Interview:

Mary Jackson, Certified Professional Midwife

Bridging Midwifery Practice and Pre- and Perinatal Psychology Insights

Kerry Cerelli

I first met Mary Jackson in 2008 at a regional APPPAH congress in Nelson, British Columbia. I already knew about her because I had seen several documentaries which featured her ground breaking work integrating prenatal and perinatal principles into her midwifery practice. I was struck by the depth and calm that she exuded. There was a seamless and palpable integration of her personal and professional development in conversations I had with her. How does she do what she does? In the first year since incorporating prenatal and perinatal principles into her midwifery practice – and doing her own personal work around her early imprints – Mary attended 63 consecutive births at home with no transfers from home to hospital, all labors less than 14 hours except three, and all babies nursing. The interview below was my chance to understand how she bridges her midwifery expertise with the insights of prenatal

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Mary Jackson RN, CPM, LM, RCST, has been a home birth Midwife since 1975. She has attended over 2,000 births in the Santa Barbara, Ventura, and Ojai, California areas and is now attending home births with her second generation of babies. She has incorporated a two-year craniosacral training with Michael Shea and the two-year Castellino Prenatal and Birth Training into her midwifery practice. She has spoken internationally at conferences and trainings, schools, colleges, graduate programs, and at hospital trainings for doctors, nurses, and midwives; her work has appeared in nine books and several movies. She is involved with teaching prenatal and perinatal courses in Spain, England, Scotland, and Germany. Contact: mjmidwife@googlemail.com

and perinatal psychology and to demystify a bit the person of Mary Jackson.

Could you start by giving us an idea of your professional background?

I've been a midwife - a homebirth midwife - for about 39 years, since 1975. I started out as a lay midwife in California and at that time there was no law about midwifery. It was an alegal state, so I learned through apprenticeship and self-study and workshops and apprenticed with a variety of people. I apprenticed with a lady, Louise Scott, who was a granny midwife from New Mexico. Then I apprenticed with Dr. Ettinghausen who was a well-known homebirth attendant; he was a doctor who had done over 7,000 homebirths.

Then I went to France and studied with Michel Odent about waterbirth. People were starting to get interested in water birth, and I felt like I needed to go find out more about that. It was an eye-opening experience.

Then, in between each teacher I had, I was here in California attending women in homebirths. It was a time in the 70s when women were fed up with how hospital births were going and pretty routinely women would be put out and the babies would be delivered by forceps. They were feeling really unsatisfied and upset about their experiences. There were quite a few women who were just choosing to have unattended homebirths, or homebirths whether or not an attendant would be there. So people heard that I had been apprenticing, that I had attended homebirths, and asked if I would come to their birth. That's how it began. That's not how I would recommend starting, but at the time, there was no school of midwifery in California. We had to go far, like to Kentucky or England, to go to school.

Some years into my practice, the law about midwifery changed in the late 1970s. There was a case for two midwives in Santa Cruz who were taken to the Supreme Court and it was ruled now that midwifery is practicing medicine without a license. We were all required to get licensed. I did not do that quickly. I didn't have the means to go away to school. The state hired me to help write a challenge test so that people who were registered nurses and had had a lot of birth experience could take a challenge test and get licensed through the state that way. But you needed to be an RN before you could take this exam. And so,

before I became an RN, I was still attending homebirths and they arrested me and put me in jail for doing this work.

I had no idea that happened to you.

And you know, as a single woman, I felt really strongly to risk my freedom to stand up for mother's rights and baby's rights and homebirth and natural child birth. To do that as a single woman was one thing. But I really wanted a family and children and some of my sister midwives were being taken away from their nursing babies and I really did not want that for myself. And so, I went through the nursing program in Santa Barbara and got licensed as an RN. It was a most painful experience. Then, I applied to take the challenge test and each time I applied, there was a new requirement added on.

Finally, after applying four times, and having new requirements added on, like you had to be observed by a doctor and when I asked what kind of doctor, they said any doctor. So I got my births observed by an emergency room doctor and a retired obstetrician. I applied again and they said, no, we've changed the requirements and you have to be observed by a currently licensed and practicing obstetrician. I got stuck in that loop for about five years. Then, I did couple of births with a family who knew the chief of obstetrics in a well-known hospital, and he signed me off on some births. Finally, I got through that part, too and they added on another requirement. At this point, there was a new challenge test that came from Seattle and the first time it was offered, I took that challenge test and got my license in '97 as a Licensed Midwife.

