

(introductory music)

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

MARYN: Welcome to Indie Birth's series of podcasts, *Taking Back Birth*. Hi, Maryn here. It feels like it's been awhile. I don't know that it really has been awhile. I think I recorded the last couple of podcasts close together and then didn't for awhile. So I had some kind of break there. I hope I enjoyed it. I don't even remember why so much time has passed, but it's so good to be back here today and for you to be listening with me and learning about the first hour after birth. Super excited to dive into this topic, review some studies, talk about really great information that's out there. And then I'd love to bring it back to how we can use this information whether we're birthing at home or if you're a midwife and you're attending births. How we can use it to really do better. That's usually my goal.

So before I launch into that, Indie Birth Midwifery School is accepting applications for start July 2020. So if you've considered checking out our school or maybe you have checked it out—maybe you've even applied before, we would love to have you apply in this early application round. So from now whenever you're listening as long as it's before December 10, 2019, you can still submit an application. So go to indiebirthmidwiferyschool.org to get more information. Virtually every question you have can be answered there and by our email virtual tour and also the link to apply is right there.

So from there I'm going to launch into a very brief soapbox just because I can. And things come up just day to day, and I feel like this is sometimes the place to say them although I have no problem saying things elsewhere like social media, et cetera. However, many people aren't involved in all that and so on. So what's my soap box for the day before I get into the hour after birth? My soap box for the day would be to find your own voice in this world and to follow whatever that path is that you feel like you should follow. To be blunt, I'm really tired of women policing other women. And I need to get over being tired about it honestly because, in the end, I'm not quite sure it actually matters. But it definitely is something that makes me angry honestly. It definitely is just kind of triggering. So this looks a million different ways. Maybe you want to have a free birth or something along those lines with your birth choices. Does it drive you crazy too how women are out there in the world proselytizing about why you can't? It's so interesting to me.

So our own uncomfortableness, our own restrictions, we all have those things. But to take it out in the world and tell another woman that she can't do what her heart is

leading her to do is so crazy and is the patriarchy at work. So that also comes in when we're talking about midwifery schools, and people want to tell you how you can't do it. And these aren't doctors. These aren't men. This isn't anyone that you would expect to be having this reaction. These are other women. And they might even be birth workers. And they might be even more radical in some ways. But heavens, don't say that you'd like to become an independent midwife because from some people all you'll get back is, "You can't." If you live here, you can't. If you live there, you can't. If you don't do this, you can't. And people are missing the point. There might be a can't to them but don't put your can't in someone else's field especially when they're encouraged and passionate and inspired. Your own limits can continue to be your limits. But it's just a really ugly thing women do to each other. And the policing has just got to stop.

Of course, that's overall the culture we live in. Everybody thinks everybody should tell each other what to do and how to live their lives. So it's pretty far reaching. And honestly, when I see it and I'm exposed to it, it's very unconscious. So I'm being bold here because who knows? Could be someone listening that's like, "That's not me. Oh wait, I am one of those people that believes—oh, I live in this state, so I must go to this sort of school. And I can't. And I won't. And blah, blah, blah, blah, blah." Just keep it to yourself. And if that's truly your path, then follow it. Who cares? Right? I'm not going to comment on that. But I guess the positive place to land with all of that is that women that really know what they want whether it's a birth a certain way or a way they want to serve women they are not easily deterred. So that is my hope for every person that's out there trying to police another woman and tell her how impossible her dream is because she might get in trouble, I say, "Who cares?" Right? Who cares?

And of course, if you're someone that is also saying that, you know that there's deep work under there. And that's not what this podcast is about. But when you say who cares and you say, "I want a different world," then you start walking the path to change yourself and, thereby hopefully, effecting some change on the world. I mean that's the only chance we've got really. So thanks for hearing me vent today. If you fast forwarded past that part, don't necessarily blame you, but I do think it's something—not that we all need to get angry about. I mean really that doesn't help anything. But just the awareness. Just the awareness for all of us that we do that. And sometimes it's just a thought, "Oh, she can't do that." And sometimes it's more than a thought. It's people really getting out there and making sure everyone knows the quote on quote right way to do something. And there's nothing worse. Midwifery, birth. Then you get into mothering, right? And I think we're all familiar, if you have children, how crazy the world is about how we should mother and all the choices we should make.

