

(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 special series of podcasts for members of Patreon. These podcasts have been recorded especially for our patrons. We thank you so much for supporting us and hope you love this work. Maryn here with a special podcast about the baby's transition earthside. So thanks to the patron that suggested this topic, a la our Patreon platform. Super happy to receive suggestions especially those that resonate and hope you enjoy it.

So baby coming earthside. So many fun things to talk about from the midwife perspective, maybe from the baby perspective, and from the perspective of the mom. I definitely have personal interest in this as I think many of us do. But my own personal story is that, many of you have heard this before, but I was born early. I was born at 34 weeks. And so I've always questioned what that looked like. I don't remember in any really obvious way, but I've always wondered if I had trouble breathing or what it looked like in that hospital room when presumably the NICU staff swooped in. I did ask my mom the other day actually if I had had trouble breathing, and she said no. I hadn't. And surprisingly—yeah. Surprisingly at 34 weeks. And that I had to stay in the hospital simply because I wasn't enough weight for the hospital to let me go home.

So anyway, my daughter, my first birth, was in the hospital and a similar story ensued. And she was born a little bit early at about 37 weeks. And they said—they meaning the hospital staff—that she did have trouble breathing. I don't really remember. I was kind of out of it, to be honest, and she also spent some time in the NICU. So those are the stories that are in my cells or at least were at that point in time. and I think that's really relevant, and I'll talk more about that. But that moment of birth for me was traumatic. And I don't doubt it was for my daughter as well. And after that, I've had all of the rest of the babies at home with, of course, I perceive as very little trauma in all of the ways we'll talk about. However, my fourth baby did have issues breathing, and you can read more about his birth story. His name is Rune. He is now 10. That birth story is in our book, *Indie Birth: A Story of Radical Birth Love*. So you can read it there.

But that was another personal experience with the transition and fear and what if and will this baby breathe. I think we all have similar stories in our families, in our bodies, again, for reasons that we will look into. So why this podcast? Other than it being suggested by one of you wonderful folks. But why does it matter? Why was it even suggested that we talk about this? Well, obviously, it matters to people like us, and maybe you're not even sure why you think it matters or if it might matter. Maybe you

haven't had children yet or, actually, maybe you've had really fantastic birth experiences that were just so normal and natural and physiological. And you had never stopped to think about if it hadn't been that way or what most of other women experience in their births because it's generally not that.

So, of course, I'd add that it matters because the way babies born matters. The way that we enter into life on this side most definitely shapes our entire lives down to why we believe what we believe or traits we have or fears or whatever that have felt like they've always been there. I feel like most of those things come down to the moments of birth, if not the birth itself, and taking that first breath is one of those places. So moving right along that brings us to the subject to fear at least briefly. I think most people, if you're listening to this, are aware that there's a lot of fear around birth. And there's a lot of fear around babies being born and, specifically, taking that first breath. It's something that may be in all of our cells in that way because we all did it. There is not a person alive and listening to this that did not pass through that transition themselves which I think is so amazing. We weren't all born in the same way. We weren't all born, obviously, in the same places, but the one thing we have in common is that we all had to take our first breath. And we all had to figure out that transition. Some with more trauma than others.

So that moment where the baby has been born and hasn't taken a breath yet is possibly one of the most fearful moments to be had in the birth process. And I think that's a cultural fear. And of course because most babies are being born in the hospital where there's a lack of knowledge, a lack of respect, it's a heightened event. So there's often pediatric people or, as I said, NICU, neonatal intensive care folks, around when women are birthing to anticipate this moment. And I think to add fear and anxiety. I think they would probably say that those people are there to add reassurance or to make sure that everything goes to plan. But most of us don't need a plan to breathe when we're born, so it really gives rise to the question of where this all came from and why, in general, it's so feared when most people will do it successfully.

I guess it's like a lot of things though that there's fear around. It doesn't necessarily have to make sense. It's just something that is perhaps, and the fear reinforces itself. And this is a great example. So I think the hospital scenario most people are familiar with or could imagine that there's lots of anxiety around this moment of birth. Most of us have the visual of a doctor holding a baby and—gosh, the old school version was hanging the baby upside down, right? And smacking it to get it breathing, which is terrible and abusive and horrible. But that was the visual that was held in the minds of most people for a very long time and might still be. I don't know. I think they probably are gentler even in hospital scenarios, but, again, it's this moment of anxiety and this responsibility on their part as medical professionals to get this part going.

