

In The Midwife's Office #4: Debriefing a Prior Postpartum Hemorrhage and Finding a New Way Forward

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. 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. Yeah. Tell me a little bit about your pregnancy and what brought you here today. Okay. So how I can be most useful. Awesome. I'm About halfway through my second pregnancy.

It's been a drastically different experience from my first pregnancy. I've had HG, so I've had a lot more sickness and tiredness and it was pretty debilitating for about 16 weeks. And I it's been really humbling. The first pregnancy, I was really confident in myself and my ability to carry my baby and birth my baby.

And this time around, I've lost a lot of confidence because I had days where I was completely unable to function. Oh, that's where I'm at now. I'm start, I've started to feel a bit better, like I'm 20 weeks in a bit and I'm feeling a lot better than I was yeah. What is that looking like for you at this point in terms of the nausea and vomiting?

The vomiting has mostly stopped. If I'm really tired or I say I have a day where even if I have a day where I'm doing, what would have been normal before it seems that I'm overdoing it and then I'll be vomiting. But now the vomiting is down to, but maybe just a couple times a week compared to it was 10 to 15 times a day.

Yeah. Yeah. So it's good. And nothing helped earlier on no any, it's fine. With my first pregnancy, I had morning sickness for six, like from six weeks, till about 16 weeks, I got sick every morning. I had some food diversions. I had some tiredness and. The typical things worked like ginger, lots of small meals like any of, the remedies and this time around, it was just so such a different beast.

Yeah. Nothing worse. I, yeah. I'm glad you are coming out. The other side of it, it sounds was that in the last month or so then? Yeah, it was pretty much the last like around 16 weeks, I did start to vomit, less, like I was vomiting a lot. So it was like, yeah, went down to about once to, or twice a day.

I still have the daily nausea but even like the food diversions have gotten better. So I would really say like from 18 to 20 weeks, there's been like a drastic improvement and from what it was. that's great. Yeah. So you're feeling like that has rocked your confidence a little bit. Is there anything else that's weighing heavy on you at the moment?

With my last pregnancy, I was really confident through it. I had a long, but a really good labor. Like I was focused. I was on in control of my contractions. I felt like it, they never felt like they got ahead of me. But then when I got to pushing, it was like, everything just went out the window.

I pushed for three and a half hours and it was coached and at the end, like purple pushing. And it was just like, not what I had prepped for and not what I had imagined at all. And then my immediate postpartum. Was also seen, like I had imagined that golden hour and I got it.

My daughter was placed on me. We initiated breastfeeding and then it was just my placenta. They ended up delivering for me and then I ended up hemorrhaging and it just was, it, it went sideways fast. And it, that also has left me wondering I, what I, what can I do different this time to prevent that from happening?

Yeah. Okay. So there's these sort of two, two things, and I don't wanna ignore either of them. But maybe let's start there. So you said it was a long birth. How long was it? I was. In active labor, probably for about 24 hours. My contractions were about four minutes apart by about 5:00 AM.

By 7:00 AM. They were like coming regularly, like that four 11 rule . I was later in pretty good, but they weren't progressing. So I wasn't getting to a point where they were really getting closer. And then it was about 12 hours later. They they started increasing where they were every two minutes and they were just on top of each other.

And that went on till about three or four in the morning. And that was when I started to my body started to spontaneously push and then I delivered my daughter at 7:00 AM. Yeah. So she was. Sunny side up. I don't know if that makes a difference. And it was all back labor that I had. Was she actually born face up or was she no she rotated as she was like delivering.

Yeah. Okay. And did you have early labor too? Like at the start of all of that? I had, I only labored from about, like I had thought the previous night I could feel changes in my body. And then it wasn't, it was about like, things really mostly started around like 3:00 AM I got up. And my contractions at that point were about like six to eight minutes apart.

So it all just started at once. There wasn't, I didn't have, I didn't have any Braxton hits with her. I didn't have any days where I thought I was ever in labor. It was like when labor started it. True labor, like cool. And then tell me what I think I know what you meant, but just to be clear, you said that they weren't really progressing in terms of getting closer together until 12 hours later, but were you also getting like cervical checks during I went to labor.

I was so I'm sure, like my body was like my contractions weren't progressing. I'm sure my body was doing like some work when they, when I got checked, let's say like 12 hours later, I was about like five centimeters dilated. And then I was almost like completely faced at that point. It was just the, I wasn't completely dilated.

And then it took from about like 4:00 PM till four, 5:00 AM to get to. And at about 4:00 AM, when my body started like spontaneously pushing, they, my midwives didn't want me to push at all because they said I had a cervical lip. Okay. But my body really wanted to push and they weren't big pushes.

They were just like, I feel now, if I would've just listened to my body, I may have been able to get her into a better position. I don't know. I just, I, at that point I'd been listening to my gut the whole time and really in control of how I was feeling. And then all of a sudden it was like, no, you have the cervical lip.

You can't push yet. And then it was like, I wasn't in control of anything anymore. Yeah. I think that's an important thing to, to hear yourself say you weren't in control of anything anymore. I'm gonna jot that down. Cause I think we'll probably come back to that. so let's see.

Were you, was that five centimeter? And I guess just to be clear, I don't do a ton of cervical exams as a midwife, but when someone has had them, it can be helpful to know the information as you're piecing together the story, but was that five centimeter check? Your first one? It was, yeah.

Okay. And then they were occasionally checking until you felt like pushing . Is that true? Okay. So then they said don't push you have an anterior lip and then what happened? What's and then it was a story. It was a good probably hour or two of. And so my water hadn't broken previously it was with once my body started to like spontaneously push on its own then my water broke and that was the best feeling in the world.

Yeah. Like I still remember it. It was like, and I've said it to my husband so many times. I'm like, I can't describe how good it felt when even those spontaneous pushes felt so good and my water broke and it felt really good. And the fluid was clear at that point. But then it was like, okay, your water's broken, you're spontaneously pushing, but you have this lip.

So we need you to hold back until you're fully dilated and we can get the lip back. And it was like, not what my body wanted to do. So it was it changed my head space, if that makes sense. Yeah.