So just remember, if you have been one of those people, we're all like that in certain ways. But it's realizing that it can be detrimental. And if we really need to voice the

right way, then I don't know. I think when I feel that way I have to also look at what I'm doing and say, "Do I really think mine is the only way?" I mean midwifery is a great example. Do I think being an independent midwife is the only way? Yeah. On some days, I do. But ultimately, no. Each of us, we're smart enough. We can be connected enough and wise enough to listen to ourselves. And so if everybody was doing that, we just wouldn't need to talk to so much, right? And here I am talking. So that's the spiel.

Now let's get right into the hour after birth. I love this topic. Of course, I love all things birth but just the pure visual around the hour after birth is beautiful. So whether you've had a baby or not, you've seen photos. And if you have had a baby, you know the amazing way you feel hopefully. Just with the oxytocin, and it's so relieving and exciting to be on the other side. And, of course, that first hour captured in photos, and I have a couple videos of my last few births. So precious. Some of the most gorgeous images to ever be photographed, to be painted, to have other art made in honor. It's endless because there is something just so captivating. About that period of time.

So I want to talk a little bit about the first hour after birth from all kinds of perspectives. Now first of all, there's a really excellent article out there in the world that you need to just go Google right now and print out and read at your own pace. I probably—I have it up in front of me, so I probably am going to reference some of it. So anyway, and the article is *The First Hour Following Birth: Don't Wake the Mother* by Michel Odent. And if you don't know who Michel Odent is, find that out first because he really is a brilliant man that has shared so much wisdom and science with the world around birth. This article, at least when I found it, appeared in *Midwifery Today* online. So I am pretty sure it's a free article, and you should be able to get it. It's a beautiful, beautiful article just about how the first hour—and I'll quote him—is undoubtedly one of the most critical phases in the life of human beings. It is not by chance that all human groups have routinely disturbed the physiological processes in this short period of time via beliefs and rituals.

So that's exactly what I want to talk more about today. I want to include some other resources and talk about how culture really has changed this first hour after birth. So if you are able to access the article, he goes through—let's see how many—12 perspectives on the first hour following birth. And I don't really need to sum them up because he does a really fantastic job. Just to give you heads up, if you don't have the article in front of you or you haven't read it yet, something like the need to breathe by the baby. Obviously, that's a huge change. So on every level, our physiology is different whether we're the mom or the baby. We have had enormous things happen from the moment of birth to within this first hour. And if you just think about it like that, wow. What an initiation. What a spiritual initiation. All the spiritual analogies come to mind, right?

Crossing the threshold. Crossing the veil. There's so many spiritual ways to try to make sense of the huge changes. And, of course, the changes are also happening physiologically. I did do a recent podcast on the spiritual transition of the baby, so I'm not going to go into that. Obviously, there is the hormones and how those all switch and change kind of stemming from the fetal ejection reflex, which is hopefully how the baby gets out. All of the cascade of hormones that happen from that point. The beginning of lactation. So Michel Odent calls this perspective 4. And this is kind of where I want to focus today.

Funny enough in all of my podcasts, 150 plus, I really have never talked about breastfeeding. Hmm, interesting. There is probably some reasons for that. And without going down a total tangent rabbit hole and sharing things that really aren't relevant, I personally haven't experience a lot of issues breastfeeding. And if I'm being really honest, it's really not an area of passion for me. It's interesting, and I think it's so important. So maybe this podcast has inspired me more than I was to consider the first hour as the start of breastfeeding from a much more serious and researched perspective, which I think I needed. So happy to be in that place. I'm kind of skimming what he was saying.

