

## **INTRO:**

Welcome to Sessions With Symba, the podcast where I bring you conversations with Black previously pregnant and Black birthing people, along with Black birthworkers to share our stories and multi-faceted perspectives towards carrying and giving life to the babies that we love.

I am your host, Symba Luna, a Black gender nonconforming Licensed Massage Therapist, Reiki Practitioner, Birth Doula, and Ordained Minister, holding a collective space of peace where Black birthing people can freely tell their birth stories, and share their unique experiences. In this space we honor all Black birth stories, all Black pregnancy experiences, all Black birthing people, and all Black family types. It is our intention to share these stories and information we learn together, as an attempt to cultivate community awareness that seeks to combat the Black Maternal and Infant Mortality rate.

Today's episode I am interviewing a very special guest. I am so excited to introduce to you all, my Doula mentor, Dr. Michelle Gabriel-Caldwell, who is a Black chemical engineer, Labor Doula, Postpartum Doula, Doula trainer mentor, mother, and more, who has been in the birthwork industry for 16 years. In today's interview, we are going to cover a wide range of topics specific to Michelle's background and birth stories. As this interview unfolds, I would like to also issue a content warning that this experience contains a story about miscarriage and loss of a child. If you need to pause and take a breath when you reach that space, we are here to hold space for you, and I encourage you to do so and take care of yourself before continuing to listen. Welcome to Michelle's story.

## **SYMBALUNA:**

Welcome to Sessions With Symba. I am so excited to be here today with one of my favorite people that I have met recently, but I have grown to really admire and appreciate, and we have with us today Michelle Gabriel-Caldwell, who is a Childbirth Educator, a Birth Doula, and many more other things that she is going to get into and let you all know about. And so because of that, I want you to just introduce yourself, let everyone know what your name is, if you have any pronouns you use, where are you from, and where do you live now?

## **MICHELLEGABRIELCALDWELL:**

Hello. Yes, I am Michelle Gabriel-Caldwell, and I am definitely a childbirth educator. I've been doing that for over 16 years. I'm also a Labor Doula, a Postpartum Doula, and I'm a trainer for doulas, I'm a mentor for doulas. And I live in New Jersey, in Essex County, and I forget the other question (*laughs*)

**SL:**

I was asking where you were from, if you weren't from New Jersey, but it's all right too.  
(chuckles)

**MGC:**

Yes! I am from, originally from New Orleans, and so my parents, you know, they dragged me up here when I was a baby, so I had no choice in the matter cause I certainly would not have chosen New Jersey, you know in comparison to New Orleans for real. However, I have grown to love this space. I do. It's where I was raised so I'm certainly a- a Jersey girl so I can't- I can't front. And my pronouns are "she/her" (um) and I yeah identify as a strong Black woman.

**SL:**

I love it. I love it. OK. So you did mention that you came from- well your parents dragged you from (chuckle) New Orleans so before we get into some of the birthing things, you know cause we love families over here, and you know that's where our work is centered, and so I would love to know a little bit about your family like whether that's- whether your parents, husband, or children you know, in whatever capacity you'd like to talk to us about that. I'm curious if you have any siblings, and just what was that like for you growing up in New Jersey?

**MGC:**

Yes. My parents are amazing folks. I adore them, and they've been exceptional role models, and as I'm sitting here talking about them, I'm actually getting emotional. They re- you know they love each other, they are- I don't know- the epitome of what marriage should be and to watch them grow in their marriage. My- my parents had me pretty young, you know they got together, they were high sweethearts. They got married when they were 19, and my mom had me at 20. My father's a year older so you know they literally grew up together like that's- their relationship is just crazy tight. And I am the eldest of four siblings and- actually three, I'm the eldest of four right. And my sister is two and a half years younger, and she and I are close. She lives in Memphis, Tennessee. I miss her immensely, but she has an incredible family with (uh) her husband and two kids. And my brother is seven years younger, and he lives in Baltimore, and he's also- He's like my- he's my seven-year-old male twin, We look alike, in fact so much so that Facebook tags me as him in our- in photos. Yeah it's- it's nuts, (um) I mean not to say that I'm really thrilled about looking like a guy, but it's- it's certainly, you know he's a handsome man so I'm not gonna- not gonna be sad about that. And then I have a baby brother who I am 15 years older than. That was definitely interesting because obviously people thought that he was my child. And I would you know take him to yeah- Boy Scouts whatever and you know all of his Boy Scout leaders would try to hit on me, and I think it was just funny. So I would have to say that you know- he loves also in Memphis with my sister, and he's with his wife and- and daughter. So they're- they're closer together, and then like my you know my second brother is- is (uh) it- he and I are like the twins, so it's just interesting that dynamic. But all four of us are completely together, and really sort of uplifting one another, and we make sure that there's just- you know

my parents ingrained in us that there would never be any jealousy any of that happening so it doesn't matter who's doing what, where, how, we're always cheerleading for each other. That's something that I would love very much to instill in my children. I have two, a boy and a girl and my son is 20- will be 22 this month. My daughter is 15 ½. So just really kind of taking that- that role model view and lens from my parents and really kind of placing that in and my family and seeing how their structure allowed us to grow in that love, is something that I want to make sure that I pass on, you know to the next generation because it's so important to not have any pettiness involved with your siblings. They're just shouldn't be that- you know any of that. Their accomplishments are my accomplishments, you know my space is their space, and we- we don't get into (um) any of that sibling rivalry- rivalry that is typical a lot of families. So I'm very proud of my family as you can tell.

**SL:**

I love that. I think that is very important. It reminds me of something my dad would always tell us- I'm also the eldest of four, and (um) my dad always was telling us how even when like my parents would be gone and friends would be gone, like my first friends are my siblings, and it was- me and my siblings had a little rocky start during our childhood, but we definitely got- got better through me going to high school and then me going to college, and we definitely have the same sentiment for sure. So I love that, that's really great. So let's talk about- so you talked a little bit about the childbirth education and being a labor doula. Can you tell me how long you've been a birth worker and how many births have you done? (*chuckles*)

**MGC:**

I have been a birth worker for 16 years, and I've done so part time because I'm a chemical engineer first and foremost. So my degrees are in science, and I've been working in that industry for over 30 years, but I gravitated towards birth work (um) just a little bit before my pregnancies with my- actually it started with the loss of a daughter in between my son and my daughter. So she would've been 17 in November. And it was really sort of this spark that said, "OK I need to- all the things that have happened to me in that loss, (um) I recognized the lack of support, you know, in that space for me, and the way that people were not able to assist me or help me in any kind of way." You know, they know what to do for me if I, you know, if I had a baby, (um) they knew what to do for me, you know, if I had an older child, but no one really knew what to do for me with that loss. And it was just that huge gap that made me say, "There's some- there's a piece missing in this support space." That's what you know led me to- to this work, but in terms of how many families I've supported, there's a friend of mine who actually had me count them, because I was really not counting them. Like I just was going yeah you know I've attended x y, you know however many births and just guessing like I really didn't have a number to it until I went back, and I went through every single birth that I attended, and I'm up to 420 right now. And again you know doing this part time I would imagine I will probably have maybe 800 or so if I was a completely full-time doula, but I've also taught over 1,000 families childbirth education. So you know with 5 to 10 people in a class, you know four or five times a year, it adds up. So it's- it's definitely an interesting space to be in to be able to have touched

those many families and providing them information that most people just don't get, and specifically in you know for- for Black people just let's just like face it like we don't really get all of that information, and all of the ideas of choices (um), and we're sort of just you know, given you know these are your options and that's it. A lot of it's just strictly dictated towards us. Yeah so that is- you know that- that's the work that I've been doing in the last 16 years, and I'm happy to be in this space, and to be doing that work.

