

# In The Midwife's Office #3: Visit With a 37 Week First Time Mama

Actually is a podcast about re-imagining the way we approach the entirety of the birthing year Margo's goal is to combine her radical imagination with her knack, for strategizing to bolster the birth revolution and a larger global revolution of feminine consciousness. Actually is a production of the Indie Birth association and Indie Birth dot org.

No material on this podcast should be considered medical advice. Birth is not a medical event now here's your host, midwife and teacher Margo Blackstone. Hey, if you're listening to this, you are listening to. A new series of mine, where we are doing a behind the scenes of midwifery visits. So talking to women who are looking for preconception, prenatal and postpartum support, and this is a really fun experiment because I, for the first time am recording these virtual sessions, which we have been doing for a long time here at Indie Birth, even pre pandemic stuff.

So we have had many years of virtual visits that we have done as midwives. And this has been an idea we've kicked around for a while. One, because we really like to do sessions with women all over the world. It's a really amazing way to utilize this whole internet thing so we can build a stronger.

Birth community. So that's really exciting. I always love doing these kinds of visits and this has the doubly cool aspect, which is that we are recording them so that you can listen in. So that might be cool for you because you are also a pregnant mama or a preconception mama or a postpartum mama. And you can glean some wisdom from these women and the conversations that they have with me, or you might be a birth worker, a doula, or a midwife.

Who knows maybe an OB or a nurse who is looking to learn more about this wise woman model that we teach here at Indie Birth and what better way to learn than to listen in and do this virtual apprenticeship with me. We are making this available to the public and we're also gonna be incorporating it into our teachings here at Indie Birth for the doulas that we train and the midwifery students that we have as part of the Indie Birth midwifery school.

So those are some of the reasons why this little mini series was created, and I hope that you really enjoy them and pass them along to anyone who might benefit. All right. So whatever you would like to share, I would love to hear just about your pregnancy so far and where you're at. . Yeah. So I'm 37 and a half weeks and wow.

It's yeah, I know. I need to change the calendar here. It's officially baby's birth month, so I'm very excited. I'm feeling awesome. And so far, really my pregnancy has been very easy and not like that eventful. And I know that's a good thing. It's flown by and yeah I'm working with a team of midwives and I'm planning a home birth and, just getting the finishing things together to prepare for that with all the stuff I need and just physically, mentally, emotionally Yeah, I'm overall, this pregnancy has been really fun and awesome, and just really grateful for all that.

And I guess like why I'm here and excited to talk to you today is just to get a different perspective from a midwife. Who's not in the system. Who's not in the medical system and to maybe have some conversations about things that I haven't been able to really talk to my team about.

Although my midwives are wonderful and I do really like them and they're great. I'm in Canada and here in Canada, midwifery is part of the medical system, which is fantastic. I don't have to pay for it. It's, the same as going to your family doctor, but with that comes along, a whole.

Like all the guidelines and things they suggest you do. And so there's been things along the way that I've declined and haven't wanted to do and have felt a little bit of pressure. And yeah, I have some things to chat with you about around that as well. And I just want, yeah, just wanna enjoy these last couple weeks of being pregnant before baby decides to come join us so exciting.

And this is first baby, right? Yeah. Yes, baby. Number one. Awesome. Yeah. So I guess I would just invite you to ask away and I can also come up with stuff that I usually talk with people about around 37 weeks too, but I always want this to be as helpful to you as possible. So it sounds like you have some things in mind already.

Yeah. Yeah, I'm not sure like what your, how your flow is with prenatal appointments and I've never done a virtual prenatal appointment. So any advice

or, any wisdom, things that you normally share with people I'm very interested in hearing but I guess a big one for me right now that's looming in my mind is like the fear of being induced.

Not that I'm calling that in or thinking that I'll need to be induced, but I do. I've had many friends recently. Who've been under midwifery care here, like in this very similar situation as me, who've been induced like after 41 weeks. And that tends to be the thing around here. If you go past 41 weeks even if you're having like a home birth they wanna send you to the hospital, like every couple days to get monitored and just make sure baby is good and not in distress.

And apparently there's a lot of pressure. For induction, whether it's chemical or the stretch and sweep. And I'm just like wanting to avoid that. And I've heard some horror stories about even like the so called natural ways of induction and just preparing myself physically and mentally, emotionally so that like I can stand firm in my choice to not have that force.

So that's probably like my biggest kind of fear at the moment. So if you have any. Any thoughts on that, yeah. Have you had that conversation yet with your midwives or not so much? I, not so much a little bit, again, like I said, my appointments with them are quick and, I see them in person for 30 minutes and then, there's all this stuff we have to do and check the baby and then they send me out the door.

So I know like they've told me about the standard is around 41 weeks. If baby's still not here, then they send me to the hospital for monitoring and I'm just like, okay. But we haven't really talked further about that. So yeah. What do, what would you like if you, I guess here there's two things.

So do you have a sense of what you would wanna do if you get to that 41 week place yourself or, and, or do you have questions about that whole thing? I know obviously if you know the baby's in distress or if there's any like meconium in the waters, then that could be means for progressing things along.

But if baby's not in distress and if everything seems good, then I just I'd wanna wait. I'd just be patient and just wait until baby wants to come. So that's what I would do. Yeah. And I guess I'm wondering. Yeah, sorry. And I'm wondering too,

like I know, heart rate is a thing, so they'll say, oh, the heart rate was low, so we needed to induce you or blah, blah, blah.

