Welcome to Indie Birth's series of podcasts here on iTunes, Taking Back Birth.
Maryn here today, wanting to talk about "high risk" and homebirth.

I see and hear from women all over that are being told they are "too high risk for homebirth". So today, I thought it would be fun to explore what that might mean, what it means to them, and how we can begin to talk about things a little bit differently. In a lot of ways, I can say that it's not something that's in my personal set of beliefs any longer. We'll talk more about risk in general; something we all do everyday is assess risk. As far as birth, I think it's safe to say that many colleagues i have, and even people in my social media circle, people are ready to do away with such a concept. I think that's where we should be going, and i admire that. But this podcast today is really more for people that are exploring this. If you're totally not going to think any longer about what makes someone high or low (or no) risk, then this may be the podcast to skip. However, I think there are many people out there, many women who are being told they can't have a homebirth for a variety of reasons. This podcast is for them. I hope we can explore these things together, so that you can truly find what's right for you.
What is a risk? You could google that! In my mind, risk is a concept about how dangerous something is. You could compare that with a "real" definition <*a situation involving exposure to danger*>, but I think what stuck out for me as I was thinking about it was that risk is a concept, not something that is real, and is very much focused on the negative. it's not an assessment of anything positive, but an assessment of perceived danger. In this case, how dangerous homebirth would be for someone.

The lovely Gail Hart had this to say on a Facebook thread about this topic: "Risk is more of a legal term than an actual event. Risk is something which has not happened. In itself, risk does not exist. It is only a mathematical estimate of probability." Thank you Gail, I like that definition. Wow...ok, take her definition or what the dictionary says, for me it feels really rigid and inflexible. Obviously based on numbers and probability, which is something most of us don't utilize when making birth decisions. Right off the bat, you could be someone that is struck by that chord, maybe it doesn't quite belong. you're told you are high risk because you have more than one baby. Is that really the truth? Risk is definitely determined by the medicalized birth world. it's true that midwives might have their own assessment of risk - and many do - but I would argue that it's carryover from the overarching medical paradigm, and that truly, in their hearts, most midwives don't view women as a set of risks. Risk feel so abstract, doesn't it?! I feel like I'm not even talking about a concrete concept. In the medical world, risk is all about the probability of something dangerous happening, physically. And even that is not perfect. As we know, everything in life does have risk. If we want to talk about it that way...we could also reverse it and say "everything in life has so much promise". Everything is potentially risky, even crossing the road or taking a breath in the morning, eating food, anything! This topic reminds me of a podcast I did a few years ago about making birth safe. I don't believe it's possible to MAKE birth safe. I don't think it's possible to make life completely safe. Everything has risk. I want to be clear on that. For many listeners, that's nothing new. But if you are just beginning to think about these things, remember that birth is as safe as life is, and we're always taking risks. We're

always calculating possibilities and choosing what"s best for us, but not in a way that life is foolproof, just that when we choose what is best for us, it usually works out.

In a homebirth setting, who is determining the risk? (It seems like a really obvious question, but I'm hashing this out for people who haven't thought through these things. As you start digging, some things that felt obvious start to sound really crazy.) For homebirths, parents may be the ones, although rarely. Usually the ones determining risk, or deciding "how dangerous this may be" for this particular woman and child, is the State, with their rules and regulations of midwives. Then the midwives themselves and/or medical people like backup doctors (or some states which require homebirth clients also see a doctor). So...all these people are involved with giving their opinion on whether or not this woman is "suitable" for homebirth. Basically, how likely disaster is. This is horrible, but that's really what they're saying. No one is asking how well this birth is going to go, they're stacking up reasons that it won't.

So...determination of risk is based on what? Let's take the example of someone with more than one baby. Most people say that's high risk. Most midwives can't care for those women. Many doctors won't allow a vaginal birth for these women, because it's "high risk". What are they basing that on? A couple things:

- Research, perhaps (and that is a very big "perhaps"). Often the research done is not on a homebirth population or with birth practices that midwives would use; practices focused on physiological components of birth.
- Another determination might come from popular opinion. Think about that for a minute: this woman (this imaginary woman with more than one baby) can walk into a grocery store, and if she reveals she's having more than one baby, it could lead to someone in line offering her advice based upon popular opinion, that it's really dangerous. That's most likely the kind of feedback she'll get.
- Fear is another determinant of risk. And really, it's ALL based on fear! Fear is necessary to assess risk.
- Protocol is sometimes used to assess risk, but that's not really a thinking assessment. It's just that something has been written down and followed. At the hospital, for example, let's say they had a breech baby come in 10 years ago, and the baby died, and suddenly the protocol around that is that vaginal breech births aren't permitted in that hospital. That becomes a "high risk category" only because the protocol changed.
- Malpractice and liability determine risk.

