

(introductory music)

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

**MARYN:** Hello, and welcome to podcast Friday. Margo is here with me today, and we're starting—or at least we think we're starting a new series about apprenticeship. So here we are.

**MARGO:** Here we are.

**MARYN:** Well, where to start? This is one of the most popular topics, and we can't tackle everything.

**MARGO:** No.

**MARYN:** So what's on the agenda for today? What do we want to do?

**MARGO:** Well, maybe we should start with the card you pulled. I feel like that was a cool way to wade into this topic that, like you said, is huge. And I guess we could preface it by saying, like you said, this is a topic we get asked about a lot. And it's one that we think is really kind of important right now in midwifery. And as midwifery educators, we're seeing it come up a lot. And there's kind of the mainstream approach to this topic like you just do the pet process, and you take the test, and then you're a midwife. And then there's this less charted territory that a lot of people have kind of thrown the baby out with the bath water. And we wrote together a blog post, I guess, for lack of a better term about this process is claiming the title midwife and what that might look like. So I think we are just going to expand on that.

**MARYN:** Sure. And I'll include the link to the blog post with the podcast, so you all can check it out and just get a little background about where we are coming from with this today and that it's something we're talking more with our students. Our Indie Birth Midwifery School students about because, hopefully, they will surely go on the apprenticeship route. So I did want to share the card I pulled just ten minutes before we knew we were going to do this together. And, of course, I wish I could show it, but it's from a tarot deck. And people have asked me, "What's the name of the deck again," because I had a card last week. It's called *The Light Seers Tarot* by Chris Anne. So

the card pulled is the page of swords. And swords are representative of air, communication, thinking, and it actually says right here in this book that the meaning of this card is largely about an apprentice or student. No joke. So I was going to kind of summarize some other points the book made just because I think this card was totally pulled for the students listening, and I'm sure for us too.

**MARGO:** Mm-hmm.

**MARYN:** Curious and intelligent, this page has a thirst for knowledge that seems unquenchable. She's an incredibly quick-witted communicator, and she's often compelled to share her many ideas or messages with others. At times, she's so talkative that it becomes too much for others to process, and her intense energy can come across as unsettled or nervous. She suggests using an air of inventiveness in your current pursuit. Your goals will be met by walking a path of honest discovery especially where others are concerned. Keep the light bulbs of curiosity turned on and cultivate a beginner's mindset as you strive to learn new things. Avoid falling into gossip or even arrogance with your communication. In shadow, this page can be all talk and no action. Remember that everyone who crosses your path has something specific to teach you and that mirrors are all around. Remain open to unexpected lessons, share truthfully, and delight in every interaction. So really beautiful card.

**MARGO:** That's so perfect.

**MARYN:** So weirdly perfect, of course.

**MARGO:** Sounds weirdly perfect.

**MARYN:** Yeah.

**MARGO:** I really like that visual of the path and maintaining curiosity while walking it. And I think that that's one of the hardest part as an apprentice because it is a years long process like multiple years long. And I feel like it can be hard to maintain and sustain that curiosity and—I don't know. Just because birth work is challenging and sometimes you want to get to the end faster. And yeah. That honest walk is very encompassing of what we're trying to talk about today.

**MARYN:** Yeah. And also I felt like the opening of new opportunities is a theme with that card and also apprenticeship. Just when we're feeling all those feelings and sometimes it's more frustrated or even how do I get an apprenticeship. What is the path? That it's really amazing to just feel open to the ways that it can go and opportunities coming in even when you don't expect them.

**MARGO:** Yeah. That creativity piece.

**MARYN:** Right. So I think our goal today, at least for this first episode, is to talk hopefully simply but more clearly about the path and how that looks for most people. We've discovered—and this is amazing, right? We're discovering new things. We've had Indie Birth Midwifery School for several years now. But we're discovering just where we've not been as clear or maybe as helpful with our own students outlining this path. What does it actually look like? What are the steps? And occasionally, someone falls outside of that path, of course. We're all different. But for the most part, right? We'd agree that there are some stepping stones.

**MARGO:** Totally. Totally. And like I kind of alluded to, this swaying the other direction—and I feel like this is something I saw when I was a student. There were other students who were in similar student midwife circles, online, and just people being like I can't find an apprenticeship, and so I'm just going to apprentice with the women. And yes. And most people should be able to find an apprenticeship. Like you're saying, there are rare outliers and circumstances where that's not the case, but most of us that we're addressing here today with some elbow grease/divine timing it should be possible. So if—yeah. So what does it look like? Yes. Where does one start as an apprentice? Paint us a picture, Maryn. At the beginning.

**MARYN:** First I had this idea of just maybe saying what's obvious to some people, but I know it's not obvious to everybody which is the alternate picture that I think we're trying to sort of correct that interpretation with this podcast. And that picture is what you described which is—well, it's a little different than what you described. But it's like, "Oh, I'll go to some births with a midwife, and then that's an apprenticeship." Somehow that has become the definition in some circles or places that that's all it is. You just go to some births with someone and then suddenly you're on your own. So that's not what we're talking about.

**MARGO:** Yeah. The nuance—yeah. The nuance has been lost. It's like yeah. You go to births. You see some births, and then you're done. There's not a lot of discussion about the subtleties of what happens or should happen and unfold over the process of being an apprentice. It's not—yeah. There's not just one layer of apprenticeship. It starts one place, and it ends another place. It's a growth. I was thinking about the flowers in our garden and just they're growing every day. And it will—they will look different at the end of the process than when they started. It's not rushing it.

**MARYN:** Yeah. It's not unlike pregnancy and birth itself. And I was thinking I wonder if that's become the way people think also because one route is maybe going to a really high volume birth center. Some people do that, right? For a couple months or a year. So in that case, it's like yeah. They're getting it all done at once, and that's not the model we're talking about either. But then it's like something has been lost in translation perhaps.

**MARGO:** Yes. And I think there's a distaste in our world for the NARM process, the PEP process. And we could talk more about it. We've talked about it other places. And so it's hard sometimes to see the parts of it that do make sense. And as someone who decided not to become a CPM, I still really do think that that was valuable to think of my apprenticeship in those terms, which I think we're going to kind of lay out here maybe in our own way with our own flavor. But yeah. There's a purpose that I—I can see a purposefulness in the way that they lay out the PEP process that I actually think makes mostly sense.

**MARYN:** Yeah. Throwing the baby out with the bath water was an excellent way to put it. And isn't that birth in a nutshell too? Just even the information that we learn as midwives. A lot of it is from the medical model. So we don't throw it out. We just have to reinterpret it. It's pretty much the same kind of idea.

