Speaker 1: [00:00](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) This is episode 19. Welcome and thank you for being here today. I'm talking about home birth with three of Chicago's most experienced home birth midwives. They really know what they're talking about, and I hope you'll listen in. Welcome to the Birth Guide Chicago podcast, conversations about building your circle of support. In the childbearing year, we connect you with experts in our community who can help you conceive, stay healthy during pregnancy, have a safe and satisfying birth, and embrace the joys and challenges of becoming a new family. I'm your host, Anne Nicholson Weber, and the founder of birth guide chicago.com, where every month, thousands of Chicago area families find relationship centered care from conception through the postpartum period.

Speaker 1: [00:52](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Today we're talking about home birth, and my guests are three very experienced home birth midwives. Becky Coolidge is a certified professional midwife after having been licensed in three other states. She was recently awarded one of the first CPM licenses in Illinois. She's attended over 600 home births over the span of her career. Hilary Keer is an advanced practice registered nurse and a certified nurse midwife. She founded her practice Gentle Birth Care 16 years ago, and her practice now includes four additional midwives. Hillary herself has attended over 1500 home births over the course of her career. And finally, Sarah Simmons is also a certified nurse midwife. Her practice is called New Life Midwifery Services. Sarah has attended 1300 home births over the past 35 years, so represented here are nearly 3,500 home births.

Speaker 2: [01:46](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Let me start out with this question. What are some good reasons to choose a home birth? And are there any less good reasons that you'd want to call out? And Becky, let me start with you.

Speaker 3: [01:56](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Good reasons to choose home birth because you're not feeling like the hospital version of birth is doing it for you. There's a whole different way of birth that's going on in hospitals, uh, that's moved more and more away from women centered and autonomous decision making and physiologic birth process respect. And, um, there's a fair number of people who that just doesn't appeal to them and they want some autonomy over their birth process and decisions and are looking to avoid a surgical birth unless it's absolutely necessary. And so out of hospital birth is where they're gonna find that.

Speaker 2: [02:37](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. And I'm interested that you went immediately to autonomy because I, for myself, from my own point of view, that does seem like one of the really salient points about home birth. When you have a home birth, you're the host, and when you're anywhere else, even a birth center, which is tends to be very supportive of physiologic birth, you're still on somebody else's turf. So who is a good candidate for home birth? Hillary, do you wanna take that one?

Speaker 4: [03:01](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, in our practice, it's low risk moms and low risk babies. Though we're looking for people who aren't necessarily like on other medication for risk factors, you know, like the hypertensive or diabetics with on insulin. We do do diet controlled diabetes patients. So if you have a big risk factor, then you're really not a good candidate for home birth. And we do require a 20 week ultrasound to verify that our babies are also low risk. We just found through the years that that has really helped us <laugh> avoid problem births at home.

Speaker 2: [03:38](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. Sarah, do you have anything to add to either of those questions?

Speaker 5: [03:43](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) So people that are good candidates for home birth are low risk, as Hillary said, although part of that is in the eye of the provider, like over the years, my definition of high risk has evolved. So for example, when I was a baby midwife, I didn't want anyone on psychotropic medications. And now there's so many people on psychotropic medications. However, that being said, I did have newborn withdrawal from in one case, and the baby was fine, but it had to go to the hospital for respiratory distress at 12 hours postpartum. So you'd have to risk screening is going ongoing from the first prenatal. I tell parents all the time, having a baby, it's like crossing the street. You could get run over, but there are risks no matter where you have a baby. And you have to figure out what set of risks are you most comfortable with.

Speaker 5: [04:41](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) What would be the most troubling to you if something went as not as planned? And I'll say for myself, I mean, people talk about safety all the time, but you're choosing between very intense supervision with a one to one ratio of provider to patient, or sometimes two to one. Well, I guess you gotta count the baby. So two to two <laugh>. But, um, in the hospital, there's a certain amount of institutional chaos where they're understaffed or they have different kinds of duties that take them away from the patient. So big stuff can get missed in the hospital.

