Speaker 1:

You are listening to Masculine Birth Ritual. My name is Grover Wehman-Brown. My conversation today is with Charlie King Miller, who is a birth parent of one child at the time that we had this conversation, and now two because Charlie just had a second baby. Thank you so much for listening and supporting the show. You can find us on Instagram, Facebook, and Twitter, and at masculinebirthritual.com. Here's my conversation with Charlie.

Grover:

So Charlie, what kind of gender words do you use to describe yourself?

Charlie:

So, let's see. I use butch, gender queer, trans-masculine, just trans. I don't like the word non-binary, at least as far as it might apply to myself.

Grover:

You have a child?

Charlie:

I do. She is almost three and she is an impossible handful and the absolute light of my life.

Grover:

And are you partnered?

Charlie:

I am, yes, I am married.

Grover:

And did I read it in our email exchange that you're pregnant right now?

Charlie:

I am, yeah. I am 31 weeks pregnant right now-

Grover:

Wow, 31 weeks.

Charlie:

With child number 2.

Grover:

Congratulations.

Charlie:

Thank you. It's horrible. Pregnancy is, I think, the worst thing that a person's body can go through.

Grover:

Can you say more about why you feel like that?

Charlie:

I have not had good pregnancies. I haven't had really any time when I've felt good. With my first pregnancy I had undiagnosed hyperemesis. I lost more than 20% of my body weight, kind of short for hyperemesis gravidarum, which is basically excessive morning sickness. And as a result, I lost more than 20% of my body weight in the first trimester last time, and ended pregnancy below my pre-pregnancy weight. So I suffered. I remember distinctly the night-

Grover:

Wait, I'm sorry. I'm having a hard time absorbing this. Did you just say you finished your pregnancy under your pre-pregnancy weight?

Charlie:

Yes.

Grover:

Holy shit.

Charlie:

Yeah.

Grover:

Okay.

Charlie:

And my doctors really didn't take it seriously. I remember the night that I called them, I called my insurance company saying, "I'm throwing up blood, my throat is bleeding. What should I do?" And of course, you get the on-call nurse or whatever, and they all say, "You should go to the ER right away. This is a huge concern." And just as I had that phone call, I finally stopped throwing up that night, so I decided to hold off, and the next morning I called the OBGYN department, kind of trying to seek help. And I said, same thing, I was throwing up blood and the OBGYN department said, literally the one I spoke to said, "I don't know what you expect us to do about it."

Grover:

Wow.

Charlie:

Yeah, it was awful. And I never got to the point of feeling good. I was throwing up all the way through my pregnancy, although it had slowed down by the end. But I never got to the place of feeling good in my whole pregnancy. And this time has been not as bad. This time I read a couple of books on how to manage hyperemesis, and I've been able to avoid losing weight. And I actually had a period of time where the nausea was gone. It was only 10 weeks or so, but I'll take it.

Grover:

Yeah. And what are some of those techniques that you use?

Charlie:

The big recommendation that I think was just really hard for me to absorb the first time because it didn't make sense to me and I didn't really have a good understanding of how it worked. But the big recommendation is eat. I spent the whole time feeling so awful that I didn't want to put food in my body. And you go into pregnancy, and I think most of us who are experiencing especially long wanted pregnancies are planning on having the healthiest possible pregnancy, and you're going to eat all the good vegetables and you're going to take your vitamins and whatever all the other expectations are to make it "perfect." And what I needed to do was just put absolutely anything that my body could stomach into me and keep it down and eat the moment I started feeling nauseous rather than shying away from food the moment I felt nauseous. It's just so critical that you get the food into your body, and I just didn't understand that the first time around.

Grover:

Yeah, wow. Do you feel like your care provider took time to explain that to you in the beginning, it sounds like, no, to explain the science?

