The Face of Birth with Kate and Gavin

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IN THIS EPISODE

Filmmakers and parents Kate Gorman and Gavin Banks made a documentary about a woman's right to choose how, where, and with whom she gives birth. They join Dr. Elliot Berlin, DC to talk about The Face of Birth, how their own parenting inspired it, and what it was like to film home birth in Australia.

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DR. ELLIOT BERLIN, DC: Welcome to the Informed Pregnancy and Parenting Podcast. I'm your host, pregnancy focused chiropractor, Dr. Elliot Berlin. My guests today are two filmmakers and parents here to tell us about their documentary film, The Face of Birth, including how their own parenting experiences inspired their work and what it was like to collaborate and create a film about home birth in Australia. Kate Gorman and Gavin Banks, welcome to the podcast.

KATE GORMAN: Thank you.

GAVIN BANKS: Thanks for having us.

DR. ELLIOT BERLIN, DC: I love your film. It's currently streaming on Informed Pregnancy Plus, and I love that as well. Thank you for sharing your baby with us.

KATE GORMAN: It's great to have a new home.

DR. ELLIOT BERLIN, DC: And it's a powerful film. And what I learned as our podcast goes more and more international with guests is that some

KATE GORMAN: Of the

DR. ELLIOT BERLIN, DC: Things that one would've though are just local to different cities or states in America or the country as a whole are actually somewhat universal around the world, at least in modernized countries. So it was interesting to see the Australian peak at some of the same things that we struggle here. Before we get into the content of the film and the making of the film, I would

love to get a little bit of a background of each of you. Let's start with you, Kate. Where are you from originally and what do you do?

KATE GORMAN: I was born in Sydney, Australia, but I have lived in Melbourne most of my life with some joints living overseas and living back in Sydney. I started in the industry as an actor and I retrained as a director in my early 30s and I continue to do both, act and direct.

DR. ELLIOT BERLIN, DC: Ah, but what do you prefer?

KATE GORMAN: Haha, whatever I'm not doing at the time.

DR. ELLIOT BERLIN, DC: Okay, so sit down comedy.

KATE GORMAN: When I go into acting after having directed for a bit, I go, "Oh man, this is so easy. I only have to think about one thing. Are you kidding me?" But if I'm acting, I miss the control and I'm terrible. I'm sitting on set going, "You know, they could have just moved the camera there or they could have..." And I was like, "Stop it. It's not your job."

DR. ELLIOT BERLIN, DC: Yeah, that must be hard to turn around. I don't know if you recognize it, but I'm a famous actor here in the United States. I have a show on Showtime with Emma Stone in which she appears in all 10 episodes and I appear in 10% of the episodes for about 10 seconds. It's like four minutes. But doing that one spot, I did get a pretty good interesting look at the production of television. And it's quite interesting to see all the different roles that people play, and I can see how it's a totally different part of your brain to do acting versus directing. And also as a director, you seemingly have so much more control over which way this thing goes versus being directed. And was all of this in play when you made this film?

KATE GORMAN: Yes.

DR. ELLIOT BERLIN, DC: And what about the other side of your life, the motherhood parenting bit? What was that journey like for you?

KATE GORMAN: So really amazing and life-changing. Actually, I am also in the face of birth as one of the subjects, so I do cover this a little bit in the film, but with my first pregnancy, my daughter Olivia, who's now 21, I was going down what is a sort of traditional route for Australian women, which is you have an obstetrician as your lead carer. And I just did that because that's what my friends did, and I honestly though that that was going to give me more choice. And then during the journey of my pregnancy, I worked out that we wanted really different things, and I worked out that having an obstetrician doesn't give you more choice.

KATE GORMAN: It actually gives you less choice and it funnels you into a narrow model, which can often lay down the cascade of intervention. And it wasn't that I didn't have an issue with hospitals particularly, but I wanted the freedom to be able to birth in any position I wanted to birth in. I really wanted to have a natural third stage, and I didn't want to be told to hurry up. I wanted to just be able to work with my body, and these things weren't possible in the hospital system with their protocols. It was a private hospital. We have public and private hospitals in Australia, and I think actually the public hospitals perhaps are better than the private hospitals.

KATE GORMAN: But again, I though, again, if I was paying for it to have a private obstetrician, that it would be better. And I totally flipped everything at 36 weeks pregnant. I walked out of that obstetrician's office and I was like, "This woman is nuts. She's not listening to me." I had nowhere to have my baby, but I'd been doing so much research and I had done a class, a birthing class with this wonderful woman called Lena Clerk who just opened my mind to all these different possibilities. And through that, I'd found some contacts and I found a birthing center. It doesn't exist anymore, but a standalone birth center, which was a little cottage, it was a little house, to be able to be run.

KATE GORMAN: I did have an obstetrician there that ran it, but he didn't birth the babies. The midwives birthed the babies, but you definitely have some appointments with him, but it was midwifery-led care. I had midwives deliver my baby, and I got to birth in water, that was another thing I wanted that wasn't possible in the hospital. And it was fantastic and amazing, and I really had the birth I wanted, and I recovered so well. I mothered so well, I breastfed so well. I felt like a warrior. And then for my next child, I was giving birth in the UK, not in London, rurally, in the Midlands, in Little Village. It was a hamlet, really. And they're completely set up for those choices.

KATE GORMAN: So I just went to the doctor, confirmed a pregnancy, and then I went to the next room where the midwife was, and there was three midwives. I had a relationship with all three of them. I didn't know which one of those three was going to be on call for my birth, but at least with only three, of course you have a favorite, but you get to develop a relationship with all of them. And I had a water birth at home with my second child, which was, again, amazing and fantastic and joyous and just beautiful. And then for my third child, I was back in Australia, and knowing that I wasn't going to a hospital or a birth center this time, I wanted a midwife. So my only option was a private midwife.

