

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Talking Back Birth*. Hi. I'm Maryn. And today is Part 1 of a prenatal clinic series I'd like to do. Not sure how many parts will end up being a part of this series. At least two probably. Maybe more.

So we have been experimenting with a free prenatal clinic both here in Sedona and Margo in Minnesota. We are calling that midwifery for the people. And we're both doing it a little bit differently. But just to give a little bit more background about the way I'm doing it for anyone that's curious and doesn't know, this is a once a month free Saturday of appointments here at my Indie Birth office. And we see about four to five women per month that sign up in advance on the website and show up for a 45 minute to 1 hour appointment about whatever they want to talk about. Usually it's pregnancy related. Most of the women who have come are pregnant. But we have also had a few preconception appointments and similar kind of chats.

So if you'd like to check out that web page just for fun even though most of you probably aren't local to me, just to see what it's about, it's indiebirth.org/mfp. And MFP stands for midwifery for the people.

So the idea is to have this clinic serve the community once a month as a free service as a midwife here. Nobody else is serving the community in this way. And also to show the community what real midwifery care is and what it's like. So that has been the main goal. And I think I said this has been happening here for the last nine months. I've learned a lot. And today I want to share one of the most common questions that comes up. And I'm thinking this will be great for people that come to the clinic and maybe we don't actually get to this question just because we do encourage people to come with whatever is important to them at the moment. And so really that can be anything.

But these kind of general questions definitely seem to be what come up the most. Or this could be for anybody out there really that's curious about the way this clinic works or is curious about this kind of midwifery care. Maybe you're a student. Maybe you're a doula. Maybe you're just curious, and you're wondering the same thing. You're going to wonder the same questions that a lot of these women have.

And then finally, we're imagining that there are probably midwives out there who are just curious about modeling a similar clinic. And not that you need my answer. But it can help shape, possibly, the way you direct the questions at your own clinic, if you have the same goals, which, as I said, is community service and highlighting the difference of real midwifery care.

So the answers may differ from midwife to midwife, but these are generally my responses and the way I handle one of the most common conversations that happens. So here it is. Prenatal clinic, part 1. Most popular question/topic that people come in with. Do I need a first prenatal visit?

Maybe that's phrased in an odd way, but that is literally what I have heard over the months. So as you'll hear, that's really a great question, and it's a great opportunity to segue into what midwifery care is and what it isn't and what somebody might be experiencing with a midwife. So, again, maybe you're one of these people, and that's great if you're listening to this podcast. I think more commonly people listening already know the answer, but I think it's cool to hear just different ways that it's phrased and to remind those of us that do know just how mysterious and confusing it can still be to the mainstream public what midwifery care is and how it compares to what they would get anywhere else.

So, that's often what people ask when they come in and sit on the couch. They announce that they're, let's say, seven weeks pregnant or nine weeks pregnant. And a lot of first pregnancies have come through the door in the nine months which is super exciting to see that these women who haven't birthed yet are really looking into their options. Most women have found the clinic through Facebook or even Google or even word of mouth. If you do something long enough, people start to talk about it, so that's another great reason to continue on with something like this.

So this woman and, perhaps, her partner sit down, and this is their first question. "I'm early pregnant. Do I need a first prenatal visit?" And I usually just pause and allow them to elaborate on that just to make sure that I'm understanding what they're saying or I can get a glimpse into what their perspective may be. Now, of course, people come with different perspectives. Maybe, surprisingly, the perspective I hear the most here is that the women that come to this clinic aren't completely ignorant to midwifery care. The intricacies or the detail of it they are. They don't know. But they have come with kind of an inner knowing that they don't necessarily have to go to a doctor.

Now, remember, how common that is whether this is all new to you or not. If you've been pregnant before, surely you've been asked as well by well meaning family members, for example. When's that first doctor visit? So, in other words, there's this whole assumption, culturally, we make that a woman's pregnancy isn't legitimate. It isn't really anything. It isn't to be announced until a woman visits a doctor and goes through whatever motions there are there. Sometimes just the doctor's word that she is indeed pregnant is enough. But most often, there's ultrasound involved and/or blood tests.

So it's a very curious, again, cultural perception we've set up for women that their pregnancies require legitimacy by someone else. And also they require immediate monitoring.

