

# SQUAT BIRTH JOURNAL

ISSUE 22

EXERCISE YOUR RIGHTS!



Goodbye & Thank you

## LETTER FROM THE EDITORS

ISSUE 22

## OUR FINAL ISSUE

I wrote two drafts of this Editor's Letter: one when I was pregnant, and one when I no longer was. The first draft was painful to review and revise after my sudden miscarriage. I had intended to say, "after all this time working at SQUAT and never experiencing birth myself, finally upon our retirement I am stepping into the world of birth and motherhood." But that baby bled out of me a few weeks ago. I find my womb now empty, and my Editor's Letter re-drafted.

In all this time of working for SQUAT, I've never birthed my own babies. I've been pregnant a handful of times, ending in abortion and miscarriage, but never experienced the raw, awe-inspiring, challenging labor pains and births our contributors share each issue. Sometimes this got to me. What business did I have being an Editor for a birth journal if I had never given birth myself?

Truth be told though, I am like many of our readers. A large portion of SQUAT's readership has never given birth. SQUAT's commitment to wide-ranging coverage of reproductive health, parenting, and living in our bodies, piqued our curiosity and elicited our support for a full spectrum of reproductive experiences, regardless of whether or not we identified with "birth". This full-spectrum focus was a unique strength of SQUAT that I know will be missed by the community.

It was this full spectrum that first drew me to SQUAT, in part because I was a writer and no one else would publish my work! My first articles for SQUAT were on the intersection of midwifery and abortion care. No other midwifery publication would touch it, but it was welcomed and brought into the fold easily at SQUAT. I helped edit articles over the years on different aspects of parenting, loss, identity, practice models, and of course ... birth! My ideas were easily entwined with the brilliant words of others on SQUAT's pages. I always felt welcome, at home, and safe in its pages.

While bleeding and coping through my recent miscarriage, I turned to SQUAT for support before anything else. Two moving articles from past issues ("Hope Is Born With Every Loss": Fall 2012, and "Mothering Yourself Through Miscarriage": Issue 18) spoke to my experience most immediately, but more reassuring and comforting than anything else was flipping through the birth and pregnancy stories to find these ones. It helped put this experience in perspective, as one sad moment

in my long-to-come fertility history that will include so many other experiences as well. Loss, birth, parenting, abortion, justice, advocacy ... all in a spectrum of a reproductive lifetime. SQUAT has been showing its readers that for six years. To me, it is SQUAT's most valuable legacy.

Miscarriages (for me) are sad, and so are retirements of dearly beloved projects like SQUAT. But they are not only sad, they are also important, and healing, and transformative. Just as I know I will have a spectrum of reproductive experiences in my life, I know SQUAT is on a continuum of projects of written reflection on what it means to be and live and work in reproduction. I am profoundly honored to have shared my time with SQUAT for these years, and look forward to seeing what other projects will blossom and grow from our fertile soil.

May we all find peace in whatever conceptions, creations, losses, and retirements are to come.

--Molly Dutton-Kenny



Featured art by Roz Kumari, Amanda Greavette & Amy Haderer  
Cover image by Colleen Bennett

# CONTENTS

<i>Six Years of SQUAT: Lessons We've Learned</i>	4
by Sarah Tarver-Wahlquist, Molly Dutton-Kenny, and Meghan Guthrie	
<i>The Complicated Nature of Open Forum, and Handing of the Torch</i>	7
by Jeramie Peacock	
<i>Sage Science: Having a Data-Driven Conversation With Our Clients About Perinatal Marijuana Use</i>	8
by Heather Thompson, M.S., Ph.D	
<i>The Other Side of the Coin: Conversations With Full Spectrum Workers</i>	13
by Kelly Gray	
<i>The Body is a Changing Process</i>	16
by Claudia Booker	
<i>Resilient Midwives</i>	17
by Rachel McCloskey	
<i>Dear Midwifery, It's Not Me, It's You</i>	19
by Nechama Sammet Moring, CPM, MA	
<i>A New Fire in My Heart: Reflections on MANA 2015</i>	21
by María Ramos Bracamontes	
<i>Radical Image-Making</i>	22
by Rebecca Geddes and Juan Cisneroz	
<i>Birth Beyond the Binary</i>	23
by Jenni Huntly, Christy Tashjian, and Roan Boucher	
<i>Epidural Violence</i>	27
by Kathy Luch	
<i>Surface</i>	28
by Maryse Van Caloen	
<i>The Weight of Our Words: A Request For Our Birthing Communities</i>	29
by Danielle Boudreau	
<i>Photography</i>	30
by Roz Kumari	
<i>Bruja Roja</i>	36
by Guadalupe Valtierra Prieto (in english & español)	
<i>Research Study: Psychic Breastfeeding</i>	38
by Jeramie Peacock	
<i>The Cult of Being a Doula: A Class War</i>	41
by Jasmine Krapf	
<i>Raising Kids Without Sexual Shame</i>	42
by Nekole Shapiro	
<i>Teaching Fertility Awareness Around the World: An Interview With Katie Singer</i>	44
by Jill Allatta, LM, CPM	
<i>Canadian Midwifery</i>	46
by Isabelle Lebire, Molly Dutton-Kenny, Ananda Phoenix, Yolande Clarke, and Yasmina Cartland	
<i>SQUAT's Spotlight on Education: Mercy In Action</i>	50
<i>Paintings</i>	52
by Amy Haderer-Swagman	
<i>The Many Colors of Changing Woman</i>	58
by Nicolle L. Gonzales, CNM	
<i>Midwifing Myself: Coming Full Circle</i>	61
by Aileen "Wren" Peterson	
<i>Stripped</i>	63
by Jamillah Richmond	
<i>Quiet Solace</i>	65
by Courtney Cable	
<i>They Are Chopping Down My Tree Tomorrow</i>	67
by Jennifer Haas	
<i>Charlie Must Die</i>	68
by Martin Wiley	
<i>Your Spirit Left Me</i>	70
by Muneera Fontaine	
<i>I Only Look Well...</i>	71
by Colleen S. Bennett	
<i>Paintings</i>	72
by Amanda Greavette	
<i>Birthing a Midwife</i>	79
by Tanya Smith-Johnson	
<i>Crafter's Column: Slow Cooker Soup</i>	81
by Jessica Schmonsky	
<i>Media Reviews</i>	82
<i>Stuff We Love: Rad Magazines</i>	84
<i>Yoni Loves SQUAT Forever</i>	88
by Isabelle Lebire for the Collectif Yoni	
<i>Reflections on SQUAT</i>	90
by Jaydee Sperry	
<i>To The Children I've Caught</i>	91
by Ynanna Djehuty	

**MANAGING EDITOR**  
Sarah Tarver-Wahlquist

**CREATIVE DIRECTOR**  
Meghan Guthrie

**EDITOR**  
Molly Dutton-Kenny

**ASSOCIATE EDITORS**  
Caitlin Caulfield  
Gwendolyn Roberts  
Willow Rosen

**LAYOUT DESIGN**  
Meghan Guthrie  
Molly Dutton-Kenny

**COPY EDITOR**  
Clara Hendricks

**SOCIAL MEDIA ASSISTANT**  
Elise Rose

[SQUATBIRTHJOURNAL.ORG](http://SQUATBIRTHJOURNAL.ORG)

## ABOUT US

SQUAT is a quarterly publication that is put together by just a few people who dedicate their time to create a magazine to support healthy and empowering birthing practices. We hope to expand our magazine's readership and content as we continue to produce new issues every season.

## OUR MISSION

We strive to provide a forum where radical, often unheard voices can share their message. It is our goal to promote safe and healthy birth options for all. We celebrate the transformative power of birth in all its varied forms. We acknowledge the need for the midwifery movement to expand its consciousness, scope of practice, and accessibility. We seek to provide a safe space of expression and community for those who wish to shift current birth culture as an essential part of the midwifery and birth movement.

**CONTACT US**  
[SQUATTINGBIRTH@GMAIL.COM](mailto:SQUATTINGBIRTH@GMAIL.COM)

# SIX YEARS OF SQUAT

## Lessons We've Learned

by Sarah Tarver-Wahlquist, Molly Dutton-Kenny, and Meghan Guthrie

When I told my kids that SQUAT was retiring I expected them to be overjoyed. After all, it is SQUAT that has taken so much of my time and attention away from them. Especially in the months in which we were in full-on SQUATfest planning mode, my kids would roll their eyes or stomp their feet when I uttered the word “SQUAT”, and my daughter told me more than once she wished it “didn’t even exist.” So imagine my surprise when I told her I was working on the last issue, that we would not be doing it anymore after this, and she looked at me with anger and betrayal. She started to cry and said, “But Mom, SQUAT HELPS BABIES! You can’t stop!”

And while we don’t know if you’re out there stomping your feet along with her, we do know there is sadness out there. We have heard from so many of you all over the world about how sad you are that SQUAT is ending, and all of your messages, posts, tweets, and emails have meant a lot to us. It’s been a moving and emotional experience for the SQUAT team, and in preparing our retirement we would like to now share some of the most important lessons in running a radical birth journal.

--Sarah

I was resistant to end SQUAT. It was my last choice of all the options in front of us facing post-SQUATfest burnout. I sat in my cold, new apartment in Toronto, my life totally upheaved in the last year, thinking no, I cannot lose this, too. I was a newly licensed midwife not actively working, and SQUAT was my big connection to my identity as a meaningful member of the birth and reproductive justice world. However stressful, I was just getting into a groove after 3 years with SQUAT, and was finally feeling confident in my role as an Editor. I said I had to think about it. I raged. I cried.

But, I had to look at the writing on the wall. SQUAT had never been sustainable. We knew that, we just tended to push it each season to see when we would finally hit our wall. Here we were, at that wall. Retirement was written all over it. Continuing to move forward with SQUAT filled me with heavy, burdensome premonitions

of having to let go of other passions in order to prioritize SQUAT, tough conferences every few years, and staff individually retiring or bickering until they just quit. More freeing was the idea of resigning together, gracefully, before we had devolved too far. Stepping away from my personal investment and ego, this was the best decision for us, collectively.

I opened my email to see SQUAT articles waiting to be copyedited. We had an impending deadline. I also saw check-ins from my distant family members, planning emails for a new wave of workshops I was offering, and the kids’ school schedule for the coming months from my partner. By habit I clicked the SQUAT emails first. Then closed them. And started to imagine what my personal life would look like without SQUAT...

--Molly



In the weeks after deciding to retire from SQUAT I had moments of regret nearly every hour. I wondered if we just made a few changes, found a new revenue source, or a new platform for publishing. I wanted to hang on to the five years I had invested into the organization and the countless hours I spent staring at my computer while adjusting margins, and choosing typefaces. However, I couldn’t deny the relief I felt in knowing that I wouldn’t have to worry about it anymore either. I wouldn’t be up until 2am making final edits before publishing or skipping out on fun events with my family to sort through art

submissions. We’ve all made great sacrifices for SQUAT. I’m not even a birth worker anymore. I own a restaurant and work as a graphic designer on the side. I had no kids when I started the magazine and now I have three. I’ve lived in four different states in the last five years. SQUAT has gone with me through it all and now it is time to let it go. I fondly remember the first few months when I’d count each new PDF download or Facebook page ‘like’ as a small success. They are too many for me to keep track of anymore and I’d call that the greatest success. I sincerely thank you all for reading and supporting SQUAT.

-- Meghan

## So, you think you want to start a radical birth journal? Consider these important lessons...

### 1. Think about revenue right away.

It's an amazing testament to our team of volunteers that SQUAT ran for 6 years, putting out 22 issues of a magazine and organizing two national conferences, as an all-volunteer run organization. While we are so proud of all that hard work, we're not proud that we didn't find better ways to compensate people for their time and skills. Granted, we got better over the years. When some of us joined SQUAT in 2011, we had to travel to conferences on our own dime and pick up miscellaneous shipping costs and other expenses. Each order of the magazine paid for its own printing, and we had virtually no revenue outside of the pennies we made on each issue order. Things got better after our first conference, which put enough money in the bank to attend a couple of events and help us switch to a more cost-effective printer, but we still did not have money to compensate ourselves. We always talked about it — looking for ways to bring in advertising money, or build up other revenue models — but it was never our priority. The irony of all volunteer work is that you don't always have the time to figure out how to pay yourself!

There are many issues at work here, of course. Issues of financing grassroots activism, of how we view work the revolves around birth and families, of ways we have been trained as women to not ask for as much, of how a desire for money is often portrayed as a negative trait, and much more. We don't have the answers now any more than we did 6 years ago, except to say with confidence: *If you hope to be paid for your work ever, find a way to get paid when you start.*

### 2. Think about your identity, reach, and what you most want to do.

SQUAT was always, first and foremost, a print magazine. We loved print media and felt passionately about our identity as a magazine. Over time our reach expanded using social media, and we eventually had the ambition to run two large conferences in 2013 and 2015. While we were grateful for the larger community we were able to build outside of our small run of print magazines, it also became overwhelming to maintain and grow, eventually sucking away our passion even for our core identity as a print magazine.

Expanding our reach also brought in a lot of misunderstanding about SQUAT. Many attendees at our conferences or engaging with us on social media had never read an issue of SQUAT, and so expected a certain vision from us based on a few buzzwords that we could not fulfill. We often wondered if we would have been better off simply staying as a magazine, despite the fact we know many in our extended community were grateful for our varied approaches to spreading information and amplifying voices.

### 3. Event planning is hard.

Like, really hard. Planning something like SQUATfest involves exciting work like reaching out to unique and brilliant folks to teach and arranging an exciting schedule that will fit everything in, but also doing countless, tedious runs through the numbers to make sure you're renting enough chairs, etc. Putting together a conference is exhausting and no matter how hard you try you won't get it all right. People will be hurt by some things you did or didn't do.

We know we needed to create more time for support and processing. Within a conference, this means more explicit times and places within the schedule to check in with other planners, presenters, and attendees to make space for people to express concerns and excitements, and to prioritize places in the schedule to address these concerns. We also would have benefited from setting out more explicit time after the conference to check in and celebrate with our staff. Instead, we came together for 3 of the most intense days of our lives and then scattered to the winds after putting away the chairs. In a way, we needed that space, but we wish we had planned an extra day together to check back in and review what we had learned.

### 4. You're not always going to be the right person to do something.

There has always been a tension within and around SQUAT about our core team being all white, cisgender women. SQUAT was created to amplify voices too often left out of conversations, and we have worked hard to seek out voices and experiences different from our own and represent a wide range of writers and experiences in our pages. While we have been mostly satisfied with how this has worked out in print, we continue to struggle over our organizational identity. Additionally, some people in our core leadership have moved away from birth work since becoming involved in SQUAT, some of us would be more accurately described as domestic than radical, and all of us have gotten, well, older.

SQUATfest 2015 in New Orleans was a turning point for us in considering whether or not we are the right people to continue under the banner of a "radical" birth journal. We feel that we are not. And while it was tempting to find a way to rebrand our work, or to hand the organization over to more diverse, younger, radical hands, it also felt ok to let it go, and to make room for the next project to arise.

### 5. Learn to gather support and share the power.

On paper SQUAT had a wide network of folks to call on for help: a staff of associate editors, copy-editors, layout helpers, and a Board of Advisors all with potential to step up and maintain or even grow SQUAT. For a variety of reasons, many of these support relationships never particularly thrived. Though we had a Board we never quite knew what to do with them, and never took full advantage of their potential. Due to the intricacies of running SQUAT, it was hard to take on new volunteers and coordinate them to our work flow. Volunteers would

come and go with varying levels of commitment at critical junctures for SQUAT, and this often left very few people running way too much. Over time, this became simply the way SQUAT operated, with only a few core people running just about everything. Intwined in this was also our personal egos, and how we came to identify with SQUAT and the systems we had created for SQUAT. We were really bad at delegating.

## 6. Don't take things so personally. It's not about you.

Because the core Editors at SQUAT devoted so much of our lives to SQUAT Birth Journal and SQUATFest (2013 and 2015), it was easy to believe that SQUAT was us and we were SQUAT. There was not a huge separation between us as people and SQUAT the organization. So when issues came up at SQUATFest about how the community thought a particular topic should or should not be addressed, it was hard for it not to feel like personal attacks on the three people who had devoted an immense amount of time over the last year simply to get the basic conference running as it was. As an organization we could have accepted imperfection, but these imperfections whispered or slammed in our face felt more like they were about us as failing people than an imperfect organization. This is an issue of ego as human beings.

## 7. Trust your community to respect your boundaries.

When we decided to retire SQUAT, we knew it was the right and only thing for us to do. Still, we were so nervous about telling people — first our volunteer staff, then our Board of Advisors, then our wider fan base and readership. Sarah took a shot of tequila before pressing “send” on that first email. We expected a lot of push back, a lot of unwanted suggestions of what else we should be doing to make it work, and a lot of urging us to just try harder. But we didn't get it. We got so much love. There was much regret that we can't continue the magazine, but also much understanding and empathy for our position, and so much support and gratitude for our work these years. In fact, many respected our decision as setting a great example for self-care. Looking back, we wish we had put this faith in this community earlier — the faith that you would support our limits and boundaries — and maybe asked for more specific help and support years ago!

We learned a lot along the way, and thank you all for your helping us grow as people, as writers, as organizers, and as community members. If you have questions about starting up your own publication, or about some of the networks we've come in contact with over the years, don't hesitate to contact us -- we'll keep our email as long as we can! We're excited to see what comes next for us and for you as well.



Sarah, Jeramie, and Meghan at SQUATfest 2013



Molly at SQUATfest 2013

Stay in touch!  
[squattingbirth@gmail.com](mailto:squattingbirth@gmail.com)

# The Complicated Nature of Open Forums, and the Handing of the Torch

by Jeramie Peacock, Co-Founder, SQUAT Birth Journal

In the six years since SQUAT was founded the reproductive landscape has transformed to such a degree that it is no longer recognizable. This is not to say that great progress has been made, but rather to acknowledge that we have peeled back a few more layers of the onion. The treasures we leave behind are the archives and the learning integrated by the editors and the magazine itself. This article is an attempt to share some of these gifts with our readers.

At first we boosted the magazine's name with a tagline: "Anarchist Birth Journal." Especially in the beginning, naysayers and skeptics, both elders and peers, were abundant. Some people believed (passionately) that we should stop making the magazine if we couldn't be inclusive of everything and everyone, ALL the time. After our first couple of issues it became apparent that pleasing everyone, even some of the time, was not possible. We accepted that not pleasing everyone all the time is OK. And then we kept putting one foot in front of the other. We learned that just like in birth, sometimes it makes sense to change your position under pressure, and sometimes you've just got to believe in yourself and dig your heels into the ground.

It is my hope and belief that most of the contributions made to the birthing community by SQUAT will also be realized in hindsight. Each successful, painful, tiring or energizing moment in the birth and early years of SQUAT provided a lesson for the magazine makers and contributors. SQUAT's initiators didn't realize that an open forum could be as controversial and challenging as it proved to be. This is still a piece of the puzzle that I find myself processing even now. What is it about society, especially Western society that insists on featuring one point of view? There have been many instances in which people have questioned SQUAT's right to feature multiple pieces of content that may be contradicting. This is for me SQUAT's greatest strength and also one of its greatest challenges. We did not shy away from giving voice to those who asked for a digital microphone or the stage of the page. Although initially we didn't have a large audience, giving voice to the voiceless was the single most satisfying thing for me as an editor.

In 2010 the time was ripe for something new to come onto the midwifery scene. People were hungry to see birth portrayed in its natural state: something for everyone, the way we all come Earthside. Birth is the ultimate shared experience- if you are human you were born, somehow / way. There needed to be a

visible representation: birth and birth work inclusively featuring people of different colors, orientations and lifestyles in a way that was not done previously. By publishing "radical" content we opened up the door for the other birth related publications to stretch the bounds of their content.

I hope there is someone or something coming next that will blow SQUAT out of the water and make us look like a completely vanilla hasbeen. I dare you to be the next adventurer.



Photo by Darshan Alexander

**Jeramie Peacock** is a writer, birth attendant and mother of four. She was one of the founding Editors of SQUAT Birth Journal. She is currently focused on mothering and full spectrum reproductive health and healing. You can reach her via email at [reproductiverepatterning@gmail.com](mailto:reproductiverepatterning@gmail.com)



Sage Science (AKA Hart to Heart in SQUAT's early years) was one of the original concepts SQUAT dreamt up and committed to incorporating in each quarterly issue. There was strong consensus that as a journal representing current affairs in the world of birth, the inclusion of evidence-based research was crucial. Since our inception, we have been privileged to include the work of many talented practitioners and healers, both veteran and fresh. A special thanks to Gail Hart, our primary contributor, who tirelessly gifted us her research; and a deep bow to all of our editors, contributors, and readers. Your continued efforts and support have created a unique and powerful discussion regarding conscious, informed, and respectful birth practices.

I am pleased to include the work of Heather Thompson for this last edition of Sage Science. Since the beginning, I have been looking for someone bright, courageous, and willing to write about the use of marijuana during pregnancy and breastfeeding, an issue that commonly affects childbearing folks in some way. This feature brings us full circle, and reminds me of all we have accomplished together. I hope you enjoy it--knowledge is power!

~Lo Kawlok, Midwife

## Having a Data-Driven Conversation With Our Clients About Perinatal Marijuana Use

by Heather Thompson, M.S., Ph.D

*Marijuana. Ganja. MJ. Bud. Green. Mota. Weed.*

*Reefer. Dope. Herb. 420. Grass.* No matter what you call it, legalization of *Cannabis* is sweeping the nation.

Marijuana is now legal for medicinal use in 26 states (and counting!) and for both medicinal and recreational use in Washington, Oregon, Colorado, Alaska and the District of Columbia. Though it varies a bit from state to state, a medical marijuana card is most often prescribed for those with chronic pain, nausea, muscle spasms/seizures, and cancer. Here in my home state of Colorado, anyone over 21 can walk into a store and choose from a wide variety of cannabis products including various strains of bud for smoking, candies/cookies/drinks for eating, or even transdermal patches.

Like many issues facing pregnant and breastfeeding parents, evaluating perinatal marijuana use is not a simple, black and white equation. In my experience, this conversation must evolve nearly every time I have it to reflect the current climate and each individual family system. In Colorado, I work with Elephant Circle, an organization that provides non-profit legal and other support services to families who intersect with a variety of institutions (including Child Protective Services) due to legal marijuana use. At Elephant Circle, we practice the idea of "circling to support strong people during vulnerable times" in all of our conversations about cannabis use. We believe that the vast majority of parents know what is best for their family system and can execute that ideal with education and support. We aim to provide families with both legal and non-legal resources, particularly if they are navigating the state social service system, and so far it has been effective and appreciated.

The education we provide on the health and legal implications of perinatal marijuana use blends our interpretation of primary research data with our experience of how the social service system is actually dealing with legal

marijuana use in Colorado. Our approach is twofold: 1) help families and health care providers obtain the best information we can provide in the context of an analysis of bias around marijuana use and 2) recommend ways to avoid or navigate the state's social services system altogether (such as reminding clients that home birth can provide a level of privacy, informed consent, and conversation often not seen in the hospital). The aim of this article is to provide all SQUAT readers with up-to-date science about marijuana use and an introduction to how to help clients anticipate any state intervention.

### The History of Marijuana use as Medicine

Recorded use of marijuana as medicine dates back to the Chinese Emperor Shen Nung in the third millennium BC and has been used globally to treat ailments including gout, malaria, rheumatism, nausea, lack of appetite as well as to improve mood<sup>1</sup>. From the early 1600s to the early 1900s, hemp was a successful crop across the U.S. and until 1942, cannabis was listed in the U.S. Pharmacopeia; cannabis tincture was commonly used for menstrual cramps. In 1913, however, California made marijuana illegal, followed by federal law banning marijuana in 1937, paving the way for criminalization of cannabis. Though Harry Anslinger, the first commissioner of the U.S. Treasury Department's Federal Bureau of Narcotics and the primary proponent of the 1937 legislation, claimed that marijuana was a dangerous drug with significant health and safety concerns, many accuse Anslinger of acting out of racial bias, evidenced by the public campaign that linked marijuana to people of color and immigrants (such as the movie *Reefer Madness*)<sup>1</sup>. To date, despite select state legalization, marijuana remains *illegal at the federal level*, and is classified as a Schedule I drug (placing it in the same category as heroin and LSD), defining it as having no potential for medicinal use. This has drastically reduced the ability to obtain product and funding for cannabis research.



## Biology/Pharmacology

The human body produces its own set of cannabis-like molecules, called endocannabinoids, that affect mood, appetite, memory, immune function and pain-sensation through two different receptors (CB1 and CB2). For this discussion, we are going to focus on just two of the more than 400 compounds found in cannabis,  $\Delta$ -9-tetrahydrocannabinol (THC), responsible for the majority of the psychoactive effects and cannabidiol (CBD), a molecule critical to pain and seizure reduction<sup>2,3</sup>. In the current climate of both medicinal and recreational use, selective breeding can manipulate the ratios of THC to CBD to achieve different effects. While some strains maximize THC potency (and therefore the psychoactive effects), some strains, like “Charlotte’s Web”, are very high in CBD but contain <0.1% THC. The oil from this strain is often used to treat seizure disorders in children due to its high medicinal effectiveness and no psychoactive side effects.

The mood/sensation/analgesic effects of THC last between 2 and 48 hours depending on the user, the product’s potency and the method of consumption. Once consumed, THC is quickly removed from the bloodstream, deposited in fatty and vascular tissues, and metabolized into psychoactive 11-hydroxy-tetrahydrocannabinol (11-OH-THC), and carboxy-tetrahydrocannabinol (THC-COOH). Due to its lipophilic (“fat-loving”) nature THC is stored in fatty tissues, further metabolized and excreted through urine (20-35%) and feces (65-80%)<sup>2,3</sup>

THC-COOH is not psychoactive, but is often used in the detection of THC consumption because it is the metabolite that remains in the body the longest and is measurable in urine. THC-COOH can be detected in urine for 2-6 weeks after use, in a baby’s meconium for up to 8-12 weeks after parental consumption, or in hair samples up to 6 months after use<sup>2,3</sup>.

The pharmacokinetics of smoking, eating and transdermal use of cannabis vary considerably. Smoking marijuana results in an immediate serum THC spike in the first few minutes, declines over the next few hours with almost no accumulation of 11-OH-THC. In contrast, the spike of serum THC occurs nearly an hour after consuming edible marijuana and there is significant accumulation of the psychoactive 11-OH-THC<sup>2,3</sup>. Transdermal use, common for chronic pain and nausea, results in a delayed serum THC spike, no additional spike of 11-OH-THC and less THC reaches the brain than with other methods of consumption<sup>2,3</sup>

## Incidence and Physiology of Marijuana During Pregnancy

The reported rates of marijuana use by pregnant folks range from 3 to 30%, depending on the method of data collection and the population being evaluated<sup>4,5</sup>. One review of the literature reports that 4.4% of pregnant folks use illicit drugs (a single category that includes marijuana), as compared to 10.8% that use alcohol, 3.7% that binge drink and 16.3% that smoke cigarettes<sup>6</sup>.

First, let’s talk briefly about prenatal marijuana use from the perspective of the pregnant body and the placenta. It is well documented that smoking anything, including marijuana, increases concentrations of carbon monoxide and other carcinogens<sup>6</sup>, and can decrease oxygenation of the smoker and the fetus<sup>7</sup>. Though the link between smoking marijuana and lung cancer has been recently refuted by the National Cancer Institute<sup>8</sup>, it is clear that carbon monoxide and tar concentrations are 3-5 times higher after smoking marijuana than cigarettes<sup>9-10</sup>. Certainly edible and topical marijuana eliminates these risks, but in Colorado, there is concern about the microbial and residual solvent contamination in edibles and

infused products (tinctures/oils/topicals). There is no data on the safety of the final edible product for pregnant folks, but the state recently released a report that called for more testing (and testing sites) of these contaminants<sup>10</sup>. Regardless of the mechanism of its consumption, it is clear that THC crosses the placenta readily in both humans<sup>11,12</sup> and animals<sup>13,14</sup>, and that the placenta has both CB1 and CB2 receptors<sup>15</sup>. The placenta provides some barrier to THC, limiting its exposure to the fetus, as 3-to 7-fold reduction of THC found in cord blood than maternal blood in humans<sup>12</sup> and animals<sup>13,14</sup>. 11-OH-THC and COOH-THC are not apparent in fetal circulation the first trimester, suggesting that they do not cross the placenta and THC is not metabolized by the fetus at this time, though they have been seen in fetal circulation during the third trimester<sup>13,16</sup>. There are no known definitive effects of fetal exposure to THC at any time during gestation.

## Literature Review of Marijuana Use During Pregnancy

The research on marijuana’s recreational safety or potential use as medicine is scant. This is, in part, the result of marijuana regulation at the federal level (being a Schedule I substance).

There are several studies that have looked at the long-term effects of prenatal marijuana use on children, two of which have collected data for more than 30 years. The Ottawa Prenatal Prospective Study (OPPS) was started in 1978 in Ottawa, Canada and examined the long-term effects of marijuana and cigarettes in low-risk, European-American middle class families<sup>17</sup>. In the U.S., the Maternal Health Practices and Child Development Study (MHPCD) began in 1982 in Pittsburgh, PA and looked at marijuana and alcohol effects in a group of high-risk, mostly African American, single mothers with low socioeconomic status (SES)<sup>18</sup>. The most recent work in the Netherlands, which started in 2001, has researched the effects of a variety of substances in a mixed ethnicities population with moderate to high SES<sup>19</sup>. There have been many, many papers published from these studies (too many to cite here) but individual papers from each of these studies can be accessed by searching for the name of the principal investigator for each study (Fried, Day and Hofman respectively).

