

(introductory music)

DISCLAIMER: Welcome to *Taking Back Birth*, a podcast for women who know the truth about birth and those who want to explore the path of radical birth love. I'm your host, Maryn Green. *Taking Back Birth* celebrates the power you have to make decisions in alignment with your own truth. Decisions not subject to anyone else's authority. Decisions that create experiences that will change your life. *Taking Back Birth* is a production of the Indie Birth Private Contract Association and indiebirth.org. No material on this podcast should be considered medical advice. Birth is not a medical event.

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MARYN: Good morning. It is Podcast Friday, and it is the last Friday of the month which means it's a Q&A. I would really love to hear feedback on the Q&A podcasts just if you're listening to them honestly. And I could totally check that on my end, but I haven't. And I guess I'm just wondering if because there isn't a clear topic if people are listening or interested. So that's my question to you. You can Q&A me back, if you'd like. It's always nice to hear from people that are listening anyhow. Maryn@indiebirth.org.

So I'll get into the questions. Whew. There's quite a few today. And just glancing at them, I really haven't looked at them yet. I don't know. I don't know that I'm going to do all of them. And some of them I might mention and then really not answer and plan on answering at another time, perhaps in their own podcast. So we'll see. I'll get to that in a moment. But just sitting here on a beautiful, sunny day and drinking my coffee, decaf coffee has become the thing. I really haven't been able to handle caffeine in coffee form since Rumi has been born. And I think it's just more of an emotional response really recognizing at a deeper level how the caffeine affects me and how it doesn't really contribute to my calmness and centeredness. I can get a whole lot done though. I'm with you on that. And I totally have used coffee for that in the past. But yeah. Recently, just realizing if I want to feel calm which is one of my desires as of late, and caffeine really goes against that unfortunately. But this decaf stuff is pretty good. It's some kind of instant, which sounds gross, but it's not. Instant organic stuff. So doesn't taste any different to me. It tastes really good, and so I'm less hyper today for this podcast.

If you attend my Midwife Mondays, which hopefully you do—it would be really nice to see more people there. And we've changed kind of the access to that, so that more people could be a part. So the new link—and so this is for anyone anywhere. You don't need to be on our Social to access it. The new link for the live—and this is for Margo's live on Sunday and mine on Monday—we each have one. It's the same link though. It's just indiebirth.org/live. So we're hoping you can just commit that to memory. And on Mondays at 6:00 p.m. Central, you can use that link. It will forward you on to YouTube,

and you can watch my Midwife Monday live. And I'm just really wanting more people there because I think—well, it's fun. And it's just more with more people. It's like anything. Questions are good. If you have the YouTube app, I think, or you're on your desktop, you can comment and such which makes it fun. And yeah. I guess that's just something I've been wanting to talk about more on the podcast. Get more people over there because otherwise—yeah. It feels really lonely even though it's funny. People are going back to watch the recordings. So I don't know. All of this is trial and error, if you haven't gotten that. And it could be that even that time on a Monday just really isn't good for people, so they're able to watch later. But they're not really able to come live. I don't know. You could let me know too what you think.

But I was going to read just a short passage about calmness. Funny enough. Because I flipped to it the other day synchronistically, of course. No accident that my word for the week was calm. And this book, one of my favorites called *Daughter Drink This Water* by Jaiya John—and I think I mentioned him before. You just really need to check him out on Instagram. You need to buy his books. He has another book I haven't yet gotten myself, so that's on my list. But this one is the first one, I believe, that—well, I shouldn't say. I don't really know what order he's published in. But this is the book I have, and it's the one that I'm currently loving. And I love it because you can just flip to a page. It's not like a book you need to read in order. So now, of course, I've defined it. I've all kinds of pages folded down for all the reasons of it all just feeling like gold. Like I want to just internalize all of it.

Well, I'm kind of looking part of the calm that I'm wanting to feel—I'm trying to think where that came from. Well, probably just life honestly. Ten children, a baby that's not sleeping all that great, and realizing that stress—feeling stressed is getting me nowhere. Stress is completely useful. There is actually no benefit of stress. So just coming more in touch with what I do want which is calm. And then, of course, because the universe works the way it does, feeling calm is necessary right now. So a brief personal—well, it's sort of professional. Personal/professional note is that we may be looking for a new place to live. And in some ways, I wish that wasn't the case. I really love Sedona. We've been here a decade, which is a long time for us. And part of me just can't imagine leaving. So maybe we won't. So this isn't to sound an alarm of any kind really. If you're a client of mine or any of that kind of stuff, this is the great unknown. I actually have no idea at this moment what will happen. If we'll stay, if we'll go, where we'll be led, so the deal is that the house we're in—which we've been renting for almost eight years—is being sold. And that's bringing up a lot feeling wise that I'm not going to go into right now. But people from all over the world are coming here, and people from California, in particular, are leaving their nasty state. Sorry, Californians. I love the ocean but wouldn't want to live there.

