

(introductory music)

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(music)

MARYN: Well, hello, everybody. Margo is sitting here with me on my bed. Reminded me of talking about Aero's birth. But we're going to be talking about Rumi's birth today, and I don't know.

MARGO: There's a new guy in town.

MARYN: It's true. So where do we start?

MARGO: I don't even know where to start.

MARYN: Hmm. Well, we released his birth story today on the blog. So if you haven't read it, then that would be good, if this were to make any sense to you. Indiebirth.org/rumisol. R U M I S O L. So it's quite lengthy, and I think I'm not going to retell the tale because it's all there in pretty good detail with some amazing photos. But the gist is, of course, we would have loved for him to come out right here on the floor or wherever. But that was not the plan. And so we went to the hospital, which in some ways I never thought I would do. And in other ways seems not like a big deal. I don't know. It depends on how I think about it. I think about it like a midwife or a birthing woman or—I don't know. It's kind of everything in my brain at the moment, but we're only three days postpartum.

MARGO: It's still pretty fresh. Yeah. For people who maybe don't know, what number baby is this for you?

MARYN: Right. So this is our tenth baby. And our first was born in the hospital, so I've done that. And that was on purpose. And then the rest have been born at home. And so here we are again with another Scorpio baby like the first. Another November baby like the first. And another hospital birth like the first.

MARGO: Yeah. It's so interesting. I don't know if this is the best place to start the podcast. But since the question popped into my head, like you said, it feeling kind of like not that big of a deal, do you feel like it would have felt like a bigger deal at other points in your birthing years?

MARYN: Hmm. That is a good question. Probably. And I guess I've had that experience, in a sense. I mean Rune wasn't born at the hospital, but he was a transport after birth. And yeah. I was just at a different point in life. He'll be 12, so it was quite some time ago. And that felt really traumatizing. So the fact that he was born at home and then transported didn't really even matter because it was very traumatic the way he came out looking and then the response of the midwife that we had. It took me many years to process that. And yeah. The transport was the best part because there was nothing wrong with him kind of like Rumi, and we just came home. But it was really hard to work through that. So I don't know. This might have felt a lot worse at that point in my life if maybe I had—I don't know what it is. Just different confidence or whatever. I mean at this point with Rumi's birth I know what my body can do, and I know what it feels like. And that's a really amazing gift of having so many babies. But I knew it wasn't normal for me. And so I guess I'll always ask myself the question, "Could it have happened here?" And I think the answer is definitely yes, but it's not the choice that I made. And I think it was ultimately the best for him. If for no other reason than it seemed like it's what he wanted.

MARGO: Mm-hmm.

MARYN: And I feel like I wouldn't have been as willing to listen to that years ago.

MARGO: Say more about that.

MARYN: Well, I mean I think there is a fair amount of our pride and ego involved especially as midwives. I think I've always had that thought. I need to have a nice birth, and I need to have an easy birth because women are expecting me to.

MARGO: It's my job.

MARYN: Yeah. And if I can't do that, what am I expecting of them? And I think that's a really immature perspective, but makes sense at some point in life. And I just don't feel like that anymore. I feel like we can do all we can do as women. And as midwives, we're helping women clear out their shit. And yet as confident as they can, but yet, there's still the part that there is another person involved, and I think it's really arrogant and—I mean I've been there, I think, thinking like, "Oh, well, we can control it more than we can if we just do this thing," or whatever. But I think a baby has what they need too. And sometimes it's to be born by cesarean whatever—for whatever reason. And I feel

like people have always asked me that like, “Well, how do we rationalize that?” Well, in the same way that they have what they came here to do. And so I felt like for him and his birth when we heard his heart tones sound not good to either of us it wasn’t really a matter of trying to rationalize why I thought I should stay here. I might have in the past. And I could see having gone down that now, but that wasn’t actually what happened. Like I thought, “Well, we should have just—or we could have listened more or try different position.” But I knew in that moment what he was asking me to do.

MARGO: Yeah. Do you want to say more about that? I don't know how in detail you want to go. I'm sure people are wondering what did that decision look like.

MARYN: Right.

MARGO: Was it like an instantaneous thing? Was it—yeah.

MARYN: Right. Yes and no. I had been listening throughout the whole bunch of days of this wonky labor and, of course, prenatally. So I felt confident about connecting with him in that way and not just what I heard with a number but how that feels when you listen.

MARGO: Mm-hmm.

MARYN: And you can just kind of get a sense especially with your own baby, are they okay? What are they trying to tell you? Are they sleeping? Are they—whatever. And so I had listened earlier in the night, and it sounded like his normal. And every time I listened, I felt so reassured. I was like, “This is fine. There is nothing wrong,” because I had had this sort of ominous feeling the whole time.

MARGO: The whole pregnancy or the whole—

MARYN: Well, kind of the whole pregnancy. Yeah. But especially in the labor with the waters open, and labor just stopping for a whole day. I had to keep reassuring myself nothing is wrong. It's just—

MARGO: Nothing is wrong right now. Yeah.

MARYN: Nothing is wrong right now. Right. It's fine. And every time I listened I felt happy, and I was like, “Okay. He knows this is good, and I know this is good.” So we had that basis. It wasn't like I just picked up a fetoscope for the first time at that crucial moment. So at that crucial moment when I did get it out of the drawer and I had been pushing for an hour and a half, I put it down right where I know he always has been

which was another thing because he still hadn't sort of rotated out of where he had been for days.

MARGO: It was the same spot.

MARYN: Yeah. And that was another thing I had been listening for, of course. Just is anything changing, and it wasn't. It was always still all the way on my side. My right side. So I put it down where I knew he always was and always had been, and I heard—I don't know. You might argue with what I—what it was when we count it. No. Not argue. But I just—I was like, "60." It was a slow adult pulse.

MARGO: It was slow.

MARYN: Yeah. It was a slow adult pulse when his is normally in the 150s.

MARGO: Mm-hmm.

MARYN: So yeah.

MARGO: You knew immediately. It was like a few seconds. And you sort of like—I can't remember exactly what you said, but you said something like, "Margo, it's not good."

MARYN: No. When I looked at you, I was just like, "Oh god." And I saw the whole thing unfolding from there in that second which was so scary. And I mean I saw all the versions. I saw just going, and then I saw him not making it. But I feel like I also did take a breath, and you were like, "Let's get the Doppler." And I had a couple minutes, and I remember going into the bathroom and just breathing and saying, "I trust you. I trust you." And I also just said, "I trust my body." But in that moment, that didn't mean that it would do what I wanted. And I think that's a whole other topic is somehow thinking that if we just keep trusting that things don't happen because I literally felt—oh, is that hard? Is that hard to hear? Yeah. I literally could feel in my body that it wasn't right. And it was going to be my head that just kept going.

MARGO: Right.

MARYN: It was very clear. When we're midwife role, we try and stay in our brain a little bit more because we want to be grounded and the voice of reason when someone is sort of flipping out. And so I was like vacillating between the two places of, "Calm down. Just figure this out," with just the maternal instinct of I don't want to take this risk.

MARGO: Right. Well, and it's such a cool conversation around does trusting mean trusting what your body is telling you. Or does it mean trusting that your body, like you

said, will always do exactly what you want it to do? Because yeah. You trusted what it was telling you. This is not right. Something is not lined up.

MARYN: But I also trusted I was going to get the baby out. I just didn't know when.

MARGO: Right.

MARYN: And that felt really scary because I have never had that feeling. And, of course, the obvious is if we hadn't heard what we heard—if I hadn't heard that, I would have just stayed and done what it took. I would have pushed for 8 more hours. I think any of us would. There was nothing else to do. So—

MARGO: Well, and you also trusted what he was telling you.