Charlie:

Yeah, it's a complicated question. So of course the science on morning sickness is just desperately underfunded and poorly understood, and altogether lacks real weight. Nobody really gets what's happening with morning sickness. But I was juggling back and forth between my home birth midwife and the OBGYN department through my insurance. And the OBGYN department didn't really explain that to me, which I think early on they didn't know how bad it was going to be. And by the time it had gotten to a point where it was that awful, I don't know whether they just assumed that that conversation had been had or that that wasn't going to help. They offered me a couple of different drugs. I tried Zofran, which gave me screaming migraines. I tried Phenergan, which maybe took the edge off, but they also tell you these are drugs that are not tested in pregnancy.

"We think it's probably fine for you to take them. We're not advising you not to take them, but they're not tested in pregnancy." And I think that there's a really big difference between being told by a doctor, "Listen, your body is not in good shape and you must take this medication." Versus being told, "Well, you can take it if you really need it." What is really need it? I spent so much of that first trimester looking forward to the 12 week mark, the 14 week mark, the 20 week mark when it was finally going to be over because everyone kept telling me it was going to be.

Grover:

Yeah, I think that's common that people promise a change at a certain week marker and for some people that happens and for others it doesn't. And if you're one of those people, in my experience, it feels pretty terrible.

Charlie:

It's like, what now? And my midwife was very supportive. She was recommending herbal supplements. She did tell me, you've got to eat. You've got to get protein into your body, there's something happening with your body where you're not getting what you need. And I think if we got it under control and started getting you what you need, you'd feel better. But I was so in it. I was so in this place of just feeling awful and feeling like nobody could help me and God, the idea of taking herbal supplements while I could barely keep down peanut butter was just so brutal. I think she did provide me good advice that I maybe wasn't in a place to take.

Grover:

Yeah. Do you have a sense of to what extent fear of gaining weight or the medical anxiety in the US about obesity in pregnancy or weight gain in pregnancy played a role in that, either for you or for the doctors?

Charlie:

With my OBGYN department, it was brutal. I mean, when I went to them the first few times and my weight went down and down and down, they kept saying, "Well, you had a few pounds to lose. You had extra."

Grover:

Oh my gosh, I'm trying to refrain from screaming because it makes for bad podcast audio, but that makes me so angry.

Charlie:

It was incredibly frustrating, and especially because I spent a lot of time trying to feel okay with my body. It took two years to get pregnant. So just being at a place where I was at peace with my body, and then to just hear these messages over and over and over again, and to know that I didn't get the medical treatment that I needed because they had decided it would be better for me to lose the weight at that time. They also-

Grover:

While you were pregnant.

Charlie:

While I was pregnant, right. They also never offered me IV fluids. This time I was much more aggressive about that. When my midwife said, "You're really dehydrated and I think you should get fluids." I went to my doctor and I said, "You've got to give me fluids." And I think that was a huge turning point for this pregnancy because suddenly my body had enough in it, it had stores again. And that wasn't even discussed the first time around.

Grover:

Wow. I'm sorry to hear that you got inadequate care.

Charlie:

It was rough. And I think my particular insurance company is known for fatphobia. I will just say, and feel free to edit this out, but I'm stuck with Kaiser and I have heard from many, many people who are stuck with Kaiser around the country who have experienced similar issues, fatphobia and transphobia and homophobia, and frankly just like regressive policies.

Grover:

What city are you in?

Charlie:

I'm in Denver.

Grover:

So Kaiser, Denver?

Charlie:

Yeah.

Grover:

Yeah.

Charlie:

So I mentioned before that I was seeing a home birth midwife, and I actually have the same midwife again for this pregnancy, which is fantastic. And one of the reasons that I made the decision to seek a home birth midwife, and there are many, but one of them is that I wanted to be able to have a relationship with a single provider who I could start by identifying as at least open to the experience of providing care that is culturally competent and aware, and someone who could build that competence throughout the relationship with me rather than ending up in a situation where I go to the hospital and who knows if my provider is available.