**SL:**

That's really amazing that you've gotten up to 420 even part time, like that is- that's beautiful. I'm curious especially fo-r especially with like your chemical engineering background, what was like schooling and training like for like to become a childbirth educator, and even for your Doula training like what's- what was that like to train to be where you are, and even like to be a trainer?

**MGC:**

So training started off with being a childbirth educator, and I was preparing myself for birth. I mean one of- you know education is- is extremely important to me, and I did not want to walk into birth or anything without some kind of knowledge about what would be happening to me, my body, and my family, whatever. And so I had taken a Bradley Method course. Actually I had read first a book on just holistic eating and body care and fertility and things like that, and it was one of these- this is way before like Whole Foods and Trader Joe's had stores. you- you would go to these little individual health stores right, that looked- that were, you know, somebody was actually growing, you know, stuff in the back room to sell. Like that's just how these spaces were, and there were these old pamphlets that someone had put together that you know sort of indicated some- some ideas of how to get your body into an- an- into a normal stasis for preparedness for pregnancy, and (um) so my husband and I did that, and you know, on the back of this pamphlet was information about the Bradley Method. And unbeknownst to me, I had no idea that there were childbirth classes outside of a hospital space. (um) And I knew that I didn't want that, for me (*chuckle*) so that's why, you know, I gravitated towards this. And I took that class. It was a three month class, where your husband or your partner or whomever you are with is- is- in that space with you learning, and so it took that part first, for me to learn as the parent-to-be that really sort of sparked my interest to continue learning more. And then I became a trainer for the Bradley Method, and I started to teach, you know, other families, you know how to navigate their birth space, how to advocate for themselves, how to eat and drink during the pregnancy, how to exercise, all of these things that are typically not discussed during prenatal visits with their providers right? It's just, "Oh you're pregnant, pee on the stick, and you know call it a day," right? or "Get on this scale, and this is what we're- we're looking at in terms of your weight." We're not gonna talk to you about what you're eating to gain this weight, but we're just gonna say, you know we'll check it (um) every time that you come, and give you anxiety about how many pounds you're- you're actually increasing in the growth of your baby, your womb, and amniotic fluid, and breast tissue and all those things right? So the next piece of that was after teaching, right, so many people in the Bradley Method (um) a lot of these individuals were asking me to attend their birth. That's a part of being a trained Bradley

Instructor, you're also considered a Birth Assistant. So you- you kind of get a dual certification (um) with that, and it wasn't anything that I thought I wanted to do because let's face it, I took the path of chemistry, straight chem, when all of my physi- I mean all of my teachers wanted me to be a physician, and I- the first thing I said to them was, "No, I don't want anybody- I don't wanna be in anybody's body space, like I don't wanna smell people, look at stuff growing on their bodies, like I just-" that was nothing that ever- ever drew me in. Like it was- it was such a- such an interesting (um) direction, but I had no- no- no- idea that I wanted to do anything in the clinical fashion. So to move from that to just being all up in somebody's face where, you know, their everything is in my face, where things are plopping all over me, and you know and- and fluid is everywhere, and I'm wiping butts, and I'm doing all this stuff is just such a huge juxtaposition for me to be in thinking about that you know now. But in addition to that, once- once people started to ask me to be, you know, in their spaces I was like, "I need more training." I didn't think that from the lens of Bradley that it actually really, truly made me a Doula, and although, you know, the certificate said that's what I was, and everything, I just like- "I have to do more." And so I started just taking like a lot of different workshops (um) not necessarily going towards any kind of training, but just taking like postpartum (um) information, infant loss, you know, birth trauma just really kind of- small little pockets of things, and then deciding that you know I'll just take full on DONA training, and then I ended up doing that, and then I ended up taking CAPP to training, and then I ended up taking (uh) National Black Doulas Association training, and I just couldn't stop with the training, because I wanted- now I needed different view points for things, all right, and then specifically when (um) maternal mortalities and morbidities started to show up on the scene because honest- and I want to back up for a second because the majority of the people that I was actually servicing in the early days of my Doula work and childbirth education work were white women. They were not Black women because they weren't coming to me, they didn't know I existed, they didn't know what a doula was, they didn't know what childbirth education outside of hospital spaces looked like (um) and so it was a hard pill for me to swallow that I was doing all of this work for people who didn't look like me. And so I wanted very much to find ways to address that. To look at how can I get into the spaces? Where do I need to be? They're not coming to me, where do I need to go, in order to get there for them? And so that's why you know I started to just really branch out and take as many things as I could possibly in order to- to find the people and to find my niche.

**SL:**

That makes a lot of sense. (*chuckle*) I- I love this work especially in just how there's a lot of- a lot of it has been journeys of discoveries and journeys of realizations and so especially- I believe that pregnancy and birth is personal so everyone has a journey, and everyone has a perspective to that, and so I think that's really amazing how that- the way the those different places took you to where you are now like that's really beautiful. And I also appreciate and thank you for speaking to- thank you for sharing and speaking to the loss of- of your daughter. I know that (uh) many people listening have probably also experienced loss. In addition to the beauty of birth we know that sometimes the journey of birth can include loss, and so I just wanted to speak to that, and say thank you for sharing and opening your heart for that. Since you did (uh) bring up your children, you kind of talked a little bit about them already- I wonder if you can just speak to how-

a little bit more detail how your ch- how having your children informed your work and the platforms that you are on?