So '75 through '97, you were attending homebirths and kind of in the middle of political difficulties.

Yes. Meanwhile, I was going through the prerequisites of the nursing program and then the nursing program itself and jumping through all those hoops. Working with midwives who were Certified Nurse Midwives, I could legally attend births because of their licenses. Then I had two of my own children at home about 17 years into the practicing of midwifery and had a six-hour labor and a three-hour labor at home with midwives, Debbie Lowry, Alice Levine, and Anna Bunting when I was 39 and 42. I got to receive midwifery care; so I got to be on the other side.

It was very wonderful.

After that, I had been in a practice in Santa Barbara with two other midwives. I always thought in the beginning of starting out as a midwife, that the more I practiced, the more I would understand what it really would take for families to have their dream birth. Instead, what I was seeing was that our transfer rates of home to hospital were increasing, they were around 20%. That was surprising to me, and I felt like there was a piece I was missing, and I really wanted to figure it out. So I decided to move out of Santa Barbara to the country, and I came to the Ojai Valley. I brought my family here and we went slower and closer to nature. I had to ask myself, what was I contributing to this outcome of more transfers to the hospital? And looking at the questions like, have we gotten so speeded up in our culture that women are having a big challenge to really connect to the slow rhythm inside themselves which is where we need to be in order to open and give birth to our babies? And have we been so disconnected from nature that we can't connect with that primitive part of our brain that knows how to do this?

So, I just was waiting to know what the next thing would be. The next two trainings I took were the craniosacral training, the two-year training with Michael Shea and a two-year training, the Castellino Foundation Training with Ray Castellino. Both of those trainings really supported me to attend birth in a different way because it really supported me to integrate parts of my own early history of what had happened to me at conception, gestation, birth, and those early years with my own family, my family of origin. I loved that. I just got so excited about the work, especially Ray Castellino's work, and the next training he taught, I assisted, and the next training that happened, I co-facilitated with him.

And now I am co-facilitating one in Spain that Tara Blasco organized. There will be one I will co-facilitate with Charisse Basquin that starts in England in October 2014. I am all about that work. I highly recommend it to anyone who is involved with birth and babies. So what that did for me was that it supported me to integrate those places that weren't fully in my awareness. I had always been so curious about why each midwife I knew had a challenge around birth in different areas. One midwife may have a challenge with hemorrhage, or supporting a baby to breathe, or get very upset when the baby is taken from the mother, or shoulder dystocia. I could so sit with someone bleeding and I could so support a baby to breathe, but my challenge was shoulder

dystocia.

So, in Ray's training, I got to look at what was there for me in my own birth and realized that the cord had been tightly around my neck and it was a really scary place when my head was out and my body was still in, the oxygen was being reduced and cut off. It felt like I could die right there. And I didn't die, you know, I pushed through and got born and my mom birthed me; we did it together. Sitting with families who were in that same situation when the baby's head was out but the shoulders were stuck, I would get really anxious inside and there would be a speed up in me and it would trigger that fight-flight place where I would want to bolt, but I would stay and support the mom to deliver the baby and the baby to be born. And I had to do some work inside of myself. In integrating that piece of what happened to me in that same moment of birth, I really got that that was the memory that was being triggered whenever I sat with another family in that experience. So of course, after I integrated that part of my history, the next birth I attended was a shoulder dystocia.

Of course.

It was my partner's turn to catch the baby and the head came out and she had worked with the shoulders for about three minutes and then looked at me and said, "You need to get in here and do this." And I said, "I know it." I sat down and it was such a different experience for me because I felt grounded and connected with the mom and the baby and connected with myself and I did not have that sensation of wanting to leave. There was still a little warble inside and work I had to do in that place, but it was much, much less. And I just connected with the health in my system, the health in the baby's system, and the health in the mother's system and remembered that they both know how to do this. The baby knows how to get born, the mother knows how to give birth. And, in the remembering of that, it supported my body to stay relaxed and open which also supports the mother's body to do that as well.

Like Michel Odent often has said, if there's adrenaline in the room, it's contagious. Adrenaline constricts the body. So if I get nervous and afraid, and I get constricted, it can affect what is happening in the mother's body as well. And what I say -which also is true - is that oxytocin is contagious as well.

