(introductory music)

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MARYN: I'm here today, Maryn obviously, on my *Taking Back Birth* podcast with, I realized, the only person to be a repeat guest. So must be pretty cool to have Nathan Riley, M.D., back. We've been chatting over the months since our last chat together and thought we just give you all a window into some of the things we've been talking about. So where to start? Welcome back.

NATHAN: Hey, thanks. I didn't realize that that—I mean that's quite an honor after so many episodes. The only repeat guest. I feel like I need a sticker on my shirt or something.

MARYN: I must be a very weird host to not have had anyone back. But—

NATHAN: Yeah. Yeah. You must be like—yeah. You must be very selective. But you've had so many great guests that I'm sure it would—would be able to expand on so many of these topics. I still feel like the dopey OB that's—

MARYN: No.

NATHAN: - that's learning so many things to round out his education here on the whole birth process.

MARYN: No. No. No. No. Not at all. We're so glad to have you. And it's so helpful for me too. Yeah. Just because this podcast really has its solid theme and so to have you here makes me feel a little nervous too in the best ways. But I know we're of the same cloth, so to speak.

NATHAN: Sure. Sure. Yeah. So let's see. It was like several months ago. Was it almost—it was a long time ago that we talked. There was a lot of stuff that I've been kind of digging into. Of course, my wife is now pregnant, if you didn't know.

MARYN: Yay.

NATHAN: And she's like 19ish weeks. I think next week she's 20 weeks. So we actually have our first OB appointment next week which is kind of funny because most people have already seen a doctor like six times or something. And I'm—I've been her doctor, I guess, and she's doing great. She's feeling good. She's looking good. She's—we're there. So almost half way. Since I chatted with you, I've been linked in with so many other great people within the birth community including Katya Nova. She's become a good friend of mine of *Honey Talks.* And a lot of other people who are big fans of your

podcast have reached out. And so I'm—I feel like I'm blessed to be a part of this bigger conversation now as I sort of start to question my own role in the birth world. I made a couple lectures for you and your students through your midwifery program, and that was educational because it got me—it sort of forced me to rethink things. How would I explain this to a non OB/GYN? And I would actually explain it a lot differently. And my counseling is a lot different whenever I look at it through a different lens, so it's actually been really helpful. And I think it's actually making me a much stronger doctor and a much stronger advocate for my patients. And I'm already coming from sort of an unorthodox mindset, I think. So it's been really helpful. It was really nice to get in touch with you and to stay in touch. And you also probably—I probably have told you that we moved to Kentucky by now. And starting two new jobs out here, one in palliative medicine, one in OB/GYN. And I'm loving it. Kentucky is an awesome place. Louisville is where we live, and it's amazing. It's green. San Diego was great, but this place is green. We've been linked in with a big group of friends here that are total weirdoes. We've made—we had dinner with them last night and made pipe cleaner hats. And everybody was sitting around the table. It was like while we were waiting for dinner. And everybody was eating dinner having adult conversation age ranged from 25 to 55. This awesome group of people we've been linked in with and wearing our millinery.

MARYN: The weird club.

NATHAN: Yeah. Yeah. Oh, we also went back to Burning Man. There was an event that I wanted to tell you about that we did there which was so powerful that I would love to hear your and Margo's opinions on it. But if you don't know much about Burning Man, it's just a big city that gets built in the middle of the desert. And there is everything from raging, drug induced sort of parties to very deep, intense inner personal workshops and things like that. So it's 80,000 people doing whatever they want, providing whatever services they want, and you learn a whole bunch of stuff about yourself out there just because of the living conditions. And Stephanie was pregnant, of course, so it was a slightly different experience for us than last year. But there was an event that we went to that was called an emotithon. And I'll give you the short end of it because this was something that will stick with me for a long time.

They basically had—invited 30 to 40 men and women, so about 60 people total into a tent. And they prepared us, men and women separately, for women to have the opportunity to, in front of the whole group of people, to find a man in the crowd that triggered something in them but that they felt safe with in order for them to have an opportunity for the man to hold space for them to emote anything that was on their mind. And birth traumas came up. Rapes came up. Their alcoholic father leaving them, their husband dying at too young of an age, and then just wanting to hold somebody that reminded them of them—of their husband.

All of these men, their whole goal—or their whole role there was to just hold space for this woman to actually have the opportunity to speak her mind and to feel out where she is going. And that, in and of itself, was therapeutic. Not for—just for the women but also for the men. And you can imagine in a room of 60 or so people, for three hours, women are pounding the ground, they are screaming, they are pushing, they are slapping, they are hitting, all with consent, of course, but there was not a male voice for that entire period of time which was very powerful. And the men were sort of like water works the entire time. And I was actually interestingly called into this—out of the crowd by the facilitator of the group who said that, in her three-minute soliloquy, had sort of imposed upon me sort of her impression that I represented not only the patriarchy but the medical establishment in our sort of taking liberties with women's bodies in—whether it's in surgery or in birth or whatever. And, of course, my wife is there as well.

