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## 7 SPEAKERS

Del Bigtree

Jenn Sherry Parry, Executive Producer, The Highwire

Jefferey Jaxen, Investigative Journalist, The Jaxen Report

Male Speaker

Lee Bigtree

Female Speaker

Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"

## START OF TRANSCRIPT

**[00:00:06] Del Bigtree**

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**[00:00:45] Jenn Sherry Parry, Executive Producer, The Highwire**

Let's do this.

**[00:00:46] Del Bigtree**

Action. Good morning, good afternoon, good evening. Wherever you are out there in the world. It's time to step out onto the Highwire. You know, I'm really excited about this show today. One of the reasons being, you know, there's a lot we talk about whether it's vaccines or, you know, medical decisions, a lot of it can be very difficult on a relationship. You know, I say to people, if you are in a relationship and you plan on having kids somewhere in the future, you should probably have that vaccine discussion. And I did, I did when I met my wife, Lee, when we were dating. We had that conversation. But you know, the conversation we didn't have was childbirth. And so when we were pregnant and finally we were, you know, looking forward to, you know, giving birth to our first child. You know, I was all about like being healthy, but my mom had natural my mom had done natural childbirth. I've told many of you, my mom was like a hippie mom, 1960s March in the 60s. But when she gave birth to me, she still did it in a hospital. And I'll never forget when my wife said, you know, I think I want to do a home birth.

**[00:02:03] Del Bigtree**

I was shocked at that decision. I was like, wow, cool. Well, I mean, that sounds amazing. And then we started looking together, got a midwife. And the rest, as they say in many ways, is history. Such a beautiful way to bring a child into the world. Which is why I'm really stoked for today's show. I finally have in studio doctor Stuart Fischbein. He's he's one of the great, you know, home birth. What makes him special is actually he does the risky births. You know, when you think about, you know, breech births or things like that, or vbacs, which is a vaginal birth after cesarean in your house. So anyway, really looking forward to talking to him about his incredible career and what he has to say about giving birth and this beautiful experience. But first, it's time for the Jaxen report. Hey, Jefferey, I don't know about you, but it's like spring around here. It's getting really nice. Flowers are coming out. The trees are blooming here in Texas. I'm in a pretty good mood, but, uh, what's going on in the world? I'm sure we can change that quickly.

**[00:03:12] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

I hope to keep it there, but let's let's see what happens. Okay, so we're on day two now of the ACIP Committee Advisory Committee on Immunization Practices in the CDC. A lot of great clips coming out of there, just showing you what happens when you remove the conflicts of interest out of that organization, the independent organization. So I want to talk about another environmental toxin other than, you know, vaccines, and that is radio frequency radiation. And we have a problem here because President Trump, just a handful of weeks ago, signed a memorandum to expand in the next steps to expand six G, six G. And you look at this, this is the memorandum here winning the six G race. And you go into this memorandum. Really, the first paragraph says this technology will play a pivotal role in the development and adoption of emerging technologies like artificial intelligence, robotics, and implantable technologies. What are we doing here? And so these are the hopes from six G. So you look at some of the headlines out there. This is a tech magazine. It says six G finally deployed in space. First step was orbiting earth. But the next one will be shocking. It says soon six G connectivity from space to the ground will be the new norm for transportation.

**[00:04:26] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

Internet of things. That's your washers and dryers, mobile devices and rural areas. Well, before we start beaming at each other from space, from satellites or implanting technologies into people, maybe we should do some safety testing on this. And so there's some hope here. Yeah, there's some hope here with RFK Jr because this is a Wall Street Journal. It's getting mainstream media. Rfk Jr's health department quietly removes web page saying cell phones aren't dangerous. Here's another one. Just days after Reuters. "Us health department to launch study on cell phone radiation." Probably a good idea. Much like vaccines. The telecom industry has a massive lobbying presence in DC. And it has really it has really paid off. You have Trump pushing six G and you have really lax. I'm going to go into this in a second. But absolutely lax safety profiles for this. And let's look at this is open secrets. You can see in 2024 2025 here, 598,000,000 in 2024 and lobbying in 2025 665 million. And you can see there in 2017, that's on the lead up to the 5G rollout. It steadily increased. And then look at that in the middle of the pandemic, 2021 lobbyists poured money in. Could it be because of the AI and the perhaps new six G was coming? So they really need to influence? Well, Harvard Ethics Committee put out this paper.

**[00:05:52] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

It was a while back, but it still rings true. Not much has changed. Captured agency how the Federal Communications Commission is dominated by the industries it presumably regulates. And it says this direct lobbying. What we just saw by industry is just one of the many worms in a rotting apple. The FCC. Fcc sits at the core of a network that has allowed powerful, moneyed interests with limitless access to a variety of ways to shape its policies, often at the expense of fundamental public interests. As a result, consumers safety, health, privacy, along with consumer wallets have been overlooked, sacrificed or raided due to unchecked industry influence. So that's where we are, unfortunately right now in the United States. And I'm not seeing any difference from our leadership except for Kennedy. He's the one that's pumping the brakes here and he's pushing for independent studies. Now, this is this is the big red alert here. One of the most important things I can probably tell the audience. We've been at the forefront of vaccine safety research, and we've showed there's essentially nothing. They're testing these vaccines like the hep B vaccine for four and five days after the injection.

**[00:06:57] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

And they have the placebo pyramid, which they're showing that these are not tested against placebos, just against. That's that's the big magic trick. People know that. But what about cell phone radiation, radio frequency radiation? I want to read this and I want everyone to pay attention. This is this is the next leg. This is the next public focus. It really should be. Scientific evidence invalidates health assumptions underlying the FCC and the icnirp exposure limits. It says. In the late 1990s, the FCC and the Icnirp adopted radio frequency radiation RF exposure limits to protect the public and workers from adverse effects of RFR. These limits were based on results from behavioral studies conducted in the 1980s, involving 40 to 60 minute exposures in five monkeys and eight rats, and then applied arbitrary safety factors to an apparent threshold specific absorption rate of 4W/kg. Adverse effects observed at exposures below the assumed threshold SA include nonthermal induction of reactive species, oxygen, DNA damage, cardiomyopathy, carcinogenicity, sperm damage, neurological effects, including electromagnetic hypersensitivity, which is a thing. Also, multiple human studies have found statistically significant associations between RFR exposure and increased brain and thyroid cancer. Five monkeys, eight rats for 40 to 60 minutes. Did their behavior change? It didn't. That is the study that is over 6G5G.

**[00:08:29] Del Bigtree**

Wow.

**[00:08:29] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

The cell phone's in your pocket. The Wi-Fi router. The smart meter on your home, that's what. And so FCC had a chance to revisit those limits they were supposed to in 2019. 5g is rolling out. This is the most powerful thing we've ever had in the world when it comes to radio frequency radiation. Did they do that? Here's the headline 5G doesn't require new limits on RF exposure, FCC says. So what do we do? We need independent research right now. Also, states are moving to do what they can to at least get this exposure away from children. So during school time, students face new cell phone restrictions in 17 states as school year begins. So you can see this map here. These are all the states. The red ones are a school day ban. So you can't bring these during school day. The ones in orange are instructional time bans. So when your teachers basically giving the instruction no, the rest of them have requirements or recommendations for local policies. So they have to be implemented at the local level. Only for states there don't have that. So this is a good thing. We have to start somewhere. We have to start somewhere. There's we're running blind. We're flying blind. And this might be a good time right now to go to the hi wire.com shop and get one of those Faraday cages for your child's cell phone that blocks this RF radiation, these handshakes that go in and out, these these pings. So you're not getting blasted when that cell phone is in your pocket. That might be a start, but we really need to do a lot of work on this as American public.

