

Combat Midwifery

by Margo Blackstone on the Midwifery for the People Podcast, a production of the Indie Birth Association

Welcome everybody to this episode of midwifery for the people I have a guest on today that I'm very excited about today. We have Jessica the combat midwife here with us. Thank you so much for being here. Thank you so much for inviting me. What a very special invite we get to have tea together. That's right.

I'm trying to remember how many years ago it was that I first saw your website and also the circumstances in which I found it. And I can't remember, but I remember coming across it and thinking this is so interesting. And this work that this woman is doing is so interesting and I would love to talk to her.

And sometimes things just take a few years to come to fruition and here we. We're like a really good thing of kombucha needed to ferment. that's awesome. I get, so I get so excited when I come across people midwives out there in the world who are, doing the thing and also have a web presence and are sharing their uniqueness, and their truth.

And there's very few of those people out there. It feels like, so thank you for doing what you're doing. And yes. Even though, as you said a moment ago before we started recording tech, maybe isn't your forte. I'm convinced that it maybe is that you've got a great website, you've got a presence, you've got your social media and you're doing the thing.

So yeah, tech is definitely not my thing. I can deliver a breach baby, but I can't do tech stuff. I just know people that do those things for me. Okay. See, and then, that's a whole, maybe that's a whole separate podcast episode, how to leverage the people, To help you with your tax stuff, but nonetheless, why don't you just tell us a little bit about yourself and this unique sort of thing that you're bringing to midwifery and the world.

So I'm known as the combat midwife, that name was given to me I primarily work in a military realm, so I'm not only a midwife, but I'm also a paramedic. Some people think those are really weird things to smush together, but I don't, I think they absolutely go together. Yeah. And I primarily work with the military specifically, combat medics flight medics for the army PJs for the air force.

I've worked with every branch of service that has medical unit and I teach them to do really cool things with a backpack. That's so cool. So how did that all start? Were you a paramedic first or were you a midwife first? And I guess sidebar in case people are wondering, we haven't talked before, so this really is a real question.

And we're just seeing where this conversation goes. So super listen in. Yeah. We're basically having a first date. It's our first date recorded. It's our, yeah, it's our first date. So how did that all start? That's a great question. Ooh, we have to go back to when I was really cute and little and I was delivering babies in my bedroom.

I'm sure my siblings hated sharing a room with me because everybody was giving birth all the time, stuffed animals, Barbie dolls. Really. And I just was absolutely in. Enamored with anything birth, baby breastfeeding, cloth diapering, all that stuff. I was a home-schooled kid, so we made our own curriculum and it got to a point where I don't think my mom really knew what to do with me anymore.

And so she would just drop me off at the library and be like, I don't know, check out a book which was really cool because that fostered my already existing love for books. I have an addiction I choose not to work on. Yeah. So it really put me down an interesting path of doing a lot of reading, which happened to equally coincide with a prayer that was finally answered, which was I got another sibling I really wanted another sibling.

Obviously. I didn't really know all the ins and outs of that. That's for another podcast, if you're not quite sure how that works. My mom was pregnant and she had two cesareans and she wanted to have a V back. So that was,

It was just a different time period. Just a different period of time in, in birth. So we're talking the early nineties. I'm pretty little. My mom is trying to find somebody that will allow her I'm using air quotes, allow her to have a V-back and she found a family practice, doc weird 'cause they were still doing births at those times.

And he said, oh yeah, no biggie. That's great. I was absolutely beyond excited about this experience. Probably I might have been more excited than my mom. I'm not a hundred percent sure, but it really turned into this thing of, I accompanied her to all her childbirth classes. I got my own certificate.

The childbirth register was adorable. How old were you? I went to CPR class. I was so excited. I still have all these things. They're framed into my office. It's just, that's how important it was to me. I was super excited. And I remember my mom, coming and waking me up in the middle of the night saying, Hey so I'm in labor.

And I looked at her and said, it's. Yeah. She goes, because she goes, it's time to go to the hospital. And I looked at her, I said no, it's not. And she goes, excuse me. And I said, yeah, you don't sound like you're in labor. So I don't really think it's time for us to go. And I wasn't being snotty. I wasn't being ugly.

It's just, I really soaked in all that material. Every book mom was reading, she was just handing it to me and I read right. And I'm looking at it through a completely different set of view finders that isn't doesn't have the same experiences that she does. I'm coming at it from a pure aspect of this is just how birth works.

Yeah. And we've had animals and animals have it's just not a big deal. It's a big deal. Someone being born like the spiritual aspect of it, but the physiological process, it's really just not that big of a deal. Anyway, it was a very interesting experience. It was a community hospital and the nursing staff was beautiful.

They let me. I had my siblings in tow and they let us have free range of the hospital. Ice chips, blankets, the whole nine yards. They were so sweet. They

even gave us the adjacent room to hers. If you guys want to go to sleep or you need some privacy, or you want your own bath, they were so kind to us.

And my mom has always been one that has had this like sixth sense about her. Maybe it's just a mom thing in general. Moms just have that sixth sense. But she goes, if something goes wrong, you're to do the following things. And she kept telling me that throughout the pregnancy. And I was like, there's, nothing's gonna go wrong.

It's gonna be fine, but okay. And I, and she would walk me through, you're supposed to do the following things. If something goes wrong, I guess she just knew. And if you know anything to of the early nineties and feedback. Treatment plan, they would give cyto for induction. And so I'm pretty sure based on my knowledge now and what happened then?

So they do that for induction or augmentation of labor. That was pretty common in the early nineties for VBA treatment. And so I'm pretty sure that's what they gave her. She hemorrhaged. So after the baby was born, everything was fine. Dad went to, we don't have cell phones it's payphone years.

