

(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.

(music)

MARYN: Welcome to Podcast Sunday. Yes. It's Sunday this week after a missed week which I can recap rather quickly podcast wise which is I recorded an hour and deleted it. That was really sad. Really crazy that in 2021 you can have software that records and really doesn't save it. Like automatically or at all. So my mistake. I've been really exhausted. Rumi has not been sleeping, and so I've done a couple of crazy things like that because I'm just tired. Another crazy thing I did this week was throw my phone into the washing machine. Surprisingly, it survived that. I kind of can't believe it. But it was another moment of just my brain not really functioning at even close to 100%. So sharing that snafu with the podcast if you were wondering why I skipped a week when I've been pretty religious about this all since—hmm. I don't know. Maybe since after Rumi was born. It's been a weekly thing. So I'm hoping back on the bandwagon today even though it's Sunday. And if this gets deleted, oh well. No one will ever know.

I was just saying to Jason that—or I guess he said, "It should be called Whatever." he said this podcast should just be called Whatever because I went through some effort to record this right now as well just computer stuff and still working out of my house even though I found an office here which is very good news. But I'm not set up to record there yet. And it's just been sort of difficult getting things done. So I said if it doesn't work today, whatever. I'll just deal with it and know that I wasn't supposed to put a podcast out into the world. So obviously, I wasn't supposed to put the one I recorded last week out into the world. A whole 55 minutes. And I think it was okay. But I'll have to rethink that one or remember what I said somehow which is not going to happen. And that one was all about virtual support and the differences with hiring a midwife like us from afar and how that looks for prenatal care and how that can look in birth. But it went down the drain. So it's not the topic today. I kind of couldn't bear to try and repeat myself right away. I don't usually have notes for these things, so it felt like a lost cause.

Here I am on Sunday. We've just had a fun weekend visiting with my sister's kids and them and my parents. So we had 23 people total in our house, and it actually felt really

great. Didn't feel like that many people. And the kids were just so excited to be with each other. So combined we have 17 children. 10 of which are mine, of course. And it was just really lovely to see them. Knowing each other and playing, they really haven't ever had that chance because we've never lived close enough, so it's really, really a wonderful thing—another wonderful thing about living here in Kentucky. We now have close family pretty close by. And I'm really excited to see how it plays out for the kids in their lives as they grow. My sister has a lot of boys. I have a couple boys. So I think that'll just be so nice for them. It's really different to have cousins over, even close friends. And it's something I remember fondly about being a kid. Just the cousins that I had. So that was our weekend. Wrapping it up now with a quickish podcast, just because there is so many more things on the list today.

And I've had some cold brew. So I'm ready to talk. Coffee is so necessary right now. I think a few months ago I was bragging about being off coffee and blah, blah, blah, blah, blah. But nope. Not happening right now. Not the time for it. I really enjoy caffeine. And I feel like I need it as much as a human can need such a drug which it is. But it's necessary. Rumi is just sleeping so poorly. So this is how it's working right now, and I'm sure I'll report back when things start to shift. But got to do what you got to do. And it's not just to get podcasts done. It's to just be awake during the day really and not feel like I want to sleep the whole day which I don't have time to do. Such is life with an almost 9 month old with several teeth. Eight in fact. And a very happy disposition despite his not sleeping at night.

So that's the quick personal wrap up. Trying to keep it brief today. And let's see. Anything else. Let's see. I have an office. It's really great, and if you're in the area somewhat, I don't know. Tennessee, Ohio, Indiana, anywhere, stay on the lookout. I think I'll teach a free Indie Birth workshop as soon as possible. And by that, I mean September or maybe October. Not sure. August is kind of out. I have a lot of work to do on the office. I'm back on call. And I need to just focus on those things. So September, it's very possible that I offer a free workshop here in Kentucky, and I'm sure people will come in from all over. And I can't wait to announce that and meet so many of you. There's been so many people over the last few months that have emailed and said, "Hey, I live X number of hours away. I can't wait to meet you." And same. Can't wait to meet all of you. And super excited to offer that in these parts. That'll probably be another podcast I would think some day. Just the intricacies of whatever politics are going on here. I'm not going to babble on about it now because honestly I don't really know. I just know that midwifery is now a licensed activity here in this state. And I will remain unlicensed. So I'm imagining that there is some work to do. There is some education to probably be offered. Not sure how it will be received. But we'll see. I hope—and my highest hope and I'm always really wanting to share that with you all. My highest hope is that, of course, we can all peacefully coexist and support each other