So it's what is that range? Like how, like what actually is a low enough heart rate or a high enough heart rate or what are the signs that induction is, could be important. Yes, those are such good questions. Yeah. Yeah. So I guess one thing I wanted to just say was, when they do monitoring after 41 weeks, what they're usually doing is a NST.

So a non stress test which is listening to baby's heart rate for usually 20 minutes. And then also an ultrasound, which is called a BPP, a biophysical profile where they give the baby a score based on how they look like they're doing inside. They can't see whether or not a baby has meconium in their waters that way.

And. That's a whole nother topic, but Meconium is not a reason for induction either. Even if someone's waters were to break prior to labor, and if there was Meconium in the water, like that's not actually, it depends. So it depends on what type of Meconium the, how thick it is and that sort of thing.

But I'm, I don't know a lot about Canadian midwifery, but the little bit I do know is that I believe that does, you'd have to ask your midwives, but I think a lot of times having meconium and the waters needs a transport to the hospital, even though that's not necessarily what I believe is necessary.

Yeah. So there's, I'm trying to think if we have a a podcast on the conium or not, I'm not sure if we do, I'll get back to you on that. And if we don't, we should make one. But Karen strange is a really amazing midwife who talks a lot about it. And she's taught on the topic for our school and that was.

The takeaway Uhhuh, what's her name? Karen strange. She's a really Lee midwife. She teaches neonatal resuscitation all around the world and is like just the most amazing expert in those topics. That aside induction it gets really tricky because without launching into an entire thing about fetal heart tones and interpretation the gist of that is that, when they do a non stress test and they put you on a monitor for 20 minutes and they're tracking baby's heart rate that whole time, like that is subjective.

Just like in labor, it is subjective. So there. Our parameters and guidelines around like what we're seeing and how to classify it. But there was a really interesting study. Maybe I'll put it in the show notes when I post this and maybe I can send it to you right after this. I can't remember the exact number, but essentially a really high percentage of the time when the same obstetrician was given the same information, the same strip of the baby's heart rate, it was interpreted differently.

So the same OB with the same information came up with differing opinions on the status of that baby. When they did studies, like they saw this over and over again. Yeah. That it's not a science. Yeah. It's an art. It's subjective. So that's where I think it gets really tricky because you're also dealing with providers who have this implicit bias.

They believe based on studies that going past 41 weeks is dangerous. And so when they think that you're already in the danger. They are probably much more likely to see something, whether or not it's there showing that you should just get induced because also it's really easy for them to do. And it's it's super normal for them.

It's oh what's the big deal. We do this every single day. Why not just get induced? If there's any question at all you might as well just have your baby, 'cause why would you wanna wait another week? Yeah, exactly. So we're dealing with a system that is very different than maybe the perspective you're coming from, but it's, that's where I think it comes back to figuring out what it is you believe and what it is you want.

So that, like you said, you can stand firm and whatever that is. So if you're someone who doesn't wanna be induced unless there's some really clear reason then maybe having a plan for getting a second opinion before agreeing to an induction so I'm not sure what that would necessarily look like, but that might be something you would wanna consider.

Yeah. Please. Yeah, that's a good idea. Second opinions are always good. Yeah, hopefully it won't come to that. Hopefully baby will just come when it wants to come. But yeah, I've just been hearing so many horror stories from friends of mine who are having like very normal pregnancies and then they pass that due

date and then they get induced and they, and then there's this cascade of interventions, then it makes their labor a lot more challenging.

It seems. So I just wanna avoid that. Yeah. There's also something you could look at and present to your midwives in case they don't know about it. It's called an a T. So an a acceleration oscultation test is really a fancy term, but a T. And it's a way of doing a non-stress test, but at home with a fetoscope or a Doppler.

And that's something that I offer my clients after 41 weeks. And they've done studies on that and they've shown that it does catch babies that aren't doing. is done correctly. So it might be another like lower tech and lower intervention option. Another reason that a lot of people get induced when they go in for that 41 or 41 and a half week check in at the hospital is they're told their fluid is too low And so that's something to just maybe read up on too, is that that is not actually a good indication for induction. Also having a big baby suspected based on ultrasound measurements, not a good reason to be induced. And ultimately, yeah, like I think all those things are really good to read about and know about.

And then I think ultimately it really pays to just be tuned into your intuition. And find a way to come back to that center whenever you're, because most people are faced even at a home birth. Maybe it's not the labor or birth, but maybe in the postpartum or early mothering or whatever, like usually we're all faced with something at some point where we have to make a choice.

And so just really practicing tuning into that intuition before making a choice and trying to sort out like, is this intuition or is this fear and then making sure that you create the space for yourself to take all the time that you need to make any given choice. Yeah. Nice. Awesome. Thank you.

Yeah, totally. And that's like exactly where I'm at right now. Just, trying to do things every day to tune into my intuition and as I'm slowing down with work I have yeah. More time for self care. So that's my priority right now is just honing my mind and yeah, all the. All the things meditating and breath work and all the things that I already do to help baby come.

Yeah. Yeah. That's great. Okay. Thank you. What else? Yeah, yeah that's great about the induction. I guess like the other stuff I just wanted to chat about was

yeah. How to compare my body, mine spirit for an empowering intervention, free birth. And I don't know.

I probably know all the ways and like I said, it's, it's been a, an easy ride for me. I'm very grateful for that. I haven't had any major issues in my pregnancy, but now that it's, coming down to the wire, I'm like, okay, how can I just really enjoy this and really enjoy this time and enjoy the unknown and be ready.

