West Virginia Folklife Apprenticeship Showcase: The Power of Storytelling in Midwifery

SUMMARY KEYWORDS

birth, midwives, people, midwifery, west virginia, families, stories, reproductive justice, centering, baby, care, home, experience, important, clients, midwifery care, apprenticeship, support, life, credential

00:05 - Jennie Williams

Thank you all so much for joining us this evening at the historic MacFarland Hubbard house at the West Virginia Humanities Council to celebrate Angy Nixon of Putnam County and Christine Weirick of Fayette County on their completed apprenticeship in homebirth midwifery. My name is Jennie Williams and I am the state folklorist and director of the West Virginia folklife program. And I just began my work here just this January, so this is actually a very exciting event for me. As it's the first showcase, I've got to host, though we've had several showcases just this past year. So, the West Virginia Folklife Program is a project of the West Virginia Humanities Council. It is also supported in part by the Folk and Traditional Arts Program of the National Endowment for the Arts, which supports state folklife programs across the country. The West Virginia Folklife Program works to document present, sustain and support West Virginia's vibrant cultural heritage and living traditions, and you can find out more about this work on our website, wvfolklife.org. And our related social media sites. If you go to @wvfolklife, we're on all of them. So during tonight's showcase, we will hear from Angy and Christine who participated in the second year of our West Virginia Folklife Apprenticeship Program, which is also supported by a grant by the National Endowment for the Arts. The program offers a stipend to West Virginia master traditional artists or tradition bearers, working with qualified apprentices on a yearlong, in depth,

apprenticeship in their cultural expression or traditional artform. These apprenticeships facilitate the transmission of techniques and artistry of the forms, as well as their histories, their stories, and the traditions. So we also anticipate starting a third round of our program soon, so please keep in touch if you or you know someone who might be interested in applying. So in 2020 and 2021, we supported seven apprenticeship pairs, including The Power of Storytelling in Midwifery. So, the other pairs were old time fiddle with Joe Herrmann of Hampshire County and Dakota Karper of Capon Bridge, old time banjo of Central West Virginia with Kim Johnson and Cody Jordan, both of Kanawha County, agroforestry/forest farming with Ed and Carole Daniels of [Mill] Creek and their apprentice, Clara Haizlett of Bethany, seed saving and storytelling with Mehmet Öztan of Reedsville and Lafayette Dexter of Fayetteville who's here tonight, thanks for coming, traditional Appalachian herbalism with Leenie Hobbie of Hampshire County and Jon Falcone of Hardy County, and finally “Sheep to Shawl: The Art of Raising Sheep and Creating Fiber Arts with Kathy Evans of Bruceton Mills and Margaret Bruning of Elkins. So, I just want to note that I was really lucky when I started the job that I was able to travel around and visit a lot of these apprenticeship pairs and got to learn a lot about your work and how you handled working in the pandemic, which proved to be very challenging for everyone. Everyone had to adapt their projects, somehow to extend the timeline somewhat. But nevertheless, I think everyone did a great job. And it was, you know, it's I think it's been very interesting. It's been a pleasure to meet everyone, and kind of continue our relationships through the program. So tonight, I will be asking a few questions of Angy and Christine, to guide our conversation. And then I will open the floor to our audience questions. And any comments you all have, I hope that it'll be a really engaging conversation. Angy, will you please introduce yourself?

04:21 - Angy Nixon

Sure. I'm Angy Nixon and I am a Certified Nurse Midwife. And I attended grad school in Cleveland, and I moved to West Virginia as my first job out of school. So, I came here to plant roots and have lived here ever since 1999.

04:42- Jennie Williams

And you have a practice now?

04:43 - Angy Nixon

I do, I have a small private practice that I started in 2003 specializing in homebirths, physiologic birth, waterbirth, and full scope midwifery as well, which includes a lot more than just the pregnancy and childbearing cycle. So, we have care across the lifespan is what we like to say.

05:05 - Jennie Williams

That's great. Christine?

05:08 - Christine Weirick

My name is Christine Weirick and I am Angy's student and a student midwife, but I'm also a doula and childbirth educator, and I focus a lot on postpartum care. I love taking care of families once they get home from wherever they've given birth. And I'm really enjoying teaching in childbirth ed and preparing folks for pregnancy. And it's been wonderful, you know, diving into midwifery as well.

05:36 - Jennie Williams

Wonderful. So, I thought we would start off simple. Can you tell me? What is a midwife?

05:44 - Christine Weirick

Well, midwifery is, it's caring for people who are pregnant, or I mean, well, the scope of midwifery can cross lots of things. It's re-productive and pelvic health.

06:00 - Angy Nixon

And there are multiple types of midwives too. So that is another blend that we've kind of come to this experience with. There is the traditional pathways of midwifery, and a lot of times that is, it's learned through an apprenticeship. So, there is a lot of science and art that go with it. So we were, I think that was one of the things that I was most interested in how this apprenticeship worked was to really focus more on the art than the science because I do sort of see it as a profession. I came to midwifery through a more formalized education pathway. So, I went to, I had a college degree in psychology and then went to grad school, and I got a master's degree in nursing. And that is to become a certified nurse midwife, and a certified midwife. Those are two credentials that are administered through the same organization, and we take the same certification exam. And in West Virginia, we're regulated as advanced practice nurses. So, we're in the same classification as nurse practitioners and nurse anesthetists for licensure. And only 39 states have licenses available for traditionally trained midwives that go through the process more, either one of two paths for that type of midwifery credential, which is either an educational program in the university or school that's accredited, and that gives the person the experience needed to be eligible for sitting for the certification, the board certification exam. And then there's the also an independent study approach that is an alternative way and it's a little bit more community based, it's a little bit more accessible to people that don't live near a school or even though we have distance education programs. And so that is, for me, that has been one of the most effective ways at building a small midwifery movement or being part of a movement to bring midwifery back to more people to make it more available in modern times.