If the support team of the mother and the baby can stay connected with the oxytocin and the relaxed place in their own bodies, then it really supports the baby and mom to do what they are working to do. So in that experience, I just said to the baby, "Little one, I need to just slide my fingers along your back and see what is happening in there" and I did that and said, "Oh, this shoulder is stuck behind the pubic bone," and I just did this really light touch to the shoulder and I said, "you need to rotate that way" and pressed ever so lightly in the direction I understood the baby needed to go and the baby just rotated 130 degrees without me pushing or muscling at all. Then I said, "Great, you're past the stuck place, you can get out now, you can come out now."

The baby pushed and out he came and breathed and it was simple. And it was so different from my inside experience than ever I had had in that place with a family. I just got very excited and started talking to all my families about the work and they got very excited about it too.

So, I had a conversation with Ray and we decided to offer two prenatal sessions to each pregnant family with him and me, where the families come and work on whatever the challenges are in their lives and we support them to have these tools to integrate their early beginnings and let's just see what happens. Then we also offered an integration session after the birth so that baby and mom and dad could really understand what happened in the birth and really connect the dots. If there was trauma or an intense place in their experience, then they got to settle with that and integrate it more so they could move forward in their life without it having a huge impact on how they made choices and everything it affects. You know, birth is so wide reaching and the impact it has on who we become as we grow older is huge.

Absolutely. It's really interesting that you initially looked inward when you saw your outcomes being a 20% transfer rate. That's kind of unusual, in general, for practitioners to look inward in the medical community.

Yes, it is a big problem. That's the situation of a lot of practitioners because we so often look outward for the answers to everything in our lives and where the deepest wisdom comes from, I believe, is from inside.

There's the piece of you as practitioner, you as the midwife,

working on your own history and then being able to be present and regulated when something similar comes up that might trigger that memory.

Yes, because what that does is it differentiates our own history as a practitioner from what is happening in the moment with another family.

So you are present in the moment instead of in your story.

Yes, so instead of reacting to the situation and doing perhaps what it was that we needed when we were going through that moment in our birth or gestation or wherever it was, instead of reacting, we get to respond and really see, okay, what is really needed in this moment for that family? Not, what did I need?

It sounds like that really can affect the outcome.

I think that is key.

I am interested in the place where you were talking to the baby because I also think that is also very unusual in the typical medical model; first of all, that you talk about the mom and baby working together through the birth, but also that you are working with the mom and the baby and whomever else is there.

Yes, so often we leave out the baby, we forget about the baby, and that's a big part of what the journey is all about. But so often, the connection with the baby is left out of it. The baby's consciousness is fully aware and the body is immature, but the baby is very knowing about what they need to do to be born. And they work, right along with the mother, by burrowing with their head, finding the path of least resistance and pushing with their legs, and really knowing inside themselves that there is a need to go somewhere, and they're working right along with the mother to do that. Oftentimes, if a mother is struggling or there's a slowdown in that place of pushing or anywhere in labor and I remind her to connect in with the baby, it often supports the progress of her labor and the birth. I will also often encourage the mother and father to connect with each other. That can have a very powerful impact on the birth - the way the parents are or are not connecting. Their relationship is very important.

I'm just imagining you talking to the baby at the birth and how, I'm guessing, the mother is not surprised by this during the labor because you, in some way, already introduced this idea of the baby being sentient and having full consciousness earlier on in her pregnancy.

Yes, I'm already talking to the baby at prenatal visits, and I do prenatal care for everybody whose birth I attend. So, they start talking to the baby, I'm talking to the baby, the whole family is talking to the baby, and really including the baby as a present being in our prenatal visits. The baby is already here, just on the other side of the skin than they are when they are born.

Do you find that most of your clients are open to that idea of the baby being conscious?

I think everybody has been open to it. You know, at first, they sort of giggle and laugh, but they like it. Then they get more comfortable with it and I see mom, dad and the siblings talking to the baby, and rubbing the belly.

It sounds like you're creating a relationship with the baby yourself so that when you get to those difficult spots in labor, you can point out things, like that shoulder being stuck, and you already have a relationship and so the baby can respond.

Yes. And asking, "What is it that you need, little one? What is it that you need right now?" And just having the mother sense into what she gets through her intuition of what she needs to do next with her body. Often she'll feel like, "Ah, I need to get on my hands and knees." Or, "I need to get in the shower." The next thing will come which often supports the labor to progress.