So dad went to go tell grandma and grandpa to come get the us, the little kids, the baby's here. And in that time frame, Of him going from labor and delivery to the front of the hospital to use the payphone. Mom bled out. I found her hemorrhaged everywhere, babies hanging off the side, like I'm scooping up my sister and I'm hitting the bell and freaking out.

The only thing I remember is that some, I think it was a man. Someone picked me up and moved me just because it was urgent. Not because they were mad at me. And baby got whisked off to the nursery and that's not what my mom wanted. So I grabbed the little ones and we ran over there and I'm banging on the tempered glass, just banging.

And I'm like, that's my baby. That's my baby. She's mine. And the nurse comes up to me and she's What's wrong. What's going on? I said nothing in her eyes, no sugar water. She's breast fed exclusively, and I'm banging on the glass and she comes out and she goes, honey, she's your baby. We won't do anything.

We're gonna wheel her up. And they wheeled her up to the window, the glass. So I could see her. And all I remember is putting my hand on the glass, like she's mine. Oh, sweet. And holding my siblings with me, and and I, my dad finds me there and he doesn't know what's going on, and the doctors are coming out to talk to him. And my grandparents showed up and I just remember them scooping us up and go. And my grandma whispering in my ear. You're done now. It's okay. You've done your job. You're done now. So that's, that was like my introduction into. Not normal physiological birth.

And she was so important to me and that was my baby, I wanted her to be protected. And so that were, those were some seeds, but I never lost track of that. Wasn't right. That wasn't supposed to go that way. And I moved on with my life and I grew up and I went to, high school and all those things, and I'm having to pick these really big decisions 'cause that's what we do in America is we strapped teenagers with lifelong decisions.

Go, where are you gonna go to school? And what are you gonna do for the rest of your life? And I knew I wanted to deliver babies and I knew I never wanted that to ever happen again. I didn't want that to ever take place again. And so I felt how old were you when this happened? 10, 10. Wow. Yeah. Cool. So I just really thought going to medical school was the right thing to do.

And I was on the track to do that. I started panicking 'cause I'm an, a personality, my post-it notes have post-it notes type of person. And I just was freaking out 'cause knew being a home-schooled kid. Like I know you're not gonna even touch a patient for eight years as a medical student. So what if I go through that whole education and then I can't handle blood or I don't really like this.

What does that look like? For me that's a lot of wasted money and I don't like wasting money. So my I have uncles that have were firefighters and medic and they said if you can become a firefighter and a medic, you can do anything. And I went, okay. Driving around in a big red truck is cool.

I can do that. So high school junior as my senior year of high school, I became, I did my fire in my EMT training and I jumped into that and I loved it. I absolutely

fell in love with EMS. It is really cool to be able to come into someone's home when bad things are happening and fix the problem. I love doing that and I fell in love with it.

And then it transferred into, I had a lot of really good. Just some really cool background in EMS. And we went to war. So nine 11 happened and, we went to war and I got a phone call from the army that said, Hey, your name was given to us. We need someone to teach the combat medics.

We're sending them out faster than we can get them in. And we need people to be able to do this. I didn't know what I was getting into, but I didn't have a rule. And I've always had a rule. I never say no to an interview. So I was like, okay, sure, I'll go. And I was hired on the spot and I started a few days later and I loved it.

And that was a big transition for me into military medicine, which is a whole nother world. But simultaneously I was going through midwifery school while training. So it was a melding of the two at the same time. How did they get your name? Were you already doing some teaching stuff or were you no, I just EMT.

I apologize. Yeah, no, I just have a really interesting EMS background and I think they were looking for people that had diverse sets of knowledge. Okay. And would be able, that would be good candidates. I really don't know who gave them. I don't know the answer to that question. That's so cool. It is cool.

And you were in midwifery school at the time. So shortly after I started teaching for the army my pursuit of normal physiological birth was still festering in my soul. And while I was in EMS training myself, I realized that's what they were teaching. They were teaching the. Normal birth processes. And then what to ha what to do when the, what I like, I call them bumps in the road the differences in normalcy, when those appear, what do you do?

And that's really what they were teaching. And I'm like, okay, so why is EMS doing it this way? But the rest of the medical community is doing it this way, that doesn't work like this doesn't work. And so this was still just really eating

at my soul. And I tried to put it away and I tried to focus on career and it just was really bothering me.

So I just started calling midwives in the local area. And I got one ridiculous thing after another, oh, sure. Yeah, I'll take a student, but you're required to, clean my house and clean up my car and, do all this like grunt work stuff. There's something in, in midwifery education that festers this mentality of servitude.

And to a point of slavery. Yeah. And I just, as young as I was, I knew that was a garbage . You can't abuse and abuse me which is unfortunate. Cause I wound up being in one of those situations anyway. But I did find a midwife that, that answered the, my phone call, talked with me on the phone.

I actually did it on my lunch break. I was hiding in my office and a military building and I was talking on the phone with her during my lunch break and she goes, yeah, come out, come hang out with us. And so my very first birth was her with her wasn't but a few weeks later and I'm from Texas and that's my home.

And in Nove November time frame it can either be, 85 degrees outside or raining ice, it's hit or miss in Texas around that time frame. And she called me and says, Hey, so someone's gone into labor. Would you like to meet us there? And I was like, yeah, sure. That's fine.

So I pop over and I'm so excited, like I've done all my I've done my doula training at this point and I've read so many books and I'm like I to, and I've, I've dealt with so many EMS calls that involve this. I'm like, this is no, I can do this. No big deal. This isn't gonna be great.

. And I show up to this teeny tiny little rancher's home. So like the. And to build jewels that run the ranch, not the owners, right? Yeah. This teeny tiny little cabin and where you can make dinner and go to the bathroom at the same time. It's just so small and she really wanted a water birth and the pump to the, to blow up the pool, went out just completely won, want, you know what I'm talking about?

