Angelita Nixon & Christine Weirick

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Interviewer: Emily Hilliard

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Angelita Nixon of Scott Depot in Putnam County is leading a 2020-2021 West Virginia Folklife Apprenticeship in home birth midwifery with **Christine Weirick of Fayetteville**. Nixon has been a Certified Nurse-Midwife since 2003 and has been a part of over 400 deliveries and taught multiple students the trade. Weirick is a doula and an apprentice student midwife working towards her certification. Through their apprenticeship, Nixon and Weirick are excited to explore the creative expression and storytelling aspects of community-based midwifery.

Learn more about Nixon and Weirick's apprenticeship here: https://wvfolklife.org/2021/07/20/2021-folklife-apprenticeship-feature-angy-nixon-and-christine-weirick-home-birth-midwifery/

The West Virginia Folklife Apprenticeship Program offers up to a $3,000 stipend to West Virginia master traditional artists or tradition bearers working with qualified apprentices on a year-long in-depth apprenticeship in their cultural expression or traditional art form. These apprenticeships aim to facilitate the transmission of techniques and artistry of the forms, as well as their histories and traditions.

EH: Emily Hilliard
AN: Angelita "Angy" Nixon
CW: Christine Weirick

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00:00
EH: Alright. So why don't you both introduce yourselves, tell me who you are, where you're from, and when you were born?

CW: Alright, do you want to go first Angy?

AN: You can go ahead!

CW: Okay. My name is Christine Weirick and I live in Fayette County in Fayetteville, West Virginia and I am 30. My birthday is May 23, 1990.

AN: And I'm Angy Nixon and I am 53, just [internet cuts] and my birthday's October 25th 1967 and I live in Scott Depot, WV.

EH: And Angy, where are you from originally? I saw you were from the Midwest?

AN: Yes, I grew up in Indiana and I spent time in Minnesota in college and Cleveland in grad school and I studied abroad and moved to West Virginia as soon as I finished grad school.

EH: Nice. Yeah, I'm also from Indiana.

AN: Oh gosh! (laughs)

EH: Yeah, I'm from Elkhart.

AN: Oh, that's great!

EH: Yeah, where are you from?

AN: I grew up in Wabash.

EH: Oh, okay. Uh-huh. Cool. Why don't, Angy, why don't you start and tell me a little bit about your family background and how that informed your interest in homebirth midwifery.

AN: (coughs) Excuse me. My family background, let's see. So I'm the oldest of 3 children in my family and my parents both are from Indiana and Indiana was a place that midwifery was not something that I ever experienced while I was growing up and so I really didn't have very much information about midwifery as a modern profession or modern career option until I was in school studying [internet cuts] kind of a usual obstetrician. But then I found out about midwifery while I was, a friend of mine actually was planning a homebirth and she knew that midwifery in

Indiana was illegal. And I was really compelled by that information just because I couldn't figure out what was illegal about it. I didn't know that there were different types of midwives and different certifications and [internet cuts] and all that at that time [internet cuts] But it stood in my memory as in that same [unintelligible]. My thought at the time was, if that's really true, then we need to change that. That's silly. And so then later I found out as I was looking into grad school options [unintelligible] near me, I was volunteering in a family planning clinic and there were lots of nurse practitioners that worked at the family planning clinic and they just didn't have any role models that [internet cuts] Master's and...

EH: You're cutting out a little bit, Angy. Do you think it's internet?

AN: It shouldn't be. It looks like I'm stable there, but...is it still?

EH: Yeah, you're a little quiet so if you could speak up that might help a little.

AN: Okay, I'll try that.

EH: Okay (laughs)

AN: Closer to the machine too. So anyway I found out about midwifery in the program that I ended up matriculating into and that was sort of my entry into the profession at that point.

04:11

EH: Nice. Christine, why don't you tell me about your family background and if that informed your interest in homebirth midwifery, or how that interest came about.