KATE GORMAN: There are now some options in Australia to do on a public health system to have a midwife-led care and do a home birth, but it wasn't available to me where I lived at that time. So I was employing a private midwife, and it was just as things were about to shake up and possibly become illegal to have a home birth, which is not what people think. It was all about insurance, not about safety. It was about the midwife. You couldn't employ a midwife at home because the midwife could not get insurance to deliver you at home.

DR. ELLIOT BERLIN, DC: And if they

KATE GORMAN: Did deliver your baby at home, I would be inciting them to do something illegal. But I did it anyway because the law hadn't quite come in. I was just like, during my pregnancy, I was like, "No, this isn't right." And I had two daughters by then, and I was like, "Well, what happens to their choice?" I was very informed and armed with all this information about how home birth for me as a low-risk pregnancy was a safe choice and an empowering choice, and I was getting really good care from these really good midwives, and that choice was about to be taken away from women. And being a filmmaker and a storyteller, I was like, "No, no, no, no, no, no, got to do something about this."

KATE GORMAN: And so I started to make the film while I was pregnant with my third child, found Gavin, and the film took three years to make. So my own personal birthing journey was the start of making this film to help empower, inform women, and give women choice.

DR. ELLIOT BERLIN, DC: That's a powerful journey. Your journey, your personal journey is super powerful. And on that first one, you just caught it in the nick of time, it sounds like.

KATE GORMAN: Oh, yeah. Well, no, our film helped change government policy here in Australia. It's one of the things we're most proud of. We had a screening in government house. It'd be like having a screening in the White House.

DR. ELLIOT BERLIN, DC: I want to get into all of that, the whole journey of the film and the impact, but you could see the passion behind it, where it came from, your personal journey and your first pregnancy meant just finding the midwifery option at the very end, just in the nick of time there. And then I guess the contrast in the UK where it's not just legal, but super common, and then going back and almost losing the option and seeing that other people will lose it entirely.

KATE GORMAN: Sorry, I'll just say one thing about the UK option and free.

DR. ELLIOT BERLIN, DC: Oh, yeah.

KATE GORMAN: To have a baby in the National Health Service is free and you get what you want to do.

DR. ELLIOT BERLIN, DC: That's profound. I mean, here there's a lot of people who want to have midwifery care right here in Los Angeles or out of hospital birth or home birth, and they can't because their insurance won't cover it and it's cost prohibitive. So they end up going, instead of having the baby at home with a provider, they go have the baby at an advanced medical facility with many providers, which is obviously a bigger strain in the overall health system here, but it's just not free. It's a parallel opposite. All right, so you mentioned you got together with Gavin, you found Gavin to make this film. Gavin, what is your background and eventually how did you find each other?

GAVIN BANKS: Yeah, thanks, Elliot. I grew up a missionary kid, an urban missionary kid, and so from a really early age, it was instilled in me the importance of doing the right by others. And I guess that was the beginning of building a sense of a crusader in me, somebody who wanted to save the world. I'm a bit older now and a bit more tempered, but that spirit is alive and well. After my missionary stint, I went to uni and I studied communication and became a filmmaker. I have two kids. They were both born in hospital in Newcastle, New South Wales, and my kids are now grown up and leading lives of their own. The births that we had, we though were good, but my wife was somewhat traumatized by them.

GAVIN BANKS: And it wasn't until years later that I came across a project, an independent midwife, while midwives in Australia still had insurance, wanted to make a film about a birthing stool that she had created for use to help facilitate natural birth. And this birthing stool had been taken up in the local hospital near where I live, and over 15,000 kids had been born on that birthing stool. So it was broadly accepted and used, and she made a film about how to use it. But instead of being an instruction manual, the film became an hour-long expose on her philosophy of birth, which was natural physiological childbirth is something that every woman can do with the right kind of support.

GAVIN BANKS: And what I learned in that film and through the course of making that film with her was that a lot of wrongs were perpetrated against women because of misinformation, because of

fear, because of, shall I say, ignorance. And I determined that as a filmmaker, as a storyteller myself, I had an obligation to try and do something about that, particularly given that it was a lot of white educated men that were advising women or encouraging women down the path of say, for example, cesarean section.

GAVIN BANKS: So I set about trying to make a film, and probably about seven years into that journey, after doing some filming and trying to raise money to do it, I met Kate through a mutual friend, and this mutual friend said, "You two are trying to do the same thing. Why don't you meet?" And the rest is history. So we got together, we started shooting, we started a Facebook page, did an initial shoot, cut a little teaser together. And what we set out to do, although the subject of the film is looking at home birth, we didn't set out to make a film that told women, "You should have a home birth." We used home birth as a vehicle to explore what birth is and the importance of choice and the importance of women being powered and informed.

GAVIN BANKS: And that just blew everything open and was really very, very exciting to see where that took us.

DR. ELLIOT BERLIN, DC: How is the film, the finished product, compared to the film you started to make?

GAVIN BANKS: The film I was going to make was called The Politics of Birth. I think it was going to be more essay style. What I love about the face of birth is we looked at the typical stereotype of what people thought a home birthing mother would be and look like, and we turned that on its head. We went out and interviewed a bunch of powerful, informed, intelligent, educated women, and these women that were smart and attractive and successful and informed were saying, "Hey, I did the research and it doesn't add up. What everybody's doing and what we should be doing, really two different things." So I like the path that it took. I like what Kate brought to the film.

GAVIN BANKS: I love that her experience and her personal journey is a really key part of the film because this is about something, it's about the most intimate, aside from, for example, making love with their partners, this is the most intimate thing that we'll do in life is to have a child, to birth a baby.