Speaker 2: [05:20](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) That's really interesting. And I think that's something that particularly first time parents are often taken aback by that their doctor isn't with them every minute of <laugh> of the labor or anything like it. And the nurses are in and out, so they're more alone than they might've expected. So that, that takes us to a question I was gonna ask, and in some ways, uh, well, I was gonna ask about how you answer when people say, is home birth safe? I think though, that we should start maybe on some of the benefits. And, and Becky went straight to autonomy is kind of the big reason why a family might choose a home birth and they really skilled support for physiologic birth. Is there anything you wanna add, uh, either Hillary or Sarah to kind of the list of why home birth is wonderful and why you wanna do it?

Speaker 4: [06:08](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Uh, I had several of my babies also at home. As long as everything babies are no, you know, low risk and moms are low risk, basically the baby is coming out the vagina, <laugh>, and we're there just to make sure everything's going fine. But being in your own home environment is such a blessing. It's, it creates family, it creates home. Personally, I think we should all be able to birth and die at home. <laugh>.

Speaker 2: [06:42](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah.

Speaker 4: [06:43](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Um, if family can be around in a hospital, you don't get that kids come running in afterwards. So moms don't disappear to come home with a baby two days later, which must be hard to explain really to a child <laugh>. It's just a beautiful way to create family.

Speaker 2: [07:04](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, yeah.

Speaker 5: [07:05](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Also, for first time parents, it's important for them to recognize that birth is primarily a physiologic healthy experience and only rarely needs to be medicalized. And that ratio gets reversed in the hospital. They assume that it's a disaster waiting to happen. And so, uh, it's the slippery slope of interventions. If you treat someone as high risk, even if they're not, then chances are they will become high risk because they start having things done to manage their labor. And, um, I think one of the things in the hospital that's the hardest for me is the experience of the baby. The baby goes through this intense change. It's the biggest adrenaline rush in a person's lifetime. Getting born is the biggest adrenaline rush, and the baby doesn't even know what's happened and it thinks it's part of the mother still. And it's very, uh, that bond is sacred it, and it helps the baby transition being close to the mother, smelling her being, feeling her skin, hearing her, it is a sa sacred bond. And the, some places, I mean, it depends on the provider. Some places in the hospital try to respect that, but it's so easily overlooked. It's so easily negated. Yeah.

Speaker 2: [08:23](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) What are some of the myths or misconceptions about home birth that you run into and that you would want to address? Becky, do you have thoughts?

Speaker 3: [08:31](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Depending on how people come to their decision to want an out of hospital birth, a home birth, they might think we're going to do more than we are. I'm a big fan of them having a doula on board as part of their birth team, because they really just need support for their labor process. I'm really not going to be directing or doing too much as the midwife. So like the, the how hands off we actually are, I think sometimes is a misconception and just how, maybe how natural it's going to be, you know,

Speaker 2: [09:04](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Hillary, do you wanna answer that?

Speaker 4: [09:06](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I was just gonna add, I think there's a myth of us midwife also as sort of being the old fashioned midwife who just comes in and is putting water on and not, is not safe, that we're not as educated that this is, we really are looking for, to make sure there are no problems going along the way.

Speaker 2: [09:28](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Sarah, would you wanna add anything to that?

Speaker 5: [09:31](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) The, uh, majority of births, the super majority of births in this country take place in the hospital. I think it's gone down from 99% to 98%. And the outcomes for infant and maternal mortality are very poor. And so, if you look at it that way, well, most of the babies and moms are giving birth in the hospital, and yet all we have very bad outcomes. But if a home birth has a bad outcome, then that goes to a headline in the newspaper. But babies are dying all the time in the hospital and moms are too. It's terrible.

Speaker 2: [10:08](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And it's, that has to do just with norms, right? When you buck the norm by choosing a home birth, you're, you as a parent and the providers are going to be blamed in a way that they wouldn't be so long as you follow a more conventional path. But as you say, Sarah, I mean, it's not like we're getting such great outcomes through this high technology birth that is the norm. And I, and I don't know how much, um, families who are, uh, going through pregnancy for the first time, or even ultimate sec second and third pregnancies really understand that, that we're, I don't know, some terrible number. Uh, if you look at world statistics for our outcomes, um, so our system is not working well compared to others. And by the way, many of those other systems are midwifery based, unlike ours, which is, um, centered on the ob. Becky, you were gonna say something a minute ago. What was that?

