

# Offering Support to Midwifery Preceptors: A Mentoring Session with a Greek Midwife!

If you're recording, do you wanna start with introductions or do you wanna just dive straight into apprenticeship? I guess it depends on if you want to be anonymous or not. , I'm happy to not be anonymous. I might think go, I wish I hadn't said that, but that's podcast. But yeah, sure. If you wanna introduce yourself, that'd be. So my name Sophia Ortiz and I'm an independent midwife. I work in Corfu, Greece, but I trained and worked the first few years of my career in the UK. I wanna say very different system, but actually everywhere you look is of medicalized and over interventionalist and all the rest of it.

But the idea of home birthing and a midwife being your main career is very foreign here in Greece. And particularly on this island But it's where my husband is from. It's where we wanna bring up our family and our children. And it, even when we moved to England so that I could study, we always knew that we would be coming back here to bring another option if you like.

Yeah, and one of your students contacted me about doing an apprenticeship with me. Which I was really excited about because it's always something that I've had in my mind. Like it would be great if we could have a place where people could come and birth and people could come and study and it could be, a center of it's very similar to what I think you guys are thinking of as well.

Maybe on a bit of a smaller scale, it's a smaller population. but yeah, like a safe space for people to come and birth and learn. And yeah, really get into that, but but it hap, but an apprentice contacted me sooner than what I expected. And so I was like, oh shit. Okay. I'm gonna have to step up.

Yeah. And so with your experience training in the UK I guess for my own curiosity, and just so I understand your background what does that exactly look like in terms. Apprenticeship and like gaining hands on experience there. know it's through university and then through the NHS.

Yeah. So the it's really different. I, when I first started looking into being a midwife, I really the idea of doing an apprenticeship. I was like, yeah. That's, I'd like to find someone who I really respect and like the way that I can and follow them, but it's just not possible in Europe to become qualified in a way.

So I was like, okay, I know that I'm going into a university system. That's gonna be really different from my approach and how I wanna do it, but I'm gonna take what I need. And then use that as my base, as my clinical. And, it did, the university did give me other options and a lot of the tutors and the lecturers were really forward thinking and yeah, and really supportive of their students.

But it, yeah, I learned in a very clinical medicalized system. But we did right from the beginning, like after just four or six weeks in university, we went straight out into working with midwives who were in, in the NHS. Yeah. Like placements. Yeah. Placements. So they were mentors. We called them. And there was quite a few, loads of different ones.

You might not always, even though you were assigned one, you might not always be with that person depending on, work schedule and university schedule and all the rest of it. So it could, it was a little bit fragmented, some of it, and there were obviously ones that you really got on with and other ones that you thought, oh my God, I never wanna practice.

Like you ever. And sometimes you learn more from them than you learn from the ones you really like. When I listened to your podcast, actually that was about apprenticeship. I was like, okay, I get the structure is actually quite similar. Like you start out really just with a back view. Like you're just watching what goes on and encouraged to do that. And then slowly get more and more involved and active until you're in your third year.

And you're just overseen basically. Yeah. Which yeah. Gave me a little bit more confidence and understanding. Yeah. Does that answer your question? Yeah, it does. So that felt familiar to you in that it was similar, even though maybe the details were different and. The continuity with one preceptor was not the same.

Yeah. But the progression through the apprenticeship or learning, hands on learning, whatever we wanna call it was this for you. Yeah. The main difference

being that you don't really choose. Which, yeah. Yeah. So what parts are still feeling sticky or unfamiliar? What questions do you.

My main, my, my main, I've got two main concerns, which are the questions that I wrote to you earlier. Yeah. One is that I still, I've got a very small practice, like literally in the two and a half years. I've been here. We have, I have, and I work with two doulas supported seven births. Okay. So that's not a lot in two and a half years.

Eventually I would love to have one or two births a month. That would be my goal, I don't wanna be overwhelmed. I still wanna have a family life and all the rest of it. But but so any student or apprentice that comes, it's very much a like time sensitive. If there isn't any births for a few months, then they might see any births. We might do a few antinatal or postnatals depending on who I'm supporting at that time, but it might not be much exposure. And then also, depending on whether the woman wasn't there and how much, does that impact? Someone's learning, obviously you wanna be exposed and you want hands on experience, but it's not there.

