

# Fourth Trimester Podcast

## Episode 105: Embrace Empowerment: The Transformative Benefits of Birth Center Birthing

Guests Nancy Myrick and Leda Mast

**Sarah Trott:** [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

**Sarah Trott:** [00:00:03] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. I'm here today with two special guests who I'll introduce in a moment.

**Sarah Trott:** [00:00:11] Today's topic is Embracing Empowerment: The Transformative Benefits of Birth Center Birthing. We're going to talk about a framework of the main options for giving birth, and then compare and contrast those different options, really honing in on the birth center experience, defining what a birth center is, talking about, why people choose to give birth at a birth center versus the alternatives. What it's like to give birth there? Who's a good candidate for birth centers, how complications are handled? What kind of team is typically present for a birth in that scenario, and really, how to learn more about birth centers and find more in your area.

**Sarah Trott:** [00:00:51] So today we have, as I said, two special guests. And before I go through their backgrounds, I want to quickly mention that we have a website which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com), where you can go and sign up for our newsletter so you can get new resources and information directly to your inbox. You can also go wherever you listen to your podcasts, and hit follow and subscribe so that you can be alerted every time we release a new episode.

**Sarah Trott:** [00:01:20] So I'm really excited about our topic today and I have brought in two guests. Our first guest is Nancy Myrick. She knows how to help women and birthing people really get the most out of their birth experience at a birth center. She has decades of experience with births of every type, including running her own birth center. Nancy Myrick is a certified nurse midwife, and she's been the director of the San Francisco Birth Center since 2015.

She has also practiced home birth midwifery since 2003 with Rites of Passage Midwifery. And Nancy began births as a doula in 1993. She received her RN in 2000, and she completed her training in midwifery in 2003 through the UCSF Nurse Midwifery Education Program. She's attended hundreds of births in homes, birth centers and

hospitals. And she believes that choice in childbirth is what helps parents begin that long path towards building great humans.

**Sarah Trott:** [00:02:20] Our second guest is Leda Bashi. She's a family photographer, a dear personal friend of mine, and she's also a mom who gave birth to both of her beautiful baby boys at Nancy's Birth center. She's also a Board Member of the San Francisco Birth Center Foundation, and she has kindly agreed to join us today to share her experiences first hand with us as part of our discussion today. So we are so honored to have you both on the program. Welcome.

**Nancy Myrick:** [00:02:50] Thank you.

**Leda Bashi:** [00:02:51] Thank you.

**Sarah Trott:** [00:02:54] So the tradition that we have on this show is to start off by asking guests to share their stories about their own fourth trimester experience. So I would love to invite you, Leda, to start us off and share your story.

**Leda Bashi:** [00:03:09] Yeah. So my story started with my first born in 2019. We came home just six hours after he was born in the birth center, and we had this magical quiet time that you don't always get in a hospital. And then the next few days, the midwives came and checked on us and weighed him and checked me. And it was just sort of this really cozy, amazing time at home that felt really special. I never knew that I could be so hungry and had lots and lots of snacks. It was just such a shock to me, too, because I had been a nanny for so long, and I really thought I knew what having a baby was like, and it was so much more than I could have ever imagined.

**Leda Bashi:** [00:04:04] But the midwives were just so supportive and answered all my questions and were just there to check on me. So it was really, really special with my first one. And then my second one was kind of a different story. We were in an Airbnb for our aftercare, because our house was under construction. I really wanted to have him at the birth center. So we were in an Airbnb in a basement, and my mental health was not doing so great there, but they came and checked on me there. And then I

ended up going up to my parents' house, to be in the sunshine and out of the basement of the Airbnb. But it was still really amazing care from the midwife team.

**Sarah Trott:** [00:04:48] So it sounds like you received some in-home care, which made a big difference to you.

**Leda Bashi:** [00:04:53] Oh yeah. It was so nice to not have to leave the house, especially with my first one. We were on the third floor apartment and the idea of walking down all those stairs just to get in the car to go to the doctor, I was just so grateful that they just came to me.

**Sarah Trott:** [00:05:10] Absolutely. And were there other resources or tips that you found particularly beneficial in your experience that you think could be useful for our listeners?

**Leda Bashi:** [00:05:24] I think just the resting and like, there was one thing I think Nancy said was like, spend a week on your bed and a week near your bed and, and it's just like, really just actually give yourself that time to really rest and recover and, and let people help you.

**Sarah Trott:** [00:05:46] Yeah, absolutely. Thank you. And, Nancy, you're also a parent.

**Nancy Myrick:** [00:05:52] I am. My baby is 26 years old now. So it's hard to think back all those years to my fourth trimester, but I would say my heart thinks back to it, really, with joy. But my brain does remember the exhaustion that I had as well. I was lucky to have my mother there supporting me in those first weeks, and that made all the difference in the world. And I also had a midwife that came by and checked on us. So, that was really precious.

