



Student Midwife Primer

PART I: So, you want to be a midwife?

Welcome to the Indie Birth Student Midwife Primer! We are passionate about helping new students or students part way through their journeys, just like you, as you figure out what path to take, and how to get from where you are right this moment to helping families like the badass midwife you know you're going to be. One of our primary missions is to help create more midwives, especially ones that are practicing a combination of the science and sacred that we believe in so strongly. One of the questions we get most often is "how do I follow the calling to be a midwife", or some version of that. So, we thought we would put together some of our answers in these easy to follow primer to get these ideas and resources out to more of the midwives of the future.

So what is a midwife?

This seems like a simple enough place to start, but it is a huge question! Midwifery is the oldest female "profession" and has a rich and amazing history. It has looked similar but different in cultures around the world, across the centuries, with the most radical changes taking place in the last few hundred years or so as men made their way into the birth room and started trying to regulate the work of midwives in the medical and legal worlds.

We have resources that touch on the complex issues of what a midwife is, what she does, and what she offers (and how she might look, ha!).

- <http://www.indiebirth.com/whats-a-midwife-to-do/>
- <http://www.indiebirth.com/doctors-suck-but-so-does-your-midwife/>
- <http://www.indiebirth.com/labeling-birth-unassisted-home-physiological-traditional/>
- <http://www.indiebirth.com/midwives-hold-the-space-and-nothing-more/>
- <http://www.indiebirth.com/natural-birth-stereotypes-and-the-hippie-midwife/>

So to bring it back to the basics, a midwife can be a lot of different things - she is an educator, a confidant, a skilled practitioner, a guide, a source of knowledge, a healer, and an expert in

normal birth. Even midwives that agree on most things (a rarity....like unicorns...) have certain things they do differently, different “services” they do or don’t offer. Some don’t do any community education. Some do mostly education! Some encapsulate placentas, and some spend a lot of time writing and researching. Some offer fertility services and some only do births in far away places as traveling midwives. It just depends on your strengths and passions. What sort of midwife do you want to be?

PART II:

What should I start reading and learning TODAY? A rundown of our favorite free resources.

So you want to be a midwife, you’ve thought about what that means to you, and you’re ready to dive in. What can you do TODAY to start on this path, or perhaps just take a few more steps if you have already begun.

With the magic of the internet there are a LOT of free resources out there that are easily accessible now. In many ways, we are so blessed in this postmodern time to have these resources, since not so long ago there were none, or they were out of reach for women trying to serve their communities. On the flip side, this also means there is more low quality information to sift through, and more medicalized information to dig through to get to the gems that we want as traditional midwives. It can get confusing as we try to search for the truth in birth, and it is easy to get distracted and pulled into the technocratic world even when that isn’t what we want to be spending our time on.

For new students, here is a list of some of our favorite free resources to help create a solid foundation in traditional, holistic, physiological, wise woman birth.

Indie Birth - indiebirth.com - We can’t start our favorite resource list without us on top, sorry! We saw a clear gap in resources and one of our biggest missions is to fill that gap. For new and veteran Indie Birth followers I would encourage you to explore the website more. Check out our podcasts (full archive is here - <http://www.indiebirth.com/podcastarchive/>) as well as our articles, and our recommended resources list which is here - <http://www.indiebirth.com/recommended-resources/>. That list is geared more towards parents, but is also perfect for beginning students, since we sort of expect parents to learn like they ARE beginning students!

In no particular order, we also recommend:

- midwifethinking.com
- <http://www.homebirth.net.au/>
- <http://www.sarawickham.com/>
- <http://www.gentlebirth.org/archives/>

- <http://wisewomanwayofbirth.com/>
- <http://www.midwifeupdates.com/>
- <http://squatbirthjournal.org/>
- <https://www.midwiferytoday.com/>

And check out this compiled list we made of free Khan Academy videos (can't vouch for the contents, but we have enjoyed some of them!):

<http://www.indiebirthmidwiferyschool.com/khanlinks>

As a just starting out student, more general/topic books about birth, politics, pregnancy and parenting can also be a good place to start, so order yourself some on our recommended resource list, or find out if your library has any birth books. You can get a lot of great books used inexpensively - again, our recommended resources list is great -

<http://www.indiebirth.com/recommended-resources/>

If I had to make a recommendation, I would start with simultaneously reading Gentle Birth, Gentle Mothering, a variety of women's birth stories, and a solid midwifery textbook if you can afford one.