**MGC:**

First thanks for that response about my little Corin. Yeah she's a huge part of this work. She is with me because of this work, and honestly I would not be doing this if she was not with me. So I know that this is- this is a divine purpose, and I'm not- when people say, "Oh you know there's a reason, there's a reason," often- I often bawk at those types of comments because I don't wanna dismiss the fact there's that loss and that- and that mourning needs to happen. However I do know that this was truly a reason (um) because when you think about all the families that I've supported throughout the years, it's because of her, and yeah. So I can- I cannot discount that. So backing up to my son, who is the eldest. The birth that I wanted for him was to be very holistic. To be very normal, natural, physiologic, whatever you know the adjectives that you wanna use to define a low intervention birth (um) was exactly what I wanted and what I was seeking. And I was fortunate enough to have an amazing Black OB/GYN who was on board with me because prior to my pregnancies- my pregnancy with my son- it was my first pregnancy, I hadn't been pregnant before, but all other physicians that I had kept telling me, "Oh you have fibroids. You know, you're never gonna have babies." And you know at 28 years old telling me this, and telling me that I need to consider having a hysterectomy because my uterus is just a mess. So my intuition told me that that was wrong, and that I was destined to have my own children. And so I did not give any of that energy, and what I ended up- end up doing was finding a physician that would work with me. And so I went through three different doctors before I found the one that looked at me, saw you know the sizes of my fibroids, and said, "There's no reason you can't get pregnant, and there's definitely-" you know she's like, "If anything you know it just gives your baby something to play with." And I just- her perspective and a nonchalantness right of- of all of that was- was like a homecoming. I mean it was- it was- just so beautiful, and so to be in her presence to- to get the support, and the safety, and the knowledge, and she was extremely supportive of me going outside of the normal channels of getting information, and so her- her support honestly kind of you know along with my ideas were just- was the true epitome of evidence based birth right? Looking at my values, looking at what the evidence is specifically, and then having a practitioner who actually follows the evidence, all of that was you know really evidence based birth before I even knew that phrase. And had an incredible birth in the hospital space, six hours of labor (um) with my husband, he was you know fully trained (**chuckle**) in our classes so he just knew he was catching this baby, and I'm like, "No you're not." But it was great you know he- he came out. I pushed maybe 20 minutes. I mean it was just a beautiful, beautiful birth. And so then you know as you can imagine you know after having this great little kid walking around and whatever and, "I'm thinking you know I got this. I can- I can have another baby without an issue." And my pregnancy was normal. It was healthy. The issue was, I was exposed to Fifth disease which is also known as the parvovirus. This is something that can either be around you know toddlers or around pets (um) that a lot of people, you know if you've never been exposed to and you're exposed to as a gestation pers- gestating person (um) it becomes detrimental to the fetus, and only at specific times of the exposure. So if it were early on in the pregnancy, wouldn't have been an issue. If it were later on in the pregnancy, wouldn't

have been an issue. But it was just this time period, in the second trimester where the disease actually robbed her of oxygen, and so she passed around 22 weeks. Obviously that was traumatic, and you know put me in a space where I- I- I wasn't prepared for. You know I didn't know what to do or how to manage any of that at all, and (um) again led me to this. I- it was- it's honestly amazing and a blessing that I actually went on to have another child (**chuckle**) because I did not think that after dealing with that type of thing that- that I would wanna do it again, and want to risk it again. But of course I still have my physician who was just, "Look. This was a fluke thing. It was a horrible thing. It was an extremely rare like 0.0001% chance that this would ever happened to you, and it did and I'm sorry, but it's just- it's just not gonna be your- your story again." And then I ended up having my rainbow baby at home with my doctor. She came to my home space because she said, "Your whole family needs to be here. Your son needs to be here, and cause he was traumatized by- you know he's five years old seeing mommy's belly grow, and then going, where's the baby?" Right so everybody was just- you know this- this birth had to be cathartic for everyone, and it was. And it was incredible, beautiful space. Christmas night. She was born Christmas night, and it was snowing outside, and I was literally listening to Boyz II Men "Let It Snow" as I was pushing her out. So I can't even- I cannot ever listen to that song without bursting into tears because it was such an emotionally amazing (um) night for us. So having had honestly those two wonderful birth experiences, there was no turning back for me. It was just full speed ahead, this is where (um) this is what I'm- I'm going- this is what I'm destined to do, and this is how I'm supposed to help other people. I would've had ten- 10 more kids if it were up to me, but I was 39. And not to say that that was super late in the game, but it was my personal cut off, was to say, "OK no more children after 40." But you know, thinking about that from- from the standpoint of being a Black woman, over 35, having a homebirth, right? How that is denied to so many of us because of these perceived risks- risk factors. That was again not my story, and so hearing constantly the, "I can't"s and "I'm not allowing and you to do this, that, and the other." I was like, "No." So I- I had to w- walk in the space of advocacy for others.

**SL:**

Wow! (**laughs**) That is- that is so beautiful. That is- Again, thank you for sharing your children with us for real because that is very beautiful. whew. I'm just (uh) digesting a little bit because that was- I- I really- I love that you spoke to having a very supportive provider as well as someone who- going along with the evidence, you know, and not just looking at you as a Black woman and thinking, "Well." And as a Black woman, and you're 39. Like, "Well, we gotta go that way." I love that she took what- took your experience and took your values into consideration and it- I mean it makes sense because then that's- that's literally what you do even as, you know, as your mentee as I thought about some of the things that we- we've done with critical thinking has been to really question those- those "why's" like those things that they are saying have to happen just because of them looking at us as Black people, who may not feel certain levels of pain, or who- they just don't wanna deal with what could possibly come with letting you do what you think you should do, you know? I just- I'm- I'm grateful- I'm just so grateful that you spoke to all that cause that- I think that's- this is very important to- the beginning of your support like feeling supported in that and knowing that you can do what it is that you're hoping to do. You

know a lot of that has to- knowing you can do it, also with your family, and then even speaking to- I mean the healing that can come from then- like how you had your baby with everybody in the home and then your doctor coming there like. First of all "Let It Snow" is one of my favorite songs so I'm just- that's just beautiful like seriously. Again thank you so much for sharing that with us cause it is possible out there for Black people, for Black women, Black birthing people (um) with the right amount of support, you can have healthy safe births even in the hospital. Whew so grateful. OK, so we have reached our halfway point where you get to (**chuckles**) ask me a question. Whether you even have known the question or whether you wanna ask something new you know, feel free my (uh) you can ask about my life, my work, my hopes for the future, you know, anything that comes to mind. This is your space now. (**chuckles**)

**MGC:**

Excellent. Yes, so the tables are turned hahaha OK (**chuckles**) so for me it's you know, you've been my mentee for some time, and I just want to know if you had to sum up your biggest take away from being in my space, what would it be?