And it just seemed like such an appropriate coincidence at this time in my life that all of these kind of things are swirling around and coming together. But suffice it to say, that that event was extremely powerful. There was not a dry eye in the room for the entire time. Some women were bawling. Some men were bawling. And it was a very, very challenging experience but very—a great opportunity for growth. And so that—so in addition to all those things, of course, a lot of the books that you and I have been sharing and what not have just been so educational. And I'm really kind of looking forward to where these conversations are going go to continue to go in order for me to become the best advocate for women that I can.

MARYN: Wow. That's touching. I bet that was so healing and right where you needed to be considering all these conversations. No accident you would wind up in that room.

NATHAN: Yeah. Sure. And actually, even as a man there, it really wasn't an event for women. It was really an event for the masculine and feminine energies to learn how they can heal one another because there's all this—also a lot of pressure on men and physicians, in particular, to not be vulnerable, to not allow that space for a woman to really express how upset she is. Men are kind of taught to shut down, to be stoic, and to be strong. And any sort of empathy that you show for any person's pain is sometimes considered weak in some families and cultures. And so in this particular instance, as I mentioned, the men and women kind of separated initially. And the male cohort—and it's not man and woman like X, X, X, Y. It was if you identify as masculine or feminine. That's the way it went. And it did happen to be X, X and X, Y split up.

But you can imagine 30 men outside, and they actually had us line up face to face and take turns emoting to one another and just for the other person receiving that to just stand there, open and accepting it, without interrupting, without becoming defensive, without puffing your chest. And men were screaming at one another. I remember—I don't know where it came from. But something was pent up in there, and this poor guy

across from me—I just let him have it screaming, snarling, "Ahhh." Like the—just getting all of these juices flowing. And the guy on the other side of me was so open and so accepting and receiving of that emotion that he started crying himself. It didn't mean he was a—wasn't a pussy. He wasn't a weak guy. He wasn't whatever. He was a person accepting of this, and I think in order for us to start to see change within the practice of medicine and within the birth community there's a lot of trauma there that needs to be identified and addressed. And we need to be willing to stand there and openly receive it. And only then are we going to start to see healing and change on a grander level.

MARYN: Mm-hmm. Yeah. For sure. I mean as I have come to say a lot lately there is no us and them. There really isn't. And so all the divides that we see—even the most well meaning labels and things like—truly aren't helpful. And it's—yeah. It's not just men and women. It's not just those energies. It's all kinds of crossfire of defensiveness and trauma. And so yeah. There's so much. There's so much there to work through. But I love that you're doing your part. I think that's all we can do really at the end of the day.

NATHAN: Yeah. I think that that's really important for the coexistence of birth workers. And this, of course, is separate from the conversation around free birth or should we have birth workers at all. And, of course, I fall on the other side of that where I do think that there is an important role for a birthing community at least until we have the—I mean we always will have a role for hospital based birth and for midwives and physicians and everything else in between. But I—I'll tell you I'm getting a strange sense from some of my more recent educational endeavors such as the—I went to a breech workshop just this past weekend with Rixa Freeze and David Hayes. And if anybody is unfamiliar with the work of Rixa Freeze, like just Google her name and look at the—and the outstanding literature review that she has done and what a service she has provided to the birthing community to understand more about breech and some of the long term outcomes and some of the—

MARYN: I had her on this podcast.

NATHAN: - safety concerns. Yeah. I think you did have her on, didn't you?

MARYN: Yeah. She's been on the podcast, and she's done a webinar for us on the realities of the risks of vaginal breech birth, which is awesome.

NATHAN: Oh, she's incredible. She's incredible. So spending a weekend with her and David Hayes—David Hayes is an OB/GYN that trained also in some critical care obstetrics, so he's seen some of the really, really bad stuff. And he's on the side of Rixa and some other practitioners who have said, "Once you see the evidence and once you see the sort of nature of attitudes around something like breech and how one study, one giant,"—it was a big study, but it wasn't the biggest study. And it was also questionably—not even questionably. It was methodologically flawed. When you start to

understand that, it's hard to turn away. If you have any inkling of an open-minded conscience about how you're providing care to women, doing an incision through someone's belly versus allowing a baby to come out when you know that the risks are relatively low, at least based on the available evidence, it's hard to continue practicing like that. But a lot of physicians still do.

And at this conference, it's probably not a surprise to find out I was the only man—the only male participant and one of only two doctors that were participating. Everybody else was either a doula or a midwife and all varying types of midwifery. The difference licensing and you explained it to me one time before, I believe. But it seems so complicated even reading about it in your book. The different varying—

MARYN: Yeah. Right.