PART III:

What does an apprenticeship look like?

Ah, apprenticeships. This is the big and hard topic. Everyone wants to know how to get one, but we'll save that for later. First let's talk about what apprenticeships look like.

Apprenticeships can look a lot of different ways. Typically they last until a midwife has gone to at least 50 births, possibly more, and during the apprenticeship a student might work with one or multiple midwives. Apprenticeships are most often unpaid, and also don't cost the student anything, although some apprentices get stipends and some pay to go to births. Apprentices usually go to all appointments with the midwife. Prenatal, postpartum, well woman, whatever it might be, she is sort of the midwife's shadow. As the student gains more experience and knowledge, she is given more responsibility and more opportunities to practice skills. Early on this looks like taking vitals, giving emotional support in labor, and cleaning up. Eventually the student starts taking clients in the primary role, and the midwife fills the assistant role while also supervising. Or sometimes, the student and midwife become more like partners, and there is a more organic shift as the student herself becomes more confident, and the clients begin treating her as just another midwife on the team.

Apprenticing is difficult logistically since it means being on call, and also not having an income (unless you find work that allows you to be on call for births as well, which is awesome). Some students go to high volume birth centers, or travel to learn with home birth midwives that see

more births per month, both of which cost money and have an “opportunity cost”. It can also be difficult once you add in children and childcare to the mix. This is all to say that apprenticing, and midwifery, are not for the faint of heart. If you really want to learn and become a midwife, you will certainly find your way, and luckily with the variety of midwives out there, there are a variety of ways apprenticing can look. Some midwives take multiples students and allow them to switch “call days” and off call day, so that they can continue to work on the off-call days to support themselves.

All that said, we think apprenticeship is the gold standard for learning midwifery, and is an amazing journey. At Indie Birth we envision returning to a more traditional, community centered midwifery, and a return to a better balance of heart centered learning, hands on experience and academic learning.

What have you heard about apprenticeships? Do you have more questions about how one might look?

Check out these free resources we made on the topic -

A Midwife By the Numbers or a Midwife of the Heart: <http://www.indiebirth.com/midwife-numbers-midwife-heart-journey-apprenticeship-beyond/>

A Facebook Live Event about Apprenticeship - <https://www.facebook.com/indiebirth/videos/1125350950844795/>

PART IV:

How do you get an apprenticeship?

How do you land a coveted apprenticeship? I sort of feel like a writer for a women’s magazine writing about how to land a hot boyfriend or something, ha! Like anything, it is all about timing and connection, but to be practical for a moment, start with figuring out who is nearby that you even could apprentice with. When I was first playing with the idea of becoming a midwife (Margo here) I got REALLY lucky and mentioned midwifery to the exact right person who got me in touch with Maryn. If I had just done a google search and stopped there, I would have only found one midwifery practice closer by that would have been a bad fit for me. I also wouldn’t have thought to google search for midwives in the small town 45 minutes south of me. So here is me, telling you, to do your research FIRST and then contact the midwives you find to talk about apprenticeship opportunities.

If you find someone who is a good fit and is open to taking a student, my advice is to be gently persistent. Ask how you can start helping, even if that means having a trial period before actually being on call for births. I’ve heard many experienced midwives complain about bad students (and student complaining about bad mentors/preceptors) so I think it is worth exploring the relationship by going to prenatal, helping with classes, etc before diving into a

longer term commitment. It is important to be humble and take a back seat when you are a new apprentice especially - I thought of myself as a fly on the wall and occasional helper for a very long time. Demonstrate your ability to be a good listener and learner, and express that you understand this is the nature of apprenticing and the midwife you hope to work with will probably be relieved. That said, all midwives are looking for something different in a student. Some want something more formal, some want students who are more or less involved, so don't assume too much, and ask for lots of clarification and detail about exactly what will be expected of you.