**[00:09:59] Del Bigtree**

Absolutely. I mean, this is something that I know Robert Kennedy Jr has been up to a long time, did some work around that. We've been looking at it. I don't have Wi-Fi in my house. You know, when we moved to our recent house, we just put hard wiring in because I don't want all of that, you know, Wi-Fi bouncing around the house. You know, it's just like vaccines in many ways. We just don't. There's just not much science at all. And then you talk to people that are studying it. They're like, it's horrifying what few studies have been done. Uh, but you know, again, expanding to six G. I mean, I can't, I keep seeing, you know, Donald Trump is just really such a businessman, right? He just sees like, I want to be the newest, hottest thing. I want to be the center for all of it. But without really thinking about safety, it could be incredibly dangerous. So we'll see how this tug of war goes. I think with Robert Kennedy Jr and Donald Trump in this space would be really interesting.

**[00:10:54] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

It's going to be huge. And we're talking environmental toxins here. That's an invisible one. One that is well, I guess it's still invisible are pesticides, herbicides. And this is really continuing to be the story of the day. We're reporting on this for for weeks. And I want to go through a headline here talking about paraquat. Paraquat is an herbicide. It's banned in over 70 countries except the United States. And here's the recent headline facing 8000 lawsuits. Syngenta will stop producing herbicide linked to Parkinson's disease. That is paraquat. And so this is showing once again that it's the legal bench that is really protecting Americans health compared to the regulatory agencies, because in 20 2025, this is the headline US EPA will reassess safety of herbicide paraquat says it's chief that's in Reuters. They're saying we'll get around to that assessment. But until we get around to that assessment, we're going to keep using this even though 70 other countries banned it. And so that's Syngenta is actually reacting to what is happening in the courtroom. They're pulling the product. And there's a lot of studies that have been coming out recently, which is really great to see to drive this idea home.

**[00:12:04] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

We know pesticides are dangerous, but how dangerous? Here's one of them. Genotoxic and epigenetic signatures of early life pesticide exposure. This was a systemic review and a meta analysis. So they looked at a bunch of studies. In fact, they looked at 28 studies. And it says this systemic review meta analysis provides substantial evidence of genotoxic effects of prenatal and early childhood pesticide exposure, with DNA damage and epigenetic alterations observed across diverse populations and study designs. The findings suggest that pesticide induced genotoxicity during critical developmental windows may serve as a mechanistic link to adverse health outcomes, including impaired fetal growth, preterm birth, and potentially neurodevelopmental and metabolic conditions with complementary evidence from our systematic review showing similar effects on the immune system parameters. You don't hear the vaccine crowd talk about that. Maybe if you want your vaccines to work a little better, you should probably stop dosing kids with pesticides. This is the biggest study here though. This next headline, this has been ringing across the headlines everywhere. New WSU study shows exposure to pesticide toxin creates disease risk over 20 generations.

**[00:13:15] Del Bigtree**

Wow.

**[00:13:15] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

I hate to ruin your day, Del. This was a rat study. And we look at this. Let's just go right to the study and see what they found. They say this the generational stability and transmission of epigenetic alterations and alterations across 20 multiple generations in mammals was investigated. The data suggests that maternal and paternal lineages can both induce and inherit epigenetic alterations that influence disease, for example, kidney testis, ovary, prostate incidence, Reproductive health. Pasteurization in infertility and overall fitness. Generationally, this is massive. It's not just does it increase cancer diseases in our generation, which is devastating, but 20 generations. So we're we're at a point now where, again, we're going to focus at the federal level with the farm bill. There's been a lot of focus on this for good reason. And this is the new lead headline. House farm bill clears committee with controversial pesticide and livestock provisions intact. It needs to go to a full House floor vote, a full Senate floor vote. Both chambers will then vote to pass that if it passes for the president to sign it. There's a little there's a little ways yet, but let's go into this farm, bill.

**[00:14:28] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

What's the controversy? Well, you can see right here, section ten 205. This is the uniformity of pesticide labeling requirement. This is the de facto immunity. So basically what it's saying is if these pesticide labels are fine the way they are, and the EPA is not requiring any updates, there can be no state lawsuit, so it kills the lawsuits right there. And when people are looking at this, they may say, well, well, then the EPA should just reassess the safety of glyphosate in humans in the environment. Right. Well, in the farm bill, section ten 204, it says that review doesn't have to happen till you can see that last number there, 2031. They're going to buy them a little time to have complete immunity. So this is why there is a massive, massive mobilization at the grassroots level to end this farm bill, to kill this farm bill, to kill these amendments to this farm bill, not the whole thing. The whole thing is not bad, clearly. But these amendments, a lot of people are not really liking these amendments for good reason.

**[00:15:29] Del Bigtree**

Absolutely. I mean, I just don't understand when we look at the rest of the world isn't using a product, why do we have to go out of our way and say, hey, let's see if we can bring it back. Main line it here in America. I just, you know, we grew up thinking about American exceptionalism. I know we're an international show. You're all probably giggling to yourselves as you're watching from other nations. But there was this sense that we don't test on our own people. We have the best food supply. We make sure we're healthy first, and then you know everyone else. The opposite is the case. We've got some of the, you know, most the most egregious toxic chemicals. We fight to keep them on foods. They're banned in other countries. But we just go right ahead and then just look the other way. On the lack of safety science. It's a story that just keeps going over and over and over again. But it's really important Jefferey because this is our food supply and we have this ability if we want to do something. I'm telling you folks, if you reach out, just pick up the phone and call your representatives, whether it's your senator or your assembly members, uh, call them, go and set up a day to go to the Capitol and just meet with, you know, just say, I am one of your constituents. I vote for you and walk into their office and say, I have a real beef with this. I don't want to see you signing on to this. I don't want to see this happening.

**[00:16:42] Del Bigtree**

You can't imagine how effective that is. I just want to say this because I didn't used to do this before I was running around. I first did it when I was on tour with VAXXED and people grabbed me and said, come talk to our, you know, representatives. But when you walk in that office, what you don't realize is they know how hard it is to get up the gumption to do that. They assume there's one of you, there's 10,000 that didn't show up, that want to do exactly what you're doing will never get the courage. So in many ways, you are the voice of 10,000 people when you walk in those offices. So think about that next time. You're like, what should I do? You know, with my kids would be a great outing, a great outing. We go and like, get do your civic duty and meet with your representatives and say, hey, I'm not having my food supply poisoned anyway. Great. Jefferey, thanks for bringing attention to this. These are the types of things that just keep trying to slip in these bills without letting anyone know. Uh, that's, you know, we've done just such great work over the years and we've nipped a lot of these things in the bud. We'll see if we can stop them. Obviously, we've got a march coming up. Um, people again, people versus poison. So, um, hopefully we can stop the liability protection on the Monsanto products. But anyway, Jefferey, thank you so much for your great work. I'll see you next week.

