

In the Midwife's Office #5 – Processing Birth Provider Trauma and Preparing for a Homebirth

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.

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. So I will be 27 weeks pregnant on Thursday with child.

And everything is going well, as far as I know. Probably the biggest symptom right now that I'm struggling with is just continued nausea here in the, so that took surprise. It's not what I experienced the first time around. And then aside from that have had some fears about. Nutrition and weight gain come up.

Really as I'm processing my last birth experience that had a lot of diagnoses and intervention attached to it. I'm currently working with two local license midwives and just have a lot of fear because I am. Just apprehensive of letting anyone into this experience. So I have them at arm's length and they probably don't really know that, but that's my way of both having the option of having a midwife attend my birth, but also not, I just have fear of giving them any information about what's going on with me because I experienced so much trauma last.

That seems like a good place to start as opposed to leaping into this pregnancy and then having to backtrack. Yes. So why don't you tell me a little bit about your first pregnancy? Okay. First pregnancy that was recommended to me I was really excited to be pregnant really.

Had already been exposed to positive birth stories, but was still a newbie concerning some of the risks of working in, of having a pregnancy in the medical system. And yes. So had an OB who was loved in my community and ended up just by default going with her and Had feel like I had every kinda diagnosis under the sun.

I'm trying to think of where it started, started with gestational diabetes. Okay. Strep B or whatever it's called positive. Yep. High blood pressure. So you were diagnosed with gestational diabetes. I was . Yeah. And I think that was the first time that I noticed a big shift in my care. Kind, just treated differently by the staff

and by my doctor really talk down to. And yeah, so that's kind where things shifted, I think.

And then it kind just went downhill from there until,

Oh, emotionally difficult. I'll probably cry.

Yeah, emotionally got an epidural at some point to try to lower my blood pressure and to lower my blood pressure, what felt emotionally hard about it? 'cause that certainly makes sense to me. That it could look one way on the outside, but not feel that way course. Yeah. What was hard about it for you? I think feeling my two choices were, risking, harming my baby and going with my intuition, which was to delay the induction.

And I made the decision after the doctor said. Didn't ask, but said you are gonna be induced today. You need to go directly to the hospital from our office. You can't pack a bag, and I made the decision to go to my acupuncturist from there to try to help. I was like chugging red raspberry leaf tea on the way to the hospital and went to the acupuncturist and.

Sobbing just said please figure out, do something to help this induction. Cause I was like, not dilated not ready for and by the time I got the hospital, my doctor was that I hadn't there and directly there and I just couldn't stop crying the entire time. And.

I didn't want any of the interventions that were offered, but I was terrified. Didn't go along with it. Then I would lose the opportunity vaginal so I just cried. The, and nurses were all saying, why are just, wasn't even worth explaining cause they didn't get it. And then by the.

Of the labor. I just tried to stay really quiet and pretend that I wasn't getting close to didn't the so essentially really the baby was crowning. And then of course, I'm, I started making noises that you can't, can't hide point that you're having a baby on the, you, in bold letters in my written birth plan, I had, no, please don't touch my perineum during. Pushing. And the first thing she did was start stretching My UM with her hands. And she even said, I know that you said, you didn't want this, but you need to do this. And looking back, that's one of the, that's one of the hardest moments.

Cause I just remember kinda leaving my body and thinking it's over.

Wow. That's so terrible. I'm really sorry that happened. And then everyone in the community loves her. So I felt like I couldn't talk to anybody about it. Yeah. Everyone's response, friends and all wow. I've never heard, I can't believe, she's so well liked. Like I can't believe that she would be.

But I think it was all pretty standard, it's just, I right. I ultimately feel, and I feel like all women probably are on some level. We teach ourselves, not train ourselves, particularly sensitive to, why in general.

Yeah. And I think the question, anytime that there's a provider that's well liked in a community it's liked by who, and what are those people's expectations and right. What people don't understand physiological birth and they don't get a physiological birth. Like they don't care that much.

But when someone goes in wanting something. . Yeah so it's hard, to know. And so often people don't even know when I debrief birth stories with people, they often don't remember that moment even. And I don't know if it's because they also like just disassociated in a different way. Or if they just, yeah, I don't know. It's hard sometimes to get those details out of people and it's either 'cause they don't remember or they maybe don't wanna remember, so right. Exactly. Really terrible. Yeah. I'm so sorry. So I, my midwives they've wonderful. And home birth midwives.

