

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts, *Taking Back Birth*. Maryn here out on a beautiful trail this morning. I don't know about you. But I often use my mornings during this time to just be alone with the dogs, of course. And I have two along this morning. But just to ground and center or think or take off my shoes and be in nature. And every now and then I spend time on the phone with someone or listen to a podcast. And today I'm recording this podcast kind of as self therapy, self talk, reviewing some things that have been going on, and recording them because I think they can be valuable. Because today I am just going to talk more about loss.

So this may not be the podcast for you right now just giving you fair warning. But we have some other podcasts on loss too, as you know. I did one on early miscarriage a bunch of years ago. And I have a couple on my own experience of an early second trimester loss of my own. So some readings from that journal somewhere along the way. And let's see. What else? A pregnancy after loss podcast somewhere out there. So if you're into this topic, for whatever reason, those are some other resources all to be found on our indiebirth.org/podcastarchives page. Now those are still all free as our all of our podcasts except for the once a month podcast we'll be releasing to our Patreon members over at patreon.com/indiebirth. So if you like my podcasts and you want to still have access to all the most popular ones, we might move those over at some point to Patreon. But at the very least, we will be releasing a once a month special Patreon only podcast over there.

So join us for three bucks a month and have a safer more committed, more connected Indie Birth community where you can feel supported and, again, have access to some of our work that no one else does. Okay. So I didn't really mean to go down that little segue when I was talking about loss, but I guess I needed to get that out which is good because we do need to let more people that that's what we're working on. Okay. So back to loss. Why is this coming up for me? I'm not pregnant obviously. My little Cove is four months and doing splendidly. But as a midwife—or maybe you don't know—as a midwife, things come into your periphery or your full vision when women need support. And it usually happens kind of like all at once. So not always. But in other words, loss has come into my vision and my own life through these other women lately. And so I just want to share about that.

And it's kind of a wide spectrum of loss that I've been supporting. And I'm not going to share any details about any one personally, so don't worry. In the most loving way, loss

is common and can be really general. And I just want to talk more about what my experience has been since I don't really know. Can't speak for anyone else's experience. So first trimester losses experienced a few of those in my own personal life, of course, but lately have supported a handful of women in that capacity. Just supporting them through that.

And let's talk about that first, I guess, before we get into other kinds of pregnancy loss. But first trimester loss. It's so precarious. No one really knows what's going on inside someone's body usually. And so the take home with first trimester loss is really just a wait and see. Now if someone is local and they want to come in and see me then we can feel for a uterus. But not really at six weeks or seven weeks on most people. So if someone is experiencing spotting or bleeding that early on, we don't really have that tool unless they really know their bodies. And maybe they've had a lot of babies before. But even that isn't so definitive. So what do we have? Well, we don't even have a fetal heartbeat audible by Doppler at that early gestation. We really couldn't hear that until nine weeks at the earliest. And someone has to be really sure of their date.

So when someone comes in early pregnancy with spotting or bleeding, there is a couple of ways they can investigate that. Or not. I really—unless someone is having really severe pain or other concerning symptoms then it's a wait and see. And that's hard. It's hard for so many women. And days turn into what feel like months just waiting for this bleeding to go one way or another. Because when you're having spotting in the first trimester, in my experience—and honestly, I don't know what the statistic is—but in my experience as a midwife, I'd say it's 50/50. Meaning that 50 percent of the time it stops and/or is benign and there's a perfectly healthy growing baby in there. And then the other 50 percent it does progress into miscarriage or even if it doesn't there isn't a healthy, thriving baby in there.

So, again, when someone calls with that going on, there is no way I can really know other than ask some good questions. So the questions are pretty standard. Have you had sex lately? Well, I guess you could back up even. When was your last period? Trying to get some good dates on the situation. Have you done anything unusual? Have you done lots of lifting? Do you feel pregnant? And that's a varying answered question. Some women have lost pregnancy symptoms already, and that can be helpful in determining what's going on. But most or many haven't really felt that pregnant anyhow because they're so early. Or it's their first pregnancy, and they don't even know how they should be feeling. So that's not the best question.