**Sarah Trott:** [00:06:26] Yeah. Beautiful. Isn't it amazing how it doesn't really matter how much time goes by but some of these topics are so timeless.

**Nancy Myrick:** [00:06:33] Yeah, absolutely.

**Sarah Trott:** [00:06:35] Yeah. So to help create a framework for our discussion, broadly speaking, there are three main options for where to give birth. And I thought we could start off there so that everyone can get that framework settled in their mind. And I would love for you to speak to that a little bit, Nancy.

**Nancy Myrick:** [00:06:56] Sure. Well, I've attended births in hospitals and birth centers and home, and I think I can really speak to and understand the differences between those three locations and the care that you receive there.

**Nancy Myrick:** [00:07:12] Hospitals, of course, are the best known. And I think the biggest benefit of hospitals are for people who either want or need interventions. And by wanting an intervention, they know they want an epidural, they know they want an induction, they know that is the space that offers certain pain relief, that they are clear that they want or the folks that are having complications where their pregnancy, their birth, their baby or themselves will benefit from having an operating room, having a newborn ICU, having a surgeon on hand. So those are the people for whom hospitals are absolutely the right place.

**Nancy Myrick:** [00:08:02] Birth centers and home birth, I think, have more in common with each other than they have with a hospital. So a lot of the benefits of these places are the same. They're typically centered on the client. The relationship that we build over time with our families lead the kind of care that we offer. And that's a sort of a different relationship than you get at a hospital. We are designed for natural childbirth. So there's no epidural, there's no anesthesiologist, there's no continuous monitoring. There are very few big machines that go beep. It is really designed for people who are hoping to have labor and birth without medical intervention.

**Nancy Myrick:** [00:08:50] Our rooms at the birth center are designed for natural childbirth, meaning they're spacious. And there are the big birthing tubs, and there's a yoga swing, and there are yoga balls and mats and all kinds of different lighting to help you really have that soft, calm space that will benefit you during natural childbirth.

**Nancy Myrick:** [00:09:15] And home is similar. It is your nest that you built and for a lot of people that's really the priority. Even if you live in a tiny apartment or, or a big mansion, it is the space that you spend a lot of time in and that is the leading draw, I think, for a lot of people to home birth.

**Nancy Myrick:** [00:09:40] I think people who choose a birth center over home birth are attracted to a couple of different things that we offer. One is a community that while there are community connections you can make in home birth, we have built into our prenatal and postpartum care opportunities to connect with and be with and get to know other families that are giving birth around the same time as you.

**Nancy Myrick:** [00:10:07] The second thing I think is a space really designed for natural childbirth. And some folks sit in their home and feel like I have roommates, I have neighbors, I really don't feel that comfortable sitting here and imagine giving birth here. I have three older kids that I don't want to be around when I'm laboring, and it just feels that getting into somebody else's home, which is kind of how we think of our birth center, is a better option for them.

**Sarah Trott:** [00:10:35] Great. Thank you for that overview. I've read some stats that in the United States, the vast majority of women are giving birth in hospitals around 98.5%, with another 1% at home and then a half a percent in freestanding birth centers. And that's an interesting number, because what I understand is that wasn't always the case.

**Nancy Myrick:** [00:10:58] It was not always the case. You go back a hundred years and pretty much everybody was giving birth at home with midwives, and doctors came into the picture really as surgeons. And then about 100 years ago, there was a real move by the American Medical Association to pull birth into the hospital and into obstetric care. And initially it was for poor folks that it's easier and faster to have ten people in a wing together in labor than an individual going out to everybody's home. And at that point, the wealthy were having home births, and it was the poor folks that were giving birth in hospitals. There was a real campaign to paint midwives as dirty and foreign.

**Nancy Myrick:** [00:11:49] And there's some great books that speak to this when you look at the evidence that midwives actually had incredibly great outcomes in birth. Fast forward to about 50 years ago, there were a couple of things that were going on culturally that reintroduced home birth to a lot of folks that hadn't heard about it for a while. And Ina may Gaskin, who wrote *Spiritual Midwifery*, was a big part of that movement toward natural childbirth, respecting the birth that is not intervened, and really placing women at the center of the birthing experience rather than doctors or hospitals.

**Nancy Myrick:** [00:12:32] In addition, there was this ongoing thread with the grand midwives of the South that were really exclusively African Americans, that kept the community birth, which is how we talk about birth center and home birth, kept the community birth standard really with amazing outcomes throughout the South.