Yeah. Yeah. It sounds like you're doing the things, to tune in and make space and enjoy it. Maryn has a really good article if you haven't seen it. I think it's an article or is it a podcast enjoy or how to love your last month of pregnancy? Have you seen that one? No. Check it out.

It's yeah, it's really good. Thanks. And yeah, slowing down and just savoring it because this time is so fleeting really. And unlike any other time in life, that mystery of wondering when the baby's gonna come. I there's just no other surprise, like it, I feel like and it's something that can also, it goes back to the induction piece too.

It's another reason I think it's so challenging in our culture. To do it this way is people wanna know what day am I having this baby? Yeah. And because our lives are so scheduled and planned down to the minute, and it's just this like super Uber masculine. Our culture is super masculine.

So to be sitting in this very feminine space of there's complete mystery, there's complete surrender. Like we have zero control, like the impulse to try to control it through like induction and all the other things. , it obviously, that's what would happen within this behavior of the culture.

Yeah. So any of the stuff you can do to just get out of that left brain and into the right brain and slowing down and not thinking, and that's gonna probably feel really good and special and, there's, like I said, there's just no other time in your life where. There's this much, really exciting, like mystery to sit in.

So yeah, yet, so much space I've, yeah. I think of this as like preparing for a really exciting trip. If you have a holiday book and you're like counting down the days till you get to go to Hawaii or whatever, and you're like, you can imagine like what that looks like getting packed and getting on the plane.

But for this , it's I have no idea. I don't even know what it's gonna feel like. The last couple days I've been feeling like very mild, like little teeny, teeny cramping in my like lower abdomen, like subtle period cramps. I'm sure it's totally normal and nothing. Yeah, urgent, but it's Ooh, what's that?

And I'm like, okay, is there gonna be more of that? And it's, yeah. It's just so hard to wrap my mind around what it's gonna feel like when it all starts. And I guess that's the point. I don't wrap my mind around it. I stay in my heart and just trust so yeah. Yeah. Yes. And so many things, there's like a both and, or, yes.

And I guess a question for you is what have you already done to sort to prepare for the possibilities? Have you read books, have you taken classes? What what do you feel like you've done so far? Yeah yeah, I've read, cover to cover like all of not all, but two of in may Gaskin's book, so spiritual midwifery and the guide to childbirth.

And now I'm reading another book about conscious parenting, which is more about the postpartum period. So that's been really fun. My profession, I'm a movement therapist and I'm a breathwork facilitator. I'm pretty, pretty tuned into the human body and the breath already.

So that's been. Cool. Just as my body's been changing and my life's been changing, like just my relationship with my body. I'm still active, I'm doing yoga regularly and walking and I do hands on body work with people, so I'm still actually working. I stop working in a couple days, which will be nice.

But yeah I've been exploring some hypno birthing. And what else? Yeah, just slowing down. I guess COVID times too has been helpful in that for me, I've been a little less busy than normal, so just trying to slow down and listen and connect with baby and feel where it's moving and all that.

So I feel pretty ready in terms of that. And baby's in a good position. It's already head down and I've been looking into the spinning baby stuff a little bit and trying some of that. And as a body person I'm very interested in anatomy and like physiology. And I know that's a challenge for a lot of women nowadays just in our culture of so much sitting.



I was listening to, I think it was actually, yeah, it was one of me's podcasts. Y just yesterday it was like a Q and a, and she was talking about like the condition where the head is apparently too big for the pelvis. There's a name for that. And there were like, no, like your body's not gonna make a baby that can't come out, unless you have some sort of Real injury or deformity to your pelvis from an accident or something like that.

So it's interesting, like seeing my friends and other women, I know who maybe have more sedentary lifestyles than me and the struggles that they've had in their pregnancies and, babies not being in the right position. And I think yeah, just honoring our anatomy and making our hips open and getting our femur gliding and our pelvises like is so important for all life.

And yeah, just being like a human, moving like a human being is gonna help. So I've been trying to do that totally as possible. This, yeah. Yeah, and yeah, it's interesting. Like I've, I was a professional dancer back in the day and so I've had my fair share of injuries and that's how I got down this path of like body work and movement therapy.

But anyway, since I've been pregnant, my body hasn't hurt and I was, that was my big, yeah, that was my biggest, like fear going into it. I was worried that becoming pregnant would exacerbate some of my injuries and, just the strain and added weight on my body, but it hasn't at all.

If anything, my body feels better. So that's wonderful. Thanks baby. Yeah. Yeah. Yeah. That's so cool. I didn't realize you do breath work with people, which makes me feel like, if someone asks me like what the one thing they can do is to be ready for labor and birth, or like the one tool in the toolkit it's to connect to their breath.

That's what I see people. and I'm not a breathwork expert at all. But both of my labors and births, like I instinctually just figured out ways to tune into that and have that be a method for getting through contractions, like those sensations and like you said, like honoring the anatomy and just like really tuning into the body, those are the things that I think make it easier for people.

To have an unmedicated birth, a natural birth is to just be able to observe and witness and feel like not what's the word I'm looking for? Yeah. To not have it

bring up fear, when people have less knowledge about their own bodies and. Aren't as tune into them. I think it can feel really scary to have those new sensations, whereas what people are more connected and at least have a baseline understanding of what's happening to their body and what's happening physiologically.