Insurance coverage is really based on the concept of risk assessment. An example of that is applying for health insurance and getting quoted a rate based on your health history, etc. Someone's past can determine what they view their risk to be. Let's take Gail Hart's example (because I couldn't have said it better myself): She says, "A couple of times I have had criticism for taking on a 'high risk' client. One was a woman who had a previous baby at 30 weeks and was a smoker. I was getting all the flak for 'risk status', preterm birth, IUGR, and, and, and… I kept pointing out that she was now at term with a normal sized baby, but the person kept harping on that she is high risk. They could not see that she now is not high risk."

Rules and regulations (like the ones here in Arizona) may say that a woman with a previous postpartum hemorrhage is “high risk” and midwives may be able to care for her after a physician consultation. A woman’s past becomes part of her present, and causes her to sort through red tape, creating by her label of “high risk”. If someone has some kind of disease that is always present in each of their pregnancies, that may be seen as a legitimately “high risk” (rightfully or wrongfully, who knows!). But pregnancies are different, and we as midwives see how much goes into prevention of certain things, like a preterm baby, so it’s not an accurate assessment at all to take someone’s past and make them high risk now. As smart people, being the woman or the midwife, we can use past information to help us prevent certain situations and strive for a better birth and/or outcome, but to have it subtract from someone’s ability to have a homebirth seems ridiculous.

Some things that constitute risk in mainstream birth (I’m saying mainstream, but I also mean homebirth with medicalized midwifery, which is pretty close to mainstream medical birth) and may “risk someone out” of a homebirth, as they say:

- Age. Simple age. Usually 35+.
- Parity. (If you listen to my podcast on *Grand Multiparity*, and you’ll know that parity means “the number of times that a woman has given birth is greater than five”.) So someone like me, who has given birth 8 times is considered high risk, even in Arizona, where midwives attend homebirth.
- Prior hemorrhage.
- The presence of a breech baby.
- Twins or multiples.
- Preterm labor
- Post-dates pregnancy
- VBAC (Vaginal Birth After Cesarean)
- Medical conditions

That’s a short but a pretty all-encompassing list for women who are looking for a homebirth and are trying to make sense of this label, and are wondering if something bad will happen…

Who SHOULD be determining risk?
The State is determining risk for the parents AND the midwife, and that gets talked about virtually every one of my podcasts! And as I say all the time: midwives are often great, caring, smart, knowledgeable people, but they are at the mercy of these rules and regulations. If they have this list in front of them, and the State has determined that they can not care for women who have any of these circumstances going on. The State is then determining the risk, over and above the parents, over and above the midwife. Obviously, the WOMAN should be determining her own risk, and perhaps that is the take-home message of this podcast. We know, as people, as living, breathing, thinking, feeling, complete people, that we DO think about the positives and negatives of situations (and really, that’s all that this work “risk” is, I think, in best case scenario). We weigh that and decide what’s best for us. But...we are weighing this decision, not just on physical circumstances, or something simplistic like our age, we are weighing it on so many

levels: emotional factors, mental, spiritual - all of these things come into play when a woman is deciding what's best for her, even if she's not going with this mainstream assessment of risk and recommendations.
It's largely unknown how we make decisions sometimes. Especially those of us in touch with our intuition or (however you want to phrase it) Something Bigger, we don't know sometimes how we KNOW we need to go one way or another. In it's simplest form, that's what we need to get back to. People finding that place inside of them. And then, this whole discussion about risk would be obsolete, and that would be a good thing.