But in turn, many women experiencing especially a first trimester loss or any loss for that matter—I always say they know. And I'll talk more about that because I think that's really fascinating, and there's a lot to say. But the midwife I worked with years and years ago told me that—hey, excuse you, Henna. Those of you that don't know—

Henna is a bit of a wild child and almost always interrupts my podcasts and recordings. It's just who Henna is. Anyhow, this midwife years ago told me that she just said women know. And I have found that to be true. So sometimes when someone comes with bleeding or spotting, they want you to ask the questions. They want to maybe go down the diagnostic rabbit hole, but they also have a knowing.

And so you have to listen to that. I can think of a handful, if not more, of occasions where I was supporting someone here locally and maybe even was making that very first home visit. Someone so excited to be pregnant. They want a visit at ten weeks. They want to hear a heartbeat. And I remember one—and this was years ago. So there's no way anybody will know who this is. I don't even remember her name I don't think. Because I only saw her once. But I remember going over there and it was first visit. Did all the paperwork. And I was a newer midwife, so I've learned some things since then. But we did all the paperwork. Spent all this time talking. Blah, blah, blah. How exciting.

And sort of out of the blue when it came time to put some hands on the belly, this lady said, "Oh, wouldn't it be funny if I had you over here for all this time and I wasn't even pregnant?" And I thought, "What a strange thing to say." But sure enough. I put my hands on her belly. And I forget how many weeks. It was first trimester though. Should have been something to feel. There was nothing to feel. That's always a little ominous when someone is sure of their dates. And so she wanted to listen by Doppler. We tried that, and there was nothing. The sound of silence as I sometimes say. And I don't mean that in a funny way. It's true. There's this empty sound in a uterus that does not have a baby that is either living or maybe a baby at all.

So the sad story with that woman is she did go on to have a full on miscarriage about a week or two later. But she knew. And so, again, I find that to be true for most women, at some point in the process. And it's not meant to make anyone feel bad if they feel like they didn't know. Or maybe they didn't know until they were actively bleeding. Just something to think about. And if you're in that situation, you can weigh your experiences and see how you feel and see what comes up in dreams or this or that. I know with my losses—one of them I really did know. I had dreamt of bleeding. And then the other one—funny enough. I felt really surprised although I would still argue that I had an underlying knowingness. So more on that later.

But that's something to pay attention to when someone comes and they're spotting or bleeding. Just what is their perception of things? And conversely, the 50 percent usually that aren't going to miscarry, they seem to know that too. And these mamas are not thrown off at all by the bleeding usually. They call or text. And, "Oh, I'm spotting a little bit." Go through the questions. Doesn't seem like anything is really related. We promise to stay in touch. Just see how it progresses or not. In this kind of situation, the

mama will usually say, "Oh, everything is fine." And I can think one of the last times this happened the mama was like, "Oh, everything is fine. I'm just going to—we're going on vacation. And we're just going to do all that. I'll let you know when I get back."

And I remember thinking, "Okay. Well, if you think everything is fine,"—and she birthed a healthy baby not long ago. So, again, there's so many reasons for first trimester bleeding that we can't really say. And the whole cramping or not I feel like is even sort of weird to ask because even at the beginning of a miscarriage often people don't have cramping. I mean it's just not at that point yet where the body is actively trying to expel stuff. So we can ask that question. And if someone doesn't have cramping, then, for the moment, we feel maybe more reassured. And certainly, the opposite is true. Someone can have bleeding and cramping. And for whatever reason, everything is fine.

So what is the way to find out? Well, there's the wait and see. Like I said, unless someone is exhibiting symptoms of intense pain or abnormality that might indicate like an ectopic pregnancy, for example, then it's okay to wait and see. The body will either progress to miscarriage over a couple of days usually. Or it won't. And the bleeding will stop. The woman's uterus will continue to grow, and all will usually be well. Oh, you can come. Sorry. Momentary pedestrian on the trail there that didn't like dogs I don't think. Okay. So where was I?