**[00:17:52] Jefferey Jaxen, Investigative Journalist, The Jaxen Report**

Alright.

**[00:17:52] Del Bigtree**

Thank you. Alright. Well, you know, look, this is the work that we do here at The HighWire. It's really important to get the word out, especially, you know, when you got to ask ourselves, why do you never hear this on the on the television? Why don't you hear it from CNN or MSNBC or Fox? Are they ever letting you know those votes are coming up? No, because just watch the commercials. Who's advertising for them? It's usually the same companies that we are trying to keep from poisoning us. That's why we don't have any sponsors here on The HighWire. You are our sponsor. And for everyone that has taken that seriously, for all of you that donate and sponsor every single month, uh, you know, I just want to thank you. Look at the incredible work that we do. Look at the lawsuits that we're winning, look at the show that we put on. But if you're sitting there watching, or maybe you're new and didn't realize this is how it works, we would love for you to become a recurring donor, so why don't you just go to the top of the page, hit donate wherever you're watching. If you're watching The HighWire, um, just hit donate or go to thehighwire.com, hit donate, scroll down and become a recurring donor. And that means, you know, whatever, you can give it a month, whether it's \$26 for 2026, that would be awesome. Can't imagine what difference that makes. But also, you know, for those of you that are out there, even if a dollar is all that makes sense for you, where your budget is at, it's about, you know, feeling like you're involved.

**[00:19:10] Del Bigtree**

This is a network. We're in this together. We're a family together. I want you to feel what it feels like when we have these victories, when we break stories, when no one else is, uh, it's so important. Um, another way that you can donate is to go to our merch store and buy some t shirts or some hats. Uh, we've talked about the notebooks that are there. We have a great selection of some of the books from the experts that have been right here at this desk, but especially want to draw your attention as we get closer and closer to this march in Washington DC. April 27th is coming up. The people versus poison. How about you grab some Highwire merch? That is going to be the best way. First of all, say, hey, you watch the Highwire to make connections, to build that community, to stand out in the moment. Be a great time to do it. But it's also how I find you in the airport. If you're wearing a Highwire shirt, I will walk up to you and say, hi. I've met a lot of you out there while you're while I'm out on the road, so it'd be great to see you. But this is how we Highwire.

**[00:20:11] Male Speaker**

Good evening to the Highwire.

**[00:20:20] Lee Bigtree**

We asked and you delivered, showing us how you Highwire.

**[00:20:24] Female Speaker**

This is how we Highwire.

**[00:20:26] Female Speaker**

This is how we Highwire team.

**[00:20:28] Lee Bigtree**

Highwire is being rep from all over the world.

**[00:20:32] Female Speaker**

Sporting our new Highwire gear in the free state of Florida.

**[00:20:35] Male Speaker**

When I wear this cap makes me feel proud.

**[00:20:37] Female Speaker**

I am a doula and childbirth educator and I love wearing my Get Factsinated t shirt.

**[00:20:42] Lee Bigtree**

Sometimes it's not just what you wear, it's who you meet while wearing it.

**[00:20:46] Female Speaker**

When I was wearing this shirt yesterday, a tourist came up to me and said, love that shirt.

**[00:20:51] Male Speaker**

Since 2020, when I woke up from The Matrix, I've been talking to neighbors, connecting with local groups.

**[00:20:57] Female Speaker**

There are a lot of people that are a little bit hesitant about approaching the topic of vaccination, and this wearing this shirt allows them to approach me, and I know exactly where to send them.

**[00:21:06] Lee Bigtree**

Whether you're dropping the kids at school or marching in rallies across the globe, we see your dedication, we feel your support. And now it's easier than ever to join the movement because we're having our biggest sale yet. We want to see millions of truth tellers show in the world how they Highwire. Head to [Thehighwire.com](http://Thehighwire.com) shop to support our mission and stock up on gear for the whole family.

**[00:21:31] Female Speaker**

Thank you so much. Keep it up.

**[00:21:33] Male Speaker**

Thank you for spreading truth.

**[00:21:34] Female Speaker**

We love you guys. Thanks for what you do.

**[00:21:40] Del Bigtree**

Alright. Well, you know, there's so many great stories that we've heard over the years about, you know, mainstream medicine people that go and, you know, go through med school and find their calling. But as they go along, they start realizing, wait a minute, this isn't what I thought or it's not all that it's cracked up to be, or is there something even deeper or better or more brilliant than what I'm doing now? I love these stories of practitioners that just keep evolving what they're doing. No one represents that better than my really great friend, Doctor Stuart Fischbein. This is his story.

**[00:22:20] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I grew up in a house with a mother who valued education. I learned to challenge authority. I would be that little kid that goes, But why did she say that famous line? Because I said so. And because I said so. Never sat well with me.

**[00:22:39] Female Speaker**

You're so many things to me.

**[00:22:45] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I grew up in Minnesota and the son of a Jewish mother. And what does a Jewish mother want for her kid, at least back in the 70s, was for them to be a doctor or a lawyer. Applied to medical school, got into the University of Minnesota. The second two years are all clinical rotations. I was up at four in the morning catching a baby, and I thought this was the coolest thing. I applied to residency programs matched at Cedars-Sinai Medical Center in Los Angeles. We had an affiliation with L.A. County, USC Women's Hospital, which at that time was the busiest hospital in the United States as far as maternity care goes. They did approximately 22,000 births a year there, which is about 65 babies a day. And those days, things like breeches and twins were considered just variations of normal. I got very skilled in those sorts of things for the first 5 to 10 years in practice. I was still a very medicalized doctor until I began to learn more from the midwives. I would sit in the lounge with the midwives. I'd ask them questions, and then they started asking me questions like, why are you putting her in Lithotomy position? Which is where you're on your back with your legs in stirrups and covering her with blue drapes and washing off her bottom with Betadine, a sterile solution.

**[00:24:01] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And why are you cutting the cord immediately? Why are you showing this woman this beautiful thing she created, and then walking it across the room and setting it down in the warmer? And I'm looking at that and going, I don't know why am I doing that? I guess I'm doing that because that's the way it's done, which is not a very good answer. I decided I was going to form a collaborative practice with hospital based midwives. We had great results. We had a c section rate of about 7% when the average at that hospital in the mid 90s was about 27%. You'd think that the hospital and people around there would be delighted that we did that, but they weren't because we were different and different makes people uncomfortable. They began to get upset with us because our results were making them look bad. I was doing breech deliveries. They were sectioning all breeches. If a woman called it in the night and said she broke her bag of waters, I'd ask her, is the fluid clear? Are you bleeding? It's a baby moving, I'd say.

**[00:25:00] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Sure. Great. Go back to bed. They would tell the woman to come right into the hospital and they would start them on pitocin right away. A lot of our patients did not want epidurals, yet. The anesthesiologist had to be at the hospital making no money because our patients weren't using their services. Pediatricians didn't like us because a lot of our moms did not want hepatitis vaccine or vitamin K or the erythromycin eye goop. The longer the patient stayed in the hospital, the more revenue it generated, the medical field looks at preventing liability and generating revenue. Their mission was different than my mission. My mission as a solo practitioner and my fiduciary duty was to my client. The hospital's is completely different.