He is saying that the perspective of beginning lactation is a pretty new perspective, and I don't know that I knew that. Or more accurately, I don't know that I've ever really thought about that. He kind of goes through how in recent centuries, even a century ago, that the baby had its cord cut away even during a home birth. And things like dressing the baby, washing the baby, they were all more important than lactation getting started. So that's so interesting. Certainly, I think we like to imagine that way, way long ago—maybe we have these idealized views sometimes of how birth used to be. I know I certainly do. But I imagine that there was a time when it was really instinctual. I mean how could it not have been. It probably has a lot to do with birth attendants of all sorts being a more recent addition, and I will go into some research around that because it's super interesting. But in other words, the first hour as the beginning of lactation is a new idea recently new. Again, not to say it wasn't this way long ago. But since we sort of don't know, it wasn't this way probably when our grandparents birthed or even before them. It was not important.

So it's maybe coming back, we could say. Maybe it's resurfacing as an important component of that first hour. So we are going to talk about that. Before though, I'm just kind of skimming the rest of his perspectives, and I don't think I want to go into any of those today because he really does a great job. So he talks about metabolic adaptation, right? So temperatures and the bacteriological point of view, so how a baby gets colonized. I mean it's all such fantastic and brilliant stuff. So totally look up that article. I'm probably not going to read from it anymore, but it is more than worth reading.

So let's talk about this breastfeeding within the first hour idea. Now that I'm considering it, I'm reviewing, I guess, my own births. And to be really general, I definitely have known somewhere in my body that this was important. Most of us understand that even creating uterine contractions after birth to expel the placenta, that happens on its own really. We don't often need a baby sucking at our breast but just having the baby close can help especially if someone is needing that. Maybe they're bleeding. So I have always recognized or nearly always recognized the importance of getting the baby close to the breast. But that is not breastfeeding. That is just a baby close to the breast. Along those lines, most of us would probably say, "Yeah. It's not surprising that the mom should be naked." Or at the very least not have a bra on, and the baby should be skin to skin. No blankets. No hats. Just rawness. So yeah. But, again, that's not breastfeeding.

Hmm. So let's talk about the baby actually latching on to the breast for the first time in this first hour and why that is super important. I'm going to backtrack again just a tiny bit to give you some of my perspective in my own training. So I did a couple of apprenticeships, as many of you know. And my first apprenticeship my preceptor was super into breastfeeding. Like she breastfed all of her kids. She often had her—one of her own babies on her breast much of my apprenticeship. And she was—yes. Very supportive of getting women started early. So I was exposed to that. However, as a student—or maybe this was more as a mom, there was something that felt really pushy about it. So I'm not saying she was pushy. I don't really know how the moms in her care felt. But I felt like it was pushy. And sometimes, as a student, she would kind of push me to push on them meaning like, "Go help her with breastfeeding and sit there and get the baby's latch correct." So it was really hands on.

And, again, it was just—not invasive, but it felt like we interrupting a bubble. So, again, I'm going to reference some research around that because I don't think what I felt was completely wrong. However, I think maybe I internalized that to want to stay a lot more out of the way as a midwife. So to be a lot less hands on with breastfeeding especially in the first hour, to really assume—and I am definitely questioning some of my assumptions, which is always healthy. Definitely assumed that nature would take its course meaning you have a healthy baby, you have a healthy mother. They just had a probably pretty normal birth. The baby will do what it does, right? How many people operate that way? How many people think that way? Especially if they are birth attendants or doulas even. I don't know. I'm kind of asking. Do people feel that way? Because that's how I've always felt.

And there definitely are other people in the world that feel that way because there is controversy over this exact subject. Do we kind of micromanage a baby getting on the breast in the first hour and kind of risk stressing out the mom. And maybe she is tired. And she also needs to eat, and the baby maybe wants to sleep because we know

babies do that as well. Kind of after the first hour though really. Or another perspective is kind of what I described which is babies crawl up to the breast. We call it the breast crawl, and women don't need help. They don't need training. They don't need any of these things. The baby, when it's healthy, knows just what to do and is going to figure it out. So like everything, there really isn't—I don't think—an absolute. An absolute. I'll just stop there. I don't think there is an absolute. I can see both perspectives, and I think today what we're kind of going to be doing is combining those perspectives to be the most physiological for mom and baby and especially a healthy mom, a healthy baby, a baby born at term.