Speaker 3: [11:00](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Just that when we, when we have that conversation about risks of home birth versus risks of hospital birth, it's a, it's a different set of risks, right? By staying, by choosing to birth in that hospital setting, you are, you're accepting a certain level of risk right there that you might end up with an unnecessary surgical birth, that you're gonna end up with a lot of extra interventions. So there's risks to that choice as well, most of which you're gonna eliminate those risks by having the out of hospital birth. And to Sarah's point, it's such much better care. It's one-on-one care, it's continuity of care, it's care that respects everything about that woman's, um, life situation. The amount of time spent giving that care can't even compare to what obs are able to provide in their setting. So I think it's just, it's better care. Um, I think it's care that a lot of obs wish they could give. They wish they could probably spend more time with their clients, but their model just doesn't allow for it. Um, yeah,

Speaker 2: [12:04](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, there's a, a fundamental cultural difference between how obs are trained and how midwives are trained. And home birth midwives are kind of at the furthest end of the spectrum of what midwifery looks like. But in general, I think, um, midwives have a different approach than doctors.

Speaker 3: [12:21](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) That was the other comment I was gonna make was that, um, like Hillary saying by the years that we spend in the presence of laboring women and watching normal physiologic birth play out in all its varieties of ways over and over and over again, we are the experts in physiologic birth. I think what we do, I don't even think obstetricians even know or understand what birth in that form even looks like. 'cause they almost never see it in a hospital birth. You know? So if you want a provider that's understands and respects and facilitates the physiologic birth process, the hospital would be the last place you should go. I'm not even sure how easy it is to hold ground for a normal physiologic birth in a hospital setting.

Speaker 2: [13:07](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And let me just put in a little kind of note for birth guide there. Um, obviously there are families who, for multiple different reasons won't choose a home birth. And that could be that they risk out or it could be that one of the two partners is just not comfortable with it. And that, I think would be a, potentially a good reason not to have a home birth. But if you look at some of the outcome statistics for different hospitals, you can see that medicine is practiced very differently in different hospitals. And that there are a few hospitals in the area that have really very impressively low c-section rates and reasonably high VBAC rates. So that just because you might not have or choose the option of an out-of-hospital birth, it's harder for sure to have a physiologic birth in the hospital. But it's a lot more possible if you choose a hospital that is more aligned in that direction.

Speaker 2: [13:59](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, let's just stay for a minute more on the subject of safety. 'cause I know this is a big one for people who are thinking about home birth and we've talked about it more qualitatively. Um, but I'm sure you run into, you know, the, perhaps often the husband, but not exclusively someone who's very analytical, who's very, kind of, give me the facts, ma'am. What do you cite, um, in as, uh, to put in context, the widely spread view that babies are more likely to die at home than in the hos? Uh, so Sarah, do you wanna take that one?

Speaker 5: [14:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Sure. So, um, it's not very fairly studied in this country. So there are some studies that make home birth look terrible, but that's because they lump together all the unintended and un unattended and unintended home births, people that just accidentally gave birth at home, um, people that had no prenatal care, so it didn't look good. But if you look in Europe where they actually have a longer tradition of accepting home birth and considering it part of the medical system, home birth is very favorable, and the babies have similar outcomes, and the outcomes for mothers are better at home because they qualitatively have a better experience. I think because of what Becky said, they have a lot more agency in the process, and they don't feel that terror of being out of control of their own body. And that I get a lot of people coming to me who've had a very traumatic hospital birth, and they are scarred by that.

Speaker 5: [15:40](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And so they can find some safety being in their own environment. And also knowing that I view my role with them very much as a partnership. If something comes up, we talk about it unless it's a truly urgent emergency, and then I tell them, okay, I'm gonna take charge of this one, trust me. And they do, because I've given them so much latitude during the pregnancy. Do you want this test? You might wanna consider it for these reasons, or maybe you don't need to consider it. And they really are calling the shots, and I think they appreciate that.

Speaker 2: [16:13](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And then when you need to step in, uh, because time is of the essence, they know that that's not you just grabbing the power mm-hmm <affirmative>. Um, yeah. Yeah.

Speaker 5: [16:21](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) It's all about the relationship. And I, I think the obs it's not a very fun time to be a doctor. They don't have time to form those relationships, and they practice defensive medicine because of that.

