

(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 with a very special guest and a really awesome story that she/we wanted to share with the world. I have Amantha here with me today. And before she gives a little intro, I just wanted to add in that a couple of listeners had written in lately and wanted to hear birth stories that were more outside of the box. Just since we talk about a lot of those concepts and philosophy here on this podcast, and I thought that was a great idea. Talking to women that had beautiful births but maybe had to work a little bit harder for them in some ways or make choices and consider medical care and treatment at different points since that can be a very real part of pregnancy. And it doesn't mean that people don't have options.

AMANTHA: Sorry.

MARYN: No. So we have a mother of six here in case you couldn't tell. That's Mr. Number Six right there. (cross talk) six in the boys' department.

AMANTHA: Yes.

MARYN: Yeah. He should totally hang out and tell his part of the story too. Hi, Loni. So big.

AMANTHA: Yes. He's a good baby.

MARYN: I bet.

AMANTHA: My favorite birth story. Don't tell the others.

MARYN: So how about a little bit of background, Amantha, for people that are getting settled here and want to hear your birth story. You have so much good story to tell before the birth even happened. So just go ahead.

AMANTHA: So as you mentioned, I'm a mom of six. I've had all six of my boys I thought as naturally as possible. I know now that that's not necessarily true. But I had my first son at the ripe age of 19. And I was induced for all five of my boys before Loni in the hospital with an OB/GYN, Pitocin drip, in the hospital bed. And I love all their birth stories. They just weren't really conducted by me until Loni's. The reasons for my inductions kind of varied. The first one was because I was overdue, and the doctor decided that I—she didn't want me to be overdue. And so she scared me into thinking that I needed to have my baby in order for us both to be safe. And then after that, my

inductions were—minus one that I needed to be induced for because I had HELLP Syndrome. They were because of my high blood pressure, which, for two out of the three—for two out of three, it was my high blood pressure that was high from the beginning. It wasn't anything new to that pregnancy. And then the one that I was sick for, the HELLP Syndrome, it was new to that pregnancy. So I kind of had a variation of reasons to be induced but really the same thing occurred in my last—my fourth and my fifth son leading up to why I knew I didn't want to be induced with my sixth.

MARYN: Right. So with the five of them or I guess the four of them then, was the blood pressure ever discussed with you as part of other issues? Or was it just purely protocol like it's this number, and we're going to do this? What was your experience with that?

AMANTHA: Well, it started out actually with the third baby that I had was the one that I had HELLP Syndrome with. And I was told from the get go while being induced with him that if I had any more children I would be considered high risk.

MARYN: Right.

AMANTHA: I was told right away. I was even told by some nurses not to have any more children because of that. So going into my fourth pregnancy, I was a little—I was a little on edge knowing that I was automatically going to be high risk. And I knew that I had to be cautious, but starting out, I was hypertensive. I mean there was just no other way of putting it. And that was 140s over 80s.

MARYN: Right. Yeah. And a little background for those of you that don't know, HELLP Syndrome is a pretty serious pregnancy complication. It can be really hard to detect. It's kind of like a relation to preeclampsia but different. But I think almost everyone would agree that a woman that is truly diagnosed with HELLP is pretty sick usually. But whether or not that makes that woman high risk for the rest of her obstetrical life, I think, is up for debate. And I think you're definitely proof that that is not true.

AMANTHA: Yes.

MARYN: Second, I just wanted to share on your behalf, and you can say what you want to say that you have extensive medical training. You're a nurse. You're very familiar with your body and labs and a lot more than maybe your average woman would be truthfully.

AMANTHA: Yeah. I definitely was familiar with the medical side of things. I'm huge on research and clinical trials. And I know that there—those are not flawless. That they can also be very biased all the time. But I went into my fourth, fifth, and sixth pregnancy knowing my risk and knowing my health basically.

MARYN: Right. And so you didn't develop HELLP Syndrome with four, five, or, obviously, six.

AMANTHA: No. Not again. Right. I did not. No. I mean I can hypothesize all day about why I developed it with that third one. I do think that there was a nutritional component. But that's all guesswork. The bottom line is one out of six. I don't think that that made my risk any higher.

MARYN: Right. Yeah. And again, for those that don't know, I think many people on the midwifery side of things at least would agree that there is a nutritional component often to hypertensive disorders and then also HELLP and preeclampsia. But that there are also is a rare percentage of cases that no one understands and can't really make any sense of. So for you, being in that position having had HELLP, you didn't get it again with the next two then getting pregnant the sixth time that's when we met. And I know you were seeking out your options for home birth. And how did that look and feel with your history and what you were looking for?

AMANTHA: So I was looking for somebody that wasn't going to scare me. That was the biggest thing. I knew with my fifth that I was induced as a perfectly healthy 39 weeker, and that I very well could have carried him two, three more weeks no problem. But every appointment I went to, I was left feeling scared and guilty. So I knew that I had to start out with someone that was never going to do that. I interviewed a local midwife that delivers babies all over the area that I live in, and she seemed very nice. But she also, in that first appointment when I was like—I don't know. Nine, ten weeks pregnant. Mentioned natural ways to induce me if I went overdue. And I instantly knew that was not going to happen. I wasn't going to continue with somebody that was going to already talk about how she was going to intervene with my pregnancy if it wasn't going the way she wanted it to.