**SL:**

All right. I like this question, like this is good. I think- well first off I think one thing that I enjoyed, one thing that I thought was very helpful for me with learning was the (um) classroom assignments. (um) Just the ways that you posed the questions a lot of times were just- I think as someone having a little bit of background with personal work with massage therapy, there was a lot of parallels especially when I thought about things like consent. And I think that it was- it was a great way for me to enter a new industry because I think that there was- there was so much that I didn't really think about or that also things that like training- It's interesting that you said like even just wanting to get as much education as you could because in getting trained in different places, like I trained with NBDA (um) as you know, and probably some of the- the greatest weekend of my life, like I feel like I learned so much, but then even at the end of the class, there was just still more that I felt like I could know. And I also think- I think it was a- I loved the assignments because it helped me put myself into, "I am a massage therapist, but now I'm a doula, and now someone has hired me to advocate for them and (um) help educate them throughout their pregnancy." Not just be a relief, like I mean I do- I'm grateful for my- my massage therapy career like it's a different- it's a different **SIGHS** when a pregnant woman comes out of a massage session like it's a- it's a- I honestly believe the baby gets relief as well that's what- I mean I never been pregnant so I can't speak to that as like yes like for sure, but (**chuckles**) just as I've- I've accepted pregnant people into my room, and then the way that they leave it's a totally different- totally different aura you know? So I think the biggest takeaway was- I would say two things. I would say the classroom assignments, and the group mentorship calls that we were doing. I think it was extremely important then to also connect to other new to doulas because we're all on this journey together. You know, we all and then even you being a veteran in this birth work industry, like we all have the same mission you know. Like we are combating against the Black infant and maternal mortality rate, and so we all have the same end goal. And so I- I've actually spoken to Janel and Krystal. They will be on- their episodes will



probably air before yours you know, but they- it was just really beautiful to be able to speak to them on their experiences as- as being parents now informing their own birth work, and I would've never met them- I would've never had the opportunity to speak to people at that space if it hadn't been for me joining your cohort. I think those are my- definitely my big takeaways. I loved- I mean I did feel like, I was like, "Dang I feel like I'm in school again." I was like write- I feel like the writing oh it was just like eeee, but it was cool because it's like you know sometimes with school you're doing things that you don't really care about, it's not even like- you're just doing it to get it done. Whereas like here in this space like this is work I want to do. I want to be good at. I want to learn as much as I can, and I want to even be challenged with the way I'm thinking now. Like "OK well that's good, but let's take it a step further," Like you always took it a step further, and I really, really appreciated that because that was a great- I think that's just a great- I feel like I have a framework that is going to- that is a really beautiful foundation like to my very first- like even in it feels like preparation to even accepting my very first client. Like and of course I know that you know from your first client you know things may change with like your second client, but the foundation is like- you've given me this diamond to stand on, and I am like- just want to keep polishing it like. **(chuckles)** So I'm- I'm really just grateful to you. I love- and then I really believe that you- **sighs** and I also technically met you and like learned about you after going through a really traumatic time in my life with- And my podcast listeners still don't really know much about the tree falling on my house so I'll have to do that later, but **(chuckles)** just the- **(chuckles)** I was very much retreating into myself from dealing with or trying to get grounded again, and I felt very encouraged by you to come out of my shell, and to like- and to speak like. Even in I think the first few calls I was like, "No I'm not saying nothing- it's not gon" **(chuckles)** but it really helped me step into even standing confidently in where I'm at now like even in- like I don't have to- yes I don't know everything. I'm still learning, but I'm on a good space- like I'm in a good space, and I'm on a good path so like even just being able to share myself with you and the group and speak my truth and also speak clearly and loudly like and practice doing that. Like every time we had a group call like when I had the little calendar come up, I'm like, "All right I'm gonna have to ask a question. **(chuckles)** Like I don't know what the question's gon be, but I'm a take notes, and if I- even if I don't ask a question, ima say something you know, or I'm a put my voice out there." And then I think that just- that encouraged me to even just have this podcast, and put this out. And (um) I had the idea for the podcast before I trained to be a doula, but it didn't really have like- it wasn't hitting me with like- like this is it or this is why I want to do the podcast. So even just the learning experience, and learning under you, and learning with other people, like I was like, "Well we're all learning together. Like we should put this out there." And like I'm gonna you know every time I learn about or I realize like oh OK preeclampsia. In like the next episode I think I'm gonna have like a little preeclampsia something at the end or something- you know like it's just- it really opened my eyes and just opened my understandings you know. So that was just- I feel like in all, I've just gotten this really well rounded and well grounded foundation so that I can continue to plant seeds and continue to grow and learn, and then knowing in the future you'll be coming to my ribbon cutting ceremony for the birth center, you know? I feel like the way that you have the group calls, and the way that you do the classroom assignments are very, very effective. Even for me like as being a visual learner, I think that's just a really great tool to putting myself into the space of like operating as a

Doula like this is- Beyond training, here we are, and we're here, and you gotta be ready, cause I don't want to be ill prepared at all (**chuckles**) So thank you so much for like that question too.

**MGC:**

I love it. Love it. To hear you talk about your apprehension to say anything in the group mentoring chat, and then now you're doing a podcast like that- I can't even tell you how proud I am of you to move right, you know? To see where you shine, and to know that I had a small, little part of that is- yeah I'm grateful, and- and I'm so thankful that you trusted me, you know to help you along this- this journey. And you know, we- we connected in a lot of great ways and specifically in some of our- our private sessions too, you know was just watching that journey and watching you grow in your thought processes. But that's really why- you know and- and I heard you joke about how you go, "Damn we gotta do these classes, and I gotta write." (uh) Yes. I need doulas to think, you know? We- Everybody thinks they can just show up, and hold somebody's hand, or rub somebody's back, and- and just you know keep it moving, but when we are hired to amplify a voice, we need to hear everything, and we need to think about what our next steps are beyond just with a massage and what tool to pull out of my bag. (um) I need to know how to interact with these birthing people around me in this professional space. Yeah so I think it's- what I've- what I've seen lacking is- is this critical thinking piece where you see- you know, you see it on social media, you know, "I'm at a birth, xYZ is happening, what do I do now?" What? (**chuckles**) Yeah I mean that pains me to no end, right? So this is why in- in my mentoring session I'm giving you that stuff ahead of time. So that you don't have to come back in a birth, no matter what you're experiencing, no matter what's going on in that delivery room, that you have thought enough about how to think yourself out that box, for yourself and for that birthing person who is relying on you. That's what's most important. You don't get to leave, just cause you don't know what to do. OK (**chuckles**) Yes. But thank you for sharing that.

**SL:**

Absolutely. I- I definitely agree, and I mean I definitely think too like there's you know that birthing person's- I believe the way you do that also helps, so that I as a doula can put my personal life, my personal biases to the side because it's not about me in this space. This is not my birthing space, and you may not always think of everything so it's- it really goes back to what you said with your training and education because it's perspectives, and it's views and it's being able to have the capacity to show up for someone else, you know in that moment. And so that's important- it's important to like you said, it's important to think, because no matter how talented you might be or how many books you've read, you could still be ill- illprepared if you're not- if your thought process isn't ready to assess the situation in that way, you know? So- so thank you- thank you for what you do cause I- I think you're a great mentor, and so anyone who mentors under Michelle is going to walk away with gems. Like I- I believe NBDA only requires three months. I did six. I think technically I might've done seven, but I- I'm just- so I vouch for it for real.