I will say that that really meaningfully impacted my care throughout my entire pregnancy. She has not always gotten it right either in the first pregnancy or in the second pregnancy, but she has always really been willing to learn. And there's a focus on consent and a focus on my satisfaction and my needs in a way that there isn't in the medical industry. And I can contrast that with my OBGYN care because I did have kind of tandem care the first time, and actually sort of this time as well, simply because it's more affordable to stay in network for things like getting the ultrasounds and what have you.

So meanwhile, I see a different person every time I go into a Kaiser facility. I have literally only once in my entire time that I've been with Kaiser, which is I think six years now, had a provider ask my pronoun. I think it was doubly difficult for me because at the time that I was pregnant with my first child, I hadn't legally changed my name. So I still had my birth name on all my medical records, and there are places to update these things. And of course I had a preferred name on file and every time I walked in I said, "Please make sure that you note my preferred name."

But of course they never did. It was buried somewhere in the medical records. That's not really what they're looking for. And so walking in every time, I felt really kind of invisible like they weren't seeing me, they were seeing a number or they were seeing a list of symptoms. And that applied to my partner too. When I go and have an appointment with my home birth midwife, she's talking to both of us. She's asking us both how we're doing. She's asking my partner actively if she has any concerns. And Kaiser, often the providers don't even say hello to my partner even when she's in the same room. So it's a combination of feeling invisible and also just a lack of intimacy. The experience of pregnancy in birth is a really deep and intimate one, and I think to have a really great care experience, you have to have someone who's willing to walk through those intimate spaces with you. And if somebody can't figure out that they need to ask your pronoun or use the right name, there's no way to get to that intimate space with them.

Grover:

Yeah. You're not going to offer up something really tender if they can't even attend enough to look at the information you're already giving them about how to interact with you.

Charlie:

Exactly.

Grover:

Yeah, and so speaking of the midwife, wife intimacy dynamics, I'm curious what your birth team looked like for your first birth.

Charlie:

So my first birth was kind of an experience. I was planning a home birth. And in Colorado, statutorily, you can only have a home birth if you're in active labor, starting no more than 41 weeks and six days. So I took off work starting my due date, and my partner and I just kind of sat around the house. I did stretches, I would roll around on the birth ball. We went for long walks, we did dancing, we did sort of all of the things you're supposed to do, the spicy food, the pineapple, whatever, you name it. I tried it.

And as the days ticked on, I became more and more concerned that we were going to hit up against that statutory deadline. Finally, when I was about 41 weeks and two days, three days, something like that, I started calling around looking for obstetricians who'd be willing to back up my midwife and say that it was safe for me to have a home birth past the 41 week mark. Ultimately, I didn't succeed in finding anyone, although unfortunately I spent some time actually at a doctor's office trying to make this happen when I was 41 days, or 41 weeks and six days pregnant. So meanwhile, during this time I was working with my midwife. We were trying membrane sweeps, we were trying the Foley bulb, we were trying all the options to get things going. But of course my midwife's experience was, labor will happen, it usually does. This isn't an issue, you're fine.

So some of the fear that I was experiencing there, and sorry for kind of going off on a tangent, but comes from the fact that my mom was induced multiple times with my sister for being post dates and ultimately was forced to have a C-section at approximately 18 days post dates. Now, of course, my mom had my sister the old fashioned way, as they say. So who knows whether 18 days is really right. It's hard to pinpoint concession. Whereas my pregnancies were via IVF, so I was able to pinpoint conception. So I had a really solid sense of what the timeline looked like, but I was still very fearful of being forced into a C-section because the baby wasn't coming. And I just sort of had the sense that in my family, we cooked them long.