**[00:25:42] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Hi, my name is Stuart Fishbein. I'm an ob gyn from Southern California. If hospitals make 2 to 2 and a half times as much money doing caesarean sections as they do vaginal births, and if the hospital that I work in has mandated that every C-section baby has to be admitted to the NICU for four hours for observation. Cash register. If you if you know what I'm saying. How would you ever convince a hospital to allow Vbacs again?

**[00:26:08] Male Speaker**

I guess we can't. We can't close your hospital, right? That's not one of the options.

**[00:26:12] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

They decided that they were going to ban VBAC, which is vaginal birth after cesarean. Then they banned the midwives from the local hospital. Then they were going to ban breech delivery. And in June of 2010, I had done three breech deliveries, all of them. Fine. And then I got a letter from the chairman of our department saying that if I did another one, they were going to suspend me. I had good advisors, and the midwives all told me, Stu, just start doing home births.

**[00:26:38] Male Speaker**

You ain't said a minute.

**[00:26:40] Female Speaker**

Hey, Sarah. Yeah.

**[00:26:43] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I started doing home births with midwives. They brought skills that I didn't have, and I brought some skills they didn't have.

**[00:26:50] Male Speaker**

Open your own.

**[00:26:52] Female Speaker**

You're doing great, Aurora. You got it.

**[00:26:54] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I began to do breaches at home and twins at home. I published four papers. I became sort of an icon in the community of Southern California. I was pretty much the only option for women with breaches or twins who didn't want a cesarean section scheduled four times one.

**[00:27:23] Female Speaker**

That's it.

**[00:27:24] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

It was the best thing that ever happened to me leaving the hospital. Had I not met those midwives 40 years ago, I probably would still be the ob gyn. That's just following the rules and and having a 40% C-section rate, 50% of women complaining of obstetrical trauma inducing. A third of all women having 80% of my patients have epidurals and having no concern for what is that? What's that doing to that baby? That mom and that mom's future babies.

**[00:27:52] Female Speaker**

Should be pushing?

**[00:27:52] Female Speaker**

Baby, push your baby out.

**[00:27:56] Female Speaker**

Oh. Oh. Oh, my God, look at how beautiful you are.

**[00:28:04] Female Speaker**

Hi, baby.

**[00:28:06] Male Speaker**

Nicely done.

**[00:28:08] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

We've convinced women in the last hundred years that their bodies cannot give birth without being cared for and managed. That's crazy.

**[00:28:22] Male Speaker**

Look at those eyes.

**[00:28:27] Del Bigtree**

Well, it's my honor and pleasure to be joined right now by Doctor Stu or Stuart Fischbein.

**[00:28:32] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Thanks, Del.

**[00:28:33] Del Bigtree**

It's a pleasure having you here at the Highwire. Um, of course, you and I go back some time. My executive producer, Jen Sherry. You know, you helped give birth to her breech baby, which is an amazing moment at home. At home. And and so, but as we sit here right now in 2025 in the United States of America, we have some of the worst stats we've ever seen. When it comes to childbirth, record high maternal mortality, especially among African American women. Probably some of the highest day one old baby death rates in the industrialized world. And and it's it's hard, I think, to argue that America has the best medical system anymore. If our stats are so bad in that area. So how is it? What's happening? You know, because we have the biggest hospital systems in the world. We have the best trained doctors. At least this is what we've been told for decades. Why are we getting just getting childbirth so wrong?

**[00:29:44] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

There's a big disconnect between the fact that we have big medical systems, big hospitals. You know, all kinds of doctors with all kinds of alphabet numbers behind their name, alphabet letters behind their name, and the fact that that's going to translate into better outcomes. When you look at this, what we're doing in 2025, you have to take just a look back in history a little bit, and you have to look back, say 50 years.

**[00:30:10] Del Bigtree**

Okay.

**[00:30:11] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And you know, 50 years ago, we all we knew about germ theory. We had antibiotics, we had surgical techniques. So we can't, we can't go back 100 years because that's not fair. So let's go back 50 years. 50 years. We had no society for maternal fetal medicine. We had no high risk specialist doctors. We had a C-section rate of about 5%.

**[00:30:32] Del Bigtree**

Okay

**[00:30:32] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

We had barely anybody getting induced. We had rarely anybody getting an epidural. We had about 1 in 3 women getting an ultrasound once during their pregnancy. And and now we have a C-section rates that's about 35%. So that's a 700% increase. We have an induction rate that went from almost none to 1990, about 10% to now over 30% of women are getting induced. Just think about that for a second. That the medical system that that we all want to rely on has decided that over a third of women need to be sectioned, over a third of women need to be induced. 80% of first time moms have an epidural, and most women have at least three ultrasounds, if not more, from this high risk specialty group called maternal fetal medicine doctors. And yet, the rate of cerebral palsy, the rate of neonatal death has not gotten better if anything has gotten slightly worse. So if you just take a step out of it, and if you're not stuck inside and you don't and you're not involved in the control and the money and all that other stuff, and you look back and you say, we have all this technology and all these interventions, and our outcomes are getting worse. Any sane person would say, whoa, what are we doing here? Why are we going backwards? And the excuse that you see, like, like I know in your autism discussion, you say, well, kids are sicker and kids are, you know, and there's other problems going on. And people say, well, women are fatter, women are older. That doesn't account for a 700% rise in cesarean section rate. It doesn't account for 80% of women getting epidurals. There is no consideration in the medicalized birth model for nature's design anymore. It's all become algorithmic and interventionist. And until we realize that what we're doing isn't working by simply looking at outcomes, nothing's going to change.

**[00:32:31] Del Bigtree**

Let's take a look at you. Broke down several issues. They're inducing labor. Um, we've had two kids, my wife and I, um, uh, at home, which was a beautiful experience, but, you know, you look into all the other ways it could happen. And inducing is something that's a big part of this conversation. I'm a natural law guy. Like, I just always think as soon as you start messing with nature, you're, you're now putting yourself in some form of risk. You're trying to make the body do something it's not ready to do or doesn't want to do. For some reason, your body is not going into labor. What is the main. So if we're at 30%, you know, of women are inducing labor. Is that because of the executive birth phenomenon where they just want to have this birth at a scheduled time. Or are they being told you're carrying too long? What is the main reason for inducing labor?

**[00:33:23] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

It's not right to be blaming women for choosing induction or choosing caesarean as the reason that these things are rising like crazy.

**[00:33:29] Del Bigtree**

Okay.

**[00:33:30] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Fear permeates my profession. The American College of ObGyn is an industrial lobby that lobbies for academic obstetricians, and they have a statement in several of their guidelines that say things like this. Pregnancy itself is a high risk condition. If that's the prism by which they're looking at pregnancy, and I agree with you about nature's design. When you mess with Mother Nature, there will always be downstream consequences. You might not recognize them right away, but there will always be something. And because of fear that permeates the training of medical students and residents and then subsequently obese and because medical maternal fetal medicine doctors are now controlling the entire profession of obstetrics, where they run the medical schools, they run the organizations, and they profit from the more testing and the more things that they do, the more diagnosis they make, the more labels they dish out to women, the more they can control them. And it's fear that then leads women into being induced for all these things. Maybe a small percentage of women need to be induced, but the idea that a third of women need to be induced when 30 years ago it was only 10%. So explain to me in simple terms what happened in the last 30 years that made it triple.