So I'm sure that's not the rule. I'm sure there are many places of birth with medical practitioners that do allow the baby to breathe when it wants to within a reasonable time and allow that transition to happen naturally. But culturally, we know that that is not happening and probably in other cultures as well. I can't really speak to that, but we're certainly not the only place here in the U.S. There's many other countries where birth is highly medicalized and westernized. And that is not a great thing.

So there definitely is a home birth version as well, if you were unaware, meaning that home birth midwives are also potentially just as anxious and just as worried and just as heightened at that moment routinely. So sure. Occasionally, we are anticipating, for whatever a reason, a baby that might need some help. More often, it's completely unexpected, and so my opinion is that we can't treat every baby as if he is not going to breathe and he is going to need help because even statistically, that's not true at all. And it really starts to mess with any trust we could have in the natural process and in humans being able to survive without intervention. So many home birth midwives are great with that and patient, and some are not and will get right in there right when the baby is born and listen with a stethoscope and interfere. Ironically, that's the problem. And it's also interference with a transition that could be happening quite well, but we interfere with it. And we get in there, and we start rubbing a baby or we put a hat on or we get the stethoscope in there. And all of that is trouble often routinely, right? Routinely.

And also it takes the mom out of her own bubble because she's the one. She's the one that will know most often and quickest if the baby really does need help. So if we interfere with that bubble, we're messing the baby up potentially, and then we're also interfering just with the communication, the unspoken communication between mom and baby that would allow her to know and help the baby if he truly did need help. So yeah. Home, hospital, doesn't matter. Fear everywhere. And I don't have more to say about it than that. I guess—yeah. That's about it because I guess people might think that doesn't happen, but I have talked to many women, and maybe you're one, that has experienced a traumatic entry for a baby at home or even in a birth center. And they had this idea in their head somewhere that it would be different, right? There's no NICU. There's not a team of pediatricians ready to rush in routinely. And still, it was traumatic. They didn't know if their baby was okay. Or sort of worst case scenario, maybe their baby was even taken from them at home and resuscitated or whatever the case may be. And as I alluded to, that was a little bit of Rune's story. So I have personally walked that way, and it wasn't fun. It wasn't a fun way to walk unnecessarily. Yeah.

So let's see here. Making this kind of podcast and talking about the baby's transition, I think is important, and I can share my thoughts with you as I will continue to from the perspective of being a mom and being a midwife. And maybe little bits come up for me too in being the baby. But a lot of that, I feel like is almost speculator at best because I

don't have a conscious memory. But I think a felt experience of birth can be had by us. And by that, I mean with our own births we might not remember in the do with colors or details, but in certain circumstances or with some help we can experience kind of the feelings that we may have had with being born. And I think that's really cool, so I'd encourage people to do that because I think what comes up for many of us is that we were born into a trauma situation whether or not anyone else knew it. Maybe all the adults present at the birth, maybe your mom, your dad, no one thought anything was amiss, but you hold some traumatic memories from taking your first breath. And if you do, whether they are conscious or subconscious, you wouldn't be alone. I think that is actually the root of the problem for many generations is that we just keep passing down this trauma around taking the first breath and all that goes with that.

I always talk about this in our free workshop, so some of you may have heard it before. But talking about how when a baby is born making that transition to newbornness, breathing and otherwise, is often a shock situation for most of us. So we were literally born into shock, and the shock can happen on all levels. Physical, yes. Emotional, yes. Psychological, yes. Because for most of us, we were born, and the cords—our umbilical cords were almost immediately cut. Many of us were taken from our moms and placed in a table—or on a table. And so that's huge. It's amazing that the medical world still doesn't consider any more layers to this issue, and we just keep perpetuating it. We just keep delivering babies and cutting cords and taking them away from their moms. And that's just our cultural norm. So, again, to get in touch with your own feelings about that whether or not you remember details, I don't think matters. Get in touch with your own birth and what you felt and any details you have surrounding that because most likely you were pretty traumatized. And you were put in a state of shock. It is the rare person that wasn't. and maybe that person was born at home. But we know that there aren't that many of those currently.