MARYN: Right. Yeah. And it's funny. I was looking at the Arizona rules and regs the other day for a presentation that we're working on because I had to refresh my memory as far as what prohibitive care is. And I'm pretty sure you would have fallen outside of that anyway. So if you had made it as far as the birth that would have been a miracle from that perspective anyway. But it's so fascinating because that's how it is in a lot of places, right? Whether they're midwives or doctors. And it's like what is that based on? This whole hypertension discussion, which is huge. But then it's really fear of preeclampsia and some other things that are confused with the issue, I think. So I don't know. I can say from my perspective that it was refreshing to meet someone who was so in charge of what they wanted and their health and, again, not that it was super easy. Like you had things come up but to have experience that, I guess, having walked it five times prior. You knew your body pretty well. And high blood pressure readings didn't

mean that you wanted to look at super serious options, which isn't like everybody. Most people don't pick those things apart.

AMANTHA: Right.

MARYN: Yeah.

AMANTHA: And I'm a total—and in my practice as a nurse and with my family, I—there—everybody doesn't fit in the same box. Everybody's medical history is different. Everybody's medical outcomes can be different. We don't all need to try and fit in the same medical risk and outcome box as each other because I think that's where we start to come into some complications.

MARYN: Yeah. Yeah. For sure. I mean treating everyone like that number makes it so that women can't even choose. And then they're scared to choose, which you had already experienced. So with this sixth pregnancy then, so we started working together. What were your thoughts on how this might be different or things you were trying to maybe influence the outcome with from the beginning? How was it all so different?

AMANTHA: So from the beginning, I did research and spoke with you about following a high protein diet. So as soon as my stomach would allow me to eat protein after that first trimester and probably even starting into the second trimester, I might have started a little late on the protein intake. That was a big—that was a game changer for me was the eating the high protein diet. I would venture to say I wish that I had practiced it before ever becoming pregnant because it's a huge learning curve to make your body eat that much protein. But I was able to accomplish that. And that was a game changer for me. So much so that I decided that my body was capable of doing anything I wanted it to do about growing a human being which maybe isn't the case. It wasn't the case in my situation. So I just decided I was going to head off my pregnancy doing nothing but following the high protein diet. I got baseline labs with a physician's assistant at my primary care office. He was perfectly happy to help me decide what labs I needed and to follow with that component of my prenatal care. And I was just going to stay pregnant eating my high protein diet and working crazy hours without a problem. That was the plan.

MARYN: Yeah. I mean eating well is so important, and it's so cool you got to experience that. And you were so committed to doing that. And for those that don't know, the Brewer pregnancy diet is kind of the midwifery recommendation. Again, not that all complications can be prevented but so many can. And in your case, like you just said, you were working so much as a nurse overnight which I think everybody would agree requires additional nutrition, additional protein, additional calories. So you were kind of—it was kind of an uphill—not battle. But I mean it was a lot of work for you, I

know, to stay on top of that and really give your body what it needed with all the additional stress of life.

AMANTHA: Right.

MARYN: Right.

AMANTHA: And I just always tackled a challenge as—rather than worrying about what could happen, I'm just going to make what I want to happen be the case. And so as far as working overnight and having all of these boys to take care of on my days off, it was just not going to be any big thing. I was just going to be pregnant as long as I needed to and work and not worry about it. And that worked out well for me for 31 weeks.

MARYN: Right. Right. Let's get to that part. Well, before we get to that part of the story, I remember thinking right before that—we had just had a prenatal visit. And I remember being—we were at your house with your family. And your husband (inaudible) making a joke about, "You'll just have to pick her up at work when she's in labor because you're that dedicated. You're that committed." But it's hard work. And I think anybody listening could relate whether it's your first pregnancy or your sixth. The body can only take so much stress. And especially as you have increasing number of pregnancies. Sometimes it's harder on us than we think.

AMANTHA: Loni is going to interrupt. You're okay.

MARYN: That's okay.

AMANTHA: Definitely. And my philosophy to get me through working so much was related to indigenous that have to haul water while they're pregnant. They don't get to just stay and not haul water because they're pregnant. They have to do life. They have to do what they need to do. And so I decided that was—work was my form of having to haul the water for my family. And I was just going to do it regardless of how I felt. It didn't matter how tired or fatigued I was. I just had to do it was the way that I had looked at it. And yeah. I did make a lot of jokes and probably assumptions about how pregnant women should behave. And I think that I was wrong. I'm happy to admit that it's—sometimes you can't haul the water or you have bad outcomes.

MARYN: Yeah. I mean I don't think you're wrong. I think it's a humbling thing for any of us to realize that our body has limits. And I think that's a very humble thing to realize. So what happened—let's share that part of the story. What? 31 weeks? Gosh, I thought it was earlier than that. But that makes sense. I mean you would know best.

AMANTHA: There was a small incident. I think I was 21, 22 weeks.

MARYN: Right. Right.

AMANTHA: I worked three nights in a row. And then I had had—I mean I seriously couldn't even call it spotting. It was like once incident of super pink bleeding. And I just figured that it was nothing. I actually thought that it was related to having sex rather than pushing my body too far with work.

MARYN: Right.

AMANTHA: So I took it easy for a couple days after that. And then I had no other signs of problems from that point until 31 weeks when I had a week of work where—I think I added it up. And Maryn is probably going to shudder. Over the course of five days, I was going on working 60 hours. Yeah. That's hard for anybody to do let alone somebody who is 31 weeks pregnant.

MARYN: On their feet. I mean the stress of your job I can't even imagine the physical stress that you're used to.

AMANTHA: Right. So after working these long stretches having hardly any time off, I took a nap. And when I woke up and sat on the couch with my boys, after about 30 minutes, I felt a huge gush. And it was a bunch of really dark blood. I was actively bleeding. There was no clots or anything like that that indicated to me that it was built up. I thought—my initial thinking was that I had a placenta previa because I hadn't had any ultrasound. So I didn't really know where my placenta lay. And I thought for sure that I had placenta previa, and I headed in to the hospital to see what was going on. But the baby was moving, so I knew he was safe. And I just prepared myself for maybe needing to sign up for a C-section later on in my pregnancy if it didn't move.