There are a few major trends that have come from this research. First, the data is equivocal when it comes to short-term effects and birth outcomes. As a whole, the body of literature demonstrates no effect of prenatal marijuana use on fetal growth or fetal anomalies and no evidence of fetal withdrawal symptoms after birth<sup>6</sup>. There are findings by some that fetal marijuana exposure increased startles and tremors in newborns<sup>20</sup>, but these data are disputed by others<sup>21</sup>, particularly because these symptoms are indistinguishable from the well-documented impact of cigarettes/nicotine<sup>6</sup>. Unfortunately, most of the early studies did not control for the effect of nicotine and those that did found that nicotine, not marijuana, had a significant effect on these neurobehavioral symptoms<sup>21</sup>.

There are a few consistently reported long-term effects of prenatal cannabis use when children were followed through their teen years. Though growth and language were not affected by cannabis use, behavior, cognition and achievement were affected by *heavy* use (7-11 joints per week). The MHPCD reported the largest of these effects, but their population included mostly single African American mother of low SES. Unfortunately, the behavior, cognition and achievement effects of poverty are well-documented<sup>22,23</sup>, and are similar to what is reported in these longitudinal studies. Moreover, the racial disparities in birth outcomes and their impact on long-term development are also well-described<sup>24,25</sup>. These confounding factors make data on the long-term (10-20 years) prenatal

cannabis use nearly impossible to interpret.

In 30 years of studying prenatal marijuana use, there is no evidence that that low to moderate prenatal use results in clinically identifiable deficits in infants. Heavy use (7-10 joints/week) may result in deficits in adolescent attention/cognition, but these effects were confounded by other factors (poverty, race) and cannot be ascribed to marijuana use alone. These conclusions are supported by the independent analysis of the literature by Behnke *et al.* in the journal *Pediatrics*<sup>6</sup> (which also nicely summarizes the literature on many illicit substances used during pregnancy). Dr. Fried, principal investigator of the OPPS study, also summarized the literature to date (see National Advocates of Pregnant Women Drug Myths fact sheet) saying:

*“Based on my 30 plus years of experience examining the newborn, infants, toddlers, children, adolescents and young adults born to women who used marijuana during pregnancy it is important to emphasize that to characterize an infant born to a woman who used marijuana during pregnancy as being ‘physically abused’ and/or ‘neglected’ is contrary to all scientific evidence (both mine and subsequent work by other researchers). The use of marijuana during pregnancy ... has not been shown by any objective research to result in abuse or neglect.... There have been a few mildly negative effects in high-risk populations...but, in those studies, these effects were no longer present after a few months. This is in contrast to many other substances that are commonly used during pregnancy, including alcohol and cigarettes, where the effects on growth are much more pronounced.”*

#### The Literature on Marijuana Use and Breastfeeding

There are only three papers in the U.S. designed to examine the effects of marijuana use during breastfeeding. In the first of two qualitative papers to examine marijuana use while breastfeeding on newborn development, Tennes *et al.* (1985) found no significant effects of marijuana on growth, weaning, mental or motor development either immediately after birth or at one year postpartum<sup>21</sup>. A few years later, Astley and Little (1990) reported a relationship between exposure during the first month of breastfeeding and decreased Psychomotor Development Index (PDI) scores<sup>26</sup>. These postpartum effects were only seen in the high exposure group, consistent with findings that only heavy prenatal marijuana use results in clinically detectable changes<sup>6,17</sup>. Interestingly, the decrement seen in psychomotor development in the marijuana-exposed newborns did not exist by the third month postpartum; by which time exposed and non-exposed babies had equivalent PDI scores<sup>26</sup>.

To date, there is only one quantitative paper on the transfer of THC from breastmilk to babies, and it is a 1982 non-peer reviewed letter to the editor of the *New England Journal of Medicine*<sup>27</sup>. This paper evaluated two breastfeeding mothers, a 1x/day smoker of a 7 month-old and a 7x/day smoker of an 8-month old. Not surprisingly, the heavier smoker had more THC in her milk (340 ng/mL vs 105 ng/mL) and evidence of THC was seen only in the urine of the heavy smoker’s baby (4ng of 11-OH-THC). The THC-COOH metabolite (used primarily for drug detection) was not seen in the urine of either baby.

Only the heavy smoker provided samples for the quantification of THC transfer from breastmilk into baby’s feces; maternal plasma and breastmilk and an infant fecal sample were tested one hour after unquantified cannabis use. The results demonstrated the expected THC clearance from the bloodstream and accumulation in the breastmilk relative to the plasma (60.3 ng/mL vs 7.2 ng/mL), though the metabolites (11-OH-THC and THC-COOH) were more abundant in plasma

than breastmilk (2.5 vs 1.1 ng/ml and 19.0 vs 1.6 ng/mL respectively).

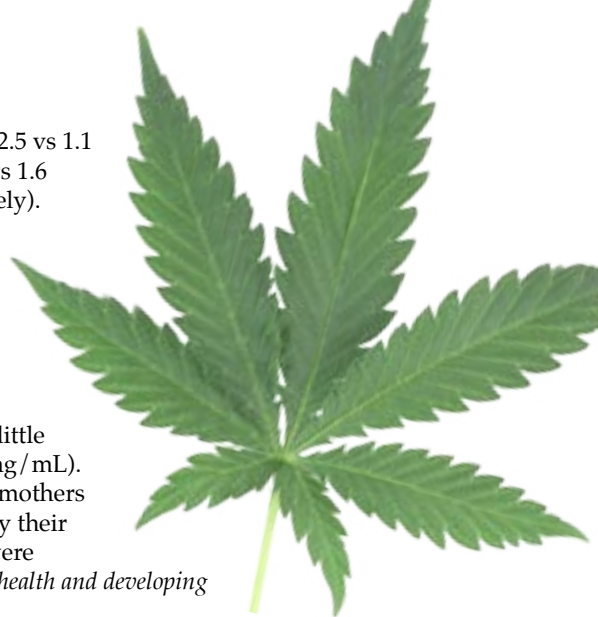
There were significant levels of THC and THC-COOH (347 and 611 ng/mL respectively) accumulation in baby’s feces, but little 11-OH-THC (67 ng/mL). Both infants and mothers were examined by their physicians and were deemed “in good health and developing normally”<sup>27</sup>.

This last point is important. These data demonstrate that although THC passes through breastmilk of a heavy smoker into infants, there were no detectable adverse effects. This could be interpreted to mean that the data suggests marijuana use is compatible with breastfeeding, or at least that there is no scientific basis for contraindication. Unfortunately, this paper is a good example of the bias that pervades science and policy; that marijuana use not safe for breastfeeding infants. The authors report that prior to data collection both volunteers were counseled to “stop using marijuana or stop nursing”<sup>27</sup>, and their conclusion states, “these findings indicted that THC is concentrated and secreted in human milk and is absorbed by the nursing baby. Because the effects on the infant of chronic exposure to THC and its metabolites are unknown, nursing mothers should abstain from the use of marijuana”<sup>27</sup>.

I am not discounting the accuracy of the data in this paper. These researchers were leaders in the field of marijuana use in the 1980s, and I believe their results. But policy is being made, both on a state and national level, around a non-peer reviewed letter to the editor about 2 subjects, based on outdated analytical methodology and that makes conclusions based on statistically insignificant data points with no reported adverse affects to mothers or infants. Beyond the data, I often see the biased attitude against the use of marijuana by nursing parents evident throughout this paper reproduced in policy and practice. Not only is such a bias inappropriate for scientific investigation, unchecked bias results in conclusions and policy that are not reflective of the data, but rather their interpretation.

In contrast, I want to highlight a paper from rural Jamaica, where “ganja” (marijuana) is culturally integrated<sup>28</sup>. For women in this part of Jamaica, being a heavy ganja user is associated with higher level of education, greater financial independence and more conjugal instability (ie. they don’t need to be married to provide for themselves) which, in turn, allows for more postpartum resources (there are fewer folks to share with).

Data collected in the first month postpartum demonstrated no birth weight, birth length or Apgar score differences between the babies born to low or non-users and those born to heavy ganja users<sup>28</sup>. At three days postpartum there were no neurodevelopmental differences between exposed and non-exposed babies and at one month, the exposed babies showed better physiological stability, were more socially responsive and the quality of their alertness was higher than non-exposed babies<sup>28</sup>. More specifically, babies exposed to heavy marijuana use demonstrated more robust motor and autonomic systems, were less irritable, had better self-regulation and were more rewarding for their caregivers than non-exposed babies.



Interestingly, these findings were not correlated with heavy drug use but mother's education (which are often related to each other in this population)<sup>28</sup>.

I do not think that this research indicates that marijuana is safe or that we should tell parents that cannabis use while breastfeeding promotes a well-adjusted baby, because more investigation is needed. But it is an elegant example of the impact of the perinatal environment *as a whole*, not just a sum of its parts. The authors' conclusion reflects this perspective:

*"Conventional wisdom would suggest that mothers who are long-term marijuana users are less likely to create optimal caregiving environments for the neonates. In this area of rural Jamaica, however, where marijuana is culturally integrated, and where heavy use of the substance by women is associated with a higher level of education and greater financial independence, it seems that roots daughters (women who participate as Rastafarians and tend to be heavy marijuana users) have the capacity to create a postnatal environment that is supportive of neonatal development<sup>28</sup>."*

Again, I advise caution and moderation since we know so little about chronic infant exposure to THC. The existing safety data are simply insufficient. But it is legal for all folks over 21 in my state, and I am generally meeting parents after they made the decision to consume marijuana while pregnant, breastfeeding or both. So I really like the words by Dreher et al. about a postnatal environment that is supportive of neonatal development because it reflects the complexity of my experience talking to family systems about marijuana use.

There is little evidence regarding the neonatal effect of maternal marijuana use while breastfeeding. What evidence exists suggests that the risk may only be significant when the mother is a "heavy user" of marijuana. Though many policies do not present an evidence-based risk/benefit analysis, LactMed balances the benefits of breastfeeding with harm reduction language and can be useful when talking to parents.

*"Because breastfeeding can mitigate some of the effects of smoking and little evidence of serious infant harm has been seen, it appears preferable to encourage mothers who use marijuana to continue breastfeeding while minimizing infant exposure to marijuana smoke and reducing marijuana use."*

(<http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>)

### Creating a Data-Driven, Harm Reduction Conversation With Your Clients

I am advocating for a conversation that is evidence-based and centers on harm reduction ideas. Certainly, a lack of data does not mean that marijuana use is safe, but in the context of a harm reduction conversation about a legal substance, the lack of compelling data on the harm of prenatal cannabis use must be considered. In my experience, simply advocating abstinence does not address the marijuana-using parent in the context of the perinatal environment. I find that narrowing the conversation to a single issue, marijuana use, ignores all the varying factors that affects the family system. So here are a few of my suggestions:

A few questions can give you an intro to the family system and can establish rapport:

- **Questions like "How do you relieve stress?" provide a non-judgmental opening for talking about substance use without asking the standard "How many times a week do you consume (substance)?"**

- **Is cannabis being used medicinally or recreationally? Note: Use does not equal abuse.**
- **Is this family open to resources to moderate or stop the use of marijuana?**
- **Are other substances being used concurrently?**
- **What is the home environment like? What are the family system resources?**
- **Are there socioeconomic status, race, or other social factors to consider?**
- **How is marijuana being consumed?**
- **What biases do I bring to this conversation?**

### A few practical strategies:

1) If there is any other reason (besides marijuana) that this family might intersect with Child Protective Services, my best recommendation is to reduce the chance the baby tests positive at birth. Generally, marijuana use after 28 weeks is detectable in meconium. And remember, despite state legalization, marijuana is still a federally illegal, Schedule I substance. Practically, this means that any medical personnel can legally test a baby for THC without the parent's consent or knowledge. *Home birth can provide a level of privacy, informed consent, and conversation often not seen in the hospital.*

2) If marijuana use is documented in your client's chart and they stop, make certain that is also noted in their chart. While not a proven method to redirect the conversation at birth, it may minimize the reasons to test baby at birth.

3) If your client has questions or concerns about their marijuana use while pregnant or breastfeeding, the Family Law and Cannabis Alliance ([fcalliance.org](http://fcalliance.org)), National Advocates for Pregnant Women ([advocatesforpregnantwomen.org](http://advocatesforpregnantwomen.org)) and Elephant Circle ([elephantcircle.net](http://elephantcircle.net)) provide legal and other support and strategy.

**Heather Thompson, M.S., Ph.D.**, is an applied molecular biologist and has been working at the interface of reductive science and clinical science for 25 years. She is passionate about helping families navigate cannabis legalization and, in addition to policy work, provides education for perinatal providers in her home state of Colorado. Her passion is informed by the families she has served in more than 10 years' of in-home postpartum care, her role as Research Director at Mountain Midwifery Center (an out-of-hospital birth center), and her work with Elephant Circle, an organization that provides non-profit legal and other types of support services to families who intersect with a variety of institutions (including Child Protective Services) due to legal marijuana use.

### References

1. Booth, M. Cannabis a history. (2013). New York, NY : Thomas Dunne Books/St. Martin's Press,
2. Huestis, M. A. Human cannabinoid pharmacokinetics. *Chem. Biodivers.* 4, 1770–804 (2007).

3. Sharma, P., Murthy, P. & Bharath, M. M. S. Chemistry, metabolism, and toxicology of cannabis: clinical implications. *Iran. J. Psychiatry* **7**, 149–56 (2012).
4. Beatty, J. R., Svikis, D. S. & Ondersma, S. J. Prevalence and perceived financial costs of marijuana versus tobacco use among urban low-income pregnant women. *J. Addict. Res. Ther.* **3**, (2012).
5. Moore, D. G. *et al.* During pregnancy, recreational drug using women stop taking ecstasy (3,4-methylenedioxy-N methylamphetamine) and reduce alcohol consumption, but continue to smoke tobacco and cannabis: initial findings from the Development and Infancy Study. *J. Psychopharmacol.* **24**, 1403–10 (2010).
6. Behnke, M. & Smith, V. C. Prenatal substance abuse: short- and long-term effects on the exposed fetus. *Pediatrics* **131**, e1009–24 (2013).
7. Bruin, J. E., Gerstein, H. C. & Holloway, A. C. Long-Term Consequences of Fetal and Neonatal Nicotine Exposure: A Critical Review. *Toxicol. Sci.* **116**, 364–374 (2010).
8. <http://www.cancer.gov/about-cancer/treatment/cam/hp/cannabis-pdq>. (2015).
9. Moir, D. *et al.* A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chem. Res. Toxicol.* **21**, 494–502 (2008).
10. <https://www.colorado.gov/pacific/enforcement/forms-publications-marijuana-enforcement-division>. (2015).
11. Lee, C. C. & Chiang, C. N. Maternal-fetal transfer of abused substances: pharmacokinetic and pharmacodynamic data. *NIDA Res. Monogr.* **60**, 110–47 (1985).
12. Blackard, C. & Tennes, K. Human placental transfer of cannabinoids. *N. Engl. J. Med.* **311**, 797 (1984).
13. Bailey, J. R., Cunny, H. C., Paule, M. G. & Slikker, W. Fetal disposition of delta 9-tetrahydrocannabinol (THC) during late pregnancy in the rhesus monkey. *Toxicol. Appl. Pharmacol.* **90**, 315–21 (1987).
14. Hutchings, D. E., Martin, B. R., Gamagaris, Z., Miller, N. & Fico, T. Plasma concentrations of delta-9-tetrahydrocannabinol in dams and fetuses following acute or multiple prenatal dosing in rats. *Life Sci.* **44**, 697–701 (1989).
15. Kenney, S. P. *et al.* Cannabinoid receptors and their role in the regulation of the serotonin transporter in human placenta. *Am. J. Obstet. Gynecol.* **181**, 491–7 (1999).
16. Martin, B. R., Dewey, W. L., Harris, L. S. & Beckner, J. S. 3H-delta9-tetrahydrocannabinol distribution in pregnant dogs and their fetuses. *Res. Commun. Chem. Pathol. Pharmacol.* **17**, 457–70 (1977).
17. Fried, P. A. The consequences of marijuana use during pregnancy: a review of the human literature. *J. Cannabis Ther.* **2**, 85–104 (2002).
18. Day, N. L. & Richardson, G. A. Prenatal marijuana use: epidemiology, methodologic issues, and infant outcome. *Clin. Perinatol.* **18**, 77–91 (1991).
19. Jaddoe, V. W. V *et al.* The Generation R Study: design and cohort update 2012. *Eur. J. Epidemiol.* **27**, 739–56 (2012).
20. Fried, P. A. Marijuana use during pregnancy: consequences for the offspring. *Semin. Perinatol.* **15**, 280–7 (1991).
21. Tennes, K. *et al.* Marijuana: prenatal and postnatal exposure in the human. *NIDA Res. Monogr.* **59**, 48–60 (1985).
22. Larson, C. P. Poverty during pregnancy: Its effects on child health outcomes. *Paediatr. Child Health* **12**, 673–7 (2007).
23. Kim, P. *et al.* Effects of childhood poverty and chronic stress on emotion regulatory brain function in adulthood. *Proc. Natl. Acad. Sci. U. S. A.* **110**, 18442–7 (2013).
24. Lu, M. C. & Halfon, N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern. Child Health J.* **7**, 13–30 (2003).
25. Dominguez-Bello, M. G. *et al.* Delivery mode shapes the acquisition and structure of the initial microbiota across multiple body habitats in newborns. *Proc. Natl. Acad. Sci. U. S. A.* **107**, 11971–5 (2010).
26. Astley, S. J. & Little, R. E. Maternal marijuana use during lactation and infant development at one year. *Neurotoxicol. Teratol.* **12**, 161–8 (1990).
27. Perez-Reyes, M. & Wall, M. E. Presence of delta9 tetrahydrocannabinol in human milk. *N. Engl. J. Med.* **307**, 819–20 (1982).
28. Dreher, M. C., Nugent, K. & Hudgins, R. Prenatal marijuana exposure and neonatal outcomes in Jamaica: an ethnographic study. *Pediatrics* **93**, 254–60 (1994).



Life is a Sexually  
Transmitted Condition:  
The Sexuality of Labor and Birth

by Karen Ehrlich CPM, LM, MA

Available to read online at:  
[www.midwifekaren.org](http://www.midwifekaren.org)

# The Other Side Of The Coin

## Conversations with Full Spectrum Workers

It's been an honor to collect stories and experiences for SQUAT over the years, and I want to send deep thanks to the many communities who have read, adored, criticized, and shaped SQUAT for the better.

My heart and spirit have grown fiercer because I've had an opportunity to learn from the people who have been featured in this column. At our last SQUAT conference, I was surprised to see so many folks rise from the humid night slumber of NOLA to gather and talk about death at 9:00 a.m.. "Why did they rise?" I thought. We are hungry for these conversations, and rise we will.

I'm excited to announce the upcoming publication of an anthology titled *Birth Work As Care Work: Stories From Activist Birth Communities*, published by the esteemed PM Press. I'm honored to be included in the pages, and encourage you all to purchase a copy and continue the fight to reclaim birth and death and everything in between.

—**Kelly Gray, birth worker, story collector, [www.storiesfromthewomb.org](http://www.storiesfromthewomb.org)**

### For Our Final Column of The Other Side Of The Coin

If you attended SQUATfest this year, you might recall Lucy Yanow as the woman who spoke of her work supporting folks through terminations and pregnancy loss. Lucy Yanow is a full spectrum doula who has trained and mentored in radical organizations focused on supporting individuals through biological transitions. She is creating a training that focuses on third trimester abortion doula support, the first of its kind. Lucy can be contacted through her doula website: [www.lucyyanow.com](http://www.lucyyanow.com).

**Kelly Gray:** *You recently left the comfortable weather of the East Bay, California, to join Shelley Sella in her abortion clinic in New Mexico. Why were you inspired to shadow at Southwestern Women's Options?*

**Lucy Yanow:** About two years ago, some doula friends and I were all volunteer doulas at a local hospital. I stepped in and started facilitating connecting doulas with clients who were having terminations after 24 weeks, and slowly the Induction Termination branch of the local hospital doula project kinda morphed into its own project. Now there are four of us who get together every other month to coordinate this project, and probably about 15 doulas who participate.

We have been orienting individual doulas to support induction termination clients, and it felt like there was no way to create a streamlined training because each case is so different. But there needs to be a training! There is a lot of silence around this process and people in all different aspects of perinatal care might appreciate some real emotional, and intellectual tools to frame this kind of support.

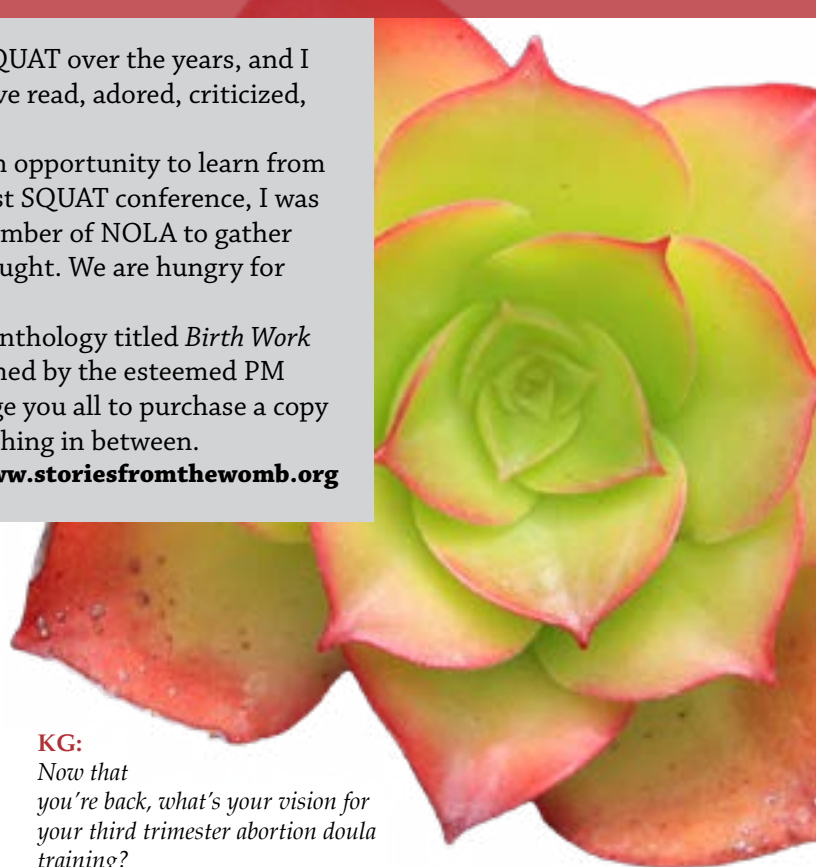
I reached out to Southwestern Women's Options because they are one of the few clinics that perform induction terminations routinely. They do not have state imposed limits on gestational age for abortions. Their counselors do labor support with their clients. So I knew that if anyone could teach me to be an induction termination doula, it was this clinic.

**KG:** *Now that you're back, what's your vision for your third trimester abortion doula training?*

**LY:** My intention in creating this training is to bring third trimester abortion care from the margin to the center, and to offer a perspective on termination that recognizes and celebrates the diversity in women's stories, instead of the current trend of political soundbites. My goal is to frame the doula's role in the process as the weaver of reproductive decision making into the fabric of human experience.

My hope is to model client-centered emotional support, advocacy, and comfort measures with the Midwifery Model of Care at its core. I want to support doulas in truly meeting clients where they are. This means dealing with reproductive experiences existing within patriarchy, which includes a lot of stigmatized abortion, silencing of miscarriage, traumatic births, clients who are survivors of sexual abuse, domestic violence; if you look at statistics one of these experiences is going to be present. Not to mention the violence that is perpetrated upon minoritized populations of color, poor folk and queer trans folk. All of these past experiences can be triggered when you touch someone's vagina. How do we as doulas hold space when these experiences are present?

**KG:** *Ultimately, we've been sucked into a capitalist narrative that co-opts our basic bodily functions which is fueled by our collective fear of death. This has resulted in mass hospitalization for non-*



*medical life experiences such as birth, while at the same time we are suffering for lack of contraception and abortion services. How do you look to address this in your training?*

**LY:** We keep trying to frame these issues in a liberal paradigm, within capitalism, even though we KNOW that the master's tools aren't going to dismantle the master's house (thank you Audre Lorde). As if we can just ignore abortion, and change some laws so we can "win" the "right" to attend a homebirth, and that will fix everything. Or if we remind people that Planned Parenthood doesn't JUST do abortions, maybe it won't get defunded. It is total fucking bullshit. Why aren't we talking about the commodification of care work, organizing as united care workers? If we partnered with sex workers, the harm reduction folks, and all the other kinds of caregivers we sure would have a huge lobby. Why are we operating from a scarcity mentality? Because those who want to control us have us running scared, scared of each other. We are so judgmental of each other.

When our basic bodily functions have been co-opted by the institution, the only real tool that I know of is to reframe, to deconstruct, to reclaim. I like to reclaim any pregnancy as a blood rite; because anytime someone finds themselves pregnant is a time when the universe expands and contracts our consciousness. Our brains are suddenly open to teachings that we weren't aware of before. All senses are heightened as we are asked to step outside of our first person narrative, and some paths open while other paths close.

It is really important for me as a doula to not make assumptions about what is appropriate for my client's life because this is their initiation. It IS my job as a doula to superimpose what I know about physiological processes as an initiation, and re-focus all the medical chaos back onto the initial intentions of the client, so that they can receive the teachings that are appropriate for their lives, and that they can experience their blood rite. In this training I am going to talk a lot about decision assessment and active listening skills, which I have mostly learned as an abortion counselor. We will talk a lot about normalizing people's feelings and validating emotions as a tool for holistic healing.

**KG:** *Tell me about the preconceptions and prejudices that people have when they enter your field of work, and how can your training realign them with the doula code of ethics- support without agenda?*

**LY:** It is normal for our prejudices and biases to be present, but a goal in this training is for attendees to be real with themselves over what their biases are so that they can address them OUTSIDE the birth/abortion/induction termination/death/miscarriage room.

One preconception is that birth and death are two separate things. But death is always present, especially in the birth room because I think most people in labor are pretty sure they are dying. Or they are scared that something will go wrong and their baby will die. Our collective fear of death is a tool that is used to keep us living in fear. So to normalize death, and teach doulas that it will be present, and *not to be afraid when death enters the room* can be a radical act. The ability to hold death can totally shift the energy at a birth. I think that preparing doulas

to see what is essentially an induction of a stillbirth is a nice segue way into a larger conversation about death in our culture.

Another belief is that grief and death are inextricably linked, but there is not always grief with death. We can call induction termination death, because that is literally what is happening, But that isn't always the part that is sad, and sometimes our clients won't be experiencing it as a death. When the induction is happening for fetal indications, and it's a wanted pregnancy, yes, it can be very sad. But that is a very understandable grief, and an unthreatening grief to bear witness to, to normalize, validate and hold.

I think it is the maternal indications that throw everyone into a tizzy, because the sadness that is present is a threatening kind of grief. Once you hear people's stories all of your beliefs and preconceived notions are stripped away, and that is really scary. One of the staff of Southwestern Women's Options told me that in order to make clients comfortable, YOU have to be comfortable. And how can we be comfortable witnessing extreme depression with suicidal ideation, psychosocial diagnoses, rape, domestic violence, debilitating substance abuse, etc. etc.? So I will talk a lot about that. Our clients have a lot to teach us about how to be comfortable with these things, how to normalize these experiences without saying that it is ok that they happened. Everything I know about coping I have learned from clients.

**KG:** *What types of political and cultural ramifications do you think would come from a successful re-centering of abortions as a respected choice at any gestation? Can you foresee any drawbacks to a society that normalizes abortion without qualifiers, apologies or exceptions?*

**LY:** You know, this is a really hard question. We really only know the landscape of abortion within patriarchy. I actually think that as it exists currently, abortion can be a somewhat patriarchal solution to a white capitalist hegemonic patriarchal problem. This is something I hear from my clients, "I wish I could have this baby, I want to parent and I love this baby, but I just can't right now, I don't have money to feed the kids that I have, I want to finish school, I can't pay my bills right now already," etc. etc. Abortion feels like the only option for them, not because they want to take control over their reproduction but because they are poor or disenfranchised. The current landscape of abortion includes how it exists for populations that have historically had their reproduction controlled without

“My intention in creating this training is to bring third trimester abortion care from the margin to the center, and to offer a perspective on termination that recognizes and celebrates the diversity in women's stories, instead of the current trend of political soundbites.”

consent at the hands of institutions like slavery, and later with sterilization without consent. For someone who knows this historical oppression, seeking an abortion because of economic hardship can feel like institutional sterilization, not empowerment.

I think that abortion would look really different in a world without patriarchy because in that world folks would know a lot more about their bodies and their bodies' capabilities. They might be able to make a more informed choice about when the right time to have sex would be for them. Maybe young women wouldn't be hypersexualized, and young men wouldn't be taught to be hyper-masculine. Maybe there wouldn't be dichotomized gender at all. There would be much support for people to procreate at any age if it was the right choice for their lives. There wouldn't be things like rape, we wouldn't live in a rape culture. In my utopian vision there wouldn't have to be qualifiers because we would actually trust people to make the best decisions for their own lives, knowing that they had freedom to parent as well as not to parent. Maybe as a society we would decide to take care of the whole person all the time and have structures in place that would actually competently care for our basic daily needs.

