

(introductory music)

**DISCLAIMER:** *Taking Back Birth* is a production of the Indie Birth Association and indiebirth.com. No material on this podcast should be considered medical advice. Birth is not a medical event.

**MARYN:** Welcome to Indie Birth's series of podcasts, *Taking Back Birth*. Maryn here, as usual, with Annika, who many of you know. And if you don't, you'll get to know. And you could also go back and listen Annika's birth story of Ruby. That was the last time that we talked together on a podcast. So I don't know what I'll end up calling this. We'll see at the end. But we were inspired a couple days ago in talking about birth and our own experiences in it witnessing women here locally, together, and thought we'd share. So not sure exactly what will come out. But where should we start?

**ANNIKA:** Yeah. I guess we can share a little bit about a scenario from awhile back that was interesting and kind of brought on the conversation a bit.

**MARYN:** Yeah. That's a good place.

**ANNIKA:** So a woman that we were attending pushed her baby out, and her baby did not have great tone. And it's funny to even try to tell a linear story because kind of what this podcast is heading towards is it's not linear at all. And it's not something that can be told in a super linear way. So how do we even describe? How shall we describe what we thought? Because even describing it is a commentary.

**MARYN:** Sure. And that's kind of the crux of what we're talking about, I think, which is when we're witnessing birth we want to talk about being in that moment and how we might respond or just be or do as people that are there as attendants. And yeah. That's so different than watching a video of that same birth, for example. or like you're saying, even retelling the details. But for the sake of people knowing what we're talking about, I guess. Yeah. We could elaborate on that. So normal or normal labor, normal birth. You know this woman really well as you do all of these people. And when the baby comes out, you're just in the moment of observation waiting for this baby to transition to life on this side and start breathing in a way that is healthy and good. And yeah. It's like where do we start because if you're a midwife or if you're a student midwife or maybe you're just kind of dabbling in this or you're a doula or maybe you're a mom and you've had a baby and this has been part of your experience, where do we start with training or emergency measures? How do we go back to being present and knowing that we will know what is needed?

**ANNIKA:** Right.

**MARYN:** That doesn't really make any sense.

**ANNIKA:** I think that it'll come out in a way that makes sense as a whole. So when we are talking about training in knowledge and skills in the context of a birth scenario, how does that fit in with staying in this present moment? We have to come back to what our relationship is with this woman. What all it encompasses. So this baby comes out. The baby doesn't have great tone.

**MARYN:** Isn't breathing, obviously.

**ANNIKA:** Right. And you're watching. It's waiting. Watchful waiting. And mom and dad don't seem to be concerned. They're just in the moment as well. Coming back to earth. Excited. Loving on their baby. And what are you to do with anything? What is it that needs to be done, if anything? And how do you decide that? And is it a decision that you make with your mind? Or is it something that arises out of something else?

**MARYN:** Mm-hmm.

**ANNIKA:** Something that we were talking about was a flow state, which is something that's actually been studied a lot. What is flow state? And what comes of that? And a lot of different fields. But I don't think it's really been talked about much, if at all, in the field of midwifery and birth.

**MARYN:** Mm-hmm.

**ANNIKA:** And so what flow state is essentially, if you're not aware of this concept, is basically being so much in the present moment, so much in your body, so much in what is happening now and not in your brain, not puttering around in your intellectual mind that you are simply in flow. You are simply being. There isn't a doing unless there is action of doing arises out of that being. Out of that flow state, if that makes sense. I hope that makes sense.

**MARYN:** Yeah. And with this pretend scenario or really anything at a birth where you might have to be more involved or do something, this flow state is just open for, like you're saying, whatever is needed. So it doesn't mean that you're just sitting there in some zen meditation all of the time, and nobody ever needs anything from you. It's just simply a place where you can respond rather than react. And the reactions come from, I think, a place of fear and your mind and maybe some of your training, or we'll go into maybe protocols or rules. There is this very popular place to make choices at births because—yeah. Because that's where we spend a good deal of time in our brain. So how do we get in the flow state in birth, I guess? And how does someone begin to do that.