But when I got to the hospital, I was told that I had an abruption, which wasn't what I was prepared for at all. That left a lot of questions for me and a lot of blame basically. It was a blame game of, "Well, you should have known that this is what could happen when you work like you do." I was told I had uncontrolled hypertension, which isn't true. And then, of course, there was that whole no prenatal care piece that made the OB/GYNs absolutely shudder at me.

MARYN: Right.

AMANTHA: Again, not true. But I wasn't fitting into their box, so I was making them uncomfortable. So I stayed in the hospital from Friday to Monday. For at least 24 hours—the first 24 hours that I was there, I was on a magnesium drip because I was contracting probably every 3 to 5 minutes. Nothing—well, not that this matters, Maryn. And I know that now. I didn't feel like the contractions meant anything. That's my key phrase for contractions.

MARYN: Well, your cervix wasn't changing, right? Wasn't that—there wasn't—

AMANTHA: No. There was nothing. No cervical changes. It didn't even feel like actual contractions. It was more of just an irritation. But it was every 3 to 5 minutes consistently. So I went ahead and went on a magnesium drip to calm those down and then was put on a prescription to keep myself from contacting which worked really well. And I thought that was weird that you don't want a woman that's 31 weeks pregnant contacting at all. But the ultrasound barely showed the ablation. In fact, the sonographer couldn't even really see the place where the ablation was. And it was a hardly noticeable to the doctor that had read the ultrasound. So it wasn't a big ablation. And it literally—I bled for like 3 or 4 hours. After that initial gush, it was just light bleeding, and then it was gone. So it was the most minor abruption that I think anybody could have.

MARYN: Right. But scary nonetheless. I mean I remember when you texted me the photos—I mean we're all conditioned to feel that way about blood anyway especially in pregnancy. Nobody wants to see bleeding. And it—I mean not that it looked substantial. But it wasn't something that anybody wanted to see.

AMANTHA: Right. Yeah. It wasn't spotting.

MARYN: It was not spotting. And I thought the same thing just because you didn't report any pain with it or anything. That maybe a low-lying placenta was the most obvious reason. That was a—that would have been another (inaudible).

AMANTHA: Right.

MARYN: So yeah. So marginal. Pretty—it was marginal, yeah? The abruption. Just on the side of the placenta.

AMANTHA: It was marginal. And I had repeat ultrasounds a couple weeks. And then about a month afterwards, and it showed no—I mean the—I actually got into a little bit of an argument with the sonographer in the follow up ultrasound because she said there is no way that I had an abruption at all.

MARYN: Right. Right.

AMANTHA: She said there—it was cervical bleeding. And I said, "Well, it was a lot of blood, if it was cervical." And she goes, "Well, there's capillaries." And I go, "No. That wasn't a capillary bleed." So I mean it was a little bit of a surprise to her that I had ever been diagnosed as having an abruption.

MARYN: Right. Yeah. I mean best case scenario was something like that for sure.

AMANTHA: Definitely.

MARYN: So I feel like it's—I mean you can have your—this is your story. But I feel like this is when it got really interesting to see what would happen with the rest of your pregnancy and your choices and your path and what your body would ultimately decide with this little guy.

AMANTHA: Yes. And while I was in the hospital, I had basically convinced myself that I didn't have any other choice other than to deliver in the hospital. I knew that I should find an OB just to follow up with me in case that was the outcome. But in my mind, I was conditioned to think that there was no other option at that point. That I had to have this birth that I didn't want. And I had to let go of the fact that it was what I didn't want. And I needed to do what was safest for me and the baby. And looking back, there was nobody in the hospital that influenced me any other way.

MARYN: Right.

AMANTHA: I had one doctor that I really liked. He was really nice. But he told me that I will abrupt again, if not during my pregnant then in delivery.

MARYN: Well, and that's such an interesting thing. I mean sorry to interrupt. It's just like there is no evidence that would point to that being true for someone. But of course, it was the most obvious thought. I know you were thinking of it. And of course, I was thinking of it. Neither of us wanted to be at home with an abrupt. Of course, not. But what was the real likelihood of that happening again? Nobody could really tell you.

AMANTHA: No. And he said that to me without being able to back up any research. And I lose a lot of respect for anybody in the medical field that's willing to do that. To make a blanket statement without knowing where it's coming from unless it's your intuition. But then say it's your intuition. And maybe I would respect that more than just making an assumption. So yeah. I was in this place of thinking that this terrible thing was going to happen to me again and put me and my baby's life at risk. And my safest option was a hospital delivery. But the weeks went on, and nothing happened. I did stop working. I didn't work for at least a week after the initial abrupt. and then when I went back to work, I was extremely light duty. I was off my feet. I never worked at night. I did desk work. Thank goodness. One of my little part time jobs accommodated a light duty work for me so that I could make a little bit of money. It was definitely hard for me to say I'm not working at all considering I'm the cash of the family. So being able to bring in enough money to get us through the next 4, 5, 6, ended up being 11 weeks was really nice.

MARYN: Yeah.

AMANTHA: And I continued with the OB, and he was really cool until I hit 40 weeks.