CW: Yeah! Well I grew up in Charleston and my family is from West Virginia way back. And so I don't know I just feel that my roots are very connected to this area. And I think it was probably in around middle school or high school or so that I was exposed to midwifery. My mom had had a really negative experience as a teen when she had her well women's care, so pap smears and breast exams and all that. She had a really negative experience and she didn't want that for me so she started asking around and there was one woman who was just, that everyone recommended in her social group and it happened to be a midwife who worked at CAMC. So I was in her care as long as I lived in Charleston and at first I really didn't know...it wasn't until I was older and talking with other friends and things that I really understood where my mom was coming from because they had also had negative experiences here and there. But I had never had that with this midwife. And so I wanted to kind of explore that further. And I've always had an interest for child birth, even when I was little, my mom...both my parents are pretty scientific people and they appreciate being able to understand the human body and all of that, so we had body books and everything. Like text books. And so that was my childhood was like flipping through text books on birth. We had an entire book on birth and you know the human body and things. So all of that was like very normal for me to talk about and witness and everything, although I had never witnessed a birth, but we had definitely talked about it plenty. I had seen so many pictures and that interest never really died away and you know, I've come back and forth to it throughout my life so far that I'm finally in a place in my life where I get to dive in and explore it more

deeply and and I had 2 of my own children at home, both of them at home, and that kind of solidified it for me that homebirth midwifery was the path that I wanted to follow for myself.

EH: Nice.

CW: Yeah!

EH: Angy, tell me a little more about how you build experience as a midwife and how you became, started practicing in West Virginia.

AN: Yeah! I came to West Virginia straight out of grad school, so I had no nursing experience before I had gone to school and within the nursing school so I knew that that was something that I needed to really have a little bit more of a prolonged orientation. So I negotiated that and I...a classmate of mine had known one of the midwives at the birth center in Charleston, which was called Family Care, and so I got linked up with him and it was kind of just a perfect match and so I started in 1999 in January and I worked at the birth center. We did about 90% of our births at 2 hospitals--CAMC and General which has since closed their obstetrics, I think it was back in about 2002 or maybe 1 that they closed. So then we did the majority of our births at Women's and Children's in Charleston and we also had a free-standing birth center which was I found out that was something that I really loved. And so in 2003 I decided that I wanted to start my own practice. So I did that and started doing home births then. And I started slow and over the years I had a couple of different part-time jobs that were very flexible that I could work in walking clinics and just adjust the flow if I ended up getting called out, which was very seldom at that point. And just gradually built up the practice until it was pretty much at capacity for myself and then I started bringing in midwife partners in 2010 and I had a CPM partner for about 3 or 4 years and then another CPM partner for about 3 more years. And then we were working on legislation for Advanced Practice nurses and so I scaled back the practice a little bit for 2 reasons. One reason was that if we were unsuccessful one more time then I was planning to leave West Virginia. But we'd been working on this for a little over a decade and finally in 2015 we were successful and our new law went into effect in 2016, which no longer had the requirement of a collaboration, a written collaboration with a physician in order for me to practice. So I restarted up again without having to move! (laughs)

EH: Nice! Good thing that happened.

AN: Yeah, definitely. I didn't want to move and I was kind of, well I had prepared but I also, we'd been through it so many other years that were unsuccessful, that I was finally exasperated and plus I knew at that point that my collaborating physician did want to leave the state, so he was kind of available as long as he was here, but once he left, I didn't have another alternative.

EH: Mmhm. Wow. This is a question for both of you. What do you see as the importance of doing this work specifically in Appalachia or in West Virginia?

11:02

CW: Do you want to go first Angy?

AN: Oh, go ahead!

CW: Well here in the Fayette County area, we've had one of our hospitals close its maternity wing, so just access to maternal care has changed quite a bit in the last few years in my area specifically. So now families, they have to travel further and that can be very taxing during your pregnancy. You have to be able to come up with gas money. So it's just, and then actually traveling to give birth is a whole nother beast. So it's just straining families during a very important time in their lives when really what they need is support. And I think that's the beautiful thing about midwifery care is that it can happen in the home. It can happen in birth centers in your community. And so we can, as midwives we can create like little satellites, as really rural parts of the state that otherwise wouldn't have access to care, and I think that's really important for the future of West Virginia and West Virginia families who are here and do want to stay. I don't know, that's just my experience here in the area and I'm curious what Angy says.

EH: Mmhm.