That then leads to less less fear and obviously less, the fear tension pain cycle that we often talk about. Is very real yeah. Yeah. Yeah what was I gonna say? Yeah, like this pregnancy has really inspired me. Like I really wanna help pregnant women now, like even after I give birth in my work, just understanding their bodies, 'cause I think for a lot of women, like being pregnant is the first time they really feel their bodies, totally. And that, that shouldn't be a thing like we should. Yeah, have more tools and support and awareness of how our body works and not just from a physical, like mechanical standpoint, but as a, it's a, it's our temple, it's our vessel for experiencing life and creating life and yeah, it's so beautiful.

Like my appreciation for my body has just grown so much throughout this journey. So I'm excited to birth my baby. yeah, it's very exciting.

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Yeah. Yeah, another question I had, this is might sound weird or I don't know. Great. Yeah. And I know there's probably many elements of this, but what is the first trigger or do you know of the absolute, like first thing that makes the baby like start the birthing process? So I know there's probably hormonal stuff that happens.

There's physical stuff that happens. But even beyond that like babies sitting in here in my womb, head down squirming around and then all of a sudden it's okay, I'm ready to come out now. And then it like starts, starts the thing, and then the hormones happen and then the crashes happen.

But I've been thinking about this a lot lately. What is who decides I know it's probably one of the mysteries of birth, but wondering if you have any. I had the golden answer. Yeah. Yeah, no. The super short answers. Yeah. We don't know actually, which is so cool.

Also, it'd be really cool to know what did, but we really don't know. We know that there's a lot of, we know what happens. We know that there are things going on changes in the hormone levels and the baby's lungs secrete a different protein that indicates that they're mature. So that probably triggers something in the maternal body to be like, okay, let's head towards giving birth then.

So it's something that probably unfolds over the course of weeks as the body is getting those signals from the baby that they're ready. And then the mom's body is also. Very clearly Hey, I can't really sustain this placenta baby situation a whole lot longer, if they're gonna keep growing.

So there's like a maternal stress level also like a healthy stress. And yeah, so yeah, the super short answer, those, we don't really know. Even though we know some of the chemical changes that are happening, like in the cervix or like I mentioned, like the protein in the baby's lungs. But that doesn't explain then why some babies are born premature.

And yeah. There's some, there's a large amount of mystery, especially in terms of what is that first thing? Or how do those factors even relate to each other? Like the witch came first, the chicken or the egg yeah. That's what I've been thinking about. It's what is that first trigger that first decision to.

Start the process or yeah. It's time. It's time to, to move into this new world. Yeah. Like I have a friend who had a perfectly healthy baby boy at 37 weeks recently. And then I have another friend who yeah. Was like induced at 41 and a half and is there's such a range. And I guess that is just the mystery.

We, we don't know. And it's okay. Not to know. It's okay to not know, but yeah it, my partner is starting like a little farm lit here at our house. And so he's got like, all these plants he's started and he was looking at his EIA plants yesterday and he was like spraying them or whatever he was doing.

I don't know. I can't pay too much attention to his stuff, but , he was like musing out loud to me. He was like, why are some of these doing way better than others? And this one's huge and that one's tiny and this seed packet. Appears to have yielded different results than this seed packet. And I was like, you're asking the midwife.

I was like, every baby is different, even plant babies. And he was just like, so confounded, like they had the same growing conditions. They were the same soil, same light in our little grow room that he's created. And I was like, yeah, like I asked myself the same question, 'cause yeah, I've attended births as early as 36 weeks at home and as late as 43.

So that's a seven week difference. Yeah, totally. That's a big difference. Yeah. And babies come out six pounds and some come out 10 pounds. It's just amazing. The variety within the same species as humans. We're a strange bunch. So I don't know where I was going with that other than to say.

Yeah, there's just so much. that we don't know still. And I wonder if we'll ever know, but , we're probably not gonna find out the next three weeks before you have your baby. no, that's true. So I'll just make something up. Yeah, but I can, oh, and then there's the, oh, sorry, there's this lag with the internet.

I'm just gonna say there's also, the emotional piece and maybe the spiritual piece of like, when does the baby want to be born? And I swear, I have so many clients have their babies right around the time that like the astrological signs change. So I often joke with them like, oh, your baby's just waiting to be a whatever, like a Pisces.

Yeah. Or like half births. Yeah. Or at birth, like we'll be approaching midnight. It'll be like, what day does this baby wanna be born on? Do they wanna be born on that day or that day? So I think, and that looks different for different people and their beliefs, but, I definitely think the baby has something to do with the choice too.

Absolutely. Yeah. Fully. Totally. And yeah, I it's interesting too. The people I know who have been induced and they've maybe felt that their babies were brought into the world a little bit too soon. Even my sister, for example my mom shared

with me that when my younger sister was born, I think they did induce her, even though she was.

She was so called big and they wanted to get her out and it was a natural birth and all that. And this was like 30 something years ago. But my sister was born and everything was good, but my mom felt that she came a little too early. Like she was just a bit withdrawn. Like she was a internal baby.

Like she was, she didn't like looking around it was like, she just wanted to be curled up. And she didn't like, wasn't, it's like she wasn't ready to be in the world yet. Whereas apparently when I was born, I was two weeks late apparently. And I was just like super alert and like ready to be here and like really excited to be here.

So that's interesting too, just and how does that affect, our emotional kind of imprinting the rest of our lives, like I was rushed. And not to say that there aren't times that induction's a good idea. And that's usually when the baby's clearly communicating Hey, can you help me?

Can is how I think of it. Yeah. But but yeah, to be rushed for the sake of rushing, I feel like a lot of us, a lot of people I wasn't induced, a lot of people I meet who were induced, I'm like, I wonder, like how that plays out in your life. Just feeling rushed all the time.