08:22 - Jennie Williams

Yeah. Do you want to add to that, what else does a midwife do?

08:26 - Christine Weirick

Um, well, I think one of the things that I enjoy most is working with families on an individual level, and you really get to know families completely, we spend our appointments are pretty long, sometimes an hour or more. So, we really get to know families throughout their pregnancies, and then often they come back, you know, for subsequent pregnancies, and we get to know them and their family and the children. And it's really beautiful. And we, you know, it's community based, so we're able to connect them with other clients, other care providers in the community. And it's a really beautiful experience, I think, for everyone. Us and the clients.

09:09 - Jennie Williams

Yeah, that's wonderful. So, you talked a bit about the process of becoming a midwife. And I wonder if you could talk a little more about what led you both to the profession? Tell everyone about your stories are what brought you to this.

09:25 - Christine Weirick

Well, I was in the care of midwives myself when I had my babies and the experience was very profound. I was empowered and encouraged along the way. I was never told that you know, I wasn't capable of having these babies. I had a whole team of people. I describe my own birth experience, when the midwives arrived, it was like my house turned into a beehive. There was just so much activity like their students were preparing my home for after my baby arrived and the midwives were monitoring me and monitoring my baby but I was still free to move around and there was just so much excitement. I mean, it was the love in the room was palpable you could feel it we all spent so much time getting to know each other and to be on the receiving end of that care was absolutely life changing, and I want to be able to provide that opportunity to other people. It’s going to make me cry but, it's a really powerful experience to witness birth but also to be on the receiving end of such tender care.

10:35 - Angy Nixon

I came to midwifery in a little bit different manner. I started out knowing that I wanted to be a healthcare professional, and I thought that I would be a physician because I didn't know that there were other people that provided health care that were not physicians. So, for me, it was later in the process, and I worked in women's health. Well, we're trying to get away from the gendered term. So, I'm going to practice that, too, today, pelvic and reproductive health. And so, I worked in a family planning clinic and had lots of experiences with people who were not pregnant and not wanting to be pregnant at that time either. And it was sort of mirroring a place in life where I was at that time of my life too, in college, not starting a family yet and then moving on. So, that was my first exposure, and then coming into midwifery, I worked in a clinic where they had advanced practice nurses. And so, I was mentored by a nurse practitioner and nurse midwives, and so that was where I got first exposed to it. But I didn't really see it as a modern-day profession, I didn't know that it was something that was available to somebody that was planning a career in healthcare. And so, when I learned about midwifery in the program that I was in, it had midwifery as a track in it, which was what I was attracted to in that program. It met all of my needs. I could work with people and do counseling with them or do primary care, and obviously, health care services, physical exams, referrals, treatment, checking for infections, problems that people have. And I saw mostly based in the clinical setting. And it wasn't until after I started a business, that I learned that there was a lot of policy work involved in midwifery, too, and sometimes political engagement and trying to influence some of the rules that govern how we practice. And so that became more and more of interest after I already had spent my first years really becoming more clinically skilled and confident and ready to launch out on my own. But I moved to West Virginia to work in a birth center. There was a practice here in town that offers freestanding birth center services, and also hospital births, and most nurse midwife work in hospital settings, not in home birth. So, I'm a little unusual in that regard to have been medically trained, but practice homebirths, so, but there are a lot of midwives that have taken that plunge to be practicing in a more autonomous way. And working with families that, especially in the childbearing cycle, working with families that are very interested in having a physiologic birth experience, and they're very motivated to be as healthy as they possibly can and to

stay as healthy as they can, and to avoid interventions. So, that was what hooked me in terms of that part of my practice was wanting to work with families who that was their goal.

14:06 - Jennie Williams

Yeah, that's wonderful. I feel like I've heard you both talk about that a lot. Can we discuss a little more about what care a person can receive when they work with a midwife? For instance, What's the birth plan?

14:20 - Christine Weirick

When it comes to giving birth at home, there's the prenatal care, labs, ultrasounds, all those things. Some prescription writing can be done if that's necessary. Monitoring mom and baby throughout the pregnancy, and but then they can, you know, leave the realm of pregnancy altogether and do well-person care, pap smears, breast exams, and all that good stuff. Do you have anything to add?

14:47 - Angy Nixon

No that’s a very good list.

14:54 - Jennie Williams

I've heard you talked about a birth plan, though. Is that something?

14:58 - Christine Weirick

Yeah, well, part of preparing for home birth is understanding your options. No matter where you're giving birth, you need to understand what you are going to be navigating. And so when I talk with my clients about building a birth plan, it's not so much that we can plan birth, it's very un-planable. But it's about learning your options and learning, becoming familiar with, you know, all of your options in case something comes up that you didn't expect during labor, which often happens, I don't know, if there's

anyone out there who's been like, this is how I'm going to have this baby and it happens that way. [Laughs] So, yeah, it's a really wonderful way to be sure that we're thorough with our clients, that we've kind of covered all the bases. And if something that we, um, something doesn't come up unexpected, we've talked about, we've discussed it, and we know and trust that, you know, we can make this decision that, this client can make the decision and, they know that they have our support. And we just kind of navigate things as they unfold, because birth is not something you can really control.

16:14 - Angy Nixon

And I like birth planning, especially because it gives us an opportunity to do informed decision making. So, giving a lot of information, these are all of many of the options that you would have and you can kind of decide what goals that you want to work towards, among all of those options. And, you know, everybody knows that's a really big rite of passage. So, having a lot of preparation, thinking through what that might look like, and then making selections, so that it's helpful for us to know what that ideal birth would look like in that person's experience. And that just helps us to be able to be aware and sensitive, and to facilitate it in some ways, if we can.

