

Podcast: Breaking Tradition in Prenatal Care: Taking Back Birth Episode 3

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Synopsis: *In this episode of Taking Back Birth, I take a close look at how to ‘break the tradition’ of prenatal care and get the care you actually want and need. Here are just a few of the things I discuss...*

- *Why not choosing ‘medical care’ during pregnancy is a valid option for many women.*
- *How ‘prenatal care’ as we know it is based on custom and ritual... not evidence!*
- *What the W.H.O. recommends for low-risk healthy women*
- *Other pregnancy care models that break tradition*

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INTRODUCTORY MUSIC...

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MARYN: Good afternoon! This is Maryn from Indie Birth, continuing our series of Taking Birth Back. Yet another episode, a variation on a topic we’ve covered already: prenatal care. This one is “Breaking Tradition in Prenatal Care: The Whys and Hows”. Why *would* we break tradition? How *are* we going to do that and *why*? So, if you’ve listened to the last couple of episodes - you can find them on iTunes if you haven’t - I am obsessed with prenatal care right now! Partly because I’m pregnant again, and I’m giving lots of thought to my daily life, and what this pregnancy means. But I’m obsessed with prenatal care on behalf of *all* of us: All women having babies; because it is such a crucial time. Setting the foundation with how you behave and think and feel in your pregnancy affects not only your entire pregnancy but your labor and your birth, and your mothering, *for sure*. Pregnancy is the beginning of the motherhood journey. So, I won’t say too much more about that. You can listen to the other podcasts about what is prenatal care and early pregnancy. Suffice it to say that, for right now, it’s just because it *is* so important, and it will affect generations to come. So, that’s my interest, yet again; slightly different take on it today.

We have been talking about what I call “self-sufficient care”, and again, you can check that out on previous podcasts. But just to kind-of recap, for those of you who haven’t heard them: Self-sufficient care is something we do for ourselves when we’re pregnant. And, statistically, time-wise, you know, being with ourselves: that’s the highest percentage of time in our pregnancy. We don’t spend a lot of time, you know - if we’re seeing a midwife or doctor - we don’t spend a lot of time seeing them, really, in the big picture, over the course of a pregnancy. We spend the most time with ourselves, obviously. And the care that we do when we’re home and when we’re choosing what to eat, or choosing other lifestyle choices, that’s the majority of the care. That’s what makes up a pregnancy, and therein lies the potential for a healthy pregnancy, or perhaps, an unhealthy pregnancy.

So, this undisturbed pregnancy care, which is another name for it - I certainly didn’t invent the term *undisturbed*. It’s applied a lot to birth, meaning that the physiological process is allowed to proceed without any intervention or interference from anybody or anything. So I’ve applied it to pregnancy to mean pretty much the same thing: A pregnancy left to the woman’s own intuition

and her turning inward instead of outward; looking to herself for answers, taking into account *all* of the information that she may have from the outside before she makes a choice. So, again, this undisturbed pregnancy care, or self-sufficient care, or whatever you want to call it, is definitely a departure from traditional prenatal care in this country. Now, this care that I speak of is not new, but it has been lost. So, it is my belief that women have always had the ability and resources to turn within, especially when pregnant. For a lot of us, it is a time of heightened sensitivity and awareness. So this potential has always been there and asking women nowadays to turn inward can seem really radical. But it's not. It's been lost.

So this care is self-focused on nutrition, lifestyle, attention to our emotional and spiritual well-beings. It's the *full spectrum* of health and wellness in pregnancy. It's not just physical. It takes into account *everything*; everything that we are as women, and as humans, and as pregnant people.

So, in addition to this self-care that I'm talking about, which I believe every woman has access to, and should incorporate into her pregnancy experience, there is also medical care. Which again, is the traditional prenatal care in this country. And this is very much a seeking-from-outside. That's just a fact. You may choose to do that, *as well as* taking care of yourself, and that may be the perfect combination for you. But this care *is* coming from the outside, meaning that someone else is looking in at you, and your body, and your baby, and giving their thoughts and opinions. Which again, sometimes may be welcome; sometimes may not be welcome. This includes testing. So that's, you know, that's the medical end of the spectrum. Of course, prenatal care is a spectrum. So, from self-care on one end, to purely traditional medical care on the other end. Then in the middle we have all kinds of combinations. We have midwives that are really more like friends to women. We have women that actually, you know, incorporate their friends and their family into their prenatal care or just look to their partner or friends for emotional support. So, "prenatal care" is such a limiting term when it *can* mean so many things.