**ANNIKA:** Yeah. Well, I mean that's a huge question. It means like how do we begin to do that in life? We can't separate our work in birth from the rest of our life because birth is life.

**MARYN:** Totally.

**ANNIKA:** So how do we begin to live our lives in more of a flow state without involving our brain—the prefrontal cortex unless it needs to be? We get quiet with ourselves. We make being still with ourselves a priority. And we make accessing our fears a priority. We make listening to what our body is telling us a priority. We consistently maybe spend time outside because connecting with nature outdoors helps connect us to our nature and the nature of birth as well, I believe. We do the inner work. We were talking about this a little while back about how much we do talk about women and birthing people doing the inner work as they go through their process. And it's a lot of distance to travel from the mainstream, medicalized model to this new and ancient paradigm of autonomous birthing. And it's the same thing for midwives and birth attendants. We can't expect that from our clients unless we are also on our own path of unveiling and uncovering and constant peeling back of these layers that keep us in these old paradigms of control, old paradigms of fear.

So being in that constant state yourself of uncovering, I think, is a huge part of how we access this flow state in the moment and birth. So let's talk about the moment. What is this moment that we keep talking about? How do we be in the moment? What all is included in the moment? So I noted in a recent Instagram post that this moment includes the base of our relationships. Our relationships are the root of that. And by relationships, I'm not just referring to our family or our relationship with the client although that is huge. A huge chunk of it. It includes our relationship with that woman and birthing person and her family. It includes a relationship with ourselves, which I was talking about just a minute ago. It includes our relationship with the cosmos or whatever we believe is that's bigger that created all of this. It includes our relationship with life. What do we believe about life? What do we believe about creation? Why do we believe we're here? In order to do this work of examining all of this, we have to go big, deep. We have to go beyond what is considered now currently in the existing models.

And it also, this moment and these relationships, include our knowledge and skills. So what is the relationship with your knowledge and skills? Is it something that you have learned and have practiced and rely on heavily as the savior of the moment? I think that's the way that a lot of more medicalized practitioners view their skills and knowledge as if that's the only thing that there is. That's what they hang their hat on whereas in this picture is one piece, and it is not what we hang our hat on. It's simply a tool. A part of the picture.

**MARYN:** Yeah. That's probably the most controversial part is that. What was that baby's APGARs? And if it's X, Y, and Z, then this should have happened? And what was the heart rate? And you do this. I don't know about you, but I've never functioned well in that intellectual only model. And I can even feel back to when I was a student. And I think a lot of the things you mentioned like weren't happening at least for me. Even relationships. Maybe these weren't women that I was super connected to. Maybe the midwife was. But feeling kind of overwhelmed with knowledge in a way that I couldn't deal very well with. I'll never know enough. If this happens, what would I do? And even watching birth as a student with some of the midwives I worked with. Just feeling really fearful, honestly, because it didn't feel like I was connected to the moment. And I watched a lot of those births from more of an intellectual place in my brain. And for me, that's a really scary place to reside because there, too, is kind of the ego and this whole idea of control. And if you were better or knew better or more skill then this would have happened. When really it's just like a woman birthing. If she's in the flow and connected, your chance of everything going more smoothly is greater.

**ANNIKA:** Right. Totally. That part about the part of the brain where there's all of this knowledge and skills that we're kind of—that's floating around in there, and it's chitter chattering. And then it's a scary place to be is because that's the part of the brain that want—that it's supposed to be there to fix. It's supposed to be there to—

**MARYN:** Protect.

**ANNIKA:** - do the action and protect. And so if it's activated all the time, even in what seems to be a perfectly normal scenario, it is—it's not going to be functional. It's going to be dysfunctional. And so—

**MARYN:** And that can lead to—of course, I think people know, right? Maybe feeling—yeah. Really disconnected and maybe making decisions that are sort of rash and abrupt rather than from this place of deeper knowing. I don't know how to talk about it sometimes in words because I feel like it's a whole different feeling.