Cramping. Bleeding. That kind of thing. So how else can we tell? Well, again, we might not be able to other than pulling in the more heavy hitting diagnostic tools. So blood work is a reasonable choice. And I'll explain a little bit about how blood work and ultrasound can be used for diagnostics for first trimester loss. And, of course, just understanding that nothing is really 100 percent. Like technology. The use of technology can feel like such a big step for women in my—in this paradigm. The one I work in. Not really mine. But this new paradigm. So it's a big deal for them to go in for an ultrasound sometimes or want blood work.

And I think that's great. I mean it should be taken seriously. But, unfortunately, with first trimester loss, we don't always get the most definitive answer. And believe it or not, while I totally respect those choices, sometimes we're still back at the wait and see. Henna, move. So blood work. Ordering a HCG. And that's human chorionic—what's the word? Gonadotropin. Sorry. I don't even know exactly how to say that word. But HCG. Which is the pregnancy hormone. So we can do a blood draw or order a blood draw or send her for a self draw in some places and look at the quantitative HCG. So quantitative versus qualitative. We want to do qualitative. We want to see where she's at. And, again, someone should be sure of their dates, or this isn't going to make much sense because HCG rises accordingly and doubles every 48 hours, I believe it is. At least in early pregnancy.

So someone in this position knows their dates pretty much to the day. And they're willing to go in for not one, but at least two, blood draws to see how the HCG is changing over time. So the first blood draw would either confirm dates or add more question. Which, like I said, adding more questions is always a possibility with either of these technology scenarios. And then the second draw would indicate that yes. The baby is growing appropriately for dates and is probably healthy and thriving or it's not. Or dates are off.

So, again, alongside of bleeding, this can be helpful. But like ultrasound, it doesn't really tell us more than what's happening in the moment, right? So someone can get two blood draws in a row on—this week. But by next week, what's happening in there? Of course, we don't really know. Other than we assume that all is well with lack of signs and symptoms of it not being well. So it becomes this crazy mind game for women experiencing a potential first trimester loss because there's just so much guesswork. And it's literally hour to hour. It's literally day to day. And there's tons of emotions involved in that which I'll try to touch on a little bit. Even for the most naturally minded, wise woman centric people, this can be a test. It can be a test of trust. It can be a test of your intuition. You just feel like you don't know.

Many women in this early pregnancy stage don't feel super connected yet to a baby, to a spirit, to a soul. And so that adds an extra layer of confusion for many of them. When you kind of ask the question or pose the question of what is this soul saying—does this soul want to stay or go? Is this soul in your body or not? And many of them can't answer that. And that's really normal too. So it just adds that extra layer of confusion. So to wrap up the blood test part, somebody could totally go do that and either feel really reassured or really confused and/or not reassured. And for people that don't have insurance, those blood tests are often on the expensive side. But if it's a matter of needing to know and considering the risks of ultrasound for a first trimester embryo, then someone might choose that. Okay. So done on the blood tests for the most part.

Next is first trimester ultrasound. Not advocating for ultrasound. And I'm not really saying that it's something that should never be used because, of course, it should be if someone wants it to be. And having bleeding is a perfectly fine indication for wanting to seek that for a couple of reasons. So I mentioned ectopic pregnancy. And while ultrasound can't diagnose an ectopic pregnancy, it can say if it's intrauterine or not. So hopefully, that makes sense. So it can't say, "Oh, there's a pregnancy blossoming in your Fallopian tube." They're not going to be able to see that. But what they can say is, "No. There's a baby growing in your uterus," which is helpful and can give women a lot of peace that at least whatever is growing is in the correct place.

And then from there, depending on how good the ultrasound tech is, depending on what gestation the woman is, they can visualize certain things. So a yolk sac is something

that can be visualized fairly early. And, again, to me, a lot of this is not very definitive even though I once thought it was. I thought, "Oh, just an ultrasound will show a heart beating or whatever it is, and the woman will feel reassured." Well, early pregnancy is not that way. If a heart can't be visualized beating yet. And, again, why is that? Is it just too early? Or is it because the heart isn't beating? All these questions are left sometimes up in the air.