MARYN: Yeah. Yeah. And to back up a little, I mean what were some of the other concerns? I know you and I talked about them. But for people that are kind of trying to piece together parts of the story, that the abruption is maybe tied to preeclampsia or some other condition. You're trying to rule out if there was anything bigger going on because I know you and I were always agreed, I think, on all of this. But mostly that if you were sick or to become sick, then that would change the scenario. It wouldn't have been just a small episode of bleeding. It would have become something that was much bigger than that. So what are your thoughts on that? Or how did the doctor—were they thinking that? I don't remember paying a whole lot of attention.

AMANTHA: Well, they were saying it out loud.

MARYN: (cross talk) preeclampsia.

AMANTHA: Well, that that is why they thought I had this abruption. That was the direction it was going to go in.

MARYN: Right.

AMANTHA: And they found it really amazing because in the hospital I had high protein in my 24-hour urine. And then in a 24-hour urine that I did about a week later, I did not have high protein. And then I think I did a total 4 24-hour urines. And 3 out of 4 of them I had diagnosable preeclampsia protein levels. They were—I might have frozen for a minute. Sorry. I had protein levels that coupled with my high blood pressure they could have called it preeclampsia.

MARYN: Right. And that's, again, for people that are learning this or new to this topic, there is—I mean how many ways are there, right? That different people will diagnose preeclampsia. So I guess not that that's invalid. But you and I were on the same page that if you were well and feeling well and your labs, your other labs, your blood work wasn't showing signs of liver compromise or HELLP Syndrome—god forbid—that you knew your body best because you had been sick before with a serious pregnancy disorder. So just to be clear about that. I guess—yeah. I guess you could have been labeled preeclamptic. But we need to be careful with these labels too for someone that was well that would have been silly.

AMANTHA: Yes. And I say with my hypertension, but really I believe the diagnostic criteria for preeclampsia now isn't just hypertension. It's in increase in blood pressure.

MARYN: Especially for someone that has preexisting hypertension, it doesn't even make sense. I mean it's not fair that that's part of the criteria. But the protein in the urine, other than the bleeding which we assumed that might have been a reason at one time, there wasn't really—nobody could have really said for you, right?

AMANTHA: I think that I just decided—and, again, this is me just making up decisions about my health because I can.

MARYN: Yeah. And it's your body.

AMANTHA: I think that I just decided that I was eating a lot. I mean I was eating like 120 grams of protein a day.

MARYN: Right.

AMANTHA: I think that my kidneys were tired and spilling protein. My kidney didn't—my kidneys didn't show any compromise in my other lab work. But I don't know how else to explain that spilling of protein there at the end of my pregnancy because I wasn't retaining fluid. None of my other preeclampsia labs had budged at all from their baseline.

MARYN: Right. Right. Yeah. And that's—I mean that was really reassuring. I felt, again, you had the baselines. And then for people that kind of know midwifery/medical knowledge, you had expanded your blood volume, which I thought was really exciting because I remember having those thoughts too. Like, "Okay. Well, it doesn't have to be preeclampsia, but is this a constricted blood volume? Are we dealing with that on top of this whatever you want to call it?" And you weren't. You had done a really great job of making that extra blood. And so these other factors, I don't think anybody could pinpoint what they meant or not.

AMANTHA: And kind of relating to my background a little bit too. I have been working night shift for going on 8 years which literally shortens my life span. It's stressful on the body. So there is no doubt in my mind that I have underlying maybe vascular issues, which could explain all of my quote unquote complications.

MARYN: Yeah. Again, I—that is an enormous stress on the body especially for years at a time. And we had talked about the (inaudible) studies, right? With women that work overnight and even the incidence, I think, of preterm labor. So whatever. Name your complication. But it's hard on the pregnant body especially. So let's see. Where were we? Following up with the doctor.

AMANTHA: Yeah. I had the 24-hour urines. I did at least—it was probably every one week to 10 days drawing lab work to make sure that there wasn't anything changing that looked preeclamptic. And then I had the 2 ultrasounds after my hospitalization. And those were to make sure that the baby was growing and check for any signs of abruption. And then that was the extent of my prenatal care. My blood pressure was great after I quite working night shift. Until the very end, it started to have some scarier

spikes. But I mean I didn't have to do anything. I feel like I didn't have to do anything crazy besides stop working overnight. I had to listen to what my body was telling me.

MARYN: Yeah. Sometimes the easiest and hardest thing to do is that.

AMANTHA: Yes.

MARYN: What about the fear part of it though? Because I remember that you worked through a lot. And I mean for a period of time we were still working together, but we didn't know. I didn't know. No one knew how it would wind up or how I would maybe supporting you or not. Or where was your mind going for all those weeks about potentially having to not have this home birth you had hoped for?

AMANTHA: So probably for a good month after the abruption, I, in my mind, was convinced that I had to go through the hospital birth. And then as nothing else happened and I hit that full term threshold or that safe to deliver threshold and realizing that I could go into labor any time and have a perfectly healthy baby, I decided that I was still seeing myself having a hard time with having the baby in the hospital and with not even getting a chance to labor at home. I was starting to hear that induction word again. And honestly, I think that I researched so much both sides of induction as far as pro and cons that I'm a little scared of hospital inductions. That scared me more than the thought of aborting at home. I know that sounds crazy. But the fear that I had in my—in the back of my mind was of being induced in the hospital. It wasn't that I was going to have a complication if I stayed home. So from 36 to 38 weeks, I had done a complete other turnaround and decided I was going to deliver at home unless something happened that showed that I was sick.

MARYN: Right.

AMANTHA: So I basically had to train myself into believing that I had never had an abruption. I had to let that go. I had to decide that that was over and healed and wasn't going to happen again. And I had to concentrate on the staying well piece of my pregnancy rather than being afraid that I wasn't well.