So I find it interesting and very encouraging that pregnant women are identifying with this new idea. Of course it's *not* new, but maybe new in *this* day in age. This idea that they *can* participate. You know, it's okay! It's okay to accept responsibility. In fact, that's preferable. And your participation is just *so* necessary. And therein lies the true power, in my opinion. This is where women find themselves and sometimes their true strength; their true power; their true meaning in life, occasionally. It's a very powerful responsibility to take on when you're pregnant: to accept responsibility for your health, and your baby's health and well-being.

So, this *is* breaking tradition, this care; this self-care. Even if it's not new, even if we're kind of bringing this back from the past. It's breaking tradition, which, I *love* to do, personally. It's a passion of mine, really, to take things in the birth world particularly and really examine them. And say how could we do it better? How could we improve upon this? And let's be *honest* about what's working and what's not. Because *we're* the ones that will receive the benefits, you know, or the *not-benefits*, really, of keeping a tradition that isn't working. So that's kind-of the focus of today. It's taken me that long to get to the point, but I want to share with you today more about why and how we break tradition with prenatal care. The previous podcasts have been, you know, very heart-centered, I think, which is very much who I am, at times. But then there are other times where, you know, engaging your mental brain is great and people want *facts*. And that's wonderful because, you know, we have lots of ways of backing up what we know to be true.

So, I question everything, as I've told you, especially in birth. And even though I firmly believe in this idea of self-sufficient care, and I believe that every woman is capable and should incorporate it, I realize that that's *not* where we collectively are at. So, I want to look more into the detail and history of prenatal care, so that I could share it with you. I want to collectively, with you, shatter some myths about prenatal care. And again, this can be done in so many areas of birth. If we really look into them, we can begin to dispell myths. And for those of you that are doing your own self-sufficient care - whether or not you're seeing somebody on the outside, doctor or midwife - sorta doesn't matter. But, you know, if you *are* doing your own care, and perhaps not seeing a medical professional or a practitioner, then you may recognize the value in what I'm going to share even more. And it's something *you* can share with other women and with your family, and, you know, even with well-meaning professionals that try to convince you that *their* way is the way to go.

So, our system in birth - you know, birth in this country, in the U.S - we need to question it. And we need to start here. We need to start with the prenatal period. It is not working. Prenatal care in this country is not working, and that's a fact. And I'm talking again about traditional prenatal care. Traditions, you know, are time-honored practices that may or may not be based on *reality* in the current moment. It doesn't mean they didn't come out of something that was practical. But, by nature, a tradition is something that *is* from the past. So, let's not blindly honor tradition. The future of birth depends on us to question. Let's not perpetuate traditions in birth. Let's not perpetuate this idea of prenatal care being the standard and being, you know, *really important*, when the paradigm is changing. We are changing, as women, as people. We are becoming more self-empowered. We are questioning. We are discovering what is best for ourselves and our babies and we are not as open to criticism as perhaps we were generations ago. I am always looking for the better - something better - that better serves my needs, that better serves your needs and where we're at. So, you know, self-care in pregnancy and medical prenatal care: that's kind of what we're comparing today.

Now, in previous podcasts, again, I've gone into more depth from a heart-centered angle: meaning, encouraging and inspiring you to turn inward; to pass this on to other women. You know, it may be a "hippie concept" to some of you. I know it is to many of the practitioners that have taken a listen. But, really, think about it! Taking responsibility; taking care of your body; choosing your support during a very influential and intimate time in your life; choosing your social support: these are not hippie ideas. These are responsible, taking-care-of-yourself ideas. And these ideas are already making a difference to women. No, it has nothing to do with me talking about it. Women are already on this path. I'm simply bringing it to the attention of more women. But this is what's starting to work for women, wheras typical traditional pregnancy care is not.