Speaker 2: [16:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. And well, they practice defensive medicine because our legal system is, um, creating really terrible climate for, for all kinds of providers. But obs uh, suffer at some of the worst. Um, and I wanna just add one thing that, to what you said, Sarah, because this is something that I think about a lot. We, when we talk about outcomes, we're very shortsighted. We talk about what happened during the birth. We don't talk about what the family looks like 10 years later. We don't talk about whether the mother had an unnecessary c-section that's gonna create problems in subsequent pregnancies. I, I feel like if we could bundle all of the actual outcomes, all of the, um, results of particular birth experiences, it would be very a different picture than we tend to form, uh, the way we look at it. Now,

Speaker 4: [17:24](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) For me, one of the things that I always think about right now is that, so like Sarah said, so many women come to us traumatized from the birth, and that to me is a terrible statement about the United States. Women should be looking at their births as an amazing, uh, part of their life. It's, it's something every woman, you know, considers as one of the strongest points of their whole life. And to know that it was traumatized, that's a very, very sad statement about the United States.

Speaker 2: [18:01](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) A real indictment of our ongoing system. Yeah. Yeah. What consequences of choosing a home birth might come as a surprise to some families? What might it you not anticipate as a, as a part of the home birth experience?

Speaker 5: [18:17](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, sometimes I have people say mothers of many children say that they want to, um, have a little break and go to the hospital and be away from their kids for a couple days, <laugh>, right? And I'm like, no, actually, you might get two days of pretty good rest, although it's questionable how much rest you get in a hospital, but you get two a days away from your older children. But then, but then what happens? You're just gonna jump back into life. And so I think for home birth, we put a big emphasis on the postpartum period and how important it's for the husband to take at least two or more weeks off from work, get extended family to come manage the household if you have a smooth relationship with them, not if you don't, um, and really try and take a month or six weeks to recover and enjoy your baby. And that is, um, not really talked about, I think in a hospital practice, not much. Yeah.

Speaker 2: [19:16](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) What, let's talk about, uh, oh, Hillary, sorry. You were gonna say something?

Speaker 4: [19:19](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I was just gonna say, I think, uh, when, when I look at mom's postpartum and family's postpartum after a home birth, the thing that, I mean, they all are just amazed at how comfortable it all was really in terms of the family and, uh, the postpartum care, just how easily they recovered. Um, I think that's the thing that they're not expecting, you know, in advance. So that, and that just that total joy that comes from doing it yourself really. Um, so that's something we talk about, but they, until they experience it, it's something that's sort of surprising to them.

Speaker 2: [20:11](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) How long do you tend to stay after the birth, Becky?

Speaker 3: [20:14](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Usually about two to three hours. If everything went fine, if there was some particular concern, we might hang around a little bit longer, but generally we, um, the birth happens, we leave them alone for a little while to just have a nice chunk of time alone as a family, and we start cleaning up and do some paperwork, and then we come back in and do a newborn exam and, um, make sure the mom, you know, is doing great. And then we, we leave <laugh>, uh, and let them have their time. We usually go back the next day for another, uh, in-person check-in and give another chunk of postpartum care. And usually another one, there's usually two home visits in that first week. So a lot of direct hands-on personalized care, immediate postpartum

Speaker 2: [21:06](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) With someone who was there for the, the whole thing. Let's talk about, uh, the possibility of transfer. Um, and I think this might be one of the misconceptions I perceive, you know, this notion that you may suddenly be in a desperate emergency and you've got half an hour to get to the hospital and something terrible will happen as a result. So, um, Sarah, do you wanna just talk about how you prepare a family for transfer and what kind of transfers are typical, um, and how you manage when someone needs to go to the hospital?

Speaker 5: [21:39](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) So the, uh, I'd like to remind people that birth can be very long. It develops over time, and complications typically develop over time. There are very few, like split second, like, oh my gosh, we have to get there now. Um, and we carry emergency equipment to stabilize the situation while we're waiting for a higher level of care. I guess I wouldn't do it this long if I felt like it was really scary <laugh>, but I'm not, I'm not ever gonna tell a woman she should have a home birth. If she feels scared, then she should be someplace else. And that's, um, you know, it's different for different people. I'm glad hospitals exist, certainly for the high risk people, but um, for a low risk mom, I think her odds of a good outcome are much better at home.

Speaker 2: [22:32](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) What, um, oh, sorry, Hillary, we

Speaker 4: [22:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Really don't have a lot of emergent transfers. That's just the reality. Partly because our moms are low risk and our babies are low risk, and partly because we don't get the cascade of events that Sarah was referring to in a hospital. So because of that, it's rare we transfer in emergently. Um, our most common transfer for me is really a first time mom with the long, long, long, long, long labor. And even still our statistics are much better than the national average for a long, for a first time mom in terms of transferring in. Um, so we're, we're good at what we do.