DR. ELLIOT BERLIN, DC: Absolutely. And the way you were just talking about changing the vision of who does home birth, there was a quote in the film from Noni Hazelhurst, and she said, "I think there is a perception that only strong women have home births, which I find extraordinary because I think all women are strong." And that just, boom, nailed it. I spent many years as a doula also.

DR. ELLIOT BERLIN, DC: How I got into birth work is a whole nother story, but for people who wanted that, who it was helpful for an extension of the body work essentially that I do during pregnancy, they would ask for that kind of body work during labor and the privilege to be a little tiny fly in the wall watching as people birth their children in just so many different settings and scenarios and experiences, the one thing that just ties up all women are strong and powerful. And sometimes it's really just helping them see that and helping them find that power.

GAVIN BANKS: That comment brings tears to my eyes. My mother is strong, my sister is strong, my wife is strong, my daughter is strong. And probably the thing that kept me going before I found Kate in wanting to make the film was hearing the story of a mother who had birthed six children. She had

been raped at knife point at the age of 15, and before she gave birth to her first baby, somebody said, "Well, you need an obstetrician." And she said, "There is no way I'm letting a man with a knife anywhere near me." She was introduced to midwifery-led care, continuity of care, and through the experience of birthing, her first baby was healed of that hideous experience that she had had at the age of 15.

GAVIN BANKS: And so I think seeing for me as a man, seeing that some women came out of childbirth stepping into their power and their wonder and their brilliance, and other women came out of childbirth with the symptoms of people that have gone to war, how could that happen? How could that be so different? And I wanted to be able to do something that could support people to find a way to be empowered and to step into their brilliance. And I think too, through the work with Monica Bonig from the Birthright experience, the Birthright chair, her big thing was pregnancy is a period of time to get used to the though of becoming parents. It's the time where it's not get everything done before the baby comes.

GAVIN BANKS: It's a time to start to take responsibility and to think about my life as a parent and our life is life as parents moving forward. And so rather than taking a position of, I don't know anything, I'm just going to leave the decisions to everybody else, it's actually a time to consciously start to make the shift, and it's a perfect time to prepare so that when I am a parent, I have learned a whole bunch of stuff and I'm ready, as ready as we can be, but I've consciously prepared. So the journey of a midwifery-led care, continuity of care model of preparing women and family couples to become families, I think is a really integral part of being able to have a good birth and being able to be confident moving forward, raising kids.

DR. ELLIOT BERLIN, DC: Also, an amazing point. My wife was a perinatal psychologist, talks about how sometimes people plan for nine months for the, let's say 24 hours that is birth and no time at all for the next 24 years that is what you do with the child in your home. Let's take a quick break. When we come back, I want to get into the meat of the film. We'll be right back. Welcome back. We are talking to Kate Gorbin and Gavin Banks, and we're talking about the documentary film, The Face of Birth. Okay, so three years to make the film. It's nine months to make a baby. When I made my films, I felt like they also took a long time, what felt like a long time to me, years, and they also felt a little bit like there were parallels in terms of having a baby.

DR. ELLIOT BERLIN, DC: Are you happy with how the baby came out? How has the baby been received?

KATE GORMAN: Yes. No, I'm very happy with how the baby came out. It took a long time because we were also following some people or some events that we just had to wait for. We shot really so much footage, just so much footage. In fact, we ended up making two other films out of things we shot at the same time. And when the film initially came out, we had screenings all over the country in Australia. They were incredibly well attended. We had really built our audience on Facebook that were following us before the film came out. We had pre-sold it, coupled with a movement, a call to action to try and help this issue of women having choice of practitioner in place of birth.

KATE GORMAN: And then I was so overwhelmed at the time of how it was received and that it was making a change both on personal level for pregnant women who were watching it, and then also on

a government level, because we gave the film over to lobbyists and said, "Do with it what you will." And one extraordinary woman, Justine organized a screening in Parliament House and got all the police to come and watch. Police, would you use that term? You call your politicians.

DR. ELLIOT BERLIN, DC: Politicians.

KATE GORMAN: Yeah. To come and watch the film, and they used it to create a groundswell and put pressure. But I'll just tell a personal story, but it was actually quite some years later, maybe four years after the film came out, and I have been on this very popular high rating television series in Australia for a long time. I was in it a long time ago, and then in the last five years, they've brought my character back, not full-time, but just part-time. So during this time when this event happened, I was on air, and the character I play on this television show isn't very nice. So I get recognized sometimes in that, "I know you, I don't know why, but I know I don't like you," kind of thing.

KATE GORMAN: And they'll come up to me and then I'll smile, say something, and then they go, "Oh, hang on. Oh, you're on that show." So there was this couple, and it was in a lovely botanical gardens, and there was this couple walking up to me, a younger couple, I would've said they were in their late 20s, and you can just tell when people recognize you from something, and they're walking towards me, and I just took a big breath ready to talk about this television show that I'm on, and they went, "You made the face of birth. You were in the face of birth." And I just

DR. ELLIOT BERLIN, DC: Went,

KATE GORMAN: "Yes." And they just said, "That completely changed our decision-making, and we ended up getting a midwife, and we had midwifery-led care, we had a home birth." And I was just crying. It was just the best moment because they were thanking me for changing their journey and giving them an empowering birth experience, and that's just the best thing. And unlike before that, because Gavin and I went to lots of screenings, we organized Q&A with a lot of the experts that were in our films would often come to the screenings and speak afterwards. We had a lot of straight after the film reaction, but this was different.

KATE GORMAN: This was someone I didn't know who had bought it without my knowing, who then came up to me, obviously sometime later, they'd had their baby already by then, so I don't know, maybe it was two years before they'd seen it, remembered me and wanted to come up and thank me. So that, with this film, still happens. We will still get emails or comments on our website. In a way, it's fantastic that the film has such a life because there are always women who are birthing babies who are looking for information, and it's wonderful. But on the other hand, it's a bit sad that these things are still an issue and the film is needed. Do you know what I mean?