So, no, I don't think that there are any drawbacks, and the only ramification I can see would be cultural revolution and I am all for that!

“When our basic bodily functions have been co-opted by the institution, the only real tool that I know of is to reframe, to deconstruct, to reclaim. I like to reclaim any pregnancy as a blood rite; because anytime someone finds themselves pregnant is a time when the universe expands and contracts our consciousness.”



## Nourished *Mama*

Herbal Preparations Designed to Support Pregnancy

At Tumbleweed Apothecary, we've thoughtfully combined & lovingly crafted herbal goodness to nourish, support, and pamper Mamas. Our all natural, all plant based, and all good for you remedies are designed to support Mamas through all four trimesters. We hope to make pregnancy a little more magical.

-Nourish & Support All 4 Trimesters

-Herbal Teas, Gummies, Glycerites, Syrups & Balms crafted for Mamas

-4 Packages Delivered to Your Home

### Are you a birth worker?

We love what you do and want to support you and your clients. Contact us about our referrals program. For every 5 clients you refer our way, we will give you 1 free "Nourished Mama" to provide a client in need.



Coming: January 18, 2016 [tumbleweedapothecary.com](http://tumbleweedapothecary.com)

## Midwives Alliance Annual Conference

Save the date!



October 13-16, 2016

Atlanta, GA

[www.mana.org/mana2016](http://www.mana.org/mana2016)

#MANA16

# The Body Is A Changing Process

by Claudia Booker

Herbalist Susun Weed did a webinar on menopause in which she stated that the majority of a woman's life isn't her childbearing years, they are her non-childbearing years - 12 or 15 years before her first menses, and then the 50 years or more thereafter. The majority of a woman's life has nothing to do with childbearing, but so much of our identity can be wrapped up in our reproductive capability; we focus on those brief years of our life compared to the time before and the time after. When we stop having periods, some of us no longer look at ourselves as being attractive, sensual, sexy. We have given those descriptions of ourselves to the brief childbearing years and may not attribute those words to any other parts of our life. How misguided we are that we have made so much of that one temporary ability to define our entire existence.

Before we could have children we had a life and identity – just girls running around, a complete picture of who we were that wasn't tied to our ovaries or our uterus - when we were prepubescent. For us as women to tie our identity to those organs and our reproductive capability is something we need to examine and get over. At 50, 70, 80 and 90, we are women with the same drives, needs, and celebrations, regardless of how old we are. What about us, like me, who never birth a child? No longer having the ability to birth children, or choosing not to birth a child, shouldn't impact who you are, as it didn't when you were 12. The whole of us is so much more than the sum of those five parts – 2 ovaries, 2 fallopian tubes, and a uterus – parts that can fit in a quart jar.

Your body changes, the texture of your skin changes, the shape of your breasts change, the musculature changes – but it doesn't make you any less; you're just different. All of this is a changing process; biology. This aging process causes me to deal with the temporary, ever-changing nature of the vessel that

houses me, my body. There are things that this vessel could once do that it now has problems doing or can no longer do - winter, steps, salsa, carrying heavy objects. And that can be a very humbling experience, and at times, frightening.

And we may as well get it in our minds and get used to it. No, I don't look the same. But guess what – I don't think the same either. But I'm me. And the same forces, desires, ethics, ways of self-expression still exist for me at 66. My goal for the last quarter of my life is self-care and boundary setting. To take good care of my body so that it will let me stay here as long as the spirit feels I should be here; as long as my spiritual part needs to do this journey.

Everyday you wake up and you're a little surprised by how the Universe presents you with another day in your life. Once again, it lets you know that it's just life.

**Claudia Booker, LM, CPM, M.Ed, JD**, is a licensed home birth midwife who lives in Washington DC and serves the DC-Maryland-Virginia metro area through her birthing services company, Birthing Hands, Midwifery, Doula and Birthing Services. Beyond birth work, Claudia is a social justice and reproductive rights foot soldier, and one of the co-founders of The Grand Challenge scholarship campaign. She is the proud mother of a 31-year old daughter, through adoption as a single parent. Recently she was honored to receive the Birth Matters of Virginia 2015 Advocate of the Year award.

Photograph with permission of Elizabeth Kanter, from her Embodied Goddess Manifesto Project  
Weareallgoddesses.com    Weareallgoddesses@gmail.com





# Resilient Midwives

By Rachel McCloskey

Recently, I was tagged on Facebook when someone posted an article called “Being On Call – True Midwifery.” At first I didn’t read it, then I was tagged again by someone else and then again and again. It was always the same article, so finally, I read it.

The theme of the piece was the sacrifice of being an on-call midwife. The author listed some of the ways personal life and family life are disrupted by the on-call lifestyle and asks, “is it worth it?” She concludes yes, despite the many ways it is difficult for the midwife and those around her, being on-call is definitely worth it.

I didn’t believe her. I’m not saying I knew how she really felt, I’m saying that her writing didn’t convince me.

I’m familiar with the sacrifices she listed. When I worked as a doula and then as a midwife, my children, my friends, and I all experienced her examples, plus many more. Once, my partner took our children on a family vacation and I stayed home because my client was past due. Everyone was sad. Everyone missed out, except my birthing client. I was there for her. Why didn’t I let someone else take over for that birth? The culture of birth I was raised and trained in didn’t support that type of choice, so I was afraid of professional repercussions.

When I called another birthworker to talk it over, she kindly shamed me for considering my own needs above my client’s, for suggesting I might leave her to birth with someone else. She emphasized my commitment to my clients.

And so it went, on and on, midwives and doulas saying “This is the life we’ve chosen,” “This is just how it is,” “We all make sacrifices...”

Do we really need to make all these sacrifices? Can’t we be amazing supportive midwives and doulas and not be on-call 24 hours a day, 7 days a week? Yes, we can. Midwives who work in hospitals know they will be on-call and attending births for a certain number of hours or days, and know they will have precious time off-call. They have the comfort of knowing they can catch up on sleep, see their families and friends, and generally refuel. This needs to happen with homebirth midwives. Our clients need us to stop modeling self-sacrifice and martyrdom. If we want them to care for themselves, then we need to “walk the walk” and care for ourselves.

I’ve been on-call for seven years with very few breaks. What I saw in myself and the midwives around me, was burnout and resentment. This isn’t the kind of midwifery care I want to provide.

We can’t give what we don’t have. You can’t pour from an empty cup. Many sayings warn against the dangers of trying to give from a state of depletion. Midwives need to embody what they want for their clients. If we want our clients to be whole and resourced, well-rested and full of self-care, we need to do those things for ourselves.

I want a midwifery community without martyrs. I want to see midwives, nurses, and other caregivers caring for themselves, setting limits on their time, embracing and protecting their own families, and still giving loads of love and support to their pregnant and birthing clients. I want a midwifery community which embodies what we want for the mothers we serve. When we shift our own lives in this way, we begin to shift the culture of martyrdom and self-sacrifice for the next generation of children.

**“I want a midwifery community without martyrs. I want to see midwives, nurses, and other caregivers caring for themselves...”**



Rachel McCloskey is a queer parent, homebirth midwife, placenta encapsulation specialist, and aspiring taxidermist. She is a CPM, with a BFA and minor in Women’s Studies from Ohio State University, and an ASM from the National College of Midwifery. With a deep personal commitment to making sure pregnant and birthing people are listened to, respected, and trusted, Rachel sees her work as part of a greater landscape of change. Rachel encourages people in her community to deepen their trust in themselves, their bodies, and the strength of their spirits and inner knowing. She currently works and lives in Columbus, Ohio.



*Saint of Midwives and Candles Burning from Both Ends* by Meghan Guthrie 2015

# DEAR MIDWIFERY:

## *It's not me, it's you.*

### **A Love Letter, A Break-Up Letter, A Letter That's Been A Long Time Coming.**

by Nechama Sammet Moring, CPM, MA

I've loved and lost and loved and lost again; I'm happily divorced and several years ago I made the painful decision to stop allowing my emotionally abusive mother to drop into my life and wreak havoc on my heart, but by far the most painful break up of my life has been with midwifery. Even as a motherless daughter or a retreating wife, I knew I would still be me, just lonelier. But breaking up with midwifery shook me to my core, and challenged my identity.

I came to midwifery early, at 20, scarred by sexual violence that the strict, patriarchal religion and family of my childhood told me was my own damn fault, and activist work in a world where women were never enough. I was passionate about equity and reproductive justice, but really I needed to experience women as strong and powerful. The world I lived in didn't like women very much, and I yearned for a world where women were valued; where, though I couldn't articulate it, I would be valued as a woman. And that's what I thought I was heading for when I heard the rhetoric of the homebirth movement and decided to be a homebirth midwife, a woman with a lion's heart and lady's hands who would empower women to reclaim their bodies, their births.

And like so many of us are with young love, I was soon disappointed. Sure, there were good parts. Birth, for instance. Damn, I loved birth. The intensity of birth, the way women cannot hide behind others, social conventions or expectations, the way labor forces a woman to her knees, forces her to be herself, no less, forces her to her limit, and then some, only relenting when she realizes she is strong and stops hiding her strength for the comfort of others. Days and night spent right up the immensity of life, the complexity and expansiveness of the universe, and the daily reminder that there is always more.

I loved birth so much that its highs made it easy to look away from that which I didn't want to see. As a white woman, I had the privilege to let myself look past the racism, and so many white women's contention that we had miraculously revived midwifery. The ease with which we categorized any challenge to racism as heretical, anti-midwifery, and therefore anti-woman should have raised red flags for me, but I was tired, and I was indoctrinated, and I bought into the black and white thinking that was our hallmark. As we whitewashed history in midwifery school, we relied on a narrative

that said homebirth and midwives are always good and empowering, doctors and hospitals are always bad, and no accountability was needed because we were already saved. I ignored the icky feeling I got about our reliance on talismans and charms over substance, and our glossing over oppressions and the context of pregnant people's lives in pursuit of a happy ending where homebirth alone heals the world. I wanted that, I really did, but speaking up also never felt safe. Any criticism of midwifery was criticism of women everywhere, and I slowly saw myself apologizing for my feelings, and then for my existence. I was being chewed up and spit out by this system, and I couldn't face that midwifery was not the world I thought she was. This relationship was abusive, and I didn't recognize myself.

I grew up in a culture and family where women had little value of their own. Instead, women's worth was defined solely by what they did and provided for men. I learned to be a woman by scurrying around bringing full plates of food to old men like my grandfather, men who think coffee comes from women, not from a package, a store or a kitchen, and that women are as ubiquitous and interchangeable as coffee mugs. That's what good women did, laughing apologetically about how men were like children who would be lost without them, pouring everything into making life more comfortable for these helpless innocents, holding down homes and jobs and cleaning and cooking and disappearing, eating last if at all. This was my life as a midwife, too, though the men in my head were replaced by pregnant women, and by midwifery herself. Midwifery was always hungry, and I was never enough, especially what with my doubts and my naming problems as problematic.

Slowly, though, my feminism and my cynical nature started trying to protect me. I thought about what I was doing, starving myself to be a good woman and feed midwifery, ignoring my gut feeling that something was very wrong in order to please my partner, appease her. I realized that I once again felt like a neglected child, a cowering wife. Driving home on empty from a three-day birth, tears of exhaustion streaming down my face, I started thinking about why I was doing this. And my thoughts went like this:

'Here's our dogma: Pregnancy and birth are the time when women are the most woman-like, and midwives support pregnant women at all costs, all the time. We

scurry around and make everything as comfortable as we can for pregnant women. We serve them, and we try to be enough. This empowers women, because if we serve them when they are most woman-like, they will know their worth, and also it's a privilege to serve them, to nurture them, to protect them. We don't know what they would do without us.'

Now replace the words 'pregnant woman' with the word 'man', and this is patriarchal as fuck. I've seen enough births to know unequivocally that women are strong. Why doesn't our model treat women like they are strong? Strong enough to handle disappointment and inconvenience, strong enough to hold care and relationship, not simply servitude. Strong enough to not need me to scurry around and make it right, because women have been surviving for as long as the world's been spinning.

I went home and started to write, and because I was fed up, I wrote not in a journal, but in an email to my state's birth professionals listserv. I said, in part:

*We talk about being a model centered on relationships. But right now I am seeing less of an equal relationship with my clients, as I feel like a starving woman feeding her baby and not herself. I do not want to view my clients as babies in need of me. An equal relationship values both parties, in partnership, neither at the expense of the other. I fully believe women do better with good, kind, competent support, but I have never felt that I personally am integral to the process. I don't see pregnancy and labor as fragile processes that must be catered to, and I don't want my clients to feel that way, either. I want them to know that even if every last item on their birth plan were to be ignored, or they were to be suddenly transported to a war zone, they are powerful and their baby will still come out. I think creating a dynamic where birth needs just me, or any other specific individual or talisman actually sends a message that birth is fragile and women are fragile, and I don't believe that.*

And then I hit send, because I was tired and unthinking, and the threats began. Some were passive aggressive, telling me I needed a bubble bath and a good massage, one of which was not available to me in my overpriced, shower stall-only rental, and the other I could not afford and still pay my electric bill. And bubble baths and massages don't fix broken systems, though they do shift the blame away from the institutional factors causing harm. Some people were more direct: I was not dedicated enough. I was harming women. I was harming midwifery. I was harming the very concept of woman-centered care, and I was bad for the community. Could I please leave? Some of the people saying these things publicly also called me to tell me of their depression, their exhaustion, their secret agreement with my words and their fear of saying them out loud and hurting midwifery. And I struggled to say that midwifery was a system, a broken system, not a person, and systems can't feel hurt, but people can.

I began to think about leaving, and I confided in a friend. "You can't", she said, "midwifery is who you are". And I didn't know how to be anything else, because I'd given so many pieces of myself away in service of an ideal, I wasn't sure there was anything left. A client sent me a card telling me I'd changed her life, and I didn't believe her. I'm not your magic talisman, I wanted to say, I'm not a lucky charm. I'm good at my job,

compassionate and competent, but not essential. Anyone with midwifery training could do what I do. But I was starting to realize that only I could be my sister's sibling. Only I could be my best friend's closest confidante, only I could be the parts of myself I'd put on hold to appease midwifery. I started writing about my reclaiming:

*And so I am moving on, trying to get back to the kitchen where I am enough, where my sister knows my name, my favorite color, my irrational and rational fears, where my grandmother waits for me to tell the story best, and I am neither ubiquitous or disposable. I am not sure how. The men in my head are a thundering chorus. The letters from clients saying how I changed their lives by filling their plates over and over til I could hardly walk build up and I don't know if I should treasure them or bury them, or simply ask my clients if they are ready to see both of us as just human, on all the days of our lives, not just the day they give birth. I am trying to learn to stop letting my passion overtake my life, to be passionate and still be me. I have never been the kind of woman to give myself away to a man, but I have given myself away to this fight, this model, this scurrying. Just as there is more to women than birth, I need there to be more to me than midwifery, and this fight.*

I attended my last home birth, and drove home feeling like I had narrowly missed a train wreck. And I also felt myself breathe deeply for the first time in years. Without birth riding on my shoulders, I felt light. I felt empty. I threw my phone across my apartment, laughed, then sobbed uncontrollably. I worried that midwifery was right — I was nothing without her. I wrote break up letter after break up letter. I drank. I wondered who I was. I came home.

I almost turned back. Three days later, I wrote: I think about my client sobbing and saying how proud of herself she is, and I think I could stay here. I could stay here forever, I could keep praying my luck holds, I could keep talking myself through the long nights. I could keep changing the world one birth at a time. There are no midwives surrounding me, telling me to climb that mountain up to a new place, a new life, a new valuing of myself beyond I give, telling me I have everything I need to do this, to make this change, telling me I am enough, I am strong and worthwhile. I am standing on the bottom of a mountain, and I don't want to walk up and leave all I've been, and all I've know. And then I kept going. And then I was free.

These days, I'm a health disparities researcher. My work looks at inequity in health related to racism, sexism and ableism, oppressions that limit health and exist in the context of people's lives. I no longer have to ignore context or be a heretic. My work matters to me, and I go home to my sweet little pit bull, who wags when she sees me and brings me her chew toy at the end of the day. I still miss midwifery. I miss her a lot. But I'm not going back.

**Nechama Sammet Moring**, CPM, MA is a health disparities researcher and former midwife. She is particularly interested in qualitative research and community based participatory research. She lives in New England with her dog and enjoys ice cream, writing and long walks on the beach.

# A NEW FIRE IN MY HEART: REFLECTIONS ON MANA 2015

by María Ramos Bracamontes

MANA 2015, the Midwives Alliance of North America's annual conference in Albuquerque, was the first midwifery conference I have attended. New Mexico has a rich history of parteras and curanderas, just like in México, my home country. When I heard that Patrisia Gonzales, author of *Red Medicine: Traditional Indigenous Rites of Birthing and Healing*, would be presenting at the *Indigenous Midwifery: Ancestral Knowledge Keepers* pre-conference workshop, I knew I needed to be there! I am a midwifery and women's health student at University of California San Francisco and I am currently taking a year off from school because it is spiritually draining to be the only Latina indigenous student in the program. I knew I needed to take time to heal and strengthen my spirit before I fully went out to work in my community. Traditional indigenous midwifery is my spirit's calling. I have been learning curanderismo and traditional birthing rituals here and there in various parts of México, the Bay Area, El Paso, and now Albuquerque.

MANA 2016 felt like coming full circle in my short journey into midwifery. It was like putting all the pieces of myself in one place. With the help of a scholarship from MANA, a midwife angel that offered me a blow-up mattress on her hotel floor, and my beloved partner who drove with me the 1,050 miles from Santa Cruz, CA to Albuquerque, I made it to MANA!

I had waited so long for this conference, that by the time I arrived at the hotel, I was in tears. I couldn't believe that I was finally there and I could not believe that I was missing the Indigenous Midwifery: Ancestral Knowledge Keepers workshop due to a miscommunication. After shedding my tears, giving my partner a long goodbye hug, I went to the registration table feeling almost euphoric. All I brought was my faja, a couple rebozos, herbal teas, yerba santa and lighter, a few clothing items, my copy of *Red Medicine* and a pen.

I arrived on Thursday, right on time for the Birthing Traditions and Ceremony in México and the Southwest workshop with Rita Navarrete Perez and Toñita González pre-conference workshop. Rita is a curandera from México and Toñita is a curandera from Albuquerque. They co-facilitated the workshop so beautifully, bilingually and biculturally. There was a small mix of birth workers and then there were the three of us indigenous Mexican and Salvadorian midwifery students. I learned tools to add to my postpartum

sealing ceremony practice, such as using a manta to swaddle the mother as an alternative to using the rebozo.

After the workshop, the three of us went to dinner and shared about our journey into midwifery and to this conference, and a sisterhood emerged. After dinner, right before a windy sunset, we gathered for the opening ceremony, as the curanderas lit up copal and set up the altar, my heart, my brain, and my gut felt in harmony and began silently weeping with joy. My heart felt so much connectedness, love, and faith for the future of midwifery. Midwifery and curanderismo in one public space in the United States of America. I didn't have to travel to México this time to feel like I belonged in a midwifery space. I let go of the sadness and remembered that I would be exactly where I needed to be and that when one door is shut in your face, with surrender, another door, possibly bigger, would open up.

Toñita and Rita offered healing sessions throughout the conference and two temazcal sessions. The next morning my new partera compañeras and I were the first ones to show up and receive powerful healing sessions.

**WE ARE THE MIDWIVES  
OF COLOR, INDIGENOUS  
MIDWIVES, BIRTH JUSTICE  
MIDWIVES, ORGANIZER  
MIDWIVES AND  
SPIRITUAL MIDWIVES  
THAT ARE SO NEEDED IN  
OUR COMMUNITIES OF  
COLOR. WE ARE THE  
LIGHT-KEEPERS, THE  
GANGSTER MIDWIVES,  
THE UNDOCUMENTED  
MIDWIVES, THE VILLAGE  
MIDWIVES AND THE RED  
MEDICINE WOMEN OF  
OUR GENERATIONS.**

My midwife soul was in heaven. After our limpiezas, we were finally feeling ready to check out some workshops when we saw Patrisia Gonzales sitting next to a table with a few of her books sitting on the table, no sign. I am usually shy, but when we saw her, we were so excited we became little giggly girls. She looked at us with serious eyes as if trying to read our energy. Slowly we engaged in clumsy conversation and soon began to feel that she would not take us seriously. I wanted to tell her that I have spent two years rereading the introduction to her book, that I have used every highlighter color that I have trying to mark all the powerful points but each time I read a page something new and powerful stands out. Patrisia slowly warmed up to us and we ended up connecting throughout the conference. She is a wise healer and traditional birth attendant. The best advice she gave us, advice that many spiritual

practices teach, is to remain humble in all areas of our lives. When we are not humble, we hurt ourselves and others. I was feeling very full and complete now that I had met my partera sisters and partera elder. When I thought things could not get

better, we met some powerful Native American indigenous women who attended the Indigenous Midwifery: Ancestral Knowledge Keepers workshop. Our sisterhood grew wider and the reclaiming and healing of indigenous midwifery proved to be in full action.

We are the midwives of color, indigenous midwives, birth justice midwives, organizer midwives and spiritual midwives that are so needed in our communities of color. We are the light-keepers, the gangster midwives, the undocumented midwives, the village midwives and the red medicine women of our generations.

Although I attended some workshops, like Birth Story Medicine by Pam England, enjoyed the keynote speaker Aviva Romm, and saw the New Mexico Birth Justice Coalition presentation that really kicked-ass, the highlight of the MANA conference was bringing us indigenous midwives together to be in ceremony with each other. As Rita and Toñina closed the conference, rain, lightning, wind and copal blessed us. I left feeling this new fire in my heart.

**María Acseñón Ramos Bracamontes, RN, SNM** is a mother, doula, addictions counselor and a student curandera/midwife. She is one of the founding members of the Santa Cruz Bilingual Doula Collective bringing doula services to her Latino and low income community in Santa Cruz County. Currently she is working as a nurse at a Methadone Clinic and Perinatal Substance Abuse Treatment Center where she is creating a doula program for pregnant women in treatment.



## RADICAL IMAGE-MAKING A Story by Rebecca Geddes & Juan Cisneroz

**RADICAL IMAGE-MAKING**

- Rebecca asked me to draw an image for Squat Birth Journal.
- We searched for a superwoman and this is what came out:
- We started looking online for images to use as reference.
- We searched for post-partum underwear and this is what we got:
- In the end we sat at the table, in a fog of frustration for not being able to find an image of a real mother.

a story by  
Rebecca Geddes  
& Juan Cisneroz  
2015

# BIRTHING BEYOND THE BINARY

BY JENNI HUNTLY,  
CHRISTY TASHJIAN,  
AND ROAN BOUCHER

**The midwifery model of care focuses on working with the client as a whole person, providing personalized care in situations where the specific needs of a client could get lost in a one-size-fits-all approach. Still, midwives must be careful to challenge and check personal assumptions in order to provide the best possible care for clients across a range of cultures, abilities, gender identities, bodies, histories, etc. Within the culture of midwifery, there is a widespread focus on pregnancy and birth as solely and quintessentially female/feminine experiences; this piece is a collaboration between two queer, cisgender midwives (Christy and Jenni) and our first transgender client (Roan), and reflects on some of the things we learned and experienced in the process of providing care for Roan throughout his pregnancy and birth.**

(JENNI)

Ever since I've known my partner, her office has been full of feminine images: images with obvious full breasts, with soft curves and lines, with pregnant bellies, or with newly-birthed babies in women's arms. Indeed, most of the midwifery offices I've worked out of have been full of gendered images and inspirational words. The majority of the art that I've been given or purchased has included paintings of birth scenes (usually gendered) or fertility images. Christy and I only recently bought a picture of non-gendered pregnant belly, which is on a carrot. This purchase coincided very appropriately with the start of care for the first trans-masculine client in our joint practice.

My queer politics have informed my practice from the time I was in midwifery school. I have always been adamant that feminism and a queer sensibility were just part of the way I practice. I have felt uncomfortable with gendering partners, and through my community in Toronto (Canada) where I grew up and where I initially practiced as a registered midwife, have become friends with more and more trans parents. I definitely carried that sensibility with me to Austin, Texas, when I moved here in 2011, and incorporated it into my own prospective parents workshop for queer individuals and families. Long conversations started between Christy and I about our role in the queer community, now that we were together and out as (queer) midwives, wanting to provide inclusive care to all people pregnant and birthing. My connection with the trans community in Austin was fledgling however. Given all this, I was really excited to have our first consult with a new client who identified as trans.

Roan was, from the start, a client that I had a lot in common with: similar activist lives, similar ages, similar queer and polyamorous communities. Overall, I found his pregnancy a really lovely experience of connection, as it is with so many of our clients. The main rub between Christy and I was an ongoing concern about forgetting the pronouns he preferred when speaking directly to him. In the very feminine atmosphere of our office, we both stumbled occasionally on him and he (and I wasn't the kindest to Christy when she stumbled, I have to admit, hating to have any crack show in what was supposed to be our fabulous facade of trans positive perfection). I would like to think that we both together in our practice developed a strong trust relationship with Roan, and that was evident when we had to have some hard informed choice conversations towards the end of his pregnancy, going into labor.

Labor threw wrenches in all of our spokes, including our (unstated to each other) goals of being able to provide this client (like all of our clients) an environment that would be cushioned from the outside world, with the possible exception of another midwife to help at his birth. The issue was one we had both faced with other clients: broken waters and labor just not starting on its own. All of the actions to try to get Roan into labor resulted in several days of no regular contractions, and then the slow introduction of other providers who were not personally known to us. That particular acupuncturist may not have been the best choice, in retrospect, and made him uncomfortable with feminine language and gendered preconceptions about who he had to be to get into labor and birth this baby. There were several teaching conversations even with providers we had assumed had got him/gender/all, and who said some things that I felt very uncomfortable with. He was gentle and kind and together we found words that he could relate to, while he made it clear that what they were saying was not necessarily helpful because of its gender assumptions.

Eventually, a planned home birth turned into a necessary hospital consultation and transfer. The biggest surprise for both Christy and I was how moving into a wider world of hospital interventions and birth was not (entirely) a violation of his rights or his self-determination, but a move into a mostly supportive environment that (mostly) got the pronouns right also. Roan and his support team took this in stride. Going to the hospital was hugely assisted by Christy connecting personally ahead of time with an OB who took a leadership role in changing the hospital experience to be a little more personable. Watching the nurses take their cue from us and the OB was really exciting; to be part of role-modeling care within the hospital that really acknowledged this person's uniqueness, and in no way diminished his gender determination, despite the action of laboring and giving birth seen as an action of 'women'.

There are many ways this situation could have been different. We could have been in a different system, and had a difficult transfer situation, and Roan could have ended up with providers who really didn't respect his gender. I was quite honored that he chose us as providers who he thought could be guardians of the birth space, a role that we play for so many of our clients, and a role I felt was even more vital in this birth. As midwives, we do as much as possible to reduce the noise and the disruption of the outside world during labor and birth; in this client's care I hope we were able to do that even more. This is the universality of birth care, no matter the gender of the person having the baby; as a birthing person, I wanted nothing less for my own birth in July. As care providers, we have the obligation to get and remain culturally competent in facilitating a safe space for all our clients. I feel honored to have been reminded of this lesson once again.



Christy and Jenni

## (CHRISTY)

Though I lived in a very straight world for many years, I now identify as a lesbian woman and personally can't really see why anyone would not want to identify as a lesbian woman. Feminism, Mothering, Goddess images, and womanhood are all very important to me and provide me with both comfort and inspiration. I am strongly women-centered in my beliefs in work and home life but I believe even more in human rights, personal connection, and the truth that everyone has their own respect-worthy experience, identity, and personhood.

Well before meeting Roan, Jenni had educated me a bit about transgender folks; this led me to more reading and seeking my own learning experiences about the trans community and queer community in general. After all, having lived in a very straight world for my entire childhood and 17 years of my adult life, I was lacking in queer and trans cultural references and politics. I had some context for this trans guy seeking pregnancy care but was still a bit confused. Jenni and I met with Roan together for his pregnancy consult and I immediately knew that I really liked this person and wanted to learn more about him, his identity, and his purpose. Luckily Roan hired us and we had his whole pregnancy to get to know him.

From my perspective, Roan's pregnancy was physically straightforward and easy. Our prenatal visits were filled with conversations about so many diverse things; all three of us bouncing ideas and thoughts off each other, some pregnancy and birth related and some not. I had a great time being stretched in my beliefs and ideas. It was quite hard for me, however, to learn to use he/him/his



pronouns when referring to one of my pregnant clients. This was a first for me and I struggled; I always, always felt badly when I called Roan “she” or “her”, especially when Jenni shot me a scowling look. I wanted desperately to help this person feel nurtured and cared for in who he was and for him to have a great pregnancy and birth experience where he felt respected. All of this I felt, even though I still personally connected (and continue to connect) with woman/feminine so strongly around birth.