MARYN: Well, it was the only time he's ever—

MARGO: Faltered.

MARYN: Yeah. Ever sounded—and I mean I don't wish that on anyone honestly. Even as midwives, we know—we call it just being totally traumatized by the sound of a Doppler. I think most of us have that experience. And sometimes—well, it comes from all kinds of places. Even losses. There's just something about heart tones and—

MARGO: They're so significant beyond the number.

MARYN: Totally. The sound of life that they either are or aren't communicating. I mean I think that's one of our cool artistic skills. So again, it wasn't just the number. It was like I felt like he was like, "Help." This, "Help me." So I went into the bathroom. You got the Doppler or whatever. I was just breathing and trying to calm down. And then I think—I don't know. You should say because I don't remember. But I mean we listened a bunch more times, and I—if it had been reassuring then, I guess, the story would have not been the story it is.

MARGO: Yeah. Yeah. I mean I remember you listening twice with the fetoscope. One contraction after one and then after maybe the next one. And it being the same. And then we had Jason go get the Doppler out of the car.

MARYN: Yeah.

MARGO: Yeah. And then listening. And it sounded okay the first time as I recall. And the one—but still not his normal. It was 110, 120.

MARYN: Yeah.

MARGO: And then you tried laying on your side. Like you said, a bunch more times. And then I think the last time before the decision was made was back to 80, 90. Something like that. But like you said, what does the number matter? And like you had said to, midwife brain we try to stay kind of rational and see the bigger picture. But there's also the feeling when you're a midwife too of like, "Ugh. What am I feeling in my body? Is it intuitive, or is it fear? Or is it fear for a good reason?"

MARYN: Right.

MARGO: So I definitely felt that from you and him. It was a pretty clear message.

MARYN: Yeah. I did feel fear, and I don't—I think that's—I think it's fine to receive that message too. And, again, there's just so much cross over. Yeah.

MARGO: (cross talk).

MARYN: Between—yeah. What I know and what I was feeling. And I guess I do remember one of the times I listened with the fetoscope I did hear it kind of try to recover. His heart rate. So I don't know what it went back up to. But yeah. I just went back and forth. I mean there were moments I really didn't know if I would make it to the hospital and he would be okay. I really didn't. I mean that sounds really dramatic, but that's what I thought because I don't know how long he was like that, number one, because we hadn't been listening. That's the truth. And how long do you want to have a heart rate of 60? And in my own body, I was so much in pain and so out of control with every 2-minute contractions that I could—it's like he and I both just couldn't recover.

MARGO: Right. It was a lot.

MARYN: Yeah. I was about fried, and I just felt like he couldn't take it either.

MARGO: (cross talk). Mm-hmm.

MARYN: So yeah.

MARGO: And for people who haven't maybe listened to or seen your previous birth experience where you literally pushed for a second, maybe that would be interesting to people too. And then I—I guess that's the other part is—that's unique is that I've gotten to be with you through so many. And I've almost missed all of them even when I was in another room is how fast it usually happens.

MARYN: Yeah.

MARGO: So that was so useful to have that information—both for you to have that information about your body and how it usually works and for me to also have that background too.

MARYN: Yeah. Yeah. I mean I thought that too. I was like, “Maybe I’m just a wimp,” in the sense of like I’ve not had that challenge. Some people—all of the babies they have are horribly painful and hard. And they persevere. They push 12 hours. I don’t know if I’m one of those people. Seriously. I mean I really don’t. I’ve never been that challenged. I mean there’s certainly been births that have been more painful, et cetera. But yeah. I’ve always trusted my body. Once I hit active labor, it’s a couple of hours. And then the baby comes out. And that’s where a lot of my own trust in the birth process comes from, and I don’t think that will change. I just know that there are times and things we can’t control when it doesn’t look that way. Cove’s birth was so easy. It was insane. I didn’t even know she was going to come out. I think you can watch that one at—let’s see. It’s indiebirth.org/fullbirthofcoveriver. You can watch her birth video there, and I have a whole podcast. Ironically and sort of funny on how it was without pain, and I would totally still stand by that. It was—

MARGO: You were brushing your teeth when she flew out.

MARYN: Yeah. I was literally brushing my teeth and texting my sister, and she came out. But that’s Cove. Cove does everything fast and easy, and she’s never been physically challenged by anything yet in her life. So I don’t know how much was me. Maybe I took too much credit. That was her will and her desire. And I was just along for the ride, so that’s another huge lesson. That wasn’t Rumi’s lesson, and I don’t know, ultimately, what this means about his personality or not.

MARGO: I think it’s kind of funny.

MARYN: He is kind of funny. I don’t know that he—yeah. I don’t know that this is a super serious thing really. I mean I’m totally hormonal and postpartum, and it’s definitely emotional to relive birth, I think, no matter how it goes. Pretty much everyone will sort of cry a tear when retelling their birth story.

MARGO: That’s true.

MARYN: But I have this sense, if I pull back, that yeah. It’s so not a big deal in the best sense, and that his birth was such a gift to me. And I don’t even know how yet. I don’t even know what will come of kind of what was—I don’t know. Passed on to me through experiencing that, and then, of course, the whole hospital thing. But I think it will make a difference of some kind.

MARGO: Yeah. I guess I know you're not going to retell every moment of the story, at least in chronological order here. But I feel like people would probably be curious just more about what happened when we got there even with the heart tones or not. Or I mean I guess people did ask that today. They're like, "Well, what happened? What happened next?" That was the reason for going in combination with it being really not feeling like it was working.

MARYN: Yeah.

MARGO: So then what?

MARYN: Well, of course, a lot of it is like we'll never know. And we could imagine all kinds of different possibilities. I do think the ambulance ride there was extremely helpful.

MARGO: Mm-hmm.

MARYN: I was in one position, which was kind of like child's pose with my butt up in the air, right? And it was all jiggly in the ambulance. Took 20, 25 minutes to get there.

MARGO: It was the longest 20 minutes.

MARYN: Oh my god. I'm sure. It was absolutely excruciating for me and long. And every time I had a contraction I said to myself, "We're that much closer. We're that much closer." But, of course, I was pushing. I really was trying to get him out. So I think that was really beneficial. I have thoughts that if I had stayed home that it wouldn't have been half an hour. I could have been wrong.

MARGO: It would have been longer.

MARYN: Yeah. It could have been several hours. Or we would have just been trying all kinds of things whereas being on a gurney kind of took care of it. But when we arrived at the hospital, the—one of the nurses was trying her darndest to get the stupid monitor on. And, of course—

MARGO: Well, I listened in the ambulance too.

MARYN: Oh, did you? I don't even remember.

MARGO: Yeah.

MARYN: What did you hear there?

MARGO: It was really hard because, like you said, it was very jiggy. And I could not hear what you were saying because you were in this very quiet, mumbly place.

MARYN: Yeah. I couldn't communicate at all.

MARGO: So I was like I didn't want to listen if you didn't want me to. So I think I asked you twice.

MARYN: I don't even remember.

MARGO: And the second time I think you said, "Yes." So I did. And it was 110 or 120 again as best as I could tell. It was really hard to hear. It was so loud. And I remember just saying, "I really think your baby is actually okay."

MARYN: Yeah. No. I do remember you saying that. And I appreciated it. And I think I started to feel more like that.

MARGO: Yeah. It started feeling a little less scary.

MARYN: Yeah. There was just an element of hope. And like I said in the story, I started to feel like he was moving, but I had no ability to communicate. So I wasn't going to say anything to anyone. Yeah. So anyway, we got there. They tried to put the thing on. I think she tried unsuccessfully for a couple of minutes which was probably fine.