If nothing else, BE RELIABLE. Midwifery requires serious reliability, and if you want an apprenticeship, make sure you appear to be as reliable as possible from your very first interactions with a midwife you want to learn from. Don't try to switch your meeting time the day before. Don't show up 20 minutes late. Don't have a hard time answering the question "why do you want to apprentice?". I don't know any midwives who are excited to work with students who seem like they are waffling about their commitment to midwifery.

PART V:

Should I go to school?

Traditional midwifery did not involve formal schooling or certification, and was a trade learned through the apprenticeship model. There are now many school options available, though few maintain the holistic/artistic/heart centered approach that we believe is at the center of traditional midwifery. Our response to that is that we have created the Indie Birth Midwifery School which is starting its first class of student in 2017. Please check out indiebirthmidwiferyschool.com if you have liked what you have seen from Indie Birth so far, and sign up for our free virtual tour. Here is a little bit more about our school:

"We created this course not because we wanted to, but because we felt like we HAD to. There are a growing number of midwifery programs, but none of which we felt like we could truly endorse when asked (many times a week) which school students should enroll in. So here we are! We have put together what we think is currently the best curriculum for student midwives that resonate with the Indie Birth philosophy - combining modern research with age old wisdom, with a focus on becoming heart led midwives that can truly serve the family above all else."

There are so many amazing resources now both in print and online, in person and in groups (what would we do without Facebook?) that it is ABSOLUTELY possible to learn the art and science of midwifery without ever enrolling in a formal program if you have an amazing apprenticeship/preceptorship. That said, there are certainly benefits to having guided study. For example, there are so many resources available - but how to sift thorough them all and find the best ones, and how to approach them in a measured way that leads to big picture learning? Having structure and community built in to learn alongside can also be helpful for certain types of learners and personalities, especially if you are the only person interested in these topics

locally, and you are maybe waiting for a chance to apprentice in the future.

Facebook Live Event About Midwifery Education - <https://www.facebook.com/indiebirth/videos/1154154691297754/>

We also have a fabulous group called the Wise Woman Circle, where we have at least one teaching call a month from a teacher in our community (members get access to all archived classes/calls as well). There is also an active secret Facebook group where you can connect to other parents, students and midwives and ask and answer questions that come up. It is a great place for learning, and is a relatively inexpensive option at only \$99 a year. It is free for a year for those who come to our annual conference, as well as those who eventually enroll in our school. Learn more about the Wise Woman Circle here:

<http://www.indiebirth.com/circle/>

Along those same lines, our conference (and past years' recordings) is also an incredible resource for people at all points in their midwifery journey.

For more information about our 2017 conference, go here:

<http://www.indiebirthconference.com/>

For recording from previous years, go here:

<http://www.indiebirth.com/2016conferencerecordings/>

PART VI:

What are some ways I can learn and practice skills?

The art of midwifery requires a large set of skills, both hands on and hands off - counseling, palpation, handling complications, listening, writing, etc. The best way to gain most skills is through organic hands on learning during an apprenticeship, but there are other ways to create or take advantage of skills learning opportunities. Of course, there are also good texts to give a foundation in what skills are important, how to perform them, how to interpret the "results" and when and why (or why not) to do them. Anne Frye's books (Holistic Midwifery Volume 1 and 2, and Understanding Diagnostic Tests in the Childbearing Year) are some of the most often recommended, and should be staples in any midwifery library. There are also other specific midwifery skills books that you can work through to get started with learning even if you don't have access to an apprenticeship yet. The most commonly recommended books are the Practical Skills Guide for Midwifery, Skills for Midwifery Practice, and Birth Emergencies Skills Training.