NATHAN: So anyways, being in that room though, I found it really interesting because I—everybody was very kind to me and very accepting. But there was little whispers and little hush—hushed kind of outcries from the audience while they're presenting certain things. And those outcries are—they fall in line with patriarchy and conflicts of interest and this and this and this. But on the medicine side, there are very few people who intentionally being bad. We just have a very, very powerful divide over the years of people not talking to each other and really not trying to find some way to just provide better care. Everybody is concerned about the finances or the administrative stuff or the I've got to be home. I've got to get this baby out. Or they get latched on to some data from one study, and there's this reversal of some practice of delivering vaginal birth. And now as soon as you feel a rump even if the rump is sliding out the body, you're going to try to push the baby back up and do a surgery. It's just—

MARYN: Insane.

NATHAN: You can't know those things and you can't fix these divides without acknowledging that this is wrong. And just because people were trained in a different way, it doesn't mean that there's a black and white, binary, wrong and right. There's also a whole bunch of people in this community that could be helping one another improve these experiences. But yet, we're still kind of stuck in this quagmire of man, woman, good, evil, hospital, home, whatever. And we kind of have to get over it. I do hear. I do hear that coming into a hospital physiologically may alter the course of birth. I hear that. And I think that that's actually very important. And for most people, they can—are low risk, I will remain an advocate for having a home birth, if you're a low risk patient especially if you've had a couple babies yourself. But we can't be shaming people for having hospital based birth. And we can't be—there was this video that just came up online on the Empowered Birth project, which I really love Katie Vigo and her thread. I don't think she knows who I am.

But I've admired her stuff, but she posted this video of a guy doing a very gentle vaginal delivery recently. And it caused all this hoopla. And while I understand that what he did was he actually took his fingers and ran them down the vulva as the baby's head was crowning, and that was inappropriate. You don't have to do that. There's no benefit to doing that, but he—of all of the hospital based births if anybody has had any experience with hospital based birth, there are some very horrible things that are done in hospitals. Not by everybody. And there are many people like myself that would keep hands off entirely. But you see this video, and the reaction to this video, for the most part, was very positive. But there was a whole bunch of very outspoken people that said, "This guy sexually assaulted her. This guy did this and this and this."

And it kind of gets into this shame versus guilt conversation, right? Where is this OB/GYN a bad guy? Or did he do something inadvertently where he just—sometimes you just actually run your hand along the crown of the head and you just want to see how big is the head. Should I be concerned that maybe there's going to be a shoulder? Maybe this is very protracted? Am I worried that maybe the baby is in the OP position? I don't know. But there's sometimes that you might want to do that. And we don't know the whole story. But instead, there was this shaming of this OB/GYN for doing that. And while I think he probably didn't have to do that and maybe he shouldn't do it in the future, I bet if you asked this guy—and I've seen other videos of him. He seems like a very, a very strong patient advocate in my experience.

MARYN: Right.

NATHAN: Should we be shaming this guy? Or should we be saying, "Hey, man. Maybe that isn't the best thing?" I bet, if you told him that, I bet he would say, "Oh my gosh. You're totally right. I don't know why we do that. It's like I can't keep my hands away. I got really work on that." But instead we say, "Boo. Bad. Shame on you," and he is probably getting a whole bunch of hate mail because this otherwise I think very reasonable approach to a hospital based birth became a source of outrage for some people.

MARYN: Right.

NATHAN: And I think that there's a lot of reason to be out—to have outrage and to be angry. I don't think that he's the right target. And I don't think—

MARYN: No. I don't either. I saw some of that this morning. And I just didn't want to participate not because it's not important. It's very important. But I agree. It's not the right target. And let's be honest. There are midwives doing that at home. There are midwives doing worse than that at home. So do we target that person? I mean that's more of my world. So I guess the way we try and roll with those sorts of things is just letting women speak from their heart and their experiences and education. I'm sorry to

say it just—we're taking it back to the bare bones of this is how birth works. Those of us that have had babies that way and witness babies be born that way are humbled by how little is needed. So when someone is just doing what they're taught, there is room for growth there. But is it abuse? That really is up to the woman.

NATHAN: Yeah. Yeah. Exactly. And I guess the people that would argue that people—that birth workers are not relevant or that they maybe are detrimental to the birth process they have a big task on their hands. Their whole message, which is an important one, is to eliminate fear around the birth process. And a big part of that is—sorry. I have to move my computer here a little bit. A big part of that is getting them into a physical environment that is more comfortable for them. And so no matter what when you leave the home, the comfort of your home or wherever it is that you've prepared to birth mentally, emotionally, spiritually, it—there is going to be a stress response in some way. And so I understand that, from a free birthing standpoint—for people that don't think that a birth worker or that going outside of the home is a good idea, I think what they're trying to argue for is if we didn't have birth work—in other words, involving birth workers or taking the patient out of the home, we're actually causing the problems of birth as opposed to trying to engage with the birth process on a very personal, comfortable level.