And I get it. They're wanting to get out of what probably feels like a lot of oppression is my guess. So they're coming here, and that's all well and good except the real estate market has just seriously become not doable for the locals. So if you don't own a house here, you're sort of shit out of luck. There are no rentals. And if you are in a rental, like us, it's probably either being sold, like us, or it's being turned into an AirBnB. So sounds really not fun. And there's definitely moments. I won't lie. I've cried about it. Having children in this house is emotional. And yeah. Thinking of uprooting us is emotional. But I feel responsible for this for sure on an energetic level. It was time to stand up in my own power as a woman, as a person, as a mother, and what we've been dealing with—and this is getting so personal. But, hey, I know people kind of like it. Our landlord is really not ethical at all. And so for a long time, we've just put up with it because options. But it's gotten to a point where it feels like I'm not living in integrity to not speak my mind. And so doing that really standing in my power, I expect things to shift. I'm a really awesome manifester as I'm sure a lot of you are. And so when I shift, things shift almost immediately.

So I'm not surprised. The shift that came from within me prompted this energetic next step. And that's just the way it works when you're really, I think, in integrity. So I'm proud of myself for finally taking that step. And I think we had good reason for not, in a way, for the last bunch of years. But it just is enough. Enough is enough. And I'm not willing to put up with that kind of treatment from another human any more. So I don't know. That's where we are. We don't know what's next. We don't know if we'll stay here. We don't know if we'll sort of be able to stay here. But, of course, taking the highest road and vision, I know that if we are not supposed to stay here then that's just the way it is, and there is a great reason why we are going to be redirected somewhere else. So I'm telling all that to you just because I can, and I know many of you appreciate and can hold space from where you are as funny as that sounds. But also just the obvious, if you live somewhere really awesome that you think a family with ten kids would be able to be in and be happy and comfortable, access to outdoors is important to us. Conscious living, whatever that means, is important to us. We don't need to be near stores and malls and all that stuff. We're not used to it anyway. And somewhere that wants an autonomous midwife because I certainly don't plan on not practicing, but maybe this community is not mine anymore. I'm really just not sure. So if you have anything to comment about that, please let me know because time is of the essence. Of course, timing is everything anyway. But we do have a limit to how long we'll be able to be in this house which is this summer. So if you're listening to this and it's not the summer of 2021 yet, then I'd love to hear from you if you have some ideas for us. I know we have listeners everywhere.

And I think the U.S. is pretty much where we need to stay for a lot of reasons. But I'm sure there are places all around the world that would fit the bill as well. So who knows?

The great unknown. Okay. So after that monologue, I did find the page. And I'm not going to read his whole section on calmness because it would take too long. And I really would love for you to buy his book and support him. But I'm going to just kind of pick out a couple of the paragraphs that felt meaningful to me because they might be meaningful to you.

Okay. Calmness, and this is on page 98 of *Daughter Drink This Water* by Jaiya John. "Our world suffers from an illness of anxiety, an inability to be still inside. The Grand Myth is that things must be done always. And yet the root of our anxiety is not that things have not been done, but that no amount of doing will ever change our essential condition. We are souls, not the consequence of doing but apertures of being. You can train your nervous system to react less to what you have previously called stressful. Each time such a thing occurs remove the label stuck in your mind called a reason to panic or stressful. You may have to work at removing these labels as they are adhesive. Remove these labels and say to your nervous system, "I don't need you right now. You can remain at rest." Use your own words. With practice, notice how you are less reactive. Continue like this. And one day you will find yourself retaining a wonderful calm with something that in the past you would have abused yourself over.

"Anxiety is a learned behavior, often inherited from others. Because it is learned, it can be unlearned. And because it is inherited, it can be disinherited. The first step is to claim you have the power to dissolve anxiety. Claim this power until you believe in it. As you practice new life responses, you witness anxiety evaporate. Now you have a new testimony to pass on through your way of being. Blessing others to inherit your newborn calm. One of the greatest gifts you can offer someone is your relaxed energy, the absence of your anxiety. Why would you want to offer your lover, friend, or anyone your anxiety and nervousness? You have much more loving gifts than those. Being fully present with relaxed body language, facial expressions, and tone and pace of voice can be soothing to both of you. A respite from a culture out of balance. Make this your loving practice. Give the gift that has a way of being returned to you wondrously."