Absolutely. You're being forced to do something before you're wanting to yeah. Like I was two weeks late and I apparently I didn't wanna come out and to this day I love sleeping in I just love being comfy so maybe that's a thing, yeah. And the baby's personality too, I think plays a role in all of it.

Yeah. So it's fun to it is. Yeah. Cool. What else? I don't know. Do you have any any insights or things for me to think about or ponder in these last couple weeks? Yeah, I

think I think we've thought a lot or talked a lot about it, but I don't have it up right now, but when you had sent your original message to me, were there some like newborn things you wanted to talk about? Yeah. Yeah, I guess I know I've, I forgot to look that up as well, but yeah, I guess that's another thing that my husband and I have just been, we've been talking a lot about in the last couple

weeks and I think we're getting clearer on our decisions, but yeah, just all the newborn procedures like the vitamin K shot and the newborn screening tests where they.

Prick the deal of the baby, those two things I'm just questioning. Should I do it like, to be honest, I'm leaning towards no, for both of them. My, I did talk to my midwife about the vitamin K and she did give me a prescription for liquid drop. So if I wanted to do it, I can administer it myself.

So I kinda like that idea of having the choice of giving the baby vitamin K while I'm feeding, rather than having them stab it with the needle. So that feels good. And at least it's like my choice, as opposed to them just doing it. And then, yeah, maybe like the screening test where they test for all these different metabolic conditions.

Yeah, I'm just wondering what's the point. 'cause like if you did the, if I did the screen and say, my baby had one of these conditions that they test for like apparently cystic fibrosis is one of them. And I know it's all very rare, but like then what, would they, would it AC would they actually find a cure or like my husband and I have just been talking and we've decided that the cure is love.

If the baby does have something, then we just need to love it more and we don't need to go to the hospital for that. So yeah. Any thoughts about the newborn screen? Yeah, I think it's a really tricky one and maybe I'll dedicate a whole podcast at some point to it. I should jot that down because I wanna do it justice.

Essentially, what I talk about with my clients is right. It sounds like you have an understanding of some of the things it looks for. It started with just one test, which was for PKU. And I do not know extensively about all of the tests involved. I think it's 52 where I live, that they do on the sample that you take and there's a, like you said, some are really rare.

Some are less rare and some are more like CYS fibrosis set fibrosis, and some are more like one that comes to mind and I feel like illustrates the example really well, because it's like such an interesting name and sticks out to people like it'll help people. Remember it is maple syrup, urine disease.

Interesting. Where, yeah. So in that, or in some of these other metabolic disorders, the baby can't process proteins that are in breast milk and so are then missing. Some of the things that they need to optimally survive and thrive. So with P PKU, for example, there's a protein they can't digest or break down appropriately.

Is that I'm not sure I'm exactly explaining this. So like I said, I should do a full podcast on it once I've got my like presentation prepared, but the short version is just that, because they can't deal with that protein in the breast milk, they have neurological consequences. And you wouldn't know a baby had PKU other than doing this test until there were already significant neurological damages that had occurred.

Does that make sense? Yeah. So again, it's rare. And so this is what I usually tell people is it's a lot of the things on the test are really rare. If your baby had one of the things that you could do something about You'd probably wanna know but I also I have done it once for one of my kids and not for the other.

I have a lot of clients who never do it. I have some clients who are like, I just wanna do it. And there's some other considerations too, which we could talk about. But so in the case of PKU like babies and I have not had a baby with this as a, midwife, I've not experienced this, so I'm not fully up on all that it entails with, there are things you can do, including giving them special formula that has that protein broken down already.

And I'm not sure what else I think you can breastfeed to some extent but not fully, don't quote me on that. Anyone's listening. Yeah. Cool. So I think that it's an important one to fully understand. And then I also like to tell parents since I've done it. Like I do it.

I did one last week. My apprentice actually did it, but since I've done it where the baby is able to nurse immediately with the heel poke, they usually cry less when I do the heel poke than when their parents change their diaper. yeah. Is the truth. So I used to really be afraid to do it. I did not like doing it and I've gotten a lot more confident as a midwife doing it.

And so I usually try to tell parents if you're worried about the heel poke itself, being like terrible I would not let that be the reason you don't do it. I would want

someone to not do it because they actually don't want the information. Or the other piece is that I think is important for people to know is once they do these tests, like they have your baby's DNA, , information.

And also they have information if they do have one of these, even if they're a carrier for one of these Metabolic conditions, even if they don't have it themselves. Because they would need two copies for example, of the PKU gene to have a problem. How does that impact the baby's future health records and , insurance and, what are they doing with DNA?

So like here in Minnesota, there's a form. Parents can sign saying, I want them to destroy the blood spots that we send in it's five drops of blood. Whether or not they do that though. I have no idea. So yeah, I think they do the same here. There's an option to like, keep the records on file at the hospital or whatever for 10 years or something or destroy it.

And yeah, that's another thing that just yeah. Comes to mind. It's do I want them having that information on my baby? What do they do with the blood? And right. And then you're you become a customer of the system, like at birth, and just with everything going on in the world right now with all these things, jabs and stuff, I'm just like, I'm not sure if I want my newborn, like in that world right now at all.

So yeah. So I guess that kind of leads into, baby vaccines and stuff as well. We're probably not going to do any again, I just can't trust. I just can't trust the pharmaceutical industry at this point in time. So yeah, you had already mentioned Aviva Ram's book and her vaccinations. It's called vaccinations, a thoughtful parents guide.