And while I understand that, David Hayes said something really, really helpful at the workshop. He's like, "I am 100% an advocate for home births, for doing vaginal breech birth in a VBAC." He's as extreme as they come. And he's very good at what he does, and he's well trained. And he's comfortable with his skills. But he said, "We have to—we can't—we have to ignore this tendency for magical thinking that every baby is going to come out and be completely, perfectly fine." Because that one trauma of losing the baby is probably just as deep, if not far deeper for our collective society, of women who have—responsible birth workers whether it's in the home or in the hospital who actually are trying to just change the dynamic of birth on a systemic level. So they have a tall task at hand. They're trying to do their best for the patient. We are trying to do the best for the patient. And all that we all want is really to eliminate this sort of traumatic experience that is birth. And we're all kind of coming at it a different way. And I guess if we just had more conversations and less shaming whether it's from the public or between one another, it—I just think it would be so much more constructive.

MARYN: Sure. I mean there is so much dogma, which is actually what gets me more fired up than any of it. Nobody is 100% right. You can't be. And there will always be death no matter what.

NATHAN: Sure.

MARYN: The subtopic. The free birth community—it can't be always. It can't be always and never.

NATHAN: Right.

MARYN: [cross talk]. And that's putting magical thinking on, as you say, because not every baby should be born at home. Not every baby should be a vaginal birth. Where is just the common sense in this discussion? And taking it back to let's help women. And this is what I feel like I get to do every day. Let's help women get back to the root of their wisdom and then honor what her choice is. I mean I have people in here—of course, they are still in a pretty radical box. But they might want ultrasound. There are people in this more extreme community that those poor women that want an ultrasound or just they're evil and bad and stupid. And I mean I've sat with women right here who are smart as anything, and that's their choice. In this wise woman model, they are the center of their spiral.

And so I feel like everything has gotten a little off track. And actually, the always or never is, to me, one of the most patriarchal principles that could actually be applied to anything. And so I don't know. The irony is being seen and felt. The dogma in a community like that. There is so much good. There are so many beautiful births happening, but there is also women who then feel compelled to follow something that isn't in their truth. And that makes no sense to me.

NATHAN: Right. You're absolutely right. The whole point here is that we, as a medical establishment, need to trust women.

MARYN: Right.

NATHAN: I mean the whole Me Too movement even came out of this idea that we have got to stop gas lighting people whenever they have fears and when they're concerned about something. Just in the emotithon event I just told you about, I can't stop you and say, "Hey, that wasn't so bad. You need to get passed it. Your dad was an asshole. He left you. Whatever." That is not the—that's not the point. So whenever a person comes to me and says, "Should I do an ultrasound or not," I don't know. We could do it. We don't have to do it. But if you're considering doing an ultrasound or getting a vaccine or getting whatever, if something is tell you it's the right thing to do, I can give you the literature. I can help guide you. I can help provide you my expertise, which is not building houses or anything. It's interpreting medical literature and trying to apply it to the best of my ability to get you whatever outcome it is that you desire.

But as soon as I tell you, "It's stupid for you to have a home based birth," that is very patriarchal. "It's stupid for you. You don't know what your body needs. Trust me. I'm the doctor. Don't have a VBAC unless you want your baby to die." That is just as patriarchal

as saying, "If you're going to go to the doctor, then shame on you instead of trusting your body." They are trusting their bodies. They are actively seeking some guidance, and you're telling them to go against what their internal dialogue is. And again, there's that shame there. It isn't helpful to shame somebody. If somebody is bad, then they can't change. But if somebody did a bad thing, then that is something—that is a behavior that can be corrected. So from the birth workers to the patients to anybody outside of those two categories, we have got to just get better at talking to one another and to not making people feel bad for doing certain things.

MARYN: Totally. And I think there's also an element—I mean and this comes up I feel like all the time is this element of self responsibility to the degree that we're all capable. If we have an experience that wasn't great even if it's years later, how can we learn from that? What is there that we were contributing to? Perhaps even unconsciously. That's the stuff I want to be talking to women about. I sit here and hear hours and hours of people's stories, but it's like, "What do you want going forward? And how can I help you work through that trauma—that this, so you can find your voice?" This isn't about me saying, "Home birth is the only thing," if you walk in here and that's all we're doing. No. Let's go on this journey, and I'll support you to the best of my ability and hold space for you to come to your own conclusions.

NATHAN: Exactly.

MARYN: And yeah.