So investigating that for yourself, I think, is key. And back to the workshop thing that is what I offer to people when we're watching these birth videos because we're showing birth videos that are really pretty awesome. Undisturbed births of our clients. But some of them, the babies have a slower transition and just watching the faces of the people at the workshop can let you in on where this fear comes from because they're not even really there. This isn't even a birth happening in real time, and they hold anxiety. And they're holding their breath. And they're looking worried. And afterwards, usually, people are pretty open about expressing that. "Oh, man. That was scary. I didn't know if that baby was going to breathe. Oh, that mom was really calm." So I think those are all normal and healthy observations. But my sense is, again, that there is a much deeper level going on with most people. It's not really a reaction to what they just saw on the TV in front of them. It's actually a reaction to their deepest, deepest memory. And it brings up stuff. And therefore, there is fear. And, therefore, the fear is passed down.

So in a much bigger sense—and maybe this is too esoteric, but I'm going to offer it anyway since you're such a special group of people. Is that that first breath even if the umbilical cord is left intact, even if the baby is still with mom, those are just ideal and really should be normal. But even when those great things happen, we could consider that the moment of being out of the womb when that's all that one has known for months and months and months is traumatic on its own. And perhaps, that's trauma that there isn't anything that necessarily do anything about meaning that that is just one of the, let's say, flaws of being a human being, of realizing that all of the sudden in this body, in this time, you are separate.

And that is, in many religions, in many spiritual beliefs, in many practices, whatever you want to say, kind of the first insult, if you will. So being separate. Being separate whatever you believe. The Universe, the cosmos, God, love, whatever. Being in a human body makes us individuals. And even if—we're ultimately not separate in the biggest picture of beliefs. At that moment, that baby has embodied separateness. So if you believe babies are wise, soulful beings, who aren't necessarily young but inhabiting a new body, then that's probably a pretty big deal and probably was for most of us, if you follow those beliefs. That that first insult was kind of a smack in the face. To be separate from everything you've known. Both your mother and everything big.

So, again, I would ponder, and you can ponder differently of course, that that first separation is just part of the trauma of being human, and that I think we are here to experience that and see where it goes from there. I don't know that there was meant to be another way but always open to other perceptions and ideas because these are just mine. So yeah. It's a big thing to be separate as most of us come to find out as we continue in life. And being separate from the biggest thing, whatever that is, and then also being separate from our moms when that's all we have known. So wow, right? Of course, there is fear and all of that. I mean it is scary. It would be scary to have all that happen perhaps which is why, as I'll continue on later, we really need to preserve the physiological process of mom and baby bonding and the normal transition because we've already got enough on our plates as humans.

So let's talk specifically about the ways this transition happens because I think there are at least a few. The first super obvious, there's a physical transition. So if you don't know a lot about the way a fetus or an in utero baby transitions to extrauterine life then that's a great thing to learn. That can bring a lot of peace and understanding or even just knowledge is great. So this transition involves switching from fetal circulation to newborn circulation. And, again, that's huge. And it's not just huge on a physical level. Your whole body is readjusting, reassessing, in order to take that first breath. And things really have to happen properly for that to happen. And the good news is they do in almost all the cases even without us thinking about it, even without us worrying about it,

which is really quite amazing and proves how resilient we are. So that is the first. The physical transition.

The second, I would say, is definitely a spiritual transition. I think I've alluded to that already, and you can imagine and, again, go back and perhaps relieve your own birth experience in the way that you can. But spiritually, who are we? What are we before we incarnate on this side? There are many myths. There are many different religious and spiritual beliefs around when the soul embodies the physical form. So just depends on what you believe. Or for me, I felt like it was different with each baby that I had as far as when the soul would enter the body. So that definitely is going to happen assuming this baby is going to be earthside. That there will be a soul to incorporate into that body. And at what point, does that happen? So that's a big, big deal and really exciting and cool thing that we all do.

Some things that may influence this transition. So, again, to recap, the transition is from fetal circulation to newborn circulation. The transition is to actually taking a breath and breathing and then all the other ways we transition to having a soul and a body, to just being on this side, and being outside of a water environment, having all of our organs get redistributed with blood flow. So the blood flow to most of the major organs is not the same in utero as it is when we're out for all the reasons. So there are so many things happening. And literally, these things are happening in seconds. And then, of course, you could argue some of the other things take minutes or even hours or even days. Not breathing, of course. But for example, the spiritual transition. Some people or parents or observers might feel like took this particular baby X amount of time. So breathing, of course, is the thing that needs to happen sooner than later and within minutes of being born. But still, again, it's something that has been done expertly by pretty much all of us. And that is amazing.