**Sarah Trott:** [00:12:58] Yeah, it's a really rich and fascinating history over time. And of course the medical world has advanced and changed quite a bit. Uh, but human, human birth processes really haven't. and I think I really thank you for giving us that little bit of context and background around that, especially as now we're seeing a bit of an uptick in a trend towards more interest in home birth and birth centers as women are being reintroduced to the concept and starting to learn more about it. So we'll talk more about where people can go to find birth centers in their area, at the end.

**Sarah Trott:** [00:14:04] I was wondering if there was anything else you wanted to add in terms of context around what a birth center is, because it seems like there's hospital, there's home, and then there's the birth center, which is this in-between option, and there's been a bit of an uptick more recently in women and families having interest and seeking out hospital alternatives.

**Nancy Myrick:** [00:14:37] I think that there's been a trend up over the last ten years, but really hit a fevered pitch. Maybe that's a bad metaphor. Right at the beginning of Covid. Suddenly people were perceiving hospitals as dangerous places where they could get sick. Sort of always been true, but really became evident when people were suddenly faced with going to a place where they knew Covid was rampant. And, our numbers

exploded, as did most home birth midwives that I spoke with and really stayed high for a long time. Had a little drop lately, but I think it became understood that birth centers are safe, and especially it's always in comparison.

**Nancy Myrick:** [00:15:26] And I think I want to just say that the evidence really supports that safety, with or without Covid, that, for what we know, is that people who are healthy and having healthy pregnancies, who have an experienced provider with them and have a back up option of a hospital somewhere within 15 or 20 minutes up to a half an hour that that birth center and home birth are really safe options.

**Sarah Trott:** [00:15:55] Yeah. And I appreciate that. At the outset, you've sort of made it clear that you've attended births in all settings and you support and are pro all settings, and it's really down to the individual and what's right for them.

**Nancy Myrick:** [00:16:09] Absolutely. Yeah.

**Sarah Trott:** [00:16:11] So, Leda, I'd love to ask you a question around your personal experience. If you don't mind sharing, I'd love to understand more about what led you to choose a birth center and some of the highlights from your experience giving birth at one.

**Leda Bashi:** [00:16:31] I had heard Nancy's name for years because I nannied for a number of families that she had been their home birth midwife. And so I was just sort of Nancy, this, Nancy that, and, and I remember thinking it was crazy that they'd had home births, and I just didn't know anything about it. But I just remember thinking, that was wild.

**Leda Bashi:** [00:16:54] And then as time went on, I was actually babysitting for a family that I used to be their nanny. And at two in the morning, the mom came home and she said, we're doing this amazing thing. I've got to tell you all about this birth center. And I'm sitting there going, it's 2:00 in the morning, but okay, I'll listen to you. And I was fascinated. I was like, this sounds perfect. Like I will squirrel that little bit of information away for when I need it.



**Leda Bashi:** [00:17:18] And then when I was expecting my first baby, my husband and I went to a we went to a first, like just the ultrasound confirmation check, and it was pretty dismal. And he said to me, how do we never come back here again? And I said, well, funny thing, I have us scheduled for this tour this evening of this birth center. And so come with me to that and we can see if that's the right thing for us and our family.

**Leda Bashi:** [00:17:44] And the tour was just a meet and greet with the midwives and explanation of the birth centers services. It was just an evening thing to see the birth center. And it was really, really great. And it was just like, this feels perfect. I don't want to have a home birth in my apartment that the neighbors are constantly complaining about the noise of the refrigerators downstairs, like the idea of having a baby there with I don't know, it just didn't feel right. It felt like I was on the third floor. It just felt like kind of just the wrong place to have a baby.

**Leda Bashi:** [00:18:18] And the birth center just felt like the coziest, most inviting, amazing space. And the birth rooms are just so wonderful. I watched a video about having, a tub birth when my mom was having my brother, so I was about eight. and that always really stuck with me as something that sounded really amazing is to have a baby in the water. And they had these big, beautiful tubs and that sounded just like, that was my dream of just like, this seems just perfect. And I had never been hospitalized. I had no idea what being inside a hospital was like, but it also just didn't seem like the right place for me.

**Leda Bashi:** [00:18:58] And I knew my body could do it, you know? Like, I knew I could just have a baby, and I didn't need a whole lot of intervention. I mean, I didn't know what I didn't know, but it was just I just felt like that was the right place to start. And then we started having our group prenatal with our little cohort who we just celebrated their fifth birthday this weekend with. Five out of the seven boys from our birth cohort were all there.