**MARGO:** Reintegrate.

**MARYN:** Yeah. Reintegrate. So okay. Well, that's a great place to start. And I'm sure most people listening are familiar with—well, at least minimally, the PEP process and NARM and that there is a lot of paperwork. There is a thing you do. There are steps you take. And it takes most people a couple years really to go through that. So we are offering our version. And people can see what they think, and we'll talk about the value of the steps along the way. So first, I suppose is finding this apprenticeship, this way to learn, hands on, and here is where paths can differ already. But I would say—and I think you'll agree that apprenticing with a home birth midwife that's a community midwife where you, as the apprentice, get exposed to women-led care and getting to know a family as opposed to popping in at a clinic or just attending a birth. So you're learning how to be with women and families all the way around, and you're learning the lifestyle of being on call and all of that.

**MARGO:** Yeah. Yes. As a baby apprentice, I feel like those first dozen or so births really are that. They're gaining that macro view of what the eff is even going on here. The prenatal care, the birth, the postpartum, and what it looks like to also be juggling multiple families at the same time and the schedule, like you said, the lifestyle. And then at the births, I think the observation is a good word. And, again, that's one that PEP process does use. Observed births. They want you to do ten. And I think that that really is the role, if you can call it that of the very brand new, green, baby apprentice at those births is really you're not really doing a whole lot aside from just witnessing and trying to place yourself in this dance that you're watching.

**MARYN:** That is so true. And that made me remember being that midwife, that new student midwife. I was so nervous about being an apprentice because I had never done anything like this. And at the time, I—in my brain it was like more on the medical side in

a sense. So I was nervous. I was like, “I have never even taken a blood pressure.” So I remember getting ready to go to births, and I wasn’t allowed to go to births for many months into the apprenticeship. That was the way that she worked it. It’s another kind of way of screening people I think. You don’t just get to go to the births. That’s the cherry on top. You have to put in the work of coming to prenats and proving yourself responsible. So by the time I got approved to go to births, I was still nervous. And I remember my mother midwife saying, “For the first ten births, just cry if you have to. Just you’re there to witness kind of like a family member. I don’t expect anything of you. I don’t really need you. I don’t need you for anything. So just be in it and feel what this is, and then we’ll process.” So I thought that was really good advice. Ten births to just be, like you said.

**MARGO:** Do you have any memories that stick out from those first handful of births?

**MARYN:** I do actually. The very first birth I went to was with my mother midwife and another midwife. And the other midwife ended up becoming a friend for a long time. My friend, Diane, so I was really blessed to be there with both of them. I didn’t even know what I had access to. And the woman was someone I kind of knew from some home birth meet ups but not super well. And long story short, first baby, she had the baby at home in the birth pool. And I remember the birth pool getting really bloody. And I didn’t know anything, but I knew there was something going on. And I really just remember feeling the dynamic between the two midwives. One thought this was a problem, and the other thought it was not a problem. And that’s kind of what I came with along with the visceral memory of the herb bath brewing in the kitchen which was the first time I had ever smelled that. How it stays with you.

**MARGO:** Totally. Yes. The herb bath smell is definitely prominent for me as well early on. And making scrambled eggs at the first birth that I went to with you.

**MARYN:** Yeah. What do you remember from those first ten?

**MARGO:** Yeah. Scrambling the eggs. And it’s just a really different—when I think back on those births, and I kind of pulled up my birth records the last week because we’ve been talking more about apprenticeship stuff. And I like how you said it’s like observing the dynamics. And it’s in a really different way than—my memory of those births is really different—it’s from a different vantage point than the memory of births that I went to this last year. You don’t get to do that once you’re in the primary midwife role. You’re not just watching the players and getting to have this kind of removed experience. You’re just so much more in it. And maybe it would be cool to access that beginner’s mind more in some ways. But yeah. It’s a different person was watching those births than now. I would have had a totally different experience with those first ten if I were to go back with the experience and knowledge I have now. It would just be

so different. I also remember someone interestingly who was kind of—I mean who was bleeding too much. And I just remember thinking I was doing a really good job as I sat behind her and just stroked her hair and was like totally thinking, “I’m Ina May Gaskin right now. Here I am.” Look at me. It was very romantic. Although now if I was at that birth, I’d be like, “Oh my god. We got to figure out this bleeding.” But I have the luxury of being like, “Oh, this is psychedelic, and I’m rubbing her hair. All is well.” So just a really different place. It’s not good or bad. It’s just different. That card is so perfect. The page of swords. You’re at the beginning of this maturation process, and so it’s actually a really cool viewpoint. And it makes me think—okay. I’m totally rambling here in a moment. But I was at a birth recently where a friend was there. A really good friend of this mom. Best friend. And she’s only been to a handful of births. So she was kind of in that role, right? She was there as doula/observer. She took a video. It was really nice to have that fresh energy there, fresh, young birth eyes, so to speak. And so it’s valuable, but it’s not the end point, if you’re looking to be a midwife.

**MARYN:** Yeah. So much. So much there. Right. It’s hard to imagine going back in a way.

**MARGO:** It is. Something you said though that maybe we don’t need to talk about right this second. Maybe another time though is that you—the first birth you were at there was another midwife there. And the first birth I was at with you you had an assistant. And so I think that that’s really valuable, if at all possible, to kind of not be the only one there to support the midwife in those first births. We only had the luxury of doing that a couple times early on with my current apprentice. And those births were really nice to feel like I had my assist, and then she really could just be observing. So if you have that luxury of being the third person there, even better.

**MARYN:** Yeah. That’s such a good point. And that means that there is almost a pre apprentice role in a sense. Like you said, if you can be that third person, then really you’ve not really started an apprenticeship yet and enjoy that. And I think that’s been something we’ve been talking a lot about this whole week and probably will say more today and over the series which is just enjoy where you’re at because we’ve said, and I know I’ve said it a lot too lately. I wouldn’t wish being a midwife, whatever that means to you—even though most people think it’s this rock start glamorous thing. I wouldn’t wish that on someone that wasn’t ready.

**MARGO:** Mm-hmm. Absolutely.

**MARYN:** Yeah. So cry. Cry in the corner. Cry openly. Take some photos. And enjoy that.

**MARGO:** Make some eggs.

**MARYN:** Yeah. And make some eggs, and be Ina May Gaskin. And just—

**MARGO:** And feel really cool.

**MARYN:** Stroke some hair.

**MARGO:** Yes. I do remember. It was probably the fourth birth ever or maybe the third with you that you guys left for lunch when she was so not close to having a baby. You and the assistant went and got some food. And you were like, “You can stay here with her. It’ll be fine.” And I remember being so anxious. So it’s like a great example of why you wouldn’t just throw yourself in there as a midwife. You got to be left with an angry laboring woman who doesn’t like the toast you made and really you go to experience that before getting tossed in the deep end.