Have you also noticed that a mother's own early material affects the way that she births or how she mothers or the early attachment with her baby?

Absolutely. I often ask the mothers to tell me the stories about their conception, gestation, and their birth, just to know what their journey has been. If they don't know it, I ask for them to talk to their parents if they're still present or if their parents aren't, then to talk to aunts, uncles, friends who may know more

about their birth story. And then also, we all have our birth stories recorded in our cells, and so for them just to tune in and get what they feel is true about their birth. So then, looking at wherever there was great joy or love or trauma, whatever is in the history, and where in the sequence that occurs.

If there was some trauma or big imprint that happened at the beginning of labor or the end of labor, often in that place of the sequence, when the pregnant woman that I'm working with is in that part of the journey with her own baby and she as the mom, it can trigger the memory of what it was for her as a baby with her mom in labor. Fear can come up which also can constrict the body. When we're remembering an experience from that time before we had words, it triggers our implicit memory. When we're recalling an experience from that early time, the way we remember it is through our implicit memory - through a sensation in our bodies, through the emotions of what that experience was, through our perception, through the memory of how our body responded, what it felt like to be in that place.

The implicit memory does not hold up a red flag saying, "This is a memory," but it's in our sensations, our felt-sense in our body that we're remembering it, so it feels as if that's occurring right now, in this moment, again, if it's not integrated yet. So, if that memory is triggered and that was a scary place for the mom when she was being born herself, it can constrict what's happening and slow down what's happening in her labor with her baby right now.

Then, if you notice that happening, then what would you do as the midwife?

Well, in the story of them telling me about their birth, I would suggest that they might want to bring that to a session with Ray and me. So then we flush it out and open it up and look at what is there, so that we support them to make sense of that traumatic place or that place that was full of love or whatever is there. Then, they get awareness; their explicit brain starts to make sense of what their implicit memory is recalling. Then, they can differentiate more easily; when that memory is triggered, they can start to recognize it in their body and go, "Oh, this is that memory. I made it through that experience and that is not what is happening now! Today I have other options than I did back then."

Like when I was working with my shoulder dystocia, I would start to feel that fear come up and go, "Oh, here is that memory place of what happened to me. And I know I made it through that place and actually I'm not being born right now, that's not happening to me. I am here as a midwife, supporting this family to give birth." So, I differentiate the time zones and I look at the experience from my adult eyes and not my little one's situation that happened back then, as a baby. I hold my role as midwife, and remember my current age and look at the situation through the adult eyes rather than the eyes of when I was a baby being born.

So, I differentiate that for myself. My little one is not the one who would be able to support a woman to give birth and a baby to be born, but my adult self can do that. When we support somebody in a session to differentiate, and they get clear on what the parts were in that trauma or that experience, then, when that memory is triggered, it gives space between what happened to them and what they're choosing to do right now for their baby.

When we have trauma, the layers of trauma can stack up if they are all around birth. You know, "our mother had an emergency c-section because there were decelerations of the heart tones and the baby almost died. And my great-grandmother lost a baby at full-term because there was there was a tight cord around the baby's neck and decreased oxygen getting to the baby. Then with my first baby I had to be induced because of decreased amniotic fluid…" If there is a history of trauma around birthing, then it stacks up like a mountain that's all glommed together. And when we start to separate out each experience and just address one experience at a time. So, "what is it that happened to grandmother? Okay, that's her story, got it. OK, now let's go to what happened with your mother and you. Ah, mother lost her first one, and giving birth to you, there was this really scary moment in transition. OK, got it. Then let's look at the birth of your first child."

You are disentangling all the storylines and the layers of trauma, so you can deal with one piece at a time.

One piece at a time, telling the story at a pace that allows her to stay present with it, and then we look at what her intention is with this baby and herself and how she wants to go through that part of her birth this time.

One of my clients was born with pitocin, a medication used to induce labor. She recalled that as a baby, the speed up place was a really scary place for her because the contractions were much harder, stronger, and longer with the pitocin than with natural labor contractions. There wasn't enough space between the contractions to really give her a chance to catch her breath so to say, to recover from the contraction and get the full amount of oxygen to her body before the next contraction came because they were very close together in the labor with her mother and herself as the baby.