One of home birth midwives in my C community. Okay. And I've attended a birth of a, of my cousin that they were. The providers and it was really beautiful. It was a pretty textbook though. And so they felt like the best choice for me. And I, can honestly they've wonderful.

I've blood pressure reading in particular and just, yeah, just afraid of being out. As I a closer, I'm more confidence in my in that way. I'm beginning to feel that way. Although it's been a lots of ups and downs along the way, but But, now my is sort potential hospital transfer midwives said, kinda this blanket statement, we're not here to protect. We're not here to protect home birth. We're here to protect. The lives of mom and babies. So we'll transfer you. And so that, put here , yeah. Okay. There's a couple different things I think would be really cool to talk about.

I think that is good to talk about no matter what, 'cause it can happen. And there might be a situation where you find yourself wanting to go in for something, so I think that maybe would be a cool place to visit last. Okay. But I wanted to know more about, so like the gestational diabetes diagnosis, what did that look like for you?

Were your numbers good at home? Like when you were checking or yeah. How did that. Yeah. So I, this particular physician skips the the shorter one hour oh, test. And oh, how lovely. Yeah, so she, I only ever did the whatever the three hour yeah. Diagnostic test, like awful. Yes.

Yeah. And the only option was the Cola and I failed that. I remember her saying, I dunno the exact number, but I remember her saying you didn't just by a little bit, you really failed. So the type a student, I of course the glucose and never had a single high blood sugar, the entirety of the rest of my pregnancy.

Did that's amazing. Yeah. Didn't have any issues in the hospital cause test blood sugar there. And then my baby didn't have any issues. Even at 37 weeks didn't have any issues with blood sugar after he was. Yeah. How big was your baby? He was six pounds. Exactly. Okay. So obviously not a giant baby, right?

Yeah. Yeah. Okay. . That's like a whole, that's a whole thing, right? Gestational diabetes is a whole thing. And it sounds like you've educated yourself. So I won't talk too much about it, from, in this context of doing this little virtual visit with me, if you came to me as a client and you told me you had failed a three hour, but then you never had any high readings after that, I would just essentially erase that from my memory.

Like I would not care at all. . If we didn't have this ridiculous test we wouldn't know the difference. And what does it matter when moment to moment your blood sugar was within range? Okay. We can just like magic wand that away. So I wouldn't even write down that you had just a history of it.

To me, that's just ridiculous. So I agree. Cool. Okay. So tell me about the high blood pressure. and I don't know. Do you know that I also have a person who had high blood pressure in pregnancy? No, didn't, it's kind my jam. So I'm really curious to but yeah, so I don't know. I really wish I had my medical chart in front of me, but I dunno. They said after the fact that my blood pressure was a little

high, whatever that means all or from the middle of pregnancy onward. But I had one Or two, I believe it was two kind, like pretty high readings in the office.

And then it was this the first time I had a, what they were calling stroke level blood pressures, which my husband is a nurse level blood pressures. I wish I could remember exactly what it was, but there was one reading. And I remember I was really scared to go in that time because they had been talking about induction because of what, because of good question.

So my doctor said she intuitively thought that this baby would need to be delivered early. And I was like, what about my intuition? hold up. Okay. So I have a really interesting story. Okay. For people listening. I think you'll think it's interesting too, but yeah. I recently had a transport here for blood loss after the birth.

And the doctor said to this woman, I intuitively feel like your hemoglobin number is blank. And I was like, okay, wait. So it's okay for you all to intuitively decide things, but us midwives and moms that is that's crazy, but it's okay for you to just like math. Exactly. I love that. I love that. So the talk of induction started, fairly early and it was kinda thrown around and then That was before any high blood pressure readings?

She said it was on the high end of normal. So I think I had, okay. Gosh, I'm not good with this stuff, but is it's

Was the top number along the way. And I have white coat syndrome anyway, so I kinda always had this issue when I. Any doctor, but anyway, so I had one high reading. She sent me directly to labor and delivery to be monitored. And when I got the hospital I just felt more comfortable there than I felt in the doctor's office.