So then what happened? I'm. They definitely were in there a lot so manually pulling the lip back and then around five ish. No, it was around, so it was probably like between three and four when like my water broke and I was spontaneously pushing and then around four they were like, okay, we can just go for it.

Let's listen to your body, try to push if you can. And I was pushing, but it was a lot of oh, you've gotta push a bit different. You gotta, there was so much instruction. And the baby just wasn't coming down. She wasn't low enough. And I pushed for a really long time and I did every position.

I was on a birthing stool for a long time. I was just all over the place, like doing acrobats, trying to push throughout. Yeah. And then it was probably at around like between six and seven, they really started coaching my pushing. And but I just felt like there was a lot of hands in there and a lot of coaching her out and then at the end it was really intense pushing together out.

And then I did she had absolutely no molding on her head and a ginormous head. That was interesting. Yeah. Completely round and not no molding at all. Huh. And her head was like slightly swollen because it, I think because it didn't mold like it, I've never seen a newborn's head. So round in my life.

wow. Interesting. Yeah. So after that hour of waiting slash they were trying to push or pull the lip back then they told you to push. Was, did they, was the lip actually gone at that point? Or were they just we can't do it. So just try it anyways. No, I know from what I've read in my notes, they were able to pull the lip back, like manually.

Yeah. Oh, it's so tricky. I don't know. I'm assuming you've read a lot about these, this whole anterior lip, cervical lip thing. Have you read Rachel Reed's article about cervical lips? Oh, it's great. It's called like interior. I'll get it wrong, but I'll put it in the show notes. It's like anterior cervical lips, like how to ruin a perfectly good birth, something like that.

And it's about how, especially when somebody has that spontaneous urge to push, like telling them to do something that their body's telling them not to do something their body is doing, whether or not they want to is just psychologically really hard. And there's no studies that have shown that is helpful or that someone will harm themselves if they push with the lip there.

I get why in theory, people think that, but yeah, that hasn't been my experience either, but it is tricky with the first baby, 'cause some people call something a lip and other people would say it was more like, maybe there was a whole two centimeters left of cervix and I don't know, I guess my, my.

my short answer is if somebody feels like pushing, I would not tell them to stop pushing. Yeah. Yeah. And that's how I feel like now in high, at that point, I was just being, doing what I was being told. Even though for the first 24 hours, I was so into just listening to my body and then it got to that point and I really was like, okay, I'll do what you tell me.

But in hindsight and looking back, I just, all I can think is like, when I was those spontaneous pushes, they felt good. And I'm thinking if they felt good, they were probably right. Yeah. And it could be that it was helping rotate or get her lower or any of those things or help with that last little bit of dilation, there's. Yeah. So I guess that's definitely a takeaway that you've already had that I would just reaffirm for you is. Going into an next birth, just listen to your body, not what other people tell you to do with the information that you're feeling confident in that you're already getting internally.

Yeah. And it's tricky with baby position and stuff and a first baby, and if baby really was posterior, that can certainly make it trickier or make it, so that rotation really has to happen. But without molding, yeah. I don't know what that's about. Other than maybe she was just so high until she wasn't that she didn't need to mold.

But I think that's promising too, in that like your pelvis obviously was able to accommodate her without having to mold, which is cool. I keep thinking that too, Mike, it's amazing that she got through. Yeah. Yeah. I don't know, hopefully for this pregnancy, I'm just gonna keep that in my mind too.

If I was able to break her ginormous head that had no molding, I should be able to fit this baby through as well. Oh, totally. Yeah. Okay. Let's talk a little bit more about just while I'm thinking of it, if you were sitting here in front of me locally and considering, hiring me for your second birth, what I would say to you is, people that have had birth like that and still did it at home with a first baby are often the people whose birthed I miss with a second baby, because they happen so fast.

Or even if they don't happen so fast, often people. Can't even conceptualize that it's happening. If you have a really normal six hour labor or something for a second baby, you might just, and then a fetal ejection reflex or something, and your baby just flies out. Like you might not even think to call the midwives thinking you have so much longer to go, yeah. And also if you don't have back labor this time, there's just so many things that can go like second babies are the ones that are very easy to miss, especially when someone had a long, first birth, in other words. So I hope that gives you a little piece of like confidence going into it too.

Yeah. Yeah. And it doesn't always work out that way, but that is a pretty, pretty common pattern. And I can't think of a second baby that wasn't easier than the first that I've attended used. yeah. Yeah. So then you said you had the golden hour, but the. Did they do active management?

They pulled, yeah, the plan was not to do active management. Okay. Like in my, originally I had it written down that I wasn't gonna do active management. But I had ended up delivering her in lithotomy like, I was like completely flat to get

her out. And then I was like, I was super exhausted and I had a really intensely cramp while I was delivering her.

So I couldn't really move, I don't, when I look back, I'm not sure why I was still laying down the way I was, but my bladder was really full. Okay. And they were saying, oh, this is why you like your placenta's not coming. Like you can't deliver it. You have to empty your bladder for it to come.

I don't think we can get the placenta. Which when I look even then it felt rushed. But when I look back now, I think like that it was not supposed to be active management, but there was still such a clock on like how fast they wanted my placenta to come out. So I had absolutely no urge to pee.

I was like, there's no way I can even pee right now. Like I have no urge, I can't pee, but I didn't get up off the bed when I didn't have anybody help me get up off the bed. So I don't really know if it was just because I was so exhausted. I'm not I don't know what happened there, but they ended up putting in a catheter and draining my bladder.

And then I delivered the placenta. I know that they, there was traction and they were pulling on it. So I don't really know if it was mostly them delivering my placenta or if maybe I, it had naturally detached and I had some contractions, I don't know. And the notes aren't clear on it. I've read them and it's not clear.

I did get a shot at Pitocin of Pitocin at some point though. So I know that at some point it turned into active management on their end . So did you, did the notes give you any sense of like the timing of any of that? Like when you birthed, when the catheter happened? It was definitely within the hour, like from seven to eight, like I had her at five after seven and the, my placenta was delivered by eight o'clock, like all of it was done and over with and then you said that you hemorrhaged, so what does that mean to you?