So, we could even go so far as to say that traditional pregnancy care - prenatal care - is doing more harm than good. And I'll get into more specifics based on research that will give an idea. But, despite research, you know, typical prenatal care is not allowing or encouraging women to take responsibility. In fact, it is pretty much removing that as an option. There is little-to-no education, which is how childbirth education classes got started. Because this wasn't being included in traditional prenatal care, and women wanted to change that. Traditional care doesn't include support or counseling, other than, you know, identifying some risk factors for lifestyle choices, or those kinds of things. So, we could say that that *is* the case: that it's not - that it's doing more harm than good. And so for all of you, again, who have family or friends who are questioning your choice to turn inward or to not consult a medical professional when you're a

low-risk healthy person, this is evidence for you. And, you know, the question always tends to be turned on people that ask those kinds of things anyway. You know, "What proof do *you* have that traditional prenatal care is all that you say it is? Tell me why that's so beneficial and show me any research or otherwise, that, you know, this self-care is *not* a good idea. Or is, you know, causing harm to mothers or babies?" Of course, that's not there either but that's because, well, a.) it's not going to be true with the women that choose it and b.) there will never be research, mostly likely, on such a thing.

So let's stop this insanity of practices that are continued for no good reason and the brain-washing that we are programmed into from day one of being pregnant. That this is the way you do it, and if you don't, you put your baby and yourself at risk. *That is just not true!* And I have had emails already, and comments already, from medical professionals that beg me to change my stance because they feel that the lack of them being involved in your care means danger. And I just strongly disagree, and I will continue to disagree, and today I will share with you exactly why.

Right. Because at no time did I ever suggest that doing self-sufficient care, turning inward, was equivalent to no care at all. I think that's absolutely ridiculous. But, of course, those that *are* medical professionals *do* equate those two things. So, "Oh, you're not seeing a doctor or midwife? Oh, you're not *getting* any care." Well, that's insane! A woman is perfectly capable of providing her own self-care! And again, inviting into her circle partners, friends - who she wants - and getting the social and emotional support that she needs. So that is definitely *not* "no care". But medical care is separate from self-care. But medical care is the standard in this country. And, you know, already, that's just the premise that prenatal care has been built on in this country. So, it *is* prenatal care in this country. We kind-of can't argue with that. That's where we're at. But is it *effective* for low-risk women, for low-risk healthy women, is this effective? That is the question! Because I, personally, am tired of being told how great it is, and how important it is, and how irresponsible those of us that don't choose it are, when there is absolutely nothing to back that up. The medical world in general, *in general*, does not place value on consulting yourself first. They want to be consulted first. They do not place value on turning inward and there is only one way and that is confirmation from the outside: whether it's by another person, or by a number or by a result. That is where we're at. So, self-care is *not* "no care", and therefore the implication that it's dangerous or irresponsible is ludicrous. But think about it: It's going to change the paradigm of birth. It already is. So those that believe this, that remain in the old way of thinking, the old paradigm, are essentially *out of a job*, and that's a big deal. It's not just a job for many, just as mine is not a job. You know, it's very much an identity at times. So it's a very big threat for anybody to admit that perhaps what we've been doing is *not* working.

So here's a little history of prenatal care. Traditional prenatal care came about a century ago and the primary purpose was to prevent complications from pre-eclampsia; and prevent true eclampsia, which, of course, is the progression of pre-eclampsia. And that actually is still one of the main reasons for prenatal care today. It is to prevent pregnancy disease, of which pre-eclampsia is one of them. You know, identifying these women that have risk factors, or are already in a disease process: It's a very small percentage of women. But that's definitely a purpose of prenatal care. So traditional, as I mentioned before, means based on custom or ritual, and that is exactly what prenatal care has come to be. There is no evidence of efficacy, meaning, there is nothing to show that it is working or improving outcomes. More tests and routines have been added throughout the years, as you all know. Right? Every couple years there's something new, GBS probably being the latest; all kinds of genetic testing. There is no

proof of efficacy with any, or I should say, a lot of these tests and routines. So, they're adding things to the prenatal care routine and it's *not* changing anything. It's not! Some examples of that are routine ultrasound, serum screening for genetic markers, and gestational diabetes testing. There is no proof that these are making life better or healthier for moms and babies. Yet, they are part of care, and they are not going away!

