

(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.

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**MARYN:** Well, it's 2:22 p.m. on a Monday. Not my normal podcast day. It is Midwife Monday actually in about 40 minutes. So I'm squeezing multiple things in today, and maybe that's how it'll go from now on now that I have this nice, new office set up. It's so quiet. It's so quiet. It's weird but such a nice change from trying to record podcasts the last couple months. So much trying that you may have noticed I just gave up. Not really. But I didn't record any the last couple of weeks. It was just too much in our house trying to get set up and kids running and doors slamming. I couldn't even really think. So now that I'm set up in the new Berea, Kentucky office you all should come and visit me. I'm having a free workshop here on October 2<sup>nd</sup>, so I am super excited about that in all of the ways.

And I've been seeing people here from near and far for prenats both in person and virtually, so this office is really off to a great start. And I have a Witchery class coming up. And actually, the reason I just thought of sharing that—not only would I love more of you to do that, but it reminded me that I need to energetically clear this office. I still haven't done it, I guess, because it really feels okay. And I haven't been spending tons of time here. Just Mondays really. But I think I need to do that. So I'm sure I will in this next version of Witchery 101. That is a three-week class where we meet in person virtually. That's an oxymoron, right? We meet virtually but live. I guess that's what I meant. Virtually live for three weeks. Three weekends on three Sundays to be exact. So that is coming up.

By the time you hear this podcast, depending on when that is, it may already have started. And you can still hop in because I'm going to record the live sessions anyway, and all of the rest of the class material is there. It's all set up. I've already taught this, so it's all there. It's great. It's fun. People loved it last time. I have a lot of the same people coming back. So join us if you want a circle of women to support you and to learn some magic. I can promise you that you will learn something and that if you know

a lot of the things already you will become more deeply connected to what you know and have better skills. And it's so fun for me too to teach this class because I am encouraged to do the same. I will spend more time in nature. I will do more fun things and ceremony, and I will be reminded how powerful I am. So come hang out with us. Witchery 101 is still enrolling. It's [indiebirth.org/witchery101](http://indiebirth.org/witchery101). We'd love to see you there.

Can't do a complete personal update just because I don't have a lot of time this afternoon. Not too much to report, but in the best of ways. We have chickens. The growing tiny homestead is working. We are enjoying it. We are loving it. The weather here is gorgeous. Everything has just been so good. On the more real side—not that that isn't real. But realistically, the past couple of weeks have also felt like we really did finally land. And so I think not doing podcasts was thrown in there just generally feeling all kinds of things. I think when you first move it's a lot like having a baby. And you're just so glad the baby is here. And you just sit in bed, and it's all so blissful. And then the reality of your life as it normally is sets in with a newborn, and you realize, "Oh, man. This is different." And it doesn't mean they're bad. But it's just adjustment. So I feel like that's exactly what happened. We had our baby. We arrived at our new house, and we really just, the last couple of months, have been admiring our baby and now real life has hit.

So just figuring that out in all the ways and with all the people and animals has just taken up time. And so I've thought I would wait until I had a podcast where I felt like I had something more to say especially birth related. And when you don't have something to say, you just don't say it, in my opinion. No need to crank out podcasts that don't have any meaning. You're going to hear me drinking some coffee. Some very good coffee in these parts and just a quick—yeah. That was a quick five minutes there. Not my normal update, but that's great. We're going to get on to a quickish—I don't know. Maybe 20 minutes podcast here on some birth stuff because birth work, for me, has resumed very fast six months not doing that. But I could take another six months at some point very soon. So I'm not worried about feeling overwhelmed anymore. That seems to have been sorted out for the time being.

So today I was just going to share five birth lessons from the field. Just five things that have come in since I recorded last around births I've attended both in person and virtually because there has been both of those things going on and just in conversation even with some other midwives and watching some birth videos that people send me. So this isn't all my direct I was there experience. But some of it is, and some of it isn't.

And they're all really random in the sense that they don't go together. So I guess put on your hats and take this ride with me. These are some things that I've learned.