And truly, my experience is in home birth as everybody well knows. But no reason that you couldn't adapt this information for hospital birth as well because all places, all providers, should be supportive of honoring this first hour after birth. And, of course, some need more education than others as well, but I'm learning a lot too. So I'm not going to criticize anyone's lack of education in this area today. Undisturbed third stage of the placenta has always been something I'm super passionate about. In fact, we have a webinar through Indie Birth on that. So I guess that's kind of where my brain goes too. It's revolutionary in a lot of circles to talk about placenta birth being kind of at the mom's whim within boundaries and guidelines, of course. That she's healthy and not bleeding and all of that. But letting the hormones work it out and not, literally or figuratively, pushing and pulling to get it done. So I think this is similar subject matter.

So the nursing babies thing in the first hour. Babies do indeed, again normal healthy babies, full term babies, they have the instinct to nurse within the first hour. So how cool is that? I mean really that's very simple information that, again, I don't feel like was new to me, but kind of because as you'll hear perhaps that instinct lessens after the first hour and then, for sure, after the first day. And it kind of continues. So it is possible that even a normal, healthy baby born at term if nursing isn't initiated sort of immediately that that must go against the physiological process somehow because it becomes harder and harder for a baby to latch on. And the health benefits as we'll see lessen as well. So so interesting that our instinct to nurse actually lessens as time goes on.

And in full transparency, I've had at least a handful of clients whose babies haven't latched on. Definitely not in the first hour. Not even in the first 24 hours. And there's definitely information and experts out there as well that say that's okay. So again, I don't know that I'm saying that's not okay. I'm sure there are circumstances where it's fine. And in fact, the clients I can think continued to have healthy babies and have nursed a long time. So of course, this isn't every baby that's affected necessarily, if they don't nurse right away. But definitely experts out there saying all kinds of things. So I've been confused, and I guess this podcast is kind of a result of wanting to hone in on best practice for the environment I work in because I want to do the best and be the best support for these moms and babies and really give them the best information and

the best preparation. I think I'll talk a little bit about how, if we are going to support the first hour after birth for the initiation of lactation, then I think we really have to educate people better for a bunch of reasons.

So I do have some studies to kind of talk about. And I'm not a study person as anyone probably knows. And by that, I mean those are not my bread and butter. I wouldn't personally probably make a decision just based on something like that, but I also am a nerd. And I love reading things even if I don't understand absolutely every part of how a study is conducted. But I thought these are particularly interesting, and I'm always on the lookout for quality information to put in our midwifery school because those courses are constantly being updated and renewed with new things that we find. Because we just want to have everything in there.

So there are two studies—or actually three I'm going to talk about. And I'll link them in the text of the podcast because if you're interested it really would be best, of course, to go find them and read them. And maybe you're better at studies than I am, and you'll get even more out of it. I'm kind of just highlight what I want to highlight. Okay. So the first study is—excuse me—*Breast-Feeding Patterns, Time to Initiation, and Mortality Risk Among Newborns in Southern Nepal*. And there's a whole bunch of authors, but the main is Mullany. Luke Mullany, et al. You can look up that study. It's a pretty well known study. And let's see. The gist is in Nepal they were already doing some kind of study on vitamin A supplementation, so there was a bunch of in home visits conducted with newborns. And they decided that they were going to take on this breastfeeding question, which basically came down to if breastfeeding is initiated within an hour after birth what are the effects.

So I, obviously, can't read the whole study. That would take me years. But if you want some numbers here, kind of the wind up was, "Approximately 7.7 and 19.1% of all neonatal deaths may be avoided with universal initiation of breastfeeding within the first day or hour of life respectively." And basically that community based breastfeeding program should focus on this even though often the focus is on supplementation or extended breastfeeding or exclusive breastfeeding. And this study goes into all of those things. So for example, supplementing with things that are non human milk also resulted in a higher mortality rate. But the point I want to make with this and the next study is that there actually is an increased risk of death to babies when they are not breastfed within the first hour and then within the first day. And like I said, the statistics kind of change as we get farther and farther from that first hour.