So a really interesting book that I have to read the entirety of, is called "Expecting Trouble: What Expectant Parents Should Know About Prenatal Care in America" The author is Strong, and it was written in 2000. So, this quote from the book: "The objective of prenatal care is essentially the same throughout the industrialized world. Yet, it is in the United States where care is provided with such high-tech flourish, that pregnancy outcomes are among the worst. We spend more for it, provide more of it, and have intensified it more than any nation on earth. In return, our prematurity, low birth-weight and very low-birth weight rates have accelerated." That is a direct quote from the book, so, definitely check that out. Isn't that fascinating? Once you go digging for something that's been touted as truth for so long? And you find that it's false! Another quote from the book, and I'm paraphrasing a bit here: If prenatal care were a drug, it would not be approved by the FDA for efficacy. It's not effective.

And think about it! Those of you that have ever been through a typical traditional prenatal care appointment with a doctor or nurse-midwife. Think about how ridiculous it can be, if you've ever experienced it. There's no care before pregnancy - right? - in this country in general. We kind-of don't pay any attention to women until they're pregnant. You know, no concerns about their health or pre-conception lifestyle. And then when she gets pregnant, she signs up at the doctor, most likely. Tons of paperwork, immediate ultrasounds, blood tests. You know, waiting in the waiting room for longer than you have an appointment for. You get about 15 minutes. And the goal of the practitioner is usually to get through what's on the sheet for today. So, you know, was this checked? Was this talked about? There's no attention to the parts of you that matter. There's little-to-no personal conversation or inquiries into what you've been eating or how you've been feeling or what your home life is like. So these important things are missed. And truly, with a 15-minute appointment, there is a very real possibility that an actual clinical concern or problem *is* missed. That's just a fact. There's not enough time and space for a lot of these practitioners to really give to women. There's no contact *in-between* prenatal visits. So the schedule of seeing somebody every month? There's nothing in-between, unless you have a problem. There's no other women to hang out with in the waiting room, and share experiences with. You're not given any tools or resources for taking care of yourself between visits, which again, is the highest percentage of time. So, the facts are there. The scenerio is there. We can understand why it isn't working.

Those opposed to this idea of changing prenatal care? You know, whether it's self-sufficient care or not, there are many ways we can change what we're doing. And we'll get into that. But many say that the prenatal care improves outcomes. Again, that's not true. Because the low birth weight rate and the preterm birth rate have increased in this country. The more visits we tack on to the prenatal care schedule, the worse things seems to get. So research has not shown traditional prenatal care in the US to prevent birth defects, to prevent low birth weight, again, or to affect maternal or infant morbidity. It has *not* been shown to do *any* of these things.

There is some research that says, for example, you're more likely to give birth to a healthier baby when you start prenatal care earlier. Now, these are kind of sketchy studies because they're not showing definite relationship. They're highlighting what we call selection bias. So in

the case of having a healthier baby because you start prenatal care earlier, you know, is *that true*? Does A equal B? Because women who seek care earlier are generally more educated, generally have more money. And when she goes to term, when a woman goes to term, she will just naturally have more visits! Right? So what came first, the chicken or the egg? It's more likely that she went to term; she has more visits. And because she went to term, her baby is better equipped for the world than a preterm baby. So the outcome is considered to be better.

Plus, I want to pose the question to *you*, is it just about the outcome? Is it *just* about the healthy baby? Well, of course that's important! We know that! What woman does not want a healthy baby? There is absolutely nobody! Nobody! But, as pregnant women that are conscious, we know it is about so much more. It's how we feel; how we are supported. If we have food to eat. If we're in a rocky relationship with our partner. These are the things that are going through our minds when we're pregnant. And these are the things that *should be* being addressed with competent care. So again, these studies aren't looking at any other issues, you know? Any other satisfaction with the pregnancy or the care or the birth. So I think that's fascinating.

I find it interesting that the World Health Organization has recommended a four-visit prenatal schedule for low-risk healthy women that have nothing concerning in their medical history; no evidence of pregnancy complications or health-related risk-factors. They agreed that there are "excessive, unneeded and unproven interventions that are being provided to women with normal pregnancies." And they're of course, referring to typical traditional prenatal care. It's excessive for women that are healthy. So the four-visit schedule consists of an initial intake and then screening in the next few visits for STI's, sexually-transmitted infections; anemia, preeclampsia — as discussed before, as being one of the few reasons for medical prenatal care; counseling for Rh-negative women: recommendations for emergencies, talks about delivery; and counseling about some lifestyle choices, so, cigarette smoke, alcohol, and HIV.