KATE GORMAN: I feel really good about those encounters, but I am also aware that the film is still needed because there is lack of information, lack of choice, and a culture of fear.

DR. ELLIOT BERLIN, DC: I produced two films, one about breech birth, one about vaginal birth after cesarean. And after the VBAC film came out, we had a bunch of screenings and a lot of positive reaction and action in response to the film, but then it was almost like a matchstrike. It lit big, and then before we knew it, it was sort of like embers. And the feedback I was getting then was, "Wow, I saw your film about VBAC and it was very powerful and moving. I just wish I saw it before I had my baby."

And that was crushing to me because I was like, "I made it so you could see it before you had your baby, so you can get the information and you can get the empowerment to explore your options and pick an option and find support for your options."

DR. ELLIOT BERLIN, DC: And they were seeing it afterwards when it was too late. So that's really where Informed Pregnancy Plus came from. I just didn't have a great avenue for people to go as a go-to place to say, "Where can I find information and easily access it and affordably access it?" And that's really where the whole idea of putting together a platform for this type of content came from. But the opposite side of that coin is when someone says, "It was your film that helped me realize that once a cesarean doesn't mean I always have to have a C-section and that I could explore choices and maybe I am a good candidate."

DR. ELLIOT BERLIN, DC: And so I almost got a little teary when you said that first recognition about the film and how you've influenced a total change in their life and their child's life and probably their future generations.

KATE GORMAN: Yeah, exactly.

DR. ELLIOT BERLIN, DC: I wonder about the polys. I'm learning my terminology because you said earlier, Gavin Uni, and I'm like, "I don't really say that either," but I know what you meant. Were you at the screening with the polys? Was there a Q&A afterwards? How was their reception?

KATE GORMAN: Yes and yes. And they smile and nod and say, "Yes, of course."

DR. ELLIOT BERLIN, DC: How that.

GAVIN BANKS: I think the challenging thing there, and we have one of Justine Kaynes who passed away a number of years ago, she was a massive advocate and worked as part of the maternity coalition in Australia for years, was an incredible consumer advocate and probably may have done more for childbirth in Australia than anybody to date, unlike a remarkable one. She made a comment in an interview where she said, "I have been sitting in a politician's office where he has said, Yes, Justine, I know that what you are advocating is going to save the country money on our health bill. It's better for women. But he said, there is no way that I am going to stand up against Dr.

GAVIN BANKS: Feelgood in his white coat on national television on the news when a baby has died and try and defend a decision to do something other than what the medical lobby is arguing for. And I think that's one of the big challenges in Australia. We have a body called the AMA, the Australian Medical Association, and that is a union for doctors that promotes the rights of doctors. And I think sometimes we forget that it is a union and it's there to protect the rights of doctors. It's not necessarily a body that is advocating best interests of women.

GAVIN BANKS: And I think that's one of the things that we made really clear in the film, we wanted to make clear in the film, is that a lot of systems in medicine are put in place to service themselves and to benefit themselves. The sense of putting all the sick people in the same place to get better. It makes sense in terms of services and streamlining services and efficiencies for the services. But what we don't know about hospital is, I'm pretty sure the statistics in Australia is that one in three people who die in hospital die of something unrelated to what they presented with, so cross infection.

Those are not the stories that we hear.

GAVIN BANKS: What we hear about is the story when somebody tries to have a home birth and something goes wrong and then a baby dies. We don't hear about the babies that die in hospital. We don't hear about deaths in hospitals that are unrelated to the causes for which they presented. So we have a very biased system that protects itself, and we wanted to make a film that actually advocated the position of women.

KATE GORMAN: And also further on that, something that Hannah Darling, who's amazing in our film, talks about is we're also the yarnstick we're measuring that safety by is an alive mother and alive baby, not a healthy mother and healthy being mental health as well. So when often with the cascade of intervention in hospital or the... I understand hospitals have pressure on them and are stressed and people are overworked, but within that women, mothers are falling through the gaps and being discharged from hospital with an alive baby and then with postnatal depression or an infection from suturing that hasn't been picked up or blood clotting. Do you know what I mean? The statistics they talk about is an alive mother and alive baby.

KATE GORMAN: There's more to health and safety and a good outcome in birth than that.

DR. ELLIOT BERLIN, DC: Right. So I sometimes hear people say to someone who had, let's say, a cascade of interventions that wasn't necessary, didn't have to go there, and it led to a cesarean birth with a healthy mom and a healthy baby, and she's sad about it. She didn't want that experience. And people will say to her, I think, trying to calm her down, "All that matters is that you have a healthy baby," is what they say, which I know is not true because if we had chopped off her torso and pulled out the baby, nobody would say all the It matters that we have a healthy baby. Everybody's goal is a healthy mother and a healthy baby. Everybody's goal is that, but over-intervention is not necessarily the best way to get to that goal.

KATE GORMAN: Yeah. Hannah in our film also talks about the difference between a mother birth framework and a childbirth framework. So a mother-birth framework is that if I am happy and healthy and my needs, I bet I will mother better. And a childbirth framework, as long as my child is okay, then that's okay. And society totally sits in the latter.

DR. ELLIOT BERLIN, DC: Yes. Right on.

KATE GORMAN: So you can be demonized if you as a mother are making choices that is going up against the recommendations from the medical profession to have an alive baby. And then everybody is moving towards possible intervention and poor outcomes. Do you know what I mean? We're not putting the mother in the center of the care, and then the mother is doing what she wants to do because she wants to mother better for her baby. And yes, an alive mother and baby is the most important thing, but it is not the only thing. And we seem to sweep away everything else and not consider what is possible or what mothers may want with this, oh yes, but your baby could be at risk.