**ANNIKA:** Right.

**MARYN:** Even adrenaline wise. I feel like the mind traces come with a lot of adrenaline. And the being in the flow no matter what you need to do or be happens in this really bizarre manner where seconds extend into the next. Yeah. Time just stops.

**ANNIKA:** Right. Maybe we should try to describe what it feels like. So to me, it feels like in the moment I am attached, anchored to the floor. And at the same time, I am ready for the next moment. Whatever it may bring. I'm at the ready but not in an anxious type of way. It's more of just a trust and confidence type of way that feels very grounded. And even if something were to arise, it feels like whatever would need to be

done would be executed out of that same groundedness and knowingness. And it feels very different from when I'm in my chitter chattering type of part of my brain. What does it feel like for you?

**MARYN:** Yeah. It feels so good. I mean I just mean in general. At births, I feel like the place I can be—it's like why can't I do this in my normal life more?

**ANNIKA:** Same.

**MARYN:** At home, it's like you've got a million kids running around. And anyway, so some of it is just like pure distraction is gone. There is just that.

**ANNIKA:** Mm-hmm. There's nothing. There is nothing in the room that—

**MARYN:** Yeah. And reminding yourself of that.

**ANNIKA:** Right.

**MARYN:** Because I think even at births—I've been at births with lots of different people. And to each her own. But I've never been able to keep busy at a birth in a different way. I could bring a book. I could even bring my computer, if I had stuff to do. I can never distract myself because all—

**ANNIKA:** It's the opposite of the point.

**MARYN:** Exactly. But I tried. And I think on paper it makes perfect sense. But I just energetically—I need to be all there. And I like that feeling. I feel like time moves really slow. And it's very deliberate. Even the most mundane things at home that you would do—fill up a teapot, make a tea. At a birth, it takes on this—yeah. This very slow, importantness. And I feel like that's the same energy that we witness with is we're not the ones doing the hard work.

**ANNIKA:** Right.

**MARYN:** But yet—yeah. Usually, it doesn't feel frantic. Even if the mom gets frantic or has a lot of adrenaline, just staying in that really slow place.

**ANNIKA:** Right.

**MARYN:** Because you don't know what's next. Your brain can spiral away. And I mean sometimes it does, and you're trying to sort of predict or like, "Oh, this could happen. Am I ready for that? What would we do if?" But if you're really in the moment of it, you can't think ahead. You can't think behind.

**ANNIKA:** No. Because that wouldn't be effective because all the information that we need exists only in the moment that it's happening in this paradigm.

**MARYN:** But that goes against so much of what's out there. I mean like I've already shared. My training was—not very medicalized. A little bit. So even I only worked with home birth midwives. So just the styles were kind of different. And I think as a student—you can speak maybe more into that. But the role is a little bit different. And so maybe I just wasn't in the flow of what was flowing. Maybe I was kind of on the outside of that and witnessing things in a different way. But the emphasis for me was very much on the training. The training and the what ifs. And a lot of even rehashing scenarios which is healthy as we will probably do.

**ANNIKA:** Sure. yeah.

**MARYN:** But in a different kind of way whereas—yeah. I think I've come to trust that in the moment you will do or not do what's necessary. And that's a huge conversation too. Because sometimes it does involve doing. And you do have hindsight. And you do look back. And you have doubt then. Anyway, but for me, the intellectual part has always created a lot more doubt than knowing what I feel.

**ANNIKA:** Mm-hmm. Completely. And it's interesting. Of course, I've never been in a different type of apprenticeship scenario. This is the only one. But I was a birth assistant at a local birth center for a very short time because it was so not aligned with what I knew in my body even if I wasn't totally experienced in what I know now. Where it was up in the mind and it was a—I didn't know the women that were midwives that I was working with. I had barely met them. I did not—I had—I met the woman right after she pushed her baby out. I was called the fourth assist, which meant that I came in during pushing. She had never met me. And it was the strangest, most nonaligned feeling I've ever felt. And so what's so different about that besides the obvious in apprenticeship with you is that I feel like we—of course, we do focus on skills and the knowledge. We talk about that stuff all the time. A couple days ago we were calculating APGARs after the fact and talking about it.