here no matter what. No matter if we're licensed or not. We don't have to be best friends. But that's my vision is let's just do what we're good at doing and serve the people that want to work with us and no need for any kind of crazy cat fighting or any of that stuff that midwives can do for sure.

So I am going in with that vision to this community, slowly meeting people as it feels right whether they're doulas or midwives, and just wanting to appear sincerely authentic and friendly and not here to hurt anyone, not here to shake things up beyond what I'm here to do which I think that is part of it. But not in a malicious way, of course. In an informative, women really need to know their options kind of way. This state is one of the only—if not the only place to not even have a birth center. I'm not even big on birth centers. But that's a choice. That's a great choice for some women. So who knows? Maybe our Indie Birth Retreat Center will be the very first here somewhere. I'm not sure where. And yeah. People have been emailing us and asking us here and there about that. Why are we doing it? When is it happening? I have no idea. But the plan is getting closer in the vision, I think. And excuse Rumi crying. If you can hear him, he's downstairs with Jason but does not sound very happy. Yeah. So the retreat vision. Not sure but would love to get Margo out this way. And I don't know. I know it will happen when it's time, and I could see that there is really a need for it here although there was really a need for it in Arizona. And I'm sure in many places there is. So not sure what that means.

But right now just enjoying our family life, our own homestead, so to speak. And I know that vision will come in to fruition when it's time. I think as the school grows, as Indie Birth Midwifery School grows and matures even more—it's been a great whatever. Four to five years. I think we're out of our infancy which is also really cool. We're a pretty established school at this point. I think as that progresses even more and we have even more cool people out in the world serving the family that more ideas will come in and more connections. That's my plan. So enough about that all today and I'm finding the notes that I did make here.

I did want to kind of talk about something. And I'm calling this—and maybe I'll change it by the time this goes out. But Work with a Midwife and Pass on the Freebirth If because here at Indie Birth we, Margo and I and even Julie our lovely midwife—and she's an assistant for us. She's really wonderful. If you haven't ever gotten in touch with her and you're interested in the school, you probably will get to talk her. Oh wow. Henna is really losing her mind. See? You get to experience the realness of me working at home. This is very real. My dog barks. She is a heeler. And that is her way of announcing everything that happens in the driveway. And luckily, there is not a lot that happens. But when it does, she will announce it. And she usually will go too far. That's a heeler. Don't get one if you don't like barking.

Okay. So why? Why am I doing this? Margo and I and Julie—we get emails all the time. And we see posts on our social, and we get messages. And we get phone calls, and we get texts. I'm not kidding you about this topic. Like, "Help me with this." Or, "What should I do if?" Or, "This is happening." And they're all people that have chosen freebirth and then are needing some help. And while there is no shame in asking for help—and I'm sure it's humbling. I've done it. Not necessarily with freebirth but my whole last birth was humbling. Jason asked me the other day, "What's the most humbling thing that has ever happened to you?" And I said, "Without a doubt, that birth." I thought maybe I had more control over my experience. I thought after having birthed nine babies maybe I knew something. And none of that was true. So I get it. Humbling is good, and we all choose the path we do. And we learn from it. However, being on the receiving end of so many questions and topics and, in our eyes—and, again, this is my perspective. Margo and I probably both. In our eyes, there are people that so clearly should have, if there is such a thing as should have—could have, should have, may have chosen a midwife instead of going off on their own only because they seem to have circumstances or things going on that we know we could be really good at supporting them with and helping them with even virtually.