And had totally normal readings when I went to be monitored. And so do you remember how many weeks you were? And that was the first time, right? I think this was five and a half or six weeks. Okay. And so they sent me home and then I went back in for the next visit and I remember like sitting in the chair the tech took my blood pressure.

And she like kiss at me. I don't know how to like, say that where she was like, doctor is not gonna like this. You should be better. Oh my God. I, what I'm even, didn't even tell me the number, but me into an and it manually. And then they took it manually. And then my husband was with.

Time. And the next thing that happened was just the doctor coming in and saying, so you're having this is a stroke level blood pressure. This is when she said you hospital. That . Yeah. Okay. And that was at 37 weeks and that was a 37 weeks, three days, I think. And when I got to the hospital, Finally that evening after kinda going to the acupuncturist and stuff on the way I had normal blood pressures once I got the hospital.

And it was interesting cause I didn't, every time I felt the cuff tight and I was like, scared oh no, this will be the time that make me get a C-section or whatever. And one of the last years that I had toward the end of my induction I finally just said I'm really scared about my blood pressure and the nurse said your blood pressure is not, is not abnormal.

I'm not worried about your blood pressure. And we realized the nurse and I together that whenever the doctor would come in and I smelled her perfume, my blood pressure would raise. Wow. So that's another reason why I really wanted her to stay outside of the room and kinda as long as possible.

Until the baby was crowning, essentially. Yeah. There's so much there. Did you say your husband's a nurse? He is, yes. Yeah. So I'm guessing you've maybe had some of these conversations, but I guess for the sake of making sure, the other really huge thing is how a blood pressure is taken.

Like whether it's, you. An automatic cuff, an automatic, what am I trying to say? A machine, right? That's what I go for versus manual and like the size of the cuff. And then of course, yeah, the environment and some people really are more sensitive. Like you said, you have white coat hypertension, and if your numbers were higher in the office and then lower in the hospital.

So are you saying that your blood pressure was essentially normal in labor? . Yeah. Okay. And then you said something about the epidural being to bring it down. Was there a part where it got higher? So when my doctor came in she

was not on call the beginning of the time there. And then she started stopping in, there was point where they did a fully catheter.

And the doctor was in the room for that. My blood pressure went up during that experience. That was pre epidural. I was really scared of that procedure. And it was framed like it's, you'll in C-section anyway, so that was process and of stuff. So I like just so just really scared. And so my blood pressure went up around that time and It was like a brief window that it went up.

I had already been at the hospital for probably gosh, I think it was like 12 hours already. They had done side, several rounds of side attack. Oh, wow. Yeah. And so it was the first time that I had a high blood pressure reading in the hospital was around the time of the fully bulb. And that's when they started essentially found out later that my doula.

Kind friends with the doctor , which was just wonderful. And she was sort in the, with the doctor and the doctor tell me that I probably needed to get epidural, have a vaginal birth and So my doula came in and told me that. And I remember looking at my husband and just being so defeated. I wasn't in any pain.

So I wasn't like asking for an epidural for for pain. But anyway, she framed it. I know you wanna vaginal birth, let's do the epidural. And I was just so defeated. I was just like, fuck it. I don't care. Yeah. I'm okay. I'm doing it. Whatever, like all of my dreams have been shattered.

So why even try at this point? Yeah. Why not this one too? Yeah. Yeah. And like that in this situation you were in, that might have been true, like that, that, that was maybe your best shot at getting a vaginal birth. , it sucks. To be in those situations where like all of a sudden the goals have rearranged themselves from one thing to another.

Yeah. Interesting. Okay. So did they ever do, did you ever have protein in your urine? So did they ever do magnesium sulfate so I didn't have they didn't detect protein in my urine from just the like normal screen, but when I initially said, and I. I'm jumping around a ton. So I hope this is making sense to you, but essentially after that first high blood pressure reading, she wanted to induce me immediately.

And that was when I went to the hospital to initially be monitored and I had normal blood pressures. She, that was 35, 36 week, right time. She said, this is only gonna get worse. You're the, you we'll find protein in your urine, these kinds of statements. And I said, OK what do I need to do?

So she had me do the. Whatever it's called where you actually go the of in, but both times, but that it was slowly increasing. Okay. And so there, I didn't have a diagnosis of preeclampsia and I didn't have to do the magnesium sulfate. But she said that this number will continue to, and then it could be a whole different situation where, of course it could later be an emergency C-section or whatever.