It's not there. Yeah. Yeah. I've got a few thoughts about that. I guess the first of which is, are you wanting to increase your birth load? And if so do you have a plan for that? Not that we need to necessarily get into a business coaching call right this second, but yes I do.

But I'm six months pregnant at the moment. So like any plan six months ago that I had of really pushing and increasing and yeah. Making, getting more exposure have gone on the back burner because I'm like, I know the next year and a half is gonna be pretty lowkey and pretty intense. It's pretty intense family wise, pretty lowkey work wise.

Yeah. Having said that. I've got two home births books one month before I give birth. And one month after. So I'm open to working while I have a young baby and to supporting births where they fit in. But yeah, it might not be the most productive year. Yeah, sure. In that sense. . Yeah. I'll sound like a broken record to anybody who listens to this, but are you also teaching classes?

Yeah. Birth preparation classes and parenting classes and stuff. Yeah. We've got a we've got a really lovely team actually here called the pregnancy and birth

network of BFU and or kid Kitter which is me two doulas and a hypno birthing practitioner. He's also a massage therapist and. We've made a really lovely 10 week program that kind of follows through and prepares you for a physiological.

It goes through everything, but mostly focusing on a physiological birth, physiological parenting what's population of the island, 112,000. Okay. So it sounds quite a lot, but I think they only have. Thousand births on the island per year. That's also a lot though, if you're only looking to do 12 to 24 of them,

It sounds a lot, but because just, I'm just so aware of the culture and the so aware of how ingrained and I don't wanna say brainwashed, yeah. Ideology like, yeah, the, it is very much like you give birth in the hospital or the clinic. You have your gynecologist, you have your obstetrician and you do what they say, how many people are coming to these 10 week classes.

So the it's just coming to an end, the third cycle that we've done there was four, four couples coming through that cycle. There were four couples in the last cycle and in the very first, there was just, there was only one, couple who were birthing with us as well. Yeah. But they're getting. More and more popular as more and more people come and more and more, it is very much a word of mouth culture.

More and more people have contacted and asking questions. And my suggestion for you would be to offer one day workshops instead of 10 week or not instead of, but in addition to 10 week. Okay. We have a version that we teach. It's a three hour workshop and it's a lot, the labor hormones, we show birth videos. And we include that for both our doula and midwifery students as like a way to jumpstart their practice and to bring to their community, this really awesome education.

So I could send that to you. I. We don't have it in Greek, but we have it in some other languages. And if you have something that you're already using, maybe just pairing it down into a two to three hour workshop, the main thing is showing people birth videos, because the information.

is in one year out the other, even in a 10 week class in my experience, like they're great for building community and building confidence, but it's not like people like walk out really remembering many of the details. It's more about like the

feeling and just like challenging again, like you said, the brainwashing that's happened and saying like maybe everything you thought you knew about birth isn't true and just really giving them that opportunity to question it. And then that could lead into your 10. Offering saying, if you want to continue learning there's this, if you want to really explore, more what is possible, like book an appointment with me, yeah. Do a prenatal and see how different it is.

So that's my biggest recommendation. If you're wanting to pull in more clients is to offer way more low opportunity cost. Options. So like the one day workshop or there's a lot of ideas, but essentially something that's low commitment and low cost. Yeah. And also sounds really interesting.

So whatever it is that, it might be really different in the place you are. But if you start hearing like, A common thread among people who have found you already being like, oh, this is what drew me. Here, a lot of the times it's people asking not so much anymore, but five years ago it was like, oh, I was so interested in water birth.

And I typed in water birth and your website popped up. I'm like, really? That's the thing that got you interested okay. So just listen for what those, breadcrumbs are that have led people to you and then capitalize on those. And, maybe then you teach a water birth workshop.

Yeah. All about water birth, and they're like, huh, water birth does sound cool. And they might come thinking that you're gonna talk about hospital birth and how to have a water birth there. And then you can just do the switcheroo and be like, that's not what we're talking about. We're talking about how, all this other stuff.

And here's some really great water birth videos. And let's talk about home birth or, there's infinite ideas, but that's the idea is. where are people at? How do, how have they already come over to your neck of the woods and then how to help more of them do that? Yeah. If you're wanting to build your load.