So throughout the last few weeks of my pregnancy, I became more and more anxious. And the evening of 41 weeks and six days, my midwife came over to our house and she started an herbal induction protocol with me. So we did black cohosh, blue cohosh, caster oil, pumping, we did it all, which was brutally exhausting. It was pumping 10 minutes out of every hour. It was doing everything we could to encourage these contractions to just build up. So walking, stair walking, whatever we can find. And meanwhile, it's November, so it's freezing out. And it was the next day, so 42 weeks even at about three o'clock that she finally felt that she had to call it, she really couldn't risk her license. She didn't feel that I was sufficiently in active labor, I wasn't making progress, and she needed to transfer care. So at that point, we called my insurance just thinking we can transfer care and I'll just go get a nonstress test at my OBGYN's department.

Probably I'll go to sleep the next day, I'll go to the hospital, have a baby, it'll be fine. But they did not want to see me. They said, "Do not come into the office. If you're having contractions, we want you at the hospital. That is your option. We're not scheduling you." So that at that moment we packed up our supplies, and at that point, I think we spent probably two hours just crying, just processing the loss of the experience that I was hoping for, just positively bereft. But then we packed a snack bag and our midwife encouraged us to pack an overnight bag. She said, "It's fine to leave AMA if you're not having contractions. So leave against medical advice. They have a form for that, it's not a big deal, but just in case, pack some clothes. You won't regret it." So we packed a bag, we parked, we went over and in the car, my contractions were pretty hard to deal with. Which you hear that about car rides, so I guess that's not surprising. But then when we got into the hospital, they just continued picking up.

So there's a process for admission. I hadn't done any of the preregistering or anything like that. So my midwife kind of pulled me aside and said, "Look, if you are going to leave against medical advice, if you're going to get them to let you do that, you're going to have to downplay these contractions because if they see you contracting hard, they're not going to let you leave." So probably the first hour that I was at the hospital, including talking to the registrar, I was breathing through these contractions and smiling through them and talking to them and kind of trying to pretend that I was not in active labor, that everything was fine, partially because I did not think that I was inactive labor.

Grover:

You hadn't been in active labor all this time before that you were trying to be in active labor.

Charlie:

Obviously, this was no change. So they finally get me back to a room, and they get me on that all whole monitor where you have to lie on your back, which that's when things started becoming unbearable. And my midwife at that point kind of said, "You might want to get admitted. You might want to just get into the tub. They have these great tubs here, you might want that." So at that point, I did go ahead and make the decision to be admitted. And my birth team was kind of who was on call, which is how it is with Kaiser, you don't get to pick your doctor. So we had a resident who I think was very kind, but had literally never seen an unmedicated birth before, not once. And she was used to working with the midwives in the hospital, but my insurance forbid the midwives in the hospital from working with the doctor. So I was under really doctor and nurse care.

Grover:

Do you have a reason why they were forbidding a midwife to work with you, even though they approved a home birth midwife?

Charlie:

Oh, they didn't. I paid for that out of pocket.

Grover:

Oh, that's right. Why did they not allow you? Because you were past the 41 week mark?

Charlie:

I'm honestly not sure. So now they have a contract with those midwives in that hospital setting. And I understand that they will not go past the 41 week mark even in the hospital setting. So that could be related, but it's possible that at the time they didn't have a contract at all.

Grover:

There weren't midwives on staff at Kaiser then?

Charlie:

There were. So the-

Grover:

There are at Kaiser in Oakland.

Charlie:

Got it.

Grover:

Is just what I trying to clarify.

Charlie:

So the hospital in Denver that is Kaiser approved, is not a Kaiser hospital. It is an outside hospital that happens to be the one that works with Kaiser. So that hospital has midwives on staff and did at the time, but Kaiser never approved their services.

Grover:

Okay. So you were working with a random student intern?

Charlie:

Yeah. Just a random resident who was lovely but had never experienced an unmedicated birth and kind of didn't know what to do with me. And in that kind of setting, the nurses really run everything. So I had the nurses saying, "You have to get out of the bath. We're going to do a monitor strip, we're going to have you do a monitor strip 20 minutes out of every hour." Just sort of setting all these expectations. "We want to do an iv, not because we think you need it, but just in case we end up needing it, et cetera, et cetera, et cetera." And I kind of just said no to everything, which it's an interesting experience saying no in the hospital. I feel like a lot of people experience a huge amount of pressure and pushback.