17:06 - Jennie Williams

That actually, that leads right into a question I'm excited to hear you talk more about. Something you've spoken a lot about is how you center autonomy with your clients, and how you also center trust between clients, between midwives that you work with, and I wonder if you could both talk to the audience a bit about those concepts and how you use them in your work.

17:35 - Christine Weirick

Yeah, I think that the experience of giving birth is so profound, and pregnancy alone is just a very vulnerable time in somebody's life. But I don't mean vulnerable in terms of like somebody is weak, but I mean vulnerable in that the experiences we have go on to change how we perceive ourselves and our

lives. And that can be life altering experiences, positive or negative. And so, it's really important that as care providers, we are providing autonomous care and preserving each client and family's ability to speak for themselves and direct their own care. Because when we step in, and step in front of our clients' decision making processes, we can cause trauma, and that's really serious. There's a lot of families that do walk away with birth trauma and that sets them up for parenting in a state of, um, you're entering into parenthood with unnecessary baggage. You know, we attend births and we send families, we launch them into early parenthood empowered and fulfilled, I mean, as much as we can, because at the end of the day you can't control birth, but it's really important that we preserve their ability to govern how their bodies navigate birth, and all of that, and we do what we can.

19:11 - Angy Nixon

Yeah, I think that those are really important principles for me too, just wanting to make sure that people do have information and can make the decisions that feel right to them. So, it may not be something that I would choose, but that's not really the point. It's more for each person to be able to have what matters most to them and centering the person in the experience, and it's very intimate. So, that's also another aspect of it. It feels a lot like an honor a lot of the time, being witness to some of that transformation that happens in people's lives, and welcoming a new baby is definitely one of the biggest life changing events that people have to choose from. So, it feels like there's a lot of honor in that, of how you make your decisions and teaching people we want for people to be very good consumers of health care resources. We want them to be judicious about the choices that they make. And making their decisions for really well-founded reasons that we can help them integrate that as part of their own priorities in life. Birth is a metaphor for a lot of other big changes in life too. A lot of times it comes forward to even bringing that forward to a new generation, a lot of people come into our care because their parents had midwifery care, and they would like to have a similar experience for their children and they've heard about that. And so, that's kind of where the storytelling comes in too that families do a lot of storytelling about birth. Most of us could ask our oldest living relatives about their

birth experiences, and they would be able to vividly tell the story. And it may not be accurate, but they would remember it really powerfully. So that's another part of it, where the storytelling really comes in too. Okay, how do you make your decisions about whatever it is that you need in your health care right now?

21:30 - Jennie Williams

It's like you read my mind, I was about to ask about the storytelling aspect. Because that is really compelling for the Folklife program and the fact that, you know, I had never really considered midwifery as something that would involve storytelling, but of course it does. Even looking at the photos that we saw on the slideshow earlier, I feel like you can see these really intimate settings, and there must be just so much going on in those moments. So, I wonder if you could tell me more about, tell everyone more about the role of storytelling.

22:08 - Christine Weirick

Well, when we first started this project, my first thoughts were of the storytelling that takes place between clients in the community. They have a really big influence on each other, you know, to explain their own birth stories, how they make the decisions that they made, the care providers they saw, the different experiences they had, I mean, we live now in a society where we don't witness birth until we experience it ourselves. So, stories are really how we collect a lot of our experiences and decide how to move forward with our own care. And then as we dove into that, I realized that storytelling is actually throughout midwifery in just every aspect of it, between clients, between midwives and their clients, sharing information, you know, educating clients, but also the stories that I've heard from elder midwives, in case reviews. I was talking with another student, he was like, yeah, like 50 percent of my education is hearing stories from other midwives. I'm just really grateful to have been able to, you know, take this little window of time and preserve, yeah, these little stories that we're hearing.

23:29 - Angy Nixon

I think that was one of the things, I was just sitting here right now reflecting on the times when I was a student, that was one of my favorite parts of being a student was listening to what they said in the room and how they described something and the choices of words and how it painted a picture of either a desired outcome or some other part of, something that the person might not be aware of yet, or there's a lot of teaching. I think that, I've been really, I like that the best, hearing how midwives describe the things that they're trying to convey to a person as far as educating them about choices that they have, asking if they're registered to vote because that's important for your health care, things that don't necessarily fit into what we would think of as necessarily all of the clinical setting. But there's a lot more to that.

24:31 - Jennie Williams

Can you tell us, Christine, about the work that you did during your apprenticeship when you were documenting stories and experiences?

24:37 - Christine Weirick

Well, when I started the grant project, I was in my first phase of midwifery education, which is the observation phase, so really my job is to just observe and just like a sponge, soak it up.

24:54 - Angy Nixon

First of four phases. Just to give them perspective.

25:00 - Christine Weirick

The first four phases, yes. First 100 phases [laughs]. Yeah, so my role was really just to observe because, you know, until this point, I had only been present at my own births. And as the program went on, I moved into the second phase, so a little bit more hands on now, and that's been a great

experience. But I have to say, the folks who we talked to, were very eager to share their stories, I think most are, because it's such an amazing experience. We've talked about how midwifery, it's like the best kept secret in West Virginia. Like it's just, it's happening, and the level of care is just, it's just very tender.

25:44 - Angy Nixon

I was thinking about some of the stories of people that they told us. And we were at a birth that we started to get fatigued because it was it was going on for a long time and usually when that happens if we have multiple days at a birth, and we do start to take shifts, and with that, we really could use some extra help. And we thought, well, maybe Christine's available. And when she arrived at that birth to serve in a support function, the birthing person looked at Christine and recognized her instantly and realized that she had met her in the very beginning of her pregnancy, at an event in her community that

26:30 - Christine Weirick

Yeah, like an hour from the client's home.