No, definitely. Especially water-birth 'cause one of the doulas I work with is a perinatal therapist and she does therapy. She uses water as therapy so that's definitely one of the workshop ideas and work. Plugs that we it just, yeah. And

like in our doula academy, we also, I teach like how to run I'm assuming people in Greece are also on Facebook.

Yeah. More than anything else, more than Instagram or TikTok or all of the other stuff. So it would be super easy for you to run an ad for any of those free workshops for 20 or \$30. And commonly when I do this, where I live or when people have followed the method that I teach in the doula academy like someone did a workshop here in my, you can see the, my it's messy right now, but and she used the ad strategy that I talk about and she had, I think 28 people come.

Yeah, no, we use. For the, for any seminar or workshop or whatever we do the paid ads on Facebook, 'cause yeah. It's most use social media and great actually. Yeah, that's great. So that's what I would do is I would offer the like just the one day workshops and run an ad and try to get 30 plus people.

And it's pretty much inevitable that a few of them will want to explore the idea of home birth. If you teach them the right material and challenge them in the right ways. In my experience at least. Yeah. Okay. But that said seven births in two and a half years, right? That would be a slow apprenticeship, but also, if somebody knows that and they're coming anyways, there's nothing wrong with that.

As long as it's just mutually understood. But I think it's tricky. Like I took all of 20, 22 off. and I've been talking with some people who are possible apprentices, who even are considering similarly considering moving here to a product like me. And I'm like right now I don't have any 20, 23 due dates because I haven't been teaching classes.

My website had said that I wasn't available for so long. Yeah, like it's just, I haven't been putting my energy there. And so I've been really honest about that and said like in the past I've had one or two births, a. that's my intention to get back to, but I can't guarantee that. And so if you move here before , before things are more established again, that's just a risk that you'll have to take.

So yeah, no, I've been pretty honest with this with those days is considering coming. And yeah, she doesn't seem concerned about it and she's you. Very

aware of the situation. I'm very happy also to help out in the other workshops preparation, programs, whatever it is that we've got to offer, which is really kind.

So yeah. Okay.

Yeah. And so that might bring some more energy and that's what I want out of an apprentice is I want somebody who's excited and willing to help with that kind of thing too, because, , that's better for them in terms of getting more exposure in clients. It's better for me. And that's part of what they need to, I think that's what they should be doing once they're midwife on their own too.

So it's not like it's not relevant yeah. Or important. Like they also need to know how to do all of that education and marketing and all of it. So that's great. Cool. Okay, I'll stop treading about, there's nothing you can do about it, right? And if she's comfortable with it, then just is what it is.

And, maybe one year in or two years in she's oh, like maybe now done with the midwifery school and has gone to see the couple births or seven births or something and moves on to somewhere where she can get more exposure. That's not yeah. The world either. No exactly. There are other places where more happen.

Okay, cool. The other thing that I've got on my mind is that as, when, as soon as you come out and you actually start practicing, you realize how much you don't know and how much you want to know, and which is great because you're like, there is still so much to learn and so much to improve on and so much where I wanna improve and everything.

And I'm very much in that road. And in that, on that path And I know that the student who wants to come has already had a lot of exposure to birth. She's been a doula. She's been a body worker. She's got quite a lot of exposure. Yeah. She's never been a midwife, but she's already had lot of exposure.

She's not starting from zero. So I'm like through particularly going through your co your course, which. Gives you much more of a rounded perspective and much more of a holistic approach. And actually contains a lot of the stuff that I now want to go and learn. What can I ask what happens when there comes a point when you're like, oh, I don't think I've got anything more to offer or teach you.

You've, you've. Surpassed my knowledge and skills. And okay. You might not have as many births under your belt as a midwife, but you've certainly got a lot of knowledge base and a lot of yeah.

Skills at hand. Sure. I guess I was curious, what are some of the things in our course that you feel like you're wanting to go out and learn, and then I will answer your question. The main things are nutrition, herbalism, and body work. Like those are my three areas that I know that I'm really interested in and want to, and I'm making progress in.

My own personal continuous practice development or whatever you wanna call it. Yeah. Yeah. I think that there is not a problem and that's just a natural part of any mentorship is, it's not even that you run out of things to teach them because there's always more. And like you said, you're always learning and.