### **BREAK- ACCESSIBILITY MESSAGE**

Thank you for being on this journey with us. In our effort to build community that is accessible, we pride ourselves on transcribing all of our conversations and captioning every video in order to be able to share what we learn with everyone. As we grow our network, we welcome and ask for feedback to best serve the uniqueness of the differently abled communities. We are also interested in connecting with Black and Indigenous individuals who provide ASL and Black ASL for future live events and productions. If you or anyone you know has any resources, we would love to be in community with you. Please reach out to us at [journeyspa12@gmail.com](mailto:journeyspa12@gmail.com), and we look forward to getting better every day.

### **BACK TO THE SHOW**

#### **SL:**

All right, so I wanna (um) honor your time and just make sure we get it in the second half. My next question- I'm really curious. Speaking more to your actual- your Doula work, and what's your relationship like with the hospitals, birth centers, and even doing home births in New Jersey, and I wonder how have those relationships shifted due to COVID-19?

#### **MGC:**

A lot of changes since COVID-19. However, my relationships with you know, specific hospitals grow over the years just like with anything right? You- you go to a space enough, people recognize you. (um) And they see what you do, they see what you're capable of, and that's what you want. My father always told me, "You have to leave the space better than you saw it." And even if that's you know a physical thing, mental thing or an emotional thing like you're- you're leaving better energy, you're leaving something better in that space. And so working with a lot of the different hospitals (um) in my area, that's kind of been my personal mantra. (um) Yes, I'm working for my client first and foremost, absolutely, and it is about making sure that they are happy and comfortable, but you- you can build relationships with hospitals. You can build relationships with birth centers. My relationship with several hospitals locally you know it's- it's like a Yin and a Yang, right? So there's one space where I just never wanted to go because I did not like- I don't like their policies, I didn't like the way they handled birthing people. I just didn't feel like it was a very respectful manner. And it got to a point where you know these- these hospitals become conglomerates and one bought out the other and so this- this director noticed

that I was going to the sister hospital but not going to the other one, and reached out and asked me why? And I laid it out on the table. I explained exactly what I saw, what I thought they could improve on, and you know what ended up happening? I had two meetings with their nursing staff, where I gave them training on evidence based birth. I also had a meeting with their residents, and telling, explaining to them what normal, natural, physiologic birth looks like. Because let's face it. A lot of places- a lot of nursing schools, a lot of medical schools, are not teaching normal, natural, physiologic birth. (um) When- when we're training OB/GYN's, we're training surgeons. And so their lens is different. So this is another reason that it's so important to have these different viewpoints and have this critical thinking, you know, idea space and ideology of things so that you're able to- to see where a person's coming from. And know they're- you know maybe they're not you know 100% evil right? Like I remember this- it's one of my favorite lines from Guardians of the Galaxy, where it's like, "Well nobody's not 100% an asshole." Right? So it's just- (*chuckles*) you- you have to see where they're coming from, and if they were never taught anything different, it's kinda hard to- to put 100% of the blame on them, right? Yes, we do have a foundation of systemic racism. We do have that foundation built you know historically, absolutely. And- and you will have some people who will be you know assholes for sure but I think when a person is especially- especially a person that's brand new is tryna do their best. You have to look to who- who are their mentors, right? And who are they shadowing? And what have they been looking, and what they've been told? Because sometimes it's wrong, and sometimes you may need to kind of you know give them a 180, and- and show them a little bit of a difference. So that's honestly what I do. I train nurses. I train med students, so I'm known in- in a lot of the hospital spaces locally because of that work. And so when I come into the space (um) as a doula, you know most times it's pretty welcoming, and not only is it welcoming it's- it's respected, and that's what I want. I want people to see the relationship of doulas and how valuable we are, and how respected the work is that we overall. And you know so it- that's why it pains me to see you know people like, "I don't know what to do." And you know I- or you know somebody who's- who's trained for one day, and then are turning around and training other people. You don't know enough. I'm sorry, you don't. You know a lot of this is lived experience and- and relationships, right? So the relationships that I have with the hospitals are that. You know, are- are they 100% perfect? Absolutely not, but I'm definitely working towards building this very respectful relationship where not only am I respecting them, but they're respecting me, and that's- at the end of the day that's what I want. Because I want to be able to have them hear me when I'm talking about and for my client. And you know it's a wonderful thing when someone walks in, and goes and sees you, "Oh my God, it's Michelle! We're gonna have a great time!" You know or somebody comes in and high-fives you or hugs you or- or tells you that you know. "Hey you know, remember that trick that you did at the last birth? Well I tried this on another patient, and it worked!" And you know like all of those things that's just amazing. That's amazing. When it comes to birth centers you know we don't have that many in New Jersey. We now have probably four maybe five I think are opening. But (uh) there are two main ones that I've worked at pretty- pretty heavily, and one is you know I'm the Doula Coordinator for. And so the relationship that I have with the only Black owned OB/GYN Birth center is- yeah that's stellar. I am- I'm proud of that most and foremost because she's rocking it, she's doing great, and you know we're an amazing team. And then home birth spaces- yeah I have incredible relationships with (um) the CPN's in the state so much so that I

was sort of the liaison between the CPN's and the OB/GYN who is now covering for them. Because there was that threat where you know, they were- they were going to lose coverage from another provider, (um) and so she picked them up so you know that's another piece of the business that a lot of doulas don't think about is building those really- building those relationships with the- within the spaces that you're going to work. We all can't walk into birth ready for bear. We all can't walk in assuming the worst, and yeah you're going to take names, and you're gonna kick ass, and you're gonna do what- what needs to be done in that space if- if necessary. But I don't always go in there thinking that everybody's going to hate doulas or that everybody doesn't know how to work with them. You don't- you don't know where that person is coming from or what experiences they've had or what training they've had. So it is definitely for me, important to have those relationships, and- and to build them and to- and to collaborate with them in ways that make sense in terms of training and things like that. So- and I'm happy to be called on working with hospitals (uh) when it comes to you know changing the narrative of birth because it's on their radar. Why- why- why should not my voice be there? You know what I mean? And as opposed to somebody else's, who may be telling them some other BS that's not- what is- you know what's not helpful to our families and people who look like us. So yeah so when they see a Black doula walk in there, you know and- and I'm training doctors and nurses, that's says a lot. That says a lot.