So, this four-visit schedule is *only* focused on clinical and medical care. Obviously. And one of the disadvantages here, as opposed to the midwifery model of care, would be that there really is a *lack* of, you know, personal care, counseling, a one-on-one connection, or *any* kind of connection, most likely, with only having four visits. And having those visits pretty focused on what needs to be accomplished, medically speaking. So, that's what the W.H.O. thinks, as far as it applies to low-risk healthy women. So I think that's something interesting to consider.

The schedule used in the U.S., as I mentioned, for prenatal visits is about 13 to 14. It's more visits than most other countries recommend. And yet our infant mortality rate lags behind, so, you know, the question is being posed yet again, that if traditional prenatal care as we know it is *so* important and *so* effective, and it's *so dangerous* for one not to be receiving it, then why *do* we have such high rates of low birth weight and premature birth in this country? It just doesn't add up! Something's missing!

What will never be studied, really, in this small subsection of healthy women that choose to never see a professional for care in this country are, you know, what their outcomes are. And, and, of course, I can't say, I've not done a study. But anecdotally, having been one of those women, being one of those women, and knowing many women like myself who choose not to see a professional. You know, I'd say, anecdotally, that the outcomes are very healthy and positive. That, you know, that the *intention* to not to see somebody doesn't mean that there's no care going on, as we discussed. In fact, it's quite the opposite. So, we may interview some

women here on Indie Birth that have chosen this route and see what they have to say about it. I think that will be an interesting experiment.

So the bottom line is that it may not be *accepted* in mainstream world, and, you know, by doctors and even most midwives, but it's really a valid option for women that have had healthy pregnancies *especially*, already. Or, you know, any women that chooses because she feels herself to be healthy, and in-tune with her body, to decide to take responsibility for her care, and opt-out of what's considered traditional prenatal care; traditional medical care. *This is the truth!* And we *must* choose to believe that for *most* of us, pregnancy is a healthy state. It's not a diseased condition; we're not sick and we do not require medical care. This is the truth, as well.

So when we choose to take responsibility for ourselves and our babies, you know, we turn inwards, often, as we've talked about. And this turning inwards, you know, is beneficial in many ways but it can also help alert us when something *isn't* right. So when we're choosing to take responsibility or do our own care or not do the *traditional* thing, you know, it doesn't mean that everything is always perfect. Sometimes, you know, a pregnancy doesn't stay healthy, or, there's just something to know or something to take care of. And I really do believe that women that are in-tune with the process and with themselves will *know* that something is going on, even if they're not quite sure of what it is. So that's yet another benefit of turning inwards is that we can alert ourselves when we may need to seek medical care. We do not need medical care in pregnancy unless we *choose* it or *want* it or *need* it. And as I have been saying, it has not been proven to be very useful for low-risk women. It's an overkill kind of situation and it's costing lots of money in this country without the outcomes to back it up.

I believe that it is possible for women to access their *own* risk factors *quite* well. And again, when in doubt or unsure, they can seek outside help. But I always find it a little bit offensive, I suppose, when, you know, people act like you *need* to go see a doctor when you're pregnant to *rule out* such things, you know: an STI, for example. I feel pretty confident that I would be able to know if something was going on with my body, especially in that regard. And, you know, not everybody is the same but for many women, they really *can* assess their own risk factors. It's not that hard. Accessing *other people's* risk factors might be a different matter. But assessing *your own* is often not as complicated and you don't always need an outside person to help you do that.

So, a couple options if we're talking about different ways of doing prenatal care. We've obviously already talked about women that choose to either do their own care or, you know, totally opt out of medical care altogether and just receive emotional support from their friends or partners or community.

Another model is the Centering Pregnancy model. And that's kind of a trade-marked term, there. In 1994, a CNM by the name of Sharon Schindler Rising came up with this Centering Pregnancy model, which is essentially group prenatal care that women do on each other. So, a CNM, for example, may kind-of be the ring-leader, you know, with all of her clients or patients, or whatever she calls them. And, you know, in the beginning, each woman would get a one-on-one visit to assess history and that kind of thing. And then, once all the women have had their initial visit and if they're due, you know, in the same, probably, year or 9-10 months, then they meet in a group and the women do care on each other. So, measure each other's bellies and that kind of thing.