Life comes with risk. That's just the way it is, being human on this planet. We must decide at what point (or where, or how) we want to take on that responsibility. If we try to get away from only looking at the negatives, then we're looking at our birthing situations honestly and begin weighing the positives and negatives. I think, ideally, parents/women should be able to access tools of assessing risk if they want to, with no one determining what to do with that information. I don't see that happening anytime soon, really (sadly), because once you're in that system, they get ahold of you. What I mean by that is I don't think it's helpful to judge people that are using outside tools to help assess what's best for them. Some women will choose ultrasound, for example. I'm not saying that I would, or that it's necessarily accurate information, but if we're really going to allow people to be adults, and to choose for themselves, then I think everything should be on the table. In reality, I don't think that's going to happen anytime soon, because if someone subjects themselves to those assessments, they usually get sucked in.

As far as midwives, how does this look? How does this feel? Gail gave her example earlier of taking on someone that was "high risk", and it's something that's really become another point of division among midwives. It's become another way to insinuate that regulation is better, when we talk about these kinds of things, because we've already agreed that these labels are accurate and that midwives who step outside these boundaries must be reckless, they must be stupid, or they must be dangerous. Of course, when you open your mind to that scenario, these are midwives (and I am one) for whom it's not really about that. It's about where the woman feels safest,and what she has assessed to be best for her. Now, that said, it's not always that simple. Certainly women can come to midwives with a specific set of risks, such as high blood pressure, a breech baby, or twins etc. And I don't think every midwife is obligated to serve every woman just because she thinks this notion of risk is ridiculous and shouldn't exist. I think as midwives, we still have our boundaries and just like the assessment of someone's risk is complex, taking on a woman to work with her is complex. It's never just physical, not in my mind. It's also emotional, and personality and so many things go into it. Midwives are obviously just human too, and we have our own limits and may not be educated in all areas as we'd like. Something that comes to my mind is certain medical conditions, something like diabetes. We're taught as midwives that it's very high risk, that we should never care for a woman at home who is diabetic. That isn't something that I've encountered in real life, so I don't really know how I feel about that. I don't know all that it encompasses; I haven't met this woman yet to learn more about her and her situation. I can say that perhaps I would have limits on my involvement with certain births. All to say that I don't think every midwife, everywhere has to abolish the notion of

risk, in the small picture, because we are still wanting to work with the right people for us, we're still wanting to make the best use of what we know.

Sometimes we're just not the right match for someone. Usually, in my experience, that doesn't have to do necessarily with with "risk" of the woman, but if there is an area that is beyond my knowledge, then I might not be the right person for her. It's less about "risking a woman out", and more what Margo would say (in her wonderful blog post), it's about "risking ourselves out" as midwives. We say "I"m sorry, I'm sure you'll be fine. I trust you to do what's right for you, I'm just not the right person for this job". I think that's perfectly acceptable, and something that has been glossed over in this discussion of risk. Instead there is a pitting of midwives against each other, when really, I think any midwife worth her salt is very deliberate about working with the people she does. So it's not really about that risk discussion, although I will say, there does seem to be a high percentage of midwives out there who are practicing in the mainstream medical model, that definitely do approach situations this way. Again, that doesn't mean they aren't caring, loving people, but their paperwork or protocol really have *does* them assessing risk, literally on paper; with check boxes, and numbers, and if a woman scores outside of that, she isn't allowed to take her. Some of them then criticize other midwives who do work with these women. But really, they're not evaluating the whole situation, because they're not allowed to, and they're comfortable with those boundaries. It's OK to have boundaries. Not every person should work with any one midwife. Perhaps I should say; not every woman should have a homebirth! But that's not really my business, honestly. My business is to work with the people that I feel connected with, and for me, that's outside of looking at them as a set of risks. That said, I think there are other ways to think about what a birth might constitute. I don't have a word for that, but that's part of being a smart person. If a woman comes to you with a set of circumstances then each one can be dealt with separately. If it's something like a past hemorrhage, for example, then it's a larger discussion and plan; perhaps nutrition and other ways to "lower her risk", when in reality: A) the medical model doesn't really believe you CAN lower her risk, and B) as midwives, we're not really thinking about the risk in that way, but thinking about how to help support this birth to be healthier, so there is still an assessment, it's just not defined the same.