MARGO: Yeah.

MARYN: And once they got it on, it was normal.

MARGO: It was in the 150s.

MARYN: Yeah.

MARGO: Which I actually didn't know what his normal was, so when I saw that, I said, "Is it doubling?" I asked the doctor. I was like, "Do you think it's doubling it," because we were hearing half that. But it actually was just normal.

MARYN: Well, and I think—maybe I'm crazy. But I think I said to him, "Are you sure that's not my pulse?"

MARGO: You did. And then he felt your pulse.

MARYN: Yeah. He felt my pulse. And he's like, "Well, yours is 120, so it's,"—

MARGO: Yours was racing.

MARYN: Yeah. I was—yeah. I was—

MARGO: You were (cross talk).

MARYN: - in a very—yeah. Altered, adrenaline fueled state.

MARGO: Mm-hmm.

MARYN: So yeah. That was reassuring. And truthfully, if it had been really bad, then the whole story would be probably different unless he had still popped out at that moment, but he probably would have not come out in as good shape. And he came out in great shape. So in the end—not that this is the end. But it's just like you never know. No. You haven't cried at all. You must be really understanding your story today. Thanks for telling us. Yeah. I know you were fine, but you maybe didn't feel fine. Mm-hmm.

MARGO: It was hard.

MARYN: Yeah. You were so smooshed. Okay. Yeah. So right. I mean and as midwives we know this too. We don't necessarily know what we're hearing means anything. And how often is it that something that sounds ominous isn't and vice versa.

MARGO: Right.

MARYN: And then we hear things that are fine, and those babies are not fine.

MARGO: Right.

MARYN: So it's not like it means anything to me in a way. Of course, I'm glad he was fine. But it doesn't make me feel like I shouldn't have gone, if that's what people are asking.

MARGO: Right.

MARYN: It doesn't because I know what I heard when I was here. And we don't live across the street from a hospital. So I wasn't willing to let my baby have a heart rate of 60. I just wasn't. And I'm not—I mean everybody would make—people would make different choices, but I'm glad for the experience I have too because I don't know. If you're a normal person that doesn't know anything about birth—I mean I don't even know if you're having a free birth or something, how do you even know what you're hearing?

MARGO: Right.

MARYN: I mean you still have to go back to what am I feeling.

MARGO: Right.

MARYN: So I'm—

MARGO: And I don't know how much you shared about this in the written part too—I guess you did. Just that he was also really high. I mean you knew he wasn't coming both because you couldn't feel him coming and feeling inside. He was not coming.

MARYN: Yeah. I was more than discouraged. And that was where the panic feeling was coming from. Again, when we're attending births—

MARGO: It would have been different.

MARYN: Yeah.

MARGO: If he was right there.

MARYN: Yeah. Oh no. I would have just gotten him out. There was no question in my mind that I could get him out. But he wasn't even in my body yet.

MARGO: Mm-hmm.

MARYN: And I was reaching and pulling on all kinds of things—I mean on the rug, on the—I was trying to get all kinds of traction to bring him down. If I could have reached up there and moved something out of the way myself, I would have.

MARGO: Mm-hmm.

MARYN: But he was super high. So it's almost like why does the body start pushing at that point. Who knows?

MARGO: Mm-hmm.

MARYN: He was high, but I guess not unable to also have some kind of compression whether it was cord compression or something was happening to him. He wasn't so high that he was unaffected.

MARGO: Right. So I guess that's a question that a lot of people seem to have is like what's the theory on why which, of course, there are all those theories.

MARYN: I don't know. I mean I don't know what theories you have. I mean, obviously, there was a malposition of some kind. So even when I'm at births, I don't know how we ever totally name it. I had said that he was playing with his hands a lot, and his hands

were always in front of his face and next to his face. So that's what I felt, as I said in the story, earlier in the night. I literally felt parts banging against my public bone. And when I wrapped my belly in a rebozo, that felt better. And I told him, "Please put your arms next to your sides." And it felt like that worked for a little bit, so that was my first thought. The other is just the obvious. I think that his head wasn't very well flexed, and he was presenting something that was wider than could fit. And maybe also with a hand. I don't know how we would ever know.

MARGO: Sure. A mix.

MARYN: Another thought I've had is it just was some kind of—if there really is such a thing as an inlet shoulder dystocia, and it really was a shoulder or something. I mean what would you think with no descent of a baby for that long with someone that's had that many babies. You definitely should have perk—your ears perk up.

MARGO: Something.

MARYN: Some kind of something should happen because that's not normal especially if the person is writhing in pain. So there was something off. What theories do you have?

MARGO: I think you covered them.

MARYN: Well, the waters had been open, as I wrote, for more than 24 hours at that point.

MARGO: Mm-hmm.

MARYN: Well, I mean that's just another theoryish. Just that when the waters opened, he really kind of got locked in. In a weird spot. And I was leaking fluid for so long that he really wasn't in there initially anyway. He couldn't have been.

MARGO: And his head was off to the side.

MARYN: His head was off to the side. Even when the chiropractor was here—

MARGO: Off to your right.

MARYN: - she felt it as well. And I think we all assumed what does it really matter which I don't think is a poor assumption. And I mean I generally—I do that too. I'm not going to make a big deal out of something that doesn't seem to be a problem yet. But yet, there was something in me that must have known because I was totally obsessing about that in the time I was waiting for labor to start which isn't the best emotional state

to be in. I was worried about his position. So I don't know. I don't what came first. The chicken or the egg.

MARGO: Mm-hmm.

MARYN: But I've had not only lots of babies but lots of babies on the right. Lots of babies that love to be posterior in pregnancy. I've never had it be a problem.

MARGO: Mm-hmm. Was there a moment where you felt like he changed position on the way? Or in the moments before—minutes before?

MARYN: No. It just felt like that puzzle piece snapped into place. That's the best way I could describe it. It felt just as bad the whole time that we were on our way to the hospital. And then literally, the last 10 minutes at the peak of the contraction I could feel that it was actually doing something. He was actually getting by my public bone or whatever.

MARGO: But still pretty slowly.

MARYN: Very slowly. I mean I wish I had a time stamp on it. But yeah. It still—yeah. If you were home and you were—you would have just dealt with it. And even as the midwife, you'd be like, "Well, that's a very slow descent." But I knew it was happening in my body. And I just was really praying to everyone and him that he would come out before anything weird happened.

MARGO: Mm-hmm. So I feel the next question everybody will have is, "So he started coming out. And how the fuck did that all happen the way that it did?" As they can see in the photos, the birth photos essentially look like every other birth you've had photographed. You just happen to be upon a hospital bed.

MARYN: I know. It's hilarious. I said it looks like we had a green screen. Right?

MARGO: It does.

MARYN: It's like every other birth I had minus the monitor that they still had on my belly. And I didn't give a shit about that. It didn't bother me, believe it or not, at all. I didn't even remember it was on there. And I don't even know when it came off. I have no recollection.

MARGO: That lady was so slow with it. I mean she was—and she said she—she even said, "Oh, I'm just trying to get on fast." She was very sweet. I almost grabbed the Doppler though. Like, "Oh my god."

MARYN: I know. For real. For real.

MARGO: What's the hold up here?

MARYN: Well, and that reminds me of just when—the only thing I remember the doctor saying and—I mean I won't say he was—he was nice. I don't know that he had the sweetest demeanor that I remember necessarily because I remember him saying like, “Do we know that there is nothing wrong with this baby? Where's the sonogram,” he said. And I was just like, “Oh my god, dude. No. I don't know where a sonogram would be for this baby.” But just like for that to be the first question like what does it matter. The baby still needs to come out. What does it matter if there is something wrong with the baby? Anyway, but I think he was freaked out, and he really was awesome.