**MARYN:** Right.

**ANNIKA:** So it's not that those things are not at all included. They totally are. It's just in addition to those things I feel like we spent a lot of time building our relationship and constantly together examining what we believe about birth and what we believe about life because in those moments when you're with other birth attendants and you're holding this flow state with somebody, there's nothing worse than feeling out of flow with the other people around you at the birth. Or not feeling like you can trust. Or not feeling you're on the same page about what's happening.

**MARYN:** That is so true.

**ANNIKA:** And so part of what I feel is so precious and unique about this thing that we're doing together and that, hopefully, more Indie Birth midwives will then become mama midwives for our apprentices and have the same type of thing happening is really forming those sister bonds so that when we're in this that we can access things that we would not be able to access otherwise if we didn't know each other as well as we do. I was saying how I felt like I checked in with you psychically at one point. And we were able to be on a similar page and be on that same anchored ground. So I don't remember what got us onto this apprenticeship subject.

**MARYN:** No. it's so precious. And that kind of like a triangle. We have us two. And then with the mom, I feel like we're usually pretty connected to her. Maybe even in different ways. But yeah. Really utilizing that and feeling her flow. I mean it's so humbling to not know the way that this is going to go or should go. And that there is no map. And there is no book.

**ANNIKA:** Right.

**MARYN:** There is no anything for this woman's birth.

**ANNIKA:** Besides what's unfolding in front of you as it happens.

**MARYN:** Exactly. And at the same time, we're all so powerful. Like the birthing woman is so powerful, obviously. But we have the power to to hold that space for her and/or potentially interfere. I think that's what we're seeing too. That if we get out of the flow state perhaps we might interfere in a way that isn't good for anyone.

**ANNIKA:** Right. Yeah. We could talk about—on that subject, we could talk about some of the things that get in the way of this flow state besides the more general chatter in the brain. So we said fear. So any unprocessed or internalized fears that you have about birth or something specific even. Or even about the specific woman or family or stuff that came up during her pregnancy or whatever it is. Are you working through those actively and consciously as much and as deeply as you can?

**MARYN:** I have a good example of that. And I don't think I've shared this on a podcast. It was awhile ago. But a mom that I was helping knowing that she had a pretty big baby. And just kind of feeling into that for myself—like feeling that I knew her well enough and I don't believe a lot of the myths around that. But yet, just this little bit of niggling in your brain that I think can come up—it comes up a lot. You're just a human. And you're just always hoping you don't disappoint anyone or miss anything that—it's just the normal chatter. But recognizing that as something we have to work through because otherwise we hold it. And how does that affect things?

**ANNIKA:** (cross talk)

**MARYN:** Right. So and I went through all the motions in my head. And I talked to a good midwife friend. Actually, my friend Emily, who many people know. And this, again, was awhile ago. But I remember her just kind of holding space for it and saying, “Well, what’s the worst that can happen,” kind of thing. Or like, “What might you need to do?” And it was just the obvious stuff I had been thinking. Like, “Okay. Yes. If that were to become an issue, then I’m ready.” With skills to feel like I could deal with that. But really it was just kind of talking about it and hearing someone reflect back to you and trusting and knowing that if I was needed I would know. And I think, again, that brings us back to the flow state thing because otherwise I think you can really go down a rabbit hole wondering if something could happen or what you would do but just coming back to trusting that you would know what that thing was.

**ANNIKA:** Right. And that’s not to say that an omnipresent, I am god type of way. I would know. Of course, I know, but that’s not what you’re saying. But to be clear, it’s a very humble knowing. A humble knowing that when you’re asked of something in this life you can see clearly and hear clearly enough to respond from a deep anchored place inside of yourself.