AN: Yes, I discovered when I was working at the birth center that my favorite type of client was a birth center family and I didn't realize that the characteristics of a birth center family would be the same with a homebirth family. And it was just as different moving from hospital to birth center as birth center [internet cuts] for me, even though the work was very similar [internet cuts] it was all, the power dynamic was really shifted significantly with the all of the control and decision making belonging with the family. And that was something that very much appealed to me as working with families that had set that as their goal for...it's a challenge, it's a physical challenge, it's a mental challenge (laughs) to give birth unmedicated. And that was, I just really found myself very drawn to working with families like that. And in my work in midwifery in policy work, I've also learned that midwifery was not very commonly, it wasn't something that people very often sought out in their care and I remember feeling really kind of, my eyes were really opened, after I'd been in practice for several years independently and I realized, nobody ever asks me what a midwife is now. They come to me because they want midwifery care and they already know what midwives are and what we do and versus when I worked in a medical facility [internet cuts] there was so often just say thank you doctor at the end of their visit and I always really [internet cuts] that it was a lot of emotional work for me to be so diligent at trying to explain what was different between me and an obstetrician and that it still wasn't perceived very effectively by the families that we served. So I think that that still is an issue for people that are receiving care in medical settings that sometimes it's very difficult to know that they are even [internet cuts] appreciate what [internet cuts] And I know that those were complimentary words that people were grateful and they were satisfied with their care, but it always, like something was [internet cuts] it never clicked for people or it so seldom clicked for people. And I didn't realize it at the time but it effected my morale a lot. It was so hard to convey what was different and people liked their experiences with midwives, but they didn't put the name midwife to it. And that still puzzles me and a little bit troubles me because I know that there's a tendency that people sometimes avoid using the word midwife because they sometimes it's perceived in a pejorative way. So I'm really mindful of that. It's kind of a public relations things. People sort of feel suspicious or questioning or...I just never quite really understand that disconnect, but I did really like working with families that did know the difference and it made me realize we have a

lot of work to do in just letting people know what is and what isn't part of midwifery in modern times.

16:28

EH: Yeah, I think that and the access issue is really important. I was following the protests in Tennessee of, I think it was Ballad Health who pulled out the neo-natal unit and so was requiring families to travel really long distances in these rural places to get care. And that's something we definitely face here as hospitals become increasingly profit-driven and there aren't many incentives for them to stay in rural places. So Angy, I was thinking in reading your application that some of your work is similar to what I do with folklore fieldwork where I go visit people and learn about them and their families and are kind of in their home space. And you know, your writing in the application about seeing this work within a frame of storytelling and creative expression through this apprenticeship--I wondered if you would like to talk about that, or just if there's any particular stories you have about experiences with local families that type of thing? I'm thinking about that, I think it's called A Midwife's Tale book about a midwife in Maine in maybe like the 18th century or 19th century. I'm sure you have many stories to share!

AN: Yeah! It's so rich. And it is a very intimate experience and it's also time limited, you know kind of appropriately to the child-bearing year, for the majority of that type of intimacy. But then we have still the opportunity to continue on with annual exams and continuing with subsequent pregnancies for a lot of people, so those are things I really enjoy about long-term continuity and being really part of the community. And that I now have families that I've worked with whose children are coming into child-bearing ages and [internet cuts] to maybe have a second generation of birth at some point with a family (laughs).

EH: Mmhm. That's cool.

AN: But yeah, it is a really strong connection and that's what I find that I'm drawn to the most, is that it really helps. It helped me in the very beginning when I first moved here to grow roots and learn about the culture and it was very different from what I had known. It was a 4-hour drive from here to Cleveland where I went to school, but it was like stepping back in time 10 years. And then after I was here for a while, it felt more like 20 years. And some of that was due to childbirth practices that were a little behind the times in some of the institutional settings, but being able to start practicing in homebirth was, it shifted the dynamic a lot because even though I have a home office, people come here for their visits a lot. It also gave me the chance to start doing home visits and seeing people, what I call was in its natural habitat (laughs)--where people live and how they live and you learn so much about a family just by seeing their home. And how they live and what type of food is in their kitchen and all the things. How they decorate and different seasons and it's just fun to be able to have that cultural experience of people--every socioeconomic background and places where there aren't, there's no indoor plumbing, for instance. Sometimes no electricity, for families that are from the plain communities that I serve. And just adapting to whatever those kinds of limitations are. Not even limitations in many cases, they're just differences that I, that's not my experience in my life, but it's challenging sometimes but it's usually just mostly fascinating and enriching.

EH: Yeah. Would you say you have a typical client?

21:25

AN: A typical client, what do you mean by that?

EH: Yeah, is there something common among the families that you work with that you could identify, or is it very diverse?