When it came time for Roan’s baby to be born, it did not go as planned. Labor was evasive after his membranes ruptured at 42 weeks. I so wanted to support him having his baby at home, but as time passed I realized that we would need to seek help. I was worried we would not be able to find someone to help us who even knew what transgender was. As it turns out, I contacted exactly the right doctor who happened to have a transgender family member. She met with me and Roan and his support people before he was admitted to the hospital; Roan voiced his concerns, fears, and wishes, and so did the doctor. They had a sincere and frank conversation that I think helped both Roan and the doctor feel comfortable and more trusting of each other. To this day, I am grateful for witnessing this interaction.

At the hospital, we were all pleasantly surprised how respectfully Roan was treated by all of the nurses who helped us. They mostly got his pronouns correct, though he was not focused on this at all. He was intent on birthing his baby in the most natural way possible in the situation he was in, without medical interventions. Danny and Lily, his lover and close friend respectively, were by his side always, encouraging him and loving him. When his baby emerged and was placed right on his chest, no one said the baby’s assigned sex. We had requested this to be kept unknown until Roan was ready to uncover the baby himself. From my point of view, the whole experience was as empowering as a birth in the hospital could be, and this with someone who could so easily have been misunderstood and lost in institutional policies and procedures.

Roan has been the only transgender person I have had the privilege to work with so far. I am deeply grateful to him for trusting me, for letting me be less than adequate in my trans-knowledge, and for now being someone I call my friend. I can’t claim to really “get transgender,” but what I know is that I am fully capable of seeing someone as who they want to be seen as and of treating them with love and openness. Isn’t this all ANYONE ever asks for when seeking midwifery or health care? To be seen, fully and honestly.



## (ROAN)

I should start by saying that for me, my gender and trans-ness was really not a central issue in my pregnancy and birth experience. I’m a gender non-conforming transmasculine person—I have not medically transitioned in any way, am typically perceived as a woman by people who don’t know me, and I’m not invested or interested in being read as a man. I’m in my mid-30s and have been using he/him/his pronouns for over a dozen years, so I’m very used to my gender being unintelligible to strangers. I knew that, unlike a trans man who is regularly read as a cisgender man, I was unlikely to encounter structural barriers to my care because of my transness. (I’m also white and have class privilege, more things that help buffer me from discrimination based on my gender.)

I’ve also long since stopped prioritizing experience with trans folks when seeking care providers—it’s much easier to find someone kind and competent and willing to learn. So when, in my first interview with the older, groovy midwife that everyone told me was the best in town, she suggested I might “feel more comfortable with a lesbian midwife,” I rolled my eyes (knowing that lesbian identity does not automatically mean friendliness to trans folks), but went to meet with Christy and Jenni anyway.

When I met them, I immediately felt a ring of cultural connection. Jenni told me she was from Toronto, the source of many of my favorite resources on trans pregnancy and birth. They also mentioned they were reading the novel Nevada by Imogen Binnie, which to me was an indication that they were less likely to have the TERF-y (Trans-Exclusionary Radical Feminist—a.k.a. transmisogynist) tendencies that unfortunately seem to be common among “women centered” midwives and lesbians. I of course had no problem with the focus in their practice (especially from Christy) on feminine power and imagery—that’s beautiful, and important to a lot of people. I just needed to know that they could hold that alongside a resistance to gender essentialism. After our initial chat, it was easy to choose them as my midwives.

Over the course of my pregnancy, we had many delightful visits in their sweet little home office. We talked about

many things (most unrelated to my pregnancy), I processed the complicated polyamory breakup I was in the midst of, and I hung out with their goats and chickens. I enjoyed the casual, non-medicalized, and friendly care they provided—I wanted a pregnancy without tests, ultrasounds, weigh-ins, internal exams, etc., and Jenni and Christy were the perfect fit.

They didn't bat an eye when I was still pregnant at 42 weeks, and casually told me to go back to sleep when I called them in the middle of the night to tell them my water had broken. But over the next couple of days with no sign of labor, their faces got increasingly concerned. I tried acupuncture, bodywork, castor oil, orgasms, nipple stimulation, and hours of walking, squatting, and lunges, all to no effect. (The biggest gender-related "NOPE" moment of my whole pregnancy came during this time, when a bodyworker told me that the reason labor wouldn't start was because I wasn't connected to my womanhood. NOPE.)

I finally went into the hospital to get Pitocin—a possibility I had dreaded—16 days past my due date and 3 days (plus 5 hours) after my water broke. Jenni and Christy had long-standing plans to leave town the next day, and no other homebirth midwives were willing to take over my care given the circumstances. Jenni and Christy also told me, gravely, that if I did end up having to transfer to the hospital eventually during labor for any reason, the hospital would really "not treat me well"—in other words, they would force a lot of interventions on me that I didn't want (IV antibiotics etc.) and most likely automatically take the baby to the NICU for up to ten days.

My hospital birth, though not what I wanted, ended up being a lot better than I feared, for a few reasons: we were able to meet with the very homebirth-friendly OB that Christy found while my contractions were still extremely mild, and got to talk over all the things I wanted / didn't want. (The one request we made that she didn't agree to was about eating during labor—she delivered some dire warnings about punitive measures the anesthesiologists would take in the event of a surgical birth if I were caught eating anything during labor.) I had amazing birth support people. The nurses seemed to self-select based on their comfort with homebirth transfers—they were very hands off and mostly just adjusted my monitors a lot. (And got my pronouns right surprisingly easily, though that was the last thing I was focused on.) And, Jenni and Christy rearranged their travel plans at the final hour so they could see me through the birth, which was the most incredible kindness and made a huge difference. We turned down the lights, turned on a table lamp we brought from home, cranked up my birth playlist, and with the exception of my annoying monitors and the IV pole I dragged with me everywhere, it felt as much like a home birth as I imagine a hospital birth could.

The parts that felt bad in the hospital-y way I'd dreaded were the pushing stage—which felt more rushed and urgent than it should have because of the OB's demeanor and the huge tray of forceps and other implements they parked by my bed "just in case"—and the period right after my baby was born, when a whole team of total strangers rushed in and tried to whisk the baby away, seemingly with no knowledge of the requests I had made and forms

I had signed during labor to prevent that. (Luckily my awesome team intervened and kept my babe in the room with us.)

Also, there actually was an unfortunate "gender reveal," which I had specifically requested not happen. No one shouted "It's a \_\_\_\_\_" the second after birth, but the nurses started throwing pronouns around before I even had the chance to look my baby over myself. I really didn't want the baby's assigned sex to be the first thing I knew about them—I was looking forward to the opportunity to just bond with this little creature without rushing to gender them.

We left the hospital (against many dire warnings from hospital staff) after I caught a few hours of sleep while my mom held the baby. I feel deeply grateful for the care I received, which made what could have been the traumatic hospital birth I feared into an overall positive experience. The annoying and frustrating parts validated my intention to birth out of the hospital, which was largely about consent—knowing that my consent was important to my care providers in any procedure or intervention, which felt like an uphill battle in the hospital. (Though fortunately one that I and my awesome team were mostly able to fight.) The fact that I received midwifery care from people I loved and trusted, and who remained with me throughout my labor and birth in the hospital, was a huge advantage and one that made all the difference.

*Jenni Huntly is a white, queer, cis-gendered woman with a feminine gender presentation facilitated by large boobs and the fact that I love pretty hats. I am a daughter and a sister in a large loving family of origin, and a stepparent in a newish family with my wife Christy and two teenagers, as well as the birthing parent to the newest member of our family, three-month old Haven Otter. Midwifery practice based in informed choice is something I believe in fully. I have been lucky to practice midwifery in Ontario and Quebec (Canada), in Austin, Texas (USA) as a Certified Professional Midwife, and as a volunteer midwifery teacher in Hinche, Haiti. I also work as a midwife on staff for Maternity Neighborhood doing technical support for their online documentation and education tools, and try and sing lots in my spare time.*

*Christy Tashjian has been a homebirth midwife in Austin, Texas for 15 years. She recently received her master's degree as a nurse practitioner specializing in women's health, which she is using to expand her midwifery practice to include a full range of natural health care for the people she works with. Christy has always sought to have an inclusive practice with informed choice and autonomy as guiding principles in her care. She has supported many people with VBAC after multiple cesareans, and is currently working to provide a more holistic model of fertility awareness and insemination for queer and straight couples. Christy serves on the Board of Directors of Human Rights in Childbirth as secretary. She lives with her wife, two teenage children, and three month old baby on their farmette where wrangling goats, making cheese, fermenting beverages, knitting blankets, and walking the dogs are a part of daily life.*

*Roan Boucher is a social justice facilitator and consultant living outside of Austin, TX with his family.*

# EPIDURAL VIOLENCE

by Kathy Luch

I am a midwife. Since 1979 I have attended hundreds of women in labor in hospitals, birth centers and homes. Women I have assisted have chosen both medicated and un-medicated labors.

There are many techniques and drugs available to women around the world to provide relief of pain in childbirth. One of the most common techniques used in the U.S. is the epidural. This is a drug cocktail inserted into the spinal fluid of a woman's back in labor and provides a great deal of pain relief due to its numbing effect. As with all medical procedures, risks are involved. Women who receive epidural anesthesia may have headaches, back and nerve issues.

I believe there is an additional, unacknowledged risk in how the use of an epidural potentially changes the care a provider (nurse, doctor, midwife) gives to women in labor. How we literally handle women's bodies can change dramatically with an epidural. Are we as practitioners aware of the difference? What, if any, are the long-term effects of handling women in certain ways during labor?

Years ago I had a profound experience that revealed a new risk to consider when choosing pain relief for childbirth. This woman was planning her second home birth. Her first baby was born at home and we discussed this birth experience frequently and in-depth during our prenatal visits. Toward the end of her first labor, she wanted to go to the hospital for an epidural. Her midwife offered vacuum

extraction at home assisted by another provider competent in vacuum use. The midwife basically refused transfer to hospital. My client was upset about the way her labor was handled and that her request for hospital transfer and pain relief was denied.

When she went into labor for the second time, she progressed at home to a point where she sought pain relief and felt very frightened. She stated that she felt like she was going to die from the pain. She consulted with her homeopath and took the remedies recommended. My client was exceptionally sensitive to vaginal exams. During an exam, she would move away, voice her extreme discomfort and want me to hurry. There was barely enough time to assess cervical dilation, before I withdrew my fingers.

She adamantly requested hospital transfer for an epidural so we transported to the local hospital. I attended her as a support person and took pictures. The hospital provider I worked with had been practicing obstetrics for over 25 years. At that time, the hospital had an epidural rate of over 80%. My client received an epidural, got to complete dilation, and with much directed pushing, pushed out a 9lb posterior (sunny-side-up) baby while on her side. Everyone was happy and healthy.

The profound thing for me as a practitioner was how my client's body was handled. The contrast between her care at home and in hospital was extreme because she had been so sensitive to exams at home. With the epidural she was numb and couldn't move her legs. Both the nurse and the doctor handled her forcefully. They moved her legs and hips roughly. The doctor had his fingers inside her vagina many times. The handling of her body was, in my opinion, violent. And because of the epidural she was oblivious to this handling.

I thought about this a lot. I talked with the client about my observations. She did not describe the handling of her body as "forceful". I also talked with the doctor. My main question to him was: how do you shift your care, the power of your touch, to care for the

minority of birthing women who are not medicated and do not get epidurals? He did not understand what I was asking.

How does one do this in a hospital? When your institution has a high epidural rate, how do you literally handle those few women who are feeling their body's sensations? Does this just happen, without forethought? Is it just not a problem? Or, do you have to remind yourself to go gently, to touch her tenderly and with care?

During one of life's most profoundly complex emotional, spiritual, mental and physical events, women are experiencing violence perpetrated on their bodies. Maybe this lack of awareness is also trauma? I believe the body remembers, the cells remember. What underlying damage results from being handled so roughly, so harshly, without regard to how it might feel? Could this body memory impact the mother's care of her baby?

With the widespread use of epidurals during one of the most profound and important human events, we have the potential to experience violence perpetrated on our bodies, while we are awake and aware. What is happening to our bodies and our birth culture? Do we give up power for numbness? What about a survivor of abuse? What may change in her life to experience the power of labor? Are there unknown consequences of giving and experiencing this kind of care? How do practitioners unlearn this rough care?

**Kathy Luch** is a Pacific Northwest transplant who knew she was home when she saw the Washington State license plate words: the Evergreen State. Having been a Washington resident for 3 decades, she is content with the knowledge she will live nowhere else. A thriving midwifery practice helps keep her grounded, both spiritually and literally. She loves heights, swimming, running, Scrabble and flan. Her two sons and six grandchildren bring her great pleasure. Someday she may get a cat again. Life is good.

# Surface

by Maryse Van Caloen

My femininity swelled in anticipation; my body, mind and soul prepared to flow. The marvel of life would unfold from my very flesh and together, baby and I would decide to become two. This climax was cut short, or was rather nonexistent. The scalpel dissociated the mother; delivered the child.

My labor felt like a performance, a stormy sailboat navigating the plethora of interventions. Suddenly beached: the baby was surgically dragged out of my body. The next hour was one of empty floating—a feeling closer to a death than a birthday.

My body was fixed. The general anaesthesia acted as a time vacuum, a void, resulting in the loss of those first moments and echoing my feeling of blatant failure. Then a washed, bundled baby was introduced to me as my son. Lucas had been medically coaxed to remain Earthside. The emotions were such that tears dried before reaching my eyes.

Now I was alone in my body, stitched and stapled together. Welcome to motherhood, and good luck with that. So long, rite of passage. The caesarean, more than just a slice in my abdomen, severed my physical, spiritual, and emotional selves.

Painful memories of the labor abounded in the following years, eclipsing pregnancy and all its magnificence like an opaque fog. I felt robbed of my female power, severely shaken in my self-trust and a heartbeat away from the deep-rooted fear of not being enough. Bonding with Lucas was protracted. We lacked the spark, the love at first sight, the feeling of belonging.

Three years later, in the quiet darkness of a forest, I embodied a waterfall and dove into the long-awaited energy of the surges. I swelled in the waves, and explored the intensity of an adventure that was undeniably mine. I set myself free with the in-flesh experience of natural childbirth. Amid the euphoria and the implied knowledge of what could have been the once-heavy sadness resurfaced and morphed into a deep understanding. I finally wholeheartedly entered motherhood, unveiled my woman-strength. Welcome to the world Maryse, you're a capable, worthy, human being.

I hugged Willow out; I didn't miss a second. My body triumphed and is now wholly mine. I honor the power and tenderness of my connected femininity.

**Maryse Van Caloen** is a mother of two aspiring to build a rainbow to connect her different passions: holistic health, pregnancy & parenting, mindful living, fiber arts, doula-ing and nature. She is currently enjoying life in Montreal, Canada, where she revels in the waves of a healing VBAC, opening her mind, soul and body in ways unexpected, everyday.

# THE WEIGHT OF OUR WORDS: A REQUEST FOR OUR BIRTHING COMMUNITIES

by Danielle Boudreau

As I was coming to terms with the fact that I wanted to be a midwife, there were two main fears that stuck in my mind:

1. I have never been pregnant.
2. I don't feel like I was "called" to midwifery.

The first fear was squashed with great efficiency about six years ago, once I had the courage to voice it to the director of a top-ranked nurse-midwifery program:

Me: "But I've never had a baby!"

Director: "Does a cardiac surgeon need to have had a heart attack in order to operate on one?"

Me: "Well, no."

Point to the director. First fear effectively squelched. The second fear, the question of midwifery as a "calling," is something I've only had the courage to address since beginning a nurse-midwifery program this year.

For years I wondered if I was "meant" to be a midwife because I didn't hear this calling from on high. I was waiting for something to officially invite me into the midwife club. When no letter arrived by owl nor speech via burning bush, I wondered if maybe I was deluding myself in thinking that I could actually do this. I was so terrified that my midwifery fate was predetermined that I hesitated to act for longer than I should have. Had I brushed aside these doubts and applied to midwifery programs when I wanted to, I could already be a practicing midwife right now. Instead, I am starting my first semester of school now.

I still hear it all the time – "I'm so glad you found your calling" – from veteran midwives, student midwives, doulas, grandmothers, midwifery professors, and well-meaning strangers. My honest response?

Like hell it is. Not for me. Not for every one of us midwife-wannabes.

I understand and respect that many midwives do feel called to this path. This language is a way that some midwives make sense of their experience, and I admire that they feel a deep connection to the profession, role, and lifestyle.

However. I wish they'd stop telling the rest of us what midwifery "is."

Placing the concept of a "calling to midwifery" at the forefront of any public discussion ultimately hurts the midwifery community, because it introduces false barriers to people who might otherwise make great midwives. It works to reduce diversity of midwives by discouraging those who may find their way to this profession for other reasons than that they felt "called to it." In a community that desperately needs more diversity, we need to start looking at ways that we can welcome aspiring midwives from a variety of backgrounds, who feel compelled to do this work for a variety of reasons.

Both current and future birth workers are listening to our community's leaders. I hope we all continue to think critically about the words we use to describe ourselves, our clients, our communities, and our broader world. Inclusivity starts with us. And wouldn't it be grand if we as midwives continue to grow in number, in diversity, and in variety of origin story?

To all honored, beloved midwives: I urge you to be thoughtful with your language, both with the words you use and with the public spaces you use them in.

To my fellow midwife-wannabes: I urge you to hesitate no longer. I am personally giving you permission to be uncertain. I am giving you permission to be interested in and passionate about more than one thing. In fact, I think it demonstrates that you are a well-rounded, curious individual who will have much to offer the birth work world. Rock on, Curious George.

PLACING THE CONCEPT OF A "CALLING TO MIDWIFERY" AT THE FOREFRONT OF ANY PUBLIC DISCUSSION ULTIMATELY HURTS THE MIDWIFERY COMMUNITY, BECAUSE IT INTRODUCES FALSE BARRIERS TO PEOPLE WHO MIGHT OTHERWISE MAKE GREAT MIDWIVES. IT WORKS TO REDUCE DIVERSITY OF MIDWIVES BY DISCOURAGING THOSE WHO MAY FIND THEIR WAY TO THIS PROFESSION FOR OTHER REASONS THAN THAT THEY FELT "CALLED TO IT."

**Danielle Boudreau** is a student nurse-midwife/women's health practitioner, health advocate, and policy nerd. She is interested in access to contraception and abortion care, rural health, and the increasing political legislation of the female body.

Personal blogs include:  
[theuncalledmidwife.wordpress.com](http://theuncalledmidwife.wordpress.com),  
[succulentstosnow.com](http://succulentstosnow.com)



Roz Kumari



Photography by ROZ KUMARI

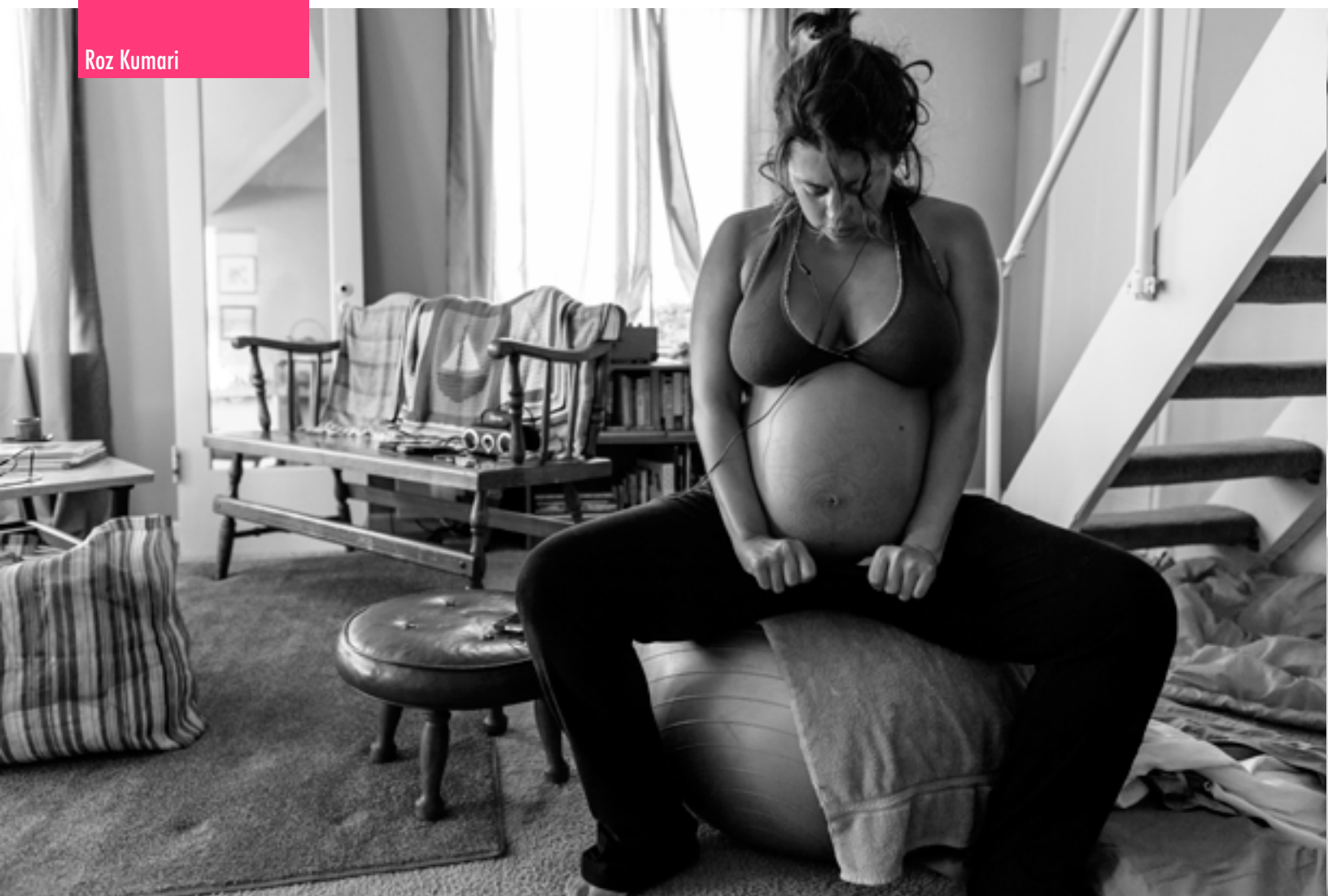














**Roz Kumari's** love for the arts began as a small child. Born in Costa Rica and raised in California, New York, New Orleans and all points in between. Her eye for photography was strongly influenced by her father, a Civil Engineer, who in his spare time was a portrait, landscape and architectural photographer. He gifted Roz her first camera at 13 and opened the door of creativity. She was also exposed to classical dance, voice, musical theater, and the urban hip hop dance scene in her early adolescent years. All of these elements helped to full her creativity and mold her into the eclectic and well rounded artist she is today. A well travelled adventure seeker, Roz Kumari incorporates her diverse style and experiences into her work, while at the same time capturing the essence and vision of her clients.

Roz Kumari's love of people and community is also expressed by her work of service. She is a birth and postpartum Doula, healer, and certified yoga instructor. Her maternity and birth photography has become one of her signature styles. Her work has also been published in various magazines, giving Roz a world wide platform to share her passion. As a Strong woman, wife and mother of four, Roz Kumari has visions of divine fruit from healthy roots. As an artist of many mediums, Roz gives everything she does the Kumari touch. A veteran of the punk, reggae and hip hop festival vending circuit, she has a community reputation for being in the middle of the action. It's to all of our advantage that she happens to have an amazing eye and mind for snapping at the right angle at just the right time.



# Bruja Roja

*in English*

By Guadalupe Valtierra Prieto

***“Embracing my menstruation has been about reclaiming my magic.”***



A long time ago in Mexico, *mi tierra*, there lived a little girl who was in love with the land; alive and open to the beauty of thunderstorms, tall majestic trees and the hot dirt that touched her little feet. She was in love with the feeling...the smells...the taste of Mexico.... the beauty of being connected to the Earth. She adored the smell of wet dirt, powerful rain and the perfect hue of pink *flores*.

I left that country full of magic when I was six. I have looked and longed for that magic again ever since.

I have found it and it's no surprise that it was in my womb all along. I carried the magic of Mexico with me.

I began menstruating when I was 14, but it was not until a couple years ago that I started truly embracing *mi sangre*.

I am in love with the bright red color of *mi sangre*. The earthy smell and the way it flows out of me reminds me of the *lluvia* in Mexico—powerful and without apologies. It does not hide or ask for permission.

I started making beautifully potent art with it. I would catch *mi sangre* in a “diva cup” and then use the blood just like paint. I also started feeding *mi sangre* to my roses and the results were remarkable, perfect hues of pink! I discovered how powerful *mi sangre* was and started using it in ritual as part of my spiritual practice. It was no surprise to hear that “...stem cells found in menstrual blood — along with cells from babies’ umbilical cords — could potentially be incorporated into treatments for stroke,

Alzheimer’s disease and Lou Gehrig’s disease, or “amyotrophic lateral sclerosis.”<sup>1</sup>

I was completely in love with and in awe of my blood. I felt the desire to rub it all over my hands.

It felt powerful, mysterious, enchanting. Why? I didn’t know.

It wasn’t until I talked to my mom that I fully understood.

When my mom was menstruating in Mexico, she would use old rags to catch the blood. We were poor and she had to hand wash our clothes—including these rags she used to catch her blood. Her hands and the hands of the women in my lineage have all felt their blood on their hands. Such a simple and powerful ritual—one I have now joined.

Women have lost that ritual, that connection. We are made to feel as though this intimate part of us is nothing but waste. We no longer hold our blood in our hands.

Seeing the blood in my hands when I paint connects me to my ancestors and to all those women who would go the *rio* and hand wash those rags under the sun and sometimes under the light of the moon; women who held their blood in their hands.

It’s a ritual that I will pass on to my children.

1. Rochman, Bonnie, and Bonnie09 Rochman. “Can Mail In Menstrual Blood Banks Help Save Lives? | TIME.com.” *Time*. Time, 09 Mar. 2011. Web. 14 Oct. 2015.

Guadalupe Valtierra Prieto  
Lupe@embodiedbirth.com  
www.embodiedbirth.com

# Bruja Roja

## en Español

Por Guadalupe Valtierra Prieto

*“Amar mi menstruación ha significado la recuperación de mi magia.”*



**H**ace mucho tiempo en México, mi tierra, vivía una niña que estaba enamorada de la tierra; viva y abierto a la belleza de los truenos y tormentas, altos árboles majestuosos y la tierra caliente que tocaba sus pequeños pies. Ella estaba enamorada de la sensación ... los olores ... el sabor de México .... la belleza de estar conectado a la tierra. Ella adoraba el olor de la tierra mojada, la gran lluvia y el color rosita perfecto de las flores.

Salí de ese país lleno de magia cuando solo tenía seis años. He buscado y anhelado esa magia de nuevo desde entonces.

La he encontrado y no es de extrañar que estaba en mi vientre todo el tiempo. Llevxó la magia de México conmigo.

Empecé a menstruar cuando tenía 14 años, pero fue hasta sólo un par de años que empecé realmente amar mi sangre.

Estoy enamorada de el color rojo brillante de mi sangre. El olor a tierra y la forma en que fluye fuera de mí me recuerda la lluvia en México—poderosa y sin disculpas. No se oculta o pide permiso.

Empecé a hacer arte maravillosamente potente. Empezó a coleccionar mi sangre en una “Diva Cup” y use la sangre al igual que la pintura. También empecé a alimentar mis rosas con mi sangre y los resultados fueron increíbles, el color rosita perfecto! Descubrí que tan poderosa era mi sangre y empecé a usarlo en ritual como parte de mi práctica espiritual. No fue una sorpresa escuchar que “... las células que se encuentran en la sangre menstrual - junto con las células de cordón umbilical de los bebés - podrían ser incorporados en los tratamientos para el derrame cerebral, la enfermedad de Alzheimer y la enfermedad de Lou Gehrig o esclerosis lateral

amiotrofia”.<sup>1</sup> Yo estaba completamente enamorada y impresionada con mi sangre.

Sentí el deseo de llenar mis manos de sangre.

Se sentía poderosa, misteriosa, encantadora.

¿Por qué? Yo no sabía.

No fue hasta que hablé con mi mamá que yo entendí plenamente.

Cuando mi mamá estaba menstruando en México, ella usaba trapos viejos para recoger su sangre. Éramos pobres y tenía que lavar a mano la ropa, incluyendo estos trapos que usaba para su sangre. Sus manos y las manos de las mujeres de mi linaje han sentido su sangre en sus manos. Era una sencilla y potente ritual - y ahora yo también lo estaba haciendo.

Las mujeres han perdido ese ritual, esa conexión. Nos hicieron sentir como si esta parte íntima de nosotros no era más que basura. Ya no sentimos la sangre en nuestras manos.

Al ver la sangre en mis manos cuando pinto me conecta con mis antepasados y con todas aquellas mujeres que irían al río y lavar a mano los trapos al sol y, a veces bajo la luz de la luna; Las mujeres que celebran su sangre en sus manos.

Es un ritual que le voy a enseñar a mis hijas.

1. Rochman, Bonnie, and Bonnie09 Rochman. “Can Mail In Menstrual Blood Banks Help Save Lives? | TIME.com.” *Time*. Time, 09 Mar. 2011. Web. 14 Oct. 2015.