Is that what it's called? I have it somewhere around here. That's my favorite book to recommend to parents. , it's a little bit outdated at this point. It'd be cool if she didn't update at some point, I know she's a busy lady, but it's really good. And then it actually goes through what the vaccines are about.

Like what are we vaccinating for? So what would it look like if your baby did get measles at different ages and with different considerations, like what you need to consider essentially , information about that a lot of the times when



somebody really is struggling with, measles, for example, like they are vitamin a deficient, so it's okay is your baby going to be vitamin a deficient?

Probably not. If they're being, breastfed and then fed a whole foods, quality, nutrient dense diet. It just helps you in the decision making process, I think, and also helps. If you are in the system, seeing a pediatrician, for example, it can help you be like, Hey, I. This and this is what we considered and this, we're not that you owe anyone an explanation but I know some people have said that to me, like they felt like they needed more to stand on.

So yeah, I'm someone who doesn't take my kids to the pediatrician at all, so I don't have to do that, but yeah, no, I guess that's been something that's been looming in my mind as well. And I'm like, oh, it's down the road, but it's almost here. So it is something I should look into and yeah, I don't wanna just blindly vaccinate my.

Kid, because that's the recommendation. And I think everything should be questioned and everything should be felt, and it needs to make sense for me and my family and what we believe in and how we live our lives. And not just because the doctor says so. And yeah, like I'm not completely against vaccinations.

I think there's good things about them and yeah, I just wanna know what's actually necessary and what isn't. And so that's a good, I'll look up that book. Yeah, it's really great. And other parts of the conversation are things like, is the baby gonna be in daycare around other kids?

When they're still really little and their immune system, hasn't had a, chance to really beef up yet. Or are you gonna travel to parts of the world? Which probably isn't a thing right now. But are you gonna for some people? It is I have. A dear friend who travels to Africa for things.

And it's for her kids, maybe some of those do make sense. Yeah. And some of them are required for travel too. Then the question is, do you wanna travel to those areas? But I guess my point is yeah. Taking into consideration your family's unique context and what makes sense for you?

Yeah. Lots of decisions to be made yeah. And like you said, you're about to have a baby, so I wouldn't spend the last few weeks researching that kind of stuff necessarily. 'cause like those things will be presented to you if you are seeing a pediatrician and if you're not, you have plenty of time to, to look into it and decide what you wanna do.

Yeah. Awesome. Cool. Yeah. It's nice to Yeah, it's good to just feel into it and not feel pressured to do anything. And yeah I don't have a, I don't, I didn't even have a family doctor when I got pregnant, so I do now, but I've never actually met her and I don't know if I will. Yeah, we'll see.

We'll see. Yeah. Cool. Awesome. Anything else on your mind? I don't know, man. I think yeah it's just, I just can't believe it's so close to being here. And yeah, we live in a pretty small apartment here in Vancouver and, just getting the space ready. And again, there's just that like that, not knowing aspect of it.

Like I've got my little birth kit that I just put together with my midwives gave me a list of things like shower, curtain to put on your bed, and then you make your sheets on top and all these things. So I've got all that ready and gonna start making, making sure we got food in the fridge and yeah, I guess just the waiting game begins.

So yeah, yeah. When you asked about advice at 37 weeks, this isn't necessarily something I usually talk about at 37 weeks. It's usually something I talk about earlier and often, but just in case nobody has said this to you. And even if they have. With a first baby and we have a whole podcast on first birth.

I don't know if you've listened to that one. It's pretty good. Not sure. Yeah. Mary and I did it together. But my biggest advice, and this is often when I ask my partner, like when I'm like, I sometimes ask if he would do a partner class, or help me teach a class. But I have this really lovely couple in town who does it instead, 'cause Russell and I wouldn't be as good at it.

But when I'm, when I've asked him what he would teach at this class, he's it wouldn't be a very long class. It would be that you have to feed her and you have to water her and make the best. And so I often think about that and that's what I share with my clients is, when you're thinking about labor and preparing for, it sounds like you've done all the things.

you've got your tools, but the biggest thing, especially with a first baby is you have to eat food, even if you don't want to. Yeah. Like it's better to eat it and throw it up than to not eat it. And I just got this lesson hammered into my brain. Again, you think I would've learned after 10 years of going to births, I had someone who I let the rules slide a little bit and it ended up not being good.

I will not share the whole story and it's not like a scary, super scary story or anything, but her birth outcome was not as good as it would've been if she had been eating and drinking throughout her birth. But I kept thinking it was gonna be soon, so I didn't push it. And. In retrospect, I wish I would have more.

That would be my number one, suggestion, and everyone says they'll do it. And then they're in labor and they're like, but I'm not hungry and they don't want it. Yeah. So having your partner be prepared to like, be like, you gotta, every hour or two, you gotta eat something.

And it's like the first trimester, which for some people 'cause not everybody experiences this, but when you don't eat, you become more nauseous. That's a thing. So that kind of comes back with a vengeance, usually in labor. So often when people don't eat then they get nauseous and then they don't wanna eat.

And so staying ahead of it and eating like it's your job. Yeah. Just staying fueled I guess. And like I would imagine things like maybe soups or like easy to digest, foods that aren't gonna be super heavy in the system would be a good idea. Or do you have any like favorite labor foods?

Cause my husband's feeding me, so I just need to tell him he's feed me. Yeah. Yeah. Smoothie. And so here's the other thing too about this. I will give you my list of ideas in one second, but often in labor, we lose track like of what is reality and what is time, which is good.