Yeah. Did they ever do any blood pressure meds in labor? No. Or just the epidural? Just the epidural. Okay. Interesting. So this is all so interesting. And also so common, it's not an uncommon story. And the crux of the issue is that we have no idea. On earth. Preeclampsia is we have theories, we have ideas we don't actually know.

And we also are totally freaked out by it. Midwives included and like you said, there's those really classic, like this will become preeclampsia statements. Like they're not true. We don't have any way to know who's gonna have gestational hypertension that doesn't actually turn into anything.

Versus people who it is the beginning of what's going to become preeclampsia. There is absolutely no way to know. There's a couple different screening indicators that I've read about. And that, they say not to use in clinical decision making, but they're interesting and I will have to look them up again to send them to you.

I can't remember exactly what. Indicators are, but it might be something to look at. Where is I going with that other than to say, yeah, I had a, not to get super personal or talk about myself too much, but I had an OB say the exact same thing to me in my first pregnancy. I only saw an OB one time in my 34th week of pregnancy and I already.

Probably way higher blood pressure than you were experiencing based on what you've described. And he said to me, this would be and I didn't actually go to get a consultation around what he would do with me. I actually just wanted to go

consult about the blood pressure medication that I was on and maybe try a different one.

And he was like this is, you're gonna have an induction at 37. If you don't have preeclampsia before then, so 37 weeks at the latest may be sooner. Wow. Yeah. So again is same exact thing where someone's like making a prediction. About the future based on what's in front of them in the moment.

And that's not really a smart thing to do. But I get it, they see that, right? Like they've seen it progress that direction. But they've also seen it progress, not that direction. So I don't know why they try to put the fear of God into people. Where they have just a few high readings.

Yeah. Go for it. Sorry.

So I'm guessing your progression. No, I had really high blood pressure and never any protein in my urine. And I had both my babies at home, one at 40 and three and one at 39. And. and the second time it was not as high as the first, but it was definitely high. And so I talk about this in other places too I'm not saying everyone should do that by any stretch but I knew for me that was the right choice and was willing to take responsibility if it wasn't, and was monitoring multiple times a day. The first pregnancy I was checking my urine . You know is something you could totally do if you wanted to. Okay. With the dipsticks , they're super cheap, like 17 bucks on Amazon.

Okay. So I was obsessively doing that and also was running labs on myself. Again, like a type a student is what you had said there. Yeah. Like I was trying to take every precaution I reasonably could I didn't wanna be reckless and ridiculous. But I also, if I had the option of going to see.

An OB who would've been respectful, who could have, maybe ordered the labs more often more easily and had them as like a respectful backup option. I probably would've done that right now in the world. Like that doesn't exist. Yeah. Except for the consequences. Yeah.

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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 and work Indie.

Yeah. Even some of my very favorite OB friends. Probably think I'm a lunatic. And that's okay. Yeah, there's so much, we don't know. So I'll send you some of my cool information post it in the show notes to, okay. That I gathered about hypertension and pregnancy for myself.

In the Indie Birth ASO of radical birth love book, I think I put a picture of it in there. I have literally like a three inch, like three ring binder full of the studies that I printed out when I was pregnant with my first and for me, my, my wind up was both as a mom. And then now as a midwife is that, blood pressure is a number, it's a measurement.

It's not even like a concrete number, right? Like it's a measurement of one moment. And it is it, we should not be basing our decisions off of that one number. It's you know what you're describing sounds like hypertension. Like it was going up and down, maybe mixed with like white coat. And I'm probably gonna get it wrong.

I'll put the study in the show notes too, so people can double check me, but I wanna say they did a study at one point of women with hypertension and pregnancy, and they sent them home with a 24 hour monitor. So it would take their blood pressure, like on the hour, every hour for 24 hours, in their.

Life environment. And they found, I wanna say it was like 70% of the women who had, would've been diagnosed with hypertension, gestational hypertension in the office actually had normal high, normal blood pressure wow. In their life. So 70% of them had white coat hypertension. Wow. Yeah.