NATHAN: You also mentioned personal responsibility there. I think that what—I think her name is Emily. She's the one that's the head of the Free Birth Society. I really love her podcast, and I love hearing the stories of successful births. And it brings back the magic of what birth is when a woman has been able to make a decision for herself and have a birth in the way that she imagined it knowing that there are risks, knowing that there are benefits, and having made that decision. That's what we're all here for. And whether you're doing a home birth, free birth, assisted birth in the hospital, whatever it is, once you've made that decision there is a level of responsibility as well that comes with trusting a person's intuition. If a person says, "I'm trusting my gut here based on whatever the decision is," part of what we—what we can do is to support them and what they can do is they also have to assume responsibility.

MARYN: Totally.

NATHAN: So when a person wants to have a baby at home or whatever, if something bad were to happen, that's—we are trusting you as the woman with the intuition to make the decision that's best. And if a medical practitioner provides you advice and you choose not to take it, that's also okay. We also support that. And when something bad

happens, which we know it sometimes does, an OB/GYN, it is naturally a high risk practice—or birthing is a high risk activity because not every baby survives.

MARYN: Right.

NATHAN: It's part of biology. We also have to assume responsibility as the birthing—not me. But the woman who gives birth. And we have to also support them through that. And so there isn't shame that, "Oh, how could you do that?" You know what? They made a decision. They're an adult. We forget that we're all adults, and we all have life experiences to base these decisions on too.

MARYN: Right. And there are no guarantees. I mean I've supported several stillbirth mothers that were free births and had some really enlightening and wise conversations with them because following their intuition was what they were doing. Following our intuition doesn't mean we get what we want.

NATHAN: Exactly.

MARYN: It only means that we're on the path, right?

NATHAN: Right.

MARYN: And so there's that whole thing. I think there's also the element of yes. As a practitioner if you're involved, then you also have that path that you're on, that intuitive path. And I don't know that doctors talk about that. I feel like midwives—we try to where we—we're connected we hope. And, again, that doesn't mean that everything works out perfectly. It just means we're on the path. We're on the path we should be. And if at some point our intuition told us to jump off, then that's a legitimate thing too to say to somebody. Like, "I'm glad you're following your intuition. For me, this isn't feeling right." And that's okay too. So there's so many gray areas with these topics.

NATHAN: Yeah. Yeah. And—yeah. And I'm learning more and more now that there's a lot of reason for people to be upset with the medical establishment. And like I said, I, for good reason, I'm questioning my role in this whole thing as a man who is attending births. I wouldn't have been in the red tent. I wouldn't have been a part of women's circles. I'm not a wise woman, who is giving you advice based on my feminine energy. I'm now getting in touch with my feminine energy, but it has nothing to do with the birth experience. It has everything to do with how do I support that feminine energy. How do I use that feminine energy? And I think that there's a lot of good reasons for people to be pushing back against the masculine energy that has not tried to not only heal from the feminine energy but also to heal the feminine energy. We're missing that yin and yang. And so I think it's very, very easy. Hospital is bad. Home, good. Needles, bad. No vaccines, good. Whatever. We're missing the point, and we're actually driving—this

polarity in our society is growing even deeper as a result of us just not simply sitting down and talking and trying to understand one another and being open to hearing out other people's trauma.

I did a really interesting podcast with Lisa Hendrickson-Jack who wrote—who wrote a book called *The Fifth Vital Sign.* It's all about fertility awareness methods and cervical mucus tracking and what not. And she and I were really just talking about this increasing, this alarm that's growing louder and louder and louder that is, "Doctors are stupid. They're lazy. They want your money," and this and this and this. And I assure you. That is not the case. I think that there's a good reason to feel that way. But it's really not helping. It's actually making things much, much harder for us as a society to keep people healthy and safe. And my role as a doctor is to care for people. If a person thinks I'm out there to hurt them, then that actually does harm. And so I'm not there to hurt you. And I'm actually here to learn from you and to try to support you. But we aren't trained like that. And we aren't talking like that. And we aren't being—we aren't treating one another like that.

And the same goes for midwives and everything else. My experience has been with it being physician. And yeah. I hope we're moving in the right direction. Do you think we are? Do you think it's getting—do you think that people are starting to open their minds with social media and what not now? Do you think the story is changing?

MARYN: Yeah. I mean yes and no. I think you know that you're special. You're in a select group of someone that's thinking and open and who knows. All your past life experiences or who knows what, right? That's brought you to be able to understand. I think you can't underestimate that it's not normal for a doctor to be this way. But I would be hopeful and believe that there is a lot more male and female doctors out there that are willing to hear women. And back when we were talking about this, I feel like a few months ago, just by text or something, I think I said to you, "I feel really whiny about the subject." And I feel that way still because I could make it all about me just for a minute. And how hard as a midwife it is to work with any doctor. They don't, in this area, nobody has any interest in that. And I really don't know what to do after a decade here.