And I think I sort of had that, but I was at that point in my labor where I wasn't really experiencing other people's emotions. It was not relevant to me whether the care providers were upset. So I just kept saying, "No, we're not doing this." And I ended up spending three hours in the shower entirely unattended by the staff. They didn't come monitor, they didn't check my blood pressure, they didn't poke their heads in to see if they could get me anything. They did nothing. So it was my partner and my midwife who were there with me.

And when I started having the kind of contractions where I started pushing, I told them I would like it if you would listen to the baby after every contraction. And they flat out told me no. They said, "We do not have the staff to do it. It's not happening." And then they showed my midwife how to use their monitoring equipment so that if we wanted that to happen, my midwife who is not on staff at the hospital could do it. Which it was the best possible experience for me that they did that, but it's also wildly medically irresponsible to just ignore me since I said no. So I still have mixed feelings about that.

But once it was getting close to the baby crowning, I think my partner went out in the hall and kind of just looked around and was like, "Does anybody care that we're going to have a baby? Because we're going to have a baby." And that was kind of when everything really hit peak medical speed. The resident came just charging into the bathroom and was like, "Get out of the bathtub. Get out of the bathtub right now. You can't have a water birth, it's illegal to have a water birth. You can't do it. You need to climb out." And just insisting, and I remember this as this barrage, it wasn't just one request and then waiting for a response. And of course she happened to come in the middle of a contraction. And right behind her is the attending who was incredibly hostile to me and hostile more for my birth choices than anything else. At that point, I had never met the woman. She had no idea about my gender. She just knew that she didn't approve of my birth choices, and she was followed by at least one nurse.

So meanwhile, I'm in the middle of this contraction and I just pretty calmly said, "I'm in the middle of a contraction, I will get out when it is over." Which again, I don't take credit for that coming from some place of deep emotional strength or something. I think we're told to be strong if somebody offers us something we don't want. But really it was just like, it's not possible. I can't climb out of the tub. I'm having a contraction, I will get there in a minute. And the next 15 minutes, which were about the amount of time it took for my daughter to be born, were just very quick and involved a lot of those sorts of negotiations. I got out of the tub and started using the bars on the wall, the accessibility bars to squat. And of course they wanted me out of the bathroom. So they asked me to leave the bathroom. I said, "I will if you give me something to hold onto." And the attending said, "Well, you can hold onto the sides of the bed."

I now realize in retrospect that what she was imagining was that I was going to go get in bed and just hold the sides of the bed. But from my perspective, it's incredibly obvious that I wanted a squat bar or something to hold onto to continue this position. So I walked out and I grabbed onto the side of the bed and started squatting out there. It was not a big deal for me. And the attending walks out and says, "I hope you don't expect me to get down on the floor to deliver this baby." Which like-

Grover:

Oh my God, I know that doctors act like that and that is some fucking bullshit.

Charlie:

I mean, it was so ridiculous. Because it's like, you're not delivering this baby. I'm clearly having this baby with or without you. Feel free to leave.

Grover:

I didn't make my baby, and then carry my baby, and then birth my baby for you to have a nice workday.

Charlie:

Right? Like, it's not a big deal.

Grover:

This is happening.

Charlie:

So my partner and my midwife were applying pressure to the outsides of my hips to help my pelvis open. And meanwhile they're pushing me and sliding away from each other on the slippery hospital floor. And everyone's in a lather about meconium in the fluid. And my midwife is just trying to remind everyone, if there's a vigorous baby, you don't take them to the NICU. That's not how we do things.

Grover:

So the attending physician left the room and discussed because you were clearly not going to climb on the bed to give birth like she wanted you to.