I think it's not totally possible, but I do think there's a point at which like saturation has been reached okay. We've gone as far together as we're going to go. So I think just not being afraid of that happening and just knowing that it will happen. And also that someone might not want everything you have to teach them.

So in my experience, I've had two apprentices and both of them have taken different things from me and run with them. They have not gotten the same experience even though both of them have been working with me. And so I think. it's a two way street as well. And I think there's a lot of learning that can happen, especially once they've got some more experience under their belt that you can learn from them as well.

And I think that's okay to admit and just acknowledge and. She might be like, oh my gosh, I just learned this really cool thing in school. And that might totally benefit you and be a cool thing for you to talk about together. And I think it just goes back to what is the goal? If the goal is to for me, when I'm working with an apprentice, my goal is to help them get the experience and then also glean whatever wisdom I can impart upon them so that they.

The best midwife that they can be which is gonna be different than the midwife. I am like, it's just part I think that's just part of my philosophy. And where was I going with that? Other than to say, yeah, they're not gonna become like a mini



you and wouldn't want that. And you might learn some cool stuff from them. Or, and even if it's not oh, teaching you an actual, like piece of information, I think seeing how somebody else interacts in the birth space or the ideas that they have even just like the energy they bring, can be really cool and informative too. So I don't know that your question though. What about that? Feels the most. I'm gonna steal a line from my friend Jennifer Summerfeldt, who's been on the podcast a couple times and say what are you hearing yourself say about that? I just have to tell you, I listen to the one of her, the podcast, one of them that you do with her.

And like a lot of the times I listen to podcast and it's it's just, re-validating things that I know, which is, and. I'm powerful, but I listened to her one recently about birth trauma and it just blew my mind. I was like, oh yeah, okay. Yeah. This is how I approach it. And this is how we approach healing, Amber.

Yeah. Blew my mind, so what comes up for me when you talk about. Like remind. Yeah. Like when this oh, the student has surpassed me and oh, what are you hearing yourself say about that? I can hear myself be, insecure or, doubting myself in it, but I don't think that's the root cause of it. I think it's just that I really want.

To create an environment where people can learn, whether that's for students or whether that's for parents. And you learn as a facilitator for all of them. You learn from the parents that you go on birth with, you learn from the couples who are taking a class or whatever. And yeah, I suppose it, what. What I see in that relationship is being secure in what you do know, and then being secure and not knowing as well, and that. That's okay. That's fine. And also in a parent, sometimes in a client relationship, you have to go, oh, I don't know the answer to that question or why your hormone levels or your blood levels or whatever high or low or what this pain might be or whatever, I'll go and look it up, and okay. So that, it just feels a little bit more reciprocal. Not like I have to. Support someone's entire journey to be to become a midwife. And I think that's what, the main point is of the Indie Birth midwifery school, and hopefully any program out there is, this is the curriculum that we created was what we wanted our apprentices to learn outside of their apprenticeship with us because as a preceptor, it's too much to think that we can teach all of those lessons, give all of that information, all those details, all the prompts, like it is just absolutely that

it doesn't work. And even if you tried, there'd be stuff you'd miss and things that you don't teach as well. So like Maryn and I don't teach every one of the courses, like we brought in experts. On different topics and friends of ours to teach so that our students are getting, like I said, I've worked with two apprentices and both of them have done our program and I can just trust that they're getting all of that. And then they bring to me, some of the questions or things they're learning about, or they start applying that to the clients that we're working with.

And then we talk about how does this work in real life? You're learning diagnostic testing. You are starting to understand the vocabulary and the reference ranges and what it might mean and what we can say in your class. But then now someone's sitting in front of you and we have to look at their CBC, like here's a real life chance to apply that information.

And so I think if anything, I would just say, especially if you. Someone who's in a great program. That's not your job. Your job is not to yeah. Try to recreate that or give homework necessarily other than stuff that is actually applying to like your real life practice, where so Maryn recently had her apprentices.

I think I might get this wrong. Sorry, Maryn, if you're listening. But I think she had them put together a several day. Diet journal for a twin mom about essentially because they were working with someone who was pregnant with twins. And so they each came up with this is what I would give her as a sample of this is what you're aiming for to get everything in that you need to get it.