Now, of course, you can't do everything virtually. That was my last podcast, which you'll never hear. But there is a lot that we can do. We can create relationships, to a certain extent. We can give pretty decent support although there is a time and a space to have someone present in your life, in your real life that can touch you, that you can touch them. That can be so valuable during a birth whether it's literally just hands on to calm you or to help stabilize you or something more intense like a vaginal exam. There are benefits to having a midwife. And I don't necessarily want this to sound like that. Like all people should have a midwife. Well, I think all people should have access. All women should have access to a midwife. I don't know that we all need a midwife. We don't want one. Or maybe someone wants a doctor, right? That's great. So this is sort of a select group of people that when we come in contact with them—and we do. We say openly, "Hey, have you thought about hiring someone? It sounds like you could really benefit from that support."

And so I thought I would talk more about these kind of scenarios. If you happen to fall into any of these categories, just consider it. And if you feel like, "Oh, wow. Well, that's great, but I don't have access to someone," or—I don't even know. I don't have the money for a midwife. That's the next step, right? So first, it's just like no. This is what I want. This is what I want. I want a midwife like this. And enter your description. I want a midwife like this, and then you move on to like, "Okay. How can I make this happen? There is no one here. So got to figure that out." Or there is someone here, but I feel like I can't afford it. Okay. How can I figure that out, right? So it's not like you just dismiss the whole thing. To steal Margo's words from a podcast the other week,

throwing the baby out with the bath water just because there is an aspect of the thing you want that feels a little unmanageable or out of reach doesn't mean you just throw in the towel and say, "Oh forget it. I'll just do it by myself." Unless that's really, really truly what you want, but I will get into that.

So again, I'm drawing on literally hundreds of stories that we hear, questions that people ask us, people that we've come in contact with, and, essentially, I feel like passing on their wisdom that they've shared with me because a lot of them, in hindsight, are like, "Yep. Should have hired a midwife. It wasn't what I thought. It wasn't what I thought, and I wasn't prepared. And I really could have benefitted from support. I really could have benefitted from knowledge. I don't know it all." Of course, no one does. But most people out there don't have education and birth just as normal people walking around. So we do our best, but I think that's pretty much the truth. And sometimes you don't need to know anything about birth. That's the disclaimer. Sometimes babies just fall out. And it might be your first baby. It might be your tenth baby. There is nothing to know. And we think about what we feel like we are all channeling when we have really awesome births which is divine wisdom and inner knowing. And we imagine, I think, as women in the—in this western culture, I think we have this maybe incorrect, possibly correct imagery of women with less, possibly third world countries, whatever birthing so much easily—so much more easily than we do.

And I don't know. I don't know if that's true or false. I haven't had the privilege and honor of attending births anywhere outside of the U.S. So I can't speak to that. And I think part of it is myth and story, and it makes us feel like damn. We should be doing better here. And I think part of it is probably untrue like a lot of myths. So if that's where people are at and they feel confident that and they don't feel like they need anything, then by all means go do it. But if you're having question, then I think it's wise to consider midwifery support for sure. And, again, even if it is virtually. And midwife—I'm not going to get into—I cannot get into that. I have hundreds of hours I feel like recorded around this. And so I think just to be brief a lot of you out there might say, "But hey, I don't want a midwife. They're too medical. And I don't want someone telling me what to do, and I don't want rules and regs around my birth." And to that, I say, "Amen, sister. I don't either," although that's a really beautiful option for a lot of women. So my definition—and this is my podcast, so I can do this. My definition of midwifery is what we're teaching. We're not bound to the state, but we are smart. We are trained. We are knowledgeable. We are skilled. We are intuitive. We've done apprenticeships. We've worked with other providers. We've handled things that come up at births. So that's my definition of midwifery.