AN: It is very diverse, but there are some common themes, one of which is that most of the time people come with a baseline trust in birth and they don't fear birth and they...or if they do, they're preparing themselves to work through those kinds of challenges along their journey. And so I think that's probably the most common denominator of everybody as they come to it wanting this kind of an experience. Sometimes their motives are driven by fear and that may be fears based on a previous experience that they've had or fears of the unknown and feeling that they do have more comfort and safety when they're in their home environment. I remember one client who had been really--she'd had a really difficult first birth that ended in a Caesarian and she was very suspicious of everything when she first came in. "Can I do this?" and "Can I do this?" and I was like "Yes! You can do whatever you want. This is your birth!" And it sorts of disarmed her just knowing that she did have a lot of decision making agency in her own care, which is, it's a huge difference from typical medical care where people are usually told "Here, we're gonna do this" or "We think you should have this." That's set in motion without it really being an informed decision that goes along with a discussion and the education and the consent.

EH: Right, mmhm. Christine, do you have any thoughts about looking at this work as a creative expression and storytelling--there's the storytelling element that maybe the Folklife Apprenticeship kind of frames?

23:42

CW: Well having just had my own children, I have, I've been influenced by other people's stories--surrounding childbirth and you know their care providers and things. So and now being, getting into the student side of it and watching how other people are influenced by stories they've heard in their own community has been really interesting. And I think it's interesting also to look back over just the last few decades and how access to midwifery care has changed and how that influences people's ability to even have access. As, let's see...I just think that the storytelling is such a big part of all this, because you're going into childbirth with so many questions and everyone is always giving you their input. And so it may sway you in your decision making and so it's just been really interesting to watch people as they navigate hiring a midwife and following through with their gut instinct and being gut instinct and being in control of their own care. It just can be a very empowering experience and you know you leave your birth with that empowering experience and that's the story that you get to tell someone else and it may influence them. We've had clients who've had these fantastic births and they're just screaming it from the rooftop--they're telling anyone and everyone they can because it was so incredibly different from their previous birth because they were in control of it, because they had autonomy. And they get to express that to their neighbors, to their sisters, to their mothers, to everyone in their

community and I mean a lot of how people find out about midwives is by word of mouth, at least here in this area. So storytelling is definitely a big part of it in that way.

EH: Mmhm. What is the role the tradition of homebirth midwifery plays in your everyday life or in the life of your community? That's for both of you.

26:20

CW: Can you repeat the question?

EH: Yeah, the role the tradition plays in your everyday life or in the life of your community--and/or in the life of your community?

AN: Do you want me to start Christine?

CW: Yes! I would love that. I'm gonna think on it while I listen.

AN: When I first started, my identity was very much intertwined with my professional world and so it was often part of my introduction of myself and I could also identify that I had some limitations, like for example if I was on call, that's a 5 week commitment for each birth and so I could, I would often say, I can't drive separately, or I can't drive together to go out to dinner because I [internet cuts] and just very minimal explaining that my routines in my life are a little bit unique in that way. But I also kind of liked having that, you know sometimes my work hours were very unpredictable when I was awaiting spontaneous labor and it was something that I actually enjoyed a lot. I liked having times that I might be going out in the middle of the night [internet cuts] having a 9 to 5 [internet cuts] (laughs) And I'd say in some ways I didn't have a very well-rounded life [internet cuts] because I was very focused, but I've aged I've also realized those characteristics may be very valuable [internet cuts] children of...

EH: You're cutting out a little bit.

AN: Oh, sorry. I didn't have children myself and so I found that that was a way that I could have a lot of exposure to the things that were really important but not personally having gone through it myself it just gave me access in another way, in that way. So it's satisfied a lot of my other life goals without having a personal experience that's the same.

EH: (laughs) Christine, what about you?

28:59

CW: Hmm. well...As I've been stepping into the student role I've been learning how to adapt balancing it all. And Angy and I were just talking about this the other day, of the ebbs and flows of life and you know, being able to show up for family still and finding that balance and things and that's kind of where I am right now. And just trying to be a parent and then also we have a farm and so I'm also navigating that and things. But also being able to set aside time to study and follow this which has been my passion for quite some time and trying to show up in a way that

feels true and doesn't feel like I'm neglecting it. But also understanding that you know, sometimes life is gonna throw you a curve ball and you got to adapt and I don't know, it's similar to birth in that way, that you know everything is unpredictable at the end of the day and we just gotta show up and do what we can! So...

EH: So yeah, tell me what your sessions have been like together. How you teach the practice and what you two have been working on.