Along with that , just like risk perspective from a doctor is largely opinion, or what he might hear in the conference room, or hospital policy, my perspective is only mine. I don't necessarily believe that every woman should have a homebirth. Statistically, I think that's just impossible. I'm not thinking of anyone or a situation in particular, just statistically, not everybody does the same thing. That's just my opinion, so I can support a woman's right to choose whatever she wants, not just when it makes sense to me. I think if we felt like *that*, then this whole discussion would be off the table. Women would honestly be able to get great support in figuring out what is best for them, and where they want to take chances or not.
What is "high risk", in more detail? I mentioned some studies about risking women out, such as breech homebirth with midwives, in many places. You can listen to the Breech podcast I have, but just for example, the current social and intellectual training on breech is that it's dangerous.

This belief mostly comes from what is essentially a faulty trial called the “Hannah Breech Trial” and that study was not done accurately, however, the damage has been done.
If you have some kind of situation, you are planning a VBAC, or have a breech baby, then I urge you to get some out-of-the-box opinions, read some studies. It’s so easy to just google a study, and that’s great, but assessing whether the study was done accurately, or if it’s even a good study, does take some training. That can be eye-opening for people that tend to rely on numbers to figure out their situation; that sometimes the studies are NOT really what they seem to be.

Sometimes, like here in Arizona, some risks (such as breech births at home) aren’t actually prohibited, but require “a mandatory consult”. There are some midwives who take that to mean that attending a breech birth was fine, you can’t always get a consult, especially for a surprise breech, but there are also midwives who just for sheer political reasons, won’t entertain the idea of taking on a woman with a breech baby. Just ponder that...there is a set of rules and regulations, you think, if nothing else, you could stand by that. You’re newly pregnant, you hire a licensed midwife, you are smart enough to read the rules and regs, and you accept the risk of hiring a licensed midwife, and then you end up with a breech baby at 38 weeks, and that’s news to you, when she won’t attend your birth because of politics. It’s not written anywhere, but she simply cannot extend herself in that way for fear of the political ramifications should anyone find out. I want to emphasize how huge “public opinion” is. If you don’t already know this, perhaps you’re better off staying in your bubble, I don’t know. I occasionally get pushed out of my bubble and I realize the absolute fear that is in the public mind and consciousness about birth. If you’re a person that wants a VBAC, for example, I think sometimes you don’t even know why you consider yourself high risk, or why it might be considered dangerous to consider having a baby at home after having a c-section. Yes, there studies, but most of it just unconscious fear-mongering that lives in the public. Be aware of it, because we carry that. Even via stories we heard as children can effect that, myself included. I was born in the hospital - my mom had my sister and I there. A lot of these ideas, in our modern big-picture, are fairly new for me as well. Consider how deeply you are conditioned by social expectations, by public thought, and for some people, that is really revealing. When they realize they aren’t actually believing this, they are just carrying it, and some people do that more than others. Some people are more sensitive, and they can feel the collective fear and they tend to carry it more internally than some other people. Just something to examine if you’re being told you’re high risk. Do you believe that? What is important to you? Where are these thoughts coming from? It’s a huge one. Things pop up that you might not have known were there.

In the mainstream, medical midwifery model, “risking out” can happen at any time. This is what we know. Birth centers, in particular are pretty notorious for risking out people at the last minute. Anything can happen, they can decide - for any reason - that they don’t want to deal with you. Again, it’s probably not really based on YOU, but a set of conditions or risk factors that make it unfavorable for them to work with you. Something that comes up a lot here is postdates pregnancy, because a midwife can’t care for someone past 42 weeks. Women can be determined to be high risk, and all they are are 42 weeks pregnant. That’s the only thing;

they've been pregnant too long for the system. That creates the label "high risk". Midwives are taught that it is dangerous to keep a baby in utero longer than 42 weeks, even though that study, as well, was faulty. That is old information that hasn't been updated in educational circles and public thought. That can, and does, pop up at absolutely the last minute. There you are...too high risk for homebirth.