MARGO: He was pretty flustered.

MARYN: Flustered. Yes. So yeah. I was so in my own world. I mean that is just what it is. I feel like at home I've been so much more present and just normal. And this was—I was just like kind of somewhere else. But I knew his head was coming, so I think I said something. But I don't think anyone heard me. And then I just felt it pop out. Like it wasn't even—once it was going to come, it didn't—it wasn't slow. It was just like bop, and then his head was out.

MARGO: Yeah.

MARYN: And then I don't know.

MARGO: You were like in the story—I don't remember exactly how you put it. But the doctor is the one who—I mean I did not hear you say it. I believe you that you said it. But I bet it was quiet like you had been.

MARYN: Yeah.

MARGO: But he said, “Oh, well, I guess there it comes,” or something and then gestured that I should catch it.

MARYN: Yeah.

MARGO: Which I almost—I did for a second put my hands out. And then was like, “Wait. What am I doing? That's silly.” It was like, “No. She'll do it.”

MARYN: Well, and that was so great of you because I was fine with you doing it too. I had no—I needed to—

MARGO: (cross talk)

MARYN: Well, but I needed you to remind me what was happening.

MARGO: Right.

MARYN: I was having a baby.

MARGO: But then you reminded me to get the camera. You said, “Margo, get some photos.”

MARYN: So yeah. You said that. And I was so grateful. And I ripped off my dress and got—

MARGO: Which I didn’t see, but I was grabbing the camera. You whipped your dress off, and all these poor people were just like, “What is happening?”

MARYN: I’m sure. Oh my god. I wonder if they’re—I don’t know. I’d be so curious if they’re talking about it or trying to forget about it. Or I’m not sure which. So yeah. I ripped my dress off from home which reminds me. When we first got in, they tried to give me a gown, and I just ignored them. What on earth?

MARGO: Did not see that part. That’s (cross talk).

MARYN: Yeah. Somebody was like—she just kind of came towards me with it. I was not doing any of their bullshit. Mask or otherwise. So yeah. Ripped off the dress. And then got in the position, kind of runner’s pose. Obviously, his head was out. And I had another contraction, and nothing happened. And I remember thinking, “They’re going to try to do something if you don’t get him out.” So I put my hand in there and just—I felt his shoulder on my pubic bone, and it wasn’t stuck. But with the next contraction, I just pressed it down and pulled him out because I wanted it to be me and not them. And he was perfect. I mean he was gurgly and kind out of it and didn’t open his eyes and all those things. But he was perfectly fine. And I don’t know. I remember them trying to throw a towel on him, and I just kind of shrugged them away and said, “Thank you.” I didn’t need it. And I think they just felt how immensely—

MARGO: Unneeded.

MARYN: - ridiculous they were being. Why? Why? That’s my hope, I guess, is they felt that that was inappropriate because it was. I didn’t need a towel. I didn’t need them to give me a towel or—just want to hold your baby. So yeah. It’s surreal. I mean when I keep reflecting on it, as I’m sure you have too, it’s almost like, “Did that really happen?” But I think it really did.

MARGO: I’m pretty sure it really did.

MARYN: And I mean I guess it did because my best—the memory of it that I have is just that it was me and Rumi.

MARGO: Mm-hmm.

MARYN: And I knew you were there taking photos. And I don't remember even looking up to see what you were doing. I was just in my bubble. And if anything came in, I pushed it out. And that was that.

MARGO: Yeah. It was amazing. It was so cool to be able to witness. I think the magic words you said were just like, "Oh, no, thank you. I've got it." And there was really only that one person who seemed—but she got it. It took her a minute. It seemed like the other people got it sooner than her. It must be her job to be the person who hands the blankets.

MARYN: Totally.

MARGO: And puts the blankets on the baby. And you were just like, "Oh, no, thank you. He's fine. I've got it." And it was just so clear and direct but also non—I don't know. It just was so sweet and strong. I'm trying to think what words to even use to describe it. I could feel her kind of be like, "What?" And then got it and just stepped away.

MARYN: Yeah. I mean I wanted to be nice to them. I wasn't feeling anything antagonistic. And I know that's different than a lot of people's hospital stories. I mean if I had spent a whole labor there then you do probably end up sort of fighting about things. But this was not that. And I say to my clients, "If you go there, it's because you want to be there. So you have to remember that." None of us in this world of thinking would go there for no reason. So I think there is a certain degree of respect I have just for them letting me be on their table. I mean as silly as it sounds that was the case. I wanted to go. And if I had needed them, they were there.

MARGO: Mm-hmm.

MARYN: So I wasn't ungrateful. And yeah. I just said what I wanted, and I didn't want those things. And I think whoever this mystery doctor is—we have yet to find out. I mean I'm imagining his tone very much influenced the rest of them. He was very—I mean hands off is an understatement. He didn't even try. He didn't even try to touch anything. He didn't touch me.

MARGO: No. It was totally amazing. And for as flustered as he was—which I think I can understand why he would be. This woman coming in on a gurney pushing a baby

out. I get it. I feel like he got calm as soon as he saw the baby was coming and just sort of—as you can see in the photos, he was just like—he kind of watched. He watched/stood in the corner and looked off into the distance.

MARYN: Right.

MARGO: Just totally fascinating.

MARYN: Yeah. I mean I don't even have a strong memory of him. All I remember him doing after that is—I don't know. It felt like he was fluffing his feathers, and he was like, "Well, you've had a lot of babies. So I just want to make sure you're not going to bleed," or something like that. And I don't know what I said. But in my brain, I was just like, "You have no idea." I don't bleed.

MARGO: I think you said something like, "Yes. I know. I know. But that's a problem for me. Or that's not going to be a problem." Something. Very clear.

MARYN: Well, and it's amazing the weird things that go through your head at sort of big moments in life because in my head I thought, "Oh, this poor man just has no idea that that's not true." It's not true.

MARGO: It's not true.

MARYN: It doesn't matter how many babies you have. You're not going to bleed unless you're going to bleed. So I was impressed he left me alone. I was wishing the placenta had come out sooner. But I just didn't feel it.

MARGO: He really wasn't. And it didn't seem like he left it angrily or huff.

MARYN: No.

MARGO: He was just kind of like, "Oh, she's got this under control."

MARYN: No. Totally.

MARGO: And you said—you announced to the room, "I'm going to do the placenta myself." Just something very simple like, "Oh, and I'm going to do that part myself too." And then I think he just left the room for a little while.

MARYN: Yeah. I think he was hovering outside. And I had one moment where I was like, "Okay. I should just get this done," because my placentas normally come so fast. But it just wasn't ready.

MARGO: It was still relatively fast. I think it was about 18 minutes.

MARYN: Yeah. But mine are usually minutes.

MARGO: I know. Yeah.

MARYN: So yeah. The first attempt didn't really work. And I mean I knew I was fine. So I just kept on. And then yeah. Then the second time. I really felt it. It gave me new insight into even that which is we try to teach people. When your placenta is sitting there in your body, you will feel it. But mine have happened so fast—but this time, because it probably was sitting there for a little bit—oh my god. I felt it. It felt terrible. I don't know how people deal with that. It hurt.

MARGO: At the same exact moment, I think he peeked his head in and said, "Oh, how's the placenta? Or the bleeding?" And you were like, "I need a bowl."

MARYN: I know. I'm ordering them around. I need a bowl. They're all just looking at me. Like what do they expect me to do with this thing. And so you have a video of that which I think will be so fun to share because the nurse is literally just holding the bowl for me.

MARGO: She should just be a midwife. She was so great.