**SL:**

I- I- like that you spoke to training doctors and nurses, because I don't think I even knew that- that they don't learn about physiological, natural birth, and so and even with the understanding of systemic racism, if you don't learn something, you don't know. And so like you said in terms of perspectives, like not everybody hates doulas or hates natural birth, but it's like they're doing what they know. And so I love how- I think that applies to every state as well too, like yes there are probably some people who are not so great, but there are just probably others who just need more education, you know? And that's- we were talking about this earlier, I mean that's back to education. Education and knowledge and informing, and actual, you know- that's important. I like that. I appreciate that. OK so you did mention how in the beginning of your birth work, like your- you worked more so with like non-people of color, and so as you've kind of grown into you know putting yourself into spaces where, you know, your clients are also Black birthing people, would you say that that's kind of changed more so for you? Where like now, you're- you serve more Black people or do you still kind of have a balance? And then I'm curious what- what's was your relationship like with- well I guess cause we talked about bringing black doulas into the space so like maybe working with my white midwives or white doulas, when their clients are Black? Like do you have any insight toward that as well?

**MGC:**

Yes so to answer the first part of your question, I definitely see my clientele shift to being more you know more people of color. (um) I wanna say, the beginning of my Doula career it might've been 95% white with, you know a handful, a sprinkle of you know, Black families. (um) And now it's probably about- it's probably about 70/30 now 70/30- 70% Black people 30% white people,

and I love it. I love that balance. (um) I love the- the fact that you know that- that white families are still coming to me even though my website is Blackity Black. (*chuckles*) It's still you know there's- they're still seeing obviously the- the value and the (um) experience is what's important to them across the board, you know? Just to hear the- the number of years, the number of births, and- and not only just that but going back to the- the question you- you- you spoke to before, the relationships. Like being the resource in that space and going, "OK well I know this pediatrician, and I know this chiropractor, and I know, you know this OB/GYN is going to do XYZ versus this midwife is going to do so and so." Like just really having all of that intel is- is what most people are hiring me for honestly (um) to help and literally help them navigate their birth space. (um) And so when- it doesn't matter what color, you know they don't- they don't really care. They're just like, "Yeah, she's the one. She knows her shit. That's who I'm hiring." And so when it comes to you know, working with you know those families sometimes I have some of our white doulas who come to me and ask me for help or assistance in- in what they should be doing, what's politic- politically correct, what isn't, you know? (um) and you- and there's some folks that I've actually checked too, I'm like, "I'm sorry, but if you don't- if you don't on a regular basis, and if you have not on a regular basis supported any Black families, don't just throw up a Black family photo on your website, just because it's- you know, you- you wanna kind of gain a little perspective or you wanna- you wanna jump on this bandwagon of disparities, and get some extra clients. You know, no. I mean no." I check em. I call em out. It's- it's the relationship that we have, and there- you know- s- I wanna say most appreciative, you know, and you know they- you know how they apologize afterwards, but it is definitely- it's definitely something that needs to be done, right? And you know I also help manage a Facebook page called New Jersey Doulas of Color (um) and another page that's New Jersey Parents and Birth Professionals of Color because I want those two different spaces for people to have access to, you know, representation. (um) And so that they can feel more comfortable in that space, and so I can hold space just very similarly to why I think it's so important to do the group mentoring aspects for- for Black doulas is because I wanna be able to hold space for other people to- so they- so there is a spot that they can go to talk about their experiences at a birth, or feeling slighted in a way, or you know talk about providers, you know when it's in a very safe space you know? So it is- it's- it's important that we as- as birth professionals also get a space to decompress, and- and to share stories with each other, and to process births. Some births are very traumatizing, and we- we need- we need our fellow sisters or- or birthworkers to- to come together and go you know, "I see you. I hear you. I got you. What do you need?" You know and- and the way they rally together, and you know we meet and go have coffee or drinks, whatever is necessary you know? It's- it's- it's the way that space works, (um) but yeah I'm not- I'm not going to distance myself from white workers either because you know their voices, and we- we know this right? Just- just from a Civil Rights perspective, stuff doesn't get done half the time if there's- if there's not an ally in that space. And so it's- it's necessary to have a extra name or to have a- you know, a lily white face on- on something, if we're needing to get stuff done from the state. So it's- it's pretty critical that those relationships are maintained throughout. And so yeah I do- you know I try my best to- to wear all the hats.

**SL:**

That's great. I definitely think that's great because allies are needed in the spaces too, if you're actually an ally. And then (um) they also uplift usually the work we're doing, you know, and that's- that's important as well. So thank you for speaking to that. My next question is, what advice would you give to families and parents that may not have access to a doula, but have fears about hospital births, and would like to try a birth center or a home birth?

**MGC:**

That's a loaded question. *(laughs)* There's so much that I could tell them. I think first and foremost, that birth centers should be an option, right? But I think that we culturally have some bizarre notion that we're going to be safest in a hospital space versus a birth center or versus our home. And so we kinda- we kinda believe the hype there. And I'm not saying that, you know, hospitals are horror shows, (um) but if you are looking for normal, natural, physiologic birth with low interventions, when you're looking at the- the data. And I'm gonna go back to science land, okay? When you look at the data of two individuals and- and this is- this is data (um) given from New Jersey. We have a horrible- We have horrible numbers when it comes to mortalities and morbidity rates, and we are 47th in the country, and in terms of you know disparities, you know. Black bodies are dying seven times the rate as white bodies are (um) in our space, and in nationwide that's 2 to 3, right? So knowing that we are- we are in that space is- is terrible. But when you talk about low risk, right? So I'm just gonna put that out on the table. We're discussing what it means to be low risk, and so my advice to anyone who is looking for options, it is to stay in the low risk zone. And what does that mean? That means that you are probably going to have to spend a little more time thinking about your nutrition and thinking about how you're moving, how you're exercising, in that space. Really kind of taking care of yourself, making sure you don't have high blood pressure, making sure you- you know, aren't on the path towards gestational diabetes. Because those are the things that preclude us from these options, right? We're already seen as, you know, these broken human bodies to begin with. And we don't need that, right? People want to put weathering on us, and all this kind of thing, and you know listen, I'm not saying that we have not weathered a freaking storm when it comes to living in the country, I'm- I'm not gonna say that we are not, and have not done that, (um) but when you think about what weathering does to generations, my question to everyone is, "Why aren't Jewish people also falling in this category?" We're talking about generational stress and anxiety. We're- we're looking at obviously, you know, Native Americans also are not in the same category as Black folk. So there's- there's another reason right? There- it's- it's not just stress. It's not just that. It's not just weathering. They're other things, and we know it's racism. We know literally that's what it is, and so we cannot give them a reason to preclude us from our options. And so we need to be as healthy as we can be for ourselves, for our babies. To survive postpartum, we have to walk into pregnancy in the best condition of our lives. And- and do that mindfully, right? That is- that is my best- if it doesn't- doesn't matter how many classes you take. It doesn't matter what your, you know, social economic incomes are and all those things, if you are doing the absolute best that you can do for your body to sustain life, to sustain the rigors of pregnancy, the rigors of labor, the rigors of healing after having this baby, right? Those are- that's all the work that needs to be done, and this is what we're not told, right? This is where we're- our bodies are-