The second study is called *Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality*. And it's Edmond. Karen Edmond is the lead author of that study. Oh, and I switched them as far as the vitamin A supplementation. So sorry. See what I mean? It's not terribly important for what we're discussing. But this study, Edmond, et al—this

is the study where they were already doing an ongoing maternal vitamin A supplementation trial. And this one takes place in rural Ghana. So similar results here. The results are breastfeeding was initiated within the first day of birth in 71% of infants and by the end of day 3 in all but 1.3% of them. So 70% were exclusively breastfed during the neonatal period. The risk of neonatal death was 4 times higher in children given essentially nonhuman milk. There was a marked dose response of increasing risk of neonatal mortality with increasing delay in initiation of breastfeeding from one hour to day seven.

So let's see. Yeah. Promotion of early initiation of breastfeeding has the potential to make a major contribution to the achievement of the child's survival millennium development goal. 16% of neonatal deaths could be saved if all infants were breastfed from day one, and 22% if breastfeeding started within the first hour. Now granted, Ghana is not the United States. Southern Nepal is not Canada. Like obviously, there are different needs and different risks of being in certain populations. And overall, probably we are a lot healthier and our babies are a lot healthier although that's another discussion not for today. But please access those studies if you're interested in learning more. Even if it isn't completely relatable perhaps, again, just differences in culture and that sort of thing. It had an effect on me. It really did. Because I guess as I mentioned, I really didn't consider things like death. We all know it's better to nurse earlier. It's easier to get a baby to latch. They're less tired. It's easier for the mom. We know it usually helps create a better relationship.

But I had never thought about the mortality risk with waiting. And, again, how does that look in our culture or amongst people having home births? Certainly, it's going to look a little different. But the benefits of colostrums are not changing from culture to culture. So after 24 hours, there are no immunoglobulins in colostrums, which is sort of horrifying. Is nature that cruel? It's not really something to laugh about. But colostrums does not stay rich of all of the things that a baby needs to develop an immune system and to fight off germs, if it's neglected. So that's definitely a reason why non human milk is dangerous. It messes with gut flora and all of that good stuff. But yeah. Again, after 24 hours, colostrums is almost—almost—and more science could be used for a fact like this. So you science nerds can look into that and get some more specifics on exactly what is left in colostrums after 24 hours. But I think that's pretty powerful. Pretty powerful.

So another element that I want to talk about—and with a podcast like this, I don't usually stop it and cut and paste. I'm kind of wanting to find a fact in here, but I can't really make you all wait. Oh, okay. I found it. So as part of the Ghana study, there is a little paragraph on early human milk and what it's rich in. So maybe I'll answer my own question here. "Early human milk is rich in a variety of immune and non immune components that may accelerate intestinal maturation, resistance to infection, and

epithelial recovery from infection." So no surprise there. "Total protein and immunoglobulin levels also decrease markedly over the first days of life. Concentrations are highest on day one, halved by day two, and slowly decrease thereafter." Another benefit—and this is related but not entirely is that breastfeeding sooner than later also keeps babies warm. So that's something obvious, but there are cultures where hypothermia is a real issue. And traditionally in whatever tradition and in whatever belief system, babies are not kept warm and are not put to the breast and actually die of being too cold. So that is also very surprising sometimes to hear those things and very sad.

So I'm going to move on to the role of the birth attendant in this whole issue. Obviously, I have vested interest in that, and I feel like so far the information has been really straightforward. Nursing within the first 24 hours is the most beneficial, and it gets less beneficial thereafter. So I want to talk about—yeah. My own role in this, changes I think I want to make to really support this in a way that feels good to people and to myself. And this third study actually came about—and it's not really a study actually. It's a thesis paper that someone did for National College of Midwifery. And I came across this information when I took a course recently through Mercy in Action called *Global Midwifery*. So I do recommend that course actually. I thought it was really fantastic.