Other things are more subjective and can happen any time; if the midwife determines that your baby isn't growing well (and that's pretty rare), honestly, for the population that midwives see. But, if they are using medical assessment for risk - let's say this mom is 41 weeks, and she has to (by the letter of the law that the midwife operates under) get a biophysical profile every 2 days (an ultrasound in which they measure several things, including fluid levels), and the mom comes out of the biophysical one day and the radiologist determines that the baby has IUGR (Intrauterine Growth Restriction) - the baby isn't growing well for dates, and that's it. All he has to do is relay that information to the midwife, who now has this documented, and she is going to determine the woman to be high risk, most likely. Maybe not every time, but probably, if she's getting close to 42 weeks anyway, it's just easier to have you induce or leave. Margo and I have had women come to us with those exact scenarios. I can't say that every single time that happens that it's bogus, but it seems like often, it is, because we know that ultrasound can't read accurately fetal weight. The point is, someone can become suddenly high risk when minutes before, she wasn't. When you hire a midwife in the system, it helps to be aware of situations like this before you are in the middle of one.
Another example of questioning where the label of "high risk" comes from is VBAC risk. The risk of having a uterine rupture after one cesarean with a low transverse scar is no more risk than a cord prolapse, really. Both are risky, both are horrible if they happen. Both are possible, but both are pretty rare. Think about that for a moment. It should probably be a whole podcast just about VBAC, just for that reason. That whole issue has been really blown up, to the point of ridiculousness, and women can't find care providers. They can't even find hospitals that will allow them trial of labor. All because of some crazy statistic that is no more common than a cord prolapse.

Money, power, fear determine risk assessment, and if we're really in our power and trying to choose what's best for us, you can see how it doesn't make sense. If you choose that system, then you will be subjected to that risk assessment. Here in Arizona, at one of the nearby hospitals - and it might be similar where you live - does a VBAC assessment of some kind...literally on the computer. They ask a series of questions: the woman's age, her weight, etc, etc. It adds up the points and spits out a number that tells her "yes, you qualify for trying to have a vaginal birth" or "no, you most definitely do not". Anecdotally (I don't have any numbers from this hospital) It seems like lots of women - more women than not - are being told they don't qualify, so almost laughable - except it's not because of course, these women are being cut open unnecessarily - because we, as the public, have subjected ourselves to these ridiculous routines that may or may not mean anything. But the fear is so real that many women and families do willingly go that route, do a lot of these things we've been talking about. They think

this is a “real” assessment, this is REAL, this is about them, this is about their birth, when really, it’s just a bunch of equations on a paper that may or may not ever apply to them.

Another tidbit about VBACs that I thought was interesting: this was taken from another state, I don’t know what state, to be honest, but I think it applies here in Arizona too. It’s pretty typical, so I thought I could quote it. Midwife clients who want a VBAC with a licensed midwife are now “allowed” here now, in Arizona, to accept some women who have had cesareans, but not all. Here are the requirements for “acceptable VBAC client”: Low transverse incision documented, a previous vaginal birth (hmmmm...so that kinda throws a lot of women right out the window), no more than one c-section in her history, and the place of birth must be no more than 30 minutes from a hospital. Funny, but not funny. Something that really could be assessed to be no more risky than other birth complications. All birth comes with some amount of risk, especially for a healthy woman who is eating well and taking care of herself: should she be subjected to this RIDICULOUS requirements before she’s even allowed to consider a homebirth? It’s all pretty ludicrous once you start thinking about it.
The box is shrinking, in case you couldn’t tell. People think “Yay! Lots of states are allowing midwives to care for women who have had cesareans and want a vaginal birth!” No, it’s not really “Yay”, because the box is shrinking and I swear, every year, it becomes a tighter box. Very few people, in the end, are eligible for homebirth. Why do you think homebirth hasn’t gotten much beyond 1% of the population in years?! Yes, there are fears and other complicating factors, but this reason alone is a huge one. We’ve relegated midwifery to the medical model, and how we have to deal with this concept of risk. The medical world is smart, and they don’t want what we’ve got. They don’t honestly believe that it’s worth anything. So...how best to get rid of it? Just set up a series of roadblocks so that nobody thinks they can have it.

We DO still live in a society where parents can say “No” and decide for themselves. That’s probably not shocking to most of you listening, but once in awhile, you’ll see something online that someone has said “It’s illegal to have a homebirth in Nebraska” or something like that. No. It’s not illegal to have a homebirth anywhere at the moment (and hopefully it stays that way). It’s not illegal to birth in a tipi, on the side of a road, it’s not illegal to birth upside-down in your bathroom. No. We can do what we want. Having support can feel hard, yes. Often the midwives can seem (or be) illegal, or whatever word you want to use, but it can be something new for some people to realize that you don’t actually have to submit to this system.
I think another problem is that with homebirth, we’ve already got the minority, right? We’ve already got this small segment of people who are thinking differently, and in the big consciousness, that’s scary. Even though it’s a small percentage, it is kind of a threat to the mainstream way of thinking.I think people really do feel tested when their midwife, who they believe to be “alternative” and lovely and helpful towards getting the birth they want...when their midwife tells them they are too high-risk, that’s really hard for the consciousness, for the heart. Knowing women personally who have loved their prior midwives, only to be told later, in subsequent pregnancies, that they are “too high-risk” for her. That can be heartbreaking, and many of these people take their midwife’s recommendation too seriously. We’ve talked about where those recommendations are coming from. Maybe if people are more clear about where