MARYN: Yeah. And that's a huge job, I would imagine. I mean just checking in every day with yourself and knowing that you're truly the only one responsible for this. There is no doctor. There is no one that could predict the future. And only you could say every day, "Today I'm well. I'm still well. And this is my plan." I think that takes so much guts especially when you were regularly interacting with the system that wanted to tell you you were sick and couldn't do it. I don't even know how—I don't know how you did it (inaudible). I don't know how you got out of that—the fuzz that went with that kind of interaction.

AMANTHA: Well, luckily, I'm able to take my own manual blood pressure, and I'm very comfortable with manual blood pressure. So I always knew what my blood pressure, and I started to see kind of patterns with my blood pressure. I realized that first thing in the morning my blood pressure is higher than it is throughout the day. So I would try not to take it first thing in the morning because that would just get the whole fear cycle going. And if I did take it and it was high earlier in the day, I would let myself wait a couple hours and make sure it was coming down because that was something, for me and possibly for most women that are developing something like preeclampsia or HELLP Syndrome, is when I was that picture my blood pressure did not come down. There was no amount of relaxation I could do that would make it come down.

MARYN: Right.

AMANTHA: So I knew that as long as my blood pressure was able to come down that I was okay. It was really fun going to the doctor for checkups and the medical assistant checking my blood pressure and then doing all of her tricks to make sure to be able to report a smaller blood pressure to the doctor. I laugh, but it's not funny because if I was sick—if I was sick, it would have been masked by this little medical assistant's ability to come up with a smaller blood pressure.

MARYN: Right. And that can mean—I did a podcast with a woman a couple months ago who was just that. She had full blown eclampsia. They totally missed the pre because nobody was paying attention to her readings, and it was her first baby. And she didn't know what being sick felt like. So yeah. It's a really disconnect between all this diagnosis they're trying to put on people and then the lack of really good care. But I just want to say too that you taking really full responsibility for that is one of the only ways I think situations like this work out and feel powerful for the woman. And I know myself, as a midwife, I couldn't work with someone that didn't do that but still fully appreciated that you were in charge of that. You took your blood pressure every day. We'd talk a lot. And you'd relay information. But I wasn't driving two hours every day to take your blood pressure to tell you something you didn't know. It was full awareness of living in your own body which is ideal for everyone. I wish people would realize they have that power. You don't have to be a nurse to take responsibility for your health.

AMANTHA: I totally agree. And just seeing other people in the health care system be completely blind to their ability to drive their own health, it makes me really sad that this happens to women on a regular basis for their pregnancies and for their babies and then for their children. That there is so much—I can't even say it's trust in the health care system, but it's mistrust of themselves. They don't trust their own ability to know what's best for themselves or their babies. And by default, they're trusting somebody who has been trained to treat everybody the same.

MARYN: Right.

AMANTHA: And that ended up for me having five hospital inductions because I felt like I had no other choice. I had to trust in the health care system because if I didn't and something went wrong I would be to blame. That's what I told myself over and over again before. And I told myself that for several weeks even at the end of this pregnancy. I had a really hard time deciphering if home birth was something that I wanted because I knew in my core that it was what needed to happen or if I just didn't want to give up on the fantasy of delivering at home.

MARYN: Right. Yeah.

AMANTHA: I made the right decision totally.

MARYN: Yeah. Yeah. No. That's a really great point. And the answer isn't the same for everyone for sure. There are people and situations that will choose to not be at home. And that's perfectly (inaudible) too. What about listening to your baby? Did that happen in a different way this time? Or how did you try and figure out what you wanted or needed in this whole thing?

AMANTHA: Well, I definitely—driving my own prenatal care and having to look inward to myself for choices rather than letting someone else make them for me gave me a much stronger connection to my baby than I think that I ever had. Ultimately, I know that he was telling me that he didn't want to be born in the hospital because any time I would play out the scenario in my head I could talk myself into just about every piece of having him in the hospital except having him in the hospital. I could do the labor and the delivery. And then the instant I would envision him being outside of my body in the hospital, I became anxious. It made me physically ill to think of that. And after now having a baby at home, I realize that there was a reason why it made me so anxious because this was definitely a more natural way of bonding afterwards. So that was the biggest game changer for me is that I just could not ease my own nerves about the thought of other people handling him moments after his birth.

MARYN: Right. Right. And all for the potential fear of the what if which is really right what it came down to. What if? And you don't live close to a hospital, so what if? But I mean, honestly, that goes for everyone although your situation was more exaggerated and you had reason to probably worry and fear more than a lot of women do. But I think for a lot of us there comes a point in pregnancy where you just have to face that reality that life is a chance, and there is no such thing as a risk free situation. That's just not what we signed up for. So how do we do the best we can with what we know for ourselves to be true?

AMANTHA: Mm-hmm. Well, it was really ironic that I had the abruption because to talk myself into being so far away from the hospital and delivering at home I would tell myself early in the pregnancy that I'm safer at home than I am in the hospital except for the case of an abruption or a prolapsed cord. So I had to change my mind about that for sure. And like I said, I really just had to leave behind the fact that I had that abruption and let it go. I couldn't keep telling myself it was going to happen again.

MARYN: Right.

AMANTHA: Because there was no reason to think it was going to happen again.

MARYN: Right.

AMANTHA: In my own mind.

MARYN: Yeah. It was a warning for you to make, I think, other choices. And I know I talked to a bunch of midwives, elder midwives in particular, and many of them had similar stories where, of course, everything went fine after. But there was no reason to fear more than just you taking care of yourself and you feeling good about the situation other than that.

AMANTHA: Right.