**MARYN:** Yeah. Like all of the emotions and being exhausted even as a third pair of hands. Try staying up for a couple of days. Try not being home. Try out all these things before you only watch a couple babies fall out and think, “Oh, this is easy. I can do this.”

**MARGO:** Right. Yep.

**MARYN:** So what’s the next—

**MARGO:** I’m observing.

**MARYN:** Huh?

**MARGO:** Yeah. So that’s the observing part. We need a better word for it. Maybe we’ll invent one. I don’t know if it’s going to come to me right now. But the egg making phase.

**MARYN:** Yeah.

**MARGO:** The egg phase.

**MARYN:** I mean it is the witnessing phase. I know we’re all witnessing, but it’s without—I mean probably in most cases—I know it was for me. It was like without a lot of knowledge. It was without any ability to analyze or interpret. It was purely enjoyable really. Just watch the baby come out.

**MARGO:** Yeah. Attunement comes to mind. It’s like a—you’re getting used to the energy and the vibration of birth. And if you haven’t been—yeah. It takes awhile for your—I think even your nervous system to figure out how to do that and getting calls in the middle of the night and all those things.

**MARYN:** Yeah. My gosh.

**MARGO:** The attunement phase.

**MARYN:** I like that. I like that so much. And if I could go back in time, I wished I had known that. I wish I had taken advantage not just of not having any responsibility whatsoever, but what you just said which is how does this feel. And what am I noticing? And at certain parts of the process. What is my own body doing? Am I breathing? Because those are super valuable skills that I feel like I only learned later when things got more stressful. I wish I had had them earlier.

**MARGO:** I feel like you did give me that talk early on because I don't think I had made that up. I think you must have said something like that to me about like, "Just feel what it's like to be at a birth." I think the other thing that I say to people is it took me at least the first ten to even understand the baby was going to come out of the vagina. I'd have to actively remind myself as I'm watching like, "Oh, yeah. That's about to happen. Whoa." My brain to comprehend sort of the incomprehensible—it took that long too whereas now you show up and that's what's going to happen. But there was just something about it feeling totally unreal.

**MARYN:** I still have those moments. Is that weird?

**MARGO:** No.

**MARYN:** I still have moments where I'm like that's going to happen. That's crazy. I mean seriously. I remember Gail Hart saying that a long time ago too. So it's like I don't think I'm too weird. It's like sometimes it's just unbelievable that this is still the thing that happens, so I don't know. Maybe that's how I'm keeping my beginner's mindset.

**MARGO:** But yeah. Sorry. So what's next? After that? What happens?

**MARYN:** So what's next? So—no, go ahead.

**MARGO:** Not that it's cut and cry either, right? The first birth you go to is not the same as when you go to your eighth or tenth birth. We're kind of talking about it in phases or stages although it's more organic than that. But what's after this initial part of an apprenticeship?

**MARYN:** So yeah. I feel like we inadvertently ended up talking about this preapprenticeship phase, so that's fine. And then the apprenticeship phase. You are the only other hands there maybe. I think this is not quite the assistant phase, which we'll talk about. So I don't know. How would you characterize this in 50 words or less? What do we want to call this?

**MARGO:** Oh gosh.



**MARYN:** Or no. You don't have to do 50 words or less. But what's the simple definition of a beginning apprentice? I'm trying to think too.

**MARGO:** I really do think that first part is kind of an apprentice phase. But you're right. This is more when you actually are getting into what is midwifery and how does that look for me to do it. Yeah.

**MARYN:** Right. Some people might sort of skip that first phase but whatever.

**MARGO:** Right. Yeah. I think—I don't know. I feel like I might be getting ahead of myself. I think you should describe this because I think you have something in mind that I don't know yet. Enlighten me.

**MARYN:** Hmm, I guess if I'm thinking about it really deliberately it's that you're not just crying in the corner because now you're kind of over that. And you're feeling like you're anticipating maybe what's next or when the baby might come out. You can do basic things like have supplies ready on a birth tray or however that midwife operates, but you're not quite at a level of being super helpful if something were to come up unexpectedly. So you're learning the routine of how to assist, but you're not yet assisting. Does that make sense? I don't know.

**MARGO:** Yeah. You're not doing a lot of the—I think when we were talking about this the other day or earlier even maybe today—it's like when people start learning some of the skills. To me, this is when someone maybe starts taking blood pressure at meetings.

**MARYN:** Right.

**MARGO:** Pulse, blood pressure, and that sort of thing. But there maybe not necessarily knowing what that means or interpreting it yet. They're trying on the—they're testing the—what am I trying to say? The moves. Getting the motions down but not necessarily knowing the whys or the what ifs or the interpretive pieces or all the things are happening mentally. It's more the physical like, "Yes. I'm going to put this stuff there." And yeah. You're gaining the skill of the rhythm of birth and being able to anticipate what's happening.

**MARYN:** Yeah. And I feel like I've observed over time that students in this stage—and I don't mean this to sound obnoxious. But they might actually have no idea what's going on in a sense.

**MARGO:** Mm-hmm. Totally.

**MARYN:** So like you said, yeah. They're helping if you ask. Or they know to bring this thing. But there is not—yeah. There is not a continuity of understanding, and I feel like

students at this stage—a great example that I can think of is they sometimes think the baby is coming out, and it's nowhere near that actually happening. And so it's like, "Oh yeah. I mean you just need more practice and being around it and getting used to how that even feels because it's not just she's sounding like she's pushing. I'd better get ready." There's so much more to it than that.

**MARGO:** Yeah. That definitely brings me back. I'm glad you said it that way. To those early kind of assisting births where I'd be like, "The baby is coming out, right? It's coming out. It's coming out." I'd be so anxiously awaiting. Hopefully not anxiously. Awaiting. And you would be like cool as a cucumber because—yeah. You could tell it was not happening yet.

**MARYN:** Right. Right.

**MARGO:** Should I bring all the stuff?

**MARYN:** Right.

**MARGO:** Should I get the stuff out?

**MARYN:** Yeah. Totally. I've been there too. And you kind of follow around with the tray. And it's like—

**MARGO:** Totally.

**MARYN:** And sometimes no one knows. But I remember thinking that as a student when the baby would come out. And I always, in the beginning, the first whatever—10, 15 births—felt really confused for some reason about how babies transitioned. I felt very not sure about what was going on, if that makes sense. Is that baby okay? I really have no idea. I just didn't know.