**Guadalupe Valtierra Prieto**

Lupe@embodiedbirth.com

www.embodiedbirth.com



RESEARCH STUDY:  
**PSYCHIC BREASTFEEDING**

BY JERAMIE PEACOCK

*This article is intended to bring attention to the presence of a psychic connection between a parent and child in the context of their breastfeeding relationship. For simplicity's sake, the members of the breastfeeding relationship are referred to as Mother and Baby throughout the article. This article, the study it discusses, and the request for stories also applies to any person or parent, of any gender, in a chest/ breastfeeding relationship.*

# OK, MOTHERS/PARENTS -

## WE ALL KNOW THAT WE HAVE SUPER POWERS, RIGHT?

Have you ever awoken in the night just moments before your nursing baby awakes? Have you been at work or out with friends and had a sensation in your breasts “telling you” your baby is ready for you to return home?

You are not alone.

You are the Modern Mother. You juggle the world around you moving between old and new. You may work outside of your home and in these times entrust the care of your baby, or babies, to loving alternative caregivers. You are holding the energy of mother, worker, partner and community member with grace. And guess what? Regardless of whether we find you in the city or in the countryside, you hold access to a wealth of ancestral information and skills. You carry a cord that enables a shared connection between yourself and your children as carried down by the grandmothers who came before you. Before phones, texting, email, and webcams we mothers/parents were attuned to the call of our babies regardless of the physical distance between us. The biological web of two interwoven beings developed between the pregnant mother and their baby in the womb has already been proven to be not only energetic, but in fact, physical. As was reported last year in the Scientific American, fetal cells in early developmental stages are capable of migrating into the mother via the placenta. These cells may linger in her body for the rest of her life often acting like stem cells and helping ward off tumor growth and other diseases. This is true of pregnancies that result in live births or not, and many mothers may carry cells of many more pregnancies than they are aware of as many pregnancies end early. These cells may also be passed down to later siblings. This condition, of carrying cells of multiple humans inside one human, is called “multi/microchimerism.”<sup>1</sup>

Although the existence of a mother-baby telepathic connection is acknowledged by many of us in casual conversation, it is considered implausible by the mainstream scientific community. As a mother of four children, I have had this experience countless times over the course of the past ten years in each of my breastfeeding relationships. When I connected with Dr. Rupert Sheldrake this summer I was delighted to hear that he was fascinated by this connection and simultaneously surprised to hear that in fact, there has not been a comprehensive study of this phenomenon. He has written on this topic in his book, *The Sense of Being Stared At* (2002, revised 2012). Here is an excerpt from Chapter Nine, entitled *Telepathic Calls*:

*Most women who have had this kind of experience take it for granted, and assume that it depends on a psychic bond. If they are right, this would imply a form of telepathy more physiological and fundamental than the kinds of ESP usually investigated by parapsychologists and psychic researchers.*

*There are two main alternatives to the telepathic hypothesis. First is the possibility that the phenomenon is an illusion caused by a combination of coincidence and selective memory. Milk letdown can occur when women are away from their babies for reasons unconnected with the babies' needs, including the breasts being full after a long period away from the child, hearing other babies cry, or thinking about feeding the baby. On the occasions when this letdown coincides with their babies' needs, the mothers may remember it, and forget all the times they were wrong.*

*Second, it is possible that the letdown occurs as a result of physiological rhythms shared by the mother and baby, thus accounting for the synchronization of the baby's crying and the mother's letdown reflex, even when they are far apart. I have found that the synchronized-rhythm hypothesis is not usually taken very seriously by nursing mothers themselves, either because they feed on demand and do not have a fixed schedule, or because they try not to leave the baby when it is due for a feed. But practically no research seems to have been done on this subject.*

I am excited to announce that funds to conduct a preliminary scientific study into this connection between nursing mothers and their babies have been secured and are waiting for participants to come forward! If the preliminary study is promising there is additional funding available to extensively investigate this bond. The power of this information cannot be underestimated! I know you may be busy and just keeping your head above water, but please consider the impact of your participation on the coming generations of mothers and children.

Imagine if there was clear evidence of this connection between a mother and their baby. How could this affect hospital procedures? How would this affect the way we treat the newborn baby? If there is in fact a clear telepathic bond between mothers and babies (and we can prove that via film) it will open the doors to a deeper understanding of the mother-baby bond. The subsequent research into the effect on this bond based on fetal, birth and primal period experience could lead to improving conditions for the parent and baby in all birth settings.

**For this work to be possible we need you to participate!**

**This is a paid study into the psychic bond between breastfeeding mothers and their babies who meet the following guidelines:**

- Mothers with babies between 6 and 12 months old who leave their baby with an alternative caregiver on a somewhat regular basis for a minimum of 8 hours a week who are willing to participate for a period of 8 weeks.

- Mothers should be open to filming of the baby (if initial results are promising). The mother needs to own a device with a camera to carry with them when they are away from their baby during the study period (a smartphone may work)
- Compensation is \$120 per baby for the 8 week study period, divided as decided between the mother and caregiver.
- Mothers of all orientations, genders and backgrounds encouraged to apply.

**Logistics of the study:**

Mothers keep a log of their letdowns and/or letdown sensations when away from the baby with notes on whether or not they corresponded to the baby's experience (as recorded by caregiver). Then, if it looks promising, the mothers arrange for the baby to be filmed in their absence while the mother carries a smartphone with which she is able to time-stamp with photographs the timing of her letdown experiences.

Send your stories or apply to the study by emailing Jeramie at: [jeramieforbespeacock@gmail.com](mailto:jeramieforbespeacock@gmail.com) with the SUBJECT Line: *Psychic Mother*

<sup>1</sup>Martone, Robert. "Scientists Discover Children's Cells Living in Mothers' Brains." Scientific American Global RSS. N.p., 4 Dec. 2012. Web. 16 Nov. 2015.

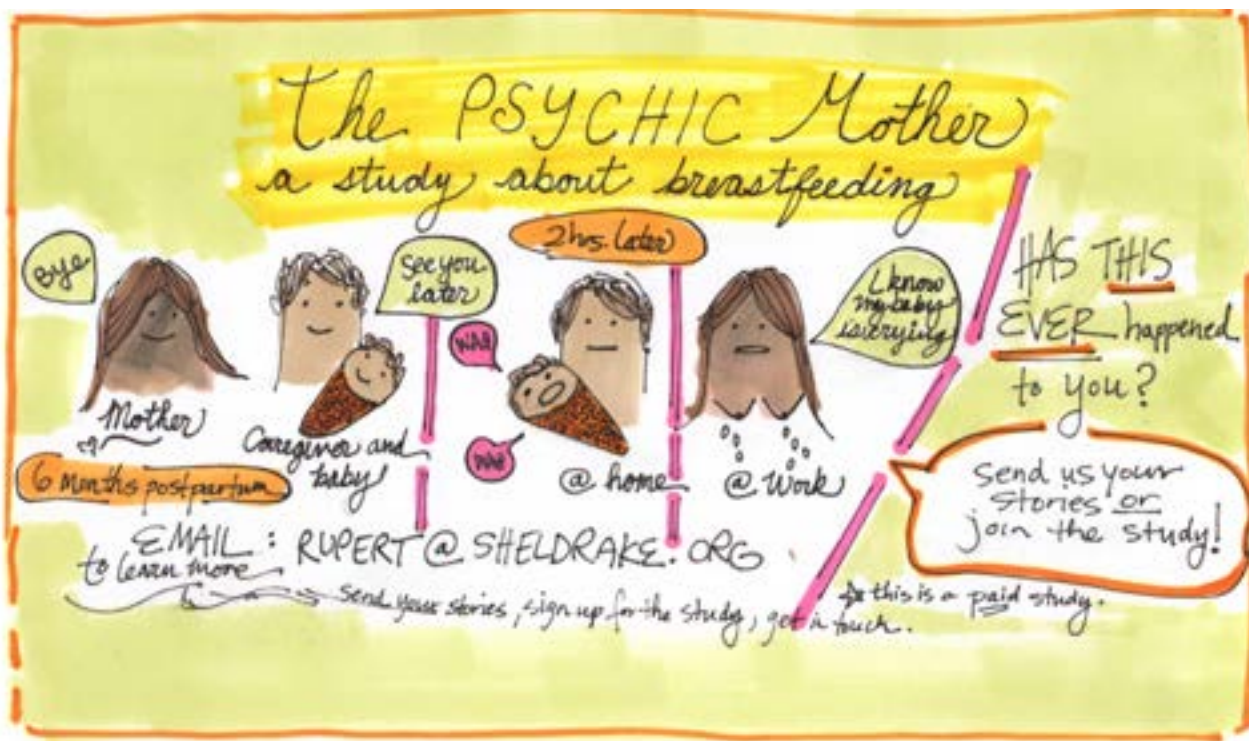
*Jeramie Peacock* is a writer, educator, and former Editor of SQUAT. She has been hired as an independent contractor to coordinate this research study for [Sheldrake.org](http://Sheldrake.org)

*Rupert Sheldrake*, a biologist and author, is best known for his hypothesis of morphic fields and morphic resonance, which leads to a vision of a living, developing universe with its own inherent memory. Information about Sheldrake and his work can be found on his website at: [www.sheldrake.org](http://www.sheldrake.org)

**HAVE A STORY ABOUT PSYCHIC CONNECTIONS TO SHARE?**

In addition to study participants, we are seeking stories and experiences from mothers and caregivers for an online database. **Upon submitting a story you will be entered into a raffle to win a gift basket (value of \$50)!**

Stories can be sent to:  
[sheldrake@sheldrake.org](mailto:sheldrake@sheldrake.org)





# THE CULT OF BEING A DOULA: A CLASS WAR

*"You have forgotten the one who doesn't care about ownership, who doesn't try to turn a profit from every human exchange." - Rumi*

BY JASMINE KRAPF

As birth workers, we are called to dance and we are urged to speak. We must use our voices wisely, with mindful intention and gentle awareness. But this has been a challenge in the doula community as of late. As doulas, we choose who we serve, and we, in turn, are chosen. Our value is not dictated by financial gain, yet many are insisting it is. Rather, in these times of growing recognition of our social and professional roles in society, it is the value we assign ourselves that matters most.

Doulas now spit fire over who should and should not have access to doula care. Some believe their businesses are jeopardized by those who offer low/no cost services to underserved communities. I attempted to contact the leaders of this phenomenon, but was met with hostility. I felt around for meaning and understanding, but was ostracized and excluded from the fiercely defensive realm of the business of being a doula. Notice how tension rises instantaneously when finances are discussed amongst doulas. Notice how dangerous ideologies have taken root in the collective psyche. There is a polarized us-versus-them mentality being chanted loudly.

These signs of exclusivism, isolationism, and elitism are born from a cult mentality, likely with authoritarian leaders at the helm. We must remain fluid and open in our work — we cannot become cold and rigid. Why is there an increase in class war momentum in birth work when there should be a decrease? Why do some view our services as a luxury that should only be afforded to those of privilege? Our value is upheld by our assertion and our ability to bloom, regardless of how others choose to run their lives (or businesses). If you choose to offer a set rate, that is your empowerment. If another chooses to offer sliding scale rates, that is their empowerment.

Our works of compassion and justice must flow from deep allegiance to the families we serve. In our journey to recognize our own worth, we must not attempt to devalue or degrade those around us. Social media is a platform to assist us in uplifting our position to the ranks it rightly belongs, not to antagonize or ridicule each other over a mere difference of opinion. Tolerance and acceptance is something we, as humans, should all strive for. Of course, we all come from different social and cultural backgrounds and we all have different perceptions, goals, realities, circumstances, and so on. Our internal world is as diverse as the colors of our largest organ. We must not stray

from our one common goal: to support mothers in birth so they may be surrounded with love and understanding.

In essence, this class war in birth uses a woman's poverty against her. It deprives her, it divides her, it burdens her. This is not about the growth of our pocket, this is about the expansion of human consciousness, of true health equity, of tangible progress. What we need in place is a system that provides, not withholds. A system of inclusion, a system of abundance. Instead of pushing to exclude entire communities of already marginalized women simply because they cannot afford hundreds of dollars in service fees, allow those doulas who are

interested to find ways to facilitate and establish organizations or other sources that are willing and able to provide.

The oppressive language being used in the doula community must stop, be it external or internal dialogue. These ways do not serve as a

bridge, they do not provide real solutions. They perpetuate a dangerous system of domination, of segregation, of imperialism. It feeds the very vicious cycle of institutional prejudice and discrimination that's responsible for a long history of colonization and genocide. Look around you. Rid your mind of the daunting economic system for a moment. See your sisters. Notice the richness and beauty in us.

I choose to serve my sisters, for they can repay me in ways the almighty dollar cannot. I choose liberation.

**"OUR WORKS OF COMPASSION AND JUSTICE MUST FLOW FROM DEEP ALLEGIANCE TO THE FAMILIES WE SERVE. IN OUR JOURNEY TO RECOGNIZE OUR OWN WORTH, WE MUST NOT ATTEMPT TO DEVALUE OR DEGRADE THOSE AROUND US."**

Jasmine Krapf is a mother, writer, student anthropologist, student midwife, social activist, and full-spectrum doula in Denver, Colorado.



# Raising Kids Without Sexual Shame

by Nekole Shapiro

Raising Kids Without Sexual Shame, a project started by myself and Allena Gabosch, of the Foundation and Center for Sex Positive Culture, came out of my work as a sex educator talking about sex as it relates to birth. I'd found in my work that while some pockets of people were interested in hearing about birth as sexual, people did not want to work on actual practices to utilize the sexual nature of birth to prepare for their births. It felt as if their blank stares and stiff bodies were saying, "We *might* be open to hearing about birth as a sexual event, but please don't assume that means we actually want to talk about our sex lives! And we certainly don't want to talk about ways we could alter our sex lives to prepare for birth!"

I was discussing this conundrum with Allena and our friend and co-educator Teri Ciacchi, wondering why it was so difficult to get people to embrace the sexual side of birth, when we realized that what I was bumping up against was sexual shame. I sort of mumbled under my breath, "Man, I wonder what birth would be like for a generation of people not steeped in sexual shame?" Allena quickly quipped back with, "I don't know. How about we find out?" That was 7 years ago and we have been working toward that goal ever since.

Raising Kids Without Sexual Shame was born. The program involves a facilitated discussion series designed to inspire community dialogue on the topic of how to interface with children about the topic of sexuality without passing down the culture of sexual shame. We quickly saw the immense impact of creating a supportive and loving environment for adults to get vulnerable and talk about sex with each other. Many barely knew what they themselves thought about sex, let alone had thoughts about how to speak to their kids about it. Not a single discussion went by without adults becoming more conscious about their own sexual shame and pain associated with it. Many tears were shed. And from the very fertile ground of being vulnerable and open with each other out of their love and dedication to do it better for their children, calm and clarity would emerge like a new plant just breaking the husk surrounding its seed.

New possibilities arose for all of us. Maybe we don't need to panic when our child touches their genitals in public. Maybe a child touching their genitals is a lot like a child sticking their fingers in their mouths or grabbing hair. Maybe it's ok for us to flirt, kiss, etc. with our partners with the kids around. In fact, maybe modeling loving sexual interactions for our kids is actually a really good thing. Maybe I can just answer my child's questions about sex and sexuality when they ask. Maybe I can



even tell them when I don't know an answer to one of their questions and we can look it up together. Maybe I can just be present with my children and parent them based on my own knowledge and experience around this topic the same way I do with everything else. And maybe each family will have their own ways of doing things because we are all beautifully unique.

The magic of having these discussions in the community is that it contradicts control patterns of isolation that shame imposes on humanity. When one person has the courage to share openly, it models for another that they too can do the same. As the control patterns loosen their hold on human expression, discussion can come alive and real dialogue can take place.

Here are some examples of powerful discussions that have taken place as adults allowed sexual shame to fall away:

We had one father who had been reported to CPS because his daughter used anatomically accurate terms for her genitals in preschool. As you can imagine, he was quite upset. He was terrified that his child was going to be taken from him and his partner. His fear permeated the room. I could feel it almost gagging every person in the circle. But we had a community member who ran a preschool. She let us know that the guidelines for preschool teachers do actually include this as a reason for concern and that they are mandatory reporters. While everyone in the room saw this guideline as absurd, they understood how this teacher could have felt she had no choice. That started to loosen the tension in the room. The major turning point really came when someone reminded this father that anyone from CPS is just a person like he is. This person, like this dad, probably wants nothing more than to make sure that his child is safe. All of a sudden the big scary CPS report



us a few months to come to what the group felt was a good way of navigating it. We found several teaching points along the way. First off, we had to get clear that some genital touching is about as loaded as elbow or knee touching — kids touch parts of their bodies as a part of discovering who they are. With that, several parents felt adamant that they were privy to their children getting quite aroused by touching their genitals. This was what they wanted to brainstorm about. It made them uncomfortable for this to happen in certain settings. They could not determine if their discomfort was the result of enculturated shame or personal concern. This brought us to the topic of arousal. After much discussion, I suggested that arousal is a big energy that often people in the room can feel, much like anger. I offered the possibility that this could really be a consent issue; perhaps the boundary was around being present with someone (in this case a child) as they are sexually aroused and stimulating themselves. This seemed to land with the group. At that point, the discussion turned to ways we could teach our children to respect the power of arousal and to learn that just because they are enjoying it, it does not mean that everyone else is as well.

became simply another human-to-human interaction. The conversation did not end there because there was fear that this person in a position of power could themselves be so paralyzed by sexual shame that they would not be able to accurately assess the situation. At this, Allena chimed in. She reminded us all that making the choice to raise sex-positive children also means that we are making the choice to be civil rights activists. We are making the choice to do things differently than the status quo and as such we will forever be the ones educating others on our choices. The power of Allena’s words now blanketed the room. We all sat for a bit and really felt the impact of this choice.

I hope this small smattering of stories and the lessons we have gleaned from our discussions will embolden you to crack open some of your own shame around sexuality and really take a look at why you make the assumptions you make or have the reactions you have. What we found over and over again was that no clarity came until something cracked that shell of shame. It was that crack that allowed our true feelings to be accessed. And once the feelings cleared, our minds had greater access to clarity. It is from this clarity that we could feel our feet on the ground as parents and know that we are making the best choices we can as we raise the next generation of humans.

I send you much love support on your journey of Raising Kids Without Sexual Shame. I’m sure this one is going to be quite a ride! Shall we hold hands and do it together?

*“The magic of having these discussions in the community is that it contradicts control patterns of isolation that shame imposes on humanity. When one person has the courage to share openly, it models for another that they too can do the same. As the control patterns loosen their hold on human expression, discussion can come alive and real dialogue can take place.”*

One topic that came up over and over again was that of young children touching their genitals. I think it actually took

**Nekole Shapiro** combines a lifetime of hands-on body work experience with her Columbia University pre-medical and cultural anthropology studies. She is a second-generation grassroots organizer, educator and bodyworker. Nekole finds some of her greatest personal growth through her 20 year relationship with her husband and through consciously parenting two powerhouse daughters. Today, Nekole is a go to person for parents, birth pros, sex educators, activists and countless others searching to bring the human back to humanity. She’s been published in SQUAT, ICEA, BOLD and Orgasmic Birth. She has shared the stage with luminaries like Dr. Northrup, Ina May Gaskin, and Penny Simkin.



**All photos from I Heart Guts. ([www.iheartguts.com](http://www.iheartguts.com))**

# Teaching Fertility Awareness Around The World

## An Interview with Katie Singer

by Jill Allatta, LM, CPM

Since the mid-90s, Katie Singer has taught and written about Fertility Awareness, an evidence-based form of natural family planning. Katie advocates for menstrual cycle health. She has worked in Amish, African, and Guatemalan communities, among others. Katie's first book was a novel, *The Wholeness of a Broken Heart*. Her nonfiction books include *The Garden of Fertility*, *Honoring Our Cycles*, *Honoring Our Cycles in Africa* and most recently *An Electronic Silent Spring*, which focuses on reducing our use of electronics to reduce energy use and exposure to electromagnetic radiation (EMR).

**Jill Allatta: Can you tell me how you first became drawn to Fertility Awareness?**

**Katie Singer:** I never wanted to take the Pill, and I wasn't crazy about spermicide. After nearly ten years of wanting to learn Fertility Awareness, I found several independent teachers and two Catholic organizations that offered classes. I studied with all of them. From my first chart, I fell head-over-heels in love with the menstrual cycle and natural family planning.

One of the Catholic organizations offered a training program. But they wouldn't accept me, because my partner and I weren't married. I didn't understand that. So I called a Catholic woman who'd written a book on natural family planning. She said, "Sex is sacred. It's not a recreational activity. Marriage makes it sacred." I respected this woman; and still, my partner and I did not feel moved to marry. All of this--including charting my cycles, noticing the difference between male and female fertility, deciding consciously whether to open to conceiving--inspired wonderful conversations with my partner and people all over the world who want to know how to read their bodies.

**Jill: What was your training like?**

**Katie:** I studied with a handful of people--and then I started teaching. My students rarely had healthy or predictable cycles. They had questions about their charts that I often couldn't answer. When I asked about their diets, many of them told me they relied on soda and chips and canned tuna. They didn't know what nutrient-dense food is or how to cook it. They didn't know we need vitamins A and D, and that these are in butter and cod liver oil. They often fell asleep with the TV on, which can disturb the endocrine system. I learned about the work of the Weston A. Price Foundation, which promotes nutrient-dense diets. I learned about the work of Louise Lacey, who found that sleeping in total darkness except around ovulation can restore healthy cycling.

**Jill: You put all of this together while you taught Fertility Awareness?**

**Katie:** When a woman sees something she doesn't like in her chart--maybe she's not ovulating--that's gold. That's when we're going to learn something. She gets motivated to improve her health, quit the junk food, learn how to cook greens and pasture eggs with healthy fats. I've seen this so many times. Fertility Awareness encourages women to study their health and take care of it. One student charted to see whether she ovulated with an IUD. She did, which meant she could've conceived monthly with it in; and she told her doctor she'd have preferred knowing that. After marking whenever she drank, another woman decided that alcohol affected her cycles--and decided to drink less. Lots of women study how much sugar they consume. When I showed an MD some of my students' charts, she noticed that none of these women had intercourse twice a day. I didn't understand the relevance--and then she shared that her boyfriend expected intercourse that often. The charts can open up layers of awareness and conversation.

**Jill: What does a good Fertility Awareness teacher need to know?**

**Katie:** I'd vote first for self-awareness. She needs an ongoing exploration of her own health, diet and environmental exposures. She needs respect for herself and for everyone else who hasn't figured everything out yet. She also needs to be able to describe what happens in the menstrual cycle like it's a compelling, multi-layered story. She needs a repertoire of options when problems present.

**Jill: You've taught Fertility Awareness in several different communities. How did that happen?**

**Katie:** When *The Garden of Fertility* came out, in 2004, I gave a workshop at the Weston A. Price conference. In the lobby, an Amish man was selling raw dairy, and I asked if he'd trade some for a copy of my book. He said, "Sure" before asking what my book was about. When I told him, "natural birth control," he didn't miss a beat. He said he'd like me to teach it to his wife. I just nodded politely and



returned to my hotel room. The yogurt was really good. So I went back to the lobby and got this man's phone number. I said I'd teach in his community if I could stay one month and teach four classes. By our third week, these couples could read charts. They knew the difference between a cycle's fertile and infertile phases. They said I had to write a book for Amish people because *The Garden of Fertility* wasn't right for them.

I did not want to write another book on Fertility Awareness. But then I read about a Kaiser study showing that 62% of Americans couldn't read past a sixth grade level. So I returned many times to this Amish community, where nobody goes to school past eighth grade. I wrote *Honoring Our Cycles*. Sally Fallon published it as a companion to her cookbook, *Nourishing Traditions*.

**Jill: So what's the difference between *The Garden of Fertility* and *Honoring Our Cycles*?**

**Katie:** *The Garden* is 300 pages. *Honoring Our Cycles* has 75 pages and a more conservative tone. I felt proud, when I finished *HOC*, that I got the information down to such a short, simple read. Then I shared it with a reading tutor. She opened to the first page, found words with three syllables and told me that sixth-grade level readers can read only two-syllable words.

**Jill: How did *Honoring Our Cycles in Africa* come about?**

**Katie:** A group of African women from Somalia, Kenya and the Gambia came to Santa Fe with Equality Now to show a film about female genital mutilation (FGM). Somebody gave them a copy of *Honoring Our Cycles*; and they asked me to write a book that describes how the menstrual cycle is affected by FGM. Once I agreed to write the booklet, I told an African friend about the project. He said, "You white woman. You know nothing about tradition. When I have daughters, they will be cut."

I shook for three days. I was really spinning. The whole issue was way over my head. The practice has gone on for 5000 years. Two million girls are still cut every year. But people rarely talk about it. They just assume that cutting is what happens. I had the thought that if people ever did talk about this practice, I'd want my friend who'd said he'd cut his daughters to have a place at the table. A respected place. I wondered if titling each chapter with a question would make the book a tool for encouraging discussion: What is a cycle? What is a hormone? What happens during a menstrual cycle?

Efua Dorkenoo, the Ghanaian midwife who wrote *Cutting the Rose*, helped me enormously. (Dorkenoo died in 2014.)

**Jill: Your work, your teaching, requires face-to-face contact, and a conversational attitude toward health care. Not an authoritarian attitude.**

**Katie:** I don't consider myself an expert, and my teaching is very low-tech. I'm good at asking questions.

**Jill: Could you talk about your reproductive system posters?**

"I said I'd teach in his community if I could stay one month and teach four classes. By our third week, these couples could read charts. They knew the difference between a cycle's fertile and infertile phases."

**Katie:** A friend brought *Honoring Our Cycles in Africa* to coffee growers in Guatemala. Several women's groups there asked me to make materials for them. I used Suzann Gage's extraordinary drawings and wrote a minimal narrative and glossary for each poster. The posters took me ten years to write--to get to this level of simplicity and clarity.

**Jill: You also wrote *Essential Questions About Sex and Health*, a discussion guide in booklet form. I love these questions: "What's a sexually healthy adult? Name reasons people have sex. Name reasons people don't have sex. What makes it easier to welcome a baby? What makes it harder to welcome a baby?" I know you wrote these for Guatemalan communities, but they seem useful for everyone.**

**Katie:** Absolutely. May the discussions thrive!

**Jill: Would you say that Fertility Awareness is empowering?**

**Katie:** I usually get in trouble if I think I know what I'm doing, so I don't aim for empowerment. I do better aiming for peace between my ears.

*Katie Singer's books are available through online retailers. To purchase her self-published posters and Essential Questions booklet, contact her at [katiesinger@gardenoffertility.com](mailto:katiesinger@gardenoffertility.com).*

*Her posters can be found here, in English and Spanish: They are \$15 each, including S&H. [www.electronicssilentsspring.com/female-male-reproductive-systems-posters/](http://www.electronicssilentsspring.com/female-male-reproductive-systems-posters/)*

*Jill Allatta's complete interview with Katie Singer is available at [www.electronicssilentsspring.com/teaching-fertility](http://www.electronicssilentsspring.com/teaching-fertility)*



photo: Jeremy Green

**Jill Allatta, LM, CPM,** is a midwife and mom living in NYC.



# Canadian Midwifery

## Regulation, Resistance, and A Call for Communication

by Isabelle Lebire, Molly Dutton-Kenny, Ananda Phoenix, Yolande Clarke, and Yasmina Cartland

photo: Arlin Lylian

*We are a wisdom of birth attendants perched in communities across Canada. We are registered midwives, birth consultants, unlicensed birth attendants, certified professional midwives, student midwives, and beyond. We joined together on November 4, 2015, via online video conferencing, to begin what we feel is a much needed national conversation and move towards grassroots solidarity in regards to the state of birth and reproductive freedoms in this country. May these threads we wove be the beginning of many more discussions to come.*

**Isabelle:** I've been in midwifery school to become a Registered Midwife in Quebec since 2011, and this will be my last year. I had a baby in between, a beautiful son named Auguste. I went to SQUATfest 2013 in San Francisco with some other friends and we started the Collectif Yoni. Then we organized Yonifest in Quebec last year. Here in Quebec there is mostly a community of like-minded midwives but it's not always easy to see that there are other people thinking like us or other people that will challenge us so that's why I'm here today.

**Molly:** I am an American midwife, I'm a CPM. I moved to Toronto, Ontario in January. There is a path to bridging from being an American CPM to being a Canadian Registered Midwife, but I won't be qualified for it for many years. I'm also on a journey of trying to have my own baby. Where I am in Toronto there are lots of Registered Midwives who are free of

cost, even to immigrants like me, but from everything I've observed so far in Canada, I still don't know if I would choose a Registered Midwife for myself, even though I'm a "registered" midwife in America.

**Ananda:** My background as a birth attendant is one of apprenticeship with other birth attendants, parents, and babies. I immersed myself into Quantum Midwifery at the Matrona, three years ago, which has been and continues to be a big piece of propelling me forward in my practice. I've been living full time here in Nelson, British Columbia for over 2 years, doing a lot of doula work in the community, while always being firmly rooted in the work of unregulated birth.

**Yolande:** I live in New Brunswick and I call myself a Birth Consultant. Basically, my full time job is witnessing home births. I have 6 children, all born at home. I initially learned about attending births from Gloria Lemay 15 years ago. I was pregnant with my first baby 15 years ago and it's very poignant for me to realize that if I hadn't had the support that I had when I was 19 years old in the form of independent attendance from another woman experienced in home birth, my entire life would be so different than it is now.

**Yasmina:** I live about 45 minutes outside of Nelson, in the beautiful Slocan Valley, British Columbia. I've been in the birth world and attending births in various capacities for about 17 years now. I also have spent years training with Myrna Martin

who's a leading teacher in pre- and perinatal psychology. I'm an attachment therapist and a craniosacral therapist. I don't have a certification in anything, which sometimes is funny to realize.