**MARYN:** Right. Yeah. And that doesn’t mean things always work out perfectly either.

**ANNIKA:** Right.

**MARYN:** It just simply—you’re the person that’s meant to be there. And you try to stay humble and connected so that you can just be in the space that is needed. Anyway, as far as that story, it wasn’t an issue at all. Nothing was an issue at all. But I mean I remember as I was watching this birth happen—which really happened very easily and naturally and all that—that if I hadn’t kind of walked down that path of processing the fear, I can totally see how you can misread everything looks like a problem. Or everything looks like the problem. It’s so easy to do. And believe me, I’m not above doing that as well. But in this case just sitting on your hands and knowing that you don’t have to act on your fear. That if you were to act it wouldn’t be fear. It would just be what needed to be done.

**ANNIKA:** Right.

**MARYN:** But most of the time our fears don’t actually come into fruition. It’s just our minds.

**ANNIKA:** Being aware of possibilities that they want to be prepared for. Which like, “Thank you, mind. I appreciate you wanting to try to protect everything and anyone. But it’s not always the time to be activated in that way.”



**MARYN:** Yeah. Totally. I mean I don't know about you but even on the way to births sometimes—or I try to do it before I'm on my way there. But just little mental review of these are the things that we learn about that maybe we don't really want to see. But going through the motions in your head of like, "Okay. Well—oh yeah. I have this thing. And blah, blah, blah. Here's how it goes." But then yeah. Really letting that go. And like I said, I find it hard to even have my mind work in that way in the actual birth space.

**ANNIKA:** Right.

**MARYN:** In a textbook—

**ANNIKA:** A very linear.

**MARYN:** Yeah. I really—

**ANNIKA:** This plus this equals this. Do this.

**MARYN:** Right. And that's—back to my student days—not to flip flop all around. But that's why I remember feeling so overwhelmed because that just wasn't the way that I think I access information best. But some people do, I'm sure. And I can't really speak to that. But I remember watching babies be born, and the midwife asking me after maybe about APGARs or more questions about what I thought about how the baby transitioned. And sometimes I had concrete things like you said. "Oh, the baby was floppy." Whatever. But most of the time it was more of a feeling of like, "Oh yeah. I felt that that baby needed that help. And I saw that." And then many times in my apprenticeship, I saw that. And it didn't feel like that was in the flow. It felt really interventive and traumatic. So yeah.

**ANNIKA:** I think that that could be a very interesting tool too for those birth attendants that are listening to this that are like, "Okay. Well, how do I—how are some concrete ways that I can practice this?" Because it's hard to say. What do you practice? Because it is a moment. You can't have that future moment. It exists now. But something that I think is helpful is practicing discerning what you're feeling in your body and letting that process through. So watching videos, birth videos on YouTube whether—of all different kinds. Ones that are really could be seen as stressful and ones that are really quote on quote peaceful or whatever it may be. And just watching and being aware of the sensations that you have in your body and be curious about those. Why is that arising in me? And what do I feel? What does that mean to me? And just seeing what happens. Just practicing feeling in your body. I think that's what I'm trying to say. Delineating what is what. Yeah.

Some other things that can get in the way of this—as we've been saying, it's all about what we have in us. What the birthing woman and the family has in them in that

moment in the room. What all is happening in the room. And so the things that can get in the way of that are things that are not directly happening in the room that are these external sources of authority. So licensing can definitely be one of them. Which is this abstracted thing that exists that one has to answer to above all else no matter what. Or at least that's the way it's kind of made to be even when some midwives decide to not obey that. And it's this thing that just kind of looms that you have to either be constantly aware of and checking what's happening in the moment against this thing at all times. This picture of what's supposed to be happening. And if anything is outside of that, then you have to be checking it in your mind and then doing something about it to control it to make it back in this box.