**[00:34:53] Del Bigtree**

Yeah.

**[00:34:54] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

If it isn't just iatrogenic, which is where doctors, you know, do things that cause these problems themselves. I mean, there's a thing we talk about called the cascade of interventions, which means that a woman is doing perfectly fine. And in her mind, she feels good about her pregnancy. But she goes to her ob's office, and she has a test or an ultrasound that they find some little thing that's wrong or maybe not right, but doesn't really mean anything. But now a seed is planted in her head and so now she starts to worry and that worry is changing her chemistry. And as we all know, mammals, when they are fearful, they often will not go into labor. It's, it's nature's way of protecting the offspring. And only when it's safe will labor ensue. That way, nature ensures better chance of survival. So a woman is now basting her baby in fear hormones like cortisol and adrenaline instead of dopamine and oxytocin, our love hormones. And as she goes along. So now she's got this thing planted in her head. So now her doctor says, well, let's send you to the MFM and the MFM does an ultrasound and seems like everything's fine, but maybe the fluid was a little bit low, or maybe they saw a little bit of a marking in the heart or something. Again, doesn't mean anything. But they'll say to the woman, you know, I think things are okay, but I want to see you back in two weeks. Did the woman hear the words? I think things are okay. Or did all she hear was, I want to see you back in two weeks. So now she's worried for two more weeks and the worrying starts to build up, and she's getting pressure from the outside, from family members and other people and other girlfriends who are telling her things.

**[00:36:27] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

My doctor said this, my doctor said that. So eventually they succumbed to the idea. Well, you know, you don't want to end up with a baby that's in the NICU or dead. So let's just induce your labor because the medical model doesn't think there's anything wrong with altering nature's design about labor itself, and the fact that babies often signal the mother. And it's a little bit of a mystery of how it works. There's things we understand and don't understand about how labor ensues, but there's a natural way of doing that. There's a hormonal symphony going on between mom and baby, and there's other things that we don't understand. And the baby then triggers labor. Labor goes, the baby has to navigate the process of labor, which is beneficial to the baby later on. Nature wouldn't design it any other way. Baby gets exposed to mother's microbiome. We all know, and especially your listeners know, about the microbiome. Um, the medicalized birth model doesn't consider that to be that important. They use antibiotics like water and, um, their babies are born by caesarean section. Babies born in the hospital are often get exposed to the wrong bacteria at the very beginning. They don't think there's any importance to that. They don't think there's a significant importance to delayed cord clamping or what we call optimal cord clamping, which is essentially no cord clamping. Acog comes out with these artificial numbers. Acog, the American College of ObGyn, saying, well, 60s of delayed cord clamping, because if it goes beyond that, then there could be a problem. Well, why 60s why.

**[00:38:00] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Why not two minutes? Why not a minute and 12 seconds? Why not? Why not leave it alone? What other mammal gets its cord cut immediately?

**[00:38:07] Del Bigtree**

Right.

**[00:38:08] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Some snap when they call. You've all seen the videos of elephants or giraffes with the fall to the ground. The cord snaps. Babies don't bleed to death. But if you have a had a dog that's had a litter, you don't rush in and cut the cord. And no one ever separates the baby from the mother. And no one ever takes the food and water away from the dog when it's in labor. Yet we take food away from women in labor and expect them to do this very difficult, energetic thing for 20 hours with essentially a popsicle. And we interrupt them all the time. No one would interrupt your dog. It was in labor. You would tell the kids to leave the dog alone. You wouldn't have bright lights. You wouldn't. You wouldn't make the dog lay in one place. If the dog was uncomfortable. The dog will get up and move. We tell women they need to be in one place because they have to wear the belts, because we have to monitor the baby, which is a whole nother thing that that has led to the rise.

**[00:39:04] Del Bigtree**

The recent headline on that, we got that right here. This. I mean, I guess this is a sign that maybe we're waking up a little bit. New York Times shockingly, the worst test in medicine is driving America's highest C-section rate. Uh, you know, we were just talking before, you know, we started this interview. My son was born 17 years ago. He's 17 years old. Uh, we knew, you know, because of talking to people like you don't put the belt on as soon as you put the monitoring belt. I forget what the stats are, but you've just increased your risk of a C-section, something like.

**[00:39:39] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You know, by a significant amount.

**[00:39:40] Del Bigtree**

By a significant amount.

**[00:39:42] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

The problem is, is that the medical system that we just talked about doesn't work on individuality. It works on algorithms, and they think algorithms will protect them medically, legally.

**[00:39:53] Del Bigtree**

So that's what I was going to ask you. What is it the heart of this? Is it speed? Like you know, I hear doctors, they don't get paid for a ten hour birth anymore than they get paid for a one hour birth. So better I just do a C-section and get the hell out of here for my time to be valuable. I don't know, is that true or not? That's true.

**[00:40:13] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. There there are three and for 3 or 4 things that drive it, expediency is one.

**[00:40:18] Del Bigtree**

Okay.

**[00:40:18] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

It's a lot easier to do a C-section at 730 in the morning and be out by 820 than it is to have a hospital that has a policy that says with a vaginal birth after cesarean, Doctor Fishbein, you have to be in the hospital the entire time she's laboring. That's our policy. Okay. So they make a they make policies that make it hard to offer women individual care. The second is money, right? So time, money, fear of litigation.

**[00:40:44] Del Bigtree**

Why is it cheaper to have them in and out quickly? Just the hospital services.

**[00:40:49] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Well no, it's it's the hospital makes more money.

**[00:40:51] Del Bigtree**

They want more money.

**[00:40:52] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yes.

**[00:40:53] Del Bigtree**

So they're charging you for all of these things. They're adding on to basic economics.

**[00:40:57] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You know, if you want more of something, you subsidize it. If you want less of something, you tax it. So if we wanted to lower the C-section rate tomorrow. One of the things there's lots of things involved. We need tort reform and other things like that. But one of the things that you could do is you could change the way we reimburse things. You could pay people for not doing stuff. You could pay more for a vaginal birth than you pay for a cesarean. It takes more skill and more time to do a vaginal birth than a cesarean. But it's.

**[00:41:22] Del Bigtree**

Wild because it's a surgery versus something that.

**[00:41:26] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

We've always valued surgery higher. Now the doctor, again, to be fair, the doctor's probably not getting paid more, but the doctor's saving time. Yeah, the hospital makes 2 to 2 and a half times as much money when a woman has a cesarean. And if by chance that cesarean is done earlier, the baby is having rapid breathing and the baby goes to the newborn intensive care unit. That's a cash cow for the hospital. And interestingly enough, in the last 15 to 20 years, the rate of NICU admissions, newborn intensive care unit admissions, according to the CDC, which doesn't do everything right, but sometimes their numbers are pretty good, has almost doubled from a little over 5% to just under 10%. Tell me that we really believe that 9.8% of babies in America should end up in the newborn intensive care unit. But it's a cash cow.