And I really can't speak to, "Oh, but I'm going to hire a birth keeper," or whatever. Any of that really vague terminology. Not going to go there today, and I don't actually know what that means. And I really don't know how to talk about it in a way that would be

constructive. So I'm going to stick with my definition of midwife. I think you could consider hiring someone that is all of the things I mentioned if you desire that, if you fit into some of these categories. So let's just do it because time is short today. Here is the first mini topic, and this comes up a lot, again, in our awareness and directly to us. Women that have an interesting or complicated prenatal history. So if you're someone that does, maybe consider working with a midwife. Hey, you might end up free birthing at the end of all of that. Good for you. But if you need support and you want to know how to possibly prevent something like—let's just say preeclampsia or—I don't even know. Let's see. What other kinds of things are interesting or complicated? I don't know. Maybe you're curious how your baby is growing because last pregnancy you had IUGR or intrauterine growth restriction or last time you had gestational diabetes. Or maybe you haven't had those things but that's something you're wanting information around. You're wanting not just information but possibly clinical support.

So you want someone to take your blood pressure, and that's a really awesome legitimate choice on the prenatal care spectrum that women should be making for themselves. So that's my opinion even though, full disclaimer, I haven't taken my blood pressure in pregnancy in 15 years. But that's because I know it's not a thing for me, so we each need to choose and focus in on what we actually want and not just write it all off in either direction. Either everything is routine, and we do it all because midwife A or doctor B says so. Or this other side of, "Well, I'm free birthing, so I don't do any of that." Like just by definition? Or because you really don't think you need it? Or do you even know what you're talking about? Do you even know what clinical options are available to you?

So, again, back to this complicated prenatal history. There is a lot of women out there, let me tell you, that have had complicated histories. And I will say a lot of these women and the situations they share once you really get into it with them maybe virtually, maybe in real life, it's kind of like a tangled web to unweave. It doesn't mean that because you were labeled gestational diabetic last time that you really were, right? And I don't necessarily have the answer for you, but if you want help in decoding or looking at lab work or interpreting, trying to make sense, then that's a great reason to hire someone or just work with someone. I don't know how that's looking for everyone where they live. So yeah. That comes to mind. So if there is something you want to avoid or prevent, you should probably get in touch with someone.

And the other area that kind of goes along with that is lab work. So, again, you've had a prenatal complication or maybe you feel you're more at risk for one, why not? Why not work with a midwife even just to do that part? And I'm happy to do that with people. You can order labs in most states, not all. Most states without an order. So I can help you. Let's order them. You pay for them, and I'll help you look at them. And we'll see. So in other words, you don't have to write off all of these things if there is something you

want or desire. And I did just say a lot of these women that come with complicated histories, in the end, maybe they weren't that complicated, right? Or maybe they were inaccurate. And then there's that small percentage that maybe really should be considering prevention. So how do midwives do that? Nutritional counseling. Maybe we're talking about supplements. Again, the lab work comes into play. So there might be something that really you could benefit yourself and your health by working with someone that does all of that and specializes in it. And the best case scenario with that all, like I said, is not developing whatever complication and going on to have the birth of your dreams no matter what that looks like. But you got to get through your pregnancy healthy, in my opinion, to be able to do that. To be able to call those shots at the end.

Okay. Another reason to consider working with a midwife is you want guidance and support around all the things nutrition, alternative health, lifestyle. You might want spiritual and emotional support. And we're all different in how we offer these things. But, again, don't go at it alone if you desire that. And of course, there may be other people in your life that can help with that. It doesn't have to be a midwife. There might be people in your life that can provide that. So I guess it's first being really honest with yourself about what you do want and then seeing is there a midwife that can fit in there. Do I want her too? Rather than just saying, "Oh, I don't need any of that because I'm doing it on my own." Another reason to consider working with a midwife is if you don't really want a freebirth but feel like you have to. And the list of reasons behind have to are complicated and individual. So I mentioned some. Money, lack of trauma—or not lack of trauma. Lack of choices and trauma. Those are just a few reasons why people feel like I have to do this alone.