26:34 - Angy Nixon

And just like how that came together was, it was more than coincidental, it seemed like. And just hearing the story unfold was really joyful for me because I was like, Oh, we were kind of feeling a little bit exasperated in that moment. But then it ended up being an addition to the team that actually brought something full circle for the family.

26:59 - Jennie Williams

Was this the same family that you had met on a hike?

27:00 – Christine Weirick

Yeah, they had just finished a hike and ended up at an event that I had a booth at. Yeah, and I just, you know, congratulated them on their pregnancy and really never thought I'd see them again. [Laughs] At midnight, I walked into their house and they're in labor. It was really sweet, we ended up having a really great connection throughout the birth. I think that the family, they were people who really protected their privacy. So I was really grateful to actually have met them before, and I wasn't a stranger in their home. That's something we're very cautious and careful about, you know, who is in a birth setting? And yeah, so it was it did work out really beautifully.

27:47 - Jennie Williams

Oh, that's so cool. Yeah. Can you talk a little more about the stories that you captured on film? Or the photos you took?

27:53 - Christine Weirick

I sat down with a few different families, and just heard why they came to midwifery care, how did they find it? Because it's not really all that mainstream. And often it was, by word of mouth. Somebody said, hey you should call this midwife and slid them a phone number, or they knew somebody who knew somebody who had a home birth. And it was all thanks to storytelling in a way. Yeah... Well, we showed up at a birth that unfolded very quickly. The client had, you know, agreed that we could film her birth and things. Um, but we got there, and she just had babies very quickly. She works very efficiently, that baby was out. They didn't need us, they were fine [Laughs]. No, we were so glad to be there. And they we walk in and she has her baby 10 minutes later or something. So we were able to capture some footage of, you know, the moments immediately after birth, which are, it's described as the golden hour, that first hour that the birthing person can experience their baby and their baby gets to experience this whole new world that is so different than where they've been. And just really protecting that and honoring that moment for them. And then, so we documented that, and also a little bit of my own education that was happening that day. Another student who was further along the program was

directing me through a newborn exam. There's lots of details, including head to toe across the baby and looking for, you know, anything out of the ordinary, or all the beautiful parts of their body and making sure everything is working. And so we were able to capture that. Also, at birth, we do what's called a placenta tour, which is where we kind of show them the anatomy of their placenta, which can be really powerful because that was their baby's home all this time, and often times families get really emotional because they're like, oh, my goodness. In cultures around the world, the placenta is almost considered the baby's twin. You know, and in a way, it's like an invisibility cloak. It protects the baby so that the birthing person's body is not like really aware that there's a foreign thing in there. So it's like this beautiful safety net that protects all these babies and so it's really wonderful to take some time and honor that organ that they grew specifically for this job and just get people familiar with their own bodies in this whole process. It grew much more than just a baby. Yeah, so it's just those things like that are just really beautiful… I don't know just, and also establishing early breastfeeding, we kind of make sure that everything is working right. We hang out after a birth, I say hanging out, but we are there monitoring and laughing and having fun together also, but also monitoring the baby and mom and making sure everyone is stable and we're there for hours after the birth. Yeah, just allowing family to rest, recuperate, make sure they have something to eat and drink, make sure they've gone to the bathroom, their body is working as it should, after the baby's been born. Taking care of any needs, like maybe there need to be sutures, or we get the ice packs ready, or get mom in the shower for her first shower, all those sorts of things, but it's all on their timeline. You know, we're not beholden to any organization or no hospitals to tell us things have to happen in a certain order or on a certain timeline. We're all just here and it's very sweet, and I keep using the word tender, but that's really how it feels. We're just gently supporting them in these first few hours after they've met their baby. And it’s really beautiful. Yeah.

31:48 - Angy Nixon

So that's one of the best things about working with students is that new, the kind of the glow of everything being really, those are really strong impressions that are coming. So, I think that's one of the most fun parts is watching that joy of the discovery. And also, meanwhile, we're also watching for if there's a complication, or seeing if there's something that preventing something from happening that could turn into complication. And, and then sometimes there are complications that do arise in birth. So, responding to those and helping to bring the family through that experience. Sometimes we can't prevent every complication. And in those situations, it's being with them for having to go through whatever that situation is for them. So, that part of it sometimes feels like, there's a lot that's not in our control, and that is another question that we talk about in the early part of pregnancy, is how would that be for you if you were having an adverse event? And, also having the intensity of this experience and knowing that that might raise fears or criticisms or. Again, that goes back to it's that person's individual decision about how they want to make their choices in their life. And it's not for us to make that decision. It's for us to help them achieve that goal, whatever that might be…

33:20 - Jennie Williams

Well, can you describe what reproductive justice is? And what that looks like in your work?

32:24 - Angy Nixon

Yeah, and can we engage the audience in participating? Because we have some people that are experts in reproductive justice. The term reproductive justice was coined by Sister Song, an organization that was formed by primarily Black women. And it was known as the Black Women's Health collective at that time, and the concept, I want to say exactly verbatim because it's a really powerful statement. And it's defined as the human right, to maintain personal bodily autonomy, to have children to not have children, and to parent the children we have in safe and sustainable communities. And every time I read that, it's just, it's almost overwhelming, but how important it is to look at it from so

many different perspectives. It's not just a single issue. And I would love to open it up from for comments.