Charlie:

So she didn't leave the room. I frankly wish she had because she sucked. She was just making snotty comments about it. And it wasn't until probably 10 minutes later that it occurred to anyone on hospital staff to suggest a squat bar. So at that point, they finally asked, "If we get you a squat bar, will you please get on the bed?"

Grover:

Can you explain what a squat bar would be in a hospital setting?

Charlie:

Yeah, it actually attaches to the bed. It's kind of an awkward contraption, and in fact it didn't feel that secure. So my midwife suggested that my partner actually get up on the bed on the opposite side and kind of hold it up. Not that it was definitely falling over, but just to provide a little more stability for the thing. But again, it was this whole... I was very clear that this is the thing that I need. And as soon as they got the thing, they were immediately like, "Great, get on the bed. Get on the bed right now." And of course, I was in the middle of a contraction. So once again, they had to wait.

It wasn't that I was unwilling to be helpful, I just couldn't do it in the middle of a contraction. So I finally just as soon as the contraction was over, I hopped up on the bed and it was probably another five pushes or so be before the baby was out. And there again, I had this kind of just the flurry of medical activity. So I had discussed with them on admittance, I want delayed cord clamping. I want immediate skin to skin. I want all these things. Nobody caught my baby, because they had never caught a baby from squatting position before.

Grover:

What happened to her? Did you catch her?

Charlie:

No, she just popped out on the bed. I actually reached down during the last phase of pushing to support my tissues and trying to avoid tears. And they tried to remove my hands before my midwife explained to them what I was doing because they had literally never seen anyone do that before. It was so instinctual, but they had no idea.

Grover:

Wow.

Charlie:

Yeah. So my baby flops out on the bed, and of course I immediately bent down to check her out and they jumped right in with the cord clamp. They were preparing to whisk her off to the ICU because there's-

Grover:

Based on what?

Charlie:

Meconium in the fluid. Which if there's a vigorous baby, is not an indication that the baby should be taken to the NICU.

Grover:

And for our listeners that don't know, can you explain what meconium is and why it might have an implication if it was in your fluids before your baby was out?

Charlie:

Sure. So meconium is the baby's first bowel movement. And what they're concerned about actually is that the baby's going to inhale the meconium with their first breath, which can lead to complications like pneumonia and that's why they want to take precautions. It can also be a sign of distress during labor, which is the other reason that they want to take precautions. If there's a sign that the baby has been under some distress, they like to make sure there's oxygen and really [inaudible 00:38:34] and all of the available medical technology. But in general, the protocol is if the baby is crying and what they call vigorous, so active, pink, breathing, making sounds, it's not indicated to take the baby to the ICU for just meconium.

And within a couple of seconds, which felt interminable, she was in fact crying and wiggling and just being a newborn baby. So I had my midwife right there next to me, and she was just saying, "Vigorous baby, vigorous baby, vigorous baby." Over and over to try and remind them that it's not protocol to take this baby to the ICU. So I had her on my chest right away to just do the skin to skin. And the nurses were fairly helpful in terms of just providing blankets and helping me get into position and that sort of thing. But the doctors immediately started applying cord traction. So for anyone who hasn't heard that term, just means they started tugging on the cord, which is not great-

Grover:

To pull your placenta out?

Charlie:

Yeah, they were hoping to get the placenta out quickly. They wanted to repair the tears, and they couldn't do that until the placenta was out. So they just started tugging on it. And they caused the cord to partially avulse, which means that it actually came away from the placenta and the placenta partially separated but didn't fully separate. And as a result, I started hemorrhaging pretty badly and they had to do a manual placenta removal, which is exactly what it sounds like. They put on gloves up to their elbows and reach in. And of course I'd have no medications. So this is something that they usually do in the case of a placenta that's been sitting in there for a while, and it's a stable enough situation where they can actually get you an epidural between the birth and the manual placenta removal. But there was no time for that, they had to get it out.