Like the pump just it's just dying. Yeah. And I looked at it and I was like, do you have a truck? And the dad goes, yeah. And I said, can you take me down to the gas station? And the midwife is busy with the mama and she's just looking at me like, what is she doing? And I went, I got this, I can fix this. This isn't a problem.

And she goes oh, okay. I said you do your thing. I'll be back in a few minutes. So he goes, what are we doing? I said, we're gonna go to the, go blow it up with the air at the gas station. and he goes, oh, okay I didn't really think this through, 'cause I ain't gonna go back in the cab, Jessica, like you gotta put this.

So I'm riding in an ice storm with the birth pool over my head in the bed of a truck, freezing my he off, we get there, I fill this darn thing up. And of course, mamas make their own decisions in the heat of the moment. What feels like it's gonna be a home birth during pregnancy might be the front yard.

Later on. , so that's exactly what it was. But the whole time, their little three year old daughter was going, mama, the pool mama, you got me a pool. You got me a pool mama. So I stripped her down, left her in her. Skives tossed her in the hot pool, threw her Barbies in there and she's frolicking mama, you got me a pool as mom's hands and knees doing the, get this kid out of me.

It was the coolest thing. So that was my first introduction to normal physiological, non messed with birth because she got exactly what she wanted. We just stood back and let her do her thing. That's really cool. So that was the start of your apprenticeship experience then okay. And you alluded to it, maybe not turning out to be like the best situation.

It really wasn't no, looking back, it's taken me many years to dissect all the things that went on in that relationship. yeah. It could be complicated. It very complicated. It definitely got to a point where,

I can say the same thing about my preceptors in paramedic school, right? I can say some of my preceptors were amazing and some of my preceptors were, I could do without, the medical community in general is not without bad people. Just there's bad plumbers and bad lawyers.

Totally. Go for it. No, go ahead. I guess I was curious, if you wanted to say anymore about that, I think that's a question that we get a ton. Apprenticeship is one of the most asked about aspects of midwifery, especially from aspiring midwives. And I just created this new document that we put out last week.

It's like this big PDF, all about midwifery apprenticeship 1 0 1. And talk about it a little bit in there. Just that yeah the relationship is really intimate with the preceptor, especially if you're together for a while and looped into all these families lives. And so I don't know if you, whether it's stories or if you just had even like any advice for aspiring midwives in terms of how to have a healthy apprenticeship.

That's always something people want to know more about any instructor teaching you to do anything should always have a giver's heart. Should always have the student's well-being at the center of their practice. If they're not capable of being able to do that, then they may not be called to teaching at that time.

That has nothing to do with whether or not they're a good instructor. They might be absolutely phenomenal, but there are seasons in time where you don't have the ability to fill up someone else. And that's okay. And this was a season in this person's ti life that it just wasn't maybe the best fit. Yeah.

They were continuing their practice because people have to eat, people go to work because they have to eat right. And put clothes on their kids backs. And I respect that. Unfortunately, I was put into situations that caused me problems later on which involves a licensure issue, topic that we can jump into if you really care.

But I am interested in anything licensure related, but only if you wanna go there I was put into situations that I wasn't unprepared for. I wasn't, it was that it wasn't approved for the state's licensure. Sure. So there, that was the issue. I did a lot of labor sitting. I did a lot of, yeah. Get her up to delivery, then call me, then I'll show up.

Then I'll deliver the baby. Then you can do postpartum and all the postpartum appointments. And then I'll check you off. Yeah. So it was a lot of

sounds like burnout. Yeah. And I was a student. Yeah. I was working full time. I was, for the military, I was working full time teaching. And then I was doing births, after work in the middle of the night, changing outta my scrubs and jumping into business attire to walk into a classroom, which, you can do that for seasons.

See, you can do just about anything for seasons of time when you have a goal in your eyesight. But long term, it got to the point where I was like, can you just sign my stuff? I don't want to be an appendage to you forever. Let me go release me. Yeah, totally.

And it just got to a point where. it caused a lot of frustration for me. And it also messed with my head to the point. Maybe I'm not ready. That's narcissism and that's manipulation, right? Yeah. That's brings up such interesting aspects of that conversation around apprenticeship, like how to give responsibility to students, but not come to rely on them taking that responsibility because they're not gonna be there forever.

It's not supposed, that's not how it's supposed to go. So interesting. And wow. You're juggling that with full-time work. I'd love to hear more about that too. Cause that's another question we get, I don't really know how I did that. Crossed your fingers. And I guess if you got called to a birth during the Workday, did you go, or did you have where you didn't Uhhuh?

Yeah, no, I just, I would say so I'll show up afterwards. Sure. I did a lot of. Which this is just good midwifery in general. I did a lot of like labor coaching on the phone and then I'll show up after work. I'm at work now I'll be there afterwards. Yeah, because there's, that's refreshing.

Yeah. As opposed to like the people who drop everything and just show up the first minute and then get totally exhausted and burnt out and then wonder why they don't wanna do it anymore, yeah. I've started saying to, mama's that you want me refreshed, right? You want me bright-eyed and bushy-tailed you

want me to come in and fling, open the curtains and open the door to get fresh air in and make you a cup of tea and force feeds you in a way and making you eat something and changing out the water in your birth tub.

Like you want me to come in with a mission? Because birth can get stagnant. And we called it new birth energy. Totally. And one of the cool things that my, my preceptor did say is we're gonna call Jessica 'cause she's new birth energy. I'm always amped. , that's just how, I wake up in the morning and I'm like, okay, let's crush the day.

So I could have worked, 60 hours that week, but I'm like, okay, it's birth time. So a lot of times I would go home, eat a meal, take a quick nap, take a shower, whatever, and then pop over in the evening when things are trying to do that, are we gonna, are we gonna do something or are we gonna sleep till four?