**Ananda:** Last week, Isabelle and I connected on the phone. She was telling me how some Registered Midwives in Quebec, who are advocating for their clients and practicing true informed consent, are being targeted and attacked by various layers of systems, under the claim that they are not practicing safely.

**Isabelle:** There's an active case here in Quebec against a Registered Midwife who unfortunately attended a homebirth where the baby died. This trial has really rocked the midwifery community in Quebec and has been personally and financially challenging for the midwife involved. It's a complicated case, but has brought up a lot of questions for me.

**Yolande:** These kinds of stories are happening all the time, not just towards regulated and unregulated traditional birth attendants. With regulation you really are between a rock and a hard place. They may want to grant their clients informed consent but they have to then decide to practice outside the bounds of their college which then puts them in a position of being in contravention to the regulations that they've signed on to, so it's really an impossible situation. There are so many restrictions on your practice, on top of insurance payments, and student loans. In my view, there's really nothing to be gained by registration.

**Yasmina:** The appeal of malpractice insurance is often used as an argument towards regulation, like: "look if you had all this around you, you would feel safe" but I wonder how we can create safety beyond protocols? Choosing to be unlicensed and unregulated meant I was going to have to take responsibility for creating safety for each individual family by actually pushing myself to say: "ok for this family, for you guys, what makes you feel safe?" Registered midwifery is just another example of government regulation around life, which is so unpredictable.

**Ananda:** It's really easy to get hooked on registered or unregistered, across the board this is a deeper conversation that needs to be happening. We create these protocols and yet they are still only an illusion of safety if we aren't actually practicing in a way that is empowering our families.

**Yolande:** We can talk for ages about how to make birth safer, but the reality is that sometimes babies or mothers will die. The real issue here is an attempt to regulate female bodies and the work of witnessing and supporting other women during birth. Midwifery in Canada really has been appropriated by the patriarchal structures of the state. The criminalization of independent birth workers is something that I just can't comprehend, especially from regulated midwives who are working in a somewhat parallel way.

**Isabelle:** So I'm wondering what is safety? Where are we? From the past system, midwives would use their knowledge, intuition, and observation, but most of what we do now is based on science or is "evidence-based," gained mostly from the medical world. Here in Quebec we say you can go see a midwife, it will be as safe or safer than to be with a doctor. So if it's not, what is the purpose of a midwife or midwifery if it's not making your birth safe?

**Yolande:** I really am functioning from the perspective that giving birth is a biological process. I just don't see birth as a life event that is inherently imbued with any greater or lesser degree of safety than any other aspect of life. I think that we get really caught up in this idea of safety when it comes to birth but I think a lot of that is quite arbitrary really. So I think it's really disingenuous of any of us, really, to profess to have any answers about what can truly make a birth safe.

**Molly:** It really depends on how you view your role in this relationship. If you are their primary birth attendant and it's your responsibility to ensure that everyone is safe, that's one thing. And it's not the only way of looking at it. I have a role to nourish the people, to make sure that they feel supported, to address any complications to my ability, if they want me to, if they ask me to. I actually don't see my role as being: "it is my job to make sure that this all comes out ok." I am their supporter, not protector.

**Yasmina:** For me I use the word safety a lot because in the attachment work I'm doing, it's about creating fields of safety through transparency. When I talk about safety at a different, more nuanced level than protocols or regulation, I'm talking about responsibility sharing. My whole practice is based on the relational, it's all about relationship. We share that power or that place and that curiosity together, and that goes a long way to creating safety.

**Yolande:** I hear stories a lot from women who live in Alberta and Ontario and British Columbia. These women are in the position of being a client to a Registered Midwife, and so many of them come away feeling frustrated because they don't feel that they were granted real informed choice. With regulation (and registration), at the end of the day the government is the one signing your check not the mother who is giving birth. We're beholden to our employers, really, and as a birth attendant I need to be working for the women that are giving birth and answerable to those women and not to a government entity. This dynamic has a huge impact when it comes to the actual experience of birth and how safe it is for a woman to be attended by someone whose relationship to her is changed by power and authority, even perceived authority.

**Ananda:** And in relation to all of those elements and dynamics, is transparency again. It's like, "So, the government signs your cheque and you're working for the government as a care provider, fine." But we need to be transparent about this and transparent about all the other options that are also available.

**Isabelle:** There are quite a lot of women who are satisfied with the way regulated midwifery is in Quebec, and there are some women who are not satisfied. Those women who are not satisfied with the kind of midwifery here in Quebec today, they just don't have a choice. We're so regulated, we are ourselves regulating our own practices. Sometimes you want to go really deep with some clients, and it feels like it's not possible anymore.

**Yasmina:** The biggest frustration I have in our community is a divide in care options. Here there's the option of a few of us (unregulated), or you're totally in the hands of that system and there's nowhere else in between. There are women who come to me saying, "wow, you're everything I want, except can't you come to the hospital and help me there?" and I'm like, "no I

**“When I talk about safety at a different, more nuanced level than protocols or regulation, I'm talking about responsibility sharing. My whole practice is based on the relational, it's all about relationship. We share that power and that curiosity together, and that goes a long way to creating safety.”**

can't, that's not what I do." It informs me of the longing that lots of people have for the sense of relationship and empowerment that I'm offering, which is so different from what the system is offering. With the regulated system, just be honest about the conservative, science-based care you're offering, and in a perfect world also say, "and there are other choices you could find out there."

**Ananda:** When we look at how people are being trained in schools here in Canada, in what is being called midwifery, many of the care providers themselves, I don't think, even know that there are other options outside of regulated midwifery. If the schools aren't teaching about expanded options and choices and experiences in pregnancy and birth, then we can't expect Registered Midwives to necessarily know or share this with their clients.

**Molly:** And there are other options and models for education! But they have a really hard time coming into Canada! I'm an American-trained midwife and I'm having a hell of a time even talking to any of the bridging programs here in Canada. So there's also this really guarded thing about Canadian midwifery education and how much it doesn't want to change. There are those of us out there who could bring really good change into the regulated system, but there's no opening there right now.

**Yolande:** I don't have any problem whatsoever with the idea that the government would create a new branch of medical practice that involves birthing babies and they will regulate that practice and train care providers under that specific rubric of how they would like a birth to look. I think it's a little weird that they decided to

call that branch midwifery, but that's ok, I've moved beyond that, I can let that word go. The reality is that what regulated midwifery is offering is not something that every woman is going to want. I think we're in a very dangerous situation here as women when the government is dictating to us essentially what choice means and what consent means. They're selling regulated midwifery as increased options for mothers, but by criminalizing unregulated midwives they're creating an atmosphere where the opposite is true. We need to strengthen these grassroots networks as we're doing right now. I think there are pockets of women who realize quite clearly that they don't really want the regulated birth system for themselves. And I think that the most important way that we can protect ourselves as independent practitioners is not only through transparency and honesty with our clients but also making sure that we maintain these strong friendships networks.

**Ananda:** And I think those of us who are aware of the deeper threads that are at play with birth and take on different roles as care providers all need to be able to come together in some way and have conversations about it. It doesn't mean that we're all going to agree, or come to any sort of conclusion about what's going on, but there needs to be space where we can talk about this stuff and to somehow uplift this work and uplift those who are seeking to have empowered birth experiences in this country, in all our communities, in all our bodies.

**"The reality is that what Regulated Midwifery is offering is not something that every woman is going to want. I think we're in a very dangerous situation here when the government is dictating to us essentially what choice means. They're selling Regulated Midwifery as increased options for mothers, but by criminalizing unregulated midwives they're creating an atmosphere where the opposite is true."**







*"My sister Magali born with pre-legislation midwives in Toronto (Canada) in 1990"*  
photo submitted by MéliSSa Boizot-Roche

# SQUAT's SPOTLIGHT ON EDUCATION

**SQUAT Birth Journal** is pleased to once again feature its popular column Spotlight on Education! This column explores all types of educational options available in the United States for those interested in birth work. This column is intended to support the educational opportunities and awareness of every person who dreams of becoming a midwife, and all the various types of education that might include. This column serves as a platform for introducing varied educational options to our readers in each issue. We'll be featuring a wide variety of paths, programs, schooling, and unschooling. We aim to provide factual information about programs and trainings, as well as direct student reviews about their experiences.

The path to midwifery is an uphill one, full of familial, financial, physical, and spiritual challenges (to name a few), and also deep meaning, joy, and profound learning.

A balance between institutionalized training and intuitive undisturbed birth must be found for our work to reach its highest potential.

## Mercy in Action



### Boise, ID and Olangapo, Philippines

*Mercy in Action is a faith-based nonprofit organization founded by the Penwell family over a quarter century ago dedicated to mercy ministry among the poor around the world. Our focus has been on Maternal and Newborn Health, and Primary Health Care for Children under Five, because these populations are the most vulnerable and most likely to die in the poorer areas of our world. Because of our focus, we are involved in Midwifery education and Primary Health Care training.*  
[www.mercyinaction.com](http://www.mercyinaction.com)

**School Contact:** Vicki Penwell,  
[info@mercyinaction.com](mailto:info@mercyinaction.com)

**Founded in:** 1984 in Alaska, when the curriculum was originally written for Via Vita, a nonprofit school and birth center founded by Vicki Penwell.

**Class Locations:** Mercy In Action has two schools, one is distance learning only, and one is a full three year College of Midwifery, which is in the process of applying for MEAC accreditation. The three-year Mercy In Action College of Midwifery's campus is in Boise, Idaho for the first semester and then the clinical apprenticeship is in the student's community or a location of the student's choosing. After

the first semester there are three 6-10 day intensive trainings at the start of the second, third, and sixth semesters on campus in Boise.

**Accreditation:** The Mercy In Action College of Midwifery is in the process of obtaining MEAC accreditation.

**Cost:** Tuition cost for the Mercy In Action College of Midwifery is \$13,850. Cost for the distance course is \$170 per module (there are 18 modules) with a large discount for buying all 18 at once.

**Prerequisites:** Applicants for the full College of Midwifery must have a high school diploma or G.E.D., must be in good standing in their community, and must express a commitment to ethical behavior towards the school, staff, students, clients, preceptors, and local community. Applicants must have a character reference letter sent on their behalf from someone who has known the applicant longer than one year and can speak to their ability to serve others. For the distance course, students can still be in high school, minimum age is 17.

**Financial Aid/Payment Plans:** Mercy In Action grants several Grand Challenge scholarships each year to both programs to students from African American or American Native ethnic background.

**Student Support:** Students have support from staff for their academics in both programs. Students in the full three year College of Midwifery also get support with networking and setting up clinical preceptorships/apprenticeships, and in every other aspect of completing the course and graduating. Students in the full three year College of Midwifery also attend the Mercy In Action NARM Study Retreat as part of their program.

**Length of Program:** The Mercy In Action College of Midwifery is a three year college; students can extend with a fee for up to six years total. The distance course has no time limits.

**Acceptance Rate:** Acceptance Rate is around 90% for the full three year College of Midwifery, and 100% for the Distance Academic.

**Certification or Degree offered:** Both programs are Certificate Programs. Graduates of the College of Midwifery will qualify to sit for the NARM exam and become CPMs. Graduates of the distance program will have an educational foundation, and then will need to complete an apprenticeship to go through the PEP process.

**In what type of environment do your graduates practice?:** Out of hospital settings, whether at home or birth center.

## Student Reviews

*"I chose Mercy in Action College of Midwifery because I am a very kinesthetic learner. I enjoyed getting an educational foundation in a setting where I could ask for further explanation and/or a demonstration face-to-face with my teacher. MIA offers the tools I need to own the material and become a midwife confident in my knowledge base. Mercy in Action also does a really good job at building a community among students. After all, isn't that what midwifery is about? With MIA I feel supported on my journey into midwifery both from my teachers and my peers. I am so thankful to be attending Mercy in Action College of Midwifery and I cannot wait to see where my journey with the college leads."*

*~Maggy Hand*

*“Mercy In Action is dedicated to staying current in research and best practice standards of midwifery care. They are not content to let a foundation of experience keep them from learning new and better ways to save women and children. I cannot think of a better place or better people to learn from.”*  
 ~Colleen Zarfus

*“Since my first day with Mercy In Action, the Penwells have treated me like family. They work incredibly hard to train culturally-competent, globally-minded midwives with evidence-based education and information. I feel Mercy In Action College of Midwifery has prepared me to provide compassionate woman-centered care, in any setting I find myself in. I truly believe I am receiving some of the highest quality education available in the country.”*  
 ~Hannah Brown



*“I recommend Mercy In Action College of Midwifery to everyone I meet who is interested in midwifery! I have been blown away by the level of professionalism that the school is conducted with and the passion that runs so deep in the veins of all of the professors! I love that my professors are accessible and really care about me as a student. I feel so confident in the evidence-based education I am receiving, and know that it has set me on the right path to becoming the best midwife I can be!”*  
 ~Rachel Williams

# MYRNA MARTIN

## New Video Series - 12 Modules

### PRENATAL/BIRTH/ATTACHMENT - PROFESSIONAL EDUCATION

Myrna is creating instructional videos of the 12 modules of her professional training. Understanding early developmental trauma is essential as it is what is driving most psychological, spiritual and physical health issues. Each module is a package: live video, several DVDs, course notes, directions for “personal explorations”, reference lists (books, abstracts, online resources, online monthly support). CE and a diploma available.

Consider purchasing this as a group

**PRESALE: 1/2 PRICE UNTIL AUGUST 31, 2016**

PLEASE VISIT [WWW.MYRNAMARTIN.NET](http://WWW.MYRNAMARTIN.NET) FOR DETAILS

Myrna Martin, RN, MN, RCC, RCST®  
 myrna@myrn martin.net



Paintings by Amy Haderer-Swagman



*Mermaid*, 2014



*Gimokodan*, 2014



*Autumn, 2015*



*Lunar Embrace, 2015*



*Summer Solstice, 2015*



**Amy Haderer-Swagman** resides in Denver, CO with three beautiful girls. She graduated with a BFA in Illustration in 2005 and has since applied herself to many different artistic venues. No matter what her passions are, they frequently mix with her passion for visual art and she loves experimenting with new concepts, mediums, and ideas.

The Mandala Journey started as a way to meditate, process emotions, and prepare for the birth of her third daughter Seren. Doing these pieces daily during her pregnancy helped Amy to have the beautiful, peaceful home birth she dreamed of.

She has been very active in the birth community, serving as a birth doula, leading a breast-feeding support group through La Leche League, and managing a prenatal and postpartum support group for the freestanding Mountain Midwifery Birth Center. This activism started after she gave birth to her second child in 2008 at the birth center where she had such a wonderful experience she wanted to be a part of that world forever. Someday she dreams of becoming an out-of-hospital midwife.

Since Lyric's birth Amy's passion for art and birth have converged into forming a henna (mehndi) service in Denver specializing in pregnancy, dabbling in decorating belly casts, and now the Mandala Journey.

**[themandalajourney.com](http://themandalajourney.com)**

# The Many Colors of Changing Woman

## HEALTHCARE PROFILE



by Nicolle L. Gonzales, CNM

Despite growing up in a “modern” Navajo family, participation in ceremonies and community gatherings like pow-wows have always been a part of my life. From the time that I was born the teachings of my Dine’ ancestors have always surrounded me, so it makes sense that midwifery called to me. However, reconnecting with my ancestral teachings through midwifery took its own path.

Growing up, there was a common thread of advice passed on through my female relatives: “Don’t go to Indian Health Services to have your baby.” In the community I grew up in, Waterflow, NM, Navajo women had the option to birth at the local Indian Health Service hospital or at a neighboring private hospital. Although I had heard some stories about my female relatives’ birth experiences and the racial inequalities they experienced, the thought of birthing in a humane and culturally centered way never occurred to me until I entered midwifery school. It was during this time that I began to talk to my elders about our traditional midwives and our cultural birth practices. I would ask, “where were you born?”

Our rich history as Dine’ women began to reveal itself to me and I began to see how our current healthcare delivery system had woven itself into the fabric of our birth experiences. Since the establishment of Indian Health Services, and long before, Native American women have experienced purposeful mainstream integration and separation from traditional “life way” teachings. During the early 20th century the Bureau of Indian Affairs sought to intervene in the care of preschool age children through the implementation of “scientific motherhood.” This was led by white female field matrons who were sent to Native American communities in the Southwest to show mothers a more civilized way to care for their children. The goal of this campaign was to reduce infant mortality.

Like our African American sisters, Native American women suffered unconsented sterilization at the hands of a healthcare delivery system that was supposed to, as put forth by the Snyder Act of 1921, “relieve distress and conserve the health of Indians.”<sup>1</sup> A 1976 report from the US General Accounting office found that over 3,000 Native American women were sterilized without their consent in the early 1970s alone; it wasn’t until the late 1970’s that legal requirement for informed consent for federally funded hysterectomies and tubal ligations was required.



Today, as an act of reproductive justice, Native American women across the country are reclaiming their reproductive rights through the restoration of ancestral teachings and ceremonies of womanhood. For those of us who have been awakened through birth, through motherhood, through midwifery, history has taught us to recognize and question the motives of post-colonial patriarchal thinking. Recognizing that healing ourselves begins with returning to our cultural life way teachings is the pathway to wellness and is the work of Changing Woman.

To understand the depth of Dine' wisdom, it's important to know it has many levels of understanding. Everything has meaning and intention. There is a natural order which includes attention to the trajectory of growth in all things. There is also this understanding of duality in relationships and an innate understanding that the world has it's own sacred geography. In addition to respecting the four basic elements, there is an additional element that is recognized and respected, it is vibration.

Changing Woman, in our Dine' teachings, is the ultimate woman and mother. She grew from infancy into puberty in four days and birthed the first set of twins. She is also a central figure in our healing ceremonies, like the Kinaalda coming-of-age ceremony. Like many Dine' adolescents, my coming-of-age ceremony marked my transformation into womanhood. I remember sitting on a Pendleton blanket in our family Hogan with my feet tucked under my pleated blue velvet skirt, while having my hair brushed with dried grass. This ceremony is held to mark the end of adolescence and the beginning of womanhood for young Navajo women after their first menstruation. Over a four day period, wisdom through stories of womanhood is shared while grinding corn and preparing ceremonial food to be shared with the community. The true purpose of this ceremony is for the restoration of feminine energy and fertility on earth.

As a Dine' midwife, our life way teachings are what inform the way I work with families. I recognized early on in my career that the ceremonial aspect of birth and motherhood were missing from women's experiences in the hospitals. It also felt unnatural to me to work with Native American families in hospitals and clinics where the aspects of indigenous wellness and healing were not present during their care. Through my own introspective observations, the only way that I felt that Native American women were going to reclaim their birth rights was to develop an initiative to do so.

Changing Woman Initiative, a developing non-profit, took its first breath in the fall of 2014. It was developed in the likeness of Changing Woman, to renew indigenous birth knowledge through holistic approaches and community empowerment. Through the creation of a freestanding birth center that reflects Native American healing and wellness frameworks we hope to restore feminine power through birth to Native American women.

Healing ourselves and our communities from centuries of colonization and discourse doesn't happen quickly, which is why one of our first steps was to create an opportunity for Native American women to tell their birth stories. We hosted a four day





digital storytelling workshop in early June, 2015. Seven Native American women from the surrounding tribal communities in Northern New Mexico participated. They each developed their own digital story about their birth experiences and what their experiences were with the current healthcare system. We also understand the vital and important role indigenous midwives play in their communities and are actively working to support our community healers through creating a space to share knowledge. Along with Native Youth Sexual Health Network, Tewa Women United, Midwives Alliance of North America, and Young Women United, we hosted a two-day Native American midwives gathering in October of 2015.

We are presently starting to work with our Native American communities in Northern New Mexico to participate in strategic planning to develop a traditional Native American birth center. From what we know, this will be the first in the United States. We value the participation of the communities this birth center will serve, so we are taking the time to respectfully gather community stakeholders to discuss the needs of their communities. One of the challenges we face as a developing organization is working within a financial paradigm where managed care facilities and insurance companies drive costs and access to certain services. All the more reason we are taking our time to develop a sustainable plan. To financially support our efforts, we are fundraising as well as applying for grants continue to our important work. Like many developing grassroots organizations appropriate funding is challenging. Philanthropy in Indian Country is not fully supported, as that financial investment is viewed as “risky.” This is been one of our major challenges. We hope that as our organization grows, we will help pave the way for more Native American organizations and investment in Indian Country will no longer viewed as “risky.”

It’s important to remember our reproductive history and know we have come a long way. We need to continue to develop collective revolutionary paradigms that nurture cultural preservation of womanhood in our Native communities. I look forward to the day that the healing smells of cedar and the sounds of family fill the space of a birth room and birth is treated like a ceremony again. By ushering in a new era of women and babies who have access to the natural healing herbs and indigenous wisdom, we begin to achieve wellness. The Changing Woman Initiative is a symbol of the innate feminine energy that Native women carry within their wombs and to the ceremonies they are a part of. We aim to restore indigenous birth rites within Native American communities where women have been separated from their ceremonial teachings of womanhood. We look forward to leading this revolution for change with our Indigenous sisters across the country.

Website:

<http://www.changingwomaninitiative.com>

Resources:

<sup>1</sup>Rhoades, E. R. (2000). *American Indian health: Innovations in health care, promotion, and policy*. Baltimore & London: Johns Hopkins University Press.

**Nicolle L. Gonzales** is a Certified Nurse Midwife (CNM) from the Navajo Nation. She graduated from the University of New Mexico, Nurse-Midwifery program in 2011 and now resides in San Ildefonso Pueblo with her husband and three children. She is the founder of the developing non-profit Changing Woman Initiative. Throughout the years she has done numerous speaking engagements on cultural safety, integration of traditional wisdom in women’s health, and she is currently working with Midwives Alliance of North America to develop a Native American Midwifery organization.



# MIDWIFING MYSELF

COMING FULL CIRCLE

BY AILEEN 'WREN' PETERSON

It started when I was younger, in my sixteenth summer. My first pregnancy threw me into the natural childbirth world. I was sucked into it, and I went willingly. I wanted a homebirth—but there was no one to attend me. My baby came early, at a hospital, living for only a few short weeks, and I had my first experience of how intertwined birth and death truly are. I then found out that birth control didn't work for me. I met the face of Depression for the first time. And still I knew, this was the path for me.

Then there was the surgery. The elderly white-haired man with the dead eyes and nimble fingers sitting between my spread thighs talking golf with the nurse—she had eyes like a nervous horse—who held my hand while I cried because this was worse pain than giving birth. This being forced open was a violation, this man forcing me open with no care to my story, my past, or my future tainted me... even though I had consented.

Then the sitting, surrounded by blank-eyed empty wisps of creatures who had gone through the same ordeal as me—whereas before in the waiting room we had been chatting like friends, finding some comfort in each other's' company, now we cried silently in our dark corners. And I knew this would be part of my work as well. Change was needed.

Then there was a miscarriage, a small storm in the early morning hours. No one believed me that I had been pregnant, that I had lost that light—not the doctor, not even really my partner. And yet he walked with me quietly down the beach at sunrise as I wept and breathed with the waves crashing on the shore. I knew the sorrow of how many women feel so alone, are expected to be 'fine' and quickly move on after such an unexpected event. I drew strength from the sun and the sea and myself.

Just after, another pregnancy. Filled with unsatisfying prenatal care, shots, ultrasound after ultrasound... again, I could not have a midwife. I could not have the homebirth I so desired. And the birth came—quick, painful, and oh so

unfulfilling. The cord cut too soon, my baby taken away and staff getting irritated that I am taking too long to get 'decent' because they want to wash my baby. I tore. She forced me to push, the nurse midwife. Even when I lost it and screamed at her to stop, she kept telling me in my face... PUSH PUSH PUSH. She stitched me too tight. Maybe out of spite, maybe on accident. But my cunt hurt for so long... it still hurt up to a few months ago, three and a half years later. She pulled my placenta out, and I found out recently they had given me Pitocin for third stage without my consent. I didn't really get to hold my son until almost two hours after his birth. They took him away to be circumcised the very next morning—we had wanted to wait, they said they do it before we leave the hospital. He didn't nurse for the first time until later that night: almost 24 hours after his birth.

I spent the next weeks struggling with breastfeeding, pushing through a poor latch (due to suspected but at the time undiagnosed tongue and lip ties) and a colicky baby who had a yeast infection from the antibiotics they insisted I have during labor (I gave birth an hour after my first dose). I would sit in bed at night trying to get him to latch, to nurse, crying silently in pain alone in the dark. When he cried I didn't want to have anything to do with him. Sometimes I thought of leaving, that I was a poor mother, that he deserved better. I felt detached. Alone. Lost. I didn't realize something was terribly, terribly wrong with me until months later when I started to feel "better". I didn't realize something wasn't right between us, that we weren't bonded as we should have been, until it was too late. And I didn't know what had caused it until almost two years later. Oh how angry it made me. Oh how I have wept at the loss of such a precious thing.

We still struggle. Our bond is a mere whisper of what it should be.

After his birth came two more pregnancies. I midwifed myself through two empowering at-home pregnancy releases, with the support of a couple close friends and colleagues. I did the meditations, the rituals and ceremonies. I squatted over steaming and smoking herbs, I drank the teas and tinctures

and took the medicine in the end. I collected the gifts of my womb, I wrapped them tenderly in burial shrouds adorned with stones and feathers. I gave them to the earth for safe keeping. I once more held death in my hands, but this time I had been the orchestrator of this story, the one to open my womb. I had been the midwife to my own being, my own healing.

And then we come full circle. The beginning of this year I fell pregnant again. I had not wished to be pregnant again until we were in a place where we could bring forth a baby into nature with love, and within a week of being provided such a living arrangement, I discovered I was with child. At this point I had been studying birth for years, and I knew that for this pregnancy, I would do my own care. I would have no tests, no ultrasounds, no shots. I would be my own midwife, and by the end of my pregnancy I was fully confident in our plans and abilities to birth at home, outside, just us as a family. My little one, the beautiful little girl I knew would come, finally made her way earth-side in the early morning hours the day after the Autumn Equinox. I gave offerings to the Spirits. I drummed during each contraction. I knelt on a deer skin in my lavvu, the fire warming my back, and guided her into the world. My partner and my son were there with me and witnessed it all.

Over the last seven years I've been initiated through multiple Trauma Ordeals and through what I have been told is a 'shaman's sickness' (years of battling depression and anxiety). I have midwifed myself through my own healing, through my own pregnancy releases, the process of this pregnancy, and this birth. I have midwifed myself into new chapters of my journey of motherhood, I midwifed my family into new expanded forms. And in the last few months, I have found myself stepping off the well-trod path of modern midwifery and instead down the leaf-strewn shadowed path through the dark forest of traditional, shamanic midwifery—towards guiding others in similar ways and through similar experiences, and showing others there is another path, another way.

AT THIS POINT I HAD BEEN STUDYING BIRTH FOR YEARS, AND I KNEW THAT FOR THIS PREGNANCY, I WOULD DO MY OWN CARE. I WOULD HAVE NO TESTS, NO ULTRASOUNDS, NO SHOTS. I WOULD BE MY OWN MIDWIFE, AND BY THE END OF MY PREGNANCY I WAS FULLY CONFIDENT IN OUR PLANS AND ABILITIES TO BIRTH AT HOME, OUTSIDE, JUST US AS A FAMILY.



**Aileen 'Wren' Peterson** is a Certified Holistic Doula and current student of The Matrona. She has been studying natural childbirth, midwifery, herbalism, and priestessing since she was in high school. Long-time homebirth advocate and recent freebirth mum, she practices primal parenting from babywearing to extended breastfeeding and encourages 'monkey mama' movement and eating. While training as a traditional shamanic midwife and childbirth consultant she runs an online shop providing herbal yoni sauna blends, moontime yoni sea sponge kits, tinctures, yoni eggs, classes, and offers tailored menstrual health and fertility support. She hopes to be teaching Sacred Pregnancy Release: Alternative Miscarriage & Abortion support-person training and trauma healing workshops in 2016.

Website: <http://13moonsofmatrescence.webs.com>  
Etsy: <http://etsy.com/shop/13moonsofmatrescence>  
E-mail: [mamaoceana.withwomen@gmail.com](mailto:mamaoceana.withwomen@gmail.com)  
Buy Her Book: <http://tinyurl.com/ozosomt>



# STRIPPED

*by Jamillah Richmond*



I want to speak to something that makes me feel very vulnerable. Share some things that dismantle my armor.

I am about to get naked...

I have never shared my birth photos publicly. I celebrate and honor the experience but something made me so afraid to share more than the story. Insecurities running rampant through my mind. My hair looks a mess, I'm not all done up. Birth is beautiful but I'm not pretty enough to show my own intimate experience with it. I had a natural birth but I was also ashamed somewhere inside that I birthed in a hospital. Am I enough? Am I worthy? Why would I share? The answer to those questions are yes, yes & for the same reason that I shared my birth story...

To inspire women, to show that in spite of any fears or social constructs, we can! Not all birth experiences are picture perfect or sterilized. Some are in-between and that's ok! I birthed my daughter in a hospital. It was a transformational and amazing experience. It was also a trying one, being present in my birth and trying to also protect myself from and fight the systemic oppression associated with birthing in a hospital. I felt so strong and in full Goddess but on the flip side, I was scared and insecure but I couldn't let that internal war show. To be

wounded in the presence of what I felt were predators wouldn't have served my daughter or what I knew I was capable of. So, I'm sharing those fears with you. Because I need to release and let go of that trauma. Stop mourning the experience I wanted and embrace the one I had. Stop telling myself that I am strong when I'm not strong enough to embrace being vulnerable. These are misconceptions. There is such power in being vulnerable. To being or feeling hurt and being capable of recovering, opening up again and living up to the true potential of our higher selves. And maybe, just maybe someone out there feels the same way I do and in breaking down this armor and overcoming this fear I have helped not only myself to heal, but someone else.