34:26 – Crystal Good

I'm not shy. Hi everybody, my name is Crystal Good and I love this conversation. And a couple of thoughts. I know when we think about reproductive justice, we're talking not just about healthcare, we're talking about abortion, we're talking about a lot of things, and I've put a lot of work and time into that as an advocate for autonomy, for folks right to choose their own way. But also, I'm very fortunate that I have three children and I was able to work with a doula and a midwife. Some of you will remember Pia Long, and I'm very thankful to have her as a friend. And without her being my friend, I would have never known about this. I would have never known. But bigger than that, I know that Staysha [Quentrill] here. She's a midwife. And the story of Black women in West Virginia and the midwifery legacy is a story that enchants me. When I think of Mary Lawson traveling these roads in West Virginia, and she would help a Black family, a white family, you know, and that actually through this process I learned was at the time, my husband's great, great grandmother. And then I can see in the family the traits of a doula, the traits of a midwife, women that care for women. And yes, I'm working on my gender language also, but you know, when we think of midwifery and we think of West Virginia, so often, the Black woman, and the story is forgotten. And I think it's also forgotten when we think of reproductive justice, right? And so, I try to make myself visible in that space so that people can feel empowered, whether they want to choose a doula or a midwife, or whether they want to choose to terminate a pregnancy, or whether they want to just start to ask questions, and I think that it's conversations like this that really open up the door. But always for me, it's centering the voices of Black women in West Virginia, and that history.

...

36:51 – Staysha Quentrill

I can talk about this like all day. [Laughs] I like reproductive justice because everybody in this room, we're not all going to become midwives, we're not all going to be at homebirths, we're not all going to be in the hospital setting. But when you listen to that definition again, you can take reproductive justice, and it applies to literally every single area of life. We need teachers to be doing reproductive justice, we need police officers to be doing reproductive justice. We need, you know, trash people to be doing reproductive justice. It involves every single person in the community to do reproductive justice because if you have somebody who's pregnant, in a community that has trash everywhere, and she has to walk over trash when she goes to the grocery store every single day, or she is exposed to this in her environment, that is going to cause an effect on that baby, and on her lifestyle and her family's lifestyle. So, it's not just that we're just talking about people who are having babies, it's that it's involved in every aspect of everybody's life. So, we can all be involved, it doesn't have to just be maternity care. And yes, definitely centering Black and Brown people, because that is what I want to do. But West Virginia is unique in that the type of people that live here also experience disparities, whether or not they're Black, or whether or not they're white, being Appalachian, there are disparities that come along with that. So, if we work on our racial biases and becoming anti-racist, it's not just applicable to people who are Black and Brown, but it will also change the way that you take care of the patients that you do have who are not Black and Brown. And so, getting people to understand that is the fun part of this, but also it can be really exhausting at the same time, but there is a tangible thing that will change the outcomes.

38:30 - Jennie Williams

So, I think that this goes really well into this segue way into who is in this community of midwives? And I would love to kind of hear all of your perspectives.

38:40 - Angy Nixon

That's a big ask, but gosh, there's a midwife in almost every row. [Laughs] Yeah, a lot of practicing midwives and some student midwives. And also, that's one of the things that I like to find ways to use the word “midwife” in other ways than just the stereotypical ones. So, I think that you've done a lot of midwife-ing of us as an apprentice pair. So, I really appreciate that, and how that kind of comes full circle. And when we talk about disparities, we're talking not only about health disparities with race, but also other marginalized communities. So we are aware that people with different abilities and LGBTQ people and a lot more than just the people that we come in contact with most. There are so many more nuances that we may not know about.

...

39:46 - Jennie Williams

You said before that you all you try to attend the births together. It's not just one person ever right?

39:55 - Christine Weirick

Right yeah, it’s a team. Yeah, it's, well, I guess teams are established on who is closest to who is giving birth, but also who is available. And it's just important to have enough care providers, enough midwives in the room that if mom and baby needed attention at the same time, there's enough people, you know, capable to assist both. Yeah. Do you want to add more to that?

30:19 - Angy Nixon

Yeah. Another aspect of what we've been doing is, using the apprenticeship model, where a senior student teaches a junior student and a senior midwife teaches the senior student. It's a handing down, it's where there is some traditional passing on of knowledge and sometimes wisdom. Sometimes that comes at that six days, six months, period later on, as you're doing more reflecting on the experiences too…

40:50 - Jennie Williams

Does anyone have anything to add?

40:58 – Crystal Good

I have a question. I just really would like to kind of know where we are in West Virginia now with policy. I know that in the past, there's been some challenges there and also, you know, who pays for the midwife and a doula? Is that still on the family? Because, you know, as an audience, as a community, I think that's part of our responsibility to create those pathways.

...

41:22

Yeah, some of those are really big challenges. Honestly, as far as third party reimbursement, for people that are seeking to pay for their midwifery care themselves out of pocket, it will generally save them a lot of money to be working with midwives rather than the hospital-based care because when you're in an institution, you also pay facility fees, in addition to, and this is just for birth. But it is really difficult navigating reimbursement. And so, for me, as a small business owner, I have to hire somebody that is a specialist in insurance, billing, and coding, and I pay her a commission for the work that she does to translate my work into insurance language. And unfortunately, insurance doesn't pay for the things that are the most important part of what I do. The same way that I value. If I designed what I get reimbursed from insurance, then it would be a completely different formula than what we have in our society now… So a lot of times, I give substantially discounted care for people when I know that they have financial hardship, and I don't want that to be the reason that they can't have the kind of birth experience that they want to, but that's not sustainable on the midwifery side. So, that's where it's really difficult to navigate all of that. When we're talking about the midwifery being kind of the “best kept secret”, a lot of that is because we have multiple credentials that are available to midwives, some midwives don't have any credentials. Some midwives have been trained in their community by their community elders, and

they didn't go to university-based program, and so they have sometimes less expense of debt coming out of graduate school, but maybe not as much earning potential. Midwives have high salaries in general when we're staff of an agency, but it's sort of put that out of reach for families if they have to pay for that out of pocket. So that's not really an answer to your question because it really brings up a lot more nuances to what are those policy issues, and how to people get, we save a lot of money too. That's the other really big draw for midwifery care is there's so much cost savings when we're not overusing all the interventions and technology that are not needed most of the time… We know how far away from resources we are and what it would take to be able to access them. So we're pretty judicious about when we want to use an intervention, and we try to do that long before there's a complication that would be life threatening for someone. So, all of that goes into those pre-planning things.