they stem from, it won't seem so shocking, and people will still be able to think outside of those lines.

If we're going to talk about risk, we need to talk about the obvious other side; if we must discuss the risk of VBAC, we must discuss the risk of c-section. Risks of vaginal breech birth; risks for c-section. It's never one-sided. There are risks and benefits to everything. You must understand (that's an order...just kidding!) that the mainstream medical model (and I'm including the mainstream midwifery model in that) don't talk about the other side, and they probably never will. They love to frame things as one-sided, as "birth is dangerous" and they will save you, so you are probably never going to get a doctor that will say to you, "Well, I can understand why you want to have a vaginal breech birth at home. I see that you weighed the risks for you, and that's where you'd like to take your chances, rather than an automatic c-section, which of course has it's own risks and it's own dangerous set of circumstances for you and the baby, and even for later in life". You're not going to hear that. If you came away with nothing else, it would be beneficial to remember that. Sometimes it's hard to make powerful decisions because there is always two sides: dark and light, if you want to put it that way. There is never a guarantee. No matter what they say about risk or safety. There is NEVER A GUARANTEE. And the system is so broken and dysfunctional, that that's where we're at; the system says something, and everyone believes it, even though it's based on fear. That system is about trying to protect itself, not about getting the best, healthiest birth for you. That's not a place to be in, when you're making powerful birth decisions, and I do believe these decisions can be powerful no matter what the outcome, no matter what the decision you come to is. It can still be a powerful decision because you've made it consciously.

The focus on risk is reflective of our fearful society. I echo my sister midwives who said that this is a conversation that is becoming obsolete; we don't need to talk about it. Yes, I agree, in the future, but I still think there are people who need to think about these things and you can base all of your decisions on fear and the what-ifs and the risk of dying, essentially, which is what risk is doing. Or you can focus on the opposite. Or just be more realistic about all of it. Remember that the assessment of risk, no matter where it's done; by your midwife, or by a doctor in a hospital, or just a piece of paper, is just based on the foundational belief that birth is dangerous, and women need to be saved from it. It's also based on the fear of death, and wanting to distance ourselves from death (which is ultimately inevitable). I will again mention the conspiracy theory (that is more theory than conspiracy) that the whole point of assessing risk and telling people they are "too high-risk for homebirth" is to reduce homebirth. It's not really to protect the public. It's a lot like licensing. It's not to protect you or to protect your group. It is to put restrictions on who's allowed to what and who's making money doing what. Of course, we all know by learning about other issues (the gestational diabetes podcast I did comes to mind...that's quite a popular one) that just labeling someone high risk raises her risk. Right? So if we're going to talk about risk in that way, then just calling her high risk, writing in on her chart, if a midwife relinquishes her care and she must go to a doctor, the doctor gets her paperwork, sees she's high risk, automatically her risk of surgical birth and of interventions is higher. That's just a proven fact.

How is it that we can still talk about these things when we know we are not numbers? Birth is not linear and numerical. If those are new concepts, then those are things to ponder and sit with yourself. Birth really is more of an artistic venture. We just don't know much about it in the end. We think we figure out numbers and predictions and statistics, but we still don't know a whole lot.

Mostly when I think about risk and homebirth (or really, anything except a person endangering another person) I believe that nobody needs to be told what to do and that pregnant women are not children. They do not need to be decided for or babysat, which is essentially what this risk assessment is. Of course there is a little side conversation that many women are happy to be told what to do. They don't think they know what's best for themselves. They don't know their bodies. They don't think they know best for their babies. In general, I believe that women (and people) can choose for themselves and that they do know best.