NATHAN: Sure.

MARYN: I feel like I could use a new idea because nothing has worked. And truthfully, I'm not like really trying because it was not a good experience many years ago.

NATHAN: I can imagine.

MARYN: What I'm looking for is what we're talking about. I just would love someone to collaborate with on particular cases, instances, people that want the whole spectrum,

that need a broader spectrum of care. It's not, "You're the only thing." It's not, "I'm the only thing." It's like this woman could really use what we both bring to the table.

NATHAN: Right. Exactly. Exactly.

MARYN: And she's frustrated—

NATHAN: It should be more. It should be more support the better. But it's—

MARYN: Exactly. But doctors here don't want to be involved with midwives. They think it means something about them. And I don't know how clear to be. I don't want anything from you. I simply want you to help this woman. Even in the pregnancy, I'm not even looking for you to be on call for her birth. It's just simply she's sick. She has a respiratory infection. Can she get in to see a doctor in this area? No. The answer is no.

NATHAN: Right.

MARYN: If she doesn't have an OB, she's got to go to the ER here because she's sick.

NATHAN: That's so frustrating.

MARYN: I know. And then I get all whiny again. And I feel—I'm very angry about that. That's just the honest truth. I don't know the way through although, on the positive note, I have a really great ultrasound guy that comes right here that is happy to help and works for doctors and is happy to come here and do whatever we want him to do. So I know they're out there. But bridging that gap more—like yeah. I don't even know what the next step would be. I don't know.

NATHAN: Yeah. I guess I kind of imagine even in the—I guess I kind of even imagine in—let's say the—let's go back to the free birth—an example of free birth, which for—I'm sure people listening know. But that would be you're not—in many cases not having any sort of prenatal work up and then potentially no intrapartum or postpartum care. And oftentimes, it goes super, super well, and I think it's—they're some of the most amazing birth stories that really make me feel good about doing what I do which is ironic because it's a situation which I'm the least involved.

MARYN: But it's a confirmation.

NATHAN: It is. It is.

MARYN: I mean it's a reminder that nature mostly works.

NATHAN: Absolutely. Yeah. I wonder about those cases though in which maybe there is a moment of like, "Oh no. There's a cord prolapse. Or there's something else." I would just love for somebody to know that, "You know what? This is my choice. This is what

my intuition is telling me. I'm going with my gut." But there's also a safety net just in case. There's always a possibility that maybe, at the last minute, if I change my mind or at the last minute if my friend, who is my only support or my partner is my only support here, they get concerned about something that there is somebody—that there is ample birth workers out there that would absolutely run to the side of a woman who is needing that support.

MARYN: Right.

NATHAN: We don't have that right now. And that's what we really need to work on fostering as a birth community as a whole because—

MARYN: I mean that's what our school is trying to do. These women are all over the world. And they're not interested in serving the government. We all know, I think, the government restrictions around midwifery and birth are pretty much the same almost everywhere. So we have students all over, and that's the goal is to serve the family, is to be that person. I mean I know that you're kind of unique in your role, and then I've had some uniqueness in that my own births essentially are—have been free births. But I have had the privilege of a midwife there, right? So that's the goal, I think, for people that are wanting that setting and that kind of thing is that there is such a thing as someone that's knowledgeable and intuitive and skilled—

NATHAN: Exactly.

MARYN: - that can literally sit there and hold a fucking camera—

NATHAN: Right.

MARYN: - and take video because—

NATHAN: Right. Right. Right.

MARYN: Right? So it does exist. But then we get back to I think the main discussion, which is women have to want to do that work. They have to go through what they need to go through to be confident and responsible and all of those things so that they also don't feel like they need someone. It's just this balance of not needing anybody but having, like you say, a safety net. And I don't see anything wrong with that. I don't see anything wrong with that. I think especially for women and, honestly, I would include you in this. We've always been with other women in birth. I say that all the time. I don't think we were meant to—every woman shut the bathroom door and be totally alone. I know that's right for someone. And I honor that.

NATHAN: Yeah.

MARYN: I think that there are more women looking for really good support and skill with someone there than not.

NATHAN: Yeah. I mean it's like—yeah. It's like—I mean it's like with literally anything else in our lives. I would love to swim—and this is a funny example. But this is—such an apt metaphor, I think. There's a cove. La Jolla Cove. You can swim across it. It's like a half a mile one way and half a mile the other. And it's a really challenging swim because it's in the ocean. And I told my wife before I left, "I want to swim the cove." And I had never actually got around to doing it. But it was in the last two weeks. I was like, "Oh my gosh. I want to swim the cove." And I was like, "Could you come with me in a kayak?" And she was like, "Yeah. Sure." So she was going to kayak with me. And we didn't end up doing it. But the whole point is that no. She's not going to be pulling me through the cove. And I'm going to be 100% stuck in the crap that is swimming in open water, not being able to see the bottom for a whole mile which will take me probably 45 minutes. And it's going to be really hard. And I could drown, but I probably won't drown. And I know the risks. But you know what? There's a kayak there. And my wife could just hand me a paddle in the event that I need it.