Right. that whole game? That's awesome. New birth energy. I love it. Okay. So you were apping and you were teaching and then what happened. Did you like go out on your own with a practice, like a midwifery practice? Or how did, what was like the next thing that happened for you after you were done after I was done?

Yeah. So I definitely have

oh, what happened next? Gosh, what did happen next? So I definitely deliver babies to this day. I just don't actively advertise that. If you, if someone gets my name and they're like, Hey, so you delivered and SOS baby, can you help me out with mine? Yeah, sure. Fine. Okay, cool. When you do, we'll figure it out.

Yeah. Like I just throw you on the calendar, but I travel pretty much full time, so I'm all over the place. And then, when there's a handful of mamas throughout the year or whatever, I'll just, Pencil them in the, these spots and not be traveling and teaching, then I'll conveniently not be available.

Yeah. Cool. So that's what it turned out to be. Okay. And so you're still teaching. That is what absolutely currently do. Okay. What does that look like?

And is it mostly around birth specifically or do you do more like a general? Paint me a, my area of expertise is in the EMS world is called special population.

So that's everything from OB neonate, peds, geriatrics patients with special needs. So we're talking high risk, high reward type patients. And so that's my area of expertise, but I can teach anything in EMS and I have for years forever. I'm just affectionately dubbed the combat midwife by that was a name that was given to me by, by my soldiers.

It's really cool. Sweet. Is there anything else you wanna say about your background before I get into some of these other questions? No, I think that's it in a nutshell, in, in a nutshell, I guess I was curious, I'm jumping around on my own list here, but what is it like to teach these guys about physiological birth?

Like what are some of their most common questions or what are some of the really common like aha moments or just things that are interesting about working with that group of people that, most midwives don't know or think about? Yeah. Wherever really common con so yeah. We're ever really come in contact with yeah, I love it.

It is. So it's absolutely fun. It's rewarding. I'm working with primarily men, but there, there are females. In that line of work as well, but primarily men, that are gonna go off to weird places with basically a large backpack and they have to have the equipment. They need to do a plethora of different things, right?

Everything from respiratory emergencies to cardiac problems, to traumas, all sorts of stuff. So for me, it's really fun to be able to teach them that you really don't need a bunch of stuff. Like you need a baby with a butt, cover a blanket and a boob. If you got those things, you're pretty much set. I can, we can make the rest of that stuff.

If you need those emergency things. And. They love it because they can't have a lot of stuff. They've gotta be able to carry in and carry out things. And they're only one human. I know they're big burly dudes, but they're really only one

human. And they can't have several hundred pounds worth of stuff that they've gotta carry on their back.

So for me to be able to teach them, you really just need your hands and you need to know how to do some very basic skills. I'm talking real basic. And I tell them this all the time, look, I could teach a monkey or a five year old how to deliver a baby. Now that's really bad business for me. Okay. That, that it is not, it's not good for my practice, but it's the truth.

Yeah. Because when you understand the basic physiological process, the rest of it is just fluff. Like the twinkly lights, the pool, the. All the fancy equipment, yeah, it makes your job easier. I'm not gonna lie. Like it makes it more comfortable. But the same goes for absolutely anything else.

My car's really old. It runs, it does things that I need to do it gets me from point a to point B. There are nicer vehicles and they do cool things, but the job is the same. So when I use those types of analogies and metaphors with them, it works and it really clicks and they're like, oh yeah.

Okay. Then tell me what, teach me what you know, and then I'll do that. We do, we get on the ground and we practice things. We let them know this is what you need. This is what you don't need. These are different positions. And probably the, to answer your second part to that, probably the most common question I get asked is about bleeding.

And that's typically because it's drilled into their brain at some point during their education, that women just all hemorrhage to death. , we need to be prepared for that. The second question, the most common question I get is in reference to baby. And that is what do I do if they're not breathing?

Yeah. And so like, how long does it take? Like how long are these classes that they get from you? I'm so curious as a midwifery educator, like you said, the babies coming out, you arrive in a baby's coming out like that part you can teach. It's pretty simple. The rest of it, we often talk at Indie Birth about how, we have a 20 month program and a lot of that is how to optimize, how to

enhance, how to like really do awesome prenatal care, how to do really awesome spiritual, emotional support, like things that, yeah.

You're not gonna need to know if you stumble upon someone having a baby in some, resource, poor location. Like these emergencies and like the basics of how to handle them. What does the timeframe look like on that? I'm so curious. So I'm participating in initial education or re-certification or pre-deployment type education.

So if it's an initial education course, I'm getting several days with these individuals on just birth alone, then I'm getting, a couple days on neonatal care a couple days on. Pediatrics, like I basically just for that block of instruction, I'm getting probably two weeks worth of time, which is essentially, 10 school days.

Yeah. Which is also encompassing hands on skills. So we're doing, we're seeing, we're doing we're teaching, right? That's the military motto, see one, do one, teach one. And so we, we implement that or at least I do in my classroom. I'm also doing a lot of my teaching style is very interactive, so I don't just go up there and I'm lecturing the whole time.

Like I'm up there and then we're doing things together. Like I, I will call somebody out from the classroom and then we're gonna work through stuff like. We're gonna draw something on the board or we're going to use the mannequin and do this, or I'm gonna say, okay, so this patient is hemorrhaging.

Now draw up your medication. Like I'm walking them through these things as we're doing it. So it's stamping it to memory. Cause let's just be honest to them. Birth is initially they're going, Ugh, birth. I'm never gonna have to do that. Yeah. I'm gonna have gunshot wounds and stabbings and right.

Injections outta vehicles and heat exhaustion and respiratory emergencies and anaphylaxis. And I'm not gonna lie to you. Those things are sexy. They're cool. There's a lot of cool things you can do in that arena. Okay. Tourniquets are cool. Hemostatic agents are cool. Like they're fun. I love playing with them.