**MARGO:** Right. Right. And that, I think, goes back to the bigger point of all of this which is yes. Most babies are okay. And so I think it's hard when a certain type of person goes to births and sees that. And even though they didn't know, they were like, "Oh, yeah. Babies are fine. Babies come out, and they're fine." It can be misleading.

**MARYN:** Sure.

**MARGO:** I don't know if I'm describing that well. But yeah. There's this—I remember the same thing. And I remember being like, "But how do you know?" You were like, "Well, tone and color. And are they breathing? Are they crying? What do they look like?" And me just being like, "Yeah. But how?" Mystified how you could figure that out just by looking at the baby. And I think it's something that just comes with practice. You can know those things intellectually, but to apply them in the moment is different. And I might be getting ahead of ourselves a little bit since I think that's kind of the next phase.

**MARYN:** Maybe. But what that brings to mind is something we've talked about a lot which is the you don't know what you don't know thing. And I think that crops up—well, in—it crops up a lot in student land because, like you said, it's easy to feel overconfident when you don't really even understand the whole picture or whatever. Whatever. Whatever kind of births you've seen totally plays into it where you could feel like, "Oh yeah." A side kind of story or analogy, I liked this. And I like it now more. But when I was a student, one of the midwives I worked with she said to me, "I want you to go get a job waitressing." And I was like, "What?" She's like, "To be a waitress at a busy restaurant, that's what you need." She's like, "Because there's a million things to think about and a million tables and people bustling. And you might fall down and hot food." She's like, "You need to go do that because that's what birth kind of is. That's kind of what being a midwife is like." I never did go to work at a restaurant. But I feel like I understand now, and it's almost like yeah. You don't even know all the ways things can go or look even in that restaurant without doing it. So I don't know.

**MARGO:** Yeah. This is also a side story and maybe takes us—well, I'm going to say it anyways. But I recently got to be in a cesarean birth for the first time. And I asked the anesthesiologist nurse—she's like the nurse for the anesthesiologist. I can't remember what I asked her, but I essentially was just like, "What does the process look like for this next part," or whatever. And she was just like, "Yeah. It doesn't look like I'm doing a lot." It was funny. She was like if she was—I don't know why she felt like she needed to explain herself to me. But she was like, "It looks like I'm not doing a lot, but there's a thousand things I'm thinking about every second. Things I'm watching for and the vitals and the this. And there's a lot going on even though it looks like I'm kind of just standing here. And I was just like, "Oh yeah." I was like, "I totally get it. As a midwife, that feels very true." It often looks really simple. But there's a lot of thought and wondering about what might come next and what came before and what is this person's history and what is—and probably this lady wasn't thinking about it but what's this person's emotional state. And what's her relationship with her partner like? And does that play into this? And also just trying to be in energy and be centered at the same time? Yeah. It's a lot.

**MARYN:** Yeah. I love that. It makes me—huh?

**MARGO:** Like a Jedi. A Jedi situation.

**MARYN:** Yeah. It's like the births that we witness most often birth is simple. But I wouldn't say midwifery is simple. And I think students confuse those two things.

**MARGO:** That feels important like it should go on a shirt.

**MARYN:** I mean really? I think we're all supposed to pretend that it is sometimes. It's all just intuition and knitting in a corner as I often say. But it's like honestly, the art and

science of midwifery is not simple. It's extremely complex. It's just a different kind of complex than obstetrics is, but it's not just like, "Oh, I'm—I watch babies fall out. Therefore, this is not hard."

**MARGO:** Mm-hmm.

**MARYN:** I don't know.

**MARGO:** Yeah. I think that's a really good distinction. So people in this early part—maybe you'd call it the early assisting part if we were thinking of it in terms of the PEP process or just we're using our terms. You're starting—I don't know. Maybe we need to come up with a new word for this part too. But you attune yourself to the—birth itself early on. And now you're kind of, I think, getting into the rhythm of midwifery. You're trying to anticipate—yes. Like you said, the birth tray and when is the baby going to come out. Some basics around all of that. What do we do after the birth? What's the checklist? I feel like that's what that phase was like for me was trying to create that mental checklist of, "What are we watching for? What needs to happen before we go? What's on the list?"

**MARYN:** You kind of cut out, but I think I got sort of what you said. Just about the list of after birth. Or tell me again. Sorry.

**MARGO:** Yeah. Mostly that was what I was meaning. But also the before. Do we listen to heart tones? How does that work? And when? Yeah. The birth tray and when to set it up and when to think the baby might be coming. Yes. The after part. I was trying to get that muscle memory and that brain exercise of what has to happen. What are the parts to this process?

**MARYN:** Yeah. The parts and also starting to get familiar with the timeline even though, of course, it's different from person to person. But don't forget your watch. We've all been the apprentice that forgot their watch.

**MARGO:** Totally.

**MARYN:** Totally. So don't forget your watch and just start to pay attention. I don't love people to chart necessarily for me at this point because I feel like they don't know what I would want to write down. So I'm happy to do that. But pay attention. Go read the chart. It was two hours ago that she ate or peed. So just little like, "Oh, I'm going to make it my job this time to be really attentive to those things," for example.

**MARGO:** Absolutely. Yeah. I think that that was one of my first tasks you gave me was like pay attention to what time the head is born and the body is born and the placenta is born. Just some basic record keeping, which in a boring normal birth none of that

matters. But when things are less blandly normal, those things really matter. It can be so helpful and orienting. It's like maybe this is the orienting phase.

**MARYN:** Right. Yeah. Another example that I like is, again, with that watch. Just observe. How far apart are the contractions? How long do they seem to be lasting? I think a lot of students—and I mean I probably did it too. Just kind of space out for awhile. It's just like, "Oh, this is happening again. Oh, we've been here a long time." Which is easy to do too. But obviously, in the role that we're filling, we don't really get the luxury of doing that. So it's like what is actually happening. And if you really—if you were there alone and you didn't know and maybe—I don't know. You just thought, "Oh, this was so easy." It's like five hours can go by in a blink, and you could have no idea what has changed because you didn't pay attention.

**MARGO:** Right. And you can't remember what five hours ago looked like because (cross talk) like what's happening.

**MARYN:** Because you're exhausted.

**MARGO:** Yeah.

**MARYN:** Totally. Hmm. What else is on that list? I can think of afterbirth stuff. But what else were you thinking?

**MARGO:** I think I feel pretty complete describing that little part.

**MARYN:** Yeah. Yeah. So the list. I feel like after birth is sort of easier in a sense assuming that all is normal and well. It's just more relaxed time wise. And I know that I have felt like I had a lot of responsibilities even as an early student because that part is just not crucial. So I remember, in my case, taking down the birth pool—emptying it, taking down the birth pool, cleaning up, getting the bath ready, making food. So I think somebody that's even at the beginning stages—yeah. Has a lot.