44:30 – Andrea Christianson

And one of the challenges policy-wise around the country is it's different in every state, it's different with every payer, it's different with every credential, and so it becomes hard to sort of format a united effort to make progress. In some parts of the country, homebirths, birth center births, CPMs, CNMs, they're paid very well; other parts, they hardly get anything. So, the part that Angy talked about encouraging people to register to vote and to be a voice in their local community about the policies for health care is really important.

45:13 – Katonya Hart

And so, I'm one who does not have children. I've never done it. But when I think about midwives, I think about mutual aid. I think about being a part of the West Virginia Women's Commission, being an economic chair, and being a part of an economy of our own, and how this whole system in mind is very male-driven. And a lot of those costs and fees and designer setup of our, when we give birth, oh, isn't it a wonderful thing we can go and have a cesarean on this day and return back to work on the other day instead of the care that actually is needed. And I think about my grandmother, my grandmother, with

everyone's mind that she should go get the doctor and the doctor has to do this, but it was the midwives that saved her life. When the doctor came and cut her like a cake, tossed the piece away, pulled the baby out and put it to the side, and left. And he did this all while he was drunk. And there was nothing to say because not only was she a woman, she was an African American woman. And it was those midwives that came and packed her, and took care of her, and examined her. And she would have never at that time living backwoods Florida had the ability to pay for someone to do that care. You know, like Crystal said, women caring for women and understanding. They just rallied. And that's how my mom was able to get care who just passed away, that allowed me to be here to be experiencing … and know everyone. Because truly, having someone there that hears what you're saying, believes you, doesn't have some preconceived notion of what should... As a pharmacy technician, I was for quite a while, to know that you examine a woman by asking her husband questions… And so, I will applaud all those who take that risk, to get involved, who's learning, who can save the woman money, to be present to support before, during, and after. It has meant a whole lot in my life. And it fits into like I said every aspect. When we talk about mutual aid, an economy that focuses women's voices and what they need, which is more collaborative, and more supportive and more of an ideal that we are all rising together, instead of the very competitive, capitalistic market that we live in. So thank you guys for continuing that. That aspect of mutual aid and support of each other... This is a huge cost to have a baby, not only just the physical part of it, but also taking care of it. And there's so many people that don't know what to do. Two young ladies, when I used to babysit, didn't know there was a difference in the nipples that went on the bottles, and the babies were sick and crying constantly because they had put a milk nipple on a food bottle, and they couldn't figure out why the baby was still crying because they were giving the baby the bottle, but there wasn't a parent, a mother, or someone to advise, where you guys are there to talk them through, to show them those things. And so many things are taboo. And I don't think it's because we've made them taboo, it's men don't want to hear it and it makes them squirm. You know, it's almost like this mental game that's being played on us in this society. You know, you no longer stay six weeks in the hospital, you don't even spend six weeks at home, you're supposed

to just bounce back. That's what society says. And there's that other voice that you can bring in and say, no, pay attention to your body. This is what you should be feeling. And not making the decision, but guiding them, through what's unknown, especially when it's your first child, sometimes even your second child. So, again, those confident people stepping up stepping forward. We need you in those spots to make those decisions.

49:33 – Julie Palas

May I add something too? I appreciate you all saying things talking about gender neutral, gender spectrum, because now we know that gender is a spectrum... I appreciate your all's understanding of that, and wanting to promote that. That's very important I think today. Thank you for doing that.

49:56 - Christine Weirick

West Virginia has the highest population of trans individuals. And so when it comes to health care, it's extremely important that you know we are providing care to everyone. Affirmative care to everyone.

50:08 - Angy Nixon

Especially trans teens. I heard the statistics of that was that we didn't have the highest number of trans people, but the most trans teens.

50:18 - Christine Weirick

Which they will be adults shortly. Yeah, I mean their own families and things and it's just so important, that everyone is provided care. Because I mean, being pregnant can be a very dysphoric experience for some people.

50:34 - Angy Nixon

Yeah, and even the setting in which care is given is very feminine. And you know, there's a lot of stereotypical things that are not very inclusive if there's a trans woman coming in, or a trans man coming in for care. In fact, our credential, just in the last six months, has eliminated the gender requirements. So we are not explicitly only caring for women anymore. In light of the fact that it's such a spectrum, we can't really polarize it to one extreme, because people have needs that may be reproductive and sexual and pelvic, and or hormonal, and lots of other aspects of their care. That doesn't just fit into that binary.

51:21 - Jennie Williams

Could I ask one more question, then we can do more Q&A? … So we heard a lot of news when the pandemic started, and throughout the past few years, of hospitals being overwhelmed with COVID-19 patients, and I think we're all really curious about how did that impact your work?

51:42 - Angy Nixon

Well, I think the very beginning, the biggest, overwhelming wave was people being afraid to be in hospitals where a lot of illness was. So, that was a big motivator for people to start looking at alternatives. I had a lot of inquiries, not as many added births at that time, but simultaneously, people were being more and more restricted when they were in facilities and they were often unaccompanied at times by their family or their support people. So that was unacceptable to a lot of people. I did have a lot of people who came in the pandemic, only because they didn't want to be separated from their families during their birth experiences. And in their own homes, they had the autonomy, to be able to make that decision for themselves that they would rather change their whole birth plan around than to take the chance that they would be separated or be exposed to something that could make them or their babies sick... And when we talk about informed decision making, we won't be able to understand all of their options. And when we're looking at medical care, it would also be nice if medical care would explain all of their options, including home birth as one of their options. But that doesn't usually. It's not

usually presented as a viable alternative. Because in the medical world, there's a lot of fear of home birth, and there's a lot of focus on the dangers, which we're very aware of, but we also know how to mitigate many of those considerations and also to make it as safe as possible, as safe as birth can be in one's own home... But also, you know, we're very respectful of real risks, too.