What did that mean to them? Like how did that actually play out? Sure. They delivered my placenta and my husband was great because they just like. Went to discard it right away. And he's no, she really wants to see her placenta. This is something she's interested in. So they showed it to me and it, the midwife was like, this is one of the biggest placenta's I've seen it's three pounds, it's a large so they showed it to me and I felt like good about that.

And then they started to do my little one's newborn exam and they were just going over her body checking for 10 fingers and 10 toes kind of thing. And my husband has it recorded and I'm really engaged and really active talking to them. But I had, I, I forgot to mention this. I think I put it in notes, but I had sick labor.

So I had been like vomiting whenever I had a contraction. I pretty much vomited like through my labor. And then . I started to once I had con like, after she was born, I started contracting my uterus was contracting and I started to vomit again with them. And so I would vomit and then I would start to bleed.

And I so at that point they gave me a shot of gravel, trying to get me to stop vomiting because it wasn't helping the bleeding out. And this is like an interesting part. And like the birth video is I am really hyper, is, would be like the best word of a newborns exam. And like, when I look back now, it doesn't seem like me.

I was like really hyper and really engaged and really giddy. And then all of a sudden, like I'm just not. And at that point, like the room goes into a bit of a frenzy because. I guess I had vomited and then I started bleeding more. And so they'd given me another shot of Pitocin. They were doing fun massage and then I ended up getting medication inserted into my rectum, which I don't recall the name of, I think it, or Misal yeah, I think that one.

And then it seems that they got it under control. Like that my, once I stopped vomiting, I think that helped. And then maybe the medications worked. I just think my body was so incredibly exhausted and I feel like that last stage. We just went too fast. Like I don't, when I look back, I don't necessarily feel like my body was ready to deliver my placenta yet.

Like it wasn't ready for that third part of birth, like to birth that. And then they managed to get the bleeding to stop. And I didn't transfer. I stayed at home. And it was just a lot of them checking in, checking on the Mount like it, the pads that I was saturating and just making sure that the bleeding was like eventually going down and wasn't increasing.

Yeah. Do you, did they do any kind of like blood work to see what that looked like after? They didn't that I can recall. They had said like in their notes, they said I lost about a thousand CCS with blood. . So I think that was probably just like an

estimate. And then the, for the first 10 days, like they were at, they do like in Ontario here you get the first 10 days you get home visits.

Okay. So they were coming for the first five days. I feel like somebody was here every day. And then it was like every other day. And then at two weeks I did like an in-office appointment. So they were really thorough with checking and they came back, like they had left maybe around like 10:00 AM or I don't 10 to 12:00 AM.

They had left and then one of the midwives was back in the afternoon to check again. And they were in contact by phone as well. Cool. Awesome. How did you feel, I guess either during that, and then also after that, like you said, you were giddy, hyper engaged and then not did you feel bad?

Did you feel. What did you feel like? I felt like that point where I was feeling really hyper and giddy didn't feel like myself. And if I've said to my husband, I'm like, I feel like that was almost an indication. Something was not going right. 'cause it wasn't like, I thought in my mind, I thought I should want to feel like looking back.

Like I just want my baby and I want my baby on me instead of being like chatty with everybody in the room and yeah, it just looking back at the video, it just isn't how I normally am. And I feel like now in hindsight, that was an indication that something was a little off. And then I was exhausted.

And I, my mom ended up coming. We ate, I had the baby and then I slept for hours. And my mom and my husband looked after my daughter. And when I think about it, it breaks my heart. 'cause I, that first day I don't even think I was with her. Like we were like, they were looking after her and I was sleeping and then it was probably then like by that night I started feeling a bit better.

I was definitely green. Like my skin tone didn't look great. And, but within 48 hours I started feeling like much more like myself. Were you able to get up and go to the bathroom before the midwives left and that sort of thing? Or like busy? Did you have any? I don't even, I didn't even stand up Margo.

Like I couldn't even stand on my own legs. Like I stood up later on in the day. I actually don't even know if I stood up that first day until that night and I could

hardly stand on my legs. Like I just, they were so weak. I. Couldn't even stand without assistance. And then it was probably like the next day I was able to stand, but same thing.

I needed assistance from like my mom and my husband. And was that because of like the acrobatics that you were talking about, like all the different positions or what do you, or do you think that was from the blood loss? I think it was probably like a combination of both. Like my body was tired, but I think it was probably like, just overall, like a bit of the blood loss and exhaustion but never dizzy, never feeling faint ringing in the ears.

No, that kind of thing. Yeah. Interesting. No, I didn't have yeah. And they didn't offer you like IV fluids or anything before they left.

I'm trying to think if they had I'm sure they had fluids with them. But no, I wasn't like hooked up to a bag and given fluids or anything like that. Yeah. Interesting. An interesting thing to peek out in your notes would be to look at your pulse too, because that's like our number one indicator of blood loss, or it's the first thing that we really can see change.

And it changes equally as you lose more blood, if that makes sense. So it's as you lose more, it goes up. So it's a really simple indicator. It's the first thing that I look at when somebody has lost or has, is approaching, losing a concerning amount to me. And so it's hard.

Yeah. Like with those long labors and long pushes. And also I think the biggest thing that sticks out in your story for me is the vomit. With a labor like that, where you 'cause my question for you was gonna be like, were you eating throughout your labor? And did you eat immediately after birth?

And so instead of eating, your body did the opposite because often and I actually had a recent birth like this, where someone was vomiting throughout labor and then had a hemorrhage. And it's often because the, the uterus doesn't have what it needs to do, its job optimally, like it needs glucose, it needs fuel.

And then also it need, you need to be hydrated. Ideally, so that's a really key, a key thing that I would hone in on. And also with your experience thus far, this pregnancy too. And so this is where I wish Maryn were here with us because

she's better at this part than me. Is and maybe this is just homework for you, or maybe we can loop her into the comp later, but like what's the question?

I guess my recommendation would be to look at what vomiting means for you, like on an emotional level. Yeah. Like where does that come from? And not that it's always an emotional thing, but I've definitely seen it be that be the case for some clients. Okay. I have a really good, an interesting story.