AN: Well a lot of it is just exposure, so there's a lot of rote learning through just being present at multiple prenatal visits and post-partum visits. And there is a small group of students that is working together on their own pathway through self-study. It's called the portfolio evaluation process, which is, it's a form of basically an independent study and students in that pathway basically design their own educational curriculum and so they chose the topics that they want to have more in-depth review together as a group with kind of in a learning hierarchy with advanced students teaching more junior students and then we have some summary sessions together, all of us, where we can get back to the basics and review fundamentals if we need to. Or get into finer points that are not as easy to learn from a textbook or other inexperienced level midwives or studying midwives. So that's a big part of it with opportunities to do sort of case study learning, which is taking an individual family and building out an education based on just that family's normal process from start to finish. There's a valuable part of the portfolio that includes continuity of care, so that means the student comes to the initial visit and I think 4 or 5 visits during the pregnancy, attends the birth, and then attends post-partum visits, so it's kind of the whole package in perspective. And those are really, it's very comprehensive, but it is learning from a completely different model where it's not so repetitive, it's more in-depth with the unique individual family, but you can learn the fundamentals well from that platform of understanding normal very well, then any kind of variations from normal tend to stand out better and then those are sort of the signals that, okay we're gonna look more in-depth on this part of the problem. Like oh, her blood pressure seems a little bit borderline. Let's go into detail about what does that mean, what's the significance, how do we know if it's a problem, when do we get more information like additional labs? So it's kind of, that's the format that I'm now used to working with students a little bit more. And it's always very individualized.

EH: Yeah, Christine what would you add to that?

33:41

CW: Well, just that I really enjoy learning in this way. I've been to college and I just really don't enjoy sitting at a desk learning. I'm definitely a hands-on person so I really appreciate even just being able to sit down as a group and review [internet cuts] attended, or go through questions together and to learn skills hands-on. This is, it just feels like such a comfortable way to learn and I'm not just memorizing things, but I'm actually learning them. It's like my hands are learning them also. It's like muscle memory almost. And then it just kind of overtime, things that I've learned just become ingrained, and she's right, like you kind of get this feeling for what's normal and then when things aren't normal we can almost look at each other and be like, "okay! (laughs) Let's look into that a little further!" So it's been, I just really enjoy learning in this way and I'm so grateful for the opportunity because there aren't very many preceptors in West

Virginia and they're all kind of spread out, so I just feel really lucky that Angy lives as close as she does and there are other students that are interested. It's just made this whole process joyful and inspiring. I leave our little group sessions and just feel like I'm radiating. I just--wow! I just feel so inspired and I come home and dive deeper on topics in my textbook and things. It's just so great.

EH: That's cool. It's there something you've learned that was maybe [internet cuts] lesson?

CW: Ooh, I'll have to think for a second. I think just that every birth that I've attended is...is not to walk into a space with expectations. You know you can understand the birthing process, but it's going to apply differently to every family and I'm just learning over and over and over again how to show up for each individual person in the way that they need me. So sometimes they have like very hands-on needs, or they need to talk a lot during pre-natals and just get everything out. And then other people are more reserved and don't need to be touched as much while they're in labor and I don't know...not taking things personally! Things are said and done during labor that come from a very raw place and you just can't take that stuff personally--that kind of thing. So in addition to this midwifery and studying midwifery, I also, I started as a doula which is more like hands-on support and emotional support. So that's mostly what I'm referring to, you know. Learning what each person needs while they're in labor and not, it's not about me, it's not about the care provider. It's about the client and their birth and learning to show up for the individual. So that's been a good lesson and I just need to keep relearning it over and over again.

EH: (laughs) Yeah. How has COVID impacted your internship or your apprenticeship and your work in general?

37:17

CW: Do you want to explain Angy?

AN: Oh gosh.

EH: I've seen a lot of posts from women scolding people for not wearing masks, saying "I gave birth in a mask, you can do this!"

AN: (laughs)

EH: But I'm sure it goes beyond that.

AN: Oh gosh. Well in the beginning of the pandemic, I was inundated with phone calls from people who were very frightened about the circumstances and their risks, contemplating going into a hospital for birth where it wasn't really clear that there were gonna be safe places for laboring women to go. Fortunately, we have not had that scenario pan out where there have been a lot of concentration of people that are affected by COVID in the birthing spaces, but the changes in guest and visitor policies that were implemented almost immediately were very unsatisfying for birthing people. That limited their support and it called into question whether they would have the support of their choice with them. It virtually eliminated doulas from being

present at birth, so for me, many of the people who really were committed to have doula support were creative in finding ways to bring them virtually to their birth experiences, but most of the time, they'd have to make a choice between their partner and their doula to who would be with them, which is a terrible choice!