Grover:

You feel pretty confident that you wouldn't have hemorrhaged if they hadn't pulled on the cord?

Charlie:

I do, yes. They didn't give my body a chance to contract to remove the placenta itself.

Grover:

Yeah, or push it out.

Charlie:

Exactly. Most hospital protocols don't allow them to wait more than half an hour. Most home birth protocols allow them to wait as much as an hour before attempting active placenta management. But they didn't try waiting. They gave me a shot of Pitocin immediately and didn't even wait for it to take effect. So yeah, I feel very confident that that would not have happened if they hadn't been messing with it. And that was kind of a strange moment because I definitely almost passed out. My midwife was there with me and she said, "You're going to feel like you're dying. You have to look at me and stay with me." And she basically talked me through it. And if she had not done so, I absolutely would've passed out.

Grover:

Because you were hemorrhaging and you were having blood loss and then somebody was doing something extremely painful to your body.

Charlie:

Exactly. And I asked them afterwards, "Do I need a blood transfusion?" They said, "No, we're going to wait. We're going to watch you. It's going to be fine." Two days later, when they finally discharged me from the hospital, they mentioned to me that my records indicated that I had declined a blood transfusion, which was not the case. Every time I talked to someone, the amount that I had hemorrhage went up. So somebody was like, "It was just a liter, you're fine." Then it was two liters, then it was two and a half liters, which you get to two and a half liters and you'll start running out of liters.

Grover:

Yeah.

Charlie:

So it was really brutal and I couldn't stand up while holding my baby for days. I just did not have the physical strength to do it. I would get dizzy every time I stood up. And I remember being wheeled into the recovery room in the, I don't know what they call that hall in the hospital. I never found out, because I never did the tour because I wasn't planning on being there. But the standard place they put new parents and babies. And the first nurse who walked in said, "I'm here to check your C-section." And I didn't have a C-section. So I said, "No, I didn't have a C-section. What are you talking about?" And she just looked at me and said, "Well, you had a birth plan. Everyone who has a birth plan has a C-section."

So I came to find out that every other birth on the floor that night had been a C-section. No other person had been allowed to give birth on their own. So again, I say them leaving me alone was probably the very best thing that could have happened to me to accomplish what I wanted. But it was just such a stunning display of their failure to allow patients to make up their own minds that this was the best possible outcome

Grover:

And that they expected that outcome?

Charlie:

Right.

Grover:

That they expected that if you came in with a birth plan and you had an agenda and that people don't know what they want or need, and so people with an agenda get a C-section.

Charlie:

Right. Well, and just the reality that my experience was the best experience I could have hoped for.

Grover:

Your experience of hemorrhaging, which had all these unideal aspects.

Charlie:

Right.

Grover:

Yeah. Which first, I mean, I just want to say, some people want a C-section. That is true for some people, so that is true. And for you, that wasn't true.

Charlie:

Well, it didn't sound like anybody else had planned C-sections, which makes sense to me. I don't think they schedule C-sections for 11:44 PM. I think they were probably past that part of the day. And it was just the way she spoke with such contempt about people who planned for a natural birth, planned to give birth physiologically, it was just so clear that my individual needs as a patient were not part of the equation at the hospital.

Grover:

When you decided to use that OB as the backup, that hospital as the backup, had you checked their C-section rate?

Charlie:

It's the only hospital Kaiser has available in the Denver area.

Grover:

Got it. So it wouldn't have matter if you had checked your C-section rate, it's the only one that your insurance covered.

Charlie:

Which is a pity because there are actually some hospitals in the Denver area that are much more friendly to physiological birth than that one. But no, I didn't bother doing any research because I didn't have any choices.

Grover:

American healthcare system right there. Wow.

Charlie:

Right.

Grover:

Yeah, wow. Okay, is there anything else that happened at the hospital that you want to tell us?