Many skills are benign enough that you could gather a group of pregnant women (or just one!) together who are willing to let you practice feeling for baby's position, fundal height, taking blood pressure and pulse, and listening with a fetoscope for example (just tell them you are learning and any findings). Getting together with other students (and midwives!) and going through scenarios and role plays with each other is another good option to jumpstart or supplement your learning. There are also a variety of skills workshops available from different perspectives and styles of midwifery out there. In 2016 we hosted our first ever Indie Birth Skills Workshop and will be offering it regularly into the future. You can look at what the workshop entails and check out our future dates here:

<http://www.indiebirth.com/workshop/>

For more on prenatal skills we also have our DIY Prenatal Skills Course which is geared towards parents but can certainly be useful for beginning students.

<http://www.indiebirth.com/diyprenatalcourse/>

We have a few Youtube Videos that go over palpation and listening with a fetoscope too:

<https://www.youtube.com/watch?v=-fzpXpR3f6U>
<https://www.youtube.com/watch?v=J-QDnYdLSTM>

PART VII:

How to be an awesome apprentice, and more about the apprenticeship lifestyle.

Being an awesome apprentice might look different depending on who you ask! But in general, being an awesome apprentice (according to us) means being humble, curious, smart, respectful, having a sense of humor, being humble (again), being a good guest in someone's home, knowing when to speak and when to be quiet (you should be quiet pretty much 100% of the time at first), and being dedicated and "called" to midwifery. People who think it sounds like a fun job will very quickly discover they either love it and have to do it (even if it isn't a great "job") or that they are not cut out for this work.

Being on call is serious business, but one of my personal requirements for working with someone is that they don't think it is that huge of a deal or that big of a lifestyle shift. If someone is clearly struggling with the idea of not drinking, not staying up all night at parties, not traveling more than an hour from home, missing holidays, etc, then I would feel uneasy about taking them on as a student.

I think being an awesome apprentice also entails being responsible for your own learning,

however that looks, and asking for help and guidance regularly from the midwives you're working with. It means listening listening listening to the people you work with and the families you serve, and then digesting and processing it yourself and with your birth mentors.

I think the biggest part of the apprenticeship journey for some is the relearning of self-care, so that you can then help pregnant people practice those same things. So TAKE CARE OF YOURSELF and boost your own daily oxytocin flow so that you can be of service to others. Go to bed at a decent hour, eat regularly, stay hydrated, rest, do other things you enjoy, move your body, hug your loved ones often. Our jobs as midwives is to help support women as they also reclaim these self care practices, so we have to walk the walk and take that journey ourselves, and continue to learn and grow throughout it all.

PART VIII:

How to make some money while apprenticing

One of the biggest logistical pieces of figuring out your path to midwifery is how you will financially support yourself during an unpaid apprenticeship if you aren't in a position where you are being supported financially. There are many creative approaches, from getting credit cards or loans, or finding a midwife who will take multiple students so that you can still work certain days of the week which allows you to be on call the other days. But the most common ways people make some money while apprenticing seem to be teaching childbirth classes, doing placenta preparation, other pregnancy product sales/services (postpartum baths, pregnancy tea, belly casting) doula-ing (prenatal and postpartum with backup doulas and an arrangement with your preceptor) and babysitting for families that are flexible enough to accommodate being on call (works best if you are only going to 1-2 births a month). We also have an affiliate program for our How to Have an Indie Birth 5 week class for people that want to get good information to their community but don't have the time or desire to teach classes themselves - for everyone that signs up for the class through you, you get \$50!

Learn more about the affiliate program here:

<http://www.indiebirth.com/partner/>

PART IX:

Progressing through an apprenticeship

So many students have similar stories - they go to some births as a doula or beginning apprentice, start their "assist" phase and then for some reason, never move into the primary role and start trying to find ways to finish so that they can start their own midwifery practice.