I could share of a woman who I was with her for two births. And I don't know what she would say. I should ask her. Maybe I'll have her on the podcast these days, but her first birth was really long really long. And she could not stop vomiting. We tried all the tricks. So I do have one idea for an extra trick.

Maybe you don't know about yet, but maybe you do since you've had more experience with this than I have personally, but we tried all the tricks that we knew of. But we ended up transporting to the hospital because she couldn't keep anything down and she was nowhere close to having a baby.

And that's one of my least favorite situations is to have a dehydrated and depleted mom going into pushing out their first baby, because it could be three and a half hours. It could be four. My daughter, I was completed like nine or 10 in the morning and she wasn't four until four in the afternoon.

So wow. Yeah, it's, it can be a while. And so she didn't have the baby for another 24 hours when she got to the hospital did have a vaginal birth anyways. We did a lot of debriefing and reworking the story during her second pregnancy. Had a couple other tricks that we'll talk about with just in case she experienced the vomiting again in labor and she didn't vomit one time she had, oh, super straightforward, no vomiting, six hours pushed her baby out in her living room.

Beautiful birth, super simple. Yeah, no, it was just like a super textbook second baby. So I also like to share just because that was your experience last time doesn't mean that it would be your experience this time. But I think during pregnancy it'd be really worthwhile to look at that piece.

What does that mean for you? What does that associated with? What patterns do you have around that in case there's something there that can be like

integrated. So I don't know if that brings anything up for you or if you want to just sit with that.

Yeah. I do feel like I had a couple like emotional barriers. When I was having my daughter that were surrounding like grief. Okay. So we had, and it sounds like it doesn't sound like a lot of people haven't owned pets, but a month and a half before we had our daughter, our fur baby, who was like our first child together, stuck in our bed with our life suddenly passed away.

It was traumatic. We didn't expect it. And he was big, he was 150 pound dog. So he was literally like another person in our house. So when we had envisioned having the baby and birthing her it, it did it felt like there was like a person missing, if that makes sense. , I'm sure even with little dogs, they feel like they're a member of your family, but it was like this physical, like all those spots where he normally was taking up a huge space. He wasn't. So that had been really sad prior to delivering her that just like a sadness I was carrying. So I'm sure I was like, struggling with that sadness from him.

And the day that I went into labor, my cat started urinating blood out of nowhere. So as like I'm laboring at home, my husband's trying to get my cat figured out on the phone with the vet and I'm. And at one I did have a doula and she, now my husband said, in hindsight, she kept saying you have to get the cat sorted because she's now she's thinking the cat's gonna die.

Which I was because he is bleeding. It's not funny, but it's just it was like taking some of my brain thinking about him. And then I had a, when I was in high school, someone I loved very much passed away, really traumatically. And I always felt a lot of guilt for it. Carried it with me and I had somehow placed it in a part that I wouldn't get to have my child because it, like they were lost.

It was just something I had carried for years. And I know that was something that was holding me back, 'cause I was afraid I wasn't going to deliver her alive because of that. It is just like a guilt. I was caring. It's like hard to explain. It was just a weird thing. And I didn't talk about that and I've since.

The four years I've had her I've processed that a lot more like with my husband and a close friend, just talking about how I was just, I felt like it was like my punishment for losing that person. I loved so much and like a really traumatic

way and not being able to help it and change it was that I'm not, I wasn't going to get to have somebody who I love that much again as my kiddo.

So I do think when you say like the vomiting being emotional, there was like, that was like my whole labor I kept thinking was I'm I know she's alive and I could feel her now, but once I get her out, I'm not gonna get to keep her was the feeling I had. Was the friend who you lost dramatically also female?

No. No. Interesting. Yeah. Wow. So you feel like you've processed that quite a bit in the last four years? I have. I, and that was something I knew even before going into a second pregnancy that I had to deal with. And come to terms with that and do a lot of work with that emotionally. So I feel more prepared that way where I don't feel like I'm carrying like this like heavy guilt into it.

But yeah, there was a lot of grief, even though it was like a really happy time having our first child, there was a lot of grief and like fear surrounding her birth. Yeah. Yeah. yeah. Those first babies Augustine Colebrook talks about, she did a presentation at one of our conferences about how postpartum hemorrhage is like the womb crying or wow.

Yeah. Like a release of emotion and. Yeah, sadness and grief, and it can look a lot of different ways for different people. I've seen it, and we never know exactly what's going on for somebody else, but after going to enough births, I feel like there are some patterns that we do notice and pick up on.

And yeah, I've also seen people like who are going into a pregnancy after a, a pregnancy loss, maybe they've had a miscarriage or two, and that often looks like someone who bleeds too much after, as well. Because of those things, you just said that quote, like once she's out, I won't get to keep her like that fear and that like just yeah, that imprint that's already there around how that might look.

What, if anything, do you feel like you're needing to process? I think we're doing some of it right now, but what, if anything, do you feel like you need to process before this birth? Because often second births are so different because we have all the other stuff. Often the first birth burns off a lot of that.

Like it teaches us those lessons. And like you said, it brought up that stuff for you. But now you have a new layer of stuff accumulated from parenting and the

last birth. So I guess where some places you feel like you could do some of that work ahead of time, this time. That's a good question.

I, I think with this time around, I just

Like asking to my husband, even with like the labor part, I think I need to give myself. More permission to like rest and to just feel what I'm feeling. So with the first one, it was like, I was afraid to say out loud how I was feeling in those moments. I didn't want anybody to know that, like I was the say like, feeling that I, once I delivered her, there would be an issue because then I thought that would put doubt in my midwives of what I was like capable if I was like capable of having her or not.

Oh, sorry. And this time, and even with I walked the, all of my labor, like I had back labor, so it was really difficult to do anything aside from like standing was what worked. But I was like convinced that if I did rest that I wouldn't get her out. And this. This time around, I think I've just, I feel like much more, like I just need to rest and I need to, if something comes up in my mind, I just need to say it and not care if Midwives or my spouse then oh my gosh, that's a really dark thought, like just yeah.