That's what we want. We want women to not be in that limb. Or they, we want them to be sorry, my brain this morning, my brain, we want them to not be in their thinking brain. And so that's great. Except, I'll have people who, after the birth, I'm like, oh, are you ready for some food? You haven't eaten in a while.

And they're like, I just had that sandwich. And I'm like, that was 10 hours ago, wow. So in the moment it can feel like it's not that important to you. And so I

would just prime yourself for every time you're offered food, to eat, have some, and have some couple bites. And it's also easy to overestimate what you have eaten.

It feels like such a gargantuan effort sometimes to especially chewing food in between contractions. It feels like I'd rather just be resting right now. So often people think they've eaten a lot and they actually have had two bites of a sandwich or something. So smoothies are a big one that I think are really great because you don't have to chew.

You can just have a couple sips in between contractions and having them be as like much like a meal as possible. So collagen powder is great for protein or yogurt. And then of course berries and having things be as sweet as you want them to be, if you don't have blood sugar problems because the uterus really needs that glucose to, to be optimally functioning and then for drinks, I definitely avoid plain water unless somebody insists that's all they want.

Because often people are better at drinking than eating in labor. And sometimes they'll drink a ton of plain water and not eat anything. And then it like throws off their mineral balance and so electrolytes in pregnancy too, but especially in labor, some kind of like electrolyte mix, which could be simple, like a homemade lemon honey sea salt mix to taste or it could be, a store bought thing.

Those are my recommendations is to not drink plain water in labor to drink electrolytes and eat things that are as much like a real meal as possible, as long as possible. Usually by the end of labor, it's pretty hard to get someone to eat even yogurt or something. Often it's like a spoonful of honey that they'll be willing to have especi, with a long labor or something.

But yeah, meals as long as possible. And then if you really don't want a meal, some kind of really awesome smoothie or yogurt. Those are my go-tos. Nice. That sounds good. But super's great too. Yeah. Even it's interesting, like the desire to eat, like really, I feel like has fluctuated a lot throughout my pregnancy.

Definitely. There's been times where I'm like ravenous, like some weeks I'm just like eating all the food and then some weeks I don't really feel hungry. Like lately I've been, yeah, my appetite's been all over the place. It's as my stomach is getting squashed, there's like less room.

So I eat two things and I'm feel so full even though, or I'll feel really full one minute and then an hour later, I'm like, I think I'm hungry. And then I go to eat and I'm like, but there's no room for the food to go. So it's it's this interesting balance of needing to be fueled, but.

like not wanting to eat and feeling really full all the time. So yeah, it is interesting. And I guess that's another piece of advice. I usually give people in the window of maybe having their baby is to treat every day. Like it might be the day where you go into labor that night.

Does that make sense? Yeah. yeah, I was thinking that the other day, like one day I like didn't eat that well I don't know, had some muffins and oh, hello. You hear me awesome. Like I, yeah, I just didn't eat very nutrient dense. Didn't eat very nutrient dense foods. And then at the end of the day, I was like, okay.

Would I have eaten today? Fueled me for labor. If that were to happen. I'm like, probably not. Yeah, just starting now. Trying to be more conscious of, getting my veggies and my protein and yeah. It's like an iron man. Not that I've done an iron man, but my sister has, and pack little snacks and just constantly like eating little things here and there on their bike and yeah, exactly.

, you've got it. Yep. Training for a big marathon. That's great. Yeah. So exciting. I know. Yeah. Another thought I had I guess there's all this talk, especially with first births that it could be long, and it, it's common to have long labors with your first baby. And I know that, and I'm aware of that and I'm prepared for whatever length of labor I need to have, I'm also like inviting in the.

Option that labor doesn't need to be long. And , you just hear, I, you hear all this stuff from people like, oh, my first was so long, blah, blah, blah. And get ready. And it's yeah, that's true. But I don't know. I guess I'm just trying to work through some like affirmations and mindset stuff.

Yeah. To invite in the possibility of a, not a long labor and an easy labor and an enjoyable labor yeah. So what would be long for you? What would you call long? I don't know. I think again, like you said, I think time is going to be like, not really a thing. Once it all starts, like I'm gonna be in an altered state and time's not gonna matter so much.

So it's hard to know, but I guess. Plus over 12 hours over 16 hours, like that number feels long. Or if I see a whole day and night and then another morning go by kind of thing. And there's still no baby like that in my mind feels long, but that's me now saying that I have no idea what future be will say.

Yeah. Yeah. Yeah. Do you know the story of my first birth? No. Oh, I must. It was 68 hours long. Oh wow. That's long it was long. And you should totally listen to the podcast where Maryn and I talk about first births. Yeah, because we went, we went back through our logs of all the first births.

She and I had attended together and separately and. Talked about the patterns and roughly it was like a third of them were what we called short. I can't remember what we called short, like under 12 hours. And then a third of them were like between 12 and 24, I think now I can't remember.

I'm totally investing it up. I bet short was more like under six hours, but anyways, it was like a third of them were short. A third of them were medium-ish and a third of them were really long. I think it was helpful for us and it's helpful. It's been helpful for my clients too.

In preparing for first burst 'cause like it could be four hours. It could be three days. It could be in between. And I think that is the most important, as people are in the labor process, I often remind them to eat. Like when they call me, I'm like, make sure you're eating and like just reiterate all of this because we don't know.

We don't know which one it's gonna be. Yeah. Because, yes, I always hold the vision for my clients, that it will be the perfect amount of time for them. As a midwife, shorter births are typically easier for me to and I don't know where I was going with that, other than to say yeah, I totally believe it's possible.