**MARYN:** Mm-hmm.

**ANNIKA:** Same thing with protocols. There's lots of birth centers that have even more stringent protocols than the licensing regulations require because they are going—they want to be backed by a certain hospital, so they have these policies and protocols in place that the hospital requested or required. That they have to then be checking everything against. So anything that you are needing to check externally for that somebody else is deciding besides who is in this room at the very moment, that can get in the way and really put us back into that chitter chatter, needing to control, fearful place in our mind.

**MARYN:** Yeah. And some of it, I think, is just perceived pressures. I mean licensing is a very real thing for many midwives. But we just have the cultural pressures of maybe attending a VBAC or maybe the mom is 43 weeks. And no one is telling us we can't do those things. But sometimes it's hard to not have that chatter too.

**ANNIKA:** Right.

**MARYN:** And I don't think it's unwise to check against kind of what the standard is. And I think that's one of the trickiest jobs of being a midwife is staying in the flow but occasionally checking back into the real world. Not getting so caught up in it and being like, "Okay." For a minute, on paper, how long has this labor been? Or how long has she been pushing? And that information doesn't supersede what you're feeling. But a reality check is just part—I think part of it too.

**ANNIKA:** Sure. Yeah. Exactly. I mean I think it's that consistent self awareness and a willingness to check in with both what you're feeling in your body and what your skills and knowledge know—

**MARYN:** Exactly.

**ANNIKA:** - to be true. That's this line that we walk.

**MARYN:** Exactly. And that's the art of it.

**ANNIKA:** Right. Exactly.

**MARYN:** I think that's—feels like the bigger point to me today which is just another conversation about how do we maintain the art of this. How do we use all of the tools and all the things and all the knowledge because like so much of the world has turned away from that especially midwifery? And many midwives are really not operating in that flow state at all whether they don't know about it or whether they don't think they're allowed to. But it's almost all check against this box or check against the system or check against the clock.

**ANNIKA:** Right.

**MARYN:** Where it's for each of us at each birth there is a different balance. There's a different recipe of how that looks. And like you said, it's like if you happen to walk in on a birth you didn't know at all—which I mean I don't know how that would happen to us right now. But yeah. It might be in different proportions. What we're seeing versus what we know versus the limited amount we know about the woman.

**ANNIKA:** Right.

**MARYN:** I always say that's how I do this. This is how it stays interesting because there is no formula.

**ANNIKA:** No. And I think—before when we were talking just earlier in the podcast, I was—had something come up in my brain about midwifery burnout. And how does that happen? And what does that look like? And, of course, I have not been in it long enough to experience that or to know what that feels like or looks like or how that happens. But I think that that could definitely be a piece of it. When you are not able to be in relationship with this woman in your life in a way that flows like this, of course it would be exhausting and easy to burnout when you're not in alignment with your truest self in the moment with these women.

**MARYN:** Mm-hmm. Yeah. And that's something that's changed for me a lot over the years and that I'm so grateful for is to work with people that are really taking responsibility. Because it really is a whole different feeling to be with people that think you're going to save them. It's really hard to get in the flow state. And I think that's why I didn't have that experience earlier on because being in that role of authority keeps you in your mind because you just—I mean it's not that I ever want anything to happen at any point.

**ANNIKA:** No. Totally.

**MARYN:** You're very much like in control. You're trying to stay in control. You are the one that knows. You can't miss anything. And so anyway, that really closes you off to the other ways of knowing. But it's the accepted way of knowing. It makes me think of Robbie Davis-Floyd and her whole authoritative—intuition as authoritative knowledge. That's really what we're talking about. How do we get back to that? Why aren't we having these conversations? Why are we just talking about clinical topics—even at a skills workshop, I think we try and touch on these things. But I don't know that we've found or seen a way to practice clinical skills either without relying heavily on the intellectual aspect because that's the practice. It's like well, did you do A, B, and C? That's all we can sort of fathom to do to prepare ourselves. But like you were saying, there's lots of internal ways and ways we can really only do alone that bring us to that place.