Mmm. So a little bit of Jaiya John this morning just because. Why not? It is needed. All right. I'm going to do this timer thing again if you missed the last Q&A episode. I set a timer for each question. I think it was four minutes because I didn't want to blab too much about these things. Hmm. So many questions. Okay. I haven't really thought about which ones I'm going to answer. So I don't know. I guess I'll just start talking, and we'll see where it goes. And if I don't talk much about something, maybe it's because I'm going to save it, or maybe I'm not going to answer it. I don't know. Some of them are weird. No offense, if you are someone that submitted a question. But some of them aren't just questions. They're like huge topics. Okay. Let's see. I don't want to set the alarm. Stop watch. Okay.

Okay. Do you have thoughts/research on placenta encapsulation? Go. Yes. There is research available. I don't know where you will find that, but that is something available. And my thoughts are that it really is a personal choice like anything else. So utilizing your placenta after birth, great idea, if you want to. Side note, my last couple of births I had no interest. I don't know why. It just didn't seem like something I wanted back in my body in any form. However, births I've attended specifically if a woman maybe bleeds more after birth or for whatever other reason, sometimes women do want to take it back, and it feels really instinctual and natural and kind of like this raw energy. So they're all about it. And in that case, I think raw is really best. The question being about encapsulation, definitely that's an option. If you're someone or know someone that's like, "Ugh, god. I can't do it raw. There's blood. Whatever. I'm a vegan," sure. And capsules will last longer. I do think it's worth questioning though why we would need to process it that much. So yes. This is a thing. Chinese medicine, I believe, also favors encapsulation. Maybe there are other kind of modes of thought that think that's a great idea. But in my just boring simple brain, I'm not quite sure why we need to work so hard. If you want to take the placenta back, the easiest and most mammalian way to do it is raw. Or second to that is maybe in smoothies like frozen. But putting it through this heated process and then grinding it and all of that, it's time consuming. I did it once for someone, and I will never do it again. Not my thing. But, again, it comes back to personal choice, and I think just thinking about why. Why would you do this thing? Or why would you do that thing? Or what do you think the benefits are? What do you need? So that's my short answer, and that was not four minutes.

Okay. Is CPD something to worry about? Okay. So CPD, cephalopelvic disproportion, so a head that doesn't fit is the clinical diagnosis. Is it something to worry about? Do heads of babies commonly not fit in our pelvises as women? No. Of course not. It doesn't mean it doesn't happen, or it's not a scapegoat for some other thing especially with cesarean sections. So if you've had one or you've ever looked at any operative reports around someone's C-section, there's going to be the reason usually—usually. So CPD is a really nice label to just kind of communicate that the baby didn't fit. But who knows why? I mean it doesn't really mean that. It just kind of means didn't work out. And, of course, if you're in a hospital setting, which you would be for a cesarean, why didn't it work out? Was there not enough time? Did the baby go into distress for some reason? Was the mom exhausted? And usually, it's that first one. There just wasn't enough time according to someone. So this mom didn't labor fast enough for getting her baby out. And then when they did the cesarean, they decided, "Ah, this baby wouldn't have fit anyway." How many women have heard that? "Ah. Your baby was 9 pounds. Yeah. You had CPD. Your baby was never coming out of your body," when midwives know that's ridiculous. We see 9, 10. I've never seen 11 personally, but I've seen close. So 8, 9, 10, 10 ½ pound babies come out of just very normal size women.

So, of course, CPD is not as rampant as the medical world would want us to think. But does it never happen? Yeah. I'm sure it has happened legitimately and probably will in the future just in very random circumstances. And my guess is that probably comes more down to someone's pelvic structure. I mean, again, so rare, right? If someone's been in a terrible accident and—I don't know. For some reason, their pelvis just can't accommodate a normal size baby head. Then perhaps that's real. But I would not worry about it, if that's not you. So that's most people. That's probably like 99% of people. I would not worry about CPD even if you've been told that that happened to you before. Typically, with a first birth. So if you're going into a second birth or whatever, I wouldn't worry about it. I would definitely do emotional and spiritual work around that though because I think a lot of it might come back to that and belief systems and now fear. Fear on top of it all that you're going to have a baby who doesn't fit. But just remember, babies have been fitting mostly all of the time for a long time. And, again, it's just a label. Just a label to say this baby didn't come out in usually the time we wanted it to.

All right. I'm sort of deciding here. How to find my voice asserting my beliefs and desires surrounding birth to outsiders? Well, finding your voice is always a great journey. I think that's what's needed right now in the world whether it's about masks or birth. Find your voice. You don't need to use it to intimidate people or shame them for their choices, but find your voice. What do you believe? So I resonate with that. How to find your voice. Hmm. I think it's more about finding yourself. Not just in the birth arena but who you are, what you believe in, where you hide your power in all of the ways because our voice is one of our powers. And for some of us, here's episode 200 plus of a podcast, a voice is crucial to the work that we do. So it's not that for everyone but using it is very powerful no matter how you do. Podcast or not. So think about the places where you're afraid to be heard and you're afraid to be seen. And this goes deep for women. All the reasons and places in ourselves that we think we're not enough. We blame ourselves. We're guilty. We're just not enough ever. And so yeah. Then we have no voice. And I think not going down a rabbit hole, but thyroid disorders. I think typically are due to that. And they happen a lot to women. And they happen a lot to women of childbearing age because suddenly people realize that they haven't spoken their truth, and their bodies are like, "Hello. I need you to be you." So that's my short littler sermon on that.

