it's also a really awesome feeling.

So pregnancy can be a great time, of course, for these people as I've said to work through the fears, to work through the patterns. All of these things come up and should come up. That is completely normal and okay. Again, selfishly what I love about working with these people is that it is such a great experience to see them go through this for the first time and find their power. It's usually night and day. Everything is different for these people. So sometimes you'll work with a woman that has had—kind of like my experience. A hospital birth. That really wasn't horrible. I mean she had a vaginal birth. Maybe she didn't even have—maybe she wasn't induced. No pain medication. She had what you would call a natural birth in the hospital. And sometimes those can be the trickiest people, in a sense, to make this switch because part of their brain holds onto, "But everything was fine." But everything was fine even though they have a deeper knowing of, "That wasn't what I wanted. That wasn't enough. That wasn't the full experience."

The rational, sort of mainstream part of their brain says, "But it was good enough. You are okay. Your baby was okay. That was enough." So where was I going with that? Well—but even for those people, the experience usually is completely different, and they realize in hindsight that so much was different. Yeah. They had a natural birth in the hospital. And yeah. It was okay. But this time no one touched the baby ever. No one wiped the baby. No one massaged the hell out of their uterus. Little tiny things that they took for granted. But now that they have this microscope, they could see that this was an entirely different experience and that the first one maybe it wasn't as ideal.

So everything is different. The babies are different. I really believe that babies partly ask how to be born. And so it's not that babies born at home are better or smarter. They just are requiring that experience. So everything. The bonding is usually different. The breastfeeding is usually different. They're different babies with different paths and different lessons. And so what can also come up around that is having some guilt about prior birth experiences where that wasn't the case. So you're holding your new baby born at home that's never been touched or gone anywhere and you feel some kind of remorse or guilt for the fact that your other children or child didn't get to experience that. And I definitely know what that's like. For many years felt that way. And my oldest, who was born at the hospital, is now almost 16. So I've had many years to reflect on this.

And ultimately, I have to say I don't feel guilty. I don't feel bad. That was just the experience we had. That was the experience we chose. That was the experience she wanted. She's a great kid. She's an amazing person. There's a lot more than just that one thing. But for awhile, I did carry some amount of feeling bad that I hadn't given her the experience that her siblings have had. So one more thing to come up is just the

opinions of friends and family—lovely—around your decision to have a home birth after a medicalized birth. Now this one is never easy whether you're planning your first home birth or your eighth home birth. Doesn't matter. There's probably always people in your life or your circle that don't agree. They don't support your decision. They think you're crazy. So I think I'll just leave it at that people can believe what they want to believe. That you don't need to include people in your plan. You don't need to share. You don't need to get their approval which, honestly, I think is the biggest thing that comes up especially for people having their first home birth. You're really excited about it. You've stumbled upon this jewel. You're learning all this stuff about physiological birth and why vaginal exams aren't necessary in labor. And you're on fire.

But there's a certain part of you looking for validation probably, if you're like most of us. And so you're sharing it with everyone. Maybe. And if you're sharing it with people that aren't supportive then you're not going to feel supported. And you're going to possibly have fears come up and be scared or mad or angry. And in the end, I would say all of that is fine when you have time to work through it. If you're sharing it to be validated, then you have some more work to do to feel confident and comfortable. And that's not a bad thing. That's not a judgment. This is any human going through kind of a revolution, revelation, about something so big. So it's normal to want support and to try to get people on your team. But not everybody will be willing. So again, if you've had, let's say, a C-section—maybe you had an emergency C-section. And you are maybe working through the possibility that that wasn't necessarily needed, for example. But your friends and family aren't working through that. It's not their story.

And so they still have the old story, right? That this was an emergency. That you would have died. That your baby would have died. And so these are not the kind of people that are probably—unless they're really willing to be in it with you, they're probably not going to be the most supportive of your home birth. They see that a medicalized situation was beneficial. They see that story. They see how it may have saved you. And you, again, probably are working through that. But the general view in the culture we live in is that, again, birth is dangerous. Birth is a disaster. And any birth story where people believe that belief then it looks like a hero story. Hopefully, that makes sense. So you'll just be viewed as crazy. That's what I'm trying to say. You might be viewed as irresponsible by these people. And they say to you, "But your baby was an emergency C-section. The cord was around his neck. How can you possibly want to birth at home where that's not an option?"

And that's a can of worms because you have to have worked through that story enough for you. But you might not be at your most confident yet with relaying why those things may not have been true to someone else. And truly, I would say you don't have to. It's no one's business what you decide to do. It's no one's business how you work through your trauma and decide to make a different choice. So don't make it their business too,

I guess is what I'm trying to say, because if you do then you're going to find yourself in more of a debate situation, or maybe a situation where you just don't tell people what you're doing. So I think that is particularly relevant for people having their first home birth. Maybe you do though have a really supportive mother, who is like, "Yeah. I was there. And I saw how all those interventions caused this to happen." Sometimes it's great for a family, and sometimes it will really change your friends and your family, if they were really involved with a medicalized birth. They'll see it too. And that's really exciting and ideal. But I think either is possible. And it's always best, I think, to be prepared with supporting yourself, kind of insulating yourself, rather than having to explain yourself.

So that's about it for me today. There are so many podcasts that support this topic. So if you are a first time home birther or maybe you're new to Indie Birth, maybe both of those things are true, there are so many resources that we have to support you and to help you get educated and find your own wisdom and truth. My friend, Jackie, has a podcast that she and I did together—I don't know. I don't really know how long ago it was. But Jackie had a cesarean for her first birth and has had two vaginal births at home since. So she and I talked about her story. And a lot of what I talked about today, I think, she probably comments a little on at least. Some other podcasts, I have one called *My Baby Almost Died* and blah, blah, blah. So that's one about how to deal with that when it comes up for you.

We have lots of resources on questions to ask a midwife or what a traditional midwife does, what undisturbed birth is, why the system doesn't want you to have an undisturbed birth, and birth centers and how those can be tricky situations. So that's about five or six off the top of my head. If you would like to see the full archive—I'm not sure that the full archive is on iTunes, to be honest, or really any of the podcast services. To find the full archives of all of our podcasts, which is nearly almost 150 podcasts to date, would be indiebirth.org/podcastarchives. So that's where you'll want to go to find more, if this is new to you. And if it is new to you, thanks so much for listening. And if it's not new to you, thanks so much for listening. Have a great day. And I'll talk to you soon.

(closing music)