**ANNIKA:** Right. Totally. I definitely agree. There was something else that came up in my brain that—

**MARYN:** Sorry. That was a big blab.

**ANNIKA:** No. That was perfect. It went away. So it's must not need to be said at the moment.

**MARYN:** I have another anecdote story that—just to balance it out just because—yeah. I never want people to think that—oh, this is my own issue or something.

**ANNIKA:** We sit on our hands at all times.

**MARYN:** Yeah. We're just sitting around meditating and lighting incense. And it's all good because we're in the flow. No. It's not that. I mean that's great.

**ANNIKA:** Sometimes the flow is totally different.

**MARYN:** Totally. Sometimes the flow is full of vaginal exams and all kinds of things that the mom decides she wants because this is not going according to a plan or a course that she's familiar with. So you can still be in the flow when things are needed or a baby needs help breathing. Anyway, my story was—yeah. Just years ago a mom had a baby obviously. And the labor was kind of hard, and it was her first baby I believe. So yeah. And that's a whole other thing. Just kind of her not knowing. And no one knowing and staying in that flow of not knowing. But the baby—when the head came out looked like it really needed help. And I didn't—you don't stop at those moments—I don't—to intellectually—you're not figuring it out in your head. You're just feeling that this needs to happen. And so I remember just going in there and getting the baby out. And he wasn't in great shape. And I don't necessarily know why. Maybe it was cord compression or whatever. Because he wasn't stuck. He was just stunned as Gail Hart

would say. And I did give him a breath, I believe. And all was well. And I think he's many years old now.

But still it sticks in my mind because that was—that's a pretty rare occurrence. And you look back, the hour after, the day after, the week after, the month after, you're like, "Oh my god. What did I do? Was I being a hero? Did that really need to happen? What would have happened if I didn't?" But in light of this conversation, I think all that you can ask of yourself is that you felt—in conjunction with everything that had happened before and all the things you know—in that moment, you could only feel what was needed.

**ANNIKA:** Right. And like you said, I think that that's healthy to do. That checking back. Checking back in. Was that—because that's what honestly missing from the medicalized model is any type of self awareness on what actually was needed or not. And so I think that's healthy totally to a certain point.

**MARYN:** It can get obsessively not healthy too.

**ANNIKA:** Right. Which is why it's really awesome to have trusted midwife and birth attendant sisters and friends, who you can check in with and like maybe do a review with. That/ type of stuff. In order to even have a sense of closure on those types of things while, at the same time, maintaining that sense of critical awareness to the process.

**MARYN:** Yeah. It's not a simple thing in a lot of ways.

**ANNIKA:** No. It's not a plug this in, easy equation.

**MARYN:** No. I mean there is so much. Every human has all their stories and all their feelings and all their whatever—past lives and reasons that they would go this way or that way. And I think the only thing I know is being asked to be there and showing up is meant to be. You don't really know what you're going to get after. And I think so many of us too are very cautious and sometimes overly afraid of intervening in a way because we know that that would bother us. And we know how open and impressionable women are especially at that moment of birth—and the baby. That's the story forever and ever if you're to do something. And that's one of my birth stories. I didn't know much about birth with our first home birth. And the midwife jumped into the pool and helped Egan out and made this big deal. And anyway, it really sticks with you. You don't ever forget that. It's put on your cells. So anyway, we're just always wanting to be really intentional and not overzealous.

**ANNIKA:** Right. Exactly.

**MARYN:** On that note—

**ANNIKA:** Yeah.

**MARYN:** Yeah. I mean, obviously—yeah. It works in all kinds of ways. And there also isn't, like you said, a magic recipe or a way. I think we're just simply offering this conversation between us because we've been having it lately. And I know, for me, it's—and for you too I bet, it's not like—that's not the end. Every birth is kind of this new experience as it should be. Where you're feeling different things or wondering different things. I think it's the rare birth that that doesn't happen because we're so in it. We're so in it. We're not just there to—

**ANNIKA:** It's not just a profession.

**MARYN:** Yeah. We're not just there to check the paper and go home and wait for the next one. We feel all of these things so deeply with these women. I mean yeah. So deeply. Yeah.