MARYN: Well, we should go find that lady.

MARGO: We'll recruit her.

MARYN: And just tell her how awesome she was because I don't think nurses are even allowed most of the time to be in charge of placenta birth. So yeah. I don't know.

MARGO: And I think he checked on you one more time. Just be like, "So, how is everything? All the bleeding good? Good. Cool. Guess I'm going home for the night."

MARYN: Yep.

MARGO: That was it. I asked him what kind of cookies he likes.

MARYN: Did he answer you?

MARGO: No. He didn't. It was him and that really cool nurse.

MARYN: Kim.

MARGO: Kim. Good old Kim. I was like, "What kind of goodies do you guys like? Because I like to bake. I'll make you whatever you want." And she sheepishly look at

him. He's like, "I'd eat it," or something funny. It must have been some inside something. So I probably should do that while I'm here.

MARYN: Oh, funny. Yeah. We got to track these people down. I mean I totally want to just to say, "Thank you. Thanks for being at my birth. I didn't plan it. But thanks." Yeah. And then yeah. Once he left—I mean it felt so peaceful to me. I had to laugh because—

MARGO: It was so calm.

MARYN: My house isn't this calm, so it actually—

MARGO: It's your retreat.

MARYN: It was like the best and quietest first postpartum hour I've ever had.

MARGO: Yeah. Because really—I mean it was the doctor and two or three nurses at the moment of birth. And then very quickly, one of them I never even saw again. And then other one was kind of in and out. And then he was in and out. It was really just the one lady.

MARYN: Yeah. She was great.

MARGO: Like minutes after the birth, they were gone.

MARYN: Yeah. It was very strange. I wonder if we just entered a portal, and something weird happened. I mean I just wish I could convey to people. And we talked about this. I think it's just the energy. That's what was different. We could list all the things, and I tried in the birth story. They didn't do this. They didn't do this. They didn't do this. But it wasn't about them even not doing. It was like was this air of—almost like they didn't care but in the best way.

MARGO: Right. I don't know if it was because it was your tenth baby or that I did tell them you were a midwife. And I told them I was and that you were planning a home birth. But I don't think that that's what it was.

MARYN: Well, they don't generally have any respect for midwives. So it wouldn't matter.

MARGO: Right.

MARYN: I don't know what it was. I mean from my point of view, if I worked at a hospital, even someone coming in with their tenth baby, I would micromanage and do all the things I had always done, if for no other reason than that's just what you do.

MARGO: You came there, and you wanted their help.

MARYN: Yeah. It's very strange. I mean I had to ask for a pad. I got up to pee. No one gave a shit if I was going to get up or not. No one took any vitals on me before I left.

MARGO: They didn't take any on you—

MARYN: No. At all. Mm-mmm. Only in the ambulance. Yeah. It's almost like I wasn't even admitted, and I don't know how that's possibly because I used their facility.

MARGO: They also asked you if you wanted a birth certificate. I'm like, "How is that even a question?"

MARYN: That's so strange.

MARGO: Yeah. Yeah.

MARYN: Well, I thought they'd be required to file it there.

MARGO: That's what I mean. I don't know what happened.

MARYN: And I just said, "No, thank you." And they said, "Does he have a name?" And I said, "Nope."

MARGO: Not yet. They wanted to know if you wanted to cut the cord, but they didn't even ask that right away at all. It was like probably 10 minutes after the birth. They were like, "Do you want to,"—

MARYN: Do you want to clamp?

MARGO: Do you want a clamp? "No. Thanks."

MARYN: Nope. We'll just bring it all home. I didn't want to energetically engage in any of their stuff as weird as that sounds.

MARGO: It's not weird.

MARYN: It would have been no big deal maybe just to take one of their clamps and cut it. But I didn't want to. I wanted to go home with him intact and—yeah. So, oh, they asked us if we wanted souvenirs from the birth. They gave you a pen.

MARGO: Yes. A boy pen.

MARYN: Yeah. I don't know what else they would have given us. Or I don't know. They really charge people for those things. I mean that's the truth. But we didn't even take a diaper or anything for the baby.

MARGO: Right. He literally went home without a diaper on.

MARYN: Yeah.

MARGO: With his placenta still attached.

MARYN: Yeah. Yeah. They did give us a hospital blanket, which is sort of fun and weird. I mean Amelia was excited because she had the same one from her hospital birth 18 years ago.

MARGO: That's so cool.

MARYN: So it was a really wild experience. And actually just so beautiful and calm. And I don't know. I really—I could get in my head about it in some moments like I think when I just think a hospital birth. Something about that phrase.

MARGO: What does that phrase mean?

MARYN: Yeah. And it really kind of gets me for a minute. And I feel sort of bad for just a second. But then I realize that's so limiting the way we talk about births. And I mean the way people are in them is not addressed. It's just a matter of what building it happened in.

MARGO: What hole it came out and—it's all so superficial.

MARYN: Yeah. I mean I can't lie. He was born at the hospital, but it's not a hospital birth to me in any other way. I've had a hospital birth. It was not that.

MARGO: Right. What does the connotation of it mean? And I think that's been such a theme for us for awhile. And I feel like we've not had the words or it's been so hard to sort it all out. And I feel like his birth will be so helpful in clarifying some of it.

MARYN: Yeah.

MARGO: What those things—what baggage they all carry whether it's hospital birth or home birth or free birth. You can't assume anything about it which is why it's so cool. I mean so many years ago when we were making the *How to Have an Indie Birth* course. I mean we had a conversation about should we change the name of all of this. What does Indie Birth really mean? But I feel like it's come full circle to that really is what we mean. It's not home birth.

MARYN: No. It really is what we mean.

MARGO: Incorporated. It's not—

MARYN: No. It's not like—yeah. It's not a label.

MARGO: It's not independent meaning alone. It's Indie meaning you chose even in the hard moment.

MARYN: Well, and the creative possibilities are much more than we think. So no matter what term you want or label you want for your birth, are you fully wanting and able to embrace all that it could mean? Or are you limiting yourself? And I think that's why this story had to happen the way it did, and it had to be me. It had to be him, and it had to be you. There is no accidents because we've been having these conversations for years. And I feel like, like you just said, they've gotten increasingly heated up because we see how women are hurting themselves by needing to do this. In the end, it's about how you feel about your experience. And if you're bothered by how someone else labels it, then maybe you need to not care too.

MARGO: Well, it's so funny. And maybe it's a separate podcast. But there's two transports I was a part of in the last year that felt really similar. I mean they were different outcomes and different ways of looking. But in the end, both of those people too were like, "I feel so glad about my choice to go." So I feel like I've been thinking a lot about my role. And is transport failure?

MARYN: Oh my god. Yeah.

MARGO: (cross talk). What does that mean about me? And it's so hard because there is times that we know there are midwives that transport for ridiculous reasons.

MARYN: Right.

MARGO: That are not—or they'll transport when the mom doesn't want to go.

MARYN: Right. Right.

MARGO: So it's like just adding a whole other layer to something that was already complicated, but it feels like your story and Rumi's story, hopefully, will bring us all more clarity. And it simplify it a little bit.

MARYN: Yeah. Because it's throwing the baby out with the bathwater to have this attitude of it can only look one way. And some are good ways, and some are bad ways whereas what if we spent more time just helping women feel the most powerful they could. Because the truth is we don't control it as much as I believe we can create our

experiences and manifest, that's all so true. But then there is also just the element of life and death and nature that's a part of birth. And it would be—we know we don't control it, so it's silly to act like we do. So what if every woman that finds herself in that situation is more powerful than we think? And then who knows what ripples out from that? Maybe that's where some of the changes in hospital culture come from. I mean I don't know that I always care about that in the biggest sense. But—

MARGO: That's what you've always said.