As far as doing that for anyone else, I think that's just interesting to contemplate since this was the question someone wrote. It wasn't just how to find my voice. But it's like how to assert my beliefs to outsiders. And that is a different question. And to that, I would say why. Why do you have the need to state your belief to someone on the outside? What is your goal there? Do you think it will change them? Do you need to prove something? Do you need them to like you more? Do you need to be included? What are your reasons? Because really our beliefs are our own. And we can share them however we like. But when we share them to try and alter someone else's

experience, it doesn't generally work. So birth is a great example of that. I've said for many, many years I have no desire to convince anyone of what I believe, of what I need, or what I think is best. It's not my business. So that's my final word on that. Dig in to that a little bit and figure out what's your business and what isn't and how you can work on your own power.

This I'm not going to do because I'll share why in a moment. But we have plenty of resources. So the question or suggestion was resources for educating, helping a spouse process fears in the world of licensing for home birth midwives. I'm not going to go into that because we have a podcast on PMAs that I did last week. We have Jason's PCA class on how that works. And I get that the PMA, the PCA, that's not the only way of talking about this. But I think if you listen to those it will give you some ideas. And really yeah. I mean wanting to help a spouse is nice. But each and every one of us, male or female, we have our own traumas and things, right? That have come up in our lives. So I think—I don't know how much you can really help someone. They have to want it. And they have to figure out what their fears are and why and how to overcome them. And we're working hard to do that with women and midwives, so I don't know about the spouse. Sorry.

Okay. Getting back to my little timer here. What are some things you would want, desire from a preceptor as a new student? Hmm. Well, I don't think that's mine to answer at the moment because I could flip it around and say what I would desire from a student. So I think I'll do that because I don't know. All you students out there should say what you desire from a preceptor. As a preceptor what I would want from a student is the ability to be calm and be silent. Responsibility is awesome. Having a humility about birth is very useful. So even when we think we know something, we don't know anything at all. And the most valued trait of a new student, at least, is kind of a combo of all those things. Someone that is respectful and essentially just witnessing the journey that they're on at that early point because as a new student you don't know much. And that's the way it should be. So you shouldn't really be contributing. You shouldn't really be giving people recommendations no matter how much you think you know. You should be respectful of the relationship that a midwife has with her client and just be humbled that you get to have witness to that. I think that is the most important thing.

And where I've seen students go wrong and these have been students I've had perhaps or back when I was a student there were certainly other students that never got very far, and the common trait between all of them was the lack of the qualities I've just stated. So these were women that—well meaning were too much. Don't be too much, if you're a student. Don't. Don't think you know anything. And don't get involved. This isn't your relationship. This isn't your practice. And, again, this is especially for a brand new student. Your role hopefully would change over time where you would become more responsible and be able to take some responsibility for this task or that or skills or

whatever. But I'm talking initially since that was the question. Just be humble. Show up on time. Don't take up too much of the midwife's time especially initially with all of your stuff. Not that I'm not supportive of that. Obviously, I am. There's lots of inner stuff going on.

But I've had students that every interaction with a client or a birth becomes their drama, and they would love to talk for hours about all the ways they were affected. And that's really hard on a midwife. It's really hard because our focus is on our client. Of course, our families and our clients are first. And students, honestly—they aren't first. They are there to learn. And then, as I said, hopefully it becomes a nice relationship. But I'd say as a midwife you need to prove to me that you are a responsible person. You are a conscientious person. You're not one that's going to go blab around town about all the births you've seen. And kind of prove yourself in that early time to be all of those great things so that the midwife trusts you to take the next step because otherwise it just becomes a very uncomfortable situation.

So this is a great question, but I think this would be a better podcast at another time which is how we honor our daughter's menarche and moon time because I love that question. And I think we get a lot of questions lately about that. And I think that deserves its own time at some point.

This is an interesting one. What to do? Friend wanting to become a client, but you don't think it's a good fit. Hmm. Yeah. That's hard. I'm trying to think if I've had that happen. I think I have. But probably not a super close friend. More of like an acquaintance. Well, there's always just being honest. And I don't know the reasons, of course, so it's hard for me to say. I could invent some. You could just be honest. And encourage her to interview other people. I think that's a great first step. And honestly, everyone should be doing that. Friend or not. Everybody that comes to me for a consult I'm like, "Go to the birth center. Meet the other midwives. I don't want to be your only choice. I want you to really choose with your eyes open and feel into what's right for you." So on that note, even though this person is a friend, if you don't think they're a right match, honestly, they might have some hesitation too.