And to also give thanks to the beauty of being a woman. The grace and power of bringing life into the world even when

**I BIRTHED MY DAUGHTER IN A HOSPITAL. IT WAS A TRANSFORMATIONAL AND AMAZING EXPERIENCE. IT WAS ALSO A TRYING ONE, BEING PRESENT IN MY BIRTH AND TRYING TO ALSO PROTECT MYSELF FROM AND FIGHT THE SYSTEMIC OPPRESSION ASSOCIATED WITH BIRTHING IN A HOSPITAL.**

your hair is messy and eyeliner running down your face. My birth was joyous. It was laughter, and dancing, and food... We had a party with Wax Poetic playing in the background as I told jokes and sang Under Pressure during the "surges" or contractions as most choose to say. I tell you, I laughed. I felt no pain until I started arguing and even then, it was momentary. Once I regained my oneness, my presence and submission to my highest calling at the time of being my daughter's vessel it went away. Freedom and grace.

After I had her, I was consumed with awe. Out of body, I couldn't believe what I had just accomplished and I was scared. She was so tiny. The doctor acted as though her size was an implication, they said she wasn't breathing and I got worried. But I knew deep down that she and I would never part. That I would hold her in my arms for years to come. Those rubber hands, scissors and surgical procedures will strike fear into a new mother. I was completely vulnerable.

Afraid to nurse her because the nurses said that it would make her lose weight which would mean more time in the hospital or NICU for her (she was born 4 lbs 11 oz). Our first latch I was afraid of the judgment, afraid they would tell me that I was doing her a disservice so I actually snuck it. Waited until the nurse turned her back to attempt to latch her. And my heavens was it such a beautiful glory when we both learned to once again trust, submit and learn something new. Together. I knew in that moment that breastfeeding her was what I was going to do regardless of the judgment and side eyes and here we are with her nearing 3 and we are still nursing. In the 3 days following her birth my baby went from 4lbs 11oz to 5lbs2oz. Never lost one ounce as they promised me she would.

Fear is a natural thing. It reminds us to look before we leap but sometimes taking the leap is what we need to do. Push past the fear into new realms. Trust ourselves, be open to being vulnerable. Celebrate that as much as we do our ability to protect our hearts.

### *Grace & Love!*

I FELT NO PAIN UNTIL I STARTED ARGUING AND EVEN THEN, IT WAS MOMENTARY. ONCE I REGAINED MY ONENESS, MY PRESENCE AND SUBMISSION TO MY HIGHEST CALLING AT THE TIME OF BEING MY DAUGHTER'S VESSEL IT WENT AWAY.

My name is **Jamillah Richmond**. My daughter, and my first and only child is Ariya (not from Game of Thrones) lol. She was my first pregnancy and I was so surprised that I took 9 pregnancy tests and still didn't believe it completely until I heard her heart. And even then, I needed to feel her kick. That's when I knew it was real. I am a single stay-at-home mama with a new business because she is my reason. And I don't want to spend a day not watching her evolve into a beautiful and compassionate adult. Pregnancy and birth for me was an exploration into myself and the beauty of becoming a vessel for another life. Supporting women and children to be who they are intended to be is what I love and there's never a dull moment! Thank you so much for reading and I wish you all nourishing births!





# Quiet Solace

by Courtney Cable

At the age of four I learned love and hope alone cannot sustain a pregnancy.

The summer sunlight streamed in through the kitchen window and bounced off my mom's eyes and the flowers sitting next to me on the table. My legs poking out from a frilly white skirt and dangling off the wooden edge as she leaned in close, "there's a baby in mama's belly!" tumbling out in a burst of breath and smiling lips. This too quickly followed by a trip to the hospital, a little girl born 20 weeks too soon, and a funeral; a small mound of dirt on a warm September day. As the pastor spoke to our small gathering, a lone monarch butterfly alighted on the grave. This was a powerful symbol of hope for my family. A sign that baby Grace was not lost; the journey of her soul to this world just took a less direct route.

That fall and winter I filled my time with lots of drawing, using envelopes, scratch paper, and the backs of a stack of basketball play sheets for my canvases and domestic life as my subject. I ordered the members of my family from tallest to shortest, scratching in details with my pen: dad and his mustache, curly haired mom, glasses on the noses of my two sisters, and crawling at the end of the lineup was a baby. I drew dozens of these family portraits.

"Who's the baby?" mom would ask, already knowing the answer, I'm sure, and not quite knowing how to proceed.

"Baby Grace," I would respond. Of course.

"You know that the baby is in Heaven, right?"

I don't recall whether it was at her suggestion or if it was an act of my own design, but I slowly started to shift my representation of the lost baby. Sometimes she appeared as a bird flying above our family grouping, but mostly she was incarnated as a monarch butterfly, floating near our hearts; her spirit very much a part of our family, even if her corporeal self was not.

One icy morning twenty-five years later I awoke no longer pregnant, having miscarried my first pregnancy the night before. We were three for a very short 12 weeks and 2 days, returning to two after we crossed that much anticipated threshold into the would-be safe arms of the second trimester. It was at 12 weeks exactly that I saw the first spot of blood, almost immediately after telling my family at Christmas that we were pregnant. I sat and stared at a pinprick of red on the crumbled mass of toilet paper and felt dread.

When the bleeding picked up two days later and the cramping started I took frequent breaks from my desk at work. I went for long walks, envisioning a warm, protective light around my uterus. Chanting, "Happy, healthy, full-term baby," under my breath with every step. I chose to stay home and forgo the ultrasound that would confirm what I already knew, giving in to the primal part of my brain that just wanted to be alone and as far from white rooms with

bright lights as possible. If I had access to a cave I might have crawled into it.

By the end of the work day the pain felt intense, contractions coming close together. I wanted desperately to be home. Happy, healthy, full-term baby.

At 5:24, in my bathroom and alone, I passed the "product of conception": an egg-shaped mass. Red and viscous. Tiny and perfect. Our cat felt the sorrow in the air and rubbed her gray silky self against my legs, mewing quietly, refusing to leave my side. When my husband walked through the door a few moments later I burst into tears.

There was denial at first, predictably. I was convinced that if I could get pregnant again right away I could continue on as before and pretend that there was one baby with a gestation of fifty-two weeks and two days with no hiccup in the beginning. Of course, this is not how things went. As the weeks stretched into months and I remained empty of the life that we wanted, I felt desperation. I also felt anger. The logical part of my brain understood that these things happen and there was nothing that I did wrong and that it really wasn't my fault. But the bigger part of myself—the pulsing, feeling part of me—felt betrayed by my body. Having a baby is the simplest most natural thing that we do, I told myself, why couldn't I get it right? What about me was broken?

As I stumbled through the post-miscarriage weeks my need for some sort of closure was amplified. There had been no funeral, as there had been for my little sister, and hardly anyone even knew that we were pregnant in the first place.



The little life that I had so briefly sheltered seemed to be forgotten before it was even known and that caused me such sadness. I needed some sort of concrete, ordered action to make sense of it all, feeling that if I could find that I could also find healing. From the depths, I looked to the same place where I had when I was four: my hands. In the early dark of a winter evening I picked up my needles and started to clumsily knit.

While pregnant, I hadn't yet felt any urge to make things for my little one, but now that I was pregnant no longer I couldn't stop. I made bibs and booties in variegated cotton, hats and jumpers in the finest fibers. Every evening I would sit next to my husband on the couch and in the glow of the television I made loop after loop. These tangible objects felt soft and warm in arms that longed to hold a baby and each stitch was a mantra repeated over and over. It was my "happy, healthy, full-term baby" made manifest in wool.

My mother taught me to knit when I was young. I made one sample square in blood red acrylic before abandoning the craft for other pursuits and my skills were very rusty. My knuckles ached from the claw-like grip with which I held the needles, pulling each stitch as tight as I possibly could. My neck burned from arching downwards, unable to take my eyes off my hands, but I kept at it. Like my days, one stitch followed another and my confidence and ability grew. My fingers started to relax into this purposeful action. I sought challenges, selecting patterns that required skills I didn't yet have, occupying my mind as well as my fingers. Where once there was nothing there were now cables, seed stitches, increases, and decreases. I was making.

*As I stumbled through the post-miscarriage weeks my need for some sort of closure was amplified. There had been no funeral, and hardly anyone even knew that we were pregnant in the first place. The little life that I had so briefly sheltered seemed to be forgotten before it was even known and that caused me such sadness. I needed some sort of concrete, ordered action to make sense of it all, feeling that if I could find that I could also find healing.*

petite for my almost-ten-pound newborn. In fact, none of the pieces that I made during that time fit him. They are butterfly-small.

**Courtney Cable** makes her home on the flat plains of Iowa with her husband and their two young children. She holds an MA in Intermedia Art from the University of Iowa and has completed undergraduate degrees in English, Cinema, and Theatre Arts. She is passionate about birth, parenting gently, and living lightly on the earth. Her writing has appeared in *Saltfront Literary Journal*, *Natural Child Magazine*, *Kindred*, *Rhythm of the Home*, and *Bamboo Family Magazine*.



# They Are Chopping Down My Tree Tomorrow

by Jennifer Haas

When she laid our firstborn on my chest, pink and squishy  
And the scent of him was so new, and familiar  
I told him I would love him forever  
And licked his face, just once, because of some deep, ancient, animal desire  
He found my breast without help and latched himself  
While the jacaranda bloomed outside our bedroom window

When he was just starting to explore food  
On warm summer evenings  
We would have dinner on the patio  
He would tilt his face to the sky  
And stare at the late sun, illuminating her tiny leaves

His placenta traveled fifteen hundred miles  
To be buried on Granny's farm  
Under a jacaranda  
That tree did not survive the hurricane  
That tore her home apart

Because she refuses to yield  
To be strangled  
By a network of pipes that carry water to our home  
By sidewalks upon which my children play  
In laps around our courtyard  
They will cut her down tomorrow

I am taking them outside to play  
As he says to the man in the hard hat  
"They want this one cut down."  
I interrupt, "Who?"  
"The board."

Tomorrow, they will saw her into chunks  
Until nothing remains  
But a mess of broken branches and trunk  
And the scar of a stump

Then, they will carry her away  
To the loud, grinding mulch-maker parked out front  
And shred her to bits

It is silly, I know  
We are grateful for the luxury of clean water, from a tap  
Still, I cried  
And called my mother  
Who understands  
Because years ago, I was her firstborn

**Jennifer Haas** helps families (of all sorts) to peel back cultural and intellectual layers so that the body and the heart can hold a more balanced place in birth and parenting. She supports other birth workers and believes in the power of love. She writes in the mountains of California in the dark of night when her four young children are sleeping sweetly and her husband is away at the fire station.



# CHARLIE MUST DIE

by Martin Wiley

I have begun to hate  
Charlie's Angels with a  
passion usually reserved for

Presidents. She is planning  
on changing her ring tone, so I suggested  
The Jeffersons, or something from The Wiz;

she says it all depends  
on what the phone company puts on  
sale later this week.

Phone calls at 4 in the morning are always trouble.

Today's radio-perfect sounds bursting from the  
phone are comforting, even when  
annoying. Phones no longer ring, you see, today  
they

sing, they  
scream,  
they yell, they  
dance, they do  
whatever the hell we can program them to.

But progress doesn't matter  
under the covers.

At least, not the kind of progress  
that comes through invisible airwaves,

or that is dispensed through tiny microprocessors,  
or that sneaks in the window on silent miniscule feet  
and shatters

the deepest morning sleep.

Our relationship  
is building itself  
between 4 am phone calls.

I've stopped panicking, when the song begins.

That's progress, I guess.

Two nights ago, as the sun started to pull on its pants and  
prepare to  
scamper up the horizon,  
that damn theme song blared out, one more time,





and she turned from me, and  
in the darkness I  
stared at her bare back,  
poking out from underneath  
the covers. I leaned into the flow  
of her black hair to find her neck, she  
shrugged me off and  
slipped away.

I watched her shake off  
sleep and instantly shift from a grumble to a sweet-toned  
hello.  
I am always stunned by how easy it is, for her,  
to care.

I leaned closer,  
and her hand found  
mine to make certain that I  
knew she  
would remain connected to me,  
even as the phone decided it was time to  
pull us apart.

It's hard to stay mad, even at Charlie,  
once it's clear why  
the phone has pulled us  
from our bed. Somewhere, from within

the city's ready belly,  
a child was calling,  
and Charlie was translating,  
an inaudible cry broadcast over airwaves  
to speak of a new arrival needing her help to force itself  
into the world.

I may never forgive Charlie. I can't help it.  
That's just how I am.

And I still think 4 am phone calls are trouble.

But every good adventure

starts with trouble,

and how often can we say we were there  
when it all began?

I know I will  
fade  
from her mind,  
when the call is made.

But I also know, once  
the mother and child  
are on their  
own,  
my phone will ring,

just a plain ordinary sound,  
letting me know  
she's coming home.



**Martin Wiley** is a recovering poet and long term activist living in Philly, with his wife (a homebirth midwife) and two children. He is a writer, a teacher, and has learned how to answer questions about mucous plugs better than he ever would have anticipated. This poem is for all of the partners who stand "with midwives" so that they can stand "with women."

# Your Spirit Left Me

by Muneera Fontaine

Your spirit left me.

Fall

ing

Like a lump of clay into my lap

after

a cough.

Leaving me Heavy

with the burden of loss.

Your spirit left me

without warning,

without cramping,

without

time.

Your spirit left me.

I was alone

no longer an Us

no longer a We.

Left to swim

in the blood-pooled sadness of your loss.

Fist-sized clot

You

fell

from me.

Boulder-like,

Crushing

my belief

in my own fertility.

Only to leave my womb

empty

with your promise.

**Muneera Fontaine** is a wife, v/hbac momma, doula, childbirth educator, Womb Sauna practitioner, and Ed.D Candidate in special education located in the Washington, DC area. She loves exploring the intersection between creativity and our most creative organ (the womb), researching the link between the rise in disability rates and our birthing practices, and supporting other women during times of transformation. This poem is the result of a lot emotional work that was done in response to a personal miscarriage and an attempt to "birth" something from that loss...





## I only look well...

by Colleen S. Bennett

My uterus,  
made its debut  
when I was 12;  
and blood poured down my legs  
like a red river.  
Chunks of my flesh  
mimicking the rocks.  
The clots spongy, stringy, blood-filled.  
Sacks of life  
letting me know my uterus  
was only good for pain  
and blood-soaked sheets.  
And an unsympathetic ear,  
who told everyone I bled heavy on purpose  
and never for a daughter  
of  
my  
own.

**Colleen S. Bennett** lives in Johnson City, Tn. She holds a B.A. in English from East Tennessee State University where she was also a Women's Studies minor.

## Paintings by Amanda Greavette













**Amanda Greavette** lives and works in Ontario, Canada. She is busy raising five beautiful children, painting and serving her community. Amanda is a La Leche League leader and a member of 'Friends of Muskoka Midwives', one of the few midwifery advocacy consumer groups in Ontario. Amanda loves to attend births for family and friends. Her family maintains a rural, off-the-grid lifestyle in their solar-powered straw bale home where they garden and raise chickens. She graduated from the Ontario College of Art and Design in 2004 with a Bachelor of Fine Arts. Amanda has exhibited in many solo and group shows.



# Birthing a Midwife

Student Diary  
by Tanya Smith-Johnson

Tanya, a student midwife in California, started sharing her diary with us in 2013. She is currently in her last year of midwifery school through the distance learning program at Utah College of Midwives and is apprenticing at the Community Birth Center in Los Angeles. Tanya is also pursuing a PhD in Human Sexuality at the California Institute of Integral Studies, with an emphasis on women's health and reproductive justice with hopes of changing the trajectory of reproductive rights and birth justice on a larger scale. Tanya is also a military veteran, military wife, and mom to four homeschooled kids. In each issue of SQUAT, Tanya's shares an excerpt of her diary as she travels through the journey of becoming a midwife.



**Editor's Note:** In our previous issue in lieu of diary entries Tanya shared with us images from the recent birth of her fifth child. Now, for this final issue of SQUAT we ask you to rewind a bit as Tanya shares with us important reflections on being pregnant and a student midwife at the same time.

## The Sparkly Unicorn / Fall 2014

I've gone awhile without revealing to the world that I am expecting. Being a midwifery student while pregnant is like being a sparkly unicorn...something people find fascinating and other-worldly. It lends to much curiosity and many questions. I wasn't prepared for the onslaught of questions about how will I do it, what is it like with 5 children, the "what are you going to do" questions or the unsolicited advice telling when I should quit working and going to births. Just the thought is exhausting. It does give me anxiety about what my preceptor will think and how it will affect my apprenticeship. I knew pretty early that I was expecting. So of course I'm looking at the calendar trying to figure out how far along I'll be when X, Y and Z is due to give birth. I often times can't read the midwife and truly had no idea what she would say or do. I didn't know if she'd want me to find a replacement, be on hiatus indefinitely or quit - all of which would be totally understandable because she has to think of her needs and clients. I was afraid I'd have to start all over in terms of finding another apprenticeship and midwife to work with. So I sat with it for a bit. I decided that it was only fair that I tell her as soon as possible to give her the opportunity to do what she must. I had prepared myself for the worst. Even though I cherish my apprenticeship and think it is as perfect as match that I will ever get, I would have to be ok if it had to end. Plus, my due date fell exactly on the day we are due to move to our new duty station. We purposely took orders to stay in California because of my apprenticeship, that's how much I value it. But I figured she'd say that it would be best if I find another midwife to work with once I have my baby because she has honored her agreement to let me stay for 2 years. Of course the thought of having to start from square one to find a midwife who not only wants a student, but who I'd have the same relationship and camaraderie with is damn near impossible. On top of that there is a shortage of midwives willing and wanting to take on students. So there are people scrambling to even find a preceptor no matter whether it's ideal or not. But all I know is that I am pregnant with baby 5. It is what I wanted and I am happy... ecstatic even. So even if I lose my dream apprenticeship, I will be gaining a sweet new addition to focus on. So it's not the end of the world.

So the day came where I walked into the center to tell her my news. I was nervous, really nervous. She was cleaning the floor in one of the birth suites, on her hands and knees. My first inclination is to offer to do it. Even though I have no business cleaning a floor with chemicals. It just came out of a sense of duty. I offer but I am rebuffed and she says, "I got it," and goes back to cleaning. Now, I am confused and wondering why DOESN'T she want me to do it. So I offer again being the good student I am... crazy I know, but old habits are hard to break. She says again, "I got it. It's fine." and she turns and goes back to scrubbing the floor. I thought this odd and was truly perplexed, but I let it go.

When she was back in her office, I figured it was as good a time

as any to sit down and tell her. I sit down her her chaise and say, "I have something to tell you," consciously trying to smile even though my heart is beating out of my chest. She looks up from her computer and if I'm not mistaken, in hindsight she cracked an almost unnoticeable smile. "I'm pregnant!" I blurt out. She looks at me and simply says, "I know!" Whaaaaat?!! Now, I am really confused. I am literally not even 5 weeks yet. Then she says, "Why do you think I wouldn't let you clean the floor?" with her all knowing, witchy, sage smirk on her face. I bust out laughing and ask how long has she known. She said since my birthday, when I had been 4 weeks. So she knew before I did... lol. But I shouldn't be surprised, I've seen her do it enough times where she just knows things. I've seen her do it too many times to doubt her intuitive, psychic powers. So when she said that I was going to ask all kinds of questions like she's a fortune teller, but before I could she looked at me, reassuringly smiled and said, "It will be fine. WE will be fine." She said for me to work as long as I want and feel comfortable and whenever I need to be done and take off, just say so... that I can be done whenever I want. It was that simple. In that moment, she modeled what so many mothers hope for... a work situation that honors them and their pregnancy... where you can have security and flexibility... where you and your baby are considered and even welcomed. My fear came from this patriarchal paradigm that devalues motherhood, maternity and family where women are afraid to tell their employers they are pregnant for fear of being let go, demoted or shamed... where women have to return to work after 6 weeks... where the postpartum care and time off is nonexistent or something that is a privilege denied so many because we have to get back at it. So as a mother herself, the midwife gets it and made a way for me and I am so grateful.

## Being Pregnant As A Midwifery Student / Winter 2014

Pregnancy is going well and I'm rocking through Phase 3 as primary student midwife under supervision. I started showing immediately so it's funny watching clients look at me wanting to inquire about my widening waistline but unsure if it's a real baby or a food baby because all the clients know how much I like to eat. So when I finally started showing to the point where I couldn't continue much longer without saying something, I let the cat out the bag. All the clients were so excited when I finally confirmed their suspicions. They are excited to know I am right there with them, going thru the same things. They want to ask so many questions about me and I really don't mind, but it's important to shift the conversation back to them and their pregnancy. But it's been great and seems to add another level of trust and connection. You don't have to experience birth to be a good midwife. However, I think they respond to me being a mother and think giving birth multiple times makes me an expert somehow. But what I think matters is that they feel you can relate or empathize. I just love that they feel comfortable with me.

But so far so good as far as me being able to keep up and continue. I do need to be more conscious of what my body is telling me. I have to remember to eat and stay hydrated. I am trying to take really good care of myself. I find I have to sit more. In births I have to be conscious of my bump and body

mechanics. I'm trying to get prepared because soon there will be a tsunami of babies and I have to be on my toes. But so far we are doing great.

## Black Babies Matter / Winter 2014

I've been anxiously awaiting to find out the sex of my baby. I'm too nosy not to. So the results are in...It's a BOY! And to be honest...my heart sank. Not because I was hoping for a girl. I have an even number of both, so that's not it. But hearing the news that I am carrying a son... a little black boy... made me have a visceral reaction. I immediately collected myself and sent lots of positive energy and light to him. I didn't want him to think he is not wanted. I am a firm believer that babies feel us and our energy. So I had to be clear that I want him and that he is loved. But with Michael Brown's murder still circulating in the news it seems that I am daily being bombarded with another case or instance of black lives being extinguished as if we were merely pesky mosquitoes being smacked away and squashed by the permeating culture of racism, police brutality and utter disregard for black life like we are nothing more than a nuisance is enough to make me sick to my stomach. It's enough to make me question the world I am bringing him into. It's enough to make me wish HE was a SHE, but even that is not a safeguard because black girls and women are treated the same and oft times worse. SO in that moment of reading the DNA test that is 99.9% accurate... I lost my breath. I started to shake.

My face didn't lie either. I couldn't make it if I tried. The midwife saw it and heard it in my voice. And the beautiful thing was that she being a mother of black boys, she completely understood without any explanation and said, "I know. I know. It's going to be ok." I must have had fear and panic in my eyes... they tried to hide behind the tears that I wasn't certain where from joy or sadness... or maybe a mixture of both. The act of carrying, birthing and raising a black boy in this country is a revolutionary act in itself. And to do it in the face of fear takes courage. To do it knowing that everywhere you turn something or someone will slow nick away at him... so even more love and energy must go into him just to compensate. When even in the womb they are at a disadvantage compared to their white counterparts. To make it through pregnancy to birth a healthy, full term baby who lives past age 1 is revolutionary. Even to make it through pregnancy without trauma of some sort due to institutional racism is revolutionary. So not only am I trying to become the best midwife I can and provide care to the clients I get to serve... I am doing the same for myself. So this is very personal. So when an anonymous woman calls the birth center, in labor at

My face didn't lie either. I couldn't make it if I tried. The midwife saw it and heard it in my voice. And the beautiful thing was that she being a mother of black boys, she completely understood without any explanation and said, "I know. I know. It's going to be ok." I must have had fear and panic in my eyes... they tried to hide behind the tears that I wasn't certain where from joy or sadness... or maybe a mixture of both. The act of carrying, birthing and raising a black boy in this country is a revolutionary act in itself. And to do it in the face of fear takes courage. To do it knowing that everywhere you turn something or someone will slow nick away at him... so even more love and energy must go into him just to compensate. When even in the womb they are at a disadvantage compared to their white counterparts. To make it through pregnancy to birth a healthy, full term baby who lives past age 1 is revolutionary. Even to make it through pregnancy without trauma of some sort due to institutional racism is revolutionary. So not only am I trying to become the best midwife I can and provide care to the clients I get to serve... I am doing the same for myself. So this is very personal. So when an anonymous woman calls the birth center, in labor at



**“The act of carrying, birthing and raising a black boy in this country is a revolutionary act in itself. And to do it in the face of fear takes courage.”**



home, afraid to go to the hospital and give birth to her black son because she fears for his life, safety and future... I understand. I feel her. I know her. I am her.

### Tsunami of Babies / Spring 2015

Oh my goodness. It happened. A tsunami. We just had 5 births in a week. It was absolutely crazy. I've always heard about this phenomenon but as of yet, never experienced it. Well now I have. We haven't had two in labor at the same time or back to back births since I've been at the birth center. They've been pretty spread out, giving me time to recover from one before the next. I literally went to 3 births, one right after the other. We slept in our cars. We didn't go home. We had enough time in between to pick up supplies and grab a quick bite to eat. But as crazy as it sounds, I prefer it this way. You are in the zone. Adrenaline gets you through. We were on fire. It was beautiful. And to know I can handle it and manage. Knowing what to do when things arose... making decisions as if I were the midwife was amazing. To have a labor mother look at me for reassurance... to hear her say that my voice and my touch is what helped her through... to look a concerned father in his eyes and without words reassuring him that things are ok... to have the midwife watching you and afterwards say, "Good job, promised midwife!" are all moments I dreamed of and hoped for... and now are finally here. And to do it all big and pregnant. I check in with Mr. T to see if he is ok. Before every birth I cloak him in love and light because WE are going to a birth... not just me. It is said that it is good luck to have a pregnant woman at your birth. Well so far everyone is fine and so am I.

### Pushing the Limits / Summer 2015

Well, I have come to the end of my ride. I am almost 36 weeks pregnant. I am starting to really feel it and feeling it is time to stop. I just wanted to make sure I attended one more mama's birth because I promised I would. Of course in my mind I'd work up until I go into labor and then get right back at it after 2 months. What a joke! I'm tired. I am ready to nest. After this last birth which lasted several days, I knew that if I didn't say I was done the midwife would. I've had an easy pregnancy and feel great. But my baby and body are telling me it is time. Of course when other birth workers told me

when to rest, I didn't want to hear it. "I'm different," I said. I felt that I had to show I can do it. That I am not weak. I didn't want to not live up to expectations even if they are the ones in my head. But, I had to realize it is important for me to model what I tell the clients. How can I expect them to take it easy when I won't? How do I tell her to listen to her body when I am ignoring mine? I have to practice what I preach. So this part of my midwifery training is not in the books. It is about learning limits and being able to honor them. It is important for me as I move into my own practice. So that's it. The last one until after I have Mr. T. I plan to take 6 months off and return in January 2016. I'll spend the semester getting caught up on classes and taking a heavier load while not attending births. I can spend time with the new baby and my other 4. I can get used to my new home. I can nurture and replenish myself because once I return it will hopefully be my last year. I am nervous and excited. I'm sad to go but I welcome the break... even if it's reluctantly at times... lol. But it's been a hell of a ride.

### Final Note

Boy it's been quite the journey! SQUAT and YOU have been here from the very beginning of it all. It's been amazing sharing my ups and downs, triumphs and tears. I'm far from done and there is so much more to do and learn. But, I have come so far and I'm almost there. I can see the light at the end of tunnel. I'd like to thank SQUAT for giving me a voice and the opportunity to fulfill a dream of mine... To write. I'm sad to see it go, but excited for all that has come forth from it. All I can say is thank you, thank you, thank you.

Much love,  
Tanya





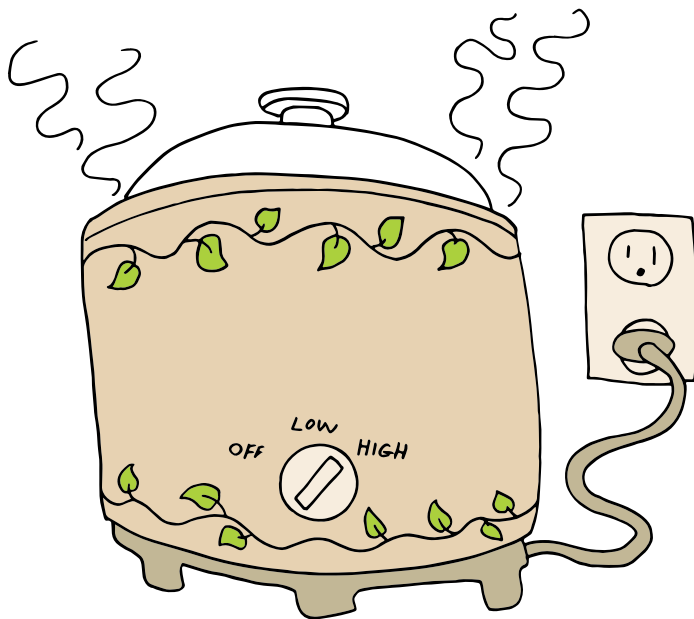
## Slow cooker chicken, lentil, and spinach soup

by Jessica Schmonsky

This soup is comforting, delicious, and happens to be full of nutrients that are great for pregnancy. It is also fairly easy to put together, just throw everything in your crockpot!