This is revolutionary for the medical world. You know, again, *none* of this is revolutionary in the span of *time*. And the fact that women have *always* helped each other and been in communities for life events; and birth, pregnancy and birth, definitely are included. But for the medical world, this really *is* revolutionary. The one-on-one care was found to be too much repetition for the CNM that came up with this model. She wanted to focus on family care. So this is called family-focused care, which again, isn't revolutionary but *is* in the medical world. To think of having women interact with each other and to think of the care provider not being the main attraction; the main source of attention. You know, instead, the women kind-of would talk amongst each other and talk about their fears and share stories. At least, that's my impression of it. And group interaction: it's virtually unheard of nowadays with pregnant women and especially when we're talking about prenatal care. So, again, this was radical, *is* radical in the medical world. It's not being widely used. This was 1994 and I've certainly *heard* of it. And I know of a couple CNM's and or, I've kind of seen mention of the Centering Pregnancy model around, occasionally. But, it's definitely not become a huge thing. It's new, still, to the medical world and I think, pretty scary and unfamiliar, you know, to take the care provider out of that central role and give the women and the families the power in their care. Which I think is why this *is* so revolutionary, because that's what I think women want. You know, they want to get that back. They want to be able to make decisions within their family and their community. And a model such as this is enabling to do that.

Another thing about the Centering Pregnancy model: probably why it's not super-popular, is, you know, there's a training module, or modules, for anybody that's going to lead this sort of group; which I understand. But, on the other hand, I don't think it takes a whole lot, especially as a midwife, to know how to *be* with a group of women, and just kind-of let them go. You know, you don't have to be a midwife, I don't think, to run a group like this either. You can be a pregnant mom who wants to get all her friends together and practice on each other and share fears and birth stories and, you know, what-if's and excitements. So, needing to be trained in this model is probably one aspect of keeping it from being very widely used. So, consider that idea, for sure, if you do support women.

I feel like it's such a gift to have access to this information and to hear about what other people are doing. So we can question what we've already done and where we're going in the future and how to improve. And, if we're walking with women, you know, these different models that we might be able to use in our communities. I appreciate the one-on-one prenatal care, you know, and I'm not thinking that that's medical care, per se. But just the one-on-one getting to know somebody; you know, hearing about their life; hearing about their triumphs and their fears, and building a relationship. So that by the time the birth rolls around, everybody's comfortable in a personal way, and feels safe being with each other. That's a definite bonus in that sort of prenatal care.

But thinking about other models and the group models - the family-centered models - is an absolutely *great* one. And again, if we're walking with women, we don't need to be front and center. You know, these women can do this on their own. They can together. Or we *can* help them get together and sort of lead them, but really, give them freedom in taking back their authority with their prenatal care and with their pregnancies. So, I've personally done the group thing in my community and it works amazingly well. The women *are* truly bonded, you know, during pregnancy, and most amazingly, after, for years to come, as their babies grow up together. And yeah, I've seen the exact same thing that the Centering Pregnancy model, you know, reports have shown. Which is that family-focused care is really beneficial and that women

support each other. And that, you know, when they're low-risk and healthy anyway, *this* is the care they're looking for, as opposed to the overkill medical care.

So, along the same lines, I've probably attended thousands of prenatal visits - prenatal visits - in my time, uh, walking with women. And I've always done the typical schedule, to be honest. That's the way I was taught. And, you know, that means every month for the first 28 weeks. And then, every two weeks, and then every week towards the last month. And then sometimes every day if the woman were to go above and beyond her date; her due date. So, thousands of prenats, and I can say, again, that I have really appreciated the one-on-one relationship. And I think many women do, as well. So it may not be something that needs to be completely given up, and women should certainly have a choice in what their preference is. Some women are just better one-on-one and they feel safer and like they can really share. And some prefer a group of their peers. So, I think, we just have to learn the balance of what women are requiring and how involved we are.