So if someone isn't getting a transvaginal ultrasound that early, there is going to be limited amount they can see abdominally. So a yolk sac is one. So great. There's a yolk sac. Yay. But if that's all that visualized, who knows what that means? They can measure that and say an approximate gestation that may or may not line up with her dates. But what does that even mean? Most women is are super sure of their dates. So if it doesn't line up, I think that's cause for concern even though many ultrasound techs would say, "Oh, there's a plus or minus week leeway." Sure. Well, there might be. But that's just another weird thing that feels like it doesn't line up. And in a lot of cases will work out fine. And in a lot of cases indicates a loss that's coming.

Identifying a fetal pole on ultrasound happens a little bit later. And so same thing. If somebody thinks they're nine weeks and there's no fetal pole visible, then most ultrasound techs say there's no fetal pole. And you're probably too early to see one. So, again, what does that mean? Well, if the woman is really sure of her dates and she's really nine weeks, then that doesn't sound good. But most techs/doctors even won't say that. They'll just assume the woman is wrong on her dates and kind of not over diagnose, which, in a lot of ways, is smart. I don't think any of us want to over diagnose in the say that if a woman calls with bleeding we don't diagnose a miscarriage just based on that. We say we don't know. Let's wait and see.

So it's a very similar situation in ultrasound. And I'm just saying this because unless you're, I think, lucky you're maybe going to get more questions out of an ultrasound than anything. So let's see. When would you not get questions? Well, obviously, there are people that are going to walk in there. They're bleeding. They think they're ten weeks. They go in. They have a perfectly measured ten-week embryo, and the heart is beating. Well, okay. Cool. Probably not a miscarriage. At least at this moment. And what are the other reasons for bleeding? Can we see those on ultrasound? Well, sometimes yes. Sometimes no. So, again, you might leave feeling really great about the baby being fine at the moment. But why are you bleeding? And no one can actually tell you. And that's a very common scenario.

And I think there's just so much we don't know and different ways our bodies work, so we're not exactly sure. Rarely, we can see a spot of bleeding on the ultrasound. So like a subchorionic hematoma kind of where the chorion or the placenta depending on where you are in gestation kind of lifts up and a little blood clot forms. And some of it

gets expelled, and a woman is actively bleeding. Many of those don't produce actual bleeding. They just kind of probably have internal bleeding that no one will ever know about. So the ultrasound tech guy that I use here is amazing. And in a first trimester ultrasound that I watched him do awhile ago, he did indicate where he saw a small chorionic bleed. And he said—and I found this fascinating because I didn't know. He said that he sees that in 50 percent of first trimester ultrasounds.

Now mind you this is a man that works for an OB and is doing first trimester ultrasounds as a matter of course. He's not even doing them just on the women that present with bleeding. So if he's seeing this on 50 percent of probably what are looking like normal, healthy pregnancies, then that's really curious to me and indicates to me that having that may be physiological in some ways. So in those quote on quote normal situations, should those women be actively vaginally bleeding? I don't know. I kind of want to say probably not. But yet, many women with subchorionic hematomas will go on to have perfectly normal, healthy pregnancies at term, and the bleeding stops. And it's just like it never happened. And then with plenty of other women, subchorionic hematomas can cause major problems including very preterm birth where a baby cannot survive at all outside the womb, massive hemorrhage, and placental abruption.

So sorry to throw to throw that all in there. But you just don't know is my point when you're visualizing this on early ultrasound and you're bleeding which way it'll go. And, of course, that's probably another topic. How do we—if we're the ones with the bleeding, what are some ways to deal with that emotionally, spiritually, physically? But I don't think I'm going to go into that today. I've kind of gone down a rabbit hole already, and it's getting quite hot out. So let's leave the first trimester loss kind of for now and just—I hope I communicated some ways to get more information. But probably I mostly communicated that it's still really hard to know unless you're someone that gets just this amazingly definitive diagnosis—excuse me. Whether it goes in either direction, right? So confirmed healthy, growing baby or confirmed baby that is no longer or perhaps there wasn't a baby in the first place. And so in either of those cases, there is some reassurance just because there is more information.