And if they don't because they don't know enough yet, then think of it this way. You're keeping them from the best match for them. If you hold on to clients—and this always blows my mind. The fact that a lot of midwives will just take anyone really speaks to the lack of—I don't know. Being conscious in that relationship. But it's like a dog. That might sound weird. But if you have a pet that isn't a great fit—and I sort of have one right now. You're keeping them from their forever home if you make it about you, right? Because I have a heeler. Honestly. Especially if we end up moving. Well, maybe it will work out for if we end up moving to a lot of land then she'll be happier. But if we don't, if we end up with less property than we have now, I might have to part with this dog. And it's going to

be really hard for me because I love her. And she's my dog. But it would be better for her to have not a more rigid situation than we have now. So same with your friend. You just have to be honest. And I think there's also a way to make it less personal if possible although she might take it personally. And if she's pregnant, she might take it personally. But having—I don't know. Putting her through some hoops, if you think she won't jump through them.

And I don't think that's bad in general for clients perhaps. If we have a way as midwives that we know things work well, then people do those things if they want to work with us. And if they don't, then they don't need to work with us. So don't let your friend just be a friend. If you're going to make her a client or if you're trying to kind of see if that would work, then you have to treat her as you treat all of the other ones which of course you're treating them very nicely. But I just mean don't let her off the hook for certain things. I don't know if that's helpful.

Okay. Do you carry Pitocin? How do you approach using it? I do not. I do not. And the reason is that is a very unstable drug. And I think there are definitely side effects. I know there are definitely side effects as there are pretty much with any medication. But Pitocin has to be refrigerated. It expires. It's just kind of a pain in the butt. And I saw a lot of Pitocin usage. So if you don't know, Pitocin is the drug that stops—well, allegedly, contracts the uterus to stop postpartum hemorrhage in some cases. And it's administered by intramuscular injection. So many midwives carry this drug in the little vial. They draw it up into a syringe. And there is a lot of, of course, Pitocin happy midwives out there. They use it for all things bleeding related whether needed or not. And just for fun, the letter of the law here in Arizona—and not for me because I'm not licensed—but if you are a licensed midwife here in Arizona and you do administer Pitocin for bleeding, you must transport. Now not to say people actually do that. But that is the letter of the law. So it's a serious thing.

So no. I don't carry it. I, hopefully, am not being too arrogant here. But in 15 years of practice on my own almost—no, not that. Let's see. 12 years on my own. Yeah. I haven't needed it. I haven't needed it. And that's not to say people haven't bled, but there are other ways of dealing with it. And there is prevention. And there is good health. And there is all the things. So yeah. I haven't really wanted to venture into that. And I'm super inspired and I've seen midwives that certainly could more easily because they have more medical access than I do—but a friend, who is a CNM—so she's a nurse midwife, she has prescription rates. She could carry whatever she wants. And she's never used Pitocin. Not in 30, 35 years of practice. And I think Margie Dacko is another midwife in Nevada. I'm not sure if she's still practicing. And she is of the older set. And I believe that was the case at least back when I was a student, and Margie was doing some teaching for the school I was in. That she didn't use it. Never had, never would, I think. So I think—yeah. The question is interesting. And I appreciate it. And I

think really it's time for more midwives to probably reconsider those standard things of midwifery. So you have to fill the gaps though because you don't want to be unprepared, if someone bleeds. It's like you don't want to not have what you need. But truly, I'm not sure that home birth midwives should be carrying that kind of stuff when there is so many other tools at our disposal. And even other medications, frankly, that are probably more effective like Cytotec.

Oh boy. I think this one—it's a great question. I feel like this would be a great part of a next mothering. So if you asked this one, I'll save it. It's mom of many ages 7 months to 15 years. How do you help your children live in peace? And how do you remind them to work together? Yeah. Those are great questions. So I'll save that. Thank you for that one.

Thoughts on the heel stick test. Hmm. I'm pretty sure—well, I'm not pretty sure. I thought we had a podcast on the newborn screen somewhere, which is what someone is asking me I believe although there is other reasons, I guess, you could do a heel stick on a newborn. Jaundice for one. But the heel stick test sort of in quotes is the newborn metabolic screen. So you should—whatever you are and if you're a parent of a baby that might be subject to this test, you should know what it is for sure. And what it is is a test of the metabolic system of a newborn to screen for any metabolic disorders. There is a lot there. And I can't sum it up probably in the four minutes. But each state, if you're in the U.S., has a different panel of these tests and a different requirement if it's mandated or not. Not that that would stop me from not doing it if I didn't want it. But in some places, yeah. They act like it's mandated. And here in Arizona, it is not. But many people choose it although not really with home births because I don't have access anymore to submitting the test through a lab which I'm not sorry about because I feel like if people want that test for their baby, which is their choice, they should go into a pediatrician and get it done.