Okay. So the first thing I've learned—and this was entirely new unless I tucked it away in my brain, and I just don't remember which is very possible. But someone has their baby and then the placenta doesn't come out. Now that's a huge topic, and I have podcasts on this already. We have the manifesting an undisturbed third stage webinar. We have a podcast on placenta birth and that kind of goes into the physiology, right? Of what happens when. Placentas don't just plop out. Our bodies have to go through the process and blah, blah, blah. But if you're at a birth and you're a midwife, then you know that. And if a placenta really isn't coming out despite all your tricks and toolbox and it's been many hours—and, of course, usually in that situation hopefully, the woman is not bleeding because you wouldn't wait for hours in that case—the thing I learned was injecting the cord with saline.

So salt water. And I haven't don't this, but I'm going to remember this especially since I'm tucking this away for real right now speaking it aloud. But my idea would be that I think you'd want to cut the cord for sure, right? So cut the cord—clamp the cord, cut the cord, so the baby doesn't get any of that, right? We don't want that. And then if you're going to inject saline into the cord, I don't know what kind of effects that might have ultimately on the placenta and consumption and all that. But if you're really in a pinch or it's hospital or bust, then you might try this trick if you're home. So you'd need a syringe. You'd need salt water. And I would go for it and see. Can't hurt. And I guess that works a lot of the time. One of our—oh sorry. Notifications on the computer. That's annoying. Julie, the midwife that works with us—she had said somewhere online when someone posted this, “Oh yeah. An OB I used to work with used to do this.” So I guess it really is a thing. And that's a really cool trick. So tuck that away.

Second birth lesson from the field is about water birth. Maybe you know this. Maybe you don't. Water birth is a huge topic. But I was at a birth not too long ago. Beautiful, beautiful birth. And the bath tub was filled up. It wasn't a birth pool. It was a bath tub. And the water was not high enough. So this beautiful mama was kind of like crouching in the water, and it seemed like the baby was starting to come. And so I said to her, “Hey, do you want to have your baby in the water or out of the water,” because you can't do an in between with water birth. In other words, you can't have half the head born in water and half not. And hovering over the water, no. That is not a good idea because you don't want a baby that's already breathing or been stimulated to fall into the water because that's called drowning. That is called drowning.

So water birth is simple. But that particular fact sometimes people don't know that. So I would say in the water or out of the water. Not both. And this particular mama we could have filled up the bath tub for her. She did not want that. She easily climbed out and birthed her baby on the side of the bath tub. So done. But that's one thing that midwives look for. And it can happen in a big water birth pool. Somebody can kind of be standing or squatting or doing something where they keep lifting their butt out of the water. And I don't like to tell people how to birth, and I don't generally say anything. But in that case, I would say the same thing. "Hey, mama. You got to keep your butt under water if you want the baby to be a water birth. If you want to birth your baby in the pool, you got to keep your butt under and let the whole baby come out under water." We don't want parts to the air, parts to the water. It's very confusing. And the last thing we want is a baby to inhale water or aspirate it into its lungs or, in any other way, prevent this normal, natural physiological process of transitioning to newborn life via the lungs. So yes. In the water or out, pick one.

My third lesson from the field lately is meconium aspiration sucks. I, in all my years, have never seen this at home. I know it's a thing. And I know firsthand—well, not firsthand, I guess. Second hand, third hand from other midwives who have experienced this. It's fatal sometimes. Sometimes babies aspirate meconium. So meconium being the poop, right? Aspirate meaning breathing into the lungs. Inhaling. And many babies, if they do that, do it before they're even born. So back to old school thinking, I think a long time ago people used to say, "Well, if you see meconium, just suction the baby really well when the baby is born." And it's like, "Well, maybe. I mean that's not even a thing anymore." If the baby is vigorous, if the baby has got tone and color even with meconium, the recommendation is not to suction them actually. But it sort of doesn't matter in the example of them having aspirated meconium because if they aspirate before birth nothing anybody can do. Nothing anybody could do.