MARYN: Yeah. How much disservice have we all done to women by making them think—I don't know. Think there is anything to not be powerful about. It's like we're already on the defensive before we've even gotten to the building. And we're all riled up and defensive and—

MARGO: Angry.

MARYN: Yeah. And we aren't really sure about our choices enough. And we're open to their influence. And anyway, I mean I know there is a lot of things to talk about there. And we're not going to right now. But just in the simplest way. What if? What if it didn't matter where we were or who we were with?

MARGO: Mm-hmm.

MARYN: And even women having cesareans could feel this great about the choices they made. And I'm sure some do. But there is also just a ton of guilt and shame. I mean even I think bringing this out, right? We were saying today comments and support for Rumi's story has been great and overwhelming. But there is always the few. There's always the few that are living their own trauma and want to be defensive and say things like, "That's not a free birth." I don't really care what you call it. I mean it was my story. And I'll call it what I want. But if you're uncomfortable with how yours looked or felt, then—

MARGO: Yeah. Well, and I think that was something that we both have commented on in the last two days is you had the less intervention. I mean it's so hard to quantify, right? But you had less interferences and intervention than most home births. No one dried the baby off. No one suctioned the baby. Nobody listened with the stethoscope. Nobody—the hatting and the overwhelming feeling I felt like in the room. I'd be curious what you thought. But it felt like there was deep respect for you and the process, which is bizarre. We keep being like, "Where did that come from?" Other than we must have shown them and you know what I mean. Just like getting the camera and just being—I was completely relaxed. You were completely just in the zone. It must have just worn off on the other people being like, "Well, I guess we should be relaxed and calm and fine

then too,” or something. What an amazing gift if more women could feel that way and I think what you’ve said for a long time that we talk about is whether it’s midwifery licensure or regulation or even in the hospital, the change has to come from the women saying, “This is how it’s going to be now actually.”

MARYN: Yeah. Yeah. I mean I do. I stand by that because those are the ones having the babies. So yeah. I mean I love what you said. And it makes my heart so happy even to believe that could be just a sliver of the truth which is not me personally. But to be in the presence of the deep wisdom of birth, which I think everybody has. I’m sure that doctor has. He’s not an obstetrician for no reason, right?

MARGO: Right.

MARYN: So if we’re imagining the best version of these other humans it’s because they do really care. And somewhere in them they have respect for this process even if they’ve never learned how to have that respect in the protocol and system that they’re in. Because it did feel like that. It felt like they understood.

MARGO: That it was no big deal. Once they knew it was no big deal.

MARYN: Yeah. And I said that in the story. I was like I didn’t feel fear from them.

MARGO: No. I didn’t.

MARYN: Because you can feel fear. And like you said, I think there are more midwives practicing in fear and pulling placentas out and—

MARGO: Yeah. I mean I’ve been to a good number of birth center births. And it felt way less medical and way less fearful than any of the ones that I attended in the birth center as a student.

MARYN: Yeah. Yeah. Well, I know something people definitely want to talk about in here—and on one hand, we could wait and record something else. But we rarely get to sit together.

MARGO: Right.

MARYN: So I feel like we should just do it. And if people want to—

MARGO: I’ve got to stretch my leg.

MARYN: If people want to stop the podcast and come back later, they should do that and consider it maybe a two for one here. But people definitely wanted to talk about

just your role in the transport and how you handled it and where your confidence came from and how everyone can do as good a job as you did is what I think.

MARGO: Oh boy. Yeah. I don't know. Where should I start?

MARYN: I don't know. I mean you had to pick up the phone and call. But maybe you have somewhere else you want to start.

MARGO: Well, technically, Jason dialed.

MARYN: Okay. That's fine.

MARGO: Yeah. And I don't know why I thought he should call other than I can't ever remember your address. But he told them your address, and then he handed me the phone.

MARYN: Yeah. He was a little freaked out.

MARGO: Yeah. Poor Jason. Poor man.

MARYN: I know.

MARGO: But yeah. I think that that first communication can be really crucial. And so in general, it's just about being calm and clear.

MARYN: So what did you say? What did you tell them?

MARGO: So what did I say? I told them—what did I tell them? I went out on your porch because I felt like if I was standing near you I would have not been able to focus and knew you guys would just get it together in here to go. And yeah. I told them that you had been pushing for a good while without any descent of the baby, and that we were concerned about the baby's heart tones. And it was in that moment I had to try and decide how I was going to label myself exactly. And so I was like, "How technical words do I use? Or do I act more like a doula?" I couldn't quite figure it out. So I ended up being like whatever. I just wanted to give them the information in the right way. So I was like, "The baby has bradycardia. The heart rate is really low. It's not recovering." And yeah. "There's been no descent of the baby for the last hour and a half of pushing. She's had quick births before." They needed to know how many babies you've had.

MARYN: This is all over the 9-1-1 call.

MARGO: This is all over the 9-1-1—the dispatch guy. And I said—these are the magic words which he didn't actually know what I was talking about. But I'm guessing the

other guys did. And this is something I actually did learn at the birth center which was still good experience. So that's—

MARYN: Well, here it is.

MARGO: I was taught there if you call you should say it. “This is a lock and load.”

MARYN: Uh-huh. What does that mean?

MARGO: Pick us up and go. You're our ride. We don't want you to fiddle around and try to listen to the baby here. We don't want you to start an IV here.

MARYN: Right. Right.

MARGO: We need to get in the thing.

MARYN: That's so smart.

MARGO: Go. So I don't know if that was communicated to them or not. But—

MARYN: It seemed like it.

MARGO: It seemed like it.

MARYN: They barely came in.

MARGO: Yeah. This one guy came in. Sean, was that his name? I think.

MARYN: Yeah.

MARGO: He was delightful.

MARYN: Sean at the Sedona—I don't know what. EMT.

MARGO: Shout out to Sean. And he walked in and was just like, “So what are we doing guys?” And I was like, “We need to just go.” And he was like, “What do you need?” And I was like, “We need a ride fast.” And he was like, “We can do that.”

MARYN: Oh my god.

MARGO: Yeah. So—

MARYN: And I'm trying to put on a—on clothing. And oh my god.

MARGO: Yeah. And so I was very impressed that they listened to me. I did tell them I was—I'm a midwife. I was like, “I actually don't live here. I'm a midwife. I'm here as a friend, but I'm a midwife. She's a midwife. And we just need to get to the hospital.”

And so they got you in pretty quickly. And I don't know if they have not been letting people ride along, but they seemed a little confused when we got out there. You had to be like, "She's riding with me." I think I booted another guy's spot.

MARYN: Well, I think he wanted you.

MARGO: He did. And so on the way, he said, "I'm going to defer to you, if the baby comes before we get there." And I said, "Fantastic."

MARYN: Did he say he had never done that or something?

MARGO: Yeah. He said I don't really have—I only have very limited experience. I've been to one very—birth in a very medical setting. That's what he said. Something like that.

MARYN: Yeah. That's awesome.

MARGO: Yeah. He was great. And just asked me—you could tell. He knew the questions to ask. And they were great. I think you said, "There is no way I'm laying on that thing." And they were like, "That's fine. Whatever is the most comfortable for you." They were great.

MARYN: Yeah. They were great. Oh my god. If they had made me lay on my back, I don't know what I would have done.

MARGO: Yeah. Yeah. So he got me out a little OB kit on the way. I listened with the Doppler. Oh, he got me a Doppler. And I was like, "I've already got one." And he was like, "Okay."

MARYN: Oh wow. I don't know they had one on there.