But, again, first trimester loss is really hard for those couple of days often when there is bleeding. It's hard, I think, for the midwife too. Not in the same way. But just wanting to give good support, wanting to give love, but not having the answers. And just kind of doing an every couple hour check in at some point. And then if a miscarriage does progress being available to that woman by phone or sometimes in person if it works out because people have really easy first trimester losses. And they're just done and over quickly. And then I've seen other women really be depleted and bleed a whole lot more than you think would be normal. And so support with that and how it works is great.

Something I learn, again, every time I support a first trimester loss is that women really don't know because we don't do this with each other. So most women experiencing a loss—and I was one of them years ago—don't really get how it works. Or what the— I always say the flow, and that's kind of a bad pun. But like literally, what the flow of a loss is. How it really does progress like a labor, how the bleeding really does progress like a fast forward period, and how the body clamps and cramps and clots to expel what's in there. So that's a key point especially if you're supporting someone in a miscarriage that isn't around your corner. If they're having just a ton of cramping and clotting and expelling, then they have to be aware that their body can only handle so much of that without an expanded blood volume before whatever is in there can be expelled.

And, of course, like I said, some women's bodies will expel what's in there kind of right away and bleed very minimally. So that's something to be alert for whether you're the one experiencing the loss or you're supporting someone. Someone early pregnancy doesn't have that expanded blood volume to lose. And so we do have to be mindful of blood loss and the rate at which this miscarriage is progressing.

So on the other end of the spectrum is full term loss, which is not miscarriage. Which is so much different in all the ways because there is a formed, beautiful, often perfectly healthy baby that has not made it to the other side. And it's definitely one of the most tragic and sad things that we can ever see in our lives much less experience. And so having the honor of holding that space for women even from afar when they've experienced this type of loss is so humbling because—man. You think we don't have answers for first trimester losses, but there's often even less reason with these beautifully made babies that don't make it through labor or—I mean that's the biggest question most of the time is when has the baby passed on. Was it before labor? Was it in labor? Was there a congenital anomaly, for example, that prevented the baby from taking its first breath despite having been alive up to that point?

There are so many questions. And I can't speak from the perspective of a mom. I had a second trimester loss, but I often feel really aware that those are not the same thing. And that while emotions are similar, I believe, nothing can prepare you for birthing a full term baby that isn't alive. And so even the most smart, well prepared, totally intuitive women when they experience this are obviously devastated. I mean I don't think I need to say more about how any of us would feel. So supporting that or after the fact really is what it is in most cases—like I said, even from afar—is intense. But I am honored and humbled to hold that space and just be in the not knowing. Because we're humans. And we're all looking for answers when something like that happens.

And very rarely are there any. So as much as I wonder too and guess and speculate, imagine how much more difficult it is for this woman to do the same. So I'm not saying

I'm the best at this either. I think it's always something we get better at because death is so feared. Death is not talked about. And to hold space for a woman that has had a loss like this can feel really scary. And I remember ten years ago, for example, being really scared to be that person. And it's a very self-conscious feeling, to be honest. Like you're afraid. You're afraid of it all. And you're afraid of what you would say. Would you say the wrong thing? And I've learned over the years, there's not anything to say. Holding space is uncomfortable for some because there is silence. And we find that when we have our own confidence and connection and all of that, it's a little bit easier to hold space in silence and not need to talk and not need to reassure or have answers because we don't.

So always learning myself too. But, again, have been humbled by these women that have experienced these kind of losses and their ability to feel, their ability and openness in sharing with me, and—yeah. Just being in that with them. And being involved minimally really. I'm not saying that I'm a key player in that kind of support. I think it's valuable to have a midwife type person that's willing. But certainly, these women are held by their families, by their friends. And that's really where their—and themselves. That's where they're getting the inner strength to do this. It's not me. But I do—enjoy is not the word. I mean I do respect and honor being in that place. And just being the mirror, like we are, for women with all kinds of situations.