**MARGO:** Yeah. That can be like often the first place for people. I remember feeling like that was the first part of the birth process that I was confident in and got to do things. And it felt fun. And that's so helpful too especially if the midwife is tired. That can be—

**MARYN:** Oh my gosh. Yeah.

**MARGO:** - wonderful to have someone who does feel excited about that part and is—yeah. Not ready to just go to bed.

**MARYN:** Totally. And I feel lucky with that with the students I've had. And, of course, that was you at one point. I feel like there have been mostly people that really were wanting to help and were super helpful and maybe I had a baby with me or was

pregnant, and it was like a Godsend to just have someone take care of all that and know what those things were over time. It's really, really helpful.

**MARGO:** Mm-hmm. Yeah. Then what? What happens next?

**MARYN:** Well, one thing I was going to add—and this might go towards this next stepping stone and the one we were just talking about. Kind of in between. Is starting to kind of study up on emergencies and maybe even practicing with the midwife which I always feel like I should be doing more of with students even if they're beginning because you never know who will be there.

**MARGO:** Right.

**MARYN:** Just talking through basic if there is a hemorrhage, this would be your job. Or if a baby needs breaths—just so that's there because, of course, we never know when that stuff is going to come up.

**MARGO:** Totally. I think that that was the point when we went through your birth bag. And I was like, "I think it would be great if we had a box that all of the hemorrhage stuff went in." Remember this?

**MARYN:** Yes.

**MARGO:** And we put all your stuff all over your dining table.

**MARYN:** Yes.

**MARGO:** And I was like, "I will be more helpful to you if I know exactly what to grab." And that was probably—yeah. Right around that point.

**MARYN:** And that was amazing. So word to the wise, any apprentices listening, if you have that skill and you're good at organizing and the midwife you work with maybe isn't, that's so appreciated. So I remember Margo went through and bought the bins and labeled them and had everything in there. And, of course, my life has not been like that since. But it was so helpful. And it sounds like it was helpful to you too to just be more clear on where to find things. So it's a win win.

**MARGO:** Yeah. Totally.

**MARYN:** So next—what's the next stepping stone? What do we call it? You have very good descriptive words today.

**MARGO:** It's not here on the tip of my tongue yet. But as we talk about it, maybe one will emerge. This is a real life conversation, people, as you're listening.

**MARYN:** So this is more of the formal assistant stepping stone, right? Is that what we're thinking?

**MARGO:** Yeah. I guess that's one way of putting it. And to me, tell me if this is what you're thinking. This is where sort of these jobs come in. It's like the way I'm thinking it's sort of like the big rock, little rock thing. So the big rocks when you're first going to births or just—yeah. What's the vibration? What's the energy? All of that stuff. How to stay awake for days. And then the orienting part we just talked about. You're starting to fill in those big rocks with some of these more nuanced pieces like the time. I won't rehash it all. And then this part is where it's like, "Okay." We're breaking it down into even smaller chunks to get more detailed about. So I remember you being like, "For the next bunch of births, you kind of take responsibility for the placenta stuff, if she needs help." And not that you weren't also watching and doing that, but just knowing, I was really focused on that for those births. And that gave me a really great opportunity to learn all the things I had no idea about in real time.

**MARYN:** Yeah. So more hands on experience, in a sense, and taking responsibility for maybe certain pieces or—yeah. It makes me think of—well, I remember being that student actually. And it's not about the placenta part, but it was a breech birth actually. It was a first time mom having a breech baby. And my job became staying up with her all night and checking heart tones while the midwives slept. They were kind of operating under the, "She has to reach full dilation before she can push her baby out." So that's kind of what they were waiting for. And I remember sharing it with another student, just sleeping on the carpet and kind of taking turns waking up. And so we had to know what intervals to do that at, and nobody was watching us. So we had to figure out what we were hearing to a certain extent.

**MARGO:** Mm-hmm. Totally.

**MARYN:** So more interpretation, right? Would you say? Not just doing the thing but putting some thought into it. What might be going on?

**MARGO:** Yeah. And I mean I would maybe even break it down into two parts then. There's the practice doing the thing like heart tones. And then there is—yeah. The stay awake and being a person who is interpreting yourself too. So I think that that—those things seem to me to happen in stages. I can even think of one of my students I've had being at a birth where she—and we're not to this part yet. But so maybe I won't spoil it. But essentially, she did a vaginal exam because a client wanted it. And she was not sure what she was feeling, so then I did one too. And it was really educational for her to have me be able to be like, "This is what I felt. Here's how I would have described that." You know what I mean? It's—yeah. You're not to the primaries yet which we'll talk about later.

**MARYN:** Yeah.

**MARGO:** So first getting the hands on skill to actually practice a thing. But then yeah. Slowly moving organically towards also interpreting it once you've got that other—once you've got the actual skill. I'm not explaining that well. I'm not sure.

**MARYN:** Yeah. Yeah. No. You are. I was also trying to think of any more examples, but in a way, it's hard. Not that there aren't examples, but it's also—to me, it feels like a shift of energy too from—and I remember getting to this point with you too where it was like, “Oh, I can really trust this person now.” And there is more, to me, a feeling of working together in a sense even though that person is obviously still learning. I mean we're always still learning. But just, “Oh, if I'm going to—if I need to run home for something, I can trust this person to be here and give me a solid report about what's going on.”

**MARGO:** Yeah. That's so valuable. And that's real assisting. Yeah. Totally.

**MARYN:** Right. Right. And put kind of in another context sort of, I have had other midwives assist. I know you have too. That's a valuable role that you pay people to do. So it's not really even just for students or apprentices. It's that is something that kind of needs to be filled or is really nice to have filled and—yeah.

**MARGO:** Yeah. There is that shift of energy. So kind of like the trusted assistant stepping stone. I feel like we maybe skipped over some stuff. But I guess it's okay especially if we're going to do a series. Because I feel like that's a big leap.

**MARYN:** Well, let's talk more about that then because it is a big leap. And, again, I think we're trying to be simple but also refine this because, again, we know there are people out there that really didn't get that there was an intricate detail to this pattern. They thought it was just like, “Oh, that's not hard.” So what is that leap? Let's talk more.

**MARGO:** Yeah. I guess it's—I feel like this is the part that needs a lot of time and that people often maybe don't want to give a lot of time. And I'm going back to the heart tones for some reason. The difference between, like you said, staying up all night and being the person who is responsible listening and interpreting versus I've had my newish apprentice take heart tones. But I am watching counting—doing the read out with her and not expecting her to even know what to chart. Do you know what I mean? She's just practicing the skill of finding and turning on the machine and getting them, if that makes sense.