And so the person that shared their Master's thesis within this course—so I really don't know where else this might live is someone named Amanda Penwell. And I would guess she is related to Vicky Penwell who runs Mercy in Action. I'm not really sure if that's her daughter-in-law or what. And in any case, it's a really great paper. It's a really great Master's thesis. And so the name of her thesis is *Is Birth Attendant a Risk Factor for Delayed Initiation of Breastfeeding and Nonexclusive Colostrum Feeding?* I'm just going to read the first two sentences to set it up for you. "In the developing world, there are low rates of early and exclusive colostrums feeding. The World Health Organization estimates that less than 50% of newborns in the developing world experience early initiation of breastfeeding. Early initiation of breastfeeding is defined by the World Health Organization as breastfeeding within one hour of birth."

This is a 40-page document, so she goes on to summarize the studies we've talked about already today. She talks about some cultures local to where they have their birth center in the Philippines, I believe, where different indigenous groups of people have different beliefs. So as I kind of touched on just a couple of minutes ago, there are traditional beliefs when babies are born that aren't always the most beneficial to them. So something like a baby getting cold. Or yeah. I mean another example of a baby getting cold. In some cultures, the baby is born. They put the baby down on the floor, which is often really cold or maybe it's mud or whatever. And they don't touch the baby until the placenta is delivered. So I am not an expert in different cultures. That was a

really great part of the Mercy in Action course. Their birth center is in the Philippines, as I said. So just getting more perspective on the fact that we're not talking globally about birth in the way that we are here necessarily. Our privilege of birthing the way we do, most of us in the western world, is completely foreign, of course, to many cultures.

So anyway, to get back on track, she is looking at is the birth attendant a risk for delayed initiation of breastfeeding. And you'll see—I'll share with you kind of what the wind up is here because it's super fascinating. Sorry. Be patient with me. This is many pages, and it was hard to separate it all out before I got started today. Okay. So I'm going to quote this thesis again by Amanda Penwell. This is not my writing. So she says, "It is very interesting to note that the education level of the birth attendant seemed to correspond negatively with breastfeeding outcomes. The doctor, with the most years of education, had the worst breastfeeding rates followed by the government midwives. Finally, the people that had no birth attendant had the best breastfeeding outcomes of the control group." Hmm. So that's humbling, isn't it? That's really humbling.

So she says, "Clearly, birth attendants and their practices do have an impact on breastfeeding." And she is talking, again, specifically about the rural area of the Philippines. But I think that's true no matter where you are. So, again, that brought me back to kind of what I'm thinking and what I'm doing and what I'm supporting and what I am teaching because I don't want to be in there in that statistic group of having people actually have more problems than they would completely unattended. And I don't doubt it, in a way, because there is so much that care providers can add just to the simple energy of the environment that could make it really hard for people to focus or they feel watched. So it's exactly kind of how I started out this podcast with my own experience where it felt wrong to force someone. It felt wrong to help them hold their baby and hold their boob and get it done within this period of time. That didn't feel right, and I think this study I just shared reflects why that feels wrong because too much intervention, too much hands on in that first hour, is completely counterintuitive to all the other ways that mom and baby are adapting to each other.

But the other side of the coin is do nothing or teach nothing or support nothing. And you don't want any of these babies to be a statistic because you didn't support breastfeeding earlier. I mean ultimately it's up to each of us as women to do that. But I've seen it even at home births. Some sort of easy simple looking births. And then I think it's more typical that after a really long birth, for example, people are exhausted. And maybe breastfeeding just doesn't even feel like the normal, natural thing to do. So it's a hard balance to take into account all of these things whether you're the woman, whether you're the midwife. What's the right thing to do?