And that's not to say that I would be weak for grabbing the paddle. It's like, "You know what? Maybe just in case." And it's so nice that somebody is not like, "No. If you're going to do this yourself, then fine. Go and do it." And I'm not saying like, "You can't be here. It's going to take from the experience. I need to be in the zone." Maybe there is some element to that. But I know this is a funny metaphor for this birth process. But why can't we be supportive of one another in that way?

MARYN: I love that.

NATHAN: And there's great reasons, I guess, why we can't because the OB/GYN community has not made it very nice for people often to be in hospitals. And I'm with you. I stand strongly, firmly with you there. It would just be nice, I guess, to start to see things change in the way that you've most beautifully put it.

MARYN: Yeah. That's a great analogy. I'm going to use that with credit to you. No. That's beautiful. I mean, again, it's all about balance. I guess maybe I'm not at a point in life anymore where I'm just like 100% anything. It's just realizing that there's so many colors and possibilities. And it's not personal. I say that a lot too. It's not a personal thing. I certainly don't think that doctors are bad. I totally understand that it's the system. It's a systemic problem. And I don't know. I don't know that I would spend my days figuring that out because I think it's—makes more sense to create something new from my perspective. But we're all here for different reasons, and there's all kinds of ways to make ourselves feel better and also help people.

NATHAN: Yeah. Yeah. Totally. Well, I think that sort of in summary of that really, really cool exchange, I think it's just important for us to remember who we—who the quote enemy is and to remember that we're all in this together. There's a really great book by Daniel Quinn called *Ishmael,* which I've gifted to probably like 50 people. And I'll send you a copy.

MARYN: Awesome.

NATHAN: It's basically a conversation between a man and a gorilla about the state of affairs in the world and how man, at some point, developed this sort of narrative that human beings were put on this planet as stewards for the planet. And we hear this all the time. We are stewards for the planet. We are not stewards for the planet. And the ape actually argues on the contrary. There was a delicate ecosystem that enabled man. And I'm using man probably loosely. Woman to rise, whatever. To rise to supremacy in the food chain, and we've taken that—the sort of intellectual advantages that we have in order to calculate this story in which human beings have to survive against all odds even if that means the perishing of the rest of the planet. And this is not a book on environmentalism.

MARYN: Right.

NATHAN: It's a narrative on the construct that we, human beings, have made that in order for us to get better we have to be a monk that climbs to the top of a mountain. Do it together. And we've kind of lost touch with the reality that is not only we have to actually cooperate with one another, but we also have to cooperate with our surroundings. And if we don't, then it's going to lead ultimately to our demise. And I've always—I've probably read the book three or four times at this point. Every time you read it you kind of think a little bit more deeply. It's one of those every year you should read—reread it because it really relates to a lot of what we're doing here. If my Instagram account isn't getting more followers, then I'm doing something wrong. We all want to have our own special thing that we bring to the table, and we do. But those special things are only special if they can kind of integrate into our surroundings and integrate into the work that—and the support of one another because we're not isolated organisms that are surviving alone. We're all doing this together. And with all the hate in the world and all the bad stuff going on in the planet politically or otherwise, environmentally, we are not doing ourselves any favors by just fighting with one another and trying to create problems where maybe solutions actually need to be created instead of more problems and micro problems.

MARYN: Right. Right. Yeah. I mean being anti anything isn't really helpful. I think it's being for something. Being for something positive and being for your own growth and all the painful processes that that includes.

NATHAN: Exactly.

MARYN: That's what people don't want to look. It's way harder to look at your own shit than someone's Instagram account and start a maddening thread. And I mean I've been there. It's always like—

NATHAN: We all have.

MARYN: Yeah. Right? Are you going to get in on that? Or where does that responsibility fall? I feel like—yeah. I'm usually sorry when I do because the next day you're like, "Oh man. That just wasn't really very productive."

NATHAN: Yeah. Totally.

MARYN: [cross talk].

NATHAN: Totally. Yeah. And it's funny. When you get into this—any time you do something controversial, it seems so clear that you're on the right side of the argument.

MARYN: Right.

NATHAN: The right side of history. And then as you start to hear the same complaints or same, as you said, whininess—when you start to hear it over and over and over again, and then you hear yourself whining over and over and over again, you eventually just start to realize like, "Are we missing something here?" And inevitably, you are. Inevitably, you're missing the trauma that somebody else is being informed by or some other systemic problem that kind of has worked its way into the issue. And you don't even know what you're fighting over anymore. You just know plus and minus, black and white, ones and zeroes, and it's never, never that clear. So like you said, there's no guarantees. Any time you catch yourself saying never or always you just need to check yourself.