So she added that on, so that's not something that's part of our program. Yeah. So little assignments here and there to help them stretch and learn and apply. But that's yeah, I just would go back to saying that piece, which is you are really just providing the experience and then this feedback loop with them around how they're integrating that experience.

So you don't need to feel like you're a professor . I'm not a single person, university single person, university. Exactly. Cause that's too much pressure. That's a lot.

When do you tend to judge that? Somebody's ready to take our next step or get more involved, but I was thinking actually more. Particularly in like prenatals when it's the conversation, the flowing, the giving and sharing of information,

that kind of stage. I feel actually when you're, if you're coming to midwifery, you're likely to be.

Comfortable in a birth space or you think you're likely to be comfortable in a birth space, even if your stage is sitting right back, like at some point you will have imagined yourself in a birth space. Okay. That kind of is almost easier to see, even though it might be a more intense situation. But with things with pre and postnatals, they can, they're quite sensitive.

There's quite a lot of information that needs to be. Given and taken and you don't wanna overload or, whatever. So when you judge, when someone's ready to start going there, like leading a prenatal on their own getting more involved and then starting to lead one. Yeah.

I feel like that's one of the later skills. Honestly I think that people need to watch a lot of them before they start trying to insert themselves because otherwise they don't take the time to observe all those complexities that you were just describing there. And I think that's a pretty common tendency of new midwifery students is they just get so excited and they're like, oh, I know a remedy for that thing.

Or I have a friend who that happened to, or that happened to me and like they wanna jump in and help, but it actually ends up. How do I wanna describe this? It's like active listening, right? If you're thinking about what you're gonna say, you're not really listening and so I try to encourage new apprentices to turn that part of their brain off and just be in the active listening mode and just give themselves the challenge of saying nothing for a while.

So like in my practice that would maybe be. Six months. And if I'm seeing a couple people a week, I don't know, like at least 50 prenats or something, 30, 50 before. And then at that point, I really want them to ask themselves, why am I talking? Like, why do I wanna say this thing? Is this something that really is gonna make or break this person's experience?

Is it that important? Should I wait for the midwife to say this or. Should I maybe jot it down and mention it to the midwife after, because I don't know how this looks for you, but it would be very easy for me to, have a client leave. And have my Prentice be like, oh, I really wanted to say this thing about like how to cure a

UTI, but I didn't because I was trying to just listen and have you ever recommended that? Or what do you think about that? And then we could have a conversation and if I'm like, oh, that is a really great idea. I'll text them quick and mention it. Oh, Hey, here's another idea that and so had. Yeah, that I wanted to pass on to you.

It's not, you don't have to say it in the moment. and especially if they haven't heard what your version is, it can be really uncomfortable if they're like, oh yeah, do this thing I read about on Facebook. And you're like that doesn't work. Don't listen, then now there's this weird dynamic that's been created.

So I think it's better to air on the side of listening for a while. Yeah. That would be my gut feeling as well. I think it, I'm going back a little bit to, okay. I don't have that much of a caseload, so yeah, there's be 50 in a month too, no, but okay. It can be, yeah. And that's okay.

Yeah. And there's, other ways that I've been brain brainstorming to, to get prenatal experience specifically for our clients, we have a ton of people who. Reach out to us about virtual prenatal support. Many of which either don't have the money or whatever, to book one with me or Maryn.

So there's other ways that they can get experience too, is what I'm saying. And yeah, I guess I would just say with the small caseload thing, just because it's small doesn't mean that you should rush it. But like you said, if someone's coming in, they already have experience. I still think it's really important to do like some vetting.

Yeah. Not a, oh, you're a good apprentice or you're not, that's not what I mean. I think it's good to get like an assessment by actually seeing how they interact at prenatals at births and what other conversations look like, because I think it's really easy for us. Like how long have you been going to births at this point?

I try, I started training in 2012, so 10 years. Yeah. So same. And so at this point, it's really easy to forget how much we know to not realize how big the brain library is. and so you might have the experience where after birth. I often think of this one birth where afterwards there was a hemorrhage and my apprentice said afterwards, and we were debriefing.

I think we even did a peer review. She's wow. That was really helpful to have to hear you do the peer review, because I did not realize how serious that was, or I didn't realize in the moment that you needed X, Y, and Z from, that, that would've been helpful. And in my mind, I'm like it's just obvious and I wasn't angry or upset or anything.