MARGO: They somehow had one on there. Yeah. And he just kept asking questions that he called in to his person that was his contact.

MARYN: At the hospital?

MARGO: Yeah. Letting them know. And then he thought they were going to bring you through the emergency department.

MARYN: Which made no sense even in my insane brain. I was like, "What on earth are they doing?"

MARGO: I imagined it was going to be like in and up. So I didn't—I was like, "Can you advocate that we just go straight there?" And he was really cool. He was like, "I will totally. Whatever you think is best, I will tell them is what we should do." So I don't

know. It was just part of it was probably luck too that this guy was really open minded and humble. And he's like, "I'm not going to try and start an IV on you because we're bumping around in this crazy ambulance." And I was like, "Yeah." I don't know if you heard me say this. I was like, "If you do need to, she's got great veins."

MARYN: I mean I have very spotty memory of the conversation. But he was definitely chatty.

MARGO: I don't think she needs that. Yeah. He was very chatty. So yeah. And then when we got there, I guess we ran into a nurse first who walked with us. And she—I was like, "What information do you need?" I tried to be as proactive as possible. And she's like, "Well, I'm actually not an OB nurse. I'm just getting you to where you're supposed to go. But once we get there, they'll want more information probably." So the guy was not walking fast enough. I don't think I've said this. So I was pushing really hard. Like running. I was pushing it.

MARYN: Oh, you're so cute.

MARGO: I was like, "Go faster." Oh my god. Why are you walking so slow? Sorry, Rumi. I got a little excited there. And then when we got up to the room—

MARYN: Did we go up somewhere?

MARGO: We went on an elevator.

MARYN: Oh my god. Did we really? I don't even know. That's crazy.

MARGO: It's an elevator ride. Yes. And then got to the room. And then there was a nurse outside. And so I did the same thing again. I was like, "Hey, I'm Margo. I'm a midwife. I'm her friend. What do you guys need to know? I can tell you whatever you need." And she was just kind of like flustered also. But—

MARYN: Do they never get anyone pushing there? I mean I know it's not the best time to arrive or anything.

MARGO: Right. And so I said, "We're just really worried about the baby's heart rate. And she's been pushing forever, and nothing is changing." And she was kind of taking it in. And then a light flashed, and she was like, "Oh, I have to run to another delivery." And that lady bolted.

MARYN: Oh dear.

MARGO: So you were already in the room. You weren't on the bed yet, though. And so she left, and then I went to try and find the next person I should try to tell.

MARYN: Oh my gosh.

MARGO: And it was just nurses. The doctor wasn't there quite yet. He showed up 30 seconds later, I think. So then I think I explained it to Kim is probably who it was. Just be like, "Heart rate. We need to know right away. What is going on." So she was fumbling around with that. And the doctor came in and also was wanting that. And then there wasn't a lot of—they didn't really ask me anything else that I can remember. And so people were asking like, "Oh, did you have to advocate for this or that? Or this or that?" And I feel like it was more just, again, the feeling in the room of just like—she was trying to get the thing on. And I was like, "Do you want me to help you?" And I wasn't asking in like a bitchy way. I was just like, "Do you need help?" Because she was like, "Oh, I'm just trying to go so fast. I think I got it." I was like, "Oh, I think you got it." I was like her cheerleader, so I was her doula for a minute. And then the doctor was trying to figure out the heart rate and if it was yours or not. And I was standing watching, and I actually was doing it too which I didn't even think about until now. But he, obviously, didn't think was disrespectful or anything.

MARYN: Oh, with the Doppler.

MARGO: No. I was feeling one of your—one of your wrists, and he was feeling the other one. And I was like, "It's not the same. That's the baby's." And he's like, "Yeah. But yours is fast as hell," or something. He said something funny. "But yours is sure fast as hell." I can't remember. But so it was—it felt like we all became a team.

MARYN: Yeah. Like teamwork.

MARGO: Yeah. Yeah. And then I was—I feel like I just kind of stared at the monitor for a minute just being like, "The baby is okay." Okay. And then he's the one who said, "Oh, it looks like it's coming." So it all happened very fast.

MARYN: Right. Right. I know. Were they going to do an IV? Or what—I feel like I heard her say something.

MARGO: Yeah. She's like, "I'm going to put in an IV." She hung the bag.

MARYN: I was not capable.

MARGO: Yeah. And then he said, "Can I do an exam?" In the story, it was funny. When I read it today, I was like, "Oh, yeah. I forgot that he would have wanted you to be on your back." I imagined he was just going to do one on hands and knees. But you

were right. That's not probably what would have happened. So that all happened just within a minute or two. So fast. So yeah. So I don't know though. I was genuinely shocked when he was like gesturing like I should catch the baby then. But he, obviously, had some amount of—somehow in those few minutes he picked up from me that I was confident and capable. But I don't know why. So I don't know that I have a good answer for people other than just being nice and trying to be helpful and encouraging. And I did say, when we first got there—maybe when he came in the room. I can't remember if I said it to him or not. But I remember saying at least a few times, "We are so grateful to be here. Thank you guys so much." Just setting the tone from the beginning of—yeah. That.

MARYN: Yeah. I mean the little things are so important though.

MARGO: Oh, I forgot a part.

MARYN: Yeah.

MARGO: So I talked to the 9-1-1 guy. And then I also called ahead to the charge nurse. So I forgot about that. I did call ahead. And she had some more questions.

MARYN: How did you get the number that fast?

MARGO: Google. I Googled it so fast and called the hospital Labor and Delivery floor. And said, "Hey, we're coming in. Here is what's going on." And she said, "Well, if the baby comes before you get here, just can you give us a call and let us know so we're not waiting for you?" So it's funny. She totally expected the baby to just—it sounded like.

MARYN: Right.

MARGO: And so maybe they had a heads up that it was—and I think I told her on the phone too. She's a midwife. I'm a midwife. She's had lots of home births. We had more of a conversation than the 9-1-1 guy because he didn't know anything about birth. So I wonder if she kind of—I hadn't really thought of that. I wonder if she kind of set up the team being like, "Hey, here's who is coming in."

MARYN: Yeah. Still though, I know we'd love to think they care. But I feel like I'm still shocked if they did. Because I feel like once you're on their turf, my understanding has always been you get what they do because that's why you're going. So I still feel like I can't quite understand where they decided to not do—even if it was for their own liability or something.

MARGO: Sure. Yeah. And I think people asking, “Well, did you advocate for that? Or did you have to hold space to keep them away?” And I think there’s this thing called Strengths Quest. My friend, Nikki—shout out if you’re listening, Nikki. I did a session with her this year. And I’ve looked at it before. It shows you your strengths. And one of mine was strategizing. And so for me, the lady who wanted to give you the blanket and encourage you to dry the baby off and wanted to listen to his heart rate—I didn’t step in right that second because I felt like—

MARYN: Let it go.

MARGO: Let it go. And wanted to see what you were going to do first. And you totally took care of it. But I was ready to if I needed to. So I guess that’s part of the advice I would give people is don’t jump in the first second.

MARYN: All defensive.

MARGO: Yeah. And assuming the mom can’t do it. Give them a chance. And if they can’t, find the gentlest way. Be like, “Oh, I think she’s actually,”—and maybe I did say that. “Oh, I think she’s fine.” Just really low key.

MARYN: Right. Not like, “She doesn’t want that.”

MARGO: “Get out of here, Nancy.” I don’t know what her name was. I’m assuming it was Nancy.

MARYN: Well, I mean I’ve totally seen people act that way and worse at hospital births. I’m sure you have. Doulas. Totally disrespectful.

MARGO: So defensive.

MARYN: And embarrassing.