EH: Yeah!

CW: Yeah!

AN: And really kind of unavoidably, we all kind of also understood that that probably needed to happen even though it was very unsatisfying. So I got a lot of inquires initially and the majority of people did not convert to home birth families just because most of the time it was a financial and [internet cuts] sort of and financially for pocket expense, or to verify with their insurance that they have their services covered in a different setting and sometimes it's a, that's a barrier for people as well. So as far as the changes that we implemented immediately were just doing all the precautions--sanitizing, condensing our footprint when we were in another person's home setting and keeping things inside the containers that we carried them in, rather than get them out. Masking, of course, and I started doing outdoor visits for, in my home office, I just set up a little circular area in the yard where we could sit and stretch out for measurements, as long as the person doesn't need to have an undressed inside visit (laughs) we can do almost everything wherever we happen to be, so that's been a fun adaptation for me is to just be able to do more of my care outside in the fresh air with (laughs) with leaves falling or [internet cuts].

40:46

EH: Wow, that's very cool. I hope you're taking some photos of this!

AN: (laughs) No I haven't had any! Maybe I short sort of set that plan in motion while we have some nice days left.

CW: I know we had a couple good ones lately!

AN: Yeah, so I'm not sure how that's gonna pan out through the colder months, but most people really like that and I do have a few clients that for a variety of reasons do not intend to wear masks so as long as we can keep the risks minimal for [internet cuts] infection that can meet their needs and they can be accompanied by whoever they want with them. I have a very open [internet cuts]

EH: You're cutting out a little again.

AN: Oh sorry. I have a very open space home so that we do have the ability to stay far apart in the inside setting as well [unintelligible].

EH: Nice. Christine, do you have anything to add to that?

CW: No, I think she pretty much covered it.

EH: What do you see is the impact of this apprenticeship for the two of you or for your community?

AN: The biggest and easiest to identify is that we haven't had as much in-person time together, so we do more telehealth visits. I do more telehealth visits which is much more limited in terms of getting to know a person and spending time face-to-face, but it's worked pretty well and not having as many times as we get together. We've done some remote Zoom content that way, but it's not the same and so we try to make sure that we do have opportunities to touch base in-person whenever we can.

EH: Mmhm. Oh, but I was asking about just the impact of this particular apprenticeship on the tradition or the two of you, what it's kind of revealed for you if anything? Or how you see it might impact the tradition? The profile of midwifery within the community.

AN: Oh I'm sorry, I was sort of answering the previous question (laughs).

EH: That's okay.

AN: For me, I have really noticed a significant shift for my own interactions with families to realize that this is a cultural experience and to start realizing how much of the education is in storytelling form and using vignettes and examples from other families that put a point on other parts of the education. For example, when I talk about the risks of breaking somebody's water for example, I've rehearsed it in my mind a thousand times of what happens, what's the worst case scenario of a complication that can happen from that, and now I've had one experience where I was a part of birth where the cord was prolapsed. It wasn't because of me breaking the water, but it's a really rich story to tell people and just it tells a lot about the complication and what the medical piece of that is, and it tells a lot about the families I've [unintelligible] and how they reacted to a drastic and sudden change of plan and also being able to stay calm in that moment so that it wasn't obvious that there was a significant complication happening (laughs) and how they responded. I was talking to a friend of mine who was actually doing a fellowship at a medical school teaching and he said that is so fascinating what you were talking about, just about having a 45-minute pelvic exam while transferring and the baby was going to be born Caesarian. And he said, "I think that students would be very interested in that!" So he set up a lecture [internet cuts] to the medical school [internet cuts] my reason for being there was explaining all the things that I learned from that.

EH: Wow. That's very cool.

45:39

AN: So it was, it was really interesting and they found it interesting as well.

EH: I love that. It sounds like you should write a book! (laughs)

CW: (laughs) I think so too!

EH: And you are a great writer--the application is so lovely.

AN: Aww, thank you!

CW: Aww.

EH: Christine, what about you--what do you see as the impact of this apprenticeship?