And I can think of someone a couple years back that I was working with. First baby. And said to me, "I don't want to have a midwife anymore." I was like, "Okay. Sure. I'm humble. I'll step away. I don't need to be a part of your experience." But it was an interesting set of words she used. And I don't quite remember the whole thing. But she essentially was like, "I feel like I have to. I feel like I just have to have a freebirth. Like I have all this sort of trauma in my family around birth." Horrific kind of stuff. Her mother, her grandmother. And I don't know. "Something is just telling me that that's the only way I'll heal it is to do this myself." And I'm not in the business of convincing people. And in the end, I don't feel like that's really the right match for me, so I humbly stepped away. I said, "Good luck. God bless you." And I don't really know what happened except I don't think she had her baby at home. And maybe that was just the way it was supposed to be. Not everybody is going to have their baby at home. And that's fine.

So I don't know more details. But there was something red flaggy about that to me as a midwife. Just like nope. There is some kind of—I don't know what to call it. Energy of—hmm. How do I say it? I mean self sufficiency is great, right? And it's this funny thing to talk about in birth because birth is beyond self sufficiency. Like we are the only

ones that can birth our babies. So to that extent, she hit the nail on the head. There was no one else that could do this for her. But to really support and, again, perhaps I wasn't the right support. But to not seek another midwife out or whatever, to me, is kind of a red flag when people have that degree of trauma going on. And for other women, maybe that does clear their trauma. Who am I to say? But I know too many stories where women go in with some serious stuff and they're hoping—they're just hoping and I think gritting their teeth and crossing their fingers that doing it alone is going to clear that for them. And I guess you have to see.

But I know that midwives especially I know for myself I really love diving into that with people. And I don't have the key. I don't have the magic potion to make trauma disappear. But just having someone that's a witness to your new experience and knows your history and can do that holding of space and can know to a reasonable degree what might be triggering to you and who you can talk honestly with if things do come up in your labor and birth around sexual trauma. That comes to mind. That's only one thing. There's a million other ways that women experience trauma in their lives. So, again, I don't have the magic key. But having someone there that's seen that, been through that, seen women struggle in their labor with that, I think is a real benefit. So just considering that and being open to it. And in the end, if that's not right, you'll know it. But shutting off support because you've had sort of things go on in your past it's something to reevaluate. And I'm saying that, again, because of what I've experienced and heard and seen.

Another reason to skip the freebirth or at least maybe the pregnancy part. I'm not sure. Maybe all of it. Doing that alone is what I mean is if you want actual information, not just, "Oh well. Birth works. And once in awhile sometimes something happens, so here's a 3-minute video on shoulder dystocia." Like nope. If you want more than that, then you should work with someone because this isn't the kind of thing where there should be one discussion, right? So someone asked me about GBS the other day, Group B Strep. Great question. Great topic. I have a podcast on it. there's a lot of info out there that's really awesome, and that's great. Read all the articles. But for me, the way I work as a midwife is we weave in these topics several times. So if you're going to ask me about GBS, then let's talk. Let's talk about your vaginal health, for example. Let's hear your questions. Let's do this over a period of time, so it's not just a no. All medical things are bad. Or yes. Every routine test is what I want. There's a lot of nuance discussion in there and a way to support women in truly making the choice that they want. Not just bullying them in to one choice or another. But I guess you have to be someone that actually wants that and isn't content with, again, maybe the 2-minute video.

Also experience. I mean duh. Hopefully, you're hiring a midwife because she has experience in birth. And that doesn't mean you don't know anything. That doesn't

mean that you're not the expert on your body and the ultimate authority. It just means she's seen stuff. And probably over a course of many years. So if you want that, then work with her. Don't think that calling her at the eleventh hour with some emergency when you haven't spent any time or built any kind of relationship is going to be helpful because we're not helpful to people at that point. It's really impossible for us to be so.