It's not the funnest test to do or probably have, if you're a newborn. You just got to get the heel warm. You prick it with a lancet. And then get the blood onto a card. It's pretty barbaric although if a baby is nursing while they're getting stuck with the lancet usually goes pretty well. So it's not the worst ever. And that's easy for me to say. I'm sure it hurts. I'm sure it hurts the baby. So it's a choice. I think people should know about it. They should decide if they want it. They should really, truly understand what they're even testing for. And, again, to do that you'd want to figure out what tests are on your state's metabolic screen. So PKU is the main one usually. And back in the day, back when I was born, PKU was the only test. So it was just the PKU test. Now PKU is just one of the disorders that they test for on the screen.

Oh, I'm doing really awesome today. Can you discuss placenta accreta? Specifically, what is your experience with it? And have you seen reoccurrence in subsequent

pregnancies? Hmm. Well, I don't have that much experience with it. But placenta accrete for those that don't know is when the placenta grows abnormally into the wall of the uterus, I believe, right? So these placentas are totally adhered on there in an abnormal way and, generally, don't release on their own. That's how you might know you have one. So you have your baby, and then the placenta doesn't come out. And it doesn't come out. And it doesn't come out. And something like a manual removal would be pretty catastrophic. And if it's diagnosed as an accreta, my understanding is something like a hysterectomy is usually recommended although my friend, Lauren—hello, Lauren, if you're listening. She sent me a bunch of resources the other day about how accretas might naturally release at some point. And to be honest, I haven't gotten to looking at what she sent me.

But I don't doubt it. Nature is smart. And you're not going to bleed out of an accreta. I mean sort of in its general definition because it's adhered to the uterus still. But it's definitely not normal. And you don't want to be walking around I'm sure with a placenta stuck inside you and attached to your uterus. But probably like a lot of things, more of the harm comes from people trying to get it out when it's not going to budge. So I do have one story, and it's not a client of mine. And it's not anybody I think that would ever listen to this podcast, and this was many, many years ago. But she had an accreta at home and massively hemorrhaged because what I said. Her midwife went in and tried to remove the placenta manually, and that was a very bad idea. And this woman almost lost her life and needed a blood transfusion and all kinds of scary things. And honestly, I'm not close enough to her to know if she received a hysterectomy. But my guess is she did. And they're rare. Of course, they're rare. And they're more likely with someone that's had some kind of uterine surgery.

So this woman I'm sharing about she actually never had had a C-section. But she did have a D&C after a miscarriage. So any kind of uterine cutting, any kind of surgery, any kind of where you would develop scar tissue, it's possible. So I don't—I would not be afraid that would happen again though honestly. And you would do your best, if that was you or even if that wasn't you—even if you've never had one, but maybe you've had a cesarean, it's not stupid to get an ultrasound and ask the tech to look for any abnormal attachments. And the woman that I was just sharing about she did that. But she hadn't had a C-section, so she wasn't really considered high risk. But she did have ultrasounds. And they never saw the abnormal attachment, so there's always that possibility too. But I wouldn't fret about it honestly even though that's super scary. I would also look into any emotional and spiritual—I don't know. Messages around that because the placenta is necessary for life, right? So I don't know. Just kind of pondering what it means when it grows abnormally and that kind of thing because why not? If you're into that kind of stuff, why not? Maybe you'll feel like you prevented it, and you'll never know.

A free birth after a shoulder dystocia. Well, I don't know. I guess was the shoulder dystocia a free birth. I've shared before, like on Christina's podcast with me, *The Indie Birth of Veda Rose*, a shoulder dystocia is one of the scariest things as a midwife. And even as a mom. Like as someone that's had free births, that is one of the scariest things because the chance of you getting your own baby out in a shoulder dystocia at a free birth is minimal. Not to say it's not possible. And I know people have. And they can do all kinds of crazy things. But it's not ideal. But if you've had a shoulder dystocia, I think that's the question really is will it happen again is what someone is essentially asking. And I would not bet on that. Nope. I would not because it's really not predictable. Shoulder dystocia really isn't. The medical world will tell you it is. And they'll tell you maybe it's because your baby was too big. But truly, the couple I've seen and in what I know it's not really about baby size. It's something about—who knows? Just the way they get wedged in there. Maybe there's emotional and spiritual reasons why that would happen. Fear in particular. But I really would not bet on that happening again unless you really did have an abnormally large baby for some kind of other reason, right?