And like that community just jumping way ahead. But it just grew this community out of that group. Prenatals that were just so amazing to get to know these people who are all.

Coming together to learn about having a baby, but it just is so much more than that. I don't remember where else to go from here, but that was sort of like that was what drew me to it. and then it just, I mean, it just continued to grow from there for me as, like, an amazing community, an amazing place, something that I want everybody who wants it to be able to experience.

**Sarah Trott:** [00:20:14] That's beautiful. Thank you so much for sharing your story and your reasons for choosing a birth center. It sounds like you walked away with a community of other moms and families who were going through the same thing that you were at the same time.

**Leda Bashi:** [00:20:30] Yeah, that community has been just incredible for me. We have a text group we are constantly asking each other like, is your kid doing that? Is your kid doing this, this normal? You know, what's going on here? Why are they and then just like meeting up and getting together and then we've done a birthday party every single year for our cohort. And it's just been so sweet and special. and I just, I don't know, I just feel so lucky to have those mamas at my fingertips.

**Sarah Trott:** [00:21:00] Yeah. And that might not be something that people necessarily even consider or think about when they're thinking about where they should give birth. But what an awesome benefit coming out of it. In fact, it's reminding me that we have another episode that we recorded with Rebecca Walsh called The Mom Group Guide, where we really touch on the power of community and friendships amongst parents and moms. So if someone's more interested in diving into mom groups and they would like one and they don't have that built in go check that episode out because we give practical tips on how to put one together.

**Sarah Trott:** [00:21:38] The other thing that I like about what you were highlighting, Leda, is that it sounds like you had a great continuity of care. Meaning you had the same team prenatally and postnatally. Is that right?

**Leda Bashi:** [00:21:51] Right. Yeah. It was the same group of midwives that I had done my checks and had done group Prenatals with us and had done . We all were working

together and had an appointment with, I think everybody except for Nancy, up until when I had my birth. But I was scheduled to have one. He just came 16 days early.

**Nancy Myrick:** [00:22:13] That's funny.

**Leda Bashi:** [00:22:14] But I'd seen Nancy there at the birth center, and I'd known who she was. And so then when, when the time came, she was actually there helping me, and I felt really, really safe with her. And just having that team was one of the most amazing experiences of my entire life. And I was just really glad she was there.

**Sarah Trott:** [00:22:52] Thank you so much, Leda. That was really beautiful. And I love that you used words like safety and amazing and, you just had a really overall positive experience. It sounds like. So that's a beautiful sentiment.

**Sarah Trott:** [00:23:08] And Nancy, I'd love to know from your perspective, what are some of the other things that women and birthing people say about why they choose a birth center versus the alternatives.

**Nancy Myrick:** [00:23:20] Yeah. When they initially choose our care, I think most folks are looking for a warmth that they're not getting from hospital practices. And by warmth, I mean a real heart connection. Our care is relationship based. We spend a lot of time in our prenatal care. The majority of our visits are an hour long, and we really dive deep to get to know people. We believe that care is best when it is collaborative. Not me telling people what to do, but really helping to educate them to make good decisions around their care. And that does not fit into the regular medical model. The insurance companies don't pay for that kind of care in the way they should.

**Nancy Myrick:** [00:24:07] It means that by the time you get to the end of your pregnancy, we know you really well and you know us and how we work. And it makes birth go better. People feel safe and confident and comfortable in the care that we offer. It also really centers the pregnant person and the family, rather than the hospital or the providers. Most of the things about the physical design of the space is how the person

in labor can be the most comfortable and not around what works best for the hospital. You really feel that I think walking in the door.

**Nancy Myrick:** [00:24:49] I think when people say what they're looking for from us, they often add, oh, I really want a water birth. Or at least I want to labor in water. And we are the only facility in San Francisco that does offer water birth. You could have water birth at home as well.

**Nancy Myrick:** [00:25:03] Of course, we also are midwifery centered, meaning that the midwifery model of care is at the core of how we care for people, not the more interventive medical model.

**Nancy Myrick:** [00:25:16] I would say that when we have our second timers come back to us, they say, oh yeah, yeah, that was all great. But what I really loved was the postpartum care, because we spend a lot of time in people's homes. In the first week postpartum, we go to their homes three times in the first week and assess the parent and assess the baby and work a lot on breastfeeding and answer a million questions that come up.

We do that on the first day, and then the third day, and then again on the sixth day. And then we have two more visits back at the birth center at two weeks. And that care is really designed to get people off to a good start. I think because of it we have sky high breastfeeding rates. Our breastfeeding rates are above 95% and that means like at three months out, people who intended to breastfeed their baby are still breastfeeding, compared to a third to half that in hospital based births. And I think that's just one metric that reflects the kind of care we offer in the postpartum.