So things that may influence. That's where I was. So kind of positive and negative, and I don't know that I have—like I need to label it positive and negative. You might for your own, or you're probably going to come up with your own things that might influence. Some of them are super obvious. So if you have a care provider that doesn't respect the transition or doesn't respect the birth process or your baby or any of those things, then that's certainly going to influence how your baby transitions because they will be hurried. They will be rushed. They will be forced. And we're used to that in this culture, but that's not great. That's not normal. And what effects does that have on someone for their life when they were forced to breathe or rushed or felt like people were scared or being impatient or worried about them unnecessarily? So that's an obvious one.

Definitely screening your care givers. Screen whoever is going to be there even your partner or work with your partner rather than screen. Doula, friends. Whoever is going to be with you at your birth. Who is holding fear around this? Because you don't want

people holding their breath at that moment. You want people to be as relaxed as you are and know what's normal, and that's a lot to ask. I realize. But that's ideal. And if anyone of those things is sort of out of order, then yes. You may influence your baby's transition. And it might be the more negative variety.

The state of the mom is a huge influencer of the way the baby responds. And I think that goes almost without saying because the mom and the baby are intrinsically connected. And they have been together up until this moment. So in all the ways that that might mean a faster transition or, possibly, even a slower transition, we couldn't even go into all that. It's just each woman kind of has to know for herself how she is connected to her baby and all the things she has going on or has worked through, and everything else we've talked about. Her own birth, her care providers, her own fears, her knowledge about the way normal birth works, about the way a normal transition looks because if we don't know as the birthing mom what a baby looks like when it's born and how they transition or how their color may change then we might freak out. And our own fear can be a hindrance to our own baby's transition. So definitely, if we can avoid that, we would like to do that.

Along those same lines is sometimes there's just karma stuff. There's just relationship deeper relationship stuff between all kinds of people. Maybe it's the mom and the partner. Maybe it's the mom and the baby. Who knows? So in other words, despite our best efforts, despite all the work we do, despite all our knowledge sometimes things still come up in birth. Sometimes there is a complication, right? Sometimes a baby won't breathe or will need help. And maybe it's not explainable really by any other way. It's nothing wrong with the baby, whatever. It's just that's the story. That's the story that needed to come in for whatever reason. And nothing is without accident. That's my feeling about things. But it's hard to accept having been there myself. I know that.

Let's see. The baby's own pace. I should have said that nearer to the top only because it's so important. We actually have no respect culturally for the way that a person transitions to life on this side. And, again, it's because no one respected us, and we don't know what that's like. And so we would rather just pass down fear and miseducation than work it out. Most people. Not you listening to this. But in general. So this baby has its own time to be born. Its own pace. And most babies, of course, as we know are already being rushed and poked and prodded and waters broken and induced and all these things. So what do we expect? How do we think that affects the way they'll take their first breath? No one else is talking about these things. You're never going to see research done on babies that are induced and their spiritual transition to life. Nobody cares. So we need to care for our own babies and realize that there is a pace at which babies transition. And yes. I mean the disclaimer is always duh. A baby that isn't transitioning well might need help. And so go for it when they do. You don't want to not help a baby that needs it.

But most babies—and this I want to put in bold print somewhere. So if you're talking notes, star this. Most babies have a transition that may be upsetting—or no. Most babies don't. Many babies have a transition that might be unexpected by others or not understood. And with almost every baby, even the ones that seem to be struggling with transition, it's almost always a lack of patience. And I don't say that lightly. Because again, we're not going to stand by and watch a baby that needs help just figure it out because sometimes they don't. And that is unnecessary to have knowledge that we could use to help someone and not. But that is not even the statistic that we're taught. We know that most babies don't need help and very few do just minimally even by stimulation. So I didn't make that a very exciting thing to star on your notes because I kind of screwed up saying it. But my point was babies transition at their own pace, and most of the time what we actually need is patience. Most of the time what we actually need is patience, and 90 plus percent of babies will transition really well in their own time frame.

So this isn't a clinical call. I'm not going to get into what does that mean time wise necessarily. Part of it's a feeling. Part of it is knowledge that we have around neonatal resuscitation and all of that. But my point is that we're not robots, and it's not going to happen the same way for every baby. And yes, there are signs we can look for, but a baby is probably going to be fine when they're doing it at their own pace. So, again, back to the interfering, that would be really hard for a baby that was trying to do it and got interfered with or taken away from his mom. And we're all human, so sometimes we do jump the gun even with our own babies. Perhaps we might do something that isn't necessary. Or as a midwife, we might jump in, and we didn't need to. But we don't know all the time what's the perfect answer. We just have to go with our intuition and our knowledge and try and not have regrets. But one more time, I think that having patience is probably the most important factor. And most of the time, if the transition is slower than we would expect or want, it's still happening. And it's not a problem. So that's super important. We can't expect and shouldn't expect all babies, even at home, to burst out of the womb crying and pink. It almost always has some variation. And that's really important to acknowledge.