KATE GORMAN: And there was someone else said in the film, if we were all doing best practice, everything would be the same everywhere. So that's just not true. Do you know what I mean? We're not doing best practice everywhere. Everything's skewed to what that institution's needs may be, either as an individual or as a system.

DR. ELLIOT BERLIN, DC: Yeah. I also think as some of the new technology comes out, there's an eagerness to apply it and people who spend their whole lives studying it and put their faith entirely into it truly believe that it's the best and only way to go.

KATE GORMAN: Absolutely. Michelle O'Don said that. He said, "We're obsessed with technological advances and not listening to scientific advances."

DR. ELLIOT BERLIN, DC: Right.

GAVIN BANKS: Yeah. One of my favorite comments from a movie, and just bear with me here, is Jeff Goldblum in Jurassic Park. And Richard Addenbrough's character has just said, "We can make dinosaurs." And Goldblum retorts, he says, "I've got a real problem with this." He said, "You are so excited that you could, you didn't think about whether you should." And I think as humans, it's really easy to get excited about this new thing, and we can apply this to anything in our lives. Wow, I've got this new thing and it changes how I do something. But what is the bigger picture? What is the cost of that? Because every new thing has a benefit and every new thing has a cost.

GAVIN BANKS: And what we know about intervention, about stopping the natural process of childbirth is that it impacts what physiologically happens in the mother, what physiologically happens in the baby. For example, with vaginal childbirth, if you can delay the cord clamping, the mother and baby can get the biggest hit of oxytocin that they will ever get in their lives, and it's the thing that bonds mother and child. But what we do is we rush in to clamp the cord because we're worried about the mother bleeding and getting the placenta out. So a procedure to try and avoid danger robs us of potentially one of the most significant things that can help mother and child to bond.

GAVIN BANKS: And I think when we look at physiological childbirth, there are all these different things that are beneficial. It's like breast milk for the baby versus formula. People used to think that when the colostrum came out of the woman's breast, it was just this watery stuff that had no value. But further scientific research shows us it's full of all these amazing antibodies, all this great, great stuff. So I think too often in the West particularly, we step in and intervene without understanding the full consequences. And we might win the battle, but I think we do so risking losing the war, so to speak.

GAVIN BANKS: And the people that get lost in that is the confidence of the mother, the mental health of the mother, is her ability to be able to be confident in making choices around her health and being able to be confident in trusting her intuition, which is a crucial tool in parenting. I could go on about this for hours, but...

DR. ELLIOT BERLIN, DC: Yeah, I think inherently most of the interventions and modernizations and technological advancements in childbirth are inherently good and helpful and quite lifesaving and even health improving when used at the right time and the right place, generally sparingly. And I think it's the overuse and the over-intervention and the pushing on somebody who doesn't want it and doesn't need it is where we start to do more harm than good.

GAVIN BANKS: Absolutely.

DR. ELLIOT BERLIN, DC: Let's take another break. I have more questions about the response to the film and then also advice. Let's take a quick break. We'll be right back. Welcome back. We are talking to Kate Gorman and Gavin Banks. The film is The Face of Birth. Okay, so who did you piss off and what was the pushback?

KATE GORMAN: I remember when we had a screening at a uni in Melbourne and we did a different kind of screening model where different people organized the screening. So some of our screenings were in cinemas, some of our screenings were in universities, some of our screenings were in hospitals. So this particular one was a university attached to a hospital and almost all of them were organized by midwives and midwives are very organized people. I'll tell you, they're fantastic people to organize screenings because they're all over it. And I got this frantic upset phone call from somebody at the hospital saying, "You can't screen the film here." And luckily I wasn't the organizer. So I was like, "Oh, I'm sorry you feel that way."

KATE GORMAN: And I said, "Yes, we've got hundreds of people coming and I can't just sanction this film. What is this film?" And I said, "Well, I'm happy to send it to you first and you can watch it." I said something like might generate more interest if you already have hundreds of people coming. I just said something a little bit like that. And she sort of went, and then she watched film and then she rang me back like she was being so gracious. he said, "All right, well, I will allow this screening." Again, I'm not the organizer, so I'm like, "Yeah, whatever. No skin off my nose." And she said, "But I just don't see why you had to pick one of your subjects." So she means one of the mothers that we followed on their journey had to be a GP.

KATE GORMAN: This is so interesting. So one of our mothers was a VBAC GP. So she's a medical doctor who had a cesarean on her first birth. And the story she tells, it would've been a public hospital, so the obstetrician on call who she would never met before, said there was fetal distress, said she needed a cesarean. She agreed. She looked at the fetal monitor out afterwards the next day. She's a doctor and there was no fetal distress.

DR. ELLIOT BERLIN, DC: Whoa.

KATE GORMAN: And she had a home birth with a private midwife because that was her only option to V-Back. And she absolutely believed that going into labor spontaneously was her best option after a cesarean, so to V-Bac. And in hospital, a doctor had said to her, "We could give you a bit of an oxy to get you going." And she knew that that was a bad thing to do. Anyway, she V-backed her second baby and her third baby, and it was all great. So I just find it so interesting that what upset the medical profession is that we had put a doctor in our film who was criticizing the medical profession and had chosen to V-Back.

DR. ELLIOT BERLIN, DC: Right, because they would like it to seem like only tree hugging preyers driving vegan hippies would consider that. But that's one of the things I love about the films on the other side of the coin. And I was surprised, actually. I come from a very medical background. I used to work in emergency rooms and ambulances. I was medic. And when I heard the word doula for the first time, I was like, what does that mean? And midwifery and then the difference between a doula and midwife and home birth. And I did. I though those are the only people that give birth at home. It's a very stereotypical type of person. And then I got into the world of birth and usually it's very diverse,

lawyers, doctors.