I like using them on patients. It's a rush. I'm not gonna lie. So when you bring up birth and they're all like take this. Okay, sure. I guess we gotta cover this 'cause it's part of the curriculum, but by the time I'm done with them, I've had people, I've had students walk up to me on numerous occasions, say, look, I don't, I'm not gonna go out looking to deliver a baby, but you made this cool, like you made this intriguing and I feel completely confident to do this because you taught me how to do this.

So that is awesome. That is awesome. Cool. So like twoish weeks on all these topics that you're working on with and they have a medical background coming in, I guess is also part of the reality. They're, yeah, unless it's initial education, then they've never heard this before ever so interesting.

If it's a re-certification class, I maybe have a couple hours with them. If it's a pre-deployment course, they maybe have, half a day, whatever, that kind of thing. Interesting. Cool. That sounds really like a lot of fun. I guess this was not on my list of things I wanted to ask you, but it's popped into my brain, I'm wondering if you get this question a lot from the midwifery community around best ways to interact with EMS when we are interacting in terms of like transfer and transport. And are there any magic words to say or not say, or yes. That sort of thing, which could be a whole course. So I'm not expecting you to give us the full course version, which maybe you wanna plug, but yeah.

So I do teach a course on that. Cool. And I've even written an article that, that kind of goes over some of those outlines. So I wrote for EMS world magazine it's a medical journal specifically for EMS professionals, just we have the land set for doctors. So EMS world is a medical journal for EMS professionals.

And I wrote an article and then I've also subsequently turned that into a class. And I teach that class primarily to EMS professionals. I have taught at two midwives. So I've gone to birth centers or different home birth communities in the country have asked me to come and speak for them. But it's a, it's an interactive all day course.

And so we. Actually practice what it's like to call EMS, how you interact with them. So it's called EMS and midwives navigating the out of hospital birth. And

it's teaching EMS professionals. How, what a midwife is, what their education level at a bare minimum is most likely going to be what that looks like specifically for their state.

So I changed the education to, to reflect the state's dynamics, culture, and then we actually act it out. So we do things like what, how do you run through a postpartum hemorrhage that, isn't controlled? Or how do you deal with a respiratory emergency post-delivery or what do you do for a prolapse cord?

All these kind of weird, crazy things that would be the most common. So basically there's just five things. It's the most common reasons that EMS would be called for a home birth. I'm not doing. normal delivery. I'm never gonna call you for that. So I'm teaching EMS what it's like to do co-care yeah.

To not leave your midwife, to take your midwife with you in the ambulance to use her as a resource that she knows everything about that patient, including where she keeps the kids cups in her kitchen, because that is what a good midwife knows. totally. Yeah. It's such an interesting topic. And I've had, I feel like increasingly good experiences with EMS.

And I don't know if it's because I moved to a place where the culture's really different. As a student in Arizona, I had less good experiences, but the last few times that I. Needed them. They've been really wonderful. And it's just like a world of differences in midwife. Of course, when you have a positive experience versus a not positive experience.

And but it's been on my list for a long time to try to get to know them better. Do you have any tips for that? Like how, do they like cookies? Should I send them, like what, how do you like get in with them? All EMS people love food. Okay. So that's great. Have you seen the real where they go here?

Fishy here. Fishy no maybe I'll make one. How to catch a, how to catch an EMS provider. Maybe I'll make a reel about that. But that was that was so cute. I ever actually thought about that. Like how do you get them to want to meet the midwives? But. Yeah, just show up or even call the department and just say, Hey, we'd love to invite you.

I tell birth centers that all the time, like just, Hey, invite them and have them come walk through. It would be cooler if you invited me and I could set it up for you, but cool. But yeah it that's the cool part because I wear both of those hats. I am a paramedic with lots of experience and I am a midwife with lots of experience.

And so I wear both of those hats so I can live in both worlds. I can speak crunchy tincture with you, and I can also speak, the very medically type of medicine that EMS is familiar with and we can meld those modalities together. So that's fun. That's super cool. Let's do it.

I'll have you cut. I just, my list. Sweet. Okay. So the other thing I wanted to ask you about was you had mentioned your experience in a refugee camp, and I'm wondering is that a thing you've done a lot? Was that sort of a one off experience is this, and then I'd love to hear what that was like for you and how that was I don't even how that came to be, so I get random phone calls from the military. I just do. I just, I answer the weird numbers that come on my cell phone and I'm like this is gonna be interesting. I don't know what's coming today. And I did, I got a weird phone call from the military that said, Hey, so you know how we abruptly left Afghanistan?

And I'm like yeah, that was stupid, but cool. Let's talk about it. And they say, Hey, so we have a bunch of refugees now. And there's a lot of women and children and there's a lot of pregnant people. Do you wanna come handle that for me? And I said, sure, I'll pack my bag. So that's obviously a funny way of telling me, telling you how the story went, but that's basically how it went.

So yeah, I got a phone call that said, Hey, do you know how to set up a cash unit? And I said yeah. So it's like a hospital in tent, essentially with no resources. Zero zilch. And I said yeah yep, totally can do that asleep and half drunk. Not that I would do it that way, but that's usually my reply to things and she goes great.

So can you set up a birth center in the middle of nowhere? And I said, I absolutely can. What do you need from me? What is happening? And she goes, yeah. We have a bunch of Afghan refugees and I said, don't say anymore, I'm

on my way. Where am I going? I got this that's fine. Done. So I was absolutely blessed beyond measure to be able to just love on those women.

Wow. That is really amazing. Tell me more. So women in Afghanistan, just, they just squat and have babies. Okay. These women have had 10, 12, 14 kids or pregnancies at least. They may not have all those living children, but they've had lots of pregnancies and having babies in that culture is such a blessing.