So, again, super rare. Did you have diabetes or something? Because those babies—that is one way, I guess, a bigger baby does perhaps equate to a dystocia just because a baby that is diabetic might have weird proportions and be sort of puffier. But I bet that's not the case because that's pretty rare. And you're not asking about any kind of diabetes or other thing. So I would not. But I would definitely deal with my fears. And I would talk to my baby and get body work and kind of do all the preventative things that might contribute. And, of course, who knows? Might contribute to a shoulder dystocia. And then yeah. You got to make your choices. There are risks to all things. And if your shoulder dystocia was caused by someone the first time, then there is also that element of dealing with what you remember or maybe what they did. Did someone break your water? Did someone make you push? All of those things contribute to a shoulder dystocia? So I could see why free birth would be an attractive choice, if that was the case. But yeah. I mean this isn't a free birth talk, so I'm not going to go on about sort of the benefits and risks of that. But I think if you're going to do that, it should be out of confidence not fear. I think there's way too many people choosing free birth out of fear, and we hear a lot of those really sad and awful stories because fear is fear no matter what. So choose free birth because you really think it's best for you and it feels free.

Let's see. Let me see what time it is. Okay. A few more minutes. Tips for the start of someone's journey being autonomous when there are confident yet. Well, I think you answered it yourself. How do we build confidence? And really what is confidence? That's a great exercise I think if you are up for it—whoever asked this. Get a pen and paper. Get some quiet and write down the words that confidence actually means to you because confidence is sort of this catch all for—I don't know. Different feelings for different people. So that's what you're looking for is how do you want to feel. What are

those words specifically? And I think finding ways to claim your power. I mean I've said that a lot today, I guess, because that's been my theme lately too is feeling powerful in so many areas of my life but recognizing where I still need to claim that because it's ours. We've decided to contract it out in whatever way whether it's our landlord and our housing or as an—not autonomous—as a midwife or as a birthing woman. As a woman, in general, I feel like our life's work is often to reclaim our soul. So imagine the shamanic image really of your soul sort of being shattered as a young woman, as a child, just as a human, frankly, in this world. We are so detached and all of the things. So reclaiming your soul, finding those pieces where they live, and bringing them back to you. And I think that's the journey to autonomy. And I have a whole podcast on what it means to be autonomous. So go find that one if you haven't and take a listen because I think autonomy is a great word that's sort of coming back into discussion which is really awesome. But it also is trendy for lack of a better word in that it's something people think they have to go get. And that's the whole point of that podcast is to find that inside and to not give in to it being a label that someone would put on you from the outside.

And a great example, again, is this whole free birth movement. Lots of conversation there. Lots of nuance. I have at least two podcasts on free birth. But this idea that if you do it a certain way, if it looks a certain way from the outside, somehow that's autonomy. And it's not. Autonomy comes from the inside. So the way it looks, who knows really what was going on for that person inside? Just because they birthed alone in their bathroom doesn't mean they felt powerful, doesn't mean they were autonomous in their choice. Maybe they did that because they were scared to death of going into the local hospital, right? So just keep in mind that it is a journey and that we need to define what that is for ourselves and slowly take those steps to reclaiming our power.

What was the most impactful birth you have witnessed? Hmm. Well, I love that question, but it's also not fair in a sense because all the births are really so wonderful. And I'm not just saying that. I mean they really are. They really are so impactful in what they teach and the wisdom that is imparted from these women and babies even when birth takes a turn we don't expect or maybe someone ends up with a cesarean. They're still impactful, and there's still so much wisdom there. And that's why I do this work. And the question was what birth have I witnessed, but, of course, my own have been my most impactful because they're mine. And they've—I've been in my body experiencing them and the lessons first hand. And then, of course, sort of the aftermath and the healing which you don't necessarily get to be a part of when it's not your birth. So Rumi's was the most impactful that I have personally had but not one that I witnessed.

Let's see. Witnessed. Honestly, it probably would come down to some of the out of the box things just because you have that added bonus of sort of the world or the system thinking that it's not possible. So what comes to mind—and these stories are in our book, *Indie Birth: A Story of Radical Birth Love*. There's a twin story in there. And

there's a breech story, and those kind of stories are my favorites when they are successful and triumphant because those women really had to tune out so much. To have your first baby, a breech baby, at home, I feel like you've got to just be a rock star to not take into account the whole world's fear about that. So that's not to diminish, of course, the just normal, as Margo would say "boring", births. Just normal, head down babies, water births, all of them are impactful. But yeah. I'd say breech, twins, VBACs, all of the things we're taught can't happen at home. When they do, man, it's the best.