MARYN: So where did we leave off? Doctor care, winding up the pregnancy, wanting to be induced, of course. When did that start? The pressure to be induced.

AMANTHA: So right at 38 weeks I was forewarned by one of the OB/GYNs that I was seeing that he was going to want to induce me at 39 weeks. And I let him know just as politely as he let me know that I was going to at least 40 weeks unless there was a complication. And I even let him know that I fully expected to—

MARYN: You got muted. Wait. I can do it. Hold on. Can I unmute you? There you go.

AMANTHA: Sorry. I got muted for a moment. I told him that I expected to go past 40 weeks considering my other pregnancies. I was induced right around 40 weeks. I didn't go into spontaneous labor on my own.

MARYN: Right.

AMANTHA: So after 39 weeks, he actually didn't even try to schedule me for an induction. It wasn't until I was 40 weeks that he said he wanted to schedule me to be induced. And I kind of passively agreed like, "All right. Go ahead and schedule it." And I had just decided that it was me going to play the game. I was going to go ahead, and I wasn't going to argue in the office. I wasn't going to get myself excited. So I let them

schedule me for an elective induction at 40 weeks. And then I started to have a real discomfort with the fact that I was being scheduled for an elective induction. I felt like if there was a reason to induce me why are we calling it elective. And the reason is because there was no reason to induce me.

MARYN: Except they were still super focused on the blood pressure, right? And that was their reasoning. I remember asking you, “What about blood pressure medication? Why aren’t these tools part of their toolbox?” And your answer was just like, “It’s my history. They just see that, and they want this baby out.”

AMANTHA: Right. And I mean I wasn’t even—I don’t even think that I would have taken—actually taken the blood pressure medication had they prescribed it just because of how up and down my blood pressure still was. But the difference in my blood pressure those last couple of weeks was when it would go high, it was going higher. And I knew what that did to me vascularly. So it was worrying me that—because it was going so high that there could be some sort of complication including a possible second abruption. So the fear was starting to come into play those last couple weeks again.

MARYN: Right. Yeah. I remember. I remember many of those conversations. So when did we start to talk about just your options at home and how you wanted to—how you were going to handle the rest of this pregnancy?

AMANTHA: So it was probably right around the 40-week mark because that’s right when my blood pressure started going really high. And I think at 39 weeks was the time when I started doing things like drinking the raspberry leaf tea, and I took the cotton root bark—cotton bark extract that so many women online swore started their labor. I drank a bottle, and it did nothing except give me a bad taste in my mouth.

MARYN: (cross talk) toxic.

AMANTHA: It was over a couple of days. It wasn’t all at once. But I mean I literally had 0 contractions from doing these things So I was back to just convincing myself that the baby was going to come when he wanted to, and I was trying to bide my time. I downloaded my contraction counter here recently into a spreadsheet so I could delete the app. And I realized that from 39 weeks until I had Loni I was having contractions every 10 minutes for anywhere from 6 to 12 hours of every day. So my body was doing something. It was preparing for something. But I was just starting to get worried that he was going to hang on until I had a complication.

MARYN: Right. And so that was literally every day, right? Is I’m not sick. Things are fine, but they could not be fine in a couple of hours even. So weighing that each and every day must have been hard.

AMANTHA: Yes. Definitely. So when 40 weeks came and went and I had—the induction that I didn't just not show up. I called and said I'm not coming in for my electing—I'm electing not to be induced today. I got a call from the doctor's office that they were concerned and wanted to do a nonstress test. So I went in and did the nonstress test, and it took an hour—over an hour to get the good results from the stress test because the baby was just sleeping the whole time.

MARYN: Wrong time to do one.

AMANTHA: But it did alert me to pay more attention to his movement, and it made me nervous that I thought he may be moving less. I remember I either talked to you on the phone or texted you and was like, "Does the baby move less in the days before labor starts? Is that a sign of impending labor?"

MARYN: Right.

AMANTHA: And you told me no. So I was getting a little concerned that maybe his movement was less indicating that there was less flow to him. So that was another fear thing in my mind. There was one other component to my fear. Now I was having these contractions that weren't doing thing, and my baby was moving less. I'm not going to say he was like a hypoactive baby, but he was—it was less than what I remembered him moving. And my blood pressure was also having these crazy spikes of 155/100 at times that was making me really nervous. So I had decided that there was a couple more things that I was willing to try. I didn't know for sure what the timeframe was that I was willing to try them or that I trusted that they would work.

MARYN: Yeah.

AMANTHA: I had decided in my mind there is no way to naturally induce labor.

MARYN: Well, I probably didn't help with that because other than what ended up working I don't feel like the spicy food and the this and the that really does a darn thing for people that aren't ready.

AMANTHA: Right.

MARYN: It just stresses everyone one out.

AMANTHA: Yes. Yeah. So any time I tried anything it was kind of a joke to me. I'm going to try this. It works for some people, but it's not going to work for me because it—I really thought that the people that it worked for it was a total coincidence. And that could totally be the case in my situation as well. Who knows?

MARYN: Who knows?

AMANTHA: So after that nonstress test, the next day I was having consistent contractions, and I had decided if this wasn't it, if I didn't go into labor from these contractions that I was going to try something to stimulate more contractions which would hopefully put me into labor. And so I decided I was going to take castor oil, which was against my—not only against my beliefs as somebody who knows that babies decide when they're going to be born but against my beliefs as a nurse that has been in the delivery room with women that have taken castor oil. I just didn't like anything about it.

MARYN: Right.

AMANTHA: But that's what I decided I was going to do. And it worked. It either worked or clearing out my intestines helped facilitate actual labor to go really fast.