**[00:42:11] Del Bigtree**

Yeah.

**[00:42:11] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Now, they're not going to admit that. But if suddenly you paid less money for these things and more for non interventions, or you paid a hospital more per delivery, if their C-section rate was below 25%, and if it's above 25%, you pay less per delivery. Now people say, well, that's coercive. You can't do it. Yeah, it is coercive.

**[00:42:33] Del Bigtree**

It's coercive. The other way. Yes, they're being incentivized to drive further and further away from it.

**[00:42:39] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

We're incentivizing you to go back and to go backwards toward where things were more normal and trusting more in nature. That small percentage of women that need to be induced, that need a scheduled C-section think, you know, we all know that hospitals are great. When there's emergencies, you break a leg, you have a heart attack, you want to go to a hospital. But Pregnancy is the only thing you go to the hospital for. That's a normal physiologic function.

**[00:43:06] Del Bigtree**

Huh?

**[00:43:07] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Nothing else.

**[00:43:08] Del Bigtree**

Right. That's interesting.

**[00:43:10] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. We've we've created. They did a great job in the last 100 years of Medicalizing birth. Taking it away from midwives and naturopaths and homeopaths, homeopaths and making it seem like it was a medical condition. They took it over. They they took over the medical schools. They they pharmaceutical ized it. If that's a word, you know, we're writing prescriptions for things. They're using drugs and meds as opposed to trusting nature's design, intervening, doing preventative care, intervening when it's necessary, trying to, you know, talk about nutrition. Listen, prenatal visits in the obstetrical world are averaging six, seven, eight minutes long. You cannot give someone the same care as if you give them 30 minutes or an hour.

**[00:43:53] Del Bigtree**

It's amazing.

**[00:43:54] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And midwives.

**[00:43:55] Del Bigtree**

Do. Our midwife meetings were usually.

**[00:43:57] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

At least an hour long. Yeah, I know your midwife and I know that she can talk.

**[00:44:01] Del Bigtree**

So. So.

**[00:44:03] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yes, but they. But then you get to know the couple. And by the way, then the couple feels more confident and the husband often has this thing where they feel very, um, insecure because their job is to keep their family safe.

**[00:44:16] Del Bigtree**

Yeah.

**[00:44:17] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And all they know is what they see on TV or whatever about the fear based obstetrical model. And pregnancy is a scary thing when you have time and when men show up with their partner to these prenatal visits and in labor, the men have a stronger bond with their woman. The excitement, the the respect that you feel for your wife. If you stand up for her, then she respects you. If you know that her birth plan is to say not get an epidural or not have a vaginal exam, and you're standing there while they're doing a vaginal exam on her and you're not saying anything. Yeah, your wife is going to look at you a little bit differently. Then you stand up for her. She's going to love you even that much more. And a man who was present when his wife goes through that and catches his own baby, or is there present when their baby is born? It's going to be a better father, a better husband, more likely to stay in the marriage. I don't need a study to tell me that. Yeah, I know people will say, oh, how do you know that? There are some things that that you don't need studies for.

**[00:45:16] Del Bigtree**

What was this transition like for you? You know, first of all, when you were in medical school, did it teach differently than it teaches now?

**[00:45:26] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You know, I don't I don't know because I haven't been to medical school in a really long time. But yes, I think, I think it's still very pharmaceutical based. Listen, I didn't come out of my residency, my medical school and residency thinking like I do now. Yeah, that was, you know, the backstory is, is pretty long and, and not something that, that I would have ever expected to be here sitting on your stage today doing this. But medical schools, yeah, they teach very much textbook stuff. They're very pharmaceutical based. Remember who is the largest benefactor for medical schools. Say it. Pharmaceutical.

**[00:46:02] Del Bigtree**

Pharmaceutical? Yeah, pharmaceutical. They're funding the textbooks and everything. It's all. Yeah, I mean, I, I think we're all starting to believe doctors are more and more just becoming drug pushers. Yeah, everything's got a drug. Everything needs a drug. Drugs need other drugs to make that drug work better or not. Give us the side effects. So it's a whole.

**[00:46:22] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And it's easy to write a prescription than it is, than it is to spend time talking about why you don't need one.

**[00:46:27] Del Bigtree**

How often do young doctors look you up or come to you and say, I'm interested in what you're doing?

**[00:46:35] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Very rarely. But there are. There are some. I wondered, how do good people. Because good people go to medical school. There's no question that people who want to help people. How do they come out and end up being somebody that stands in in the operating room, coercing a woman into something she doesn't want, or doing a vaginal exam or, or rolling his eyes or her eyes at the woman because she doesn't want to do this or that test or whatever else, or stomping out of the room because and labeling the patient non-compliant. How does a good person become that person? And part of me believes that if they get beaten down by the system, and part of me believes that medical schools are now looking for people who are more sheep than shepherd. Yeah. When I was came out, when I came out in practice, now I'm starting to sound like my dad. But when I came out in practice, um, doctors usually just hung up their shingle and built a practice from nothing. And we were, we were our own bosses.

**[00:47:30] Del Bigtree**

Yeah.

**[00:47:30] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And yes, we had to be licensed and yes, we had to be privileged at the hospital, but we, our patients were our patients. Somewhere in the late 80s. And 90s, the medical cartel, figured out that that's not a good business model for them, that we need to control the patient lives. So let's get the patients and then we'll hire the doctors. So the doctors suddenly became employees, salaried, working a shift. You don't care the same Him, and you don't get the same continuity of care and you don't get the same satisfaction.

**[00:47:58] Del Bigtree**

I also have a new set of rules, right? Based on legalities. You know, as your own. You know, having your own clinic or your own practice, you decide what you're seeing as your results. What gives me better results. But if you're working for somebody like it's mathematically proven. It's like a baseball game, right? That the algorithms, as you said, put it on the monitor. There's this one, you know.

**[00:48:22] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

The analytics

**[00:48:22] Del Bigtree**

You know the analytics of it. And so it just becomes. You know what you have to do, isn't it? Don't you have to go through these procedures or your boss is going to say, you're putting us at risk? Not probably telling you you're putting at risk, not telling you we're not making as much money.

**[00:48:37] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I'll give you a perfect example. Kaiser Permanente in Southern California. I know them well because I spent 40 years there. Um, they pretty much I think they still have a rule that don't let people go past 41 weeks. Right now, 40 weeks is considered the middle of a bell shaped curve, and 41 weeks is perfectly fine for some women and some women it's not. But for the most part, it's not a it's not a magic number. Yeah. Now, doctors that work for Kaiser have to know that making a woman deliver by 41 weeks isn't the only option yet. They have to tell women it's the only option. They have to skew their counseling to get the woman to deliver before 41. Because if they don't, they're going to get yelled at by somebody in their department. That's that's what's crazy about the whole thing. They work on an algorithm because they think it protects them legally. And I don't know, I'm not an actuary. I'm not a risk management lawyer or a hospital worker. So I don't know if it's true or not, but it doesn't seem to matter that their outcomes are getting worse and worse. They're more concerned about keeping their doors open. And I understand the fiduciary duty of the chief financial officer of a hospital is not to the woman in labor. His fiduciary duty is to keep the hospital doors open. And how do you do that? Don't get sued. Make a lot of money. Yeah, that's how you do it.