So, again, I like to hear where women are coming from with this because most launch into this explanation that they haven't been to a doctor yet. And they don't really feel that that's necessarily the right thing, but they don't know why because no one else in their life feels that way. In fact, they're being harassed by their mothers, by their mothers-in-law, to go to the doctor, to go to that first appointment.

And so, I think it's revealing whoever you are in this chair of listening to someone. Maybe you're a doula. Maybe you're just a friend is to hear what these women have to say. So what are you hoping to get out of a doctor's appointment? And, usually, women will just laugh and say, "Well, I know I'm pregnant," right? So they know they're not going for that, and they really don't know why this is a thing. And it's really one of the greatest questions. And it's something we should question more. People, in general, should question more, but, of course, they don't.

What on earth is a woman looking to gain when she goes to the doctor? Well, okay. Is she really pregnant? Well, she already knows that. What else is there? And so this is a great opportunity to walk through first what typical care with an obstetrician or even a medicalized midwife in a medical setting looks like. And I don't consider that to be something that I'm making up or presumptuous. I've literally been through that system myself years ago, and I don't think it's something that is withheld from society what actually happens at these appointments.

So we just review that in case women don't know, right? Because they've never been pregnant before. So we sit. We review. You go to the doctor. They don't really trust that you're pregnant, most of the time. So they'll do an ultrasound. They may do blood work as well. They won't really ask you probably about any of those things. And you'll fill out some papers, and that will probably be it.

So, usually, that's a pretty quick conversation. And most women, and sometimes the partners, kind of even chuckle. And they're like, "Yeah. That's why we haven't been yet. So what's the deal? Why do people think that's important? And since I'm here, in your office, and you're a midwife, what do you think is important? Like what do you actually think women need? Or what do you do with people?"

And, again, it's a great question. And it seems so simple. But there's all this hoopla around this mythical first visit. And it's something no one really talks about. So once we get kind of the medical comparison out of the way and then we can move on to the fact that a first visit is just the beginning of a journey with a midwife, if that's the way you choose to go.

And here, at least in my experience, people kind of break off into two categories. There are some people that are really eager for that information. Like they know the medical world isn't the way they want to go, but they're kind of eager to replace it. They're not completely comfortable just doing nothing. They really would like to engage with someone. And, honestly, I think that's great especially for first time people. But then there's kind of a subset of people that don't think anything is necessary. And so like any of these conversations, we are really responding uniquely and individually, even though this is kind of a general response today. And so to talk about those two responses, I'm actually going to start with the second one which are people that come. And they know that they don't want to be at a doctor.

And they think then if they don't want to be at a doctor that there's really nothing to do. And so they're right in a lot of ways. Of course, I have many, many podcasts early on in the *Taking Back Birth* series about prenatal care and about creating your own and the research around prenatal care. So it's a delicate balance. No, we don't need anybody to do prenatal care for us. I don't think. And that's, again, this separate conversation. What is prenatal care? What are you looking to get? And what do you have set up in your life already to be support? In other words, how are you going to take care of yourself?

And that's something most women haven't considered. So they figure I'm going to ditch the doctor. There's not really anything I should or can do. And I don't think that's entirely true. Yes. You can just be pregnant. I'm sure many women do. But I also think it's a shame, in a way, to not take advantage of all the information and resources that are out there. Or even a group of women. It doesn't have to be a care provider.

So, in other words, depending on the person you're sitting with at a clinic situation like this, you can kind of steer the conversation in either of those ways. Well, right. We're agreeing that medical care probably isn't most effective for women that are pregnant and don't view pregnancy as a medical illness. But is it really that we do absolutely nothing? Sure. Maybe for some people. But here you are. A first time mom. You've never done this before. The benefit of midwifery care is not to own your experience or to over direct it. The benefit of midwifery care, for your first pregnancy especially, is that you have continued support. You have continued access to someone that is knowledgeable and completely is there to listen to you.

You have somebody to bounce ideas off of and ask about choices. You have somebody that will bring your choices to your feet because you might not know that it's even a choice, if you've never done this before. So it is complex, I'll admit, kind of behind the scenes because for people that are truly new to midwifery care you're kind of giving this general outline of what midwifery care is. But then there's this underlying deeper conversation, at least for me, what the kind of midwifery care I offer. So that's very different than if they go to sit in the midwife's office at the birth center locally. Those midwives are very medicalized, and they are licensed. And they are under all kinds of protocol and rules and restrictions.