MARYN: Right. Yeah. Or you were just on the verge anyway. You kind of thought you were. I mean you barely took any, right? Didn't you mess up the measurements and not really take very much?

AMANTHA: That morning when I made my first smoothie I decided that 2 tablespoons was 2 ounces which makes the worst nurse ever that day because it's not. And I exactly took half of the small—there's some women that take 4 ounces to induce.

MARYN: I know.

AMANTHA: And that doesn't even work. So I had taken half of the smallest dose to induce labor. And I didn't have any cramps. Yes. I had diarrhea. It cleared me out. But it wasn't crampy. I wasn't miserable. But about 3 hours after I took it, I started having regular contractions.

MARYN: Right.

AMANTHA: And after about an hour and a half of those regular contractions, I decided it was actually working. And I think everybody else realized that it was working before I did even. I guess I thought that maybe my contractions would peter out after awhile, after the castor oil wore off. And they didn't. They just kept coming stronger and stronger.

MARYN: Well, for the record even with the inductions in the hospital, everything you had ever told me was that the labors really were pretty smooth and went pretty fast and that you're not a person that overreacts to intensity or pain. So I know when we—when you took the dose, what was it? 7:00 in the morning or 8:00 in the morning or something like that. That if you started reporting anything regular that it was probably going to happen pretty fast was my guess. That you didn't need much. I mean whether—how it worked I feel like is kind of mysterious in your case. But it did. And I

also think it's such a cool example of someone deciding what they need to do and when. It's different than someone telling you, "Hey, you have to drink the castor oil tonight, or I'll transfer your care tomorrow." This was completely in your lap. I mean, for the record, I have never attended a castor oil—well, one castor oil induction in 10 years, and that was back as a licensed person when I was that one to say, "You have to drink it tonight." So it wasn't a choice that was even—had nothing to do with anyone but you.

AMANTHA: No. And it was just, honestly, in the moment of deciding it, it was me deciding that if I was going to be induced in the hospital, it wasn't going to be until I tried everything that I had the power of trying first.

MARYN: Right.

AMANTHA: I wasn't just going to wait until something bad happened and let them take over.

MARYN: Right. And that's like a very nuanced part of this induction conversation for home birth people that we don't often have because we're better off thinking that all induction is bad. And while it is sort of, in the bigger picture, if women can't take control of their own situation, then they're left where you would have been left, which is what you said. You would have had to show up there and get a pharmaceutical induction. So it's an interesting thing to have to ponder. I don't think there is many women that have been in exactly your situation knowing all that you do, knowing what you wanted, knowing what you didn't want but still choosing to do a little something so that you didn't wind up having to give up that power.

AMANTHA: Exactly. Yeah. And it was totally my—and I guess looking back I wish that I wasn't in that place of fear. I was perfectly happy being pregnant. I wasn't uncomfortable with my pregnancy. I was uncomfortable with my body's ability to stay pregnant as long as my baby wanted to or needed to. But I also don't feel like he was—like I forced him to be born before he was ready. I feel like he was definitely was ready to be born that day.

MARYN: Yeah. I agree.

AMANTHA: Yeah. The castor oil definitely worked. I mean from the time—I want to say it was between 10:00 and 11:00 that I could say my contractions were consistent. And he was born at—after—just after 3:30. So it went fast. It went very fast with that castor oil. Did you want me to tell the whole story?

MARYN: I mean share—yeah. Share whatever you want to. I know we had so much lead up. We can't just like not tell the story. So sure. Go for it.

AMANTHA: So I took the one ounce of castor oil and had the contractions about 3 hours later. so I decided since it did something, I would go ahead and follow up with another one other ounce. So the total dose for me was 2 ounces divided into 2 different doses. And then I didn't have to do anything else to facilitate contractions. Around 12:00, 12:30, I started deep breathing through my contractions. So I came into my bedroom so that I wasn't making my husband or my children uncomfortable because I wasn't uncomfortable. But I was wanting to acknowledge the contractions and visualize that they were going to do something. And I didn't want to do that with my children gawking at me. So I came into my room to listen to an audio book, and I was doing a manicure when Maryn came over just being in the moment, just experiencing each contraction and hoping that it was creating changes in my body for my baby to be born.

Around little before 3:00, probably about a quarter to 3:00, I decided that I should go get something to eat, so I ventured back out into my house to grab a yogurt and was chatting with Maryn and Valerie and my husband. And my 14-year-old son was in the kitchen as well. And my water broke. And that's when I knew that it was going to happen soon. In my past inductions, my water was broken by the doctor with all of them except for one of them. And the one whose water stayed until it broke on its own, he was born about 30 minutes after my water broke. So I knew it was going to happen pretty quick after that. Not as quick as it did but I knew it was going to happen pretty quick. I instantly started feeling the intensity of my contractions. I got really nauseated, threw up my yogurt, had to go to the bathroom some more. And sitting on the toilet made the contractions so strong that I wanted to then slow down my labor.

So I had decided to get in the bath because in my experience with this pregnancy getting in the bath when I was having Braxton-Hicks or whatever you call them—those consistent contractions that would nag at me—I would get in the bath. And they would kind of calm down, and they wouldn't hurt as bad. So I thought, "Well, I'll get in the bath for a little bit. Slow my labor down. And then it'll be fine." I don't necessarily that the bath sped up my labor, but it didn't slow down one little bit. After getting in the bath, I hadn't planned on having the baby in the bath tub. But once I was there, I wasn't getting out because it definitely didn't take away the pain but just made the intensity of those strong fast contractions a little more bearable. How many times did I have contractions in the bathtub, Maryn? Maybe 6, 7.