Speaker 2: [23:16](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) So what is a typical transfer rate, maybe for a first time mother? How, how likely is it that she might have to transfer into the hospital?

Speaker 5: [23:23](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Um, it's about a one out of 10 transfer rate and much lower percentage that our emergencies. So I'll tell you one emergency I had, which was quite interesting. I I, it's one of those, it is one of those split second emergencies where time makes a difference. And I, uh, a lot of people go through their whole career and never see this, but I had a cord prolapse and that means the cord comes down below the baby's head. And so I see this, this cord coming out and I got the mom in a, the appropriate position. I held the baby's head up, I had the dad call 9 1 1, and then the paramedics came and they're like, what's going on? And at that point I'd figured out that paramedics need to be bossed around a little bit. They generally are very helpful, but they don't know a lot about birth and they don't know anything about complicated birth.

Speaker 5: [24:20](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And so I said, well, we need to get her down to the ambulance staying in this position. And they looked at each other, they're like, okay. And so <laugh>, they got one burly guy on one elbow and one burly and the other hand on her knee and the other guy on the other side. And they go down this narrow staircase with me having my fingers in her vagina, <laugh> and into the ambulance, into the er, into the, or seamless. And the mother and baby were fine, but it was a, uh, like we can handle complications. We just need to, uh, have some training and know what to do in these very rare situations.

Speaker 2: [25:00](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And that's when a certain trend for, um, unattended home birth, that's the kind of situation that would've had a very different outcome. Mm-hmm <affirmative>. If you hadn't been there, um, Becky, do you wanna talk at all about the transfer procedure and how you prepare families? Well,

Speaker 3: [25:18](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) We usually have a discussion about it. We cover it prenatally just so they know we have a plan for that and here's what it might look like. And then in the moment, like, like we've already said, the really truly emergent ones are very rare. That is the piece that makes home birth a little safer is the transfer of care to next level care. When you, when the decision is made, we need some next level care. How quickly we can get the mom to that next level care and get them received well and get that care going. That piece is the variable, right. Um, because once they're in the hands of that next level care, usually that they're getting the care they need, and that's good. And that's where obs shine, that's what they're really good at, is the complications and the problems. Right? A as I'm sure Bill and Sarah would say, um, it's just such a smattering of experiences with the EMS.

Speaker 3: [26:08](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Sometimes it goes great. And other times they just, like Sarah said, they just don't seem to understand. They've been called to a problem. We know what the problem is, we've identified the problem, they're really here to get us to the hospital fast. We just need your really fast car with lights, um, and that you get to blow red lights. That's why I called you. Um, and they wanna stop and put IVs in and get a cardiac lead on and do a whole new assessment, even though we just did it. You know, they wanna do all their paramedic things and it delays the transfer. Um, and so you do, you have to get bossy and tell them this is what we're doing and we need to build those relationships. Right. Um, because that is the piece that can give us the most mileage in terms of, um, better outcomes.

Speaker 4: [26:56](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. But what that's referring to is really that emergent situation. But that's again, because we know what we're doing, but not of all the EMT people know what they're doing. And that little, it's a little tricky sometimes in the emergent situation, we try and make transfer pretty easily. So we have a few hospitals that know that we work with or midwives that we work with, so we can transfer a non-emergent crime in fairly easily.

Speaker 2: [27:26](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. Yeah. So when you talk to your mothers after the fact, what do they say about their births that you think might be different than what a typical hospital mother might say? Or what's the emotion, what's the difference from, from her point of view?

Speaker 5: [27:47](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I think they feel like they climbed a mountain, they feel ecstatic. And so often when you hear someone talk about their hospital birth, it's something they survived. Like it was, you know, or like, they just don't know any different, they don't think that it was bad, but they tell you all the steps along the way and you're like, wow, I'm sorry, <laugh>.

Speaker 2: [28:07](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. Becky, anything you wanna add to that?