Let's see. I think I already hit on the if you've had trauma around anything relating to your body or anything at all. Yeah. Again, I don't think midwives are the magic pill, but I think we can be helpful. And if someone wants to create that relationship, that's a really great reason for not doing it on your own. You want someone there that can actually handle complications and the weird things that can come up after birth. So that is a huge amount there and brings in a lot of topics. So experience level, asking a midwife, "Hey, have you handled this thing? Have you ever resuscitated a baby? Have you ever handled a hemorrhage?" And we don't necessarily want to tell you all the tales of things that haven't been beautiful and orgasmic. But we will. And we should, if asked. So if that's something you care about, then ask. And again, if it's not something you care about because—I don't know. Because you just don't or you figure, "Hey, if I get in over my head, I'll just go to the hospital," then maybe it doesn't matter to you

But we get so many questions from people that are choosing free birth. And sometimes it's hard to not be cynical, and that's just being honest. Sorry. So I had someone once years ago and—let's see. Freebirth. First baby but came for kind of like a prenatal, which was fine. Totally happy to help them. Measured their belly and listened to their baby and just kind of inquire general questions. And the husband ended up kind of getting on this track of like wanting a midwifery education in an hour which is sort of offensive, if I'm going to take it personally. And even if I don't, it's like, "Dude, that's not possible. So as much as you want to be prepared for all the things with the birth of your previous baby, maybe you should hire a midwife." I remember him distinctly asking me, "So, if the feet pop out first, what do I do?" I was like, "You should probably call 9-1-1 because a lot of midwives would." I might. I don't know. I don't know how to instruct you on the birth of a breech baby—of a footling breech perhaps. I mean maybe it is. Maybe it isn't, right? But that's not the point.

There are things that if you're really worried about or you really want back up on you should hire someone. And put it on them. I mean it's not their responsibility in my eyes to save you. They may be able to handle it. They may not. But that's not the point either. The point is if you want someone on your side then that's a great reason to hire someone. There's a lot of women out there that are going into birth really scared about things like this because they know just enough which is great. Knowing things is cool. But knowing just enough can be scary. Kind of reminds me of when I was a really beginning midwifery student. And I could sort of channel my third pregnancy in my brain. And everything was kind of a big deal to me. In fact, speaking of GBS, that was

one of my few pregnancies where I did test for GBS, and I was positive. And I kind of went down an emotional rabbit hole with that. And it was all great for learning. So no regrets there. But my point being that knowing just a little can produce fear. And so again, you just have to ask yourself the hard questions. If you really want to know more and you want to, as the birthing women, to be able to really just be in your experience as this mammal and not be accessing your mental, intellectual brain for information, then you should hire someone. And I think that's one of the best reasons to work with a midwife that you really click with because she gets to be the midwife, which means she's using her intellectual brain and other things of course. And you, you as the birthing woman, just get to be a mammal.

Why? Why would you want to be in your—what is it? Not limbic. The opposite of limbic. You should be in your limbic brain. You should not be in your scientific brain during birth, if you want the best outcome. We know. We know this is true. And I don't wish that on anyone. A lot of my births my brain totally sort of got in the way. And they were still great and beautiful. But there's that element you can't subtract once you have it. So whether you have it to a large degree, the intellectual knowing, or even a small degree, it's hard to take back. So that's been kind of my spiel on freebirth for a long time. To me, it seems pretty obvious that there are two ways that can look which is (a) just trust your intuition and focus on your body and your connection and just hope for the best. And it will probably be fine. Or (b) if you are interested in learning and all of that, hire someone to support you and guide you, so that you don't have to fall back on that more than you want to. It's a really stressful place to be. And, again, so many situations I could tell you where women go there, and they start analyzing their labor. and they're all alone, and they have no idea what to do. And usually, they're people we have never met. And maybe people we don't even know virtually, right? They might just get in touch somehow. Or maybe it's in a recounting of a freebirth story, and it's like yeah. Would have been totally helpful for a midwife to help you figure out how open your cervix was or what station your baby was at or listen to heart tones. All of these things are—it's not the only thing midwives do. Obviously.