MARYN: Yeah. If that. I mean—man, it's funny that you got in to slow it down because you didn't say that, of course. I mean you couldn't talk. But I just figured you got in to have your baby.

AMANTHA: I actually thought, "I need to slow this down. This is happening way too fast."

MARYN: That's funny.

AMANTHA: "I need to slow it down that way I can get through it easier." So that was my thinking getting into the bath. And then after a couple of contractions in the bath, I felt a lot of pressure, so I felt inside to see if I could feel his head. And I could. And that was the point when I was like, "All right. I'm not getting out." I just decided I would stay in the bath to have the baby. And then from the time I felt his head until he came, I think was 2 or 3 more contractions from that point. And when I decided I was going to see if he was ready to come out, I had just gone into a partial squat. I was on a knee and on one foot and thought, "Maybe I'll try to push a little bit and see if he's going to move." And he just moved all the way out with the slightest little push on my part. I felt his head come out, and the rest of his body just came out all on its own. He was ready to come out that fast. So we stayed in the bath for just a little bit. And when I stood up, Maryn and Valerie—I think both of your jaws dropped at the sight of the knot cord.

MARYN: Yeah. That was—and that's a really cool photo—yeah. A true knot just when you were holding him just hanging down right in front of you.

AMANTHA: Mm-hmm.

MARYN: A true knot in his cord.

AMANTHA: Yes. So I don't know why that knot existed or what its meaning was to Loni, but it's definitely something looking back that may have caused a complication had I been in the hospital on the monitor receiving Pitocin. And his birth very well could have ended up very differently given those factors. So I don't know if that's why he was leading me to staying home so much. If that's why he was talking to me and telling me, "No. I'll be fine if you just stay home and do it on my time." But yeah. It went exactly how it was supposed to go. The whole experience of delivering the placenta was totally foreign to me. I was—maybe I should have read up on that piece a little bit more because, in all of my others, it was basically done by the doctor. I had no real part in it. But when his placenta was born, there was no blood behind it. I didn't—I did not bleed. It didn't happen.

MARYN: No. You were not a bleeder. And you rocked that placenta birth too. You saw your video, right? I mean it's awesome. It's like you had done it 5 times before. The placenta birth.

AMANTHA: Yeah. I felt totally foreign to that part of birth. I didn't—I guess I was so built up on delivering the baby piece of it I just figured the placenta part was going to be nothing. And it was a new experience for me. But afterwards all my boys came in and met their brother and participated in the bonding with him, and it was amazing. By 7:30

that night, we were all sitting on the couch as one big, happy family, and that's exactly how I envisioned it.

MARYN: That's beautiful.

AMANTHA: Yes.

MARYN: Yeah. And it was such a beautiful birth. One of the quickest birth videos that probably exists.

AMANTHA: Yes.

MARYN: Your body knows how to do it.

AMANTHA: Yes. Very efficient. And in the moments before, it was the contractions that I had between the time of realizing where his head was and when he was born. The things that go through mother in transition's mind is funny. But I remember thinking, "This is not better than an induced labor." I remember thinking in my brain, "This wasn't supposed to hurt this bad." But it was 4 contractions that I felt that way about. And then he was born, and I felt on top of the world. So I will say that last piece of delivery wasn't what I expected for having a home birth. And maybe the castor oil had that component. I don't know. I'm curious to know what it would be like to deliver without any form of induction, but I can also venture to say I bet I would probably be thinking the same thing as I thought this time around. That this doesn't hurt any less.

MARYN: Yeah. I don't know what to say about that. I mean it is what it is, I think. Home or hospital is still getting the baby out. And whatever that means. But man. You do it pretty fast for whatever that's worth. Maybe it's more intense. I don't know. I don't think I've had such a fast birth personally. I mean you were laughing and smiling in your kitchen half an hour before he was out.

AMANTHA: Right. Yeah. It wasn't until the water broke that I even really felt the contractions at all. Like I said, it was just enough for me to experience them, and I had to decide to pay attention to them. They weren't nagging at me at all. And then after he was born, my blood pressure was back to its normal—it doesn't have those crazy spikes. Now I haven't been monitoring it since I've been back to work. But I would venture to say that it probably does spike at some point during my stressful night shift life.

MARYN: Right. I know. Maybe you should do a little experiment while you're not pregnant just to see how that all affects you.

AMANTHA: Definitely.

MARYN: Well, thanks for sharing your story. He's so beautiful.

AMANTHA: Yes. I am so grateful for the experience, and I'm so happy to have found you, Maryn. It was exactly what we needed.

MARYN: Aww.

AMANTHA: Our paths crossed for a reason.

MARYN: Yeah. Likewise. I'm always so honored to know women like you. It changes any kind of this being a job into something so much bigger to watch someone claim their power for themselves and their baby and their family. I mean that's truly what will change the world. So thank you for staying true to those things yourself and walking a hard path. And I know this will inspire so many women who are up against something, right? It's always something. I mean for most women something. There is something there that they have to decide. Is this a problem? Is this a thing? Or is it not for me? And nobody can answer that. So I think having stories like this where women really show and tell how they navigated that is so important. So thank you so much. It's so good seeing you here. And you have to give him a kiss. He's so much bigger than when I saw him.

AMANTHA: Yes. He is. He's a big boy.

MARYN: Thanks, Loni. You fell asleep here at the end. How perfect. Awesome. Well, thanks, everybody, for watching. You can check the indiebirth.org site for new updates and podcasts. indiebirthmidwiferyschool.org. We are enrolling for July 2019. And otherwise, thanks for listening.

(closing music)