And so what are we doing when we're forcing babies out? Early, based on this number. Exactly. And yeah. So it comes down to. If we could just know more about preeclampsia and like how it progresses and develops and who has just

regular old, high blood pressure and pregnancy and who doesn't, life would be so much simpler, but we don't have that information right now.

And it's in my estimation, it's like the wild west and west, the wild west. Yeah. . I wanted to ask you about the brewer diet. Cause obviously in my research about, prenatal hypertension and Preeclampsia. I came across this and I read one of, one of the books associated with it.

I just wondered your thoughts. I do feel like because of the gestational diabetes diagnosis time, I was afraid to anything. And I was like being so careful with. Sugar and I just, I wasn't probably, wasn't like really freely nourishing myself and I definitely wasn't intuitively eating.

Yeah. I was also told when I, at one point, which is of course, like not at all. Yeah. Oh man, that's fascinating. Yeah. We have good studies that show that we should not reduce salt when someone. High blood pressure and pregnancy. It was not just Dr. Brewer. Yeah, so interesting. Yeah. I think the brewer diet is a great starting point.

And I think his work is really interesting. I've got, a couple of his books sitting on my shelf here. Yeah, I think it's a good place to start. I don't know that it's the be all end all. And I think the goal, no matter what. Yeah, getting enough calories and protein and salt. And however you do that is wonderful.

Whether it's with his checklist or through intuitive eating or whatever, but I'd be more than happy to take a peek at a food journal sometime if you wanted to do one yeah. Have your midwives talked about that at all with you? They have talked about. Weight gain. And I have a history of eating disorders, so it's a little bit tough.

I feel like I've pretty thoroughly healed from those with intuitive eating. So anytime there's like a, anytime there's a food journal, there's a checklist. It's like a little bit daunting for me. Yeah, but I definitely I've definitely fibbed a few times to my mid wive. Wouldn't tell them about the chocolate Croson I ate for breakfast earlier this week.

But for the most part, I really have been, trying to be really conscious of making sure I get enough protein and just nutrients in general trying to eat nutrient

dense stuff. And they're pretty satisfied with that. I think. Awesome. Yeah. It's one of those things where I think there are times.

You didn't have preeclampsia, so there's that too, right? And I don't know that we have time to totally get into it. I think there are women who just have higher blood pressure at the end of pregnancy. And I think there's probably a lot we don't know about. So if we think about it, like if the body's wise and it's smart and it's doing something on purpose, like maybe there's a reason certain women's bodies do that.

And others don't but it's tricky because obviously like in other parts of life and in pregnancy, like high blood pressure can be not great. So I don't know how I got onto that. Sorry. Back to the brewer diet. Oh, just that I think there are cases, like we're all consult with someone and they'll be like, yeah, I had preeclampsia.

I was eating like barely any food and was living off of Doritos. And I'll think to myself and talk to them about that probably could have been avoided or that's definitely something we can tweak this time to try to avoid it happening again. It doesn't necessarily sound that way to me.

Other than like you said, if you were maybe restricting even carbs and calories last time that certainly could play into it. It's one of those things. I get it. I work with tons of women who. have the history of eating disorders and yeah it's hard because without knowing what a normal day looks like for you, it's hard to say if there would be something to add in or think about or ideas, but okay.

If you did, if you came to a place where it felt okay to do a couple days then that would be something I'd be happy to consult about. Okay. Wonderful. And if not, just keep doing what you're doing and be mindful of. Those components. Yes. Yeah. And I think just the mindfulness of protein in particular, I wouldn't say it's I just have never really thought about my protein intake.

I probably plenty. And when I'm not pregnant, but it's just never on my radar until now yeah. Yeah. Oh, I feel like there were a few other things, so we wanted to talk about the transport thing. There was something else. Oh, that you're still NA. Yes. Yes. How curious, like often, all day vomiting.

Yes, no, no vomiting ever. But just this like gurgly uncomfortable nausea, usually starting about 9:00 AM and on throughout the day, every day, . And it hasn't gotten any better. I would say it's improved a little bit, although I am taking a homeopathic remedy that a friend who's pro proficient in that area recommended.

And I feel like that helped 'cause if I run out of it for a couple days, it gets worse. And then I'm doing, I'm taking magnesium and B6 as well to try to help. Yeah. Have you tried? And this might need to be like another call or something since we're coming up on our time here, but, okay. Have you tried like a right before bed snack or a middle of the night snack?