When she gave birth to her first baby, her cervix opened to 3 centimeters and then the speed up happened where she just zoomed to 8 centimeters fast and gave birth shortly after. And she was terrified in that speed up place. Then it happened with her second child as well.

So, when Ray and I worked with her in her third pregnancy, we really looked at what happened with mother, what happened with her first child, her second child, and what her intention was with her third. She wanted to do it really differently. So, having looked at all those layers and separating them out in sessions, when that fear came up in her labor with her third baby, we just had a simple, two-minute conversation that differentiated what is happening right now from what had happened in each of those other places. It's already different. And yeah, the fear is there that the speed up will come, and what she was choosing is to do labor at a pace that she could handle. So, the fear was there but she chose to have a different intention with this labor.

Another mom had given birth with some other practitioners for her first baby and the baby had been really challenged at birth and died two days after the birth. With her second baby, she worked with me and she was scared through the whole pregnancy about what would happen in the end. Ray and I worked with them in two sessions and when her water bag broke, there was meconium in it and she called me up and was in tears saying, "There's meconium in the water and if I give birth at home, are you going to have oxygen in the room?" And I thought, it would probably be reassuring to hear that, yes, the oxygen will be in the room. So, I said, "Yes, of course, there will be oxygen in the room." And she burst into tears harder and said, "If that's the case, then I just have to go to the hospital because that's what happened with my first baby, they had to give him oxygen."

I said, "OK, so where is that fear coming from right now?"

She said, "That's coming from my first baby's birth."

I said, "Right, and what's happening now is that you are on a journey to give birth to your second baby. And I'm on my way to your house right now and I'll be there in just a few minutes."

And I got there and she said, "I just don't know what to do, where to give birth. I don't know if I should go to the hospital." We had talked to the hospital back-up in advance and he said we could come in any time, at the last minute or whatever she felt she needed to do. And we had gone to a midwife in a birth center and she said doors are open, "You can come here too." And I was willing to do the birth at home, and the woman was going to decide in the last minute where she wanted to be.

So, when I got there, her contractions were about 10 minutes apart and she said, "OK, now I think I want to go to the hospital and be put out and wake up with my baby in my arms and know that we both made it through that."

I said, "OK, what layer is that fear coming from?"

She said, "Oh, that's from my mother's birth with me. She was put out, they pulled me out with forceps, I woke up in her arms and we both knew we had made it."

"Right, is that what you are wanting for this baby?"

She said, "No."

I said, "OK, so, what's next?"

She said, "Maybe, if we just stay here long enough it will happen fast and we won't have to decide where to go and we just have a home birth."

And I paused and said, "No, that would be my fear. Because if we don't decide clearly where it is you choose to give birth, we're going to end up having the baby on the freeway or in the car instead of any of the places we have available to us. So, just close your eyes for a minute just be quiet and go inward, and see what the wisdom of your body tells you for what's the very best thing for you and your baby in this birth."

She closed her eyes and opened them after a minute and said, "The baby could give a hoot. But I think what I want to do is to birth this baby at home."

I said, "Great. That's really clear." And I looked at the dad and said, "OK, and what is it that you get as the very best choice for your family in this birth?"

He closed his eyes and said, "I have fear, but I want to be at home."

I said, "Great, that's really clear too."

And right when they all got clear on what their decision was, her contractions went from 10 minutes apart to 2 minutes apart and she went into strong, beautiful, steady labor and two hours later, she gave birth to a really healthy baby girl. So, that's another example of how I work with the different layers of the history.

And also, this piece about intention - bringing the mother and father back to their intentions – is very potent.

Yes, very powerful, very supportive. Because you can feel at the mercy of the contractions, the mercy of the labor, and off we go. But if you get a clear intention of what it is you want – what it is you want for yourself, for your baby, and for your partner, and in connection with each other - the labor tends to organize itself around the intention.

"The labor organizes itself around the intention." That's a really big statement.

Yes. So, instead of the experience holding us, we get to hold the experience. That is a very different experience and perspective. There is an unfolding of what's going to happen, but the intention is a really powerful thing to get clear on in the beginning of the journey of labor.

I'm wondering, what words of wisdom could you share with someone who is in the birthing profession and is maybe just starting to incorporate the pre and perinatal material or the principles into their work?

I think primary and step number one is: to do your own work. To always, continually, do your own work.

And does that feel endless to you, Mary? Does that feel like a lifetime commitment to that?