It was just really interesting to hear oh that's why you didn't think to get me those materials. Like they literally don't know to do it. Yeah. Or even if they do know to do it, they don't know at what point to trigger . Yeah. You know what I mean? There's always a gap between okay.

Yeah. I know exactly what to do in a hemorrhage and then actually doing it well. And they I guess in this case she didn't realize that there was a hemorrhage happening. okay. Like she knew what to do if there was a hemorrhage, but she didn't know that we were seeing one. Okay. You know what I mean? So it's oh yeah, like that's also a skill and I didn't say that word out loud.

Yeah. Who, what mom wants to hear that oh, by the way, you're hemorrhaging. I had said oh we need to make sure this blood loss is under control. Like that sort of thing. But those clues did not compute. Yeah. Yeah, definitely surprise, which is totally fine. That's why she's not in charge of Bruce yet.

And my point, I think was just that, yeah, that it's important to remember. Even if someone comes in with doula experience, they don't have that experience of the decision making piece. Yeah. And all the counseling, like you said, and the how to not overload and navigate. And then, what's this client's personality like, and it's a lot.

Yeah, it is. And you're also protective of your clients and the relationship you have with them and that you've built with them and that you want to have with them. And yeah, you don't want that to be undermined in any way. Yeah. So yeah, definitely airing on the side of less and not just because of that, not just like for selfish that those reasons, but because that is actually what's best for the apprentice too.

Like it's better to really take that time and be intentional and listen and watch and observe like the observe phase is really important. And I think a lot of people

wanna skip it. Yeah. Oh, or I've been burst or I've been a doula or, like I wanna be in the assistant role, but I think that it's important to not skip over.

You said something earlier, too about like your clients wanting the apprentice there. Have you talked about that with any of the people you have? Are they open to that? One of the birth that is coming up While my, while the apprentice is gonna be here I spoke to her about it and she was a little bit con not concerned at first, but she just wanted to really take her time to make sure that she would be comfortable with another person there.

And but actually since we had that conversation, she's done more preparation with the water doula, with the Perina. Therapist. And she's actually, I think she's much more coming around to the idea of a support team and how that can look like and how she can be comfortable in it and fit into it and yeah, enjoy it as well.

Yeah. I think that if training more apprentices is important to you. then working that information into if you have a website into that or into any paperwork you have can be really helpful. and obviously this wasn't the case until now. So it makes sense that you haven't had that on there, but just going forward, whether it's this apprentice or any other I frame it to people as midwifery is dying.

Like we are going especially authentically midwifery, like it's going extinct there's we actually did. We collected email addresses from every home birth midwife we could find in the us, and there were 1500. That's nothing. There are, I was like, I'm one of a thousand. And then how many of those are like practicing?

Not way overly medical regulated, midwifery, like it's in the hundreds. It's very sad in, everywhere. And so for me, it's really important that I train as many midwives as I can in my lifetime. Like I would like to have a hundred apprentices, I want there to be more. And that's how I frame it with my clients is just, this is part of my mission.

Yes, I like attending births, but for me it's equally important that I train more people. Of course, if you don't like somebody that I'm working with, you need to just tell me hopefully as soon as possible, but I've never had anyone so far tell me they didn't want an apprentice at the birth. Is that true?

Let me think. I've never had any of them. And some of them have, I think expressed that my apprentice wouldn't have been like their choice as a midwife, maybe, and like maybe not the best fit, but it didn't, wasn't a detriment to their birth process. And part of that I think is having the apprentice at every prenatal.

Some midwives don't operate that way and I don't see how that could possibly work. . Yeah. So giving them as much time to, to connect with them, even if they're sitting there silently, just seeing that they can be a calm presence and be what they're needing and then they can, like you said, picture them at the birth more easily.

So yeah, that's been my experience and. I think all of my, not all, but many of my clients have said that's really awesome and exciting. And that was that's something they want to be a part of too. They want to help train my robotics as well. So yeah, no, I hadn't thought about it that way. That makes that makes it much more a community project.

Yeah. Yeah. And sometimes it's really fun for the moms to be like, oh I can show you where my baby's heartbeat is. What's a fetoscope or something, or I can, like they sometimes get really excited to teach. Yeah. Someone to, and like you said, there's, if there's like a hundred thousand people on your island, there's a thousand births per year.