So I am sad to say I have now seen this. And it all worked out okay. But it was not fun. And it was scary. And it did involve a baby needed more help than I could give at home although I think the help given at home was super valuable. And by no means am I a rock star of newborn resuscitation, but I'm decent. And the sad truth is you learn these things. And when you have to use them, then you even get better, and you want to be even better for next time because there will be a next time. There will be another baby that needs help breathing, and it is our duty as midwives to be able to help with that. But meconium aspiration sucks when it happens in utero especially just for the pure reason that there was nothing to do about it. And you don't know what baby, necessarily, is going to come out with having aspirated in utero. You just don't know. I'd love to say that you do. I'd love to say, "Oh, if this happens, then it means this. Or if that happens, it means that." And I'd love to say, "Oh, well, all meconium is bad. Any

time you see it transport. Or the opposite. Oh, don't worry about it. Meconium is never a problem." None of those things are true. We just don't know sometimes. So do the best we can. And know that meconium aspiration sucks really bad.

Another lesson from the birth field is that collaboration prenatally especially can be really fun if you're a midwife. And I've never had the blessing or honor or privilege of having someone to collaborate with that isn't a midwife. So I love my midwife sisters. I love calling up Margo or whoever and chatting about what's going on with a client and maybe helping with a game plan or suggestions. Love that. But I'm really loving collaborating with Nathan right now. He has opened up a collaborator program, and he is working with midwives or doctors or doulas or educators or anybody out there that wants his support as they work with pregnant woman. So I signed up for that right away. I don't know if I was the first. Certainly, not the only. And I'm so glad that I have him on my side. And my clients do too. So I can ask questions and get more of that detailed medical perspective when I want it and his honest recommendations. It's really, really a beautiful thing. And not only is it great for me, great for my clients, but I think it's going to serve a lot of people out there and also just makes me really hopeful for the world that someday more of us and a greater percentage of birth people can work together in this way. What is the point of acting you know it all as a midwife or even as a doctor? No one knows it all. And I really feel like the women that we're serving sort of together are getting a really awesome. They're getting a doctor. They're getting a midwife. They're getting kind of all of their needs addressed with attention to who they are as well as the numbers. And that just really makes me happy. So that's a birth lesson from the pregnancy field, I suppose.

My final birth lesson from the field is kind of about me and just as I'm getting back into birth work realizing that living boundaries in birth work is the work for me. And I think it might be for many of us even if we're doulas or whatever because we get into this because we love people. And we want to help them. And I know it has taken me so long in a sense—and yet, this also feels like it happened overnight to have stronger boundaries around what I can provide and what I can't. And I don't know. That all sounds a little vague. But I guess for one providing midwifery care as part of this Abundance Project. So I did talk about the gift model on another podcast, and that is essentially what I'm offering. However, I've changed the name. I'm calling The Abundance Project.

So I ask women, "Hey, do you want to pay me? Or do you want to be a part of this Abundance Project? And if you do, here is how it looks." That has really helped me with my boundaries because I just do what I can do. And that's kind of become my mantra. I'll do what I can do. And sometimes that's going to a birth. And sometimes

that's picking up the phone, but it's not overextending. So if I can't do something, I'll say it. And I can't do a lot of things. I can't attend births far, far away right now. I just can't. I'll do what I can do. Sometimes schedules arise in making a postpartum visit kind of looking into the future with someone even though it was scheduled isn't going to work. And I used to feel so bad about that kind of stuff. But now I just say it. "Hey, that's not going to work for me. Is there something else we can do? Can we talk on the phone? Do you need something?" And I think everybody just being more clear, the midwife, the mama about their needs and what we can each help each other with and what we each can do.

So that's my very quick wisdom. I don't think I've ever done such a quick podcast. But on to Midwife Monday today. If you don't know about that, I really would love you to come. The more people there the better. It's on YouTube. It's live. You can also watch the replay later. But if you want the live address, it's [indiebirth.org/live](http://indiebirth.org/live). And I talk about birth stuff. And I pull cards. And people comment. And it's usually really fun. And we're getting more people all the time. So that is at Monday 3:00 p.m. Eastern. And I would love to see you there.

All right, everybody. Thanks for letting me do a really quick podcast and update. I'd love to hear from you as usual. So email me, [maryn@indiebirth.org](mailto:maryn@indiebirth.org) and have a beautiful week.

(closing music)