To let it be. And I'm, C's a strange thing that's happened in all this. So it's I don't know. I'm not even sure how I feel like, it's it just I want my house to stay a sanctuary. That's like safe and comfortable and not have any of what's going on in the world, brought into my home.

And that's what I'm like. That's the main thing I'm worrying about is like that the Midwives are gonna potentially bring like that energy into the house. And I don't want it this time. I don't want any negativity is fine, 'cause I'm saying I may have that, but I don't want to feel like the fear of whatever fear they're having about the current situation in the world, like coming into our house when we're having our baby.

Yeah. Have you vocalized that to them? I just think because there's so much limited communication. I haven't, I feel so disconnected from them this time around yeah. I don't even know if we'll we have the opportunity, like our appointment. I have an appointment next week and the majority of it will be done over the phone while I'm in like my car, outside the clinic.

And then I go in and it's for 10 minutes and it's just like blood pressure. They're gonna check the baby's positioning and whatnot. And for me, it's like. it's hard to make a connection with somebody when you're not looking at them. And I just, I don't know. I am, that's where I'm like my biggest fear right now is like not feeling connected to the birth team that's coming into our home.

Totally. I guess is a sort of an aside from typical prenatal discussions, but like the political part of me wants to say you should tell 'em all of this. Even if it's in an email, even if it's like an extra appointment that they have to make for you. I think they need to know 'cause no midwives want women to feel that way.

So even if they're in the system, even if they're more, medical, whatever, like no one gets into this because they want women to feel disconnected and not good about their birth team. So I think it'd be worth. , even if it just makes your own hurt, feel better to speak that to somebody it's worth them hearing that it's worth you saying that.

I think maybe it would change how they're doing things, yeah. It's, that's not the model anyone wants to be working in, so there's gotta be a way. And even in non COVID times, like that's a thing, like whatever I've talked to people who maybe are dealing with fertility struggles or or even just friends who are dealing with like other health stuff.

My recommendation was always, when you, whenever you make an appointment with someone like a doctor, person is to be like, I need a double appointment, like book me for two. I don't want one. I want two. I do not want to be rushed. So that's always a thing that you could. present to them, too. So I guess this goes back to a more general topic, which is really looking at what do you need in this pregnancy?

And maybe it's not that but yeah, figuring out what exactly would feel good for you. So then you can call that in whatever way that looks hello everyone. If you're enjoying this podcast, you'd probably really enjoy our other more in-depth offerings. We have a comprehensive course for mamas called 13 moons epic education for the birthing year. And in everything you need to know course for aspiring doulas who want to change the world called the birth warrior project 120 day doula training and transformation, and for the real birth nerds who

want to become home birth midwives, we have the Indie Birth midwifery school, and you can find out about all of these options Indie

What was I gonna ask? You said something that I wanted to go back to.

What was it without us talking about that?

I guess the, what are you wanting to process and prepare for this time going into this labor? Is that where we were? Yeah, I think I brought us on a tangent. Oh, I know. I had a question about the resting thing. 'cause you said you're feeling like you need to give yourself permission to like really listen to your body and do what you want to do.

Where did that idea come from? That like idea that resting would make your baby not come out? It came from the first birth I attended was my sister's is second. No. So my sisters had two births and I took a lot of trauma from her birth as did she. So the first one coincided with that person who I loved very much died on the same day that her son was born.

And that was a hospital birth and it was okay. My sister had some complications with her heart that they didn't recognize 'cause she looked young and healthy and they brushed them off. And then early postpartum, she ended up having issues and it was related to her labor, but they hadn't seen them because she looked so young and healthy and they didn't think much of it, but it was really traumatic.

'cause here we are welcoming, like my parents' first grandchild and our first nephew and this person who I loved and my family loved so much. Died the same day. And then her second birth is where I got the idea in my head that I couldn't lay down was because she went to the hospital. I was with her she got there and it was very like she was in labor.

She was doing great. And the first thing that happened was like, they told her to get into a bed. They did a cervical check that was uncomfortable for her, the nurse wasn't very kind. Then at that point she started, everything felt more intense because the whole environment had changed. She was on her back.

She was laboring in bed, told not to move. The baby was posterior. At that point, they did a check. The baby was posterior and within a. Not even like an hour she wasn't allowed to get outta the bed. She had to stay in her back. She was just told all this kind of stuff. She had a sunny side up baby, and then they came in and they whi her off and they did a C-section.

And so I internalized that as a lot of in my head was like, so she had a sunny side up baby. They laid her down right away. They didn't let her move. And this was like seven years prior to my child being born. So I wasn't educated about birth. My sister was just in a very medicalized way of birth yep.

And so I had gotten in my head, I was like, I just have to do this completely different than my sister. So that she doesn't experience me going through the trauma she went through. And so I don't experience going through her trauma that way again. And my little one had at like 40 weeks, she had turned from one side of my belly to the other.

And so she had been like, we got this picture from our midwife. We're supposed to put it on our fridge. And it's the ideal position for where your baby's supposed to be. She'd been in it, she'd been in it for weeks. And then at 40 weeks, she changed to the other side of my baby and I, or my belly. And I knew at that point that the likelihood of her as being spine to spine was greater.

And I couldn't get it outta my head was I'm gonna have a sunny side up baby too. And they're gonna try to transfer you to the hospital and I'm gonna need a C-section and it'll just be my whole, my sister's whole birth again. Yeah. Yeah. So a few jumping off points. Have you listened to Mar's podcast on these demystifying?

The posterior. I believe I have. Yeah. I, for the last two years I've been listening to going through them. I know I've, check-marked a few that I have to go back and re-listen to. Okay. Another suggestion would be, and you said, I think you said on your form, like you've trained at Z doula, is that right?

Yeah, I did doula training in 2016 and I was, I like active for till last year I was attending birth. Okay. So I think that a good resource, really, for anyone out there who might be listening there's this really wonderful book called healing

after birth by Jennifer Summerfeldt. And I did a podcast with her that you could also listen to, people have told me it's one of their favorites.

She's really cool. And her book is great and offers a lot of like concrete exercises that are you. Written in term in a way that is for women to process their own birth, but it could also be really useful, which I think would be great for you to do for your, from your last birth. And then also it could also be used in processing births.