MARYN: Well, and I mean I think it's a natural reaction because we're all just about our own story. So in our story, there is this always or never thing that happens. But I do think—

NATHAN: That's true.

MARYN: - that you and I are particularly blessed with just having a perspective of other people. Like I can no longer say those things when I've seen it and I've felt it and I've sat with women that have lost babies, and I've sat with them when I wasn't the best midwife I could be for them. Yeah. I mean it just gets really messy. Humans are a mess.

NATHAN: It's a mess. Life is messy. Birth is messy. Everything is messy. And we have to just acknowledge that everybody has their messy story that they're bringing into the conversation.

MARYN: Yeah. Totally. We all have the mess, but, again, last plug for self responsibility and looking at our own trauma. I mean even positive things like I had posted a couple weeks ago about the idea of pain in birth and really just wanting to explore that. Like I don't really care what anyone thinks. Call it what you want. I've seen women have all kinds of experiences.

NATHAN: Talk about it.

MARYN: Yeah. I've had all kinds of experiences. There isn't a bad. But people immediately interpret that as like I'm saying that's bad somehow because maybe—whatever. Their own experience. So I feel like totally it's like okay. Can we all just look at what we're saying and doing and not speak. Not speak so much. Maybe do that first.

NATHAN: Yeah. Yeah. No. Yeah. It's funny. And I feel like it's a preprogramming. It's a—like we're all kind of heightened, right? And we're just ready to pounce, ready to pounce on whatever it is—side of the fence comes up that we don't agree with. And it's just harming us. It's harming our patients. It's harming this lack of open-mindedness. This lack of flexibility. It's harming more than it's doing good. And sometimes it takes some hard knocks maybe to learn that.

MARYN: Yeah. Well, thank you for contributing for sure. I know our students have loved learning from you. And I'm just so grateful. I feel so excited that we have someone like you with all of the huge pieces of knowledge and research and things that we don't necessarily carry to have for these people going forward. So thank you for that.

NATHAN: It's been a privilege to be friends—to become friends with you. I feel like we—I've been learning just as much from you and your students and your community. So thank you.

MARYN: Awesome. Well, I'll let you get on with your busy day there. Thanks for chatting. We'll have to—I don't know. Come up with something else. Stay in touch. And I feel like we're doing good work. It's worth it.

NATHAN: Yeah. It's—

MARYN: Pause for hospital noise. He'll be back in a second.

NATHAN: Okay. Sorry about that.

MARYN: That's okay.

NATHAN: Yeah. It's been a huge pleasure. I want to continue the conversation and continue to learn from you and just—I don't know. Keep this conversation going.

MARYN: Yeah. Likewise. Thanks for being available and especially when I've had questions here and there it's super amazing to have you as a friend and a resource. So yeah. Best of luck. Keep us updated on the exciting half way mark and forward with your own pregnancy. That's so exciting.

NATHAN: Yeah. I will keep the updates flowing because I—it's—this is brand new for me to be on this side of the equation. And I have loved it. I've really enjoyed it. But I'm learning a lot as well from how to support Stephanie, my wife.

MARYN: I bet.

NATHAN: And it's neat. It's also—it's a little scary being on this side, and we're working through that.

MARYN: Yeah. Yeah. It's the ultimate humbling I think to be in it. You can read all the books, and you can do all the things. But it's certainly different when you—yeah. Have fears and things come up that you maybe didn't expect.

NATHAN: Sure.

MARYN: Blessings to you both and little Riley.

NATHAN: Yeah. Baby Riley. And if you are—if any of your listeners want to get in touch with me, the easiest way is Beyond the MD is on Instagram. That seems to be the way that most people like to reach out. But I also have my website, nathanrileymd.com. And we've got some—I've got—I actually have some—I didn't tell you this. But I have a couple interesting interviews that I'm going to be doing just around—one is going to be around how to read a scientific paper.

MARYN: Nice.

NATHAN: For any birth worker. It's going to be try to break it down so that people know sort of how to deal with some of these statistics and what to sort of look for. And then we're going to be doing some other things sort of in some of the racial disparities in birth work and possibly even a podcast with a friend of mine about fear through the pregnancy process and the labor and delivery process, and she happens to be a huge advocate for free birth. And so really looking forward to those topics, and I hope it'll be helpful to you as well and your guests—and your audience.

MARYN: Yeah. Always. Those are the great resources to share and post around. So we are all working together for sure. And happy to help you in any way too.

NATHAN: All right. Absolutely. Well, thank again, Maryn. I appreciate it.

MARYN: Thanks, Nathan. Have a great day.

NATHAN: You too. Bye.

(closing music)