I feel like I'm definitely eating all the time. Okay. It's not unusual for me to be hungry right before bed, so I. I eat before bed often the middle of the night. Not as much. So that's an idea. Yeah. It is an idea. Yeah, I've seen it be pretty helpful, especially when women have nausea later into their pregnancies or if it like resurfaces just because the blood sugar overnight can, it can just be a long time.

Okay. If you go from. even if it's a preed snack, I don't know when you go to bed, but preed till breakfast can be a long stretch for a pregnant body. Okay. yeah. But yeah, we could check back in on that another time. So yeah, let's talk about this transport thing while we still have a couple minutes.

So where are you at with that? If something came up and you really were feeling like. I guess there's a few different components there though. There's the, what if my midwives want me to go and I don't want to go. Yeah. And then also what if I do wanna go exactly. So there's different.

So I guess wherever you wanna start with that. Yeah. I'd love to hear your, so I guess my biggest fear would be that they want me to go and I don't wanna go, or that they maybe introduce a fear that then I. Would fall into that fear pit, like last pregnancy. Where I just dunno how to find clarity in the moment.

I also just the idea of people being in home of telling hurt you that I'm, gonna hurt my baby or something. It's like those statements. I just really don't wanna hear again. And Yeah, I think that I feel actually more prepared to be empowered in the hospital if I choose to go.

And just more afraid of something coming up late, late in the game. Yeah. It's yeah, it's foggy. I don't have a clear picture of what I'm afraid of, but more, more, so just that. So I'm a licensed mental health counselor. I specialize in perinatal food support, which is really interesting to be, have that perspective. But I work with a couple of people who have been transferred by these midwives.

And so I've heard these sort of trauma stories of I, they just weren't progressing or they. There was a dip in the heart rate, these kinda like things that can happen, obviously that I probably wouldn't go to the hospital for, if I were on my own. Maybe I wouldn't even know that was happening if I were on my own.

And I know we're running outta time, but I guess part of the question is do I even want them here? And that's a much bigger question. There's fear of if I just don't call that's, I go a little bit over. I'll make the other next person wait a few minutes. It's worth it. . . So have you had any of these conversations with these midwives around what happens if you want to go and I am not on board or no, I think I've been afraid of putting that thought in their minds because I'm just, I on, I don't want, I want them to not turn on me.

Yeah. Yeah. I hear that. It's so tricky. I. , in a perfect world, my advice would be to use all of your best skills around counseling and communication to sit down and just be really honest with them about this and be like, here's what happened last time, I really don't want that to happen again.

So it's probably better for us to talk about this upfront. Can we talk about some of the things that would actually, be a thing for you and how to have these conversations, when I'm teaching. In our midwifery school. Obviously as midwives, we do have boundaries of course.

And how do we communicate that to someone in a way that honors our boundaries, but doesn't negate their autonomy. And so if you were my client or, and I've had have one client who her blood sugars were way out of range and her blood pressure was way out of range. Both. There were a couple things going on.

She came into care really. And I said, like my midwife and 10 are up and I'm not feeling great about this anymore. We were also gonna be really far from a

hospital and, it was hard for her to hear that. And the way I framed it was like, this doesn't mean that I think I'm right.

And that you shouldn't have a home, I'm not saying you shouldn't have a home birth, just that I can't be the one. To be with you, right? There's, here's some other names. If you wanna talk to other midwives, if you wanna have on assisted birth, you should totally do it. Whatever you wanna do, but I'm gonna bring fear into your experience.

Yeah. Because this is feeling off. So , even talking to them about that, where it's like, Hey, if something comes up here's what I need you to not say yes. Okay. I need to not have somebody tell me their intuition is that my baby, like I need someone to not. This is what you have to do, or you are having your baby today, right?

Like I need to not be bossed around and leave space for me to disagree with you. Even if that means we part ways. Yeah. That's in a perfect world, but also I get that, there are limited options for home birth support where you are. It sounds yeah. You don't wanna shoot yourself in the foot and you don't want to be maybe like classified as.

Problem. Client's got all these demands or something. Exactly. And I know as counselor, it's I always I, who changes someone's mind about therapists and, but it's daunting whenever I've experiences therapist they've and they've all been shit and now I, yeah. Great things about you. And it's oh gosh, I hope that I, I hope that I will.