And like I said, if you're not someone that gets to see birth, then I understand. It's hard to know even what you're talking about. So watching birth videos, and we have a ton on our *13 Moons* class, for example, I think is really helpful because you really do have to know what's normal unless you're just feeling so super connected to whatever your baby would need in the moment which I think is also a really valid and cool way to go about it. Karen Strange talks a lot about the baby's experience at birth. So I'm not going to try and condense her teachings because she is really awesome and wonderful. We do have a couple of her webinars available on Indie Birth that you can buy and download. And so I would recommend doing that, if you're interested in her perspective, which is



super valuable and very much needed specifically about the baby's experience of birth. Because she really goes into that and talks about how they're feeling and all of that. And who else—again, who else is talking about this? Who else is acknowledging that this small human has an experience? Very few people. So I would totally recommend that as a great resource in exploring this in more depth.

If the baby does need a breath or help of any kind, extra stimulation, whatever, then, of course, we do that. And I do believe as mothers we are equipped to do that. Perhaps some of us instinctually, some of us really would love the knowledge base, some of us would access a combination of both. Again, Karen Strange's classes are awesome. And I'm sure most of you saw here on Patreon not long ago that there was a post I made about a lovely student/client of mine, Ashley, and we, together, published her couple birth photos kind of in a sequence and talked through in the post about how she gave her own son a couple breaths to get him started. So I've seen it with my own eyes. I know women can do it especially if they have someone calm with them. That can be really helpful although certainly women don't need that either in many cases. But it can be done. And if you're a midwife, I really encourage you to teach the families you work with to do that and when to do that and practice even with your students how that would look or what works you would say because they probably don't have the certification training—the parents I mean. So if we want to support people in doing that, then getting to the root of how to do it and good technique and all that can be really helpful.

And, of course, we're reiterating again that very few babies need it. That we're respecting this transition. That we're understanding it's a spiritual journey as well as a physical one. We're understanding we're not in control, and it's not really about us as the midwives. We're understanding that there is a lot of stuff going on at that moment of birth. Many—much of which we won't understand and can't understand because it's not ours to understand. But yet, we can maintain this deep and solid trust that we're all here breathing, so it must work pretty well. And I think just remembering that is great for all of us. It's not hard. We're instinctually made to do it this way. And so in the best manner, there is not a lot to do, and there's not a lot to fear. And it's really, I think, best to hold that energy rather than fear for all the reasons we've talked about. So if a baby does need a breath, I think I was going to go down this little path. Then afterwards, if it's our own baby, then we're going to probably be a little freaked out, or maybe not. Maybe we're really super calm, and that's fine.

But most people are sort of taken aback if a baby were to need help breathing especially when midwives or doctors or whatever pull out the bag and mask. I have to say I don't have a love of that contraption. I think if a baby truly only needs breaths then we are set up perfectly as other humans to do that and taking out a bag and mask is really scary and wastes time and all of that. But to each her own. I understand the health concerns and why people do that. But anyway, so this baby needs help and

maybe it's our baby. Maybe we're the midwife. What's the after care, right, so to speak? So I think there is definite physical care making sure, of course, that the baby is continuing to do well. The heart rate is normal. The color is normal. The baby is nursing. All of that good stuff.

And then, again, spiritually, emotionally talking to this baby, or the mom talks to the baby. How was that for you, baby? Did you need help? Was that scary? Or how are you feeling? And, of course, the words aren't going to come out from the baby's mouth, but cries often do. Sometimes babies that have gotten a little bit of help have a good cry after birth, and it feels like they're really saying, "Hey, that was hard." But it happens. And as more mature humans, we can hold space for just that. Great. That's fine to express that, baby. I bet that was scary. And even in Anne Frye's second book, *Holistic Midwifery 2*, she does talk about that a little. Asking the baby these questions. And yeah. Basically, acknowledging that if you were that baby and if you truly needed help, that you really might have a couple seconds to minutes of fear where it felt like you couldn't breathe. It felt like you were supposed to do something, and you weren't doing it or whatever. However that felt. And some of us even as adults might be able to access those feelings as I discussed if you were one of those babies that truly needed help. That that could be really scary. I can't think of another word. Really—what's the word? Yeah. I mean scary is just what comes up first.