Yes. I think it's endless and I think it needs not to be continuous. If we were done with our internal work we probably wouldn't be here any more. You work on yourself, and then you take a break from it. You don't want to do it 24/7; you'll exhaust

yourself and everybody around you. But, you know, it's like being a parent, when we hold our babies, if we can be regulated ourselves and be grounded (most of the time) when we hold our children, that's how they learn the sensation of what the internal workings are to be at peace, and to integrate and to regulate. So, as practitioners, if we can sit in a connected, grounded place inside of ourselves while we are attending a prenatal, a labor, a birth, it also supports the family to find that place inside of themselves. If we're in a panic place about it, then sure enough, it's going to trigger panic in everybody. So I think number one is just doing our own work. It really helps us to see a wider picture of what's going on and all the layers that are affecting what is happening to this woman and this baby in the labor. We see the health and are not so fixed on the stuck place or the problem. It's often something coming from outside of themselves that's having a big impact on the labor.

If as a midwife, I walk into a birth and I haven't integrated what happened at the last birth and it was something big that happened and I carry all of that into the next birth, then the worry, the concern, the fear and the constriction is going to be present in my body. I'm going to have a worry that the same thing could happen with the present birth that I'm at instead of seeing it as a new and individual experience and really differentiating between what happened in the last birth from what's occurring right now.

What if a birth is traumatic for a baby and you weren't the midwife, so you weren't there in the moment to mitigate that, and the mom comes to you and Ray later, asking for support?

First, we have that family fill out extensive forms prior to the session that gives us information about how they as parents were conceived, gestated, and born; many questions about their own history, this pregnancy, the birth; how did the nursing go; what interventions were used; was the baby separated from mom, etc. Then, we listen first to what their intention is and again, the session will organize itself around what their intention is. Then we have each of them, including the baby, take turns in telling a part of the story that they want to share with us, a part of the story that relates to their intention.

We'll make space for each of them – the mom, the partner,

the baby - to have their own perception because each of their perceptions is accurate for themselves. If there was trauma, often the story will be really speeded up when we get to the place of interruption or intervention and you can feel their bodies tense and the activation increase. We'll just pause and let ourselves slow down and have them continue at a slower pace. When they're telling us about a traumatic experience, their nervous system is going through the memory and the sensations of what that experience was, usually to a lesser degree. So, if we add to the moment in the session, whatever it was that was missing at that place in the birth for whomever it is who is telling the story, it helps to re-pattern the memory so the nervous system can begin to settle with what it was. The next time they tell the story, it usually is much easier to tell. If we slow the pacing down, it makes space for integration and it allows the emotions to come up and be felt. Because when it's going fast, there's no space for that to happen.

Can you say a little bit about how the baby might share or tell their part of the story?

Baby will stop right in the middle of the mother talking about the baby's birth and have a big cry as if to say, "Wait a minute, I have something to say about that!", and wherever in the story they are, usually, that's what the baby will be responding to. The big cry is like they are saying, "Wait a minute, yeah, I was away from you and that was so upsetting and I felt betrayed and abandoned and waaaah!"

Then, we'll just ask the mother, "When you hear the sound of your baby's cry right now, what does it make you feel?"

She goes, "Really sad, helpless, too far away. I want to be together." And if dad is holding the baby right then we may have mom hold the baby instead. That adds a layer of support in the moment that was not there in the memory.

I'd say, "Now talk to your baby about that feeling," because usually what parents feel when they hear the specific cry of the baby, what they're feeling is what the baby is trying to communicate to them. "Tell the baby what you're feeling about that place in your birth."

"I'm so sorry I couldn't be with you. I wanted to be there more than any place in the world and my body couldn't get there.

What I wanted was for you to be in my arms and to never leave them. For us to be together," or whatever the situation was.

What we see is that the baby's emotions settle right down when we get it right about what they're feeling. And when we do the repair, the baby's cry just settles down. They may want to go to the breast. We support the baby to do what Ray and I have coined, "supported attachment," which is a journey after any birth where the baby can do the journey from birth to breast. In that journey, they often show us through their physical movements what they did to come down through the pelvis in the birth journey. They will tell with their emotions and their voice where it was challenging, where it was scary.