KATE GORMAN: And you know how you were quoting the lovely Nanny Hazelhurst before with all women are strong. The other thing she said that giving birth is a great leveler. It doesn't matter if she says a woman in Turak, but she's meaning a woman in Beverly Hills or you're a woman in a field, you're a woman giving birth. At that moment, we're all probably naked. We're doing something instinctual and primal, and that is something that joins us all together at that moment, wherever you are in the world. And one of my favorite parts to film of the film was when Gavin and I went to the Red Center to Utopia and also to Yurikala in Armonland and interviewed indigenous women and those indigenous midwives in our film who were just so extraordinary.

KATE GORMAN: And sitting with those two elders who are so powerful and them telling me how they have never had a breach birth because that would just be really inconvenient, quite frankly, in the middle of the desert to have a breach birth, but they just don't do it. They have all this ritual and technique and skill to have that not happen. I love that. So you've got that side as well as our GP who have made the same choice.

DR. ELLIOT BERLIN, DC: That is the big leveler.

KATE GORMAN: Yeah. Yeah.

DR. ELLIOT BERLIN, DC: Gavin, what's your input here? What was the pushback?

GAVIN BANKS: Yeah, I wasn't that aware of this lot of pushback.

KATE GORMAN: We had that phone call gather from the head of Ranscog who was really, really cranky.

GAVIN BANKS: Yeah. Look, the head of the obstetricians and gynecologists union, he wasn't that happy, but kind of brushed that off a little bit. Their angle is always, well, we've got to keep women and babies safe. And we've already talked about, well, that should be a minimum. That shouldn't be the standard. That should be the basis of the standard. We should be looking at emotional, spiritual, and mental health as well as physical health. I mean, that's a given. I think for me, it was just overwhelmingly positive. We had universities that took on the films as recommended reading for midwifery students. That was incredibly exciting.

DR. ELLIOT BERLIN, DC: Wow.

KATE GORMAN: Yeah. It's become part of the curriculum in one of our universities.

GAVIN BANKS: So the fact that the students would have to watch the film as part of their reading and their learning was really exciting for us. A year after releasing the film, we released it internationally with subtitles in 12 languages, and the transcriptions and the subtitles came from people out in the community that was so excited. And they said, "If we did the subtitles, could you release it in our country? Could your DVD be available to us?" And so we did that.

DR. ELLIOT BERLIN, DC: That's amazing too.

GAVIN BANKS: It was incredible. French and German and Spanish and -

KATE GORMAN: Translations were done for free, mostly by midwives.

DR. ELLIOT BERLIN, DC: Yeah, we had that with Heads Up, our Bridge film. People reached out same way, and I was just like, "Oh, of course. Great."

GAVIN BANKS: And there was lots of emails and correspondence. And I think just to go back to Kate's experience, I'm not somebody that has spent time in front of the camera. My early work life was shooting and editing videos, so now I'm a director producer. But I was out shooting another documentary, and this woman just looked at me like she knew me. And she said, "I know you." And we were talking about the circles we moved in and she said, "You made the face of birth." And I've never experienced fame for Kate. Kate was in neighbors and was a massive star in the UK when she was younger. I haven't had that kind of public acknowledgement, but there was almost like a hero worship. And for me, we were just doing what we did.

GAVIN BANKS: We made a film that we felt was necessary, and the excitement for me is in that we have made real and lasting change. More importantly, we've been able to inspire women and couples to believe in themselves and trust their intuition and trust themselves to get the support they need to do what they need to have a safe birth. And that's an amazing platform from which to start to parent.

DR. ELLIOT BERLIN, DC: You put so much work and effort and time and resource into making the film, and when you see it having the impact that you set out to have, it's got to be extremely gratifying. And in your case, aside from the individual stories of the people who you're empowering, having had an impact on your entire country and saving midwifery is, I mean, on camera, both of you should be wearing tights on a cape, and you're superheroes to me. I guess my sort of closing thoughts, and I'll definitely after that open up if there's anything you want to add that we didn't discuss, but advice, what would your advice be to someone who's on a pregnancy journey, maybe the first, maybe a subsequent, and starts to realize maybe I don't have all the information.

DR. ELLIOT BERLIN, DC: Maybe I don't just always do whatever they tell me to do, but I ask questions. On one side of the coin, what kind of advice would you give to them? And on the other side, advocates, other people who want to follow in your footsteps and continue to advocate and help inform and empower any recommendations for them?

KATE GORMAN: Yes. You really brought back all these memories, Elliot, when you were saying about the person who saw your VBAC film and said, "I wish I'd seen it before I'd had my baby." And I remember this is something that Gavin and I were talking about so much while we were making the film, and then when the film came out, and we did do a little bit of filming with this group called Core of Life that are an educational group. So I think, yes, I think that before you are thinking of having children, I'm just going to talk about women for a sec here, not men. It could be flipping through the paper. There could be a huge article about intervention rates or anything to do, and you just won't rate it. You'll just turn that page.

KATE GORMAN: And then when you are pregnant or thinking of getting pregnant, then a lot of women, not all, will become quite investigative. And it's then hopefully when they will seek you out, do a quick Google, and I think it's better now than it ever has been where you can find information. But I feel we really need to plant the seed with girls, like teenage girls, that they can be empowered to

make a choice and that they should be informed about pregnancy. And I think that's an education thing because how they are getting educated is by the media. And our media has a complete culture of fear around birth, both in drama and comedy we consume if you look how birth is portrayed.

KATE GORMAN: And also in the reporting, which circles back quickly to one of the pushbacks we had, it's not a big one, but it's important and it pisses me off, is in our publicity when the film was coming out, we were on our top panel show at the time, top rating panel show, and they did a whole segment on it, which wasn't particularly biased one way or the other, but you know how then they will discuss it and sum up, and then all of them at the end were summing up going, "Oh yes, but it's not for me. Or if I'd done that, I would've died, blah, blah, blah." So in the end, them having the last word on what you just said, all your years of work and research and statistics and experts is summed up by one person dismissing it who isn't an expert.