**Sarah Trott:** [00:26:24] I mean, that's a really big difference compared to waiting typically six weeks is when someone would have their first checkup with their ObGyn post-birth. Yeah, obviously in the hospital they're going to get 24, 48, 72 hours, depending on the kind of birth they had. They're going to have that immediate postpartum care in the hospital. and usually that will cover some degree of lactation consultant support. but I've also heard not necessarily in some cases - it's a mixed bag.

**Nancy Myrick:** [00:27:03] Absolutely. And I think a lot of the questions that you have don't come up until you've left, that you've had all sort of people taking care of you and taking care of things, and then you walk out the door and you're like, is this rash, normal, really simple stuff that if you have somebody there to help take care of you, it's easy to answer those questions. But then parents go down into the deep rabbit holes of Google and start worrying. You know that a normal newborn rash is some horrible illness, and the next thing you know, they're back in the emergency room concerned about this newborn rash.

**Sarah Trott:** [00:27:42] Right. And then for postpartum support, my co-host on this program, Esther Gallagher, who is a postpartum doula, is often working with parents in their home postpartum and is also able to play a little bit of that voice, obviously not giving medical advice, but able to give lots of support immediately in between that post-hospital period and then that six week checkup. But she's made the point, as well, how beneficial, and I've experienced this as well, having had a postpartum doula, how beneficial it can be to have that in-home care before six weeks, it's just such a long time.

**Nancy Myrick:** [00:28:30] It is a long time. And we are huge fans of doulas and postpartum doulas. And we are always excited when folks have a postpartum doula scheduled to support them as well and can work in close collaboration with them.

**Sarah Trott:** [00:28:45] Absolutely. So we've talked about this a little bit, but I'd love for you to describe just a typical birth center experience from start to finish. So what would someone expect going in. And then we talked a lot about postpartum care as well. But how would you describe that to someone who has never heard about what the experience could be like?

**Nancy Myrick:** [00:29:10] At the birth center, we really can take care of everything that the pregnant person and postpartum person needs. You know, unless a complication arises. So we can do the initial ultrasound and we can order all of the labs and do all of the prenatal visits along the way and order the genetic testing and order the anatomy

scan. So all the care that you would get in an OB's office, we can do as well, but we do a lot more. Typical OB visit is maybe 15 minutes. Our typical visit is an hour. And that's really about the enrichment of the relationship and education.

**Nancy Myrick:** [00:29:47] On top of that, we have our group Prenatals, which are eight sessions that are designed around education and community connection. And in those group Prenatals, we we cover all sorts of things. We talk about general pregnancy stuff, but we also go deep into nutrition and movement and exercise and emotional well-being. We have somebody come tell a birth story that gave birth at the birth center and talk about labor and birth.

We talk about potential complications that might come up and how we manage things at the birth center. And when we would go to the hospital and what might happen there. We talk about the postpartum - how to prepare yourselves in your house and your freezer for the postpartum. We talk about newborn care, we talk about breastfeeding, and we close these groups out with really a conversation about the cliff everybody's about to jump off of into parenthood and how that feels and how to walk through that with grace and centeredness.

**Nancy Myrick:** [00:30:54] And then of course, the birth, which is when you go into labor, we welcome you to the birth center and, really set you up in these rooms that are designed to be comfortable. And a lot of people go straight to the big birth tubs and spend the majority of their labor there. And when people arrive and get in the birth tub the most consistent thing people say is, oh, that's so much better. It really is such a relief to be able to be immersed in warm water.

**Nancy Myrick:** [00:31:26] And then when the baby is born, that baby comes out straight into your arms. And that next hour after the birth, we refer to it as the golden hour. And we try our best to keep it as calm and, centered on this new family as we possibly can. That that is the priority in that hour. You know, we don't have a pediatric team running in the door, and we don't have the, the warming table across the room or, the chaos that often is felt in that first hour after the baby's born.

We are absolutely assessing the baby and making sure they're transitioning to life on the outside. Well, helping the person birth the placenta, making sure they're not bleeding too much. All of that safety stuff is built in. But really the focus of the energy in the room is meeting this new little person on the outside.

**Nancy Myrick:** [00:32:25] And then I think the postpartum care that we've already talked about is really integrated into this whole package. And really, even at six weeks when we officially say goodbye to people, I'm not good at goodbyes. So every week I do a new parents group that folks come to and continue that conversation and continue those connections and community building.

**Sarah Trott:** [00:32:50] And do people stay for a period of time? Like how long do they stay after the actual birth happens at the birth center itself?