MARGO: Yeah. And it’s like I get that that’s your job, Nancy. But so yeah. I think it was just—I was—it’s cool because I did the live a couple weeks ago about being at births with you and how it feel so different. So I think it would have been different if it was one of my clients who is not you. You know what I mean? So I feel like I’ve now gotten to see how different it is to be with you in that setting too.

MARYN: I guess we needed that, huh?

MARGO: We needed that. And to show people what is possible because you were just so confident that I didn’t feel like I had to do anything. I didn’t want to leave the room.

MARYN: No. I know. I didn’t want you to. I was so glad you came. You have no idea.

MARGO: I know. It was—yeah. I didn't want to not go with you because I still felt like maybe if I leave they'll bombard you with something or something. I had to pee at one point. I was like, "I'm going pee."

MARYN: Yeah.

MARGO: I was (cross talk) calm and good afterwards.

MARYN: Yeah. I think we were like a double barrier.

MARGO: Mm-hmm.

MARYN: Because yeah. I remember thinking even when whoever called—Jason or you—I mean I remember hearing him say he wanted you to go because I remember him saying, "You're going to help her better than me." And I was so—I didn't have words. But I didn't really want him to go. I mean I did in some other ways. I was kind of like, "Oh my god. He's not going to go."

MARGO: Right.

MARYN: But then I was like, "No. Wait a minute. That's silly. Because he has no idea."

MARGO: Yeah. I know. Now that I'm thinking about it, it's like a fierce calmness, I guess, is what I feel like both of us were able to be. And if that shows up in your room, that's not something you trifle with.

MARYN: I would love to think that's exactly what happened.

MARGO: Like here we are. We'd like your help. Oh, wait. Never mind. We're fine.

MARYN: Right. I know. It's almost funny.

MARGO: Yeah. And if you had needed something, yeah.

MARYN: Yeah. And I was ready to accept help. So—

MARGO: I believe that is what you said. I just need you to help me get the baby out.

MARYN: That's all I said. I don't even know what he asked, or maybe he didn't even ask me. I just said, "The baby needs to come out."

MARGO: Yes.

MARYN: Help me get the baby out.

MARGO: Mm-hmm. Oh man. What a wild ride.

MARYN: It was crazy.

MARGO: But it really does make me feel like—I don't know what all the changes will bring. But it makes—I mean we have the doula course that we put out last year which we both do have doula experience. But admittedly, not a ton. So it's really interesting that we would find ourselves there. And it makes me kind of feel like I should go be a doula every day, if it could be like that and change things.

MARYN: Totally.

MARGO: It's amazing.

MARYN: Totally. Yeah. I mean I think we'll think a lot about what the recipe is or isn't or if there is one.

MARGO: Mm-hmm.

MARYN: Because it definitely feels like there are lots of things to explore and I think there is also—it's like birth. There is also just a lot of—I think there was a lot of grace. There was a lot of—

MARGO: Magic.

MARYN: Yeah. It was just pure magic. And I knew this baby was magic. And I knew his birth would be magic. I just never, in my little human brain of hospital birth is bad, ever imagine that that would be the magic that he brought to my life.

MARGO: So cool.

MARYN: So I feel humbled and lucky actually. And I hope—well, I know it will kind of ripple out for us both in all the ways and help us help people better which is really what I feel like it's about.

MARGO: But it really reaffirms, for me too, like—yes. And I think it's going to be cool to see how it grows and shifts and changes things. But one of the main things we talk about both in *13 Moons* and *The Birth Warrior Project* is—we call it different things. But the clarity method or the client clarity method.

MARYN: Right.

MARGO: Helping people get really clear so that they have that strength and vision.

MARYN: Right.

MARGO: Which the details might change but the feeling remaining the same a la Danielle La Porte. So it's kind of cool because I feel like that was really it.

MARYN: Yeah. I mean that's exactly what I think. Again, it's only in my brain if I were to put a label on it that it feels outside of myself in an uncomfortable way, if that makes sense. But the internal feeling, that's what I wanted for my birth.

MARGO: I was going to ask you. I know it's getting long here. But I'm sure people are riveted. They're eating popcorn. I don't know. Something. Twizzlers. Before the birth, we were hiking the week I was here beforehand being like, "What are you envisioning for this? Or what are you wanting?" And you're just like, "I just kind of want to be mostly alone." And like you just said it was calmer than if you had been here. Had nine children run in.

MARYN: Yeah. I mean I said on my last podcast, which was—I called it *The Spiritual Journey of the End of Pregnancy*. I kind of outlined the vision there. And it's kind of eerie. I mean it sounds terrible, but I know it's not really. My vision was to be alone and not have people in my bubble. And I mean my kids, largely, as much as I love them. I just didn't want to pay attention to anyone outside of the bubble. So that was the vision I was holding which is so strange because that's really exactly what I got. I mean—

MARGO: Well, even that photo of good old Kim, she's not touching you. But her hands, if you go check out the photo—it's great. You can see her hands near your bubble. She didn't want you to fall off the bed, which is hilarious. There was totally a protective bubble.

MARYN: Right. Right. And I mean even Jason and the kids, they're so close to me. I mean you are too. But I knew that you would be behind a camera, or it just had a different feeling where I had even told you. I don't mind if you're in here. But I just—I don't want to respond energetically to anyone. And so that's exactly what I got because I didn't give Kim the time of day. I didn't give doctor the time of day. I didn't have my husband there where I felt like I had to say something. I know this all sounds like so weird, in a way. I've just had so many births where the baby comes out, and I don't give 100%. And that was my envisioning with him which is like I was going to give him 100%. So that's totally what happened.

MARGO: I know. I can't wait until you share some more of those other angles. It's just amazing. Just the sweetest photos of you kissing him. And there's these weird things in the background. But there is no one in the picture. It's amazing.

MARYN: Yeah. I know. It really is. And down to—I mean everything we've talked about. Just the placenta birth. That's always been super important to me. Nothing got—nothing got sacrificed.

MARGO: That's such a good way of putting it.

MARYN: Yeah. I didn't compromise anything I wanted. I got exactly what I wanted. It just happened to be in this strange minutes 20 minutes from my house.

MARGO: Which you will never be again.

MARYN: Yeah. I don't know. I mean it's like down to I wasn't even uncomfortable birthing on a bed on my hands and knees. I don't know.

MARGO: Yeah. That's amazing.

MARYN: Yeah. It really was.

MARGO: Well, I'm glad we fleshed more of it out.

MARYN: Yeah. That was so fun and also just therapeutic.

MARGO: That's good.

MARYN: Therapeutic birth story telling.

MARGO: Yeah. If people have more questions, they should toss them our way. I feel like we've probably covered them all. Most of them and more.

MARYN: Yeah. I think there is—

MARGO: There's a lot there.

MARYN: There is more to talk about eventually, I think.

MARGO: Oh, for sure. For sure.

MARYN: Cool. Well, any last links or anything you want to give out.

MARGO: Oh, well, I mean we mentioned some of the things. So *Birth Warrior Project* is indiebirth.org/birthwarriorproject. *13 Moons* is a great course. I'm sure—I'm imagining we'll eventually put together some of your labor footage plus the photos of—make a kind of video.

MARYN: Yeah. Montage.

MARGO: Montage kind of thing which will eventually be added, I'm sure, to *13 Moons* as well. Our parent course. Indiebirth.org/13moons. If you want to become a midwife, which is a wild ride—

MARYN: Yeah. For real.

MARGO: indiebirth—

MARYN: Watch what you ask for.

MARGO: That's right. Indiebirthmidwiferyschool.org. And yeah. I think that's it.

MARYN: Great. Thanks for listening, everybody.

(closing music)