are not looked at in any kind of fashion that makes- make sense to say. "This is doable for you, right? This is something that you can do, and I'm gonna show you how." You know, we're given all the "You cannot."s and "I'm not allowing, and this- your BMI, and your da da da da." And the- you know- you're given all of these things, and you walk into this space feeling broken, you know? And we're- we're not broken. The system is broken. OK? So you know, for me it is definitely making sure that you- you do the best that you can when it comes to your health because just going back to my birth story, right? 39 African-American. Home birth. The scenario that I was given when I- when I had the blood work done to check- to check for you know any kind of comorbidities or anything like that, everything came back that my risks were no greater than a 19-year-old. So it was because I spent the time taking care of myself prior to my pregnancy, and now I know that not everybody has the luxury of doing that, right? I know that sometimes pregnancy, you know we got these oopsie moments. It happens, and I get it. But you can still correct it during the pregnancy. You don't have to continue going down, you know, the- the path of just "You know, you know well I'm here." You know? And we gotta do better with eating. We gotta do better with protein intake. We gotta do better with water intake. We have to do better with movement, right? One of the things I can't stand, is to see these- these spots for pregnant people, like right at the front of the- the store. No, that needs to be way in the back of the parking lot like 2 miles away. You need the exercise. You need to move during your pregnancy. Save that spot for when you have the baby, and you got all the shit to go into the store with, right? (um) So honestly this is a loaded question because there's so many things that I could say (**chuckles**) in terms of helping a person who just doesn't have access to you know to some of the things that- that are typically available to others. (um) But it really is- is- truly and first and foremost you know most people have access to the internet, right? Most people have access to that. You know there's a wealth of information at your fingertips. Someone has a conversation with you about something that you don't understand, look it up. Get the information. Make an informed consent about things. Informed consent is not a piece of paper, right? It's a conversation. Allow those conversations to happen about your baby, your body. You know, you have the right to say no to something, you know? Most times that- that's just not- you know we- we as a culture, you know, don't know how to say no to doctors. We're not trained to do that. You know, you don't go against authority, they know best, they went to all the schooling. And you know (**chuckles**) one of the things that I wanna to tell you is I went to school with a lot of people who are doctors now. They were bobo's and dodo's then. OK? That piece of paper, that diploma didn't change anything. That just said that they did well on tests. It- it- it did not say that they are great at critical thinking, and understanding, and applying things to you as an individual, and seeing your case by case, right? This is why I went through three different doctors. Otherwise I would have no children, right? So yeah you know there's- there's so much I could say, Symba, but I know that your podcast is not gonna cover the Chronicles of Michelle and you know everything that she's got to say. So it is- yeah I'm gonna stop it there. You know, you wanna ask me more, definitely ask me more, but I can- I can go on and on about that topic.

**SL:**



I mean I appreciate that. You have a wealth of knowledge so that's- I appreciate you hold-bearing with my loaded questions. **(both laugh)** I mean- but I think all of that is important to start with, and that's kind of where we are like we don't know wha- where people are so that's just- it- I think that's a good place to start you know this- my hope is also that these episodes are timeless so even if someone listens to this years down the line, and isn't even starting- having a family, you know it's even- I like what you said about even preparing, but then even like you said sometimes you don't get a chance to prepare, but that's OK. It doesn't- I think that what's empowering is that you can- you can go forward and still have a beautiful outcome, and you don't have to have a traumatic experience just because maybe you didn't plan per se. So I mean I think all of that- we gotta speak to all of that because there's- everyone's story is also different. Everyone's gonna go through something differently, and so whatever you can do to take what matches for you, and be the healthiest that you can be before and after that's what I think this space is going to help with. So thank you for that. And OK so and then my last question and I'll let you get out of here. So we kinda- you kind of- I like that you spoke to, you know, what allies can do. I think that's kind of what my last question was gearing toward, and in knowing that we have this mission, and we're combating this- this Black Maternal and Infant Mortality rate, I think my last question would be, how would you advise maybe a Black birther- Black birth worker that is maybe the only Black person or birth worker in their area? And like maybe how would you- how would you encourage them?

**MGC:**

Yeah that's a heavy- it's a heavy load for them to be the only Black birthworker in their area. And there have been (um) a few doulas who have reached out to me for mentorship because of that, because they live in Iowa, or cause they live in Nebra- you know because they're really the only person (um) in that space, and- and you know obviously having to- to manage did the- the rest of the population that's there (um) in their- in birth work. But you've got to find your people. You have to find other birth workers who are aligned with you- who are on the same path, in the same mission, and even though, you know, they may not look like you (um) you- you gotta look at their heart. **(clears throat)** You gotta look at where they're- you know cause everybody's work speaks for themselves, right? You have to look at the action, right? And not the website, and not all the cool things that they've got on all over the space you know talking about you know how they're here for everyone. You've got to see the people who are actually doing the work. And in- And going back to (um) maybe some families and interviewing families to figure out who they had, you know, to help them and help you know what they thought was a- was a good (uh) provider. But definitely building a resource and a network and stretching- you know this is the beauty of the internet. You can reach people beyond your space so you- you're never alone, right? You know join- join NBDA right? Be a member, come into our circle, all of those things are going to be helpful so that you can get some tips to bring back to your community. But it's- it's a necessity to- to make sure that you are planting roots in where you are and branching out and- and really sort of embracing the people that are around you that- that are doing the same work. (um) That's what you have to seek. We can't get stuck on, you know, staying in, you know, "I'm only gonna talk to people who look like me." We're- we're going to be stagnant if that's you know

if that's our- if that's our mantra. So knowing that you are the only person means you can't do it all. Don't put it all on your shoulders. You need help, and you need- you need viable people who- who are going to be good allies for you. But also build, you know, build out, and make sure that you're structuring something (um) that focuses on your passions, your integrity. But you know and- and reaching out to people who- who may not be local, you know? They can help guide you, for sure.