Different, but, and so I didn't want that to have to be, and again, I'm like projecting and trying to control it because I'm scared, but I just didn't again, just didn't yeah, I didn't wanna raise their antenna like super early on. Just be, hard for them. Yeah. yeah. Yeah. It's so tricky, but I think, whatever you do decide to do.

In terms of preparing whether that's having a conversation with them or just thinking through your own, what ifs and having your own little plan, unbeknownst to them either way. I think, yeah. There's, it's like any birth plan, right? Like the combination of both preparing and like thinking through, and then also surrendering to I don't know what's gonna happen.

And just trusting that in the moment you will be able to access what you need to. And it sounds like that's maybe a really good place for you to focus yeah. That felt like it didn't happen for you as much last time. Is like, how do you, in those moments, even just have a safe word or something with your partner being like, I like this means you need to help me calm down for five minutes before we make a choice or yeah, just having some of those like little mindfulness moments.

Yeah. To regroup kinda planned into the experience, right? Yeah. To regroup this things feel really kinda like you're spiraling or something. Totally. Yeah. Yeah. Yeah. And my I wish we had some more time, but I definitely wanted to make sure I said too, that. So right now, are your midwives taking your blood pressure at visits?

Yeah. Are they doing it? Yes. They're taking my blood pressure so far. It's been really good and they've been just really nurturing, like letting me take some deep breaths and do my little meditation for a moment before. And again, I don't even like the term letting me, but it's so ingrained.

Like they let for a, but they've been just like, yeah, really even letting me like down during it and listen to first to help myself and. And that's helped. That's worked, I've had normal blood pressures, so the first couple were higher. Cause I was kinda riddled with year, but totally. Yeah. Is it in the, like under one 20 over 80 normal, like super, super normal?

Yes. Yes. Amazing. Yes. That's amazing. The first one after that it's been really normal, like one 18. How delightful. Do you ever do it yourself at home? Yes. My husband got a manual, one for fun, and I have a little automatic one and those have been like, depending on my stress level, I've had a, that were in the ones and have like really normal, like almost maybe verging on a little low, but really good.

Yeah, that's awesome. I guess that would be my only other thought is if they do get a high one having a plan for what you want to be like next. Yeah. And my recommendation would be, and this would be the case for any client of mine. If we get a high one at the office or at their house, if it's a home visit I want them to get like a good quality.

Automatic and do it at home once a week, not a million times a week. once a week. And just tell me what it is when they do it. And to get into that habit instead so that we don't have this drama of every visit, wondering what it's gonna be and like, Ooh, the performance and all of it. Some of us like myself included, I can psych.

Out alone. I don't even need anyone to be there to get super jacked up about it. It's the same. Yeah, exactly. It's the same. Totally anxious. Just thinking about it. That's what that's what my recommendation would be. I had, I do have a client right now, actually, who, I don't think she even had a high reading.

I don't remember, but she was like, it makes me really anxious when other people do it. And so she's just been keeping track in it 'cause she tells me what she's been getting and it's her responsibility. , if something comes up, I trust that. She'll tell me. Just putting that out there is another possibility.

Yeah. And then I'll also send you and put in the show notes, my like little handout I have about like natural, like supplements and herbs and blood pressure stuff. Because even if it does start creeping up a little bit, like there's so many things to try that it sounds like you didn't even have time to try last time.

Everything. Tons of magnesium, which I heard you say you're taking to, passion, flour, tincture to some more like heavy duty herbs like Raul, which is slightly controversial, but works really well. Okay. There's a lot of, I would love things to try. Okay, awesome. Yeah.

So I'll send that to you. Cool. Thank you so much. I really enjoyed talking to you. I really enjoyed talking with you. Yeah. Even having these experiences of just feeling heard and nurtured, yeah. It makes a difference. I have a feeling I'll reference, our meeting today just of one of those times.

So thank you for your time. Oh, you're very welcome. And I can't wait to hear about your birth. I will let you know. And I may book another meeting with you, cause I just enjoyed this so much. . Awesome. Yeah, you can certainly do that. The Link's pretty easy to find on the site or you can email me.

Okay. Awesome.

If you wanna do that. Thank you so cool. 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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