**[00:49:53] Del Bigtree**

Well, if they've intertwined the two, you make more money by doing all the tests and stuff that keeps you from being sued. You say, hey, we tested for everything. It wasn't missed for lack of investigation or whatever issue there was.

**[00:50:05] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. One of one of my pet peeves is the overuse of ultrasound and technology. Um, you know.

**[00:50:10] Del Bigtree**

What do you think ultrasound does for someone? What is your beef with it?

**[00:50:14] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Well, okay, so ultrasound is not tested, by the way, for safety. Oh, shocker. Yeah. So we have no we have no idea about the non-ionizing radiation of ultrasound. We do know that it does do things to cells in petri dishes and stuff, but they haven't done human testing, I believe, since the late 80s in China is the last time they've done it, and the machines have gotten more powerful. Yeah. We also know that 3D ultrasound and color flow Doppler ultrasound are higher intensity non-ionizing radiation. Um, there there's certainly a use for ultrasound. Should it be automatic and algorithmic, and should every woman have this many ultrasounds? Absolutely not. But that's the system will do that. They'll want you to have a first trimester ultrasound. They'll want you to have one. Maybe at 12 weeks, they'll want you to have one at 20 weeks. Then they'll want you to have one early in the third trimester if everything is fine, that's for ultrasounds, right? Again, I get to the bottom line is doing for ultrasounds. Have we improved outcomes?

**[00:51:15] Del Bigtree**

Right?

**[00:51:15] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

No. What has improved the revenue generation for the maternal fetal medicine profession?

**[00:51:20] Del Bigtree**

Yeah.

**[00:51:21] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. So, you know, I don't want to impugn every single individual in there, but those people that are listening to me that are getting a little knot in their stomach because I'm upsetting them, that little cognitive dissonance that's setting in. Think about what you're doing. You're doing all this testing because you've been told that it's the right thing to do in order and do these tests on these women. But are you improving their outcomes or are you just getting a live baby in the bassinet. And then whatever happens to that baby and that mom downstream and that mom's future baby's isn't your concern anymore.

**[00:51:56] Del Bigtree**

How much of it is the is the dot? You talked about the mother's fear. Something I'm starting to question. Like I'm trying to. I'm trying to hold on to some remaining ounce of empathy for doctors or, you know, understanding of why they seem to be so close minded, like all the things that you've said. And I was recently hanging with a friend of mine, old friend from high school. I hadn't seen him in years and years and years. Hospitalist works in a hospital. We obviously don't see things exactly the same, but I really tried to have an honest conversation. One of the things he talked about is death, that he has to deal with death all the time. He's got to walk people through. You're going to have to take your loved one off of life support and that conversation. Try to do it in a nice way. But as he was talking about it, he's like, it's really hard. It's really hard. I mean, I have to be there for people emotionally. It sucks the life out of me. Like it's just being really honest about it, but is there something about that that I'm not thinking about as a layperson? You know that, you know, you see on occasion a baby's going to be stillborn. On occasion, mom, you know, whatever. You see death around you. Does it have a natural thing where it makes you more cold and calculated? Because in order just to protect your own emotional space, that you can't handle it. Like, I mean, I guess I'm trying to understand what that part of it. We never, we watched it on television. The big heroes, the, you know, TV shows, saving lives. But when we lose lives, that's something I don't have to deal with on a daily basis, or at least on a yearly basis, or really almost ever, except for some people that are close to me that I lose in a life. What is it in medicine? Is that is that a trigger point to make it easier for the legal and all the testing and all the studies to just push it away from my own psyche?

**[00:53:46] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I think those people in administration and risk management think think that way. I think the individual physician is handcuffed because the individual physician is a human person, and they'd like to be able to feel grief and emotion because when they lose a patient. For me, when we lose a baby. All right, it's devastating.

**[00:54:10] Del Bigtree**

Yeah.

**[00:54:11] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

In the in the model that I practiced over the last half of my career with midwives, I was allowed to express my sadness and I was allowed to express my sorrow to the family and that sort of thing. What happens in the medical model, because doctors are essentially employees now, is that the hospital then controls the situation. They circle the wagons and they shut down the communication and they couldn't be doing something that's worse.

**[00:54:37] Del Bigtree**

Right?

**[00:54:38] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Because all parents want to know is what happened.

**[00:54:41] Del Bigtree**

And you cared.

**[00:54:42] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And when you start to fudge it Aw. Aw. Shut up. It only makes people angry. And it and it's it's devastating. And you're doing it at a time where they're suffering. You know, a catastrophic loss. And now you're shutting down and you're not communicating with them. And I think again, anytime you get a big system, del, it becomes cold. Try calling customer service. Any large company and you're going to get somebody in a foreign country who really can't help you, but is there to placate you to a little bit. But you're not going to be satisfied with that. Try talking. And sometimes you can't even get a human being. And the hospitals are the same way, because what happens when there's a bad outcome in the hospital? The hospital then shuts down, it closes its gates. And the only way that that a family can find out what happened sometimes is to hire a lawyer. And that doesn't benefit anybody, right? But they they think differently than you and I. Yeah, they've lost the humanity. And again, because doctors are no longer in charge of their own patients, doctors don't have the same connection. Doctors are taking care of people in our model. I'm just talking about obstetrics now. Not all the other medicines, but even even other medicine have hospitalists now. But. But doctors who take care of pregnant women are catching babies for people they've never met before. And the people that they've seen for seven months in the office, those babies are being delivered by someone else. They're not seeing the culmination of their work. It can't be very satisfying for them.

**[00:56:16] Del Bigtree**

Right?

**[00:56:16] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And, and I and again, because I just don't believe that they're happy because happy people don't treat people like I described earlier. I just don't understand why more of them are are not willing to walk away.

**[00:56:28] Del Bigtree**

Where do they walk to though?

**[00:56:29] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Well, they could go into private practice. They could they could get rid of the, you know, they're going to take.

**[00:56:34] Del Bigtree**

But then they take on the role. But they take a financial hit.

**[00:56:36] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

They take a.

**[00:56:37] Del Bigtree**

Financial they take on all the risks. Now. Now the legal issues are theirs. The the insurance Getting the insurance. Paying.

**[00:56:43] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You know, we in the home birth world, we didn't have malpractice insurance and we did fine because we have relationships.

**[00:56:53] Del Bigtree**

Yeah.

**[00:56:54] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And I understand that that's going to freak a lot of people out because again, when you've only lived in one paradigm all your life, the idea that you could do something different is very frightening to people. It's a little bit of a mass formation thing that Mathias Desmond, I think you had him on one time talked about where, you know, you want to be part of the collective and you and you get angry when people like me or you suggest that maybe there's another way of doing it. And I think they'd be a whole lot happier. They might not be as busy, they might make less money, but the satisfaction will be better. And I think most people go into medical school, nursing school, midwifery school, not to get really wealthy. Nobody becomes a doctor now to get wealthy. And I can tell you, no midwife goes into midwifery school.