You've witnessed because like you have just so eloquently shown with this story, which is so amazing, which is why I'm so excited to be doing these and making it so other people can listen in. It's such a good example of the way that we carry other people's stories and how, being witnessed to things will impact us.

And the choices we make sometimes in really great ways and sometimes in ways that maybe aren't as ideal or optimal. Yeah, resting, if you feel like resting anyone who's listened to more than one of these is probably gonna get sick of hearing me say like my, if it's super boring but like my biggest advice.

Going into labor. Especially if you have a history of long labors or if it's your first baby is to eat on the same schedule you've been eating on so that you don't hopefully get in and we should talk more about the vomiting thing. Don't hopefully don't get into that nausea cycle at all. If you can stay ahead of it by eating.

And also even if you're not dealing with the nausea, just the body needs fuel. So eating on the same schedule as long as possible, then after that, switching to, light stuff, that's easy to digest even just like straight honey, I'm sure, this is doula. But it can be really hard.

And that's often where partners and doulas and midwives come in. That's a huge part of what I feel like my job is so eating, drinking electrolytes. So like I would not drink any plain water. I would only do electrolyte drinks, especially if you're prone to vomiting because. Plain water, especially if people aren't eating they'll often drink more water, like they'll like just fill themselves up with plain water and often that can throw off your mineral balance. So food electrolytes emptying your bladder would be really great to just be really aware of which I'm guessing is already on your list, but just these basic things, emptying your

bladder. And then if it's dark pretending you're asleep and if you feel like resting doing the active resting positions if you're familiar with those not laying flat on your back, right? That is ideal. And you saw that play out, but that doesn't mean all rest is bad.

Of course. And that, there are ways to prop yourself with pillows. Isn't that what they call it on the spinning baby site. It's like the active rest position. Something like that. I never remember exactly the language they use, but. yeah. Like the rotisserie chicken. Yeah, exactly.

Yeah. So those are my, like really boring, really basic. And then I guess the last thing I would add would be that like emotional processing ahead of time, as much as possible, but in the moment, like just really making sure that all your systems are being optimally supported and then you brought up also the environment.

So maybe talking about that with advisors and being like, there's going to be no room for any weird extra world energy at my birth. And then doing whatever energetic kind of work maybe you already do. I don't know. Just around like visualizing your space is not allowing that in saging, running a diffuser, that's got some magical oils in it.

I don't know whatever that looks like for you to really create and protect that space. That's the recipe. if there ever was one. Yeah. Okay. So you're gonna do that a little differently this time. It sounds like

. And then, okay, so have you heard of this trick when you're feeling nauseous to sniff an alcohol swab? Do you know that one? Oh, add it to your repertoire. Yay. It's a thing they do with chemo patients. So after the story, I just told the story of this woman, who I had been with through the two births after her first birth, I went on a deep dive internet, exploration of what other things are there to do.

And looking back something we probably could have tried at her birth would've been doing. IV fluids that might have made a difference in terms of keeping her home, although it might have not because it was still a long time before baby was born. And I think she did do some Zofran when she got to the hospital which is a medication for vomiting.

If they call it something different in Canada, but yeah. So where was I going with that? Yeah, one of the things that I, one of the tricks I picked up, which is so simple, because I already have alcohol swabs in my bag, is that, and so it did seem to work at a recent birth I was at I just don't think we did it enough.

Like we thought she was done and then she started up again and I wasn't in the room to be like, Hey, remember that, that just worked a few minutes ago. yeah. So it sounds weird and gross and I was like, this might smell really gross. I think that was the second time I've tried it with someone.

But she said she actually didn't think it smelled bad and actually made her feel a lot better. I'm not sure what, I can't remember what the physiology of that is. But it might be a thing to just keep around super cheap. Simple. I'll add it. Tight birth kit. It can't hurt. Can't hurt.

Yeah, no, I'll definitely put, have been there and then yeah, with your history too, it might be something to talk about with midwives. People have a lot of different feelings about IV fluids and I know for a long time I was like, I'm not ever gonna be a midwife that does that. And I truthfully have only done it at one birth and it was like a billion years long birth.

And I think it did help her in the end. So it's not something I do all the time, but if you did wind up in that position of getting like dehydrated and depleted, having an IV fluid situation set up might reduce the risk of bleeding after. But there's a lot that we, I guess didn't totally unpack there either, which is, like you said, just feeling.

your quote that I wrote down was I wasn't in control of anything anymore from that point of being told to not push. And as you're processing more before your birth, that might be a place to focus. It's just like this time, like I am going to remain in control of my own body. Because I think something, I don't remember how you said it, but it's as soon as we take and we as midwives, take over for the birthing mom.

Yeah I've seen that happen where all of a sudden, like she's not a participant anymore, which is really dangerous because you're the one who knows what's going on in your body better than anyone on the outside. And so as practitioners, we should have a really good reason for doing that.

Trying to tell someone to go against what their body's doing or tell someone how to do it. because it does interrupt that that sense of like autonomy and that sense of self responsibility. So then it's if your midwife didn't say okay, your baby's out sorry, that was like a big thing, but you're gonna do this next part.

Like you're gonna birth your place. If they don't do that, like you're already in that mode of just being told what to do. So how can you have an undisturbed, like smooth placenta birth when you just had this totally managed pushing yeah. Stage, even if that was needed, that's debatable.

But if you were someone who truly needed that coach pushing, I think we, as midwives need to learn then to be like, okay, that thing is over sorry we had to do it that way. Let's go get back. If we can, let's get back on track with like you being the center of this experience again. Otherwise I think that's when these things happen.

awesome. Yeah, I think that's a really good thing I'm gonna write down and just think about too and try to bring up that if we get into that kind of experience again, where I maybe am not just breathing the baby out, how I wanted to that my placenta birth can still be my birth.

Again, it doesn't have to be like overly managed and that I just need a break this time. I really truly feel like my body needed a break between birthing my baby and birthing my placenta. And I really wanna try to honor that this time and see if that will help make a difference. Totally.