I don't think we need to be nice about it when we figure out what we believe and why we're pondering this. Maybe you already know and think all these things, but maybe it's given you some information to share with someone who doesn't. I think it's about helping people discover what the truth is for them. I think there are more people out there than we know who believe these things. This label "High-Risk", this question "How dangerous is homebirth?", which is essentially what we're trying to determine, does not serve moms and babies, and it never will. It doesn't mean that every birth should happen at home, but I don't think that's any of my business. I think women will always choose what's best for them and their babies. I honestly believe that.

So what can we do instead? We can highlight all of the great choices a woman is making for herself. We don't need to "play god". Maybe you have a friend who's planning a homebirth, and you think she's not a great candidate; you think she's too high risk because she has twins or something else is going on. It's not really your place to tell her how dangerous you think that is, or how stupid you think she is. Instead, can you see all the great things she is doing, and all the things she can do, that we know to reduce risk, if you want to focus on risk. Nutrition, a healthier lifestyle, reducing fear, getting educated, feeling supported and loved, all of these things I would argue that whatever theoretical risk might be on paper for this woman, she can reduce it, which I think will never be talked about or studied. There will never be a number assigned to the personal responsibility and power that someone has to affect their outcome. That's what risk is about; outcome. Using our intuition, taking great care of ourselves, doing our spiritual work, our religious work - whatever that means for us - these are things that will never be acknowledged as catalysts for a safe and healthy birth.

Connecting women with their Self, their deepest knowing is more important. We're not judging women for ultimately deciding whatever they'd like to. Someone has had 5 cesareans and she wants to have a homebirth. That's her business and her choice, if she thinks that's the best for her. I don't believe any woman would choose something she felt was harmful and I wouldn't be

promoting a rash decision. There are different reasons for people's decisions. We can't judge women when we don't know everything about her. We promote education and listening when women want to go against the grain, which is the hardest thing to do. This is really relevant in this discussion, if you're a mom who's been told that you're high risk, I think it takes a lot of work to get that out of your consciousness, to remove the chatter in your brain. Some women do all this work and listening to their Selves is what ultimately needs to happen for people to make up their minds, and we can't really help people with that. We can give them resources and encourage them, we can support them, but ultimately, that voice inside of them has to say "this is what's right for me" and everything else falls by the wayside. A friend on facebook, Ashley, said "There is risk to being a powerful woman". And I totally loved that and wanted to quote her, because if we are going to use the word risk, there is always a drawback. There's nothing that comes without both sides of the coin.

Risks to being really powerful: you might fall outside your current social circle; maybe your family's really unhappy with you. It's displeasing for some people to see women making strong choices that aren't status quo. Other women will hate you, often. Sometimes you care, sometimes you don't, but that's just the truth. When you aren't a sheep and you don't play by these rules, you will encounter resistance. My thought, though, is you only encounter as much resistance as you still have. I'm not perfect in that, either. Things are certainly brought to my attention that I still need to work on. Seeing people's discomfort, having to deal with their negative opinions, is just a way for us to remember that we need to deal with those things within ourselves, and when we do, usually we stop seeing so much of it in the outside world. The goal here is that all of you listening will share some of these thoughts, have your own, and create conversations so that women will stop seeing birth as risky and themselves as risky, that we can change our vocabulary. At the start of this podcast, we were using the words, but we can just as easily end the podcast with asking to remove these words from our vocabulary around birth. When we are truly able to make choice, we can acknowledge ourselves as whole beings, and take into account what our heart knows as well as our minds, no matter what anyone else says.

Risk is a pretty superficial word, superficial definition. We're really asking women to do harder work, which is a deeper, internal investigation into the choice that's right for you. That's way harder than taking a quiz to see if you should have a VBAC. It's more challenging. It will challenge you, and your beliefs, things you grew up hearing, your fears. I would say it's worth the investigation, but I would also agree that not everybody is up for that. Only you can do this, though. Only you can do this deeper internal investigation. Only we together can start to turn away from terms and theories like "high-risk" and truly watch and help women into this place of power, where it's no longer about how dangerous birth is, but how wonderful the potential for growth is.

Thanks so much for listening. Be sure to check out the Indie Birth site. You can always go to indiebirth.com/podcastarchives to see if you've missed any. There are over 90 by now, and they're not all featured on iTunes, so if you're a new listener, you can go back and start at the beginning there.