Speaker 3: [28:10](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Oh, gosh. Everything, everything about the whole experience is, is different. And they'll tell you that, um, all to be summed up as in they felt like they had autonomy in the process. They felt like they were respected. 'cause even in a home birth that requires some interventions or even a full transfer, it still shouldn't be traumatic. They should still feel like they felt like each decision was made incrementally with them as part of the decision making. So, um, and I feel like we, we do a pretty good job of that.

Speaker 4: [28:43](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I'm gonna step into, obviously I've been doing home birth now since 2009 and previous to being a nurse midwife, I did home birth. However, I worked in a hospital for 15 years and I worked at the, uh, with the alternative birthing center rooms at West Suburban back in the beginning. And my patients would come out of that feeling empowered and like they'd done something sensational. And, you know, so I, I don't wanna say you can't have that same feeling from a hospital birth because you can. I just think it's more often to happen in a home birth.

Speaker 2: [29:26](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) The odds are just different. Yeah, yeah, yeah. Let's turn to some of the more practical considerations. If someone is in care with an OB or a midwife in the hospital and starts to feel like maybe home birth was the right choice for them, how late can they switch their care into a home birth practice? Becky, what's your experience with that or your own roles or?

Speaker 3: [29:52](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I would say I've even took somebody pretty much in labor <laugh>. Um, there's almost no deadline. I, I think Hillary and Sarah would say the same. If you can walk in with records in hand and we can figure out everything, we would take somebody in the final weeks for sure.

Speaker 2: [30:07](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And that raises though another question. 'cause I know particularly since the pandemic, some practices have been filling up, um, how early, uh, how far ahead do you tend to get booked out?

Speaker 3: [30:19](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Um, some people call the minute their stick turns the color they want <laugh>, uh, and they're on the phone with their midwife and other people. It just takes a while for them to realize they wanna get out of the setting that they're in, and, um, they go looking elsewhere. I think that, um, I, I love those women. I love when they decide to transfer late because that's them grabbing their power, their autonomy and saying, that place is not gonna give me what I want. I know they won't. And I have to find, put myself in the hands of, um, someone else that's gonna listen to me. Um, and I always wanna help them.

Speaker 5: [30:55](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I will say this, taking a late transfer is easier with someone who's already had a baby, if they're having their first baby, the amount of education and also just the different mindset because you're very much in charge of your care when you're having a home birth. I mean, you're the main actor and people that have gotten the typical hospital care tend to be more passive and they defer like, well, my OB said I can do this or I can do that, or what, whatever. But I did have a, somebody transfer in labor and it was, again, I'm always learning from my clients. It's quite wonderful. But she called me on a Sunday, I was at another birth with another midwife, and she said, I, I wanna know if I can have a home birth and I have to tell you that my due date is tomorrow or whatever it was <laugh>.

Speaker 5: [31:43](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And I said, well, sure, um, if you, you know, tell me you have normal, a normal pregnancy. And she said, yeah, but I should tell you, I was in labor last Thursday and I went to the hospital and I got to seven centimeters and they wanted to break my water and give me Pitocin because things had slowed down. So I signed out against medical advice and I said, oh, okay, well if you're still pregnant tomorrow, bring your records and we'll see. And she came and <laugh>, she, everything was fine. I said, I don't usually do this, but can I check your cervix? She said, sure. So she was seven centimeters all weekend. And then two hours later she called me and said, I think it's time for you to come. So she needed that to feel safe and to feel like she had control over this. It was fine.

Speaker 2: [32:36](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And that raises a really interesting point. I I have the impression that midwives in general, and maybe in particular home birth midwives, are very conscious of the mind-body connection of the fact that so much that drives how labor goes is actually mental, not physiological. And you're saying, Sarah, that she, her labor just stopped because she didn't feel like she was in a safe place and then it could start when she did. Um, anything you all would add to that?

Speaker 3: [33:04](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, you definitely wanna make sure they're actually gonna feel responsible for their own birth. I didn't mean it like I would take anybody, but just that, um, they, yeah, that there's always a, a way to consider somebody even at the 11th hour.

Speaker 2: [33:25](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) But then again, don't, don't your practices fill up Hillary. Don't you come to a point where you just have two more people that might be due tomorrow and you can't really take a third or Yeah,

Speaker 4: [33:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) We definitely had waiting lists. Um, and we take about 20 a month. Um,

Speaker 2: [33:43](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And that's with five midwives, or four, I'm sorry.