I was just outta birth the other day where I felt it felt short to me. I don't know that she would've called it short. It was maybe like, yeah, it was like 12 hours. For first birth. That's that to me is short. And what do you say like 12 hours? Is that from the very first like contractions or what is what?

Cause as I'm, I'm learning about the different stages of birth, it's what is right. What does that even mean? Like the length of time, right? What does it even

mean? It's so when do you start timing or when does it start? Yeah. Yeah. So for me, as I'm preparing someone. As best I can for a first birth, I guess the other unknown is what early labor is like.

So for a lot of people having their first baby early labor is like more of a big deal than someone having their second, third, fourth baby. Either because they're so excited and they just, can't not pay attention to it because it's just too exciting, contractions that are anywhere from five to 15 or more minutes apart.

And often it's the most sensation someone has ever had in their, lower abdomen, uterus, et cetera. And when people pay attention, a lot of attention to that, it can feel a lot longer. Yeah. So that was my experience. So six, for me, it was 68 hours, but that was of contractions that were impossible to ignore that were pretty intense.

But that doesn't mean it was active labor. Like I probably wasn't inactive labor until more. It was probably more like 16 hours of active labor. But early labor for me was really hard with my first baby. My second baby. I still had a, I had a 20, I had 24 hours of early labor with my second baby, but since it was my second baby and often what happens is one, we pay a lot less attention to it.

And two it's just like easier for the body to do the second time. So even though I had a whole day of active of early labor before I had active labor, it was like enjoyable and fun. And I, just enjoyed it in a different way than I was able to the first time. That's not the case for everybody, but that is a pattern.

For sure that I've seen is that sometimes people have a hard time, not hyper focusing on early labor when it is early labor with the first baby, for those reasons. And often the people who have faster first births are people that have done a lot. Like their body has just done a lot of that work of the early labor process, already leading up to it.

So I had a client, who it was her first baby. And she was like, I'm not sure if I'm even in labor. Like I went over to check on her 'cause she had some like pink kind of in retrospect it was some bloody show, but she had some like pink when she wiped. I wanted to just listen to the baby, make sure everything was okay.

and get her birth pool in case it was labor. Cause I hadn't even given her birth pool yet. She was 37 weeks. And the story is in our book for people who have read that essentially I showed up, checked on baby all as well. I was like, you're maybe in early labor. It seems but seems like it's not really close to having a baby yet.

So call me when you're ready and I'm gonna go. And she was like, I'd really rather you stay. And like within 10 minutes she was like, I think the baby's coming now. Wow. And I was like, what? And she got up and started pushing and pushed her baby out. Wow. I've seen crazy things, but that lady to have two more babies and her second baby, she was, and I did not check her.

But she was also, it's a long story, but anyway, she had another midwife that she had seen for something that offered to check her cervix at 37 weeks. And she was already five centimeter. With a second baby. So we don't know if that was the case the first time, but probably she was probably someone whose body like starts doing it before she really notices really feels it.

Yeah. Interesting. Yeah. Yeah. Guess I'm yeah. Cool. No, I guess I'm trying to like, yeah. Figure out okay. How much, you start feeling the sensations and is it labor? Is it early labor? And, I get into my zone, like doing all my breath work and all my stuff. And it's like, how much yeah.

When do you really drop in to like kind of the focusing and the things you wanna do to ease the pain and stuff and or when do you just oh, whatever, I'm just gonna go for a walk. I'm gonna go to the grocery store. Yeah. Yeah. I guess I'll. Yeah, just to keep it normal long as I can until I have no choice, but to really focus and Yeah. And if it's nighttime, so that's, so I've given you all of my, my, my pearls of wisdom here, which is so basic. But yeah. Eating, drinking on schedule, if you're noticing early labor, stay on your schedule and eat those meals. And also if it's the middle of the night, pretend you're asleep.

Don't get up and turn the lights on because you think it might be time. If it's , if the midwives aren't there yet, it's probably not time. And obviously you'll have them to check in with about when they should come or not. But yeah, it's tricky. Yeah. First time. Yeah. You'll know.



Yeah. . Yeah, I guess I'll know. I'll find out one way or another, and I'd love to hear how it goes for you. You should keep me posted if you have a chance after he's here. Yeah, definitely. Yeah. We don't know the sex of the baby either. So excited to find that out too. That's fun. It's very exciting.

It is. Yeah, we can't wait, so we'll see. We'll have an A's baby or a tourist baby is my due. Date's the 18th. So right in the middle there and see what they decide. I know. Yeah. My little guy is May 1st. Nice tourist, baby. cool. Yep. And how many babies do you have for how many kids?

2, 2, 2. Lovely. Awesome. Yeah. Cool. Do you feel complete? Anything else before we wrap up? Yeah. Yeah. I feel pretty complete. Yeah, this is great. Yeah. It's fun to chat and I've, I've listened to several of your guys' podcasts and I'll definitely go back and check out that first births one.

I think again at this point, just the more, yeah. Positive birth stories that I'm hearing and I'm just trying to fill my realm and my world with positivity and yeah, just blocking out any negative vibes that are gonna get in my way of bringing my baby to the world. And so I'm feeling ready, and those are some great tips and insights and yeah, I'm grateful for this opportunity.

To chat. Cool. Yeah. Thanks for joining me. Yeah. So good. If you enjoyed what you heard, please hit the subscribe button and give this podcast a five star review for more enriching content and conversation around the primal physiological process that is pregnancy birth and beyond. Please head over to Indie Birth dot org.

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