So I don't know what they say to people. But it wouldn't be very transparent for them to say some of the things I do say. So in my mind, in my heart, this is the woman's experience. There aren't required tests. There isn't any protocol. What I want to impress upon this woman when she is here for the clinic is that this 45-minute appointment is just like, in a lot of ways, the care and focus and love she would get for an entire ten plus months.

So maybe it's more of a feeling really than information. But, of course, people like information. And they usually leave being pretty full of all kinds of new concepts and book recommendations and all of that. But it's important, I think, to just hone in on this feeling, which is you are important. You are pregnant. And the world revolves around you. You hire a midwife not to tell you what to do but to be your main support person outside of your partner, for example, perhaps.

But this is somebody that knows the stuff and knows the tests and knows the risks or whatever you want to say but still is going to present them to you in a way that it puts all of these choices in your lap. So that's kind of overwhelming, and maybe there's other and more gentle ways to relay some of this information especially with different

personalities. But in general, that's what we're trying to get at with this question. Not only do you not necessarily need a medicalized visit. But what's included in that?

And then let's not say you don't need anything like just bye-bye. See you later. Go do this yourself. But look at this amazing option. Look at these midwives that are sitting right here with you in this room that want to support you in an entire pregnancy, birth, and postpartum. The first visit is representative of that.

So I do go through specifics, and we talk about how we do do an initial history, how midwifery care is about getting to know someone really well on the physical level, on the emotional and spiritual and mental level. And that it's based on a trusting relationship. So, of course, that takes time, but that's the premise that we're all going on that a trusted relationship and being open and communicating with each other can help this woman have the best support and probably the best birth outcome. So that's part of the first prenatal visit is really getting to understand her.

And, of course, this is in huge contrast to the medicalized version where you just fill out the paper, and nobody really addresses it. I really like to sit with people's histories. In fact, often I will take and review them on my own time rather than sitting there and firing questions at somebody. So it's a slow process. Let's get to know you. Let's get to know your past medical history, your past emotional history, your past obstetrical history, and then let's go from there. Let's talk about diet in detail, right? And, of course, that's not just a first visit. That's going to overlap and overlap and overlap into probably many prenatal visits.

But, again, you're laying the groundwork for this person that midwifery care is complex, and it's a longer journey. It's not like a one shot deal. We do talk about blood work and testing because often that will be a question that comes up. Okay. So I don't necessarily want the medicalized care, but they do do that initial testing. Well, most people have no idea what that even means. They don't even know what tests are generally ordered or why.

So I'm happy to go into specifics about those tests and why. If not now at this clinic but in a first visit. So, again, it's not about leaving out options. But it's about making this the most three or four-dimensional, if possible, experience for this woman. So a first visit, that could just be a couple of papers and an ultrasound becomes described as what's truly a much, much different experience. So we can talk about lab testing. I'll help you order your own. I'll be there to help you interpret it or assess it. And then we talk about moving on in the prenatal.

And, of course, this isn't just a first visit this part. But this goes for prenatal care, in general, because, again, people don't know what midwifery care often looks like. And, again, a lot of midwifery care looks a lot like doctor care. You're in. You're out. You get a different midwife every time. You got a Doppler on your belly, and you're done.

So we really, really, really want to highlight the personalization of this care. The uniqueness of this care. The idea that this woman and this baby are so special. And that all of your energy at this given time is going to them. So I do move on into that part. And you do make comparisons. That's just kind of the truth when you're dealing with people that are new to these concepts. So I often say the clinical part of prenatal care isn't truly that different than what they'll do at a doctor's office, right? They'll do your blood pressure at a doctor's office. You might pee in a cup.

But what I do like to highlight is what I think is obvious but is not obvious to anyone is that the clinical piece of prenatal care with a midwife especially one that works the way I do is that the woman is completely involved and at the center of even the clinical experience. And most people really do resonate with what you're saying even though they haven't experienced it. Because what they have experienced is the medicalized version where they usually feel like a piece of meat. And I usually say to people something like, "Do you know your blood pressure? Has anyone ever told you?" And they laugh because we've all been to doctors. And most people have no knowledge of their own health. And that's a larger conversation.