**Nancy Myrick:** [00:32:57] Yeah, about 4 to 6 hours. We make sure everybody is stable. We make sure that nursing is happening that that we do a full newborn exam on the baby, and we make sure that the person who gave birth can get up and is stable and is able to go to the bathroom and everything is well. of course, if there are any concerns, people stay longer. It's very funny. Sarah first timers come in and I say, and you stay 4 to 6 hours after the birth and they're like, oh my gosh, that's not very much time.

And second timers come to us and I say, you stay 4 to 6 hours after the birth are like, oh, that's great, I can't wait to get home. So it's one of those things that experience reflects that. That is a really great amount of time to make sure you're stable and everything is good, and then go home and sleep in your own bed and snuggle with your baby and practice breastfeeding. And then we literally are there the next day to answer questions and reassess everybody.

**Sarah Trott:** [00:33:56] Yes, so another big point that's interesting about that experience is start to finish there is also someone who's overseeing the entire event, and that's typically a midwife instead of an ObGyn. And I just didn't want to breeze over that point either. And it might be worth you taking a moment to explain what a midwife is.

**Nancy Myrick:** [00:35:09] Sounds great. So a midwife is an expert in normal birth. That is what our training was focused on. And that means knowing how to care for people who are having normal pregnancies and normal births, and also really knowing when it's not normal, hopefully, how to nudge it back into normalcy and if not when to refer on to OBS who are really surgeons. And while they do learn normal birth as a part of their education, the large majority of it is about managing complications and they do a great job of that.

I have many friends that are OBs that are fantastic, but they really look at birth through this lens of there's something here that's going to go wrong, and I really need to be prepared for that. When I look at birth, I look at birth through the lens of mostly this is normal and I need to be prepared in case it's not. It's a real different viewpoint that we come from.

**Nancy Myrick:** [00:36:09] Some people ask us, well, what's the difference between a midwife and a doula? A midwife is a medical professional. I went to midwifery school for three years. A doula training is typically 6 to 8 weeks and focuses on education and physical and emotional support during labor. They are not your primary medical provider, and a midwife is.

**Sarah Trott:** [00:36:31] Right. That's a very important distinction. So to repeat that back. A midwife is a medical professional who has medical training.

**Nancy Myrick:** [00:36:38] Exactly. Yeah.

**Sarah Trott:** [00:36:40] So the two terms that are more or the roles that are somewhat interchangeable here are an OBGYN and a midwife. Yeah.

**Nancy Myrick:** [00:36:49] Interchangeable in the fact that they are the people who oversee the birth process.

**Sarah Trott:** [00:36:53] Yes.



**Nancy Myrick:** [00:36:54] Medically.

**Sarah Trott:** [00:36:55] Yeah. You were describing a "normal birth". You know, I'm interested in understanding what that is. If you could define normal birth and relate that to who may or may not be a good candidate for a birth center birth.

**Nancy Myrick:** [00:37:12] Yeah. it's a tricky question. And I think it's really defined more by what it's not. Normal birth is varied. And I think that variation is sometimes lost. Really, for our purposes, a normal birth is something that falls within my skills and scope of practice. So some people say, oh, I'm 39 years old, I'm high risk. But really, a 39 year old giving birth is within my scope that the complications that are more likely to arise with the 39 year old are still things that we're testing everybody for. So 39 doesn't mean you're a high risk versus twins. Twins are a more complicated birth situation that I have very little training in. Like, I know if a second one happened to come out, I knew what to do. A twins pregnancy has potential complications that are beyond my scope.

**Sarah Trott:** [00:38:25] Okay. And then what happens if there's an unforeseen complication for either the mom birthing person or the baby?

**Nancy Myrick:** [00:38:34] There are things that we are able to manage at the birth center, for example, we have four different medications and IV fluids. If somebody does lose a lot of blood, and often we can just manage that at the birth center. We also are all trained in neonatal resuscitation. So if a baby comes out and needs a little extra help, we have oxygen and a bag of masks.

And the training to help the baby breathe. if things go beyond what we have the capacity to manage at the birth center, we are lucky enough to have great relationships with all the hospitals in town and happily transfer there. Of course, our bottom line is a healthy baby and a healthy parent, and that trumps everything else in the kind of care that we offer.

**Sarah Trott:** [00:39:23] Yeah. And you mentioned earlier you gave some sort of high level guidance around the timing. So if someone's a short distance away from a hospital, then that acts as a safety net, so to speak, for something unforeseen that could come up.