**MARYN:** Yeah.



**MARGO:** And so I feel like that has to happen. I remember doing that—that's funny. I just totally had a flash of you being like, "Hey, you can do heart tones." It was at a birth where that lady had green meconium, and there were a lot of cats. That's all I'll say about that.

**MARYN:** I don't even know which one you're talking about.

**MARGO:** And I just remember feeling like, "Oh my god. I am going to do them. Holy crap. This is very exciting." And I would have had no idea what I was listening for because I was so excited to just be near a laboring woman with this thing. And not wanting to screw it up. And like, "Oh my god. I can't find them. And I'm going to look like an idiot." You have to do it enough times where that's not the energy you're bringing, so that you can actually be like, "I'm going to find them, and now I'm actually going to practice interpreting them." You know what I mean? So I think that that takes time.

**MARYN:** Right. Because gosh. If you think it's easy to plunk a Doppler on, you're half right. But you're also really wrong if it's pitch black or the woman is upside down or you're exhausted or any number of silly things that can make it harder.

**MARGO:** She's moving a lot.

**MARYN:** Exactly. And screams at you or whatever is going on. So yeah. That's a really, really cool story.

**MARGO:** Well, and side note, right? There are plenty of births where people just don't want to listen at all. So not trying to make it sound like it's the most important skill in the whole world, but it is one people should know. And side bar—but yeah. That nervous, "I've never done a vaginal exam." And I don't know that that's even something that really happens at this point in apprenticeship, honestly. I think that's more—that comes later. Maybe that's not the best example. But taking a blood pressure on somebody who has just had a baby, if you're worried about it for some reason, or doing a pulse even. Just getting used to touching a person.

**MARYN:** Oh my gosh. Yes.

**MARGO:** Especially if you're someone in our little corner of the birth world where we don't want to be bothering people more than we absolutely need to. We do want to respect the process or weighing a baby and touching a baby after birth. I don't know. For me, that's still some days I'm like, "Oh god. I have to touch this baby to get them on the scale." You just feel—I remember feeling so much like—just nervous excitement about all of those hands on things that I had to get over before I could even get to the part where I was integrating, "Okay. I did this. And this is what it means." Even

postpartum visits honestly, if we're not even talking about the birth. I think you let me do a couple solo postpartum visits around this time and being like, "Oh god. What if there is a breastfeeding problem?" Of course, I know the things. But to be the one who this person is looking to for help felt like a lot.

**MARYN:** Yeah. Yeah. I love how you expanded past the birth because I wanted to talk a little bit about the entire universe that prenatal care is and how—I mean you don't have—we don't have time for the entire universe. But I really just want to say, again, that if you think being a midwife is just showing up a birth to watch a baby fall out, you are sadly mistaken. And the months of prenatal care and the way an apprentice plays into that, and we haven't really touched on it, I think is maybe for another day. But I want to say that in this part of the journey that we're talking about starting to do skills, touching people, interpretation, this is the point at which I think an apprentice is welcome, in my opinion, to start offering if she has something. So we didn't really talk about that. But before now, just keep your mouth shut at prenats because you don't know enough about what you don't know to be offering things. And I know that might sound harsh, but it really isn't because you're there to observe and to learn. So this is the point at which it's like, "Oh, if you have something dietary, maybe this is the time that you can experiment with that, if invited." So I don't know. That might sound obnoxious. I'm not trying to, but it's just coming out that way.

**MARGO:** No. I think it's helpful. And it's one of those things where I—when I was talking with someone about it earlier, it's like the difference between not knowing what you don't know. Not knowing that you don't know a lot versus knowing that you don't know a lot. Does that make sense? I think it's good to check in with yourself as an apprentice around—yeah. Just being humble because there are so many intricacies maybe is the word you used even with partner stuff. I can feel when a woman doesn't want to talk about something in front of her partner, if he's along. And I know a mental note I'll check in with this later, or I'll maybe frame the conversation differently. Maybe even around lab work. If someone is acting like they're not sure what kind of lab work they wanted the first visit, I—a thing I'll do is I'll give them the lab order form because I can order labs here. And I'll say, "You mark which ones you want later, and we can text if there's one you're not sure you want." Say they want STI testing. And they maybe don't want to say that in front of their partner. As a new apprentice, you might not be privy to all of the ways that these dynamics and decisions and things might shake out. You might be just like, "Well, do you want to get STI tested or not, lady?" Instead of like, "Oh, I see that you're needing some time to think about this. So here's my cool sly way of doing that."

**MARYN:** Right. No. That is such a great example. That is such a great example. And I think we're hitting on what you don't know you don't know intellectually and also intuitively and also just because you're not the primary players in the relationship, to be

honest. There's just going to be pieces you're missing. So as you get more into an assistant role or maybe even kind of partnering with the midwife, I don't think it feels as much like that. I mean there are times to catch up with what's been going on. But I can think of those examples too with students where they kind of really stuck their foot in their mouth or said something that just didn't belong or was—yeah. And it's like this isn't about you showing what you know about whatever—eating disorders when you're not even aware of the history this client has with things like that. So it can be really like, "Oh dear."

**MARGO:** Yeah. Interesting, I actually just today had my apprentice here. And I caught her up on probably the 20 text messages between—because I had a bunch of births last week. Between me and these newly postpartum mamas about how breastfeeding is going, how their bleeding is going. And I said to her, "Wow. I think the next step might be as new people come in that I tell them at the interview even like we text a lot between visits typically or whatever. So I'm going to loop my apprentice in, and we'll do a group text so that she can be caught up." So that was kind of a new idea that I was going to share with you too, Maryn, because—right. Up until that point, it doesn't really make sense to do that. But at a certain point, it feels like, "Okay. Now—right. you're full a part of this universe of the care which is so much more than just appointments too."

**MARYN:** Yeah. You're coming in and out, but I think I got the gist. And I agree. And I had thought of that. Or actually, I think someone suggested that on one of our student calls just to group text. And I don't have a student right now. So I can't even really speak to that. But yeah. Some way of including them when the time is right. But yeah. Something you said about postpartum visits just made me think of if someone isn't ready to do that, and I feel like I've seen that too, it's really interesting to even get feedback. If you send someone out on a postpartum and they're not really ready, I think I've done that before. And sometimes not a big deal. It's not urgent. Everybody is doing fine. But the information they come back with is so nothing. It's so not helpful that you realize, "Oh, they didn't even really know what questions to ask." It's not just sitting there drinking tea saying, "Oh, your baby is so cute." There are things, right? But you don't know until you're in that seat that there are things because it feels like, often when you're an apprentice that you're just in conversation. The midwife is just in conversation, and it feels really easy and fluid until you're the one that has to come up with the questions. S anyway.