KATE GORMAN: So that's part of the problem in the media as well. How do we get people to talk about it positively? And Noni, who's very famous, who you've mentioned a couple of times also was going to, she didn't in the end, but she was going to go on this show in Australia called Q&A, which is quite brutal. Its point is to tear things apart. And in the end she said, "I just don't want to do that." And we were like, "Well, fair enough." She passionately is a home birther, but she doesn't have to go on that show and be teared down to try and get the positive out there. So it is really difficult.

KATE GORMAN: So I think in two parts, we need education for girls just to plant the seed of the possibility and to take away the fear around birth so that they can confidently look at other options and make a choice. There's a feminist issue in it, our right to choose, and that putting women in the center of the care is important. And then how do we get your platform? How do we get our film seen by women before they have their babies? We did a lot when our first film first came out to try and advertise that, and we did it in a lot of mainstream places and it didn't work very well, to be honest. But it's like the people who needed it seem to have found it, and I would love to get it out to more people than that.

KATE GORMAN: But my advice would be if you are thinking of having a baby, even if it's something... Okay, if you know you want a baby at some point, even if you are not thinking about it now, start doing all your reading and your research in a casual way now so that when you've only got that nine-month period, you don't have to do what I did and at 36 weeks spin on a diamond.

DR. ELLIOT BERLIN, DC: Seriously. Yeah. I would say even on a larger scale, if you're thinking about having a baby, if you know somebody who's thinking about a baby, if you care about somebody who is thinking about having a baby or is pregnant or recently had a baby, the more empowered the masses are, the more it'll trickle down to the people who need it and get the information while they can

KATE GORMAN: Still

DR. ELLIOT BERLIN, DC: Act on it.

KATE GORMAN: And share your positive story. So that is something even now. If I see someone pregnant, I'll go, "I had the best births." And sometimes that's a great opener and they'll go, "What?" Because women will share -

DR. ELLIOT BERLIN, DC: They've never heard that story.

KATE GORMAN: Pain, do you know what I mean? Oh, it was the worst thing I've ever done, blah, blah, blah, blah, blah. Not worst thing I've ever done, but like, "Oh, it hurt like hell, whatever, whatever." And I say, "Oh my God, I had the best, best birthing experiences." And that will make them go, "What do you mean?" And then I'll just gently, gently go, "Yeah, it was so great." And then if I feel they're a bit open to it and I'm not intruding too much, I'll mention that I'll say, "I'm actually really informed on this subject." And I'll say, "Not just because I've had three children, I've made a whole documentary about it." And then I'll say, which is a little bit like my PhD thesis really, this film, that's how much research went into it.

DR. ELLIOT BERLIN, DC: Wow, yes.

KATE GORMAN: Then I'll say, because I can, I'll say, "I could give it to you if you like." And then I've done this quite a few times, and I know that every person I've given it to gave it away to someone else.

DR. ELLIOT BERLIN, DC: That's important.

KATE GORMAN: Yeah.

DR. ELLIOT BERLIN, DC: That's important.

GAVIN BANKS: I think for me, giving birth to a child, it's a real beginning of adulthood. And I think if we don't prepare for that, if we leave choices to other people and we trust the judgment of those around us to give us what is best, I think we're heading for a train wreck. I think it's a roll of the dice on whether we have a good experience or we don't. And what I would say, and I don't want to make people scared about birth, birth can be the most beautiful, wondrous, amazing thing, but it doesn't just happen like that. You have to plan for it. You have to put things into place so that it can be safe. And there are things you can do.

GAVIN BANKS: The research has been out there for 50 years on how to do this and do this well so that women are empowered and supported no matter whether they have a home birth or end up needing to go to the hospital for a cesarean. You can have a great birth no matter how that baby comes out of you, if you have the right support. And so my challenge to you and to anybody thinking about baby, all those things that you said, Elliot, if you know someone is do the research. The film is a great place. This platform you have created is a great place for sound information for people who are telling stories who don't have a vested interest. Because if you go to hospital and like in Australia, we go to hospital and we do antenatal sessions in preparation.

GAVIN BANKS: And the take home message was, if you don't have your baby in the hospital, something terrible could happen and it might die, and it's just not true.

DR. ELLIOT BERLIN, DC: Right. I always sort of poke fun at what to expect when you're expecting because pretty much every chapter ends the same way, and this could go downhill very quickly and either you or the baby will die, so call your doctor and ask for more information. And at the end of the day, not that there's no valuable information in there, but it's such a scary anthology to read that the

best use I could find for it is when my kid is just a little too low in the chair to be at a good height for the table. It's so thick, putting it underneath them really elevates them to just the right height. Anyway, all of the things you're saying, it's a brilliant point. The idea is not you must have a home birth.

DR. ELLIOT BERLIN, DC: The idea is look at the options and choose what resonates with you and wherever you're going to go, prepare yourself for that scenario so that you have a good experience. Absolutely. If somebody wants to have a hospital birth, that's where they should have the baby. That's where they feel safe and confident and comfortable. If they want to have a cesarean birth, that's your choice. But make informed choices so that you're making empowered choices and then find support for those choices. Don't do it based on fear either. Dr.

DR. ELLIOT BERLIN, DC: Stuart Fishbein used to say all the time, if a person had never flown in an airplane, now they're 32 years old, going to fly in an airplane for the first time, but all they know about air travel is what they see in TV, movies, and newspaper headlines, they'd be terrified to get into that airplane because the assumption is that it's either going to have engine failure and fall out of the sky or be hijacked by terrorists or have snakes on it. The idea that a plane just takes off and flies and you have a good flight and nice snacks and lands smoothly is foreign, even though that's what happens almost every single time. And childbirth somehow is the same way.