So I think these studies definitely help show us a piece of what the right thing to do is. But then, of course, in our culture, what are the liabilities? What are we doing in our

culture that are keeping moms and babies from accessing this intuition and accessing this instinct? Because to me, that's what must be going on. I mean people haven't changed too much. And now that we have science and we can do this kind of study and say, "Hey, a baby is at higher risk of dying if he doesn't nurse within the first 24 hours." We're not saying that to scare people. And in reality, again, healthy mom, healthy baby, it's not necessarily likely. You're not saying your chance is this and this. We're not even saying that. We're just saying, "It's better to get colostrums in the baby sooner."

So I really enjoyed thinking about this in our own culture because the studies I shared were not this culture, western culture, the culture that I live in. So it really got me thinking. Okay. When I am attending births—and I might have to think about it differently if I was the one birthing. But I started my thought process by imagining attending a birth. And I thought, "How can I support this differently? How can I not be so relaxed and maybe a baby doesn't nurse for 24 hours? And how can I not be too much and pressuring them? And it's too stressful and too intense." So I came up with a couple things and thoughts are always welcome. I think first of all education is really necessary. And I did touch on that. But I just want to talk about it a little bit more. So we do provide education, at least here. We do. I don't know about other people in their practices.

Certainly about the undisturbed birth process and then the undisturbed physiological—excuse me—placenta birth because I don't see, and I haven't seen, that women are really connected with the deep wisdom around birthing a placenta. They're just sort of not because we don't see it. We're not exposed to it, et cetera. So I don't think there is anything weird about preparing someone, teaching them. This is how the body works. This is what will happen. This is what you might feel and having them practice that, having them even simulate holding a baby and birthing a placenta because when our minds understand things I do think that's beneficial. And we can't rely on a woman necessarily wanting to take in lots of information during her birth process, right? That's why we tend to do it before. I don't want to review all of this education with someone that has just had a baby. I feel like that's not appropriate and wouldn't even be effective because she just won't even take it in.

So the preparation is really great. I always say program your brain because this isn't something you're going to think about intellectually. I want you to visualize, and your baby coming out. And your baby adapting and breathing and all the great things and looking into your baby's eyes. And feel it and see it, and birth this placenta. Imagine that you feel it on your tailbone and blah, blah, blah. It comes out into the bowl, and you're all done. So it's creating these neural connections with this is the birth process. So why don't we include this? I know I'm certainly going to from now on. I'm not going to stop with the birth of the placenta. I'm going to talk about this entire hour and how

after the birth of the placenta the baby will probably want to nuzzle. The baby will probably want to get set up with a comfortable mom, as much as possible, so that the baby can nurse and educating people as to why this first hour is so vital and how babies really are primed. I mean the instinct that they have is not something I've missed. And if you've attended births, you probably haven't missed it either because the baby for the first hour really is present. They're looking around. They're not usually really even crying, but they might be a little bit. They might be choking out mucous. They might be grabbing fingers. I mean the babies are really alert in a normal situation.

So why wouldn't we take advantage of that? And, again, it's not forcing. Or at least, that's not what I'm imagining. So if a mom knows all this, she's kind of doing all the right things. She's skin to skin. She's warm. The baby is warm. They're relaxed. Everything is perfect, and the baby doesn't latch for some reason okay. I mean we have to be adaptable, and it's not about shaming someone for not nursing within the first hour. Just explaining and educating that this is absolutely healthy. It's absolutely instinctual and normal and maybe just will happen without little effort. I have noticed, and perhaps this has been part of my own avoidance of breastfeeding podcasts, (a) it's not a passion of mine and (b) there's a lot of breastfeeding problems even in my circles or our circles. And that's another topic for another day. But I wonder how easier it would be for many women if they were educated about this first hour, and they made significant effort in their planning, in their preparation, and at those moments.

So I do want to talk about how our culture is very unsupportive of this first hour and possibly how I've contributed to that as well as a midwife. And I can definitely give examples from my perspective as a birthing mom. But let's imagine. Maybe you've had a baby recently. No matter where. Hospital, home, whatever. Maybe you've attended a birth recently. Doula, midwife, whatever. Baby is born. Usually, people are pretty anxious about the placenta being born and then, "Whew," right? Everybody is stable. I mean everybody is happy. It's good times. What normally happens? Hmm. Well, I have my answer. I don't know if you have yours. But I'll tell you what I normally see. What I normally see is yes. A relief and almost like a desire to celebrate, which I think is perfect normal and natural. Possibly a desire to sleep. And just the way our culture wants to force us back into life.