But with midwifery care, this is all their information. This is their body. This is their baby. And everything they choose to do whether it is a blood pressure reading or a pulse or a urine catch is explained to them probably for some in excruciating detail. And so I always say that too. All of this information is available to you. We can go in as much depth as you want. This is your pregnancy. So I'll explain what blood pressure is, and we'll talk about what your reading is.

The truth is most women are healthy and normal with something like a blood pressure reading. And there may not be too many more conversations about that. And that's fine. What women often do resonate with more, of course, is the baby part. So anybody that's been to a doctor or had a pregnancy with medicalized care knows that it's very impersonal. And your baby is just kind of—I don't know. I felt treated like just this thing in there. Like not as a real person.

When I was seeing a doctor back a billion years ago, I never knew what position the baby was in. And I didn't know to ask. Like I didn't even know that that was a thing for me to know. So putting this part of prenatal care back in women's hands, literally, is so important to communicate. And, again, it might be overwhelming. These people come in. They don't know what they're going to get for this 45-minute appointment. And some of this perhaps is too much or can be saved if they actually start working with you. But, again, it's just highlighting the difference. And that they're in charge. And I find this to be some of the most important work that we can do. Not just here at Indie Birth but for you as midwives if you're listening or for women that are pregnant. That you might try to find this kind of care or request this kind of care.

Because this, I think, is what is changing birth for the better as much as we can change birth. And by that, I mean just women are feeling more powerful in their pregnancies. And, therefore, they are feeling more powerful in their births and as mothers. So having this free clinic is one of the greatest things I can do to get this information out there and truly to attract the right people. This isn't for everybody. I'm sure of it. I'm sure there have been women that have sat here for a clinic appointment and taken in this information and legitimately felt like, "You know what? That's not for me." And that's fine.

This isn't for everybody. It's really a shocking concept in most places. For pregnant women to consider that they are fully responsible for themselves. And that you are not above them and you are not in charge of their health. They are. And so turning the tables like that and explaining the way you work can be really big, really earth shattering for some people. And, again, they may not be ready for it, and that's fine. But it's still the option that I believe in. And it's still such a worthy conversation when people come in here, and that's how we start.

So do I need that first visit? A great time to launch into the first visit and prenatal care in general. And you can continue that conversation, of course, with the fact that prenatal care is, obviously, generally over many months. And that we cover all kinds of educational topics. I have many books here at my office, and I often will bring out a bunch and tell people, "This is great. This is great for that. If you want to take pictures of stuff that you want to order, go ahead." So my hope is overwhelming is a possibility. But my real hope is that people leave the 45 minutes being just kind of inundated with this concept of them at the center. We call it or I call it midwifery care because I am a midwife.

But from a woman's perspective, it's really just about her. And so I think the best we can describe the way this works and compare it to what somebody already knows can be really effective. And it's just a great way of laying this foundation of this new paradigm whether it's this specific woman that just walked through the door that ends up working with me. Maybe. Maybe not. Honestly, more often than not, I have found with the first time moms that they're not quite ready for what this may mean. And they are maybe having to move through a lot of their own stuff to wrap their minds around the fact that a doctor wouldn't be involved in their care.

I mean that's the mindset of most women here in this country at least and many places in the world. It really expands them kind of to a painful point to think of working with someone that would really put them in the driver's seat. It can be too much. It can be overwhelming. Often women don't have partner's support for that kind of care especially because it's not medical care. And it's not covered by insurance, which is a whole different podcast. But having to really dig deep within themselves to ask these hard questions. What is it I want? And what is it that this option provides? So these are big questions. And I don't expect women to sit here and answer them. I don't expect them to necessarily even to go home at seven weeks of pregnancy and be able to answer them.

But just them knowing that this is an option here in this community makes me happy, and I don't know if they'll come back. Or maybe they'll come back in another pregnancy, or maybe they'll recommend this clinic to a friend. And all of that, I think, is really wonderful and is really worth donating a Saturday a month to this new paradigm because it really is such a shift. I mean these are such innocent questions, and I will feature a couple more in part 2 and possibly part 3. But these are such innocent questions.