DR. ELLIOT BERLIN, DC: If you rely on, as you said, the newspaper headlines, news reports, media reports, they're never going to really bring you these wonderful feel good stories, which are most of the stories. You don't see a headline, plane took off and had a great sell, but luckily they're passionate people like you who saw the need and put in the effort and made a powerful film and we're lucky to all be the recipients of the face of birth. Before I sign off, anything I left out here, a point that you wanted to make or that you wanted to share?

KATE GORMAN: No, maybe just and continuity of care as well, if that's possible. All the things you just said, but also if you can somehow have continuity of care.

DR. ELLIOT BERLIN, DC: How do you mean? Expand on that.

KATE GORMAN: So whoever your carer is, let's just say it's a midwife because that would be my preference, that midwife is with you during your pregnancy and then is there in your birth because that's the person that knows you. I think issues can happen when you're walking into a situation like a hospital and no one knows you. So there's an assumption that you are not going to be able to do it. Or if you say, I don't want oxytocin. I don't want not oxytocin, I'm sorry.

DR. ELLIOT BERLIN, DC: Epidural or - Epidural.

KATE GORMAN: Yeah. And unfortunately, because women aren't listened to you and also you're in labor, so you've got to be in that sacred space doing your thing, having a baby. You might need someone to advocate for you. And if you can have continuity of care with your doula or your midwife or your GP or your doctor, whoever it is, but they know what they want, they know you and they know your pregnancy, they know what your issues are, but more importantly, they know what your issues aren't. So if you have a whole people looking for what's going wrong, you've got somebody who goes, "Oh no, Kate's really strong. Kate knows her body. Kate's birthed beautifully twice before." Whatever it is, that information is just as important.

GAVIN BANKS: I agree, Kate. It's who can I have that can support me so that when I'm incapacitated, I have an advocate, I have someone I can trust, I have someone who loves me and will be protective of me. That's the person I want in the room. Sometimes the male partner is not the best person to be there. That was one of the things that our research uncovered is intervention rates went up when men went into the room with women because the man went, "I don't want my woman going through that. Stop, stop, stop the pain. I can't cope with her being in pain." The women around, what studies showed was the experienced women supporting the new mother. They knew this is normal. Ria Dempsey, who's in the film, talks about ringing the circle.

GAVIN BANKS: The mother is in the middle of birth. She doesn't know if she can get through this and can cope with the pain, and she looks from one to the next of all the people that are in the room. It could be a midwife, it could be maybe her mother or her sister, and she's looking to the person who's going to say, "No, make it stop. Give me the drug." And she looks to her husband and he goes, "How can I make it stop?" And he says, "This is too much. We've got to stop this." And at the end of the story, the woman goes, "Why didn't you believe in me? I could have done that." So Ria said, "Women are looking for an out, but they might not actually want that.

GAVIN BANKS: And what we need to do is support them to understand how powerful they are and how magnificent indigenous elders." She makes a comment in the film, she says, "We are holy women when we give birth."

KATE GORMAN: That is my.

GAVIN BANKS: Yeah, we are holy when we give birth. And I'm tearing up now. You can't see that because this is just a voice recording, but women out there, you are remarkable and you have it within you to do this and have an amazing experience. The only way that's going to happen is if you have people around you that can support you to hold the space and protect the space and protect your wants and your interest against what the system's going to want to do. And if you can do that, you'll have a great birth.

DR. ELLIOT BERLIN, DC: I think it's an incredible message to end on. You're both great storytellers, and I can hear the passion coming directly from your hearts. Where can we find your work online?

KATE GORMAN: So faceofbirth. com, you can find there, and there's all these little extra tidbits and things like that. So that's all about Face of Birth. And then both Gavin and I have production companies where we work on other things. I don't have anything else birth related. Do you, Gav? I don't know.

GAVIN BANKS: No, but on the extra material we have, we produce another series of films called Birth Stories. So if you go to faceofbirth. com, and I don't know, Elliot, whether you have these other titles on your platform, but yeah, there's elongated stories from each of the women, from nine of the women in the film where we go into a more in-depth story about their experience. And that goes from women who had home birth to cesarean to elective cesarean, and they all talk about their experience.

KATE GORMAN: Yeah, I was going to say midwives use that tool a lot. They don't show all of the birth stories perhaps to a birthing mother, but they'll show the one that perhaps they feel the women would resonate with or need to see. So that gets used as a tool like that.

DR. ELLIOT BERLIN, DC: A little library of -

KATE GORMAN: Yeah. And then we have a long, long form interviews called Meet the Experts, but Sheila's passed away now, so that Sheila interview is quite special. There's Ms. Sheila, Michelle O'Dont, Ina Mae Gaskin, Robbie Davis Floyd, just they're interesting.

GAVIN BANKS: Bria Dempsey.

DR. ELLIOT BERLIN, DC: The giants. They're powerhouses.

GAVIN BANKS: So those are available at faceofbirth. com or on Vimeo On Demand. If you type in Face of Birth on Vimeo Demand, you can rent those titles online.

DR. ELLIOT BERLIN, DC: Amazing. Amazing. I strongly recommend. I'm going to watch those too. I'm going to go find them and watch them myself, and that way I'll have another tool to be able to offer people who are seeking empowering. Thank you again, Kate Gorman and Gavin Banks. Thank you for joining me. Thank you for the work that you've done, and thanks for sharing it with the people who need it most, and also adding it to our little collection on Informed Pregnancy Plus. Go check out faceofbirth. com. And at home, thanks for listening to the Informed Pregnancy Podcast. For more pregnancy and parenting information, just like this, visit us online at informedpregnancy. com.

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