53:34 - Christine Weirick

I can remember in the beginning, we would ask clients to quarantine two weeks before, about two weeks before their due date so that, you know, we knew that we were coming into a space that was most likely COVID free, because we are, you know, traveling from one home to another, attending birth sometimes births happen back-to-back or a few days apart.

...

53:55 - Angy Nixon

[Laughs] We did see a big jump in home births.

54:00 - Christine Weirick

We would hear from clients who were like, we would have never even considered this as an option. And ended up having beautiful, life transforming experiences, and now are huge advocates for home births and midwifery care and everything, and they wouldn't have even considered it if there hadn't been a reason to avoid the hospital.

...

54:18 – Katonya Hart

So there's this thing about African American women dying in the United States in childbirth that is across the spectrum. There's no aspects, social or economic or anything. Are you recording those kinds of numbers? Is there a comparison that's happening between what's happening in the hospitals

and what's happening with midwifery? Is one safer than the other one, or are the numbers turning out pretty much similar in both areas?

54:47 - Angy Nixon

Well, that is so such a great question. And it's so multifactorial. We know that probably the majority of the disparity is because of racism, and health care provider racism, institutional racism. There's so many nuances of that we can go on and on and on for, so that's one of the reasons why we have been very committed to learning about anti-racism, becoming activists for anti-racism, working to train more Black midwives because having concordance with your care provider also provides some safety. And that's hard. Because we want to be able to be just as good as any other provider, but we know that that is not something that we can always bridge that gap as effectively as a person that is more similar racially to the provider and the client. So yeah, those are, not to simplify such an important subject, but I'd love to hear if Staysha has more comments about that, too. Because Staysha is my teacher about racism.

...

55:36 – Staysha Quentrill

This is like my favorite subject. So, you know, when anti-racism and midwifery can come together, it's just like, you know, my thing. You know, what we have seen is that, you know, we're talking about healthy people that are going into the hospital setting that are having disparities. So we're not talking about people who are having health complications that probably need to be in a hospital setting. This is somebody who's just walking into the hospital, and they have in New York, I think it's a 12x chance, higher rate of having a disparity. And that's just, you know, morbidity, or, you know, some sort of mortality, that's not even talking about where they're discharged from, so those are the ones that were a near miss, but they didn’t die, but they were just discharged from NICU or from somewhere else. And that's an even bigger number. And what it really breaks down to is just not being listened to. And for the

majority of it is not so much the birth, but postpartum is when they're missed. The last story that I read was of a woman she was 39, very active, second baby, had a C-section, and her bladder was nicked. And she bled out over 10 hours at the hospital. And that's what ended up. …She died, 10 hours in a hospital setting. When her husband noticed, hey, there's something not right with her. Basically, they were told we're too busy right now, but I promise I will get to her, but it took 10 hours. And so that was something that was completely preventable, she would have lived, but it was missed because she was not listened to. She was not critical. You can go on Twitter and Facebook, there are stories of a young lady who had a uterine abruption. And you can see, looking at it from a medical standpoint, you can see all these symptoms that she lists on her Twitter feed until she dies, on Twitter, not live, but because it was missed because nobody would listen to her. And basically Twitter diagnosed her with the uterine abruption because of her symptoms are so classic, but it goes back to not being listened to. And you know, it's all the nuances of being in a culture, but not being able to explain that culture to somebody who's not from that culture. Of little things, of somebody who is very brown, how do you tell if they're pale? How do you tell what their blood loss is…? It's those little things that you are not accustomed to doing because you're not from that type of group of people. It's hard to explain, and I was thinking about it today and just the vernacular of things that we say, and I had to laugh because you know, you know, we will say something like, well, she was sitting up there talking about blah, blah, and she was really sitting nowhere, but it means something to us. And I had to laugh about it, and I said to a friend why do we all do that? Like how did we all learn that this means something? But we didn't have a class. Nobody taught us this, but we all knew. I knew she wasn't sitting somewhere, but it means something to us. And it's those little tiny things that you might miss, but when you're from that culture, you're gonna pick up on those. And I think you know, coming from people who are white, who are taking care of people like this, learning that no matter where you are in this journey, you're always going to be a novice, like you're never going to become an expert on this. And so, learning how to refer out to find people who can do this type of work is probably the biggest thing, because we have tons of midwives,

most of them are white, but yet the disparities stay. So, it's not midwifery care that's changing it. It's finding midwives that look like the group of people that they're taking care of.

59:34 – Andrea Christianson

… The statistics and the outcomes are better at home and birth centers than in the hospital. So there's a lot of myth out there of home being dangerous. But as Staysha said, there's more risk for some women going into the hospital than there is at home or birth center. And we don't have enough Black and Brown midwives, but they are multiplying. And in some parts of the country, they are opening birth centers and they're really becoming strong advocates. But we have a long ways to go.