Okay. If intuition doesn't always lead to a live baby, should we always follow our intuition? So whoever asked this, I believe must have also asked the one last month which was something along the lines of, "Does intuition always lead to a live baby?" And I said no. Does everything lead to life? I mean not to be argumentative. But why is there a guarantee of life just because we're listening? I don't think those two things even go together. And I think life and death is the topic. And that probably deserves its own podcast, so thank you for the question. But by asking this question if it doesn't always lead to a live baby, should we always follow it, well, what else would you follow? I mean do you want to follow your fear because you might get a live baby out of that too? There is no guarantees. There is no guarantees in life at all. So you decide. Do you follow your voice? Or do you not?

And you get what you get. And that doesn't mean it's easy because, as I said on this other Q&A podcast, how many people have come to us and said, "I followed my intuition. I planned a free birth. I knew who I was. I knew what I wanted. I knew about birth. I listened. And my baby died." And those are really, really hard. And does anyone have the answer? I mean I don't. I truly don't. Babies do die. People die. And I think I said last time, so it's a little repetitive. But we're all headed in that direction. That's what life results in. So should we always follow our intuition? Yeah. You need to decide. If you were burned by following your intuition and you feel like that didn't work for you, maybe you need to reevaluate what intuition is, where it comes from because sometimes we don't follow our intuition. And we think we are, but we're actually following fear. So it's not mine to say. You'd have to literally be in someone's body and psyche to make that call, right? You can only make that for yourself. But I do think—yeah. It's worth reevaluating especially in hindsight. What was that for me? Regardless of the situation, birth or not. Was that intuition? Was that fear? Was it scary to follow my intuition? Is that what I was feeling? And hindsight can be such a great teacher. So I wish I could give people the recipe card for a healthy baby always and tell them exactly how to accomplish that. But I don't have it. And I don't think anybody does.

Okay. Last question. How do you market your midwifery services? I don't. So there. Yeah. That might be great in a future business course. We do have business courses in our school. And funny enough, those courses are probably more structured, making a website, getting your name out there, networking. And I'm not totally pooh, poohing

those ideas because I have a website. We have Indie Birth as a website. I have a Sedona website that honestly I don't think anyone ever sees. I don't really use sedonamidwife.org. Yeah. I mean I guess my journey started with—oh my gosh. I'm going to have a business. I'm going to do this as a business. And I talked a lot about that on my last podcast about the PMAs, how I started, so go listen to that. But I did start pretty eager because that's what the world teaches you to do. If you have something you want people to want, you have to tell them about it. And then you have to make them want it.

And I think there is nothing less true, honestly, for the feminine work that midwifery is. So I don't know everyone's situation. And I've been here in Sedona a long time. So I don't really feel like I would even want or have to do that. Most of my clients just come through word of mouth or our free workshop. So I think here's the golden nugget. Don't advertise yourself, if that doesn't feel right to you. I mean if it does, go for it. Give it a try. But I think hanging a shingle is kind of weird for me. It feels like I need something from other people. That's what it feels like to me. And I don't. I don't need client. I'm here. And I want to work with really awesome people, and I attract them. That's what I believe. And they're just the right people. So I think there definitely is a difference. People don't need to be marketed to really if it's something they want and they resonate with. But yeah. I get it that you would have to get your teachings out there. You would have to get your wisdom out there. And so our free workshop is how I do that.

So I don't market myself as a midwife. I simply teach a free workshop. People come. I say I'm a midwife. We watch birth videos. And people make the connections that they make. I also don't hide I'm a midwife. I'm not hiding it. But I don't leave business cards places. I don't tack up fliers for Maryn the Midwife. No. I just don't. So, again, not saying that that's the way for everyone. But if that sounds crazy to you, then I invite you to just kind of reconsider all of these things. I think almost all of the questions feel like they almost go under this one because we've been talking a lot about your personal journey and my personal journey and claiming our power. And yeah. I think part of claiming power or claiming a role—I am a midwife. You're claiming that. Is that you really have to feel it internally. And then whatever you do is your choice. I have business cards. I just don't put them places. I mean if someone asks I'll give them one, but I don't leave them places.

So I think the journey is an internal one. And the more comfortable you are with who you are and what you offer people will come. So that's the kind of business coaching I give out. Margo and I are a little different as far as that goes. And I don't think there is a right or wrong. But I'm following my truth, and she's following hers. And you should totally follow yours.

All right. Well, we did that in record time. Thanks for listening. I would love to see you all the Midwife Monday events, indiebirth.org/live. And yeah. Just get on our newsletter list, as always, that way you can stay abreast of what's happening there. And finally, Margo and I are trying out Clubhouse, which is a sort of fun new app. I'm not going to tell you what it is. But if you're interested, you can let me know. I have a couple of invites every now and then. And you do need an invite. It's a very select social media app, which is kind of fun. So anyway, send me an email about any and all of the things and have a great day.

(closing music)