CW: Well for me personally it all started with just I knew that there was storytelling happening between mothers and parents in the community and things and that you know, friends were influencing friends decision making processes when it came to their own births, but as we dove deeper into this in conversation, Angy and I were realizing that there are so many stories getting told over and over again between midwives and between students and between midwives and their clients and midwives and clients' families and it's just this entire experience of being with a family is just stories getting repeated and told over and over. It's just so powerful. We had one instance that sticks out in my mind is we had a family with, that had an additional risk in their care come up and we all sat down, the entire team, it involved an additional set of midwives, so it was multiple midwives and the students, and the client, and her extended family. Everyone was involved in this decision, and I was just, you know this was right when we had, I don't even know if we'd heard back yet about the grant, but I was like "There's so many stories being told!" There's the story of this woman who has showed up seeking out midwifery care and everything she's brought to the table with her, and then there's midwives and their education and then this risk that's come up has changed the story and now the midwives are preparing separately, sharing information and sharing experiences. So much of preparing for that birth was midwives exchanging their experiences they had had at past birth that had unfolded in this way. And that was just really powerful to me to realize that you know, I don't know, to call it storytelling. I don't know, it just changed the way the entire experience was framed for me and it was just, I don't know, it's just pretty cool!

EH: (laughs) That's very cool.

CW: So now I'm sitting down to all these different births or prenatals and post-partum visits with a new set of, with like a new set, a new lens and just kind of experiencing it in a new way and it's been so wonderful, and I just really appreciate that.

EH: That's very cool.

CW: Yeah. And Angy and I were talking, we're hoping that by the time that this is done and we have a finished product that whatever we have taken from this can be, the goal is a video, that we're hoping it's something we can sure, not just once to fulfill the grant requirements, but something that will be passed around and shared with families and midwives and because this has been a really powerful experience for us and we're sitting down with families who are having really powerful experiences all the time too and to be able to capture that and pass it around will just be wonderful.

49:19

EH: Yeah, yeah I was wondering if that was still in the works?

CW: Yes, yes. We're excited.

EH: Great, very cool. Yeah, so my last question: what is your hope for the future of the home birth midwifery tradition, you know especially in this place?

CW: I would love to see a midwife for anyone who wants one! (laughs)

EH: (laughs)

CW: I would love for there to be enough midwives that you know, there wouldn't be pockets of the state that didn't have access and I would love for it to be just as normal to seek out a midwife as it is to find an OB. Ultimately I want everyone who's giving birth to find a care provider that fits them and their needs and right now I think in West Virginia it's 1% of families are giving birth at home?

EH: Oh wow.

CW: So there's so much potential there to increase access and a lot of that, it's a complicated situation, but it's not just families deciding. You know there's, it's gonna take time, it takes-- Angy's been involved with a lot of legislative things and it take a lot of energy to bring change and it takes a lot of time, but yeah, I hope that access to midwifery care can continue to grow in the state.

EH: Mmhm and you spoke a little bit about insurance. Is it kind of on a case-by-case basis whether it, you know midwifery is covered by insurance?

AN: Actually, no. The Affordable Care Act, within that legislation there is a mandate that midwives are required to be paid. So if the insurance covers maternity care at all, it requires for midwives to be included as payees. So and previously it had already been decided that Medicaid would cover midwifery care also. And that put us up to 100% of the reimbursement of what physicians would be paid for the same services and the same work and in general we have better outcomes, so (laughs). It's kind of a smart move for insurance companies to be glad to pay the cost of midwifery care and along with that reap the benefits of lower overall costs because of fewer complications, because of... there's also lower risk clients that are the only people eligible for home birth, but hospitals, that is a very major cost savings and improvement in outcome.

EH: Wow.

AN: [internet cuts] more midwifery care. We're in kind of an interesting time that 2020 was designated by the World Health Organization as the Year of the Nurse and the Midwife and that came about long before COVID came on the scene and so it's just really interesting to watch.

And as I'm involved in other midwives' journeys, learning about the struggles that people find as far as negotiating how to get paid by insurance.

EH: Mmhm. I think we lost you again. Are you there, Angy? Maybe your internet...oh there you are! Or is it Christine?

CW: Nope, it's me! I don't know where she went!

53:22

EH: (laughs) I think your internet dropped out.

AN: Can you hear me now?

EH: Yeah, yeah we can hear you.

AN: Oh, okay. Sorry. Yeah, just navigating that this is something...and the reason why the selected for this to be the year of the nurse and the midwife is that there's compelling evidence from around the globe that midwifery care does produce the most, is the most cost effective approach to reducing the preventable maternal and infant mortality and if we had 350,000 more midwives we could virtually eliminate all preventable maternal mortality and infant mortality.