And so talking about things like how does intuition play into death? Do we always know? Do we always know that we're experiencing or going to experience loss or death? And I can just share my own story because other stories are not mine to share. But I know with my son that died, Sable—I knew. And I've said this. I knew. I had the kind of dreams that were so real I woke up hysterically crying. They weren't just dreams. They were real. I knew he would go. But funny enough or ironically enough, at the probably moment and day that he did indeed die, I did not feel like I knew. I thought everything was fine. And in hindsight, I have so many feelings about that. Like at first, was I wrong? Was I just clouded? Did I just want everything to be okay to such an extent that I wasn't in touch with what was going on?

And sure. I think any of those things are normal to think and/or possible. But when I look back now I'm comforted by the fact that I did know at a deep level. And the timing—I say it's so human. Like I don't believe these souls in this clock-driven, date-driven, time-driven world that we do. So I feel like I did know. But I didn't understand his timing. And that's okay. I went for many weeks actually not knowing that he was dead. So again, does that mean I wasn't connected? Take your pick. But I think each woman can only look at that and decide that for themselves. I feel like I did, but my timing was not his. And here's my take home. I felt like everything would be okay. And I know that might sound cliché, but it's not because I held that very deeply. I knew everything would be okay.

And it was. It wasn't okay in the way I wanted it to be. It wasn't okay that he died. But it was okay. So these are very deep and heavy topics, and I'm not speaking for anyone else. I'm not trying to decide for you. But I think in this paradigm of intuition and trust, we have this elephant in the room that is death. And perhaps on future podcasts or over in our forum on Patreon, which will be where you can actually connect with Margo and I in a real way, these are the conversations we could have.

Because I don't know about you but the last thing I want is for women to feel not enough, right? And that's not ultimately in my control. I mean we're all working on that, I think, internally in a big way. So I can't control that. I can only work on my own not enough. But I think collectively when we have a loss it's easy for us to feel like we failed, and we have guilt and blame and all these emotions. And why didn't I know? And I'm not intuitive enough. And was I not connected? Well, we understand that death is not, in the biggest picture of our existence, bad. And that's not something you're going to sit and say to someone that's just had a loss. That's, I think, something we all come to at certain points when we need to.

But in other words, not knowing that loss was happening or coming isn't a commentary on intuition. Like in a lot of ways, they're not—they are super related, and they're not. Like intuition only means that you're connected to something bigger than you. And why can't death—or why wouldn't death be a part of that connection? It's not that we only get life. We only get amazing births, excellent outcomes, when we follow our intuition. So I'd like to talk more about that perhaps on another podcast. I don't feel like I have more really interesting things to say. I feel like I have expressed just what's on my heart and just being completely transparent that I felt that way in my losses as well. That they're—initially at least as part of the grief process—is this idea that we failed.

And, again, especially in this world where we hold intuition as this Holy Grail. But there's a lot to explore there. And there is the way things are and the way things will be. And as humans, I don't know about you, but I don't feel like we control all those things. We don't. We don't control birth. If we did, every baby would live. But we don't. So on that note, thanks for listening to me share about experiences supporting loss from one end of the spectrum to the other. There is always more work to be done, more to learn. It's not something that will ever stop, right? Just as women we'll continue to birth. Women will continue to experience loss, and that's just the nature of the beast of life.

So please join us on Patreon. If you haven't even seen Patreon, you need to go over there and check it out. It's [patreon.com/indiebirth](https://www.patreon.com/indiebirth). And I've said already that that is our community. That is where we will continue to grow the Indie Birth community, so we will not be on Facebook anymore. We will only minimally post on Instagram. We want to see you on Patreon, so that we have a safe place to talk about these things. A safe place where you can receive individual support from Margo and I. I haven't been on

Facebook in months, so you wouldn't have found me there. And a place to just continue to grow and learn. And I promise. We're going to have so many fun resources for you, only the Patreon supporters, over there. We already have an apprenticeship video planned. And Margo has some local events she's going to live stream.

And, again, all of these things will only be happening there. We're not going to continue to offer every last thing we do free to the world at large because we want to focus our message on those of you that really get it and want to grow with us. So enough about that. I'll see you over there. And thanks for listening.

(closing music)