Like it, you, they are so funny. They will brag and be like I have five babies and you only have four. And they're not doing it mean they're just like, I am so blessed to have these children. It's just a different culture. And they love their children and their breastfeeding is different and their birthing practices are different.

Like it's just really intriguing. And I was working with a group of nurse practitioners and here I am. The traditional birth midwife that walks in and they're all, we're in a tent. They're people having baby. Oh, my they're freaking out. It was delightful for me 'cause I'm like, can y'all just go stand in the corner and when I need something, I'll let you know.

Okay. Okay. Thanks. Because they don't wanna have anything to do with this at all. They're just thinking, can I just write scripts and do charting and can I'll do pelvic exams or something and I'm like, we, first of all, we don't need any of that. Thanks and just go away and they loved it. The people would, someone would come in labor and they'd go Jessica, where is she?

go get her. So I just handled all that stuff and I loved it. It was great. Here's your baby. See you later. Bye. Have a great wine. It's fine. Here you go. Pop 'em on a boob. It's funny. They sit C crisscross, apple sauce and prop their baby's head on their knee and bring their knee to their breast. So that's how they breastfeed.

Cool. Yeah. It's you're on

a lean. I can't do it 'cause I'm I'll lose. You'll lose me on my screen here, but yeah, they lean towards their knee and then basically like we would use our

hand to bring baby to the breast. They use their knee to bring their baby to the breast and they lean forward. And it was so funny 'cause I hear some, I made a nursing nook in our tent and I pulled in some comfy chairs and pillows and blankets and I stole some twinkly lights from the shop and our little supply area and I just made it cozy and cute and it was really fun.

And it was so cute because I hear some commotion in there. And my favorite nurse was in trying to help this mama breastfeeding. Not like that. You have to do it. This one, I was like, what is going on in there? So I popped my head and I'm like and here she is sitting nice and straight on a chair and she's got a Bobby pillow and pillows underneath her arms and this poor woman is going, I can't do it this way because she didn't watch her mom or her aunties or her sister's nurse that way.

That's not what she was taught. So I said, okay, this is not working. So I took all of it out. I took the chairs and moved the chairs over and I put the chairs in the corner for daddy's if they wanted to come sit or maybe they brought their sister, or if they had another child that they brought with them.

So I pushed those to the corner and then I just put blankets and pillows and things on the floor. And what do you know? We didn't have any nursing problems. It's just, they instantaneously knew how to do their thing, but if I did need to do something clinical and I know that I'm making it sound like roses right now.

And it was just rainbows and unicorns at the refugee camp, it was not okay. I had very little resources. We did not have running water. Okay. So even doing simple things like going to the bathroom or washing my hands was an ordeal. Like I am not making this sound. I'm not intentionally making this sound like it was just.

Camp. It was not I had some very horrific cases like you would see absolutely anywhere else. I had child trafficking, I had sexual abuse. I had just really sad things. At times we had a woman that had was 30 years old and she's had several pregnancies, but has miscarried. All of them, we came in, she's pregnant with the she's 12 weeks along.

She was so excited. We got a baby heartbeat and three days later, she comes in hemorrhaging and I'm having to pull everything out of her because I have to, she's not conscious. She's not alert. She's hemorrhaging. Like I'm having to take care of her. It was. Traumatic for all of us and for her and she's sobbing because she thinks she's less of a woman because she can't have a baby that, that is universal.

All women that desperately want to have a baby are going to feel that way. What's wrong with me? I'm broken. So there were really sad things that happened. I had a mom come in and the, so no men are allowed in the tent that's a safe place and culturally that's not. Okay. So yeah, there's a barrier.

There's like little tape on the, you can't cross this line. And they were all very respectful, but they care about, there's great daddies and they care about their wives and their babies. And I had someone go knock. So I came out there and he goes, please help my wife, please.

She can't nurse the baby, please help her. And I thought he was gonna start crying. So of course I'm an, I'm a sympathetic crier. So I'm like, oh gosh, don't do that. It's fine. She's gonna be okay. I will take care of her. I will fix this. I don't even know what I'm getting into and I'm promising the world, but I go over to her and I'm, she's sobbing.

I just wanna feed my baby. We're dealing with a language barrier. You have to take that into consider. They don't speak English. So I have an interpreter, communicating for me, which is huge because I'm having to learn their culture. So body language and facial expressions, because most of what is said is.

With no words, right? So I'm trying to learn all of this and she's crying. And so I bring her in and she goes, I just can't nurse the baby. In our culture, I want just take it all off. 'cause I gotta see these boobs. I gotta see this baby's mouth on this boob. I gotta see all this stuff and that's not, normal for them.

Modesty is very different in their culture. So I have to win her over to be able to help her. So we got, it took a little bit, but I finally got to the point where I'm like, I really need to see the tissue so I can help you. She's desperate at this

point. So she goes, all right, so I'm taking this all her clothing off, her garb is quite in depth.

So I'm trying to unwrap all of those things and be respectful of that. When I realize she's wearing a bra that is at least three times too small. If she wasn't. Nursing a baby she's three days postpartum. So what happens on day three? We turn into watermelons, right? and that's exactly what has happened.

And there's been so much moisture there. I'm trying to take her bra off and I'm peeling skin off. I dunno. So I'm putting it back on her and I'm like okay. Think Jessica, you can fix this. What do you have? What resources do you have? And I was like, okay, let's treat this like a burn. Let's just treat this like a burn we can, we'll try to get, we're gonna try to salvage the skin.

So I yell for my nurse. She comes in and sees this and goes gasp. And I'm like, grab every water bottle. You can get, I need water. We have to peel this off. I can't it took me, I'm cutting the bra off of her and peeling in chunks. That's how it has embedded itself into her breast tissue.