Maybe it's different. I don't, I actually don't know the amount off the top of my head of birth per year, but I live in a similar sized city and we have outlying areas too. We're not on an island. so take it with a grain of salt. But, we have, at one point, I think we had six midwives who were all relatively busy, so I there's no reason, Yeah, no pop, population wise, I think it, it can work.

There just needs to be, an openness to the shift in how things work and it's not gonna happen overnight. Yeah. But I am me and the team are here. We can provide. Option for whoever want it. And there are lots of people who actually go off the island because it's so interventional, I think there's between an 17 80% cesarean section rate on the island.

What depending on your private doctor, on, blah, blah, blah, depending on a lot of stuff, but a lot of people go off the island 'cause they don't wanna be part of. I see, so that would be my target group, so they're like boating somewhere to

birth their baby. Yeah. They go to Athens or lanky or if they're, there's quite a large foreign population, expat population from the Netherlands, from England, from Germany.

And they go back there to both. Okay. Wow. Yeah. Yeah. Especially right. The Netherlands have a much different culture around interesting. Okay. That's a lot. That's a high percentage. Yeah. All of the women that I've supported have been yeah. Fun women.

Yeah. A lot of them had Greek partners, but they're themselves. Yeah.

What else, what other questions come up as you think about working with an apprentice?

Those were my main, I think, and you've helped a lot to, I think I had an idea, but I never. I hadn't got into the nitty gritty of teaching of mentoring before I left England, it would, would've been the next stage in my career, let's say ever was an NHS life, but I never got into that.

I'm like and so I've ended up at a place where I really wanna do it, but it appeared before I imagined. Which is great sometimes that just like forces you into doing it. You know what I mean? But it's nice to know that, the, what I can offer and the approach that I can offer is acceptable.

Do you know what I mean? Like valuable for sure. You . Yeah. Yeah.

And I think you're right. Like a lot of the time you forget what you know, and then it just is normal because it's your brain that you live with. people dunno how to deal with a hemorrhage or, for sure. Or whatever, why, how would you not know? How would you not know? Yeah. No, I think it's so valuable.

And I think that it does really enrich the experience of being a midwife. So I'm excited for you to. To experience that. And I think I mentioned this in the emails that we exchanged, this is something that we really want to we really want to be working with midwives. One on continuing education, more.

We don't have a super set program for that. All of our courses are available. A LA carte though. I will mention to you and anyone listening, and we really do



want to offer more. Mentoring the mentors or just like preceptor support. And so if you have stuff come up, just shoot me an email.

And until we have a more sort of solid system or course, or group or something, we can just talk. And I think that would be helpful to us to hear, what is coming up for different people who are precepting. So don't be a stranger. Definitely. Is there anything that you want me to send or fill in or whatever as a preceptor of a student from the school at this point?

No, we've really kept it pretty separate. There is definitely part of us. What am I trying to say? We've had the conversations about. Doing something like that, having some kind of communication with preceptors and then, being able to add that on when people do complete the program also noting or keeping a registry on our end or something around what somebody's completed, but at this point now we just.

Want to support our students in finding and thriving in apprenticeships and also support preceptors. But we're not like doing documentation or anything, but that said totally happy if you have questions or concerns, or if you're like, what is this student learning? Or she said, this is that what you teach?

What? Happy to have those conversations. I think that will only make our program better. And yeah, we're happy to be a resource in those ways. Thank you. Thank you. That was good to know. Yeah. You're welcome. Cool. I am so appreciative that you reached out and that you're willing to work with one of our students and, oh, I was gonna plug this, before stopping the recording.

If anyone out there is listening and is interested in precepting, one of our IBMs students. We have a little form even that you could fill out so that we know who you are , and who to point people towards, if they are living near you or are willing to relocate or you can just shoot us an email as well.

So Margo at Indie Birth dot org is how you get me and we would love to hear from more people all over the world. And also here in the us, because that is one of the main. Questions that we get from aspiring midwives is how do I find an apprenticeship? What does that look like?

Thank you. And yeah, let me know if you have other questions. Yeah. Thank you very much. You are very welcome And I'm sure we will be in contact. Yes.