People don't necessarily know or expect the depth of response they're going to get about such an innocent question. Because in their minds, medical care really isn't the—is the standard, right? It is. Whether they like it or not. And they are usually people that are feeling pressured about not receiving medical care. So, again, like I said, many people come with the instinct that that isn't quite what they want. But they haven't thought any further about it. They haven't thought about why they don't want it or what the other options would be. And, like I said, to some women that just means, "Oh, I'll do nothing," which maybe is a really normal response, if you don't know that this kind of midwifery care exists.

So I hope that's helpful in some kind of strange way. I hope that if you're in a place where there is no free prenatal clinic that maybe that can give you some insight into what midwifery care, at least prenatally, really does look like. And that it doesn't have to be so black and white. It doesn't have to be medical care with a doctor or free birth, on your own. And really there's all kinds of combinations. So yesterday someone asked, "So, does this mean that I shouldn't go to a doctor?" And it's a similar but related conversation.

The short answer is always you're going to do what you want to do because this is your experience. But, of course, delving into it more, we can review even further what someone might want or need from a medicalized pregnancy experience. And, again, just constantly comparing that and letting people come to their own belief system, right? Because it's really not about me putting my beliefs about this is the way you should do pregnancy on people. Sure. I do believe this especially for myself. But I recognize that most people are not ready, and that they're still hanging on to this idea that they need someone to manage them. And it's just mostly, usually, a doctor at a hospital. Again, it can be a midwife at a birth center. That's, obviously, like a subtlety of the conversation that I haven't had as much, to be honest. Probably because the midwife at the birth center would punish her clients if they came to my free prenatal clinic. I don't know. Something like that.

Or they're truly just not interested because they seem happy with their care they're getting. So that really is where this clinic comes in. No matter where you are. If you're able to offer one or if you'd love to have one, it's usually because you're curious. And it's because your needs aren't being met, or it's because you're new in the journey. And you just want to kind of get somebody's perspective on it.

So, again, I think it's really a gift. I feel like it's a gift to my community, and I, honestly, feel like it's a gift to myself. I feel like I get gifts too from this whole thing. I get to meet people in all different walks of life. I get to learn more about what people are looking for and why they're here and how they find us and how they kind of articulate their beliefs and just kind of seeing where that goes for them has been highly educational. Because these aren't necessarily the people that just are ready. The people that are ready make a phone call and that's it. We're working together. So these people that come to this are just a different breed at the moment. Like I said, they're new. Or they're not quite ready, and they're dipping their toe in.

And I don't know about you, but I love seeing that. I feel like times really are changing. 10 years ago when I would offer free stuff, of course, I was a newer midwife and not as

much time in the community, but people really didn't take advantage of it. So it's nice to see that even if people don't go with this kind of midwifery care at this moment for this pregnancy it's really exciting to see people coming and taking advantage of the time and asking really good questions.

And I almost always try to leave them with a lot of resources. I'm willing to follow up with people if they email or text afterwards with questions. I'm happy to continue that conversation at least for a little bit and recommend specific podcasts or books or whatever. Funny enough. I'd say 90% of the people that have come for the free clinic—excuse me. Have just seen it on Facebook, and they really don't know what Indie Birth is or what we offer.

So that's part of the conversation too is there is a lot to take in. We only have 45 minutes today. These are great questions. But this really shouldn't be the end for someone. Or at least you hope it's not, right? Whether or not you're part of the journey or not, you hope this is not the end of their journey. There's so much to know and learn. And back to the initial question of what about that prenatal visit, I usually start by saying that. Like yes. You can do this alone. No. You don't need a doctor. No. You don't need a midwife, but there's so much out there nowadays that if you kind of want help curating it or finding resources that we already know are helpful then that alone is a great reason, I think, to have a midwife by your side.

So thanks for listening to this prenatal clinic part 1. I will be back with additional parts and questions from this clinic experience. And let me know your questions, or let me know what you would ask or what you're wondering about. This entire clinic thing has been largely an experiment on Margo and I's part. And we're always looking to improve or reach people in a different way. So, again, the prenatal clinic page for here in Arizona is indiebirth.org/mfp. And I'll talk to you soon.

(concluding music)