But that's not to assume, right? It may not have been that. But giving the baby a chance to release emotions and the mom because this could have been a big deal. So I'm sure there are other modalities and ways, if it really was serious. If there was a full resuscitation, for example, other ways that you could imagine to support this mom and baby assuming everyone is, of course, fine just in the trauma of being scared or needing breaths or whatever it was. Although like I said, not funny—it's not funny, but ironically, billions of babies are being born all the time with no attention to the typical trauma they're experiencing which is just normal birth in a medical setting where no one understands. No one lets them do this on their own time. No one lets them get their blood supply fully. And so that's another worthy path as maybe addressing those traumas and those babies. But as I said, addressing it in ourselves with our own births is probably the first step with that.

Let me see if I have anything else. So okay. One more little subtitle, what can we do whether we're the moms or the midwives? A lot of this overlaps. What can we do to assist the most healthy transition for our babies? Well, obviously, we've covered a lot. Having an undisturbed birth, if possible, having someone that respects your process, being healthy, not having any major factors that might influence how a baby transitions. For example, a severely preterm baby. Probably going to have some trouble breathing. So let's do what we can do eliminate the obvious health factors and then go for the most normal, natural birth at home with a care provider that understands and is willing to be

patient. Let's educate ourselves, as I've said, so that if our baby does need help we know what to do. Let's—this goes for the moms, I think. Let's make sure we're following our own cues at birth. So even if you have a great midwife there, follow your own cues. Follow your own positions that you feel like your body needs to be in. If your baby needs to come shooting out before the midwife gets there, then go for it. If your baby is asking you to slow down, then slow down.

So that's funny. It's not really a rule. It's just listen to your body. Listen to yourself because you're there for listening to your baby and respecting the speed at which, say, the birth needs to happen which allows, I think, the transition to also happen at a really natural pace. And that's what we're going for. A natural pace. The organic pace of this baby coming earthside. That's how we're all different. It's the first way we're all different is the pace at which we come around to breathing. Again, know the basics of giving the baby breaths or stimulation. Other tricks like having the baby lower than the placenta or milking the cord, for example. There's all kinds of little tricks if needed even if someone were having an unassisted birth that they could assist their own baby in getting the perfusion. Sometimes that's the case. The perfusion needed to begin breathing. Some babies are just kind of shocked. And I don't think I mean the same kind of shock that you'd get from having your cord cut and brought to a warmer. But just a more of physical kind of shock from being born and a spiritual shock perhaps of not being quite in your body yet, right?

We talked about the soul coming in. I really believe with my son, Rune—he's perfectly healthy. But at that moment when he was having trouble transitioning, to me, and even in hindsight, it totally felt like he just wasn't in his body. So sometimes that happens. And what can we do? What can we do? We can call our babies in especially if they are our babies. And we just maybe are left with that experience and that understanding that sometimes babies are sort of surprised they've been born which sounds like a funny thing to say. But I've definitely seen that.

Patience. So just reiterating that because I think it's a great thing to say 100 times with a really annoying disclaimer again that we don't have too much patience if someone needs anything. And as Karen Strange would say and as she definitely teaches, it's not a big deal in the biggest picture to give a baby a breath. And I have mixed feelings about that. I mostly agree. If a baby needs a breath, it's not a big deal. And if we can do it mouth to mouth, even better. If the mom can do it, that's even better. And that's great, right? We're actually helping, and this baby needed help. So proceed to the discussion about after care. But I guess where I'm not 100% necessarily is that often providers do jump the gun. And giving a breath may not be harmful in a physical sense, but it might be traumatic. And it might have interfered with something. And it might have caused some psychological damage. So I totally get what she's saying, and Karen is the expert. So I'm not trying to re-teach her stuff. And I know what she's saying. She's saying it's not

a big deal to give a baby a breath. It's not going to hurt anyone. And that I totally agree with.

So getting more comfortable with these ideas, if you're somebody that wanted this information, the person that wanted this podcast—I don't remember who it was. But I hope this has been helpful. And I hope we can just all continue to learn from each other and share these experiences. And as part of this community, reacquaint ourselves with these normals more often and keep talking about them and pass it on to other women. Thanks for listening. Have a great day.

(closing music)