Asking a potential preceptor how they envision the apprenticeship going is important, so that you know you have a mutual plan for how to get from point a to point b.

As you progress through an apprenticeship, gaining more skills and experience, your role should organically change to one of more responsibility if you and your preceptor/mentor are clear that that is the goal. It can look a lot of different ways but sitting down to talk after every few births is a great way to keep track of what you have “mastered” so far and what you need to focus on during the next batch of births to continue to grow. In my own experience (Margo here) this all happened pretty naturally, and along similar lines with the way the PEP process is structured, even though I haven’t done that paperwork per se. The first 10 births or so I was just an extra pair of hands, and just tried to be helpful how I could and otherwise stay out of the way and watch astutely (and make food and clean up afterwards!). The next bunch of births I played more of an assist role, helping with more clinical things (when needed), helping set up the birth space, doing more labor sitting on my own so that the attending midwife could take real breaks, etc. Things evolved pretty naturally so that I gradually took on more responsibility and participated more in discussions about when to go to the labor, what to do if things came up during the labor, and being responsible for either helping with the placenta or observing the newborn after the birth (and then switching it up every other birth). By the time I had started taking my own clients and counting primaries, I felt like I already had experience with every part of the labor and birth process, as opposed to going from purely “assisting” to then being the primary midwife.

PART X:

Apprenticeship Stories and Reflections

I’ve included a few apprenticeship stories below, but other than that, this wraps up our student primer. Thanks for reading, and let us know how we can continue to support you on your path to becoming an amazing midwife!

Here are a few reflections from others about the way their apprenticeship looked.

“I attended births a doula (unpaid) for 8 years prior to starting my apprenticeships. I worked with 2 midwives in a neighboring state for 4 months, did 40 births with them. One midwife was a CPM, the other had no letters behind her name and practiced in a way that felt right and seemed intuitive and heart driven. I went to every prenatal, birth and all postpartum visits. The CPM always sent me to births before her so vaginal exams to access the progress of a labor were common place and doing heart tones regularly were the norm. Even if she was at the labor, she would sleep until it was “time” for the birth. I say all that to say that being on my own, making decisions about basically everything was common place so when I started on my own, it wasn't a big leap! I went to Belize as well for 3 weeks and caught babies there which filled in the gap of the only thing I hadn't done in the apprenticeship. For me, I'm comfortable in the flow of intuition. I spent 3 years in nursing school but those are not the skills I use as I walk with moms

and their babies. I jumped into serving women earlier than others might feel comfortable with but this is my road. I'll never answer to a state, I will always serve women and I answer to a much higher authority as I love, serve and care for families.

If I had seen quality in the CPM model, I might have followed it...maybe! 😊”

- Anonymous

“Apprenticeship is really hard. At least, it was for me and for everyone I knew. A couple of things made it possible for me to get through it that would no longer be the case for me and isn't the case for many: at the time I had no children, and I could travel overseas. I developed a lasting relationship with a Malian midwife after assisting her for a summer when I was in college on a study abroad program. When I enrolled in midwifery school, I returned to help her. I had some American apprenticeships throughout but it was really hard to find a small homebirth practice that would let me be primary (assists and initials were fine, but as soon as I wanted to move on to primary it was too much of a sacrifice for a practice that only saw 2-3 births per month), or a busy birth center practice where I could be primary that would let me have a sane schedule (they seemed to demand 24/7 super busy on-call which simply wasn't realistic for my life). However, I had a sweet relationship with a midwife and community in Mali so I packed my bags and went to study there. I was in and out of Mali for about half the year, every year, for 5 years. For many women I helped at 2 or 3 of their births over 5 years.