**SL:**

Absolutely. I mean I think just as we build support teams for pregnant people we- we are growing in support with each other because we all have the same goal. We want to get those numbers down. We don't want to see the Black Maternal mortality and Infant mortality rate be so high. So since we have the same goal. like even if you're not in the states that we're in, you know, we're definitely- we're on the same team, you know, we're create- that's why I think I even wanted to create this was to create that network, create something like that, where you know we can at least reach out, and learn about people we can talk to, you know. And so then now yall know yall can you know get mentorship with Michelle, and even though she's in New Jersey, and you might be in another state, she can still help guide you, you know to make sure-

**MGC:**

Right it's all done virtually. It's all a phone call. Everything's done via Zoom. You know and- and also you know thinking about looking at beyond just who's in the birth work, right? So you know like my relationship with chiropractors, my relationships with pediatricians, with you know pelvic floor specialists, massage therapists, right? You may not find another Black Doula out there or another Black Childbirth Educator, but you may be able to find another Black professional who is also serving the community and doing the work, and you can align yourselves with them and partner with them. That's literally how I was able to get some trainers- a space to train for free, is because I partnered with a chiropractor. So definitely making sure that you expand it beyond you know the typical idea of what a birth person, you know birth worker looks like and and- moving into other spaces. And don't you know- don't feel weird about the fact that OK you're a doula and this person is a doctor. Get rid of those titles, right? These are- these are human beings, these are relationships that you can make, and they're going to be happy, especially if they're out here doing it alone too. They're gonna be happy to find somebody who is doing this work with them. So definitely partner with individuals who you know are- are- already in the trenches, you know. That's- that's what you need to do.

**SL:**

That's wonderful. I think that's great advice, and I think you always just come with words of wisdom and wonderful gems. I appreciate your science and your stats too because we're talking about evidence, and the evidence is very clear. Thank you so much, Michelle for coming on today. I really, really appreciate you being my mentor as well as just watching me as I've even gone through my process. So I want to (um) just I want you to let everyone know how they can

get in contact with you, how they can either be (uh) get into your childbirth education class or get into mentorship with you or just learn more about what you're doing?

**MGC:**

Yeah so you can get to me a couple of different ways, right? You can find me if you're interested in mentorship, if you're interested in becoming a Doula (um) I do doula trainings with the National Black Doulas Association so that is [www.blackdoulas.org](http://www.blackdoulas.org) (um) so you can find me there under Dr. Michelle Gabriel-Caldwell, I do have my PhD in Chemical Engineering, yall. OK. So the other (uh) ways to get to me via my page directly. I'm the owner of Baby Please Birth Services so that is [www.babypleasebirthservices.com](http://www.babypleasebirthservices.com) and you can send me an email at [hello@babypleasebirthservices.com](mailto:hello@babypleasebirthservices.com) so I am accessible. I'm open. You know I try my best to put myself out there when I can (um) to make sure that I am obviously helping individuals like Symba. It's so funny cause I'm looking at my table and I've got a light here that says Luna, and I was just like, "oh wow I'm on a- I'm doing a podcast with them." (um) But anyway. I'm happy to join conversations. I'm happy to be put on panels, podcast, whatever it is, you know, to help to move the narrative because that's- that's what I wanna do is to make sure that everybody has a vehicle that they can use and a voice that they can use to just push this work forward.

**SL:**

Wonderful. That's great. Thank you so much, Michelle. Thank you for being a part of the work. Thank you for all the work that you have done, the 420+ births like that is- that's beautiful and I'm just- I'm inspired, and I can't wait to- I can't wait to be like you one day. I'm gonna be like Michelle when I grow up so.

**MGC:**

You're gonna be better than me, that's my job. I'm making people better than me, not me. That's what I want. My legacy is to move it forward, above and beyond.

**SL:**

Ok. That's beautiful. I'm grateful to be a part of it, and I'm grateful that you had me as a mentor- a mentee, and (um) I'm so excited to share the episode with you so I'll make sure I send you everything. I'll have all your information in the show notes, and then when the episode comes out I will share the link with you as well too.

**MGC:**

You know that would be great. I just want to leave with one stat. We talked, and I kind of jumped over this subject, but we talked about low risk (um) and what that means and just from a data perspective, when you think about the same low risk individual right? That one person who's low risk walking into a hospital space has almost a 30% chance of having a cesarean, versus that

same low risk person walking into a birth center only has a 6% chance of having a cesarean, and if they were having a home birth, it would only be 5%, right? So we have to keep moving away from the fact that these alternate birthing spaces aren't safe. This is what is for our people, right? Cause we get, "Oh that's white stuff. We don't do that. We go to the hospitals." Well- well that's why our numbers are so high. We're not looking at the alternatives that are offered to us, and using them to our benefit. That is not what we're doing. So that's why I think it's important for me to always to leave with that, and the fact that pregnancy is not an illness. Thank you. *(chuckles)* OK.

**SL:**

Thank you and amen because- so I want to leave everyone with that understanding, and understanding that we have options. So thank you so much Michelle for helping us understand even more so about our options. I appreciate having you, and I appreciate talking with you, and it's always a pleasure.

**MGC:**

My pleasure as well dear.

**SL:**

I hope you have a great rest of your day. Thank you so so much for doing this. and I'll- we'll talk soon OK?

**MGC:**

You're welcome. absolutely

**SL:**

All right. You take care.

### **DONATION MESSAGE**

This podcast is a free resource for pregnant people and birthing families from Journey Spa. As an offering of love for my community, I write, edit, produce, and transcribe every episode personally. If you would like to donate to the upkeep of this podcast, we invite you to do so in a few ways of your choosing. The first two ways are monetary. You can become a patron through

patreon.com/symboluna and donate as little as 5\$ a month to also receive updates, follow up exclusives, and to stay connected with my other projects. For non commital or one time donations, you may also donate through PayPal using our email [journeyspa12@gmail.com](mailto:journeyspa12@gmail.com) or cashapp or venmo with \$ or @ symboluna. The third way is non monetary and just as important. follow us at journeyspa\_ on Instagram and when you're listening to an episode, tag us, and share what you're listening to with the #SessionsWithSymba or #SWSPod on all your social media platforms. We can all benefit from hearing these stories and shared experiences, and if you know anyone looking for resources towards starting their family or educating themselves for future healthy pregnancies and births, share this episode with them. We believe in the power of word of mouth, and we appreciate your help in getting the word out so that we can be of service to pregnant and birthing families everywhere.

**Outro:**

Thank you for tuning in to this episode! Before we leave this space, we here at Journey Spa, Sessions With Symba, and I, Symba Luna, want to uplift, honor, and stand in solidarity with Black Trans Women. We pray for the spirits of the lives lost due to senseless violence, and we intend to continue to uplift the lives and activist work that Black Trans Women have done and continue to do for the freedom of all of us. As we hope to contribute to liberation work through healing and birth work, we believe in Protecting Black Trans Youth and Black Trans Women always. We are so excited to have you on this journey with us, and we look forward to being on this journey with you toward having healthy bodies, healthy pregnancies, healthy births, and healthy families. Stay tuned for a new episode coming next Thursday!