Yeah. And then there's this whole conversation too, around like how much is too much. And, estimates are hard. Some people weigh underestimate blood loss and some overestimate, but a thousand CCS is in my experience, not that out of the realm of normal. And the fact that you weren't dizzy or feeling like sick in other ways and that you were up and about within 48 hours, makes me think.

Yeah, maybe they were concerned about the amount just in conjunction with all the other things going on. But in my head that's not really a hemorrhage, until somebody actually has what we call like hemodynamic instability, which I don't have your chart. And I wasn't there totally do some more digging after this if you wanted.

But if all was generally okay, like your pulse was fine. You didn't need fluids. You didn't need a blood trans you didn't need that kinda stuff. It's hard because textbooks say 500 CCS is a hemorrhage, but that doesn't actually mean anything. Some people can lose more than a thousand and be totally fine.

Some people can only lose. 300 before they feel really terrible and pass out. So it's not the amount so much as the response. There's also a podcast banded, I think called like reflections of an after birth leader or a, what did she call ITOR? Like she was labeled as a bleeder with her first home birth and had that put on her and then it was it's about her process of rejecting that and taking ownership of that piece of birth.

Yeah. I'd love to listen about her. Yeah, it's really a good one. What was the other thing I wanted to share with you?

Yeah, I guess that was a lot with you a lot up.

I guess, is anything else coming up for you as like a place to explore more or questions you have or? No I feel like I really put a lot out there. Yeah. No I'm feeling like, I already, like I went, I already like I went for a 20 week scan, which I had told myself prior to conceiving this baby that I wasn't doing scans.

And then with with the like hyperemesis diagnosis from the midwives and at 12 weeks they had said my uterus seemed like it was measuring like large, even though I don't really know how it was, but either way they had felt there was like a slight chance of twins. And so in, in Ontario, midwives can't deliver twins.

It's outta their scope. So you get like automatically transferred to an OB or, but you can still like have the support of your midwifery team. So they really wanted me to go for a scan then, but I couldn't, it was impossible. I was just, I was so sick. I couldn't even keep water down and I really didn't want to go for an ultrasound.

And then I felt like I, I went for this 20 week one and I didn't really want to go, but it was like we, if we don't find out now, if you're having twins and then you're having twins later on, it just, you're gonna be transferred later in your pregnancy. So long story short, I just feel like I already made one decision that I didn't really wanna do.

And I want to like. I've sat with it. I dealt with it. I feel okay with it. Now I saw my baby and I was, while I was in there, I was happy to see my child. We found out our baby's gender, which we didn't do with the first one, but we decided to this time and I felt it sat okay with me when I was there, but I still feel like it, I made a decision that I didn't really wanna do because I wanted to appease the midwives.

So I need to sit with that and going forward, get back in, like the confidence of being able to say this is my birth and I really want to do it, how I wanna do it. That's it really that's like probably the last part of what's going on with me right now. yeah, that's huge. That's all of it, right?

That's cool thing. Are you in 13? Men's I'm not, no. Ooh. I know. I kept debating joining it and then I didn't, I don't know why I didn't, I've looked at I was looking at an early pregnancy and then by six weeks you were very sick. I posted that. I was like I couldn't even look at a computer screen or a phone it was just but now that I feel like I'm like my head's above water again, and I'm getting back to like reality.

I've I've been thinking about joining a course again, just so that I have that community and that knowledge and yeah. And let's pay what you can. So it's like very reasonable right now to totally check it out. What was my point though? That's my means. Oh man, I lost it. Oh, that there are some really fun, like worksheets in there around that.

But essentially you. For anyone who's listening, who maybe isn't in it or is never gonna be in it or whatever. Like the question really comes down to like, how do you want your birth to feel so Maryn and I are both really into the work of Danielle LePort. She has a book called the desire map and then a workbook that goes with it.

It's not about birth, but we have applied it to birth because that's what we do. And it's really honing in on yeah, what do you want to feel? How do you want it to feel? And then letting that guide your decision making instead of letting other things inform that decision making, whether it's external or internal, like having sort it's essentially like creating your compass for how you wanna move forward.

And it's really fun. Yeah, that'd be a thing to check out. That's the basics, but you could also get the, her workbook it's about your whole life, which I think is also really valuable to do in pregnancy. We've been considering doing like a weekend retreat for pregnant women to do this. So maybe this will be my kick in the butt to do that, 'cause yeah, I think that is the whole project, in a nutshell is how do I want this to feel?

And what do I need to do to do that then yeah. And then what I gonna say? I feel like, yeah, sorry. I feel yeah. Sorry. I've thrown a lot of resources out there. My own brain is I've been trying to keep a list so I can remember to put them in show notes. Yeah. And then the circles in 13 ones are really great too.

The monthly, we were even thinking about doing them more than monthly, but. The monthly circles have been really super awesome and sweet and a cool way to connect with other pregnant women. Oh, I know I had a question for you out of curiosity, which we don't have to talk a ton about, but how did they, or like what options did they give you around your HG?

Did they do fluids at any point? Did they give you a prescription? What did they offer like here? They gave me a prescription for, we have a medication called Diclectin and it is like a part antihistamine and apart anti nausea which I didn't take. And that was a little bit of a conflict between the midwife and I which truthfully, we only talked twice, so it wasn't like a huge deal, but it was.

They had given it to me. And then at eight weeks when I had called and then at 12 weeks, I told them I wasn't taking it and they didn't, they couldn't really understand why, but I just I don't take medications. And I knew that I would like mentally struggle taking a prescription and I was already struggling physically and mentally with it.

And I just knew I couldn't do it. And I was fortunate enough to have a lot of support at home, like during that time. So I was able to get through and I took their other suggestions. Like they had a lot of just about the regularly eating, making sure I was maintaining my blood sugar.

They gave me some like meal suggestion and ideas, and then some notes on like how to monitor. If I was getting dehydrated, I had an emergency like pager for

them and they did offer. To meet me to get fluids, but the only I would've had to meet them at the emergency room at a local hospital.

And that wasn't something I was willing to do was to go into the hospital at that point, because we were in lock-down again in our province. And I wouldn't be able to go with my spouse. I'd have to drive myself, go on my own, get the fluids. And it just wasn't something that I felt that I wanted.