**Nancy Myrick:** [00:39:38] And we're quite lucky to be very close to multiple hospitals that we can get to easily and have very responsive emergency services. But I will say that most transfers are not emergent. It is pretty rare that we're calling an ambulance and going, even if we do have to transfer. Often it's something developing slowly over time, and we're looking at the picture and saying I have some concerns here. I think this better. This baby would be better served with the pediatric team present, and we all get in our cars and go over to the hospital.

**Sarah Trott:** [00:40:12] Are there examples that you would give just to bring that to life?

**Nancy Myrick:** [00:40:23] Just had one yesterday. A lovely family came in and her bag of waters had opened, and there was meconium in the amniotic fluid and amniotic fluid that has meconium in it has a risk of causing respiratory distress in the baby. So we transfer for that. And she went into labor and went to the hospital and had a beautiful birth. And the baby was fine. But if that baby had needed extra respiratory support, they would have been there where it was more available.

**Sarah Trott:** [00:40:53] Yeah. Perfect. Thank you for the example. So we've have talked about this already, but like who typically is the team who's present at a birth center birth. And do you recommend doulas be part of that team and why?

**Nancy Myrick:** [00:41:08] Typically at births at the birth center, there is the primary midwife who is someone that you've gotten to know in your pregnancy. And then we have a second person present, usually starting at the pushing stage, who is another trained licensed professional, a midwife or a nurse, and they are the folks taking care of you. In addition, we often have a student.

We have a phenomenal student right now. Malia, who is that extra set of hands. And as for doulas, we love them. And that's both from personal experience and from the research. We know that births go better with doulas, and probably three quarters of our folks have doulas at their birth, and we just really integrate them into our team.

**Leda Bashi:** [00:41:48] Okay, and partners are often there too.

**Nancy Myrick:** [00:41:51] Good point. Leda. That was just our side. But usually partners are present. But also aunties and mamas and best friends. And, there's a huge team that sometimes comes with the pregnant person.

**Sarah Trott:** [00:42:07] Yeah. Is that something that is a difference that you'd compare and contrast to the homebirth and hospital birth scenario?

**Nancy Myrick:** [00:42:15] I think that most places allow a decent size team on the on the part of the family. I think some hospitals do limit the number of people who can be there. We want everybody that is going to be additional support to that person in labor and, and really revel in the community around them and honoring them with the gift of watching this baby be born.

**Sarah Trott:** [00:42:45] Yeah, great. And are there any other kind of big comparisons that we haven't touched on yet that we should talk about? Like, for example, pain management is often top of mind for a lot of first time moms and birthing people around. Hey, I want that epidural. Give me that epidural. We talk a lot about the concept of a birth plan and how actually, on Fourth trimester Podcast, we like to refer to it as the birth intentions because it implies a degree of flexibility in the expectation of the experience. Overall, some people might think they don't want that kind of pain management, but they change their mind and that's perfectly fine. So what are some of the practicalities around pain management that you might highlight?

**Nancy Myrick:** [00:43:37] Yeah, I totally respect the folks that know they want an epidural birth. And I completely understand that having had an epidural with my own, I understand that there is a time and a place for that. I think, we live in a culture where we

are kind of taught that we can't do it without an epidural, that birth is too painful to tolerate. And I know that that is not true. And I know that from having observed thousands of women have unmedicated birth, Leda being a great example of that, it is not just possible, but powerful.

Epidurals are not required for birth. And I think I was speaking to a very former client. Her kids are now like in high school and college, reflecting back on her birth experience with me. And she says for her whole life through deep challenges that she's been through, through breast cancer, that she reflects back on her births and knows that she did, that she had a natural childbirth, that she can do this. And I think that power really imprints on us as parents.

**Sarah Trott:** [00:45:00] Yeah, it sure does. It sure does. It's such a life changing experience becoming a parent and the expectations of what that experience, as it relates to birth, is often a big part of the story and something that people will reflect on for the rest of their lives.

**Nancy Myrick:** [00:45:17] And I want to be clear that, again, there is a time and a place for pain management. I do not begrudge it to people in our population, which is a group of people who are going into birth with an expectation of having a natural childbirth, and they come in well prepared and well supported and well rested and well nourished. Birth is usually manageable. But if something shifts, if you have 48 hours of a prodromal labor and you haven't slept or you've been vomiting and you're just depleted, man, there is nothing better at that point than a nap. And that's what you get the epidural for, is to sleep and hopefully wake up and push your baby out.

**Sarah Trott:** [00:46:01] Yeah. And to be really explicit, epidurals are available in the hospital setting and they are not available in a birth center or a home birth setting.

**Nancy Myrick:** [00:46:10] Exactly. Epidurals are complicated and require an anesthesiologist and lots of monitoring. So it's not something you can do outside of a hospital.