**ANNIKA:** Yeah. It feels like—it just feels like it's just—we—every time we come out of a birth experience, it's like there's more questions.

**MARYN:** Than answers.

**ANNIKA:** Than answers. But I mean, ultimately, each time I feel like the answer that we get is like we know less than we think. And to hold space for the mystery.

**MARYN:** Totally. Yeah. Do the head work. Do the study. Do the practice. Do the skills in between. And then find a place of flow and trust that you can reside in the experience. And even then, not—it's not that there aren't questions or thoughts and still reflections but feeling that feels like the right thing. That's all I can ever come up with. In hindsight, your brain kicks back in again and should have, could have, would have. Or did this happen the way it needed to? Or what could have been better? Or whatever. But that's not birth. That's what we do after birth.

**ANNIKA:** Right. That's not the actual birth. I think people get actual birth and pregnancy confused with the study and statistics of medicalized birth and pregnancy.

**MARYN:** Exactly. Oh my gosh. That's such a good other podcast. I mean is that not the dilemma right now in the world.

**ANNIKA:** Right. What is actual birth? Most people don't really have any idea.

**MARYN:** Right. Exactly. people don't have a frame of reference. They may or may not know stuff. But it's a different place to be whether you're the witness, the birth attendant, the partner. It all takes on such a different feel. So where are you in that process when you're there? Or how would you like to be? What's important to you? And if you're training to be a midwife, for example—yeah. What do you need for

support and to find this place within you? Because I think, of course, that the world just needs tons more of that. When you're in the birth process—I mean man. None of that stuff matters. None of the analytical stuff matters. I would have taken a midwife any day—someone that felt what I was feeling and could still kind of observe in a way rather than feeling like I was just a number or outside of rules or regs or something like that. It's a completely different feeling to serving women.

**ANNIKA:** Right. Less of a conveyor belt and machine needing to be managed. Totally. And in the quote on quote training of midwives or even student midwives that are maybe at the beginning of their process or maybe hard core in it and they're learning all of this knowledge and maybe skills and they're trying to figure out how all of this fits together, I would really encourage anybody who is listening to really take a hard, deep look at what you truly believe about life and about birth and about yourself and about your relationship with all of these things. And every time you're studying give that skill and knowledge a context. Give it meaning by knowing what you believe and knowing what is true for you in the moment and seeing how that picture fits together because they exist together. It's not something that exists apart. The skills and knowledge don't exist apart from all of this other stuff. It's all together, and you have to figure out how it fits inside of you. And that's work that has to be done before the birth. Before the birth happens.

**MARYN:** Yeah. But that is the work.

**ANNIKA:** Right.

**MARYN:** Yeah. That is the work. Not that there isn't tons more, like you were saying, on top of that. I mean there is so much to know and learn nowadays. And I think that's also overwhelming in a cool way. But in the end, you're there with what you've got and what you can access. And that's the space we hold.

**ANNIKA:** Exactly.

**MARYN:** Well, I think that's it for today.

**ANNIKA:** Yeah. I hope that made sense.

**MARYN:** Well, you can (cross talk) know if it did or if it didn't. You can email us. Find us on Instagram. You can let us know if there is a tangent or other topic you would like us to do together since we have that privilege of sitting here in the same space which is really nice. And other than that just always check the Indie Birth site for new information. And review us on iTunes. I haven't blabbed on about that, and many people, I'm sure, will turn off the podcast at this point. And that's fine. But reviews are always appreciated. Of course, podcasts are all over nowadays on all kinds of apps.

But it doesn't help people find us. And we don't have ads or any of that nonsense to bore you with. So just asking for help in spreading a message that you like to hear. All right. Thanks, everybody.

(closing music)