Speaker 4: [33:46](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) It's really, we got four midwives with two backup midwives, um, that do occasional, that fill in a little bit with us. Um, so, um, and that keeps us busy. You know, sometimes we'll get a month where we might end up with 24 and other months we might have end up with 18. But, um, we definitely do have some waiting lists sometimes. And it, it's really the primip, um, we limit how many primip in general will take a month just because as, uh, as midwives, we know that they're the, the unknown a little bit.

Speaker 2: [34:29](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And primates, how long, just to, just to be clear, for listeners who may not know, that's first time moms?

Speaker 4: [34:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Um, yeah, first time moms. Yeah.

Speaker 5: [34:36](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, mostly they just take longer. That's their main, yeah, their main issue.

Speaker 4: [34:40](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, it's not anything risk wise per se, per se. It's really just the fact that it is odd are gonna be a longer labor average is about 24 hours for a first time mom. So

Speaker 2: [34:55](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, that's different from your point of view. And from hers, we've kind of skipped over something that I wanna cover quickly and that is that, um, certified nurse midwives have been licensed in Illinois for as long as I've been in this area. Um, having my own babies have been. Um, but certified professional midwives, like Becky only just got licensure in Illinois. Uh, the first midwives are getting their licenses this month. And is there anything that, um, a family listening to this podcast should know about any differences between CPMs and CCE cms? Is there, um, anything that would cause you to choose one over the other depending on a philosophy or anything else?

Speaker 3: [35:40](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) No, I think, I think the CMS that practice are pretty similar to CPMs in terms of how we give care in a home birth. Um, CMS definitely have the advantage of a little bit bigger scope of care, scope of practice, so they can provide maybe more, um, gynecologic care between babies, you know, that's a plus. Um, and they might be able to facilitate, um, other types of care prenatally a little bit quicker and better than a CPM because they're already plugged into the, um, medical community in a certain way so they can access other providers easier. CPMs theoretically could try to do that as they develop relationships with physicians in their particular area. But, um, a lot of cms, I feel like that's, um, a plus with them, but in terms of, I feel like we're all pretty much doing the same thing in our home births.

Speaker 4: [36:36](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, I feel the same way. I think Becky as CPM practices in terms of the birth, the same as I, you know, I don't see a difference in terms of our knowledge and expertise. For me, the only thing I would say is a little bit different is, um, like we are in network for insurances because of our malpractice, et cetera. You have to cover home birth for CPMs, but covering home birth is different than in network versus out of network.

Speaker 5: [37:13](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I think I'd say for the consumer, um, they should interview as many people as they feel comfortable with and geographically can manage and go with, um, assessing their experience more than their credentials because, uh, a lot of CN msms, and this came out on our listserv about a year or so ago when one of the home birth CN msms was asking why more people didn't practice at home. And the answers were astonishing. Um, some of them said they were scared of birth, some of 'em said they didn't wanna manage the business end of things, or they didn't wanna be on call all the time. I'm, I'm one of those silly people I've been on call 24 7 for about <laugh> 30 years <laugh>. But, uh, the, the being scared of birth, I think that comes from, uh, working in the hospital too much. And I think that the skillset is very different between hospital and home birth. So really, I mean, I guess I'm saying the same thing. A CPM and A CNM with home birth experience is gonna give very high quality care.

Speaker 2: [38:23](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Home birth midwives are home birth midwives. Mm-hmm <affirmative>. But you guys are at the far end of the scale in terms of experience. And asking numbers of births might be a sensible question because of what we talked, talked about that expertise that you get from just having done and seen so much birth. So how do you advise a couple, um, where one partner, um, usually the mother is passionately drawn to home birth and her husband or partner is more skeptical?

Speaker 4: [38:53](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, I'll tell them to read the data and come in and meet us and see that we're using safe standards, et cetera, get to see that what, what we do a little bit. But if that remains the case, then I will usually advise them to maybe look at one of the birth centers, start in the middle somewhere then, and come to us with the next baby. But I, I don't want a dad at home who's supportive of her, his partner.

Speaker 3: [39:20](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah, I agree. They both have to be kind of on the same page together for a home birth. I, I would steer away from accepting somebody who I felt even after talking with them and trying to answer all of their questions. If they're still not on the same page, I would decline.

Speaker 2: [39:39](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Sarah, do you have a different answer?