So yeah, fluids was an option. The prescription was an option. And then I guess like a dietary outline. So they did offer me support. Yeah. Did you lose weight in your first trimester? Can I ask then? Yeah, I lost not like a severe amount of weight. It was probably between. I don't wanna scale, but when I had gone at 12 weeks from what, like I knew what my previous weight was, I was down somewhere between five and 10 pounds.

So it wasn't like like a huge amount of weight, but it was a loss . Yeah. And this would maybe be like a whole second hour. So I don't know that we have time for it right. This moment. But do you feel like you have a solid foundation and the nutrition stuff going forward? I do. I was really fortunate that with my first pregnancy, I worked really closely with the naturopath.

And I'm, I still see her and I worked with her while we were conceiving, like our second child. So I did and do have a good nutritional like foundation. It was just with the HG. I couldn't even. Stay on top of the eating. So I definitely know, like I got into a bad cycle of there was those days where I was just vomiting because I couldn't get out of that cycle of vomiting.

But once I got into a cycle of eating really regularly and my partner was like, amazing with it. Like just I putting food in front of me and being like, it's here, you have to eat it. Even if it's a little bite and then it helped which is so strange. It's you're so nauseous and you're vomiting.

The last thing you wanna do is eat, but you have to eat. It's so hard. Yeah. Yeah. I guess one last thought, especially if anyone, this is less for you and maybe more for someone listening, who's going through it right this moment. But did your midwives ever talk to you about, and this is like a really silly phrase, but rectal rehydration.

No, they didn't, something to tuck away. If you have perhaps another pregnancy in the future I've seen it be really helpful for people. It's very basic. I could maybe post something in the show notes, but essentially instead of it's an enema, but it's a retention enema. And if you are dehydrated, your body will absorb fluids really rapidly that way.

And there's a million ways to do it, but the easiest way to do it is with IV fluids. So we actually did it recently at the midwifery skills workshop here. Usually I just talk about it, but we had someone who was like, I want you to try it on me. And it's easiest because then you can like just drip, it really slowly.

And you just lay there and your body sucks up all this fluid and can be like a miracle if somebody either doesn't want to, or can't get IV fluids. If they're really dehydrated. As, I'm sure like being dehydrated makes you more nauseous and then being nauseous means you can't eat and you can't drink.

And so it's this really hard spiral. So I wanted to throw that out there and then it's not even, it's not really a thing in labor, unfortunately, like people don't wanna lay there and do that in labor. I haven't, maybe if someone was really dedicated, they could do it.

But the other thing I just wanted to ask you too or give you as a place to maybe look into is just the way that anemia can also exacerbate nausea. Did you have blood work done in your first trimester looking? I, so I had blood work done like the previous month finding out that I was pregnant.

Okay. I had a full blood panel done and my thyroid and just a whole bunch of stuff checked out and every my blood was great. And it's interesting 'cause I had been anemic like any time I had blood work from the time I was like a teen to an adult. And the first time in my life where I was in anemic was with my first pregnancy.

And it was just, I was the first time I had like proper iron levels. And then this time around right before I conceived again, my iron levels were good, okay. I actually don't know the answer to this, but so I guess the question would be if they checked, like your ferritin level would be another thing to look at, 'cause that's like your actual iron stores.

So sometimes people can have a low Ferritin. I've seen this a lot with my clients. Actually they can have a very low Ferritin, especially if they've had a baby. Even if their hemoglobin number looks good and normal. And I know that having a low Ferritin number can even with a normal hemoglobin. Can manifest as anemia symptoms.

I don't know the answer though, if they've done any studies on Ferritin levels and nausea or hyperemesis. So an interesting thing I'll research later and something to maybe see is in your notes and records. I do believe that like my Ferritin was okay because I feel like I remember having that thought again where I was like, this is really interesting.

Why my body seems to somehow, like when it's pregnant, know how to absorb iron for the first time ever. But I do, I can remember like seeing Ferritin, I'm pretty on my lab requisite, but I did have, like, when I went in at 12 weeks, they did blood work in the office again, too. Which normally they don't do it in the office, but because of us being in lockdown and.

just everything going on in the labs and everything, they did it and I didn't get a phone call. So I'm assuming that whatever they saw, they felt content with, but right. But it is worth looking into, I should actually probably check. I didn't look at those 12 week results. I never like logged in and looked at them, so I should probably check and see what that said.

Yeah. And I feel like I could talk to you all day 'cause I keep coming up with one more thing. Are you taking like an iron supplement then? And were you when you were really sick? No. So I was taking an iron like when I would have like my menstrual cycles I would take a liquid iron that I get from my naturopath.

And it was great. Like it's easily absorbable. It has iron and it has like copper and B vitamins in it. Cool. So I would feel really good on it, but when I started getting sick, I couldn't take anything. I couldn't take like anything at all. I would take some crush to be six. That was the only thing.

And I would eat it, crushed on like toast or something like that. And even now I've had to I've been focusing a lot more on nutrition than getting nutrients and like supplements or vitamins. 'cause I still have a very hard time like taking anything in that's not food yeah.

If you're not already familiar with Lily Nichols her book is really great. Real food for pregnancy. Yeah. She's I follow her 'cause she does have like really great recipes and yeah. Information. And one of her classes that she taught for us is in 13. oh, wow. Yeah, that's interesting. I'm really like peaked about 13 minutes now, too.

It had gone off my radar and now it's back on it. So it's back on. Yeah. Anything else? Or are you feeling complete with our session today? I feel like this was awesome. I appreciate like all your time. It was amazing. Yeah. I appreciate you being a part of this interesting experiment and I knew it was going to be a good one, but I think this is gonna be really helpful for other people who have similar stories.

And also for, other birth workers maybe who are working with them in LEQ or who've had births like you or, anything like that. So yeah. Thank you for being here and really digging deep into it, and I hope it was helpful to you and I'd love to connect more down the road and especially would love to hear.

How your next birth goes. You also have the birth warrior podcast where you could come on and tell your next story if you want. Yeah. This was wonderful. Thank you so much for having me and just letting me talk. I appreciate that. You're so welcome. 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.

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