But it's not being a doula, right? It's more than that. So these are the things that midwives do and, of course, the doctors do. And there really is a place for them for women that want it. And again, if you're going into a labor thinking, how am I going to know if my baby is okay? I don't feel that connected all of the time, or maybe you've never had a baby. And you're like, "I don't know if I'm going to feel the baby moving during labor. I feel like I might want to know what the heart rate is or have someone there to help interpret that even better." Then it's a great reason to not choose a freebirth. Other complications. So many stories I could tell you about after birth stuff with freebirths. The most recent, and I think the most popular, being the placenta is not out. And it's one hour. It's two hours. Sometimes it's 12 hours. Sometimes it's 24

hours. And sometimes there's a problem. And someone is bleeding. And the other times, there's not a problem. It's just the information and experience isn't there.

And so sometimes we help as we can. Other times, we're not able to. And in the end, it's like, "Well, if you had had a midwife, maybe that would have been smoother for you. And now maybe you wouldn't have trauma around your placenta birth and whatever." So I don't know. It's a funny thing in a way because, again, people have their path. And I do believe that it is all perfect. But it's hard to hear these stories, I guess, and not just want better for women. Want people to have more powerful birth experiences and really fighting this myth, fighting this somewhat new myth that it can only be powerful and autonomous if you're alone which, of course, is not true at all. So other weird things that come up after birth, just bleeding in general. So very few women know what normal bleeding is unless they've had babies before. And even then, sometimes there are variations on that. Just the other day someone contacted me, and it's always like, "Oh, a friend. A friend had a freebirth, and they're bleeding this amount at this many days postpartum." And it's like, "No. That's not normal probably from what you've shared. I mean I could take a whole two-hour history which I'm not going to do because I wasn't asked. But no. I would not say that's normal, and I would seek medical help immediately."

So why? Why don't these women enlist the support of someone rather than crowd sourcing and asking friends of friends? And so many of those—it's like a game of telephone. Are you even going to get accurate information by the end of it? Do you really want to crowd source during your labor? I mean maybe you do. But I think there are a lot of women that don't. They're really not comfortable with that. And if something goes wrong and this is a whole other podcast, if the baby doesn't make it—now on one hand, babies don't always live. But then there's a lot of shame and confusion around sharing that in lots of cases whether it's a freebirth or even with midwives because it's like, "Oh, I should have done better. I should have known better." And sometimes that may be true. And sometimes that's not true at all. Sometimes there is nothing we could have done at all. But you don't even have somebody to revisit it with. And women are shouldering that kind of stuff all alone, and they have no idea. No idea what happened at all. And, again, sometimes we have no idea what happens.

So I think that's about it. I think those are the most prominent reasons in my brain right now. And with the short amount of time here that's left sharing with you reasons why you could consider hiring a midwife that really serves the family that wants to see you fully autonomous and in charge of your pregnancy and birth without taking away from that experience while also supporting you. And, again, we're not there to save people. So I guess that's the funny sort of juxtaposition of this whole topic is if you're hiring someone to kind of do the work for you then that's not the best use of any kind of provider, care provider either. It's this balance between knowing your own power and

being humble enough to reach out for support and ask for it. So not even asking directly from another human although that's great especially if you feel like you have one in your area. But just asking the Universe. That's what I do. Just putting it out there. Hey, I don't know how this will happen. I mean it was a lot like this house and journey for us. I don't know what the solution is. I just know that this is what I want, and I welcome the signs. And I am grateful for all of the resources I already have. And I know that this will work out perfectly for me.

On that note, I'm going to sign off. Midwife Mondays are back on YouTube. I'm starting up again tomorrow, August 2nd. So please join me any Monday. Any Monday you're available on YouTube, go to our YouTube channel or indiebirth.org/live because this is a YouTube live. And the time currently is 3:00 p.m. Eastern. So I will see people there tomorrow and on whatever Mondays you choose to show up should you choose to show up. And we talk about all kinds of things like this. All kinds of midwifery topics, in particular, and just kind of see where it goes. All right, everybody. Have a beautiful week.

(closing music)