So I'm sobbing, she's sobbing and she's realizing I care about her. Like I,

I hurt 'cause she hurts. . and she's realizing that I'm actually there to help her as a person. She's not just a body with parts, 'cause in their culture, that's very different. She's seen as a commodity in, in, in most aspects. I'm not saying her husband treats her that way. 'cause he didn't, he was a beautiful soul.

He was very hurt by her hurting. But in her culture, no one's ever loved on a lot of these women. And she's hanging onto me just crying okay, you are going to help me. You're not going to hurt me. And I worked with her and I was like, okay, we have to rest this breast. The other one was salvageable.

I had less raw tissue there and I'm like, let's feed the baby there. And I begged, I made friends in logistics and I just said, Hey, you've got to get me. Those hand pumps. I need them like you, I will pay for it. Can you just get them for me? And I just such an amazing supervisor over in logistics and he goes, I'll get you whatever you want.

Just tell me what you want. And I said, can I have five of them, please? Can I just have five? And he goes, yeah, I'll get you five 10 showed up. 'cause he was just so touched by me being like, Hey, I need this. Please help me. And he ordered 10 of them for me and I did. I used that and that is what saved me as I was able to put that on her without it hurting and just let that drain off of her 'cause she was just so swollen and there's no way she could have nursed a baby on that.

I mean it was raw fatty tissue. That was exposed tissue. So I did, I just traded her like a burn patient and I put, I made my own Sabs and brought things in and whipped up things I would've used. I'm not gonna. Neosporin on her breast and then expect her to feed her baby. That's ridiculous.

That's one of many stories I could tell of just critical situations. We saw that a lot of times our unintentionally are unintentionally forgotten in those critical situations like those austere environment situations. And so I've used a lot of these stories to be able to teach my guys.

Yeah you may not deal with these types of things, but if you do, and you see this, these are the resources you have in your environment. I teach them really cool things. My military guys, like these are the tinctures you should have in your pack, in your bag. Or, these are the native flowers in the area that you're gonna be going.

If you can find these things, you can turn this, if you can find some plantain, you can turn this into a plethora of different medical options and here's what you can do with it. And here's what this looks like. And that's ditch medicine. Like that's using your environment and your knowledge to be able to take care of people and treat people, mind, body, and soul.

And that is truly the essence of who I am as a medic. That's the essence of who I am as a midwife. If you treat somebody's body and lose their soul, did you really ever take care of them?

Wow. That's an amazing story. You shared. Thank you so much. How long were you there? Six months. Six months. My goodness. that's amazing. How many

births roughly did you pretend? I'm just like so curious. I don't know. Just so many. Yeah, there's a lot of, there's a lot of pregnant ladies we had the camp was about

probably a 60, 40 split on men to women. Maybe it was a little bit more men than it was women, but we had, I had 1500 pregnant females. Yeah. At females. Wow. That is a lot. What did prenatal care look like for them? like, how does that prenatal and you were the only midwife. No, I was the only CPM. Okay.

Everybody else was nurse midwives and we only had two other nurse midwives. Everybody else was nurse practitioners. Okay. And so even the nurse midwives were like, Ooh, I don't know. This is too weird. So we did, they just really pawned that off on me 'cause I showed up and they realized, oh, this is like your element.

This is your jam. Okay. You can handle it. Just let us know what you need. And it did, it took me a little bit to win them over 'cause I'm not a nurse, so I'm right. So I must be dumb and that was really, that was nothing more than me just being me. I'm not gonna convince you to, to think of something differently or convince you to believe a different.

Thought process, but I, it was just me being me. And they realized, oh, wow, she is really good at this. And she can handle all these things. And, but prenatal appointments looked like listening to fetal heart tones with a Doppler. What the heck are your complaints right now? Give them medicine, see you later by.

Yeah. It would be not uncommon for me to see,

well, over 20 women in a 12 hour shift, like that would, that is probably being very conservative. and it's not because I wanted to do that. It's because there is literally a line of them numbers and I actually have to find the ones that have problems. So if you're just having issues with constipation and you're nauseous, great, here's this and this I'll see you later because I have to actually figure out which one of those people has preeclampsia.

'cause we had lots of those or I actually need to find the person that is hemorrhaging or is bleeding because there's no triage out there. They're just standing outside of a tent. Yeah. So it's not what I necessarily wanted to do, but in the environment that I there's only resources I had totally super interesting.

You saw a lot of preeclampsia. Yeah. We're dealing with them not eating the food that they're normally accustomed to. We're dealing with them being under. Severe emotional stress. We're dealing with women who have been in some cases, physically, mentally, emotionally, sexually abused. We're dealing with women who have just left their home country.

They have no idea if their mother, father, brother, sister, aunt is alive. We have no, they maybe their first pregnancy and they've never been taught anything ex because they're supposed to go through learning that with their mom and their aunties and their sisters in the midst of, it's a coming of age, there's a process in their culture, right?

They've attended and watched births, but now they're pregnant. So they're gonna be doted on and their mothers and their aunties are gonna care for them, like what we should be doing here. And they do that. And so here I am a foreigner. I don't speak their language. And I'm trying to tell them you're going to be okay, I'm going to take care of you.

I'm not gonna force you to do all these things you don't wanna do. So it's just, it was a lot of me trying to love on people. And every day, I listened to praise and worship music and I prayed, please God please just have me, please give me a servant's heart. Please just let me put my own needs once and desires aside to love on them.

And that's all I said, 'cause it was a, it's a bus ride in and a bus ride out and it took an hour to, to get into base just 'cause it's just there's procedure to get on. And so I would just sit there and listen to my music and just pray the whole time. Please Lord. Teach me how to love them. That's beautiful.

I'm a sympathetic crier too. I'm so sorry. Wow. That's amazing. So you were there for six months. Is the military looking for more CPM's? Is that a thing they want? I'm not a CPM, but no. So I was supposed to, the camps got shut down very abruptly. It was supposed to be a year project I was on.