I got to know the community and midwifery expectations well, and worked up to being primary and solo in the clinic. This was facilitated by a few things: #1, my language skills improved, #2, I made sure I went above and beyond what was expected of me: I rode along in every transport, I did home postpartum visits in the neighborhood (not common there), and I showed up to every single birth. But what really "graduated me" into primary was one night a woman showed up in labour to our house/birth center. She was a multip, her labour was progressing beautifully. The normal protocol was for me to attend women at night and then call the midwife when she was pushing to come attend "just in case". The midwife was 70 years old and we'd had a long, rough day, and I knew she needed the rest. So I just attended the multip myself, and didn't call. I knew of course I'd call if there was any issue, but it was a butter birth and I thought, you know what? I'll just let the midwife sleep. We had a sweet birth and postpartum just me and mama. When the midwife woke up that morning for prayers, and saw that a lady had given birth in the night she was so confused. I explained that all had been well and I thought she could have used the rest. She was so impressed that all had gone well and grateful at me stepping up. She congratulated me all day and told everyone that came for clinic that I was now doing births myself. That afternoon when she went to the market she left me at the clinic myself saying he trusted me to handle whatever came myself.

Now, this wouldn't be the right strategy for everyone (it wasn't an intentional "strategy" for me, and the liability in some practices would be ridiculous), but in my context out there it was a big turning point for my relationship with the midwife that I could prove

my capabilities. Otherwise at every birth with us both there, I tended to defer to her expertise. She liked seeing that I could and would step up for clients by myself and also that I saw HER needs and respected them and wanted to help her as a person, too. Now we work as colleagues. When I got certified she was the first person I told, and she was more proud of me than anyone."

-Molly Dutton-Kenny

"I was an apprentice going along with midwives in the Catskills region of New York. They handed me some books and took me along on births to help out and carry things, and would show me what they were doing, and explain what they were doing. They would point things out as they happened and then we always talked in detail about every birth afterwards. They let me study their books and would answer questions. It was very informal but I learned a whole lot by watching what they did and how they did it. We also stayed with the mothers for at least 24 hours straight after birth, and then visited every day for three or four hours for the next five days so they had help. So I learned a tremendous amount about how babies change and the mother's experience of the postpartum period. It probably works out to hundreds of hours for each with all the prenats and stuff. But I had to move suddenly before I would have caught babies with them at my shoulder. They figured starting that after about 20 birth was about right.

I was pregnant and had my first baby, and then became an assistant childbirth educator because at that time you had to be an RN to teach child birth classes. I know that sounds weird now. But the woman could not have a natural birth in hospital and could not have her husband with her in the delivery room unless she had done childbirth classes, and the doctors would not approve a childbirth class except for the ones taught by the two associations at the time, who only hired nurses. So I could be an assistant, and even step in and teach, but technically could never be a Child Birth Educator without a license for nursing. Very interesting control - they never needed a law they just sit there Hospital policies and we're unchallengeable

So I had another child quickly afterwards and this would be a gap of maybe 2 years and learned about a Midwifery School opening nearby. The school was run by naturopathic doctor and old time midwives they were older. The doctor wanted to get out of the baby business..... He had done thousands of birth during the baby boom and most of them at home and the older midwives wanted to teach the younger ones before they got too old. I don't know his financial relationships with them, but the school was very affordable because we were the workers for a massive home birth practice. We went to school 4 days a week and learned the basics of Midwifery, the textbook stuff, and lectures comma and every birth was reported on in detail. We went out in teams of four 4, two new students and two older ones and did prenats and birth under supervision with the teachers at our side. We were assigned a newly pregnant person from the beginning and by the time they became due we were 6 months or more into school and had helped out in many dozens of births and by that time maybe hundreds of prenats and postnats.. So when it came time to catch our babies we were already far more experienced than most of the CPM are now. By the time you graduated you were to have caught I think 35

to 50 babies and been present at all those others on your birth team so it added up to a lot.. To get clients he set the cost of birth with the school at half the going rate of the home births in the region. I think it was \$400 and I think prenatals were 10 bucks each. I read once that they did 200 for the first year and \$400 the second year. These are all at home so there was no birth center.. so the first part of my training was a casual old style apprenticeship and the second was old style training like nurses and doctors used to do when they were going to school and working at the same time."

- Gail Hart