**MARGO:** Then you're like in this clunky robot situation.

**MARYN:** Like a deer in headlights. Right? What am I supposed to ask again? Rather than it—having it being experiential, which, of course, is the path of apprenticeship.

**MARGO:** Yeah. Yeah. And it becomes so natural at a certain point. And even at a point—I find myself saying that now. Like, “Oh.” I’ll even say out loud, “Hmm. What else was I wanting to ask? Or what else was I wanting to think about today with you?” But as a student, that would have been mortifying which it shouldn’t be. Know that it’s okay to wonder out loud and not know exactly what you’re wanting to ask and in what order. And it’s all okay. But it often is not as natural at first.

**MARYN:** Right. That’s just the way it goes. So—

**MARGO:** Yeah. At this point, people should be like really, really competent, like you said. Earlier on, they’re maybe practicing what they would do to assist you in an emergency. At this point, they should be really good at assisting you, if an emergency pops up. Like anticipating what you might want and maybe even asking you questions in the moment of, “What do you think about this? Or what if we try that?” They should be, I think at the end of this part, as a trusted assistant, they should be a sounding board in addition to just being able to hand you things that you ask for. They should know what you might want, maybe even offer it before you ask for it.

**MARYN:** Right. So to sort of back up for a second, if you were going to put a timeline or numbers of births to get to this point, what would you say? Because I think that’s helpful to people too to know that doesn’t happen—we already talked about the 1 to 10. But where are we at here?

**MARGO:** Yeah. It’s like a pop quiz. I mean I don’t think there’s anything wrong with the 30 total for this part including some of that observing, attuning time, and then 20ish of this practicing the skills, and then the interpretation and actually being a trusted assistant. I think that 20 is kind of a minimum in addition to that 10 where you’re just acquainting yourself with birth. So around 30 is where you might find yourself feeling solid as this trusted assistant role. What do you think?

**MARYN:** Mm-hmm. Yeah. Totally. Yeah. I agree. And then in that role, I think that’s where there is a lot of variation. You could be in an assistant role literally forever.

**MARGO:** Forever.

**MARYN:** Yeah. Some people, that’s their sweet spot. That’s actually what they want to do. That’s perfect for them. And so they don’t ever leave. And then other people, what is it? Maybe another 10 births, 15, 20—10-20 births before just naturally maybe women in their community start saying, “Oh, are you ready yet?” And then we talk about maybe moving into that primary under supervision role, which is such a funny phrase. I wish we had some other way of saying it honestly.

**MARGO:** A P U S. P U S.

**MARYN:** Oh god. Stop. That's terrible. The PUS role. Yeah. Right. So it's a—

**MARGO:** Like a—it's like putting on your midwife costume. You're just playing midwife a little bit. And how do we describe that? Yeah.

**MARYN:** Yeah. You get to practice. You get to practice being the midwife, but you're not entirely the midwife. And you have good support and backup, not we do as midwives. But like a mother midwife. Still there. Still helping you hopefully.

**MARGO:** And so this, I think, transition also gets taken for granted as being maybe easier than it is. Because if you have been this trusted assistant, maybe you're giving more advice and ideas at prenats or at the birth or in the postpartum, it can start feeling like, "Oh yeah. I've got this." But it's a very different even—just the energetic shift from the person looking mostly at the midwife and occasionally at you to looking mostly at you and occasionally at the midwife. There is a shift in responsibility and dynamic that—I remember just feeling, "I used,"—if I hadn't been in the primary role, I would have totally known what to say. But because I was and there was that additional pressure, I had to get used to that before I could kind of find my feet again, if that makes sense.

**MARYN:** Sure. I mean it's exciting. And then I think a lot of people would say it's kind of awkward. I mean you have experience in that role as the midwife with a student. And I don't really have that. I only have having been the student under supervision. So I think you have more experience with, like you said, the clunkiness or the awkwardness of how that transitions and responsibility and who is doing what and even money and who is getting paid. It takes on a bunch more things to talk about.

**MARGO:** Yeah. Let's talk about. What do you want to talk about?

**MARYN:** Well, like I said, I kind of only have the one piece at the moment. And I would offer that there is a couple different ways possibly, and maybe more, of moving into that role. So on one hand, I kind of already spilled it. There might be women in your community that want you as their midwife, and you say to them, "Great. I'm not quite a midwife yet. But I can kind of be your midwife with another midwife helping me. Is that okay?" And they'll often be like, "Oh yeah. That sounds great." And then maybe that's how that looks. In my case, the midwife was actually the one to get the clients because I was brand new. I had just moved to Arizona. I didn't know anyone. So she got the clients, and she said to them, "Hey, I have a student that's ready to pretend midwife. We'll offer you a discount, and she'll take care of you. And I'll be here if she needs anything." And that also seemed to work really well. So that's my experience. I'm sure there are other ways of putting it.

**MARGO:** Right. So what did that feel like as you shifted into that role as primary? What kind of things were different? And maybe what was different that you didn't anticipate being different?

**MARYN:** We had it set up so that I did the initial visit with the midwife present. And honestly, that was really uncomfortable because she wanted me to do a complete physical exam on everybody. So I remember just being so nervous about that. So I had been witness to all of the midwife stuff. But that felt like an entirely new thing that I had to be able to do in front of her. And then she kind of left me alone. So I would meet with the women on my own. I would set the schedule. Well, I would go to their house. And essentially—and I'm so grateful for this—I developed a relationship with them. She'd pop back in at about 28 weeks just to say hello, check up on the chart, whatever, and then be at the birth. So I had a lot of freedom. And, again, I was so grateful for that. She wasn't standing over me. And my most favorite part was that I got the chance to have those relationships. In fact, you know this, but I have a friend visiting right now who I was her midwife. I was the primary under supervision 14 years ago with her first daughter. And obviously, we've remained really good friends this whole time. So I was so grateful to have these women become my clients in all of the ways. And that worked really well for the time that it did. I would say a year or two. And then it just—it became awkward and weird, and I transitioned out of that. So I don't know. It's kind of a messy path in a lot of cases. I don't know. People have done it more seamlessly.