So one really great example that I think will hit home with many of us is people picking up their cell phones. This can happen within seconds of birth. And, again, I'm not criticizing it. I've seen it. I've picked up my own phone after my own births probably within the first hour. So I'm not criticizing. I'm just now feeling like I have more awareness around why that is not helpful. I mean there is obviously a million reasons that that probably isn't good or helpful. But focusing in on lactation, what does it get in the way of? And maybe it's not the mom. Maybe it's the partner. But people are so excited, and they're pulling out their phones. And they're snapping pictures. And

there's an Instagram post within 20 minutes, and people are on the phone calling everybody they know. Maybe they're even Facetiming. And, again, these seem to be our normal cultural reactions.

So it's not about making people feel bad. But how can we educate? How can we prepare people for this and what they might be tempted to do? So I think it's a pretty obvious solution. Once we're aware of it. And, again, I feel like I have this new awareness of it. It's going to go into the prebirth education that the first hour is golden. I mean I've heard other people reference it that way. The first hour is golden, and the point is to initiate breastfeeding and be cuddled up with your baby skin to skin. And it makes me think, as a birth attendant, again, the things you're doing even we might be getting food read for her or who knows what. And it's not that those things can't happen. But are we supporting the baby latching? Are we supporting her just being in this blissful bubble encouraging her to not pick up the phone quite yet? Partners and family too. In fact, if there are a lot of people there, this can make it extra hard because this hour goes by really fast especially if it's a party atmosphere.

So, again, it comes back to preparing and planning. And if this hour is really special, how are you, the birthing woman, going to make it that way? Perhaps delay your visitors, right? So framing it that way. In other words, we can really do better, and I certainly can too. Can really do better framing this hour, this 60 simple minutes, as something that is completely special, completely never to happen again for this mom and this baby and really postpone the celebration. So I think that actually sounds kind of fun. I think just that you give people some boundaries for themselves to not need to get back because, again, the pull to text someone, the pull to tell people the baby is out in this immediate way that we available now is not helping us. And sure. These studies from earlier were from countries that have all kinds of health risks to their babies that we don't have. But most likely, they're not dealing with this. This cultural inefficiency interfering with physiological lactation.

So that is my plan going forward is to play with offering this information in a fun way and having people kind of create their own plan for this golden hour after birth so that they can really just bask in the bliss—I said bliss. I really did. I'm getting tired. Bask in the bliss of each other, mom and baby, and partner and just wait. Just wait for the rest of the world and wait for pretty much everything. And I'm not going to go into it more but the paper I referenced about the birth attendant kind of being a liability. She goes into specific, actual, written down, informed consent policy that they use at their clinic around this and how to prepare. So I think that's great. If you know the population you're working with, you'll know best kind of how to implement this information in the most positive way because really we just want everyone to be so healthy. And we want women and babies to get everything they need from the physiological process.

And, again, I think it's really humbling to think about how we think we know. And that's why I love questioning everything. There is always a place to improve. There is always a place where something like culture, something like Instagram, something like a cell phone has changed our culture. It has changed what we do, and we actually just stop thinking. We just actually stopped thinking that that was a problem because it's so normal nowadays.

I hope you enjoyed this information. This one was really fun to do. And, again, I'm super excited to implement some of this in my own work and see how that goes. My experience with anything like this is that women and families are the absolute smartest and most receptive, and I really learn from them. So I kind of come in with my ideas of how to make things better or how to help people have more amazing births. but ultimately, they usually teach me, and so I'm looking forward to what all those lessons are around this topic but have had a super fun time exploring it with you. So remember, check out indiebirthschool.org, and I'll talk to you soon.

(closing music)