Charlie:

Well, so there was one really positive experience for me at the hospital. The registrar comes by and I think they come by 24 hours later or something. And it's this person's job to figure out what the baby's name is and fill out the birth certificate form and all that crap.

Grover:

Well, it's your job to figure out what the baby's name is, but it's their job to record it.

Charlie:

And so she came by and asked if we had decided on the baby's name and at that moment I, for whatever reason, was feeling the need to be recognized, to be visible. And I asked her, "Is there any way that you can record me not as the mother on the birth certificate? We're going to be carrying this around our child's whole life. Can you record me as the father?" And she didn't know, but she actually looked into it. She said, "I'm going to go make some phone calls. I will get back to you." So ultimately she wasn't able to do that without either a court order or that little M on my driver's license.

But it was the first time that I had asked for recognition clearly in the medical setting and had gotten it, and had someone just try to help. There were so many times where I said, "Can you please get my name right?" And nobody really tried to help. There were so many times where I corrected people's pronouns and it didn't go anywhere. And here was someone who was making the effort and I think that was really impactful for me. And that was kind of the first moment that I felt like I might have a shot of doing this on my terms.

Grover:

So she wasn't able to record you as the father legally?

Charlie:

No.

Grover:

But was she respectful in trying to figure out how to record you and your wife on the birth certificate in some other way?

Charlie:

Yeah, well at that point it was really just our names. It's a standard form. She said basically she made a couple of phone calls. She did what she could, but that she was required to list me as the mother.

Grover:

But could she also list your wife as the mother?

Charlie:

She was able to list my partner as, what did she list my partner as? Second parent, whatever the other slot is. I'm not sure.

Grover:

But I'm just laughing because the forms are so fucking stupid. Why couldn't you just be birthing parent, if we're just going to go with that vague language and then your wife be mother? Anyways, it's just so like stupid.

Charlie:

Yeah, it's really silly and ultimately it took us a court order to get the birth certificate squared away the way we wanted it to. When my daughter was almost one, I changed my name legally and after that we hired a lawyer and got a court order to both appear as just parent and to have the birth certificate corrected with my new name. But even though she couldn't really help, she couldn't fix the forms, she was working within these limitations, the fact that she was willing to make the phone call... Throughout this whole process, I had so few people who were willing to make the phone call. That felt huge to me. Walking into the hospital with people not necessarily recognizing you as the gender that you are, not necessarily recognizing you as a laboring person, when it comes after two years of shots and poking and prodding and doctors telling you that they're not going to prescribe you certain medications because of how you're trying to conceive, that that's something they would do for a normal couple, but not for you.

The constant litany is, I think one of the things that's so wearing. And I think that medical professionals who encounter us once, who interact with us one time throughout that process don't necessarily come from a perspective of seeing that litany. They're not necessarily thinking about the fact that everything they do is built on everything that has come before and that any harms that they inflict are magnified by any previous harms. My hope is that as more of us are giving birth, as more of us are kind of out and proud and visible, that the medical community will start to keep up and will start to recognize that misgendering someone one time is probably not just a one time thing.

Speaker 1:

Thank you for listening to Masculine Birth Ritual. Show notes for this episode, including transcription eventually can be found at masculinebirthritual.com. Thank you to all the monthly patrons that financially support this show and to all of you who keep telling your friends and colleagues about it, I see the numbers slowly growing and I'm hearing feedback that this is really meeting a need for the community, and I'm so glad. Some people who listen in real time might have noticed that I've slowed down on the timing of putting out new episodes. That is because I've got a jobby job, which is great for my family, but means slower output of the rest of this season. Hopefully I will put out one a month until the end of June and then I will take a little break. So as always, you can find us at masculinebirthritual.com. You can reach out to us on Facebook, Instagram, and Twitter. And thank you so much for listening. May you feel the blessings of new life, like Charlie's new baby and springtime blooming all around us. Be well.