1:00:00 – Staysha Quentrill

…I mean, when you look at racism, racism is in everything. And when you look at the history of midwifery, you know it started with the Black community, you know, in enslavement. And then that was taken away and it was slowly replaced with you know, nurse midwifery. And then when you had a group of white people who didn't want to become nurse midwives, they created a credential that was a CPM. But really it was, you know, Black women who were on plantations that were catching babies, that when you look at the outcomes that we have now, they have better outcomes than what we have right now. And that was with, you know, there's one in Georgia over her 15, 20 years she caught 3,000 babies, and she had not one mother die out of 3,000. I think she might have had, of course, you know, there are other things that happen to babies, but as far as the mothers go, not one mother died. And that's nowhere near what our statistics are right now. I think we're about 46. And over the pandemic it got worse, I think we're at 57 per 100,000, for Black women right now, and Native Americans I think are a little bit higher. So, we have the education, we can do this, but because of the way that our country is set up, you know, we're failing people. But we're not taking it as a panic as what we should. I was thinking about this on the way here. And you know, you see those shirts that say, I am my ancestors' wildest dreams. And I think in midwifery, our ancestors are our wildest dreams for this, because they

were doing it better than what we are doing. So that's where our lack of Black midwives are right now, is that it's not that we don't want to be here, but we were pushed out. And it's taken us this long to come back, very slowly and surely, you know, they're coming back.

1:01:50 – Andrea Christianson

So going into high schools, and telling students this is an option that they may never have thought about before is probably a really good thing to do.

...

1:02:00

… For me, I didn't want to learn the medical model, I never was interested in it. I experienced my first birth, you know, I was induced, I had a C-section, all the cascade of interventions caused me to have a C-section. So they are the reason that I had a C-section. It was like, they didn't let my body and I wasn't educated enough, and I wasn't empowered enough to know better. So I said, I'll do better next time. So then I had two homebirths, I educated myself, I've, you know, knew everything I could possibly know. And I knew I didn't want to go the medical route. So, you know, I could have done that, but I just wanted to go with the more natural route and I wanted to learn from, you know, all the people. I worked with Pia [Long], Pia was my midwife, she caught my baby. Those are people that were in my life and you know, there's a midwife in Lewisburg, she's in her 70s. I worked with her for 10 years. Those are the skills that I wanted to learn. How to be with women and help women in that way, and not over-assess and medicalize birth, because, to me, it wasn't a medical event, unless there was an issue… because if you let birth happen natural and you help mothers cope, it can be completely safe.

...

1:03:24 – Staysha Quentrill

I think, you know, for the racial aspect of this, too, is for homebirth or birth centers, the numbers might be the same, but it's also the experience. Was it safer? Yes, they had a better outcome, but what was the experience like for them? You know, there are things that happen in different cultures that we don't understand, but very important to them. And so yeah, they outcome came out beautifully if we're looking at statistics, but were they happy with their birth? And you know, Christine kind of talked about we're sending these people into postpartum I think of birth as that pull back on that bow and arrow. And are we really giving them that really great pullback before we shoot them into, you know, parenting, or are they coming from it from an area of trauma and now they have to parent?

...

1:03:37 – Crystal Good

This is I really do love centering myself in midwifery, doula, and folklorists. I love this community. I have a little newspaper, it's called Black by God, The West Virginian. And we have a story, you guys can go read. It's "Mentored by the Ancestors" that Staysha offered us. I'm working on a story now for WYYY on Staysha's story and the crisis that we have in West Virginia around Black infant mortality, which is, I think, very telling, and I feel like what we have here in West Virginia is a really special story, right? Because we know when you help Black and Brown women, you help the most disadvantaged communities. And so that's why, you know, I tend to center my ideas and conversation around that. But tonight, as a storyteller, this is so important. And I think that the way that we change, everything is through story and the way that we can pass it on... And I think that the storytelling aspect of what you've been able to do here through humanities and the way that we, you know, try to collect the stories as people as you see, when you start talking about birth, it just never ends. Everyone has some connection to it. And so I just am really thankful to be here. I think that when we talk about doulas midwives and birth, it centers us in just like, you know, like, I'm hungry right now. Right? Like, I mean, like, listen to your body, you know what I mean? It's very true. Katonya said mutual aid, you know what I mean? We think of care and how we are caring for ourselves and how we care for our communities.

It’s so much bigger than just birth and babies, and it's a whole spectrum, right? And I think it's a very powerful conversation, and I'm thankful that content is going to be going out into the world. And that we can, you know, I feel like West Virginia, Appalachia is so primed, right? Even though I don't know where we are in terms of laws and all that, but we have the stories we have the history and we have the need, right? And we have the power to say, it impacts so much of just autonomy and all things. So bravo to you all for doing this project. And to all the midwives and doulas, and the midwives’ moms and dads too. I'm just really honored to be here.

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1:06:44 – Jennie Williams

Before we close, if I could give out a few more thank you’s. First of all, thank you, Angy and Christine, for taking the time to speak with us, sharing your stories and your experiences. Thank you to the Humanities Council staff for making this possible. Everything from arranging the room to helping with invitations and planning, to the photography, to Kyle's brilliant setup here. I couldn't have managed this without my staff. Thank you to Emily Hilliard, my predecessor, whose work on the apprenticeship program over these past two years, she was the one who started this round and introduced everyone to the program and got it started, and I'm here finishing that project. So thank you so much to Emily.... And thank you again, to all of you, thank you so much for coming to this event and making it so so special. This conversation was incredible, and we couldn't have planned for it. So I'm thrilled that you all came and shared your experiences and I hope that we get to talk a lot more after this. So thank you all so much.

[End Transcription]

Further Reading:

“Study: WV has nation’s highest percent of teens who identify as transgender” (Mar 1, 2017)

https://www.wvgazettemail.com/news/education/study-wv-has-nation-s-highest-percent-of-teens-who-identify-as-transgender/article_d5080981-91d8-5490-b8ed-e80c57348bd1.html

“Mentored By The Ancestors: Black Birth Workers in West Virginia” (Dec 8, 2021)

https://blackbygod.org/articles/community/mentored-by-the-ancestors