Protein is critical for fetal growth. Chicken, along with other kinds of meat, is a great source of protein. Quinoa is another great source of protein and can be substituted for chicken in this dish for vegetarian diets.

Other vital nutrients for fetal growth, according to Registered Dietitian and prenatal yoga teacher, Rebecca Thieneman, are folic acid, iron, and zinc, all of which can be found in dark leafy greens like spinach. Lentils are also a great source of folic acid and zinc. Folic acid is essential for brain and spinal cord development and zinc aids in supporting a healthy immune system.



### RECIPE

4 medium leeks, washed and chopped, light parts only  
2 large tomatoes, diced (or one can of diced tomatoes)  
1 large onion, diced  
3 cloves of garlic, minced (or more!)  
1 cup dried lentils  
3 cups chopped greens like spinach, chard, or kale  
2-3 medium carrots, diced  
6 whole boneless chicken thighs  
6-8 cups chicken broth  
A few sprigs of thyme  
1 teaspoon dried oregano  
1 bay leaf

1. After you have prepared all of your vegetables, layer them, along with the herbs, lentils, and broth, into your crockpot.
2. Add the chicken on top.
3. Set your crock for 4-6 hours on high or 8-12 on low. Alternatively you can do this on the stove by bringing the soup to a gentle boil and then turning it down to simmer for an hour or more, until lentils and chicken are cooked.
4. Remove chicken thighs, shred them with two forks, and return to crockpot or pot.
5. Season with salt and pepper as needed.
6. Enjoy with a bit of parmesan cheese or fresh herbs like parsley.



**Jessica Schmonsky** is a graduate student at San Francisco State University, currently studying medical anthropology. She is writing her thesis on maternal health and the work of doulas. Her hope is to one day combine her interest in women's health with her interest in food and nutrition.

# MEDIA REVIEWS

## Review of

### ***Birth Work As Care Work* by Alana Apfel**

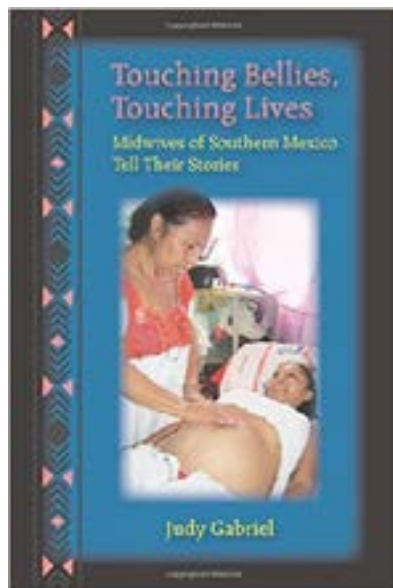
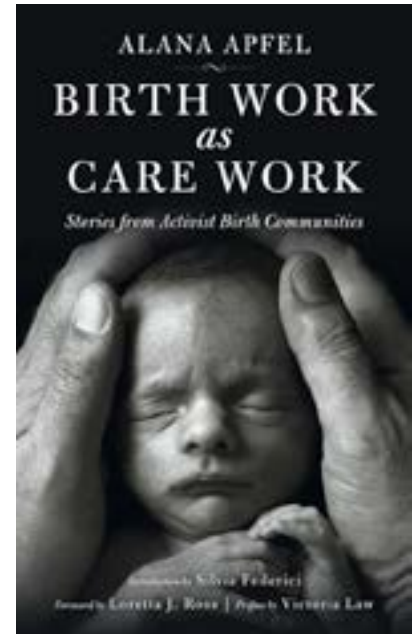
Review by Angela Anderson

Break out the tissues and breathe deeply. Alana Apfel imbues *Birth Work As Care Work* with intimacy, empathy, and buckets of love.

I had the great honor to witness the development of this anthology. While working towards our Master's degrees in Anthropology and Social Change at California Institute of Integral Studies, I cried tears of awe on many a train ride as I read the drafts of these stories. In our graduate work, Apfel and I were trained in scholar activism - creating knowledge that is useful to the communities portrayed within. Simultaneously training as a doula and a scholar activist, Apfel united compassionate birth work with the political: radical activism, postcapitalism and commitment to intersectionality.

Apfel hits that mark in this anthology, with a call to action and a commitment to birth justice for all birthing people. Unique to books about birth, Apfel explicitly recognizes that birthing people can be of any gender. The collection opens with an invitation to recall our own births. It was not until reading the narratives Apfel co-created with other birth workers that I realized how profoundly our own births affect us for the rest of our lives. Stories range the spectrum of birthing experiences: from traumatic birth and disappointed parents to transcendent, communal births full of love and light. Apfel expands her analysis of birth through the politics of working as a doula, pointing out that many of the uncritically glorified ideals of birth are rendered unavailable to some birthing people on the basis of class, race, and other factors. Rounding out this holistic approach to birth work, Apfel includes a collection of herbal recipes beneficial to pregnant, birthing, and postpartum people.

Through *Birth Work As Care Work*, Alana Apfel calls for deeper awareness of the experiences and lives of pregnant, birthing, and postpartum people. I was fortunate to read parts of this collection before I gave birth, and the perspectives I encountered certainly helped me birth my child without attachment to outcomes and without fear. This collection on birth is truly rare and precious. As pointed out, birth is a part of all our lives - for this reason, I encourage everyone to take this collection in.



## Review of

### ***Touching Bellies, Touching Lives: Midwives of Southern Mexico Tell Their Stories* by Judy Gabriel**

Review by Molly Dutton-Kenny, Editor, SQUAT Birth Journal

*Touching Bellies, Touching Lives* chronicles the journey of Oregon doula Judy Gabriel and her encounters with clients from Southern Mexico in Oregon, and hundreds of midwives from Southern Mexico in Oaxaca, Huajuapán, Zihuatanejo, Chiapas, Tobasco, Yucatán Peninsula, Vera Cruz, Puebla, and Morales, sharing their stories and reflections on birth, midwifery, and family life in Mexico. Exploring questions about why cesarean rates are so high in Mexico, why homebirth midwives are not attracting new apprentices, and what is happening to the state of birth in Mexico, this book offers great insight into a cultural tradition and its interaction with modern obstetrics.

As an outsider/foreigner Gabriel admits she can only go so deep with her understanding of cultural values and interactions, though her mastery of Spanish and deep respect for her interviewees, as well as knowledge of birth, paved the way for enlightening conversations. Most compelling are the extensive verbatim excerpts in the words of the midwives themselves, chronicling how they came to attend births, which government trainings have been helpful or not, and how they have been received in their communities. Many tell stories of their own childbearing and speak about the

childbearing of the next generation. The vast majority of midwives interviewed are toward the end of their careers and lives, and it is a treasure to have their wisdom preserved in this way.

While issues of cultural appropriation, and for whom and why and in what language this information is being preserved, are not directly addressed, the reader can feel the earnest love and camaraderie the writer has built with her interviewees, especially

in passages in which she returns years later to read back the interview now made into a story, bringing pictures or other moments from their family members who are now living in Oregon. Had this book been written in Spanish, written by the midwives themselves, or even by an outsider of Southern Mexican descent, there may have been many more subtleties and details explored from common cultural understanding, but written as it is, it is a powerful look for those not from Southern Mexico into the lives and work of Southern Mexican midwives.

#### Review of

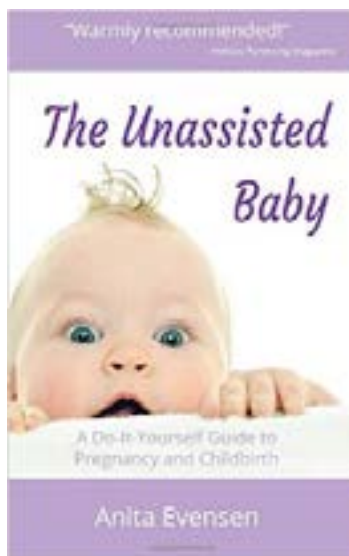
### ***One Day Young (In Hackney)* by Jenny Lewis**

Review by Molly Dutton-Kenny, Editor, *SQUAT Birth Journal*

*One Day Young* (it's international title) / *One Day Young in Hackney* (it's local title) is a collection of Jenny Lewis' photography capturing images of mothers and their babies within 24 hours of birth. The images display the range of raw emotions, feelings, appearances, and beauty of newly postpartum mother-baby dyads. Moms peer out from behind unbrushed hair, their bellies still large, some dressed up for the occasion, others not, cradling their mostly naked babies, fragile, pink, and new. Some babies sleep, others wail, some mothers beam, others stare quietly, but all hold that radiant, calm confidence of a mother and her new child. The similarity in many of their looks is truly striking, suggesting a universality of early postpartum, and a trust and ease between mother and child.

Photographer Jenny Lewis leafleted her neighborhood of Hackney in East London to recruit subjects and built the portfolio of stunning photographs over five years. Photographed in their own home, her subjects portray a refreshing diversity of living situations, backgrounds, and birth settings, though almost all share a serenity of peace after the storm, accomplishment, protectiveness, and cautious fragility. Lewis reflects in her introduction: "...very early on I knew I wanted to focus on the first twenty-four hours, when a woman's body is engulfed by hormones, to capture the unrelenting physicality of the moment, straight from the battlefield...I find the collection of images quite defiant and beautiful, challenging the expected vision of those first twenty-four hours, a pure celebration of what it means to be a mother."

*One Day Young* as a collection is my absolute favorite book of photography about childbearing. Her raw, honest look at early postpartum is a rare glimpse into a deeply intimate time in a growing family. Share it with your friends in new parenthood, or if you work with expecting clients, leave these images out for them to see. Even with the house a mess and mom barely dressed, these images show the beauty, calm, and utter love of the first days after birth.



#### Review of

### ***The Unassisted Baby* by Anita Evensen**

Reprinted with Permission from *Holistic Parenting Magazine*, 2014

Anita Evensen recently delivered the latest addition in the freebirth genre, *The Unassisted Baby*. This book is full of comprehensive information about everything to do with freebirthing: why, how, when, before, and after! The philosophy of this book rests on the premise that childbirth is a natural event and women's bodies are designed to handle pregnancy and childbirth without requiring medical assistance. Medical interventions have their place, but for a normal birth, they often do more harm than good. *The Unassisted Baby* tells you everything you need to know in order to make the best decisions for yourself and your baby.

The book is available on Amazon. She also has a website with articles and blog topics about pregnancy and childbirth. You can find that at [www.theunassistedbaby.com](http://www.theunassistedbaby.com).



# RAD MAGAZINES

As soon as we made the decision to retire SQUAT I started feeling a serious void in my life for print media. All of a sudden I became an avid magazine consumer, looking on every newsstand, desperately scouring Google searches, wanting to find somewhere new for my energy, my eyes, and my soul. I needed new outlets for writing and reading, and in my hectic life as a midwife, partner, and stepmother, magazine-style short articles are perfect. While there is nothing quite like SQUAT (yet!), there is a great deal out there keeping me enriched and inspired.

As SQUAT retires we want to be sure to re-direct our readers to other inspiring print and online magazines they may enjoy that celebrate diverse, radical, alternative, and holistic birth, parenting, identities, midwifery, and more.

As I recently moved to Canada, I have done my best to include Canadian and American media outlets. I believe we have a hell of a lot to learn from each other.

--Molly Dutton-Kenny, Editor, SQUAT Birth Journal



## HIP MAMA [hipmamazine.com](http://hipmamazine.com)

Print magazine sold individually (shipped to your house) and in select newsstands.  
\$5.95 US/\$10 Canada (1 issue)

I grew up on Hip Mama. My mother used to write for its early issues. She said the other magazines popular at the time (like Mothering) were too glossy for her, and Hip Mama, based out of Oakland (our hometown), got at the gritty reality of motherhood. After a long hiatus, Hip Mama is now back in print, and is hands-down my favorite of the publications on this list. The writing is superb, varied, succinct, and honest. It is a no-holds-barred reflection of the struggles and beauty of parenting clearly curated by a gifted writer.

*About Us:* The first issue of Hip Mama was published in December, 1993, in Oakland, California, by the founding editor Ariel Gore as a forum for single, urban, and feminist mothers. Hip Mama has been called "fun and irreverent" by USA Today, "delightful" by Glamour, and "cutting-edge" by the Chicago Tribune. The magazine grew up alongside Gore's daughter, covering subjects from weaning to home schooling with humor and political edge. Gore edited Hip Mama for 15 years. After a 5-year hiatus, she's back at the helm, relaunching the magazine with a 20th anniversary issue in 2014.

## RAD DAD [raddazine.blogspot.com](http://raddazine.blogspot.com)

Print magazine now out of print, order back issues for \$5-10

Rad Dad is, heartbreakingly, now out of print (just like SQUAT!) but produced really unique and exceptional work for almost ten years in the form of regular zines, anthologies, and a short run of three magazines highlighting the experiences of fatherhood from a wide spectrum of angles, ages, beliefs, experiences, and forms.





Discount for SQUAT readers:  
save 15% with promo code  
squat15 through March 31st.

## SHAMELESS [shamelessmag.com](http://shamelessmag.com)

Print magazine, by subscription and in select bookstores, \$25 US/\$18 Canada

I picked up a copy of Shameless at the corner bookshop up the street from my home in Toronto after reading about it online. While not directly about reproductive health or parenting, it is an inspiring youth-led publication with a huge focus on indigenous issues, including an article in its most recent Environmental Justice issue on why indigenous midwifery and birth as a part of reproductive justice is an environmental justice issue. I include it in this list for broadening our inspiration, and especially for parents of youth who may want rad magazines in the home.

*About Us:* Shameless is an independent Canadian voice for smart, strong, sassy young women and trans youth. It's a fresh alternative to typical teen magazines, packed with articles about arts, culture, and current events, reflecting the neglected diversity of our readers' interests and experiences. Grounded in principles of social justice and anti-oppression, Shameless aims to do more than just publish a magazine: we aim to inspire, inform, and advocate for young women and trans youth. Shameless strives to practice and develop an inclusive feminism. We understand that many of the obstacles faced by young women and trans youth lie at the intersection of different forms of oppression, based on race, class, ability, immigration status, sexual orientation, and gender identity. As a grassroots magazine, we are committed to supporting and empowering young writers, editors, designers and artists, especially those from communities that are underrepresented in the mainstream media.

## MUTHA MAGAZINE [muthamagazine.com](http://muthamagazine.com)

Free, online magazine

Mutha Magazine comes highly recommended by one of our long-time associate editors at SQUAT, Gwen Roberts. If Gwen likes it, I promise it's good.

*About Us:* Founded by Michelle Tea, MUTHA Magazine explores real-life motherhood, from every angle, at every stage. In pop culture and science. In art and literature and film and television. The ways Moms looked in the '50s and '60s and '70s; the way Moms look now. Baby names and maternity clothes and feminist child-rearing and mothering traditions. Punk moms and hippie moms and hip hop moms. Normal moms and weirdo moms, queer moms and straight moms, tiger moms and slacker moms. IVF and IUI and heterosexual fornication and adoption. Ovaries and uteruses and surrogates. Home births and scheduled c-sections. Bad moms, mommy wars, mommy everything. How people stay creative and vital while raising kids. A place online to hang out with all of it, without having pink flowers or digital sprinkles of fairy-baby dust assault your aesthetics. Welcome to MUTHA.



## GUTS CANADIAN FEMINIST MAGAZINE

[gutsmagazine.ca](http://gutsmagazine.ca) Free, online magazine

While a generalized online magazine and blog focused on Canadian feminism, a recent issue out was on "Moms" and was a beautifully comprehensive look at motherhood from a wide lens, and eclectic experiences. They also publish work on their blog relating to feminism, and update with Sunday roundups of links from around the internet.

*About Us:* GUTS is a digital, volunteer-run Canadian feminist magazine and blog. Our biannual magazine publishes literary essays and reviews, long-form journalism, interviews, fiction, and new media to further feminist discourse, criticism, and community engagement in Canada. Our blog regularly posts informal and accessible content featuring up-and-coming feminist projects and persons of interest, short essays, prose, letters, reviews, updates, and rants. Encouraged by the wide range of thought and experience that exists within the young Canadian feminist movement, GUTS supports new and emerging writers and is committed to soliciting a diversity of voices. Through the collective interpretation of Canadian feminist issues, GUTS hopes to provide insight into the systemic forces and intersecting oppressions that isolate women and trans-identified people across this vast country. GUTS strives to create a forum for a new kind of correspondence.

## MIDWIFERY MATTERS [midwiferymatters.org](http://midwiferymatters.org)

Print magazine, by subscription, \$39 US/Canada

I pour over this magazine when it shows up at my door twice a year, eagerly eating up its scientific research-based take on current homebirth midwifery issues. I have already implemented new practices based on the research in this magazine, such as a standardized way of measuring for Gestational Diabetes using a food-based (strawberry smoothie!) test.

*About Us:* Midwifery Matters is a biannual journal published in January and July committed to publishing student and midwife-led peer-reviewed research and writing, providing resources to practicing midwives, and fostering a space for dialogue within the midwifery community. The first Certified Professional Midwives were credentialed in 1994, and since then, the profession has evolved rapidly, with schools and educational programs developing alongside it. Yet, for all of these developments, there remain few forums dedicated to research for the out-of-hospital birth community. Midwifery Matters seeks to address this gap, not only by highlighting current research relevant to midwifery practice, but also by cultivating a new generation of midwife-writers and midwife-researchers. It is committed to supporting midwives and students alike in developing these skills, so that collectively we can begin to create a new culture of evidence-based midwifery research and writing that addresses the needs of out-of-hospital midwives and their clients.



Discount for SQUAT readers: save 10% with promo code SQUAT10 through March 31st.



Discount for SQUAT readers: save 25% off print subscriptions with promo code HPM2016 through 2016.

## HOLISTIC PARENTING MAGAZINE

[holisticparentingmagazine.com](http://holisticparentingmagazine.com)

Print and online magazine, by subscription, \$20 online/\$36 print USA/\$48 print Canada

I got my first issue of Holistic Parenting Magazine at a Midwifery Today conference, and thought it was the most spectacular parenting magazine: in many ways like SQUAT, but for after the baby is a little older. They are the first to admit they don't identify as "radical," but I have found many of their pieces thought-provoking and in-line with how I'll raise my children.

*About Us:* Holistic Parenting Magazine is a print and digital publication, gestating and birthing six issues per year. In these six issues we aim to share inspiration with others around the world who aspire to parent in a genuinely holistic way. We recognize the cornerstones of holistic parenting to be self knowledge and personal responsibility, a good understanding of and respect for our children's biological and emotional needs. We view all aspects and practices of parenting as intimately interconnected to the whole family and the whole cosmos. Holistic Parenting is an evolutionary journey; no two families are alike!

## MAKE/SHIFT [makeshiftmag.com](http://makeshiftmag.com)

Print magazine by subscription, \$25 US/\$30 Canada

I took this magazine to a birth a few weeks ago and it was a hit! In between the laborland contractions and the early effects of an epidural, the client's sister read out loud an article on the "Radical Brownies" formed out of Oakland, CA, offering an alternative to Girl Scouts.

*About Us:* Make/shift magazine creates and documents contemporary feminist culture and action by publishing journalism, critical analysis, and visual and text art. Made by an editorial collective committed to antiracist, transnational, and queer perspectives, make/shift embraces the multiple and shifting identities of feminist communities. We know there's exciting work being done in various spaces and forms by people seriously and playfully resisting and creating alternatives to systematic oppression. Make/shift exists to represent, participate in, critique, provoke, and inspire more of that good work.



Discount for SQUAT readers: \$5.00 off a new subscription, contact magazine for payment.

I have no personal experience with the following, but they come recommended by other folks in the community:



## OUTWORDS [outwords.ca](http://outwords.ca)

Print magazine by subscription, free at local outlets in Winnipeg, Manitoba, \$39.99 Canada

*About Us:* Outwords is a non-profit organization that publishes Outwords a (free) magazine that provides news, analysis, and entertainment for the gay, lesbian, bisexual, transgender, two-spirit and queer community and its allies. Slanted toward parenting and families. Based in Winnipeg, Manitoba (Canada). Impressive online article archive.

## ELIXHER [elixher.com](http://elixher.com)

Print magazine sold individually, \$14.99 each

*About Us:* ELIXHER is a GLAAD Media Award-nominated website and magazine. It is your go-to resource for all things empowering, thought-provoking, and pertinent to Black queer and trans women. You'll find news, uplifting profiles, local events, political commentary, personal reflections, and more.



## RAIN AND THUNDER [rainandthunder.org](http://rainandthunder.org)

Print magazine by subscription; sliding scale subscription rates (\$1 for every \$1000 of annual income or flat rate of \$25, free to incarcerated women)

*About Us:* Rain and Thunder: A Radical Feminist Journal of Discussion and Activism is a grassroots publication created and distributed by a collective of radical feminist women. Started in 1998, Rain and Thunder provides a space for radical feminist thought, analysis, creativity, activism, and resistance to flourish. We seek to bring to the forefront the voices, issues, politics, and struggles of radical feminist women in the U.S. and internationally.





BY ISABELLE LEBIRE FOR THE COLLECTIF YONI

**How to describe what SQUAT represents to us, the Collectif Yoni?** Everything began when I went to Haiti and met a wonderful person, Ananda. She was the one who first talked to me about SQUATfest, a festival where radical midwives and birth workers would meet in San Francisco. In a minute I knew I had to go there. I spoke to a friend about my crazy idea: going to San Francisco to meet other radical birth workers. This friend talked to another friend about it, and so on. Very soon, myself and seven other people from Quebec were going to the first SQUATfest gathering!

This experience nourished the seed that had already sprouted inside us: the desire to speak and share around midwifery subjects that were considered radical. With this inspiration, back in Quebec, we decided to meet and share our SQUAT experiences with each other. We wanted to inspire others in emotional and practical ways.

We asked each other: where do we go? What should we do? Soon, the idea of a Festival became clear in our heads.

The creation of the Collectif Yoni and the YoniFest united us, as well as the birth community here in Quebec, and beyond. Organizing the YoniFest demanded a lot of time and sacrifices. We had to make difficult choices, manage conflicts between some speakers, and put up some unexpected boundaries to make sure everyone was respected. But all the time, we were together in this "yoni" wave.

The YoniFest itself is very hard to describe. It was an incredible experience. During those days, a community was created, or should I say, reunited. Kids were running on the land, refreshing themselves in the river. Dads, mostly, were taking care of them while their partners were sitting in a red tent or dancing the heart-utero-unity or participating in Molly's workshop on The Midwife As Abortion Provider. Everyone was gathering, and agreeing on setting misconceptions aside. We listened to Jorane's music, laughed at Emilie's Ouellette's jokes

and, most importantly, we stepped outside of our comfort zones and revolutionized our ideas of what is it to give birth and be a parent.

All of this happened because of you, SQUAT! Your belief in radical midwifery, in reproductive justice, in a world in which people aren't judged because of who they are and what they choose to do with their body inspired us and continues to nourish us.

We will always be grateful toward each and every one of you.

We hope that this end is only the beginning. The beginning of new projects in your personal lives, but also in the radical birth movement. We love you!!

*The COLLECTIF YONI croit aux savoirs intuitifs et instinctifs. Il offre des espaces de questionnements, de réflexions, d'expression et de prise de conscience autour du sacré de la naissance et sur la capacité des femmes à mettre au monde leur enfant et leur placenta par elles-mêmes. Nous célébrons le pouvoir universel des femmes, des personnes et des bébés et leur droit de naître dans la dignité et la sécurité. Le COLLECTIF YONI organise le YoniFest, un festival international qui remet en question la culture actuelle de la naissance.*

*YONI has faith in intuitive and instinctive ways of knowing. The COLLECTIF YONI creates spaces in which to question, reflect on, express, and manifest the sacred quality of birth and the capacity of women to birth their baby and placenta by themselves. We celebrate the universal power of women, people and babies and their right to be born in dignity and security. The COLLECTIF YONI organized YoniFest, an international festival committed to questioning birth culture today.*

YONIFEST@GMAIL.COM

WWW.YONIFEST.CA





Photo credit Collin De Laval

# REFLECTIONS ON SQUAT

by Jaydee Sperry, Co-Founder, SQUAT Birth Journal

SQUAT was born from the commitment to show up. To show up to the places and spaces that seemed like change was being called to. Evolution at its best. Why not write about it? Why not find a vehicle to express the voices running rampant in our heads, the ones that keep us awake, the ones that spin us around and around and that we seek a landing pad for? SQUAT was this for us.

SQUAT grew as a momentous platform for expression. From the artists whose work we featured, to the professionals' perspectives, to the mothers' stories who sang heartfelt musings of birth and babies. SQUAT was alive. SQUAT continued to weave and ebb and flow through our recent history of birth work and radical industry. SQUAT was for those who existed on the edge of our current cultural constraints to be heard. For souls' stories to dance and perform.

When Meghan and I soul-stormed SQUAT into existence, the biggest fuel to our fire was the desire to create a place where people who wanted to show up, could, and then be witnessed in this act. Witnessing is one of the greatest offerings we as humans can provide one another; simple, natural, elegant. From the experience of witnessing we flourish, we create, we heal our wounds, we make right action, we change, we evolve.

I am grateful for what SQUAT has offered to the history of humanity. I am grateful to everyone who has found the time to show up and offer a piece of themselves to this momentous, momentary representation of our potential. Thank you, Thank you, Thank you. And please, let this always be just the beginning.



**Jaydee Sperry** is a Quantum Midwife (currently not practicing), Birth Assistant, Childbirth Educator, Yoga Instructor, and also a founding editor of the SQUAT Birth Journal. She is dedicated to bringing different health care communities together, through facilitating women and families during the rites of passage of the childbearing time.

# To the Children I've Caught

by Ynanna Djehuty

To all the children I have had the honor of being part of their welcoming committee:  
The ones I got to know as you grew, making your mother pregnant with your existence;  
You, who preferred the left close to her heart with your back against her flank,  
I contemplate you often.

I struggle to remember each of you uniquely as the births melt into each other like sunset,  
My body feeling the endless hours awake with your mothers hoping you'd emerge;  
Your galloping horse of a heart decelerating as uterine contractions push your head closer to the crossover,  
Racing once again as the dramatic metamorphosis unfolds in the most necessary of pains;  
You are otherworldly.

Mother open portal releasing this creature  
This intricate wiring of blood vessels, muscles, hormones, vital organs, bones & flesh  
Still evolving, still becoming something.

I often think, when I prostrate myself before you, becoming present for your first physical examination,

What wonder it is that all ten fingers and ten toes are possible.  
That understanding the spiritual science behind your being makes you indeed magic  
For simply manifesting  
For becoming.

I am always compelled to be in awe of being human;  
To be this magnificent and expansive while sobered by my temporary nature.  
I am reminded when I can feel your pulse in your anterior fontanel on the occasion when I place  
an arbitrary measure on a disappearing cervix  
That you leave an eternal ocean to understand the earth and its inhabitants.

The crowning of your head into my hands is enough to dumbfound me in amazement if not for  
my charge;

I remember one hazy late night hour blinking away sleep as I held a towel, awaiting you,  
My jaw dropped watching you be delivered by your momma  
Your body fluidly changing dimensions spiraling out;  
It was seeing you join us for the first time that reminded me in my weariness  
This moment, this day of your birth  
Is miraculous every single breath  
Remembering I was one of the first to hear the symphony of

Your butterfly lungs expanding with air  
Marveling at how incredible magical human beings make themselves into this reality.

**Ynanna Djehuty** is an Afro-ascendant woman with roots in the Dominican Republic. She is a midwife, reproductive health activist and writer. The focus of her work is the empowerment of women and people of the African Diaspora.

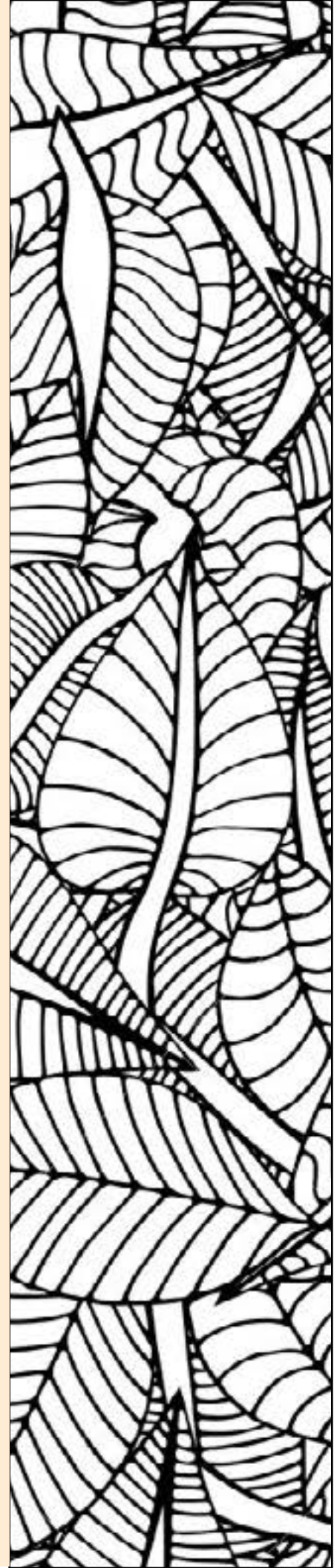




Photo credit Collin De Laval