So, their first intention is to get all the way here and be born. The next journey is to get to the breast and find the new connection that they're going to have with mother on the outside of her body. On the way up to the breast, what will reflect that place of the cord around the neck is, just before they get to the breast, just before they get to their next goal, it can trigger the struggle that they went through just before they were born. You may have a big cry right before getting onto the breast. And mom may say, "Oh yeah, that sounds like a scary cry and it's reminding me of a place in your birth where I felt really scared, and I bet that was scary for you," the mother might say this. The baby may - and I've seen this happen - lift his head in the middle of a cry and go, "Yeaaaah." And everybody goes, "Oh my god." And then he just settles right down, he climbs the rest of the way up to her breast, latches on, and nurses.

They are really trying to show us and tell us so many things and a lot of times we miss that this is what is occurring.

So, Mary, when you began integrating this pre and perinatal psychology, these principles, and the work with Ray, I'm assuming that your transfer rates went down. Did you really look into that and see if that was actually true?

Oh, absolutely. It was so mind-blowing because when families started getting interested, I just made it part of the midwifery package. My fee used to cover two prenatal sessions with me and Ray and a postpartum integration session, plus the regular prenatals, birth, and postpartum care that I would do as their midwife. So, as families started doing that, I had twenty births in a row with no transports (to the hospital). I thought,

"This is big. Probably the next five are all going to go to the hospital." Then I had another twenty and nobody had gone to the hospital, and then I had another twenty. I got to 63 and nobody had transported to the hospital. And I had never had a run like that. I thought, "Wow, okay, it looks like this stuff is really working." So yes, it *dramatically* affected my outcomes.

If you had one wish for the way babies are born in our country, if you had one wish as to how that could look different, what would be one thing you'd like to see changed?

One thing I'd want is the trust from the practitioners - whoever is attending the mothers – that they trust in birth, they trust in women's abilities to give birth, they trust the baby's knowing about how to be born. That's one place that I could see make a huge impact.

And another would be that everybody includes the baby as part of the journey, as part of the experience of pregnancy, and realize that they are knowing, remembering, feeling beings. And that the babies are experiencing everything that happens, in the family, to the mother, to her body, in her body. I think that children often know us better than we know ourselves as mothers because they grew in our core.

Another wish is that mothers, fathers, and babies have the right to stay together right from the start; that the baby is not routinely taken away to the nursery. I think that so often we do not have a clue as to what we're messing with when we separate the mother from the baby or the baby and the father from the mother. It just messes up something inside of that little one that can stay for the rest of their life if it's not addressed. It can affect their relationships for a lifetime. It affects how they come into relationship with themselves, how they come into relationship with the mother and with others and has such a long-reaching impact. That part just saddens me when I see babies separated just for observation, really no good reason. I just want to shout to the people and go, "Wait! You don't know this part." You don't realize that the mother and baby are going to have to work to heal this part of their journey, to come into deep connection with each other, to get back what would have naturally occurred if they were just left alone with each other.

Mary, thank you so much. This feels very full and vast. It's so wonderful to have people like you doing this kind of work. I really believe that this can impact society and humanity as a whole just by tending to those early, early times with that kind of consciousness and care and inner work that you're talking about.

More and more people are doing this every day. There is a shift happening on a large scale. It's definitely having an impact.

As Bessel van der Kolk has said, we used to think that the traumatic things that affected people and created psychiatric or psychological challenges were the big traumatic things that happened later in their lives like accidents, surgeries, rape, or war, (and indeed those are big events that do also have a big impact on us) but what we're realizing is that the beginning of so many of the problems with children and adults is coming from the history of really early trauma. Just the experience of a parent who is mis-attuned or not there or inconsistent in their presence or inconsistent in their care – those early experiences of how we're held in somebody's arms and how their heart is reacting to us as a human being and seeing us– that's where we develop that sense of self worth or not. That is how we develop a sense of ourselves in how those first people who hold us are seeing us. How the primary care giver sees us - it's such an important, critical part of everybody's life.

***Is there anything else, Mary that you wanted to mention that maybe we didn't cover*?**

For parents to be aware of what a huge impact our early years and early moments have on us as human beings. It's not just nothing. And even though sometimes we can't understand the baby's language, they are trying to tell us something. They may not speak English or German or French or whatever our mother tongue is, but they have so much to say and to show. And so to pay attention and to look at the babies with wonder and try to see if you can understand what it is they're communicating. In the beginning, we want to be seen, heard, loved and understood, and if we can come into the world with that happening, what a great way to begin.