And I don't really want this to turn into some sort of weird political chit chat. Sure. But yeah, the administration shut that down abruptly and dumped those patients. So what was supposed to be a year project? At minimum turned out to be just six months 'cause you know, things are monetarily based and it's extreme.

I mean it's billions of dollars just to keep a refugee camp open each day. So it's very expensive. Yeah. That was a question I was curious about where so if someone did have preeclampsia what was, what happened? Did they go somewhere else? Did they? What did she do? Yeah, so we sent them to the hospital just because that's not a safe environment to keep those types of patients.

Look myself and my own practice. I have a, I have, I don't have a lot of rules and when we have people that have access to clean water, and food and a support system. You can they're not in a refugee camp. Yeah. And not in a refugee camp. You can be less conservative, but I was, I erred on totally being more conservative in that environment than maybe I would have in my practice where, she was my mama for the last, six months or so.

I just don't have the ability to do that there. Totally. Yeah. Was it far then? And I guess lots more resources were required to, to get those people there if they need it. Yes. Because yeah, 'cause you're transporting refugees. So that's a lot of like government red tape and oh see it's I don't wanna make this correlation 'cause it sounds very derogatory and I hope no one thinks that I'm being that, but it's like transporting a prison.

Because you're responsible for them where they go and how they come back into the base. There's danger. We had, active shooter warnings and all sorts of things that were going on. Like we had to make sure everybody was safe in the camp and there's a lot that goes into that.

So moving someone off a base and back on again, and then we're dealing with, the overexaggeration of the 20, 20 flu. And so dads aren't allowed to go and they can't take their families. And so I'm dumping women who don't speak the language have completely different elements of modesty into a Western culture.

With no resources. That was traumatizing for me. I felt like I was abandoning her and that's not what I was doing. I was getting her to a higher level of care, but the spiritual side of my midwifery heart was struggling with that. 'cause I can't leave all these other moms here that are in the tent here.

I can't leave them to go with this one. And honestly I can't leave anyway. Like it that's unsafe for me. I have to stay. So there's just a lot of elements to that. That is it's military stuff. That's government things. I'm not in charge of that. yeah, at all. Yeah. Wow. What a fascinating peak into your life.

And like I said before we started the recording, my, my hope was that we, and I think we've succeeded in.

Presenting a really interesting way that one can find themselves as a midwife in the world, because there are so many ways that are I'm sure undiscovered still and yet to be discovered. And just each of us is so different and has different strengths and skills and interests. And that's something that we're really passionate about is, teaching midwives to really find their authentic voice and bring whatever that is to their midwifery.

And instead of being cookie cutters and, just rule followers and doing this one, one thing that we call midwifery here in the United States, and it's like very narrow and boring. And so I feel really grateful that we've had this conversation and that you've shown a very, not vanilla wave of being a midwife and bringing your special light to the world.

I guess I'm curious, what other resources do you wanna share that you already have or things you wanna point people to, or any kind of concluding thoughts or wise words,

wise words? I think for the students out there, making sure that you connect yourself, attach yourself to someone that is safe for you, mind, body and soul is truly important. UN undoing trauma is very difficult, avoiding it is easier. So I would say that is definitely something that I would leave for your wanna be baby midwives.

And for,

I guess, for the midwives out there, Constantly reevaluate your, why your, why has to be pure, right? Because these memories stay with people forever and it's okay to step back. When you need to fill yourself back up, you cannot rely on the mamas and the families to fill you back up. They should never be the reason that you feel fulfilled. And for any mamas that are listening, I guess you really need to make sure that the midwife that you're spending time with is pouring into you in a way that is healthy, not pouring into you to receive.

But to be your cheerleader, to be your support system in a way that she's protecting and guarding birth, not highlighting it to, to glorify her. And that to me is really important. It's not my birth, it's not my baby. If it was, then I get to keep the baby. So you are going to do the work and I'm gonna cheer you on and I'm gonna protect your space, but I'm not gonna do it for you.

And if you need me, we have a much bigger problem, 'cause you should be able to do this. I'm just gonna support you on your journey. So I guess those would be probably my wise words. Hopefully they were wise. They're very wise and I wrote some of them down. If you. If you wanted to hang out with me, I guess you could hang out with me on Instagram.

That's probably where I'm most active. I have every social media platform on the planet, but I'm most active on Instagram because it's just a fun platform. And every Monday I do midwife Monday. So questions come in from you and then I answer them. So I answer them in a plethora of different ways, whether it's a post or real or whatever, we go live Monday nights.

I happen to be in Instagram jail right now. So I'm doing series of stories 'cause apparently I posted some birth and got in trouble. So we can't show vaginas on

Instagram people. We can. So that's very odd. I might be able to hook you up with some names to get you out of Instagram jail, 'cause you should be able to.

I did something apparently and made the Instagram God's piss. They're very angry. And so I am in timeout and I'm learning my lesson right now. So if you can help me, that would be great. Yeah. But yeah, so we go live Monday nights and then on my website has all my classes and where I'll be and what I'm doing.

And if you need anything, whoever you are, you can always contact me. 'cause I love hearing from people and I love finding solutions to problems because there's always an answer. You're speaking my language. What's your Instagram handle for people at combat midwife and it's across, it's the same on YouTube and telegram and the book of face and all the things.

Okay. And then what's your website? At it's combatmidwife.com. Perfect. We'll add those to the show notes too. Thank you. And I am very interested in continuing these conversations and perhaps talking about how we might collaborate and bring your awesome experience and knowledge to our Indie Birth midwifery school students in some cool ways.

So more to come, perhaps, but for now, thank you so much for being with me and spending this time together. And for all this really cool work you're doing in the world. Thank you for having me. It was a blessing and an honor, I appreciate you. I appreciate you.