Speaker 5: [39:41](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Uh, well, I think a mother has at least 75% say <laugh> about where she gives birth because she's gonna bear the consequences of that decision. Um, it's obviously, it's nice when they're on the same page and hopefully by the end of the pregnancy they can get to that same page. But I don't expect that every dad is gonna be on the same page at the beginning. And it comes with education, it comes with getting to know the midwife.

Speaker 2: [40:04](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. I mean it, if you do do that research, if you do read the evidence, it is extremely reassuring. Um, and kind of getting some context for, you'll hear something like twice as many babies die at home, and you wanna hear what those absolute numbers are because it can be very misleading. Um, so good education, as you say, Sarah can I assume bring, um, many, most people along the way if they have that initial interest.

Speaker 5: [40:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) It also, one thing we haven't talked about is the relationship between the couple because, um, I find that couples that are, um, in a very strong relationship and mutually respectful have much better births than those that are conflictual. And part of that, uh, coming to the decision about where to give birth is maybe the dad says, I really don't know about this, but I respect you. And so they're gonna kind of let her have her 75% say, and that's mm-hmm <affirmative>. Reassuring.

Speaker 2: [41:07](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Yeah. Mm-hmm <affirmative>. Yeah,

Speaker 4: [41:08](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I agree.

Speaker 2: [41:09](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, what is left to say about why you all are clearly such passionate proponents for, for home birth? Is there anything we haven't touched on that you'd wanna add?

Speaker 4: [41:20](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) More people should do it.

Speaker 3: [41:22](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) It's the best thing ever. <laugh> women need an alternative to what's going on in the hospitals. Um, I know you started to touch on that. We don't have great statistics in this country, and that's because of our highly interventive birth process and that midwives are not the main providers of, of regular care.

Speaker 4: [41:40](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Uh, birth is such a sacred moment that I'm just amazed at women tolerate sometimes what they tolerate. We just have assumed that's the way we have to do it without recognizing that you're gonna give birth three times, three times and you're not doing your education on it. And really trying to make this into the, the sacred moment it is, is a sort of astounding to me. We need to take that back.

Speaker 5: [42:10](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I've always felt like people, um, sometimes research their decisions about appli buying appliances more than their healthcare. But I think that Covid changed that. And I think people got a lot more active in doing their own research, even though they were told not to do their own research, they started doing their own research and they're like, huh, we can't believe everything we're told

Speaker 3: [42:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) The pandemic was great for home birth. <laugh>. Yes, there was a lot of people that maybe always thought about home birth and were a little kind of on the fence about it. And then when that happened, they came right down on the side of, yeah, I'm not, I'm not having a hospital birth. I'm gonna have a, because really most women are low risk. Most women could have a home birth. There's really not that long of a list of, uh, contraindications. Um, and most people could have an out of hospital birth if they wanted. And really there's no difference between a birth center birth and a home birth. I mean, I would like to throw that out there. Um, what goes on in a birth center, we, we can do all those same things in your bedroom. We bring all the same equipment. There's really not much difference either. I know some people like a birth center, uh, as a stepping stone to home birth maybe, or maybe it's partly their edge might be proximity to a hospital. If you happen to live really far from a hospital, that could be a factor. But in terms of what we can do for you in that setting, it's basically the same. I'm

Speaker 5: [43:41](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Gonna steal something from Michelle Oan who's a French obstetrician, and he said the first intervention is taking a woman out of her environment. So in that way, birth center is different.

Speaker 4: [43:52](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) I agree. A birth center is a nice middle ground, but, uh, there's nothing quite like home <laugh>.

Speaker 2: [44:00](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) That seems like a perfect place to end. So thank you. This was a, such an interesting conversation and the three of you are doing amazing work and I love hearing the kind of confidence and, um, clarity that comes with experience. So thanks for sharing that with, uh, my listeners.

Speaker 5: [44:19](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) And I wanna say thank you to you, Ann, for making this guide available because it's so hard to get unbiased research when you're trying to make these decisions and, and families really need the, the birth guide.

Speaker 2: [44:34](https://www.temi.com/editor/t/Wozw_LnOv7yMLzKqkLfTT_0GEtpI9A1BwjCd6OnRaS0R6hBE7lqE0BMxZIGTCP4p81ERGb9T_bM7AgLGn4SXRuyppiY?loadFrom=DocumentDeeplink) Well, thank you for that. That's another great way to end <laugh>. Okay.