**MARGO:** Right. But I think that raises even sort of a boring and logistical piece which is like scheduling. How do you want to schedule this out in your life? And do you—you have to start thinking about all of those parts for yourself in a very different way when you're the primary. If you're given that freedom. If you're not just in an apprenticeship where you're just expected to do exactly what your mother midwife is doing. And I think this is a point where a lot of people get really excited about their birth bag and getting their supplies together, of course, and their contract and their paperwork. And I remember Alisha really getting organized and having all these really great handouts. It was very inspiring. It was a really cool, fresh excitement about like, "Oh my gosh. Here I am doing this sort of more for real now even with the training wheels."

**MARYN:** Yeah. What do you think about—well, with the students you've had. So I did visits on my own. And I'm trying to remember. Was there a time when someone was always there listening to everything I said? How important do you think that is? And is that how you've done it?

**MARGO:** Well, I don't know. It was—for Alicia, which is the first experience I've had with a student, there was a time where it was kind of like you described. Someone hired me, and I said, "Hey, she'll be your primary." It was around the time I had Aero. So she'll be your person if you something comes up at the birth. I'll be there to help if

she needs. But she's the primary. But at visits, it was actually really funny. This is actually a really good example because even though I said that at the interview. And this lady hired me and us. The first couple visits I still was just defaulting to my midwife mode. And then I'd leave and be like, "Shoot. Sorry, Alicia. I mean to talk less, and I meant to do less at this one." And so it was a process of shifting that—or handing that over. It didn't happen overnight. It was a gradual thing. And then, like you said, it's not super linear. It was a little bit messy. And then she had her own people who found her. And I would come and just be the fly on the wall as best I could. And that's something that I need to be better at. Is a skill that I need to work on is to not blab so much especially in that—in those moments of just I wanted her to feel autonomous and able to do it her way even if it wasn't exactly how I would do it.

**MARYN:** Right. Yeah. I bet that's tricky. And that sounds like that would be a good separate podcast at some time. Just exploring that from the midwife side even. How that looks and feels and how to do that.

**MARGO:** Mm-hmm. Yeah.

**MARYN:** Hmm. So primary under supervision, we've kind of talked about, I guess, some of the prenatal stuff. What can that look like at a birth? So this is the premidwife stage. This is the part that, I think, a lot of our students didn't know existed as a thing. So it's good we're talking about it.

**MARGO:** They didn't understand the importance of it for sure. I think some people think, "Well, if you're there and you're able to do it with the training wheels, why not just do it without the training wheels? What's the difference?" But I think, for us, something that we've kept saying lately is—for the longevity of somebody and for just the full maturation into midwifery, this part is crucial. So in a lot of ways, it's the simplest to just describe what is happening. They are the midwife. And they're just trying to get their feet and go through an ugly duckling phase into—okay. This is the kind of midwife I want to be. So it's a lot of trial and error and getting the stuff that's in your head to actually flow through as you talk with people and as you use your hands to assess and all those things. So I think that's it's the simplest one to describe. You're just figuring it out. But it's also, I think like you were saying, people didn't know it existed or it's—didn't realize how important it is to have that time before you're fully out there on your own on your own.

**MARYN:** Yeah. Yeah. It requires a good relationship between the student and the midwife obviously. It requires trust. And I know, for me, being the primary under supervision at births was really awkward. And until I got out on my own, which of course, wasn't long after, I really didn't have the experience of—I hate to say being in charge. But you know what I mean.

**MARGO:** Yeah.

**MARYN:** Being in charge because some of the primary under supervision births were complicated. I can think of a shoulder dystocia. I can think of a hemorrhage. And those things are timely. So I don't remember her putting down the red carpet and saying, "You figure this out." She just moved into action. And so I'm not quite sure. I haven't been in that role, like I said, as the midwife. And I totally get it now in hindsight. But it didn't allow me the opportunity to step into that, so I had—I ended up doing that on my own in the first bunch of births I attended on my own as a midwife were rough because I had never—it was like baptism by fire. I had never—I hadn't eased into it. It was like all or nothing.

**MARGO:** Yeah. I didn't have a totally different experience. Yeah. A lot of my primary under supervisions quote on quote were at a birth center and similar where if something came up—and it makes sense. They didn't have that level of trust in me since we didn't have that relationship. I was there such a short time. And so similarly, even though I got to see things and be very much an assist, they mostly still got to in those timely—and I think that would be a great topic for another podcast. They jumped in as well. And I know that that's true for a lot of midwives especially midwives who have trained at a birth center. But probably just in general, a lot of midwives. And maybe speaks to this being the trickiest part of an apprenticeship in a lot of ways. And it's where a lot of people quit. I think. I've seen a lot of people quit at this part because they can't find a not awkward way to do it. But there is a way. And part of it might be learning some of it—I mean not learning it from scratch on your own. But like you said, knowing what to do and having seen it done but maybe not being the person who gets to handle it 100%.

**MARYN:** Right. Right. Right. So if we kind of end that there for today, I think it's a really cool place to end because it has to totally destroy this myth that there's nothing complicated about this path and see 10 births and go out on your own. I think it's really humbling for all of us, in a way, to think about this under this heading of training and what that means and what it looks like and what it feels like. And then this end result, if we're in serious mode—being serious it can leave even an experienced person—someone who has been at births for three years, four years, seeing lots of births still kind of in a new position as that new midwife and all of the things that that entails. And all of the feelings. So I don't know. It feels like a good place to leave off, but it feels like a cliffhanger too. So next time.

**MARGO:** It does feel like a cliffhanger. I wish we had a funner name for this part. What's it called when a butterfly is about to emerge from the cocoon?

**MARYN:** Isn't that the chrysalis phase?



**MARGO:** Yeah. That's what I was going to say. But is chrysalis the whole time? Or is it just right at the end? I'll have to do some research.

**MARYN:** I know. We need to know more about caterpillars becoming butterflies. But yeah. I love that visual or using our imaginations, and that feels right. It takes time. And you completely transform at some point along the way even though it can be rocky and unsure. And I don't think we're going to talk today about all the other questions that come in at this point. But I think we definitely will, right? Well, how do I know when I'm ready? I have done all of these things. And it's been five years. So it's like at what point are you really ready to move into that. It's a huge topic.

**MARGO:** I think we did a good job—

**MARYN:** Sweet. Well—

**MARGO:** - covering it all.

**MARYN:** At an hour and 16. I think that's good for our apprenticeship episode number 1.

**MARGO:** Yes. The stepping stones, the phases, whatever you want to call it. It will make a pretty visual of them all.

**MARYN:** Yeah. You have cut out again. But maybe you'll be back for a goodbye. But I'm going to wrap this up. I've got a kid screaming, and the Internet is not our side anymore. So thanks for listening, everybody.

**MARGO:** Yeah. Thank you for that. That was fun.

**MARYN:** Yeah. See you later.

(closing music)