But for me, doing the thousands of prenats, and, again, working with *really* healthy women, I don't think there's been a time, maybe once or twice, where, you know, there was something truly medical that needed to be identified that I was solely responsible for identifying. Not to say that nothing has ever come up. But I've found that in most cases, the women were in-tune and *more* in-tune, because it was their body and their baby. And even if they didn't know exactly what, you know, maybe there was a suspicion of something; something not being quite right, or not feeling quite right; or something like that. So, that's pretty anecdotal. And midwives much more experienced than myself, I'm sure, certainly do have some reports of, you know, truly identifying a medical risk factor during a totally normal, average midwife prenatal. But again, I think it's pretty odd. I think if we were able to calculate statistics, we'd see that, yes, it certainly does come up here and there. Pregnancy and birth are not *perfect*, you know, not for everybody. And, you know, once in awhile things come up. And in general, the counseling and one-to-one and the inquiring about someone's health and lifestyle: those are the important parts of the prenatal care we're referring to. But the medical, medical screening and complications, are just so rare in low-risk, healthy women.

So, in any case, again, we can choose what works best for us, you know, when we're the pregnant mom. What works best? Do you like being one-on-one with someone and having that relationship? Do you prefer medical care with very little of the intimate relationship? Do you prefer just having your loved ones involved, and really just being supportive in your day-to-day life as a pregnant woman? Or, you know, and/or do you want to be involved with your community and other pregnant women and share that way?

Another option, or another story, I suppose, is an interesting one. Michel Odent: So he's the pretty famous French obstetrician. Still alive; pretty cool guy. You know, he's a doctor. He has a birth center, or had a birth center. And they found, at the birth center, that they were seeing better outcomes when the childbirth education class they had there sort-of morphed into a sing-along potluck dinner. So, better outcomes, meaning: more babies at term; babies born vaginally; you know, quicker, less traumatic births; when the parents took the reins for their care, and they turned an educational class into a social get-together. They were, you know, given that opportunity and that's what they wanted. That's what these people wanted. And I think it's *really* cool that the birth center and Michel Odent, as cool as he is; is a doctor. And he, of course, was able to acknowledge that there *was* a relationship, in his opinion, you know, between this *social* aspect of care in women's lives and families' lives and better outcomes in birth.

So, again, none of this is rocket science. It's just sometimes, having stories and having some proof gives us the confidence we need. So, those are some ideas for you. Any of these can probably be done as informally or formally among women; you know, among women themselves as they wanted to. And again, women can get together in these kinds of groups and figure it out as they go. Just get together socially. Get together with their families and have potlucks. Maybe have a reading discussion of a birth-related book. Or, learn to measure each others' bellies, or whatever it is. This is *truly* how we learn and for many of us, this is how we take responsibility for our health and connect with other women at the same point.

To wrap it up today, the point, which I hope you've gathered, is that traditional medical care in this country is not working. The powers that be - the medical world, in a general sense - are not wanting to examine this problem. And perhaps, to them, it isn't even a problem. However, I hope I've offered you some different perspectives and options which I think take care of a lot of the alleged problem: which is that women are not confident in self-care. They're not quite sure if that's *okay* or how to go about doing it, or what it means. Or how to deal with reactions from others regarding doing self-care or avoiding medical care altogether in pregnancy. We can all help change this. We *can* dispell these myths about what prenatal care is and why or if it's needed. *Is* it needed? What *sort* is needed? We can talk loudly, write loudly. Tell every pregnant woman we meet about these different options in prenatal care: the spectrum, if you will, and what matters. So, that which we do for ourselves, or that which involves our community or our loved ones: these are real options. We can speak the truth: the truth about prenatal care, about pregnancy care, not just because we believe it, or because it's our opinion or preference, but because it's actually true.

This element of pregnancy - pregnancy care - needs to be overhauled, in my opinion. So, let's redo it! Lets, lets' start over! It starts with us, the women. Whether we've had babies before or are pregnant or will become pregnant, or walk with women, or educate women, *we can change this!*

Thanks so much for listening today. I hope you've received some interesting information and inspiration. I do have many interesting resources I used for this podcast, so if you're interested in those at all, please email me: maryn@indiebirth.com or go to the IndieBirth website and look there for contact info. Please pass these podcasts along. I know you can sign up on iTunes to receive notification of our podcasts. We would very much appreciate that: spreading the word, both via the podcasts and our blog posts. And when you're just out talking to women, you can do just the same. Thanks so much! Have a great day!

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