EH: Whoa.

AN: And that was a decision that was made by the UN of all groups!

EH: Wow, that's amazing.

AN: And we've been working on these millennium development goals, sustainability goals just from a policy standpoint and so when we bring these concepts to practice in a place like West Virginia and we find resistance from physicians who are other possibly people that are interested for some reason or for competition reasons, are interested in eliminating or reducing our access, we have a really good model and it works everywhere on the planet and it produces very good outcomes and why it's not being like--we really should turn our whole system over to being normal pregnancies being managed by midwives--first line and then having obstetricians as a specialty again. I don't know that that's feasible in our society, but it would produce better outcomes (laughs).

EH: Yeah.

AN: And at much lower cost (laughs)

EH: Yeah, is that...oh, go ahead.

AN: Sorry, we're gonna have to do something to change the cost-benefit analysis of...birth is one of the most expensive types of care that women have and almost [internet cuts] goes through this

at some point in her life and so to make that more cost-efficient is an important goal that we should be looking at ways to do that right now.

EH: Mmhm. Well is there anything else either of you would like to add that I didn't ask about?

CW: Hmm. I don't think so! I think we covered it!

AN: Yeah, I can't think of anything either.

EH: So, yeah, normally like I said, I would do a site visit and take photos. I know you have some nice photos as work samples in your application, but I was wondering if it might be possible to get some photos of you two together? I know Christine your partner is a photographer. Do you think that's possible to get some hi-res shots? Or I mean I could also plan to come take photos of you, but I think, if you're able to do it yourselves, that might make the most sense just for privacy and safety and all of that.

56:45

CW: Yeah! That, actually Angy and I were just talking about that the other day. We can definitely make that happen.

EH: Okay great. Yeah, I'll send you some of the apprenticeship features we've been doing on the blog and I just went and did some photos of the sheep-to-shawl apprenticeship pair in their studio with masks on, so there's yeah, like a photo of you two together kind of like a posed shot, and then maybe just some candid shots to accompany.

CW: That sounds great. Very do-able.

EH: And yeah, your artist profiles basically provide the content for that. And I don't think I have them from either of you.

CW: No.

EH: Yeah, if you send those along.

AN: Yeah, I'll definitely try and work on that here in the next day or two.

EH: Okay, great. Yeah and definitely keep me posted on the documentary video. It would be great to do an in-person screening when that's possible, but I think it could also be a really good digital event. We could do like a virtual screening and then maybe a Q&A with the two of you once that's done.

CW: Yeah, Angy and I have been talking and we were curious if it is possible to have an extension to finish our video work and things?

EH: Mmhm, yeah, I think so.

CW: Is it too late in the game to request an extension?

EH: No, I think that should be fine. So we have, well how long do you think you would need?

CW: That's a good question. Well, so our interviews have been delayed a few times and I've had some things come up personally that have prevented me from focusing on the project 100% so I don't know, that's something maybe Angy and I can talk about and then get back to you through email?

EH: Yeah! That sounds good. Yeah, so I think on our grant, we need to close, we actually have like another year, so we could--and one of the pairs, the seed saving pair is extending theirs. I think they're starting in January, so they'll be done in January of 2022. So yeah, you could take as long as that if you needed to for the video. Yeah, we'd like it obviously sooner rather than later, but totally understand that things are...

CW: Yeah, I don't think we'll need a whole ‘nother year.

EH: (laughs)

CW: We're really excited to move forward (laughs)

EH: Cool, cool.

CW: I've just a few times been interrupted and then personal things have gotten in the way.

EH: Oh yeah and then COVID just makes everything more...

CW: COVID is so complicated. But yeah, I've got some interviews lined up I'm really excited about, but the apprenticeship itself, learning from Angy and things, there's been no hiccups there. It's really just getting content for the video. And she and I talked and you know, we could come up with an alternative plan where we scaled back the results, but really we would love to walk away with a video that can be used in different settings and things.

EH: Yeah, that would be really wonderful, I think.

CW: Yeah, yeah. So we're excited.

EH: Cool! Awesome. Well thank you both so much for your time. I really wish I could do a site visit in person but hopefully one of these days we can meet.

CW: Yeah! Well thank you I really appreciate it.

EH: Yeah, take care.

CW: Yeah you too.

AN: Yeah, you too!

EH: Bye.

CW: Bye!

AN: Bye-bye!

1:00:27

END OF TAPE
END OF INTERVIEW