**Sarah Trott:** [00:46:21] Okay. And then any other big comparisons you want to talk about that we haven't discussed yet?

**Nancy Myrick:** [00:46:29] I think that it's sort of a funny thing to say. It is size. That in a hospital you're walking into a big institution that has lots of agendas. It has the provider and they're the nursing system and the administrative system and the billing system, and there's just a lot of agendas going on that really have nothing to do with the contractions that you're having.

**Nancy Myrick:** [00:46:53] At a birth center and home birth, it is a small group of agendas that are involved in you giving birth. It's a funny way of thinking about it, but I think what we don't know, walking into the hospital is the kind of care that we receive. There has a lot more to do with what's going on outside of the room than inside.

**Sarah Trott:** [00:47:20] Yeah. Thank you. That's a really interesting perspective in terms of size and the number of people who may be coming in. I mean it's hard to predict certainly.

**Sarah Trott:** [00:47:33] Well if there is someone listening to this conversation, I want to highlight a couple of things which is one, we're going to post on the article that goes along with the show notes for this episode. We're going to post a little cheat sheet, which compares and contrasts some of the dimensions we've discussed across hospitals, birth centers, and homes. Because we've talked about a lot, there's a lot of detail there.

So we'll help provide something that can just paint a quick picture, which is broad brush strokes and I think more like themes versus absolutes when you're looking at any of that information. But we'll post that there because we think it could be helpful. so go to the website [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com) look at the show notes for this episode with, San Francisco Birth Center. And you will be able to find that and download that.

**Sarah Trott:** [00:48:27] Also, if you're looking to learn more about birth centers and the different options, there are some resources you can use online to try to find one in your

area. So we'll post links to those I've found, certainly the directory provided by the American Association of Birth Centers and also Birth Center Equity, which is focused on community birth centers located in black indigenous communities of color and provide safe and culturally relevant midwifery led maternal care. So those are two directories and resources I would love to highlight. Are there others that you would mention? Uh, Nancy and Leda?

**Nancy Myrick:** [00:49:08] There's the birth lab, which is a group of researchers up in Canada that have really looked deeply about birth outcomes in various settings. and the American College of Nurse Midwives and the Midwives Alliance of North America have a lot of information on midwifery in general.

**Sarah Trott:** [00:49:31] Okay. Perfect. And then, also we should probably mention, Acog also recommends and supports birth at birth centers. And obviously any individual person is going to need to work with their doctor and their midwife to find out what's best for them as an individual, because everyone's needs are different, certainly, but we'll post links to all of these resources on the show notes.

**Sarah Trott:** [00:50:00] And then I wanted to invite you to share a little bit about the San Francisco Birth Center specifically, which is your own birth center and also the foundation.

**Nancy Myrick:** [00:50:13] Yeah. Let's talk about the foundation, which I think Leda and I are super excited about. You know, the challenge of the kind of care I described is it's not accessible to everybody. it does not fit well into our health care system. And most specifically, it doesn't fit into our insurance system. The kind of care we believe in is this relationship care that we spend a lot of time together, but typically insurance companies pay the best for interventions, not face to face care.

They don't really feel like it's necessary, and they'll pay for a ten minute visit and then pay a lot for surgery. So in order to really offer this kind of care to a broad spectrum. We've recently converted to being a nonprofit and are raising funds to be able to offer this kind of care to everybody. Our mission is really to advance accessible, family

centered care for empowered birth and to provide comprehensive resources for midwives that support the journey to motherhood.

I can't tell you how excited we are. We have this amazing board of directors, including Leda, who are out there trying to find ways to really make this a norm that's available to everybody. I don't know. Leda, did you want to say kind of what drew you into this?

**Leda Bashi:** [00:51:45] Mostly the community aspect of it, I think is just, having such an amazing birth and community experience that it just feels like that should be available to anyone who wants it, regardless of their insurance or how much they have to pay for it. So, it just felt I mean, it's been one of the best things that I've ever done, having a baby and, and at the birth center and being a part of that. So just being able to continue, growing it and growing this nonprofit and it's just it's just so wonderful.

**Sarah Trott:** [00:52:30] Okay, well, thank you both. This has been an incredibly informative discussion. I've loved hearing your first hand stories from both of you. We're really honored to have you today as guests. For listeners who want to learn more about the SF Birth Center, specifically, you can go to <https://sfbirthcenter.com/> and again, please go to [Fourthtrimesterpodcast.com](https://fourthtrimesterpodcast.com) where you can learn more about all of the resources that we've mentioned on today's program. Thank you so much, Leda and Nancy.

**Nancy Myrick:** [00:53:01] My pleasure. Thank you.

**Sarah Trott:** You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Spotify](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.