**[00:57:38] Del Bigtree**

To get wealthy.

**[00:57:39] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

They don't. Um, so they go into it because it's a calling.

**[00:57:44] Del Bigtree**

Yeah.

**[00:57:45] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And somehow the medical system has beaten that out of most of my colleagues who, you know, then they have to defend what they're doing because the cognitive dissonance is so great. No doctor wants to wake up today and say, you know, for 20 years I've done 2000 unnecessary caesarean sections. I've cut 1000 unnecessary episiotomies. You know, I've taken babies and clamped them, deprived them of their stem cells because I've done immediate cord clamping. Nobody, nobody wants to wake up and say that.

**[00:58:17] Del Bigtree**

So what's it going to take? Because I think what I'm where the conversation's getting interesting for The HighWire and the work that we've done is, you know, we have this audience out there that is waking up to, I want to I want to have a different world. I want to have a different medical system. I want to have, you know, but, you know, we only really have one medical system and it's all this giant corporate behemoth that during Covid, Covid is a huge wake up. My audience is 100 times the size because of it.

**[00:58:50] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You've done such great work, and your documentaries have just changed the lives of so many people, right?

**[00:58:56] Del Bigtree**

Yeah. But what do we do now? I mean, you know, is the only way forward is to build new systems to if you're a doctor, you say, I love what Doctor Stu is saying. Is there any future where the hospitals fix what they're doing, that they actually go back in time?

**[00:59:15] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

I hate to I hate to be so blunt.

**[00:59:17] Del Bigtree**

No, no, no way.

**[00:59:18] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Not the way. No, it's not going to change the the doctors that that run the system right now, not the doctors that run the system. The businessmen that run the system, the, the, the business models.

**[00:59:31] Del Bigtree**

The business making tons of money.

**[00:59:32] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Correct. They're not going to give it up. Tyrants never surrender. They never say, you know what? We've been wrong for 40 years. We're sorry. We're leaving. No, they don't do that. So they're not going to give up. And here's where I'm a little concerned, because I'm hoping that when the Maha movement moves on to the next level, because, you know, we're worried about health and children. And that seems to be Bobby's biggest focus right now, which I, I agree with him 100%, but our immune health begins actually prior to conception and certainly begins in the womb. And when we start to look at how are we going to change the system, it's going to have to come from bigger people than you and me. But the mistake that's going to be made is when they decide to change obstetrics. Who are they going to go to? Yeah, they're going to go to the American College of ob Gyn or the Society of Maternal Fetal Medicine. They're the people that got us here.

**[01:00:23] Del Bigtree**

Right?

**[01:00:24] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You remember, you remember when the banks crashed in 2008, 2009? Yeah. The people that made banks give bad loans was the finance committee who led it, Barney Frank and Chris Dodd, when the crash and they were going to decide, now we're going to fix it. We're going to regulate it. Who did they put in charge? Barney Frank and Chris Dodd, right. I don't want to see Bobby Kennedy make the same mistake of saying, we're going to solve this by bringing in all the brains of academic medicine. That's actually an oxymoron because they've got us into a position with all those numbers. I said earlier about how bad we're doing. So yes, they could have a seat at the table, but they shouldn't be the only ones at the table. You need to bring in traditional midwives. You need to bring in doulas who haven't been medicalized. You need to bring in people like me not necessarily looking for it, but saying there are other doctors out there who think differently and who try to work within the system because that's all they know, or they feel more comfortable with the securities that you talked about, with the salary and the malpractice insurance and all that stuff. But they do think differently and bring those people in to come up with a better way of Returning birth to the idea that nature had a purpose in its design. And if we just remember that and we try to honor that and we try to nurture that, that most of the time we're going to be doing great. And those times where we where we aren't where we need the hospital. Yeah, that would be great. And I'm not saying we should only put 20% of women in the hospital because the hospitals will go bankrupt with that. But what I'm saying is if if we do it that way, then what we're going we're going to see is we're going to see a return to nature's design. And could we be doing worse than we're doing right now? And if we don't change it, it's only going to get worse. Do you think the C-section will stop at 35%?

**[01:02:20] Del Bigtree**

Right.

**[01:02:21] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

No, I mean South Africa, Brazil, Armenia, 7,080% C-section rate.

**[01:02:26] Del Bigtree**

Wow.

**[01:02:27] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

What is that doing to that generation of children and the next generation of children who have children? Will they lose the ability to go into labor naturally? Sure. Will their microbiomes be affected? Is this the master plan? Is there a big plan to keep us all unhealthy? I don't know, but you couldn't be doing it better if that's your plan.

**[01:02:45] Del Bigtree**

It's what I struggle with, I struggle with. I'm telling everyone in this audience right now, I'm not a conspiracy theorist. I can't say that these things are, you know, trying to or purposely designed to kill you. It does appear that they're very good at killing you. But I have not found the email or the piece of evidence that that there's intention here. Yeah. I mean, you have to read between the lines. I guess I want to I want to get off the record. I want to talk about after the show, we'll talk about what you would really like Bobby Kennedy to do. So let's get into that. To finish up here, though, for young women out there and young men that are, you know, maybe getting pregnant or about to be pregnant or are looking to give birth, what should they be thinking now in this world that they're looking at? What, what are they going to have to do? Because I think once you're in that system, that fear starts the fear porn, if you will, and it's just really hard to get out of it. What would you recommend to, you know, a young woman that's considering maybe is pregnant right now? What should she think about where she's living and how to have her baby.

**[01:03:51] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Long before she's pregnant? There's a there's a line in the in the Batman movie where he says, you always fear what you don't understand. So what I would like to see happen is I would like to see there's an organization called Girls Who Know and people can look them up, but I would like to see education in junior high, in high school for young girls and boys, about the normalcy of our bodies and about the menstrual cycle, and make it something that that's physiologically, that they understand it so that they don't they don't think that going on birth control pills is a good thing. Off the bat. And they don't get on these hormonal kicks and stuff like that. And they don't think it's gross and, and they don't think it's, you know, it's shameful or anything like that so that they understand that this is how your body works. Your body is designed to do this every month, to create an egg, to create a lining of the uterus, to do these things right, that this is natural, that having your periods is natural. And if we get healthier kids, then we're going to get back to where we see less dysfunctional menstrual cycles and stuff. Once we do that, then we can also educate those children at that level on what normal birth is like, so that when they do finally decide to get in a relationship where they're going to have a baby, they can do a couple of things before they even get pregnant.

**[01:05:05] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Check out your community. You decide you're living in Austin. Go check out the hospitals in Austin. Go to labor and delivery, speak to the nurses there. Talk to some of the people. Somebody on the board of directors. Find out what your hospital's C-section rate is. Do they support VBAC? Do they support breech delivery? You know, what is what's it like at your hospital? And and if that's not a good one, maybe you have to go over into another town and try to check out another hospital. Don't be trapped by your insurance card and your local hospital. First time you get pregnant and you go to see an OB, don't go in as a patient. Don't let that hierarchy exist. Go in as an interested consumer. Talk to your doctor as as if you're interviewing somebody to be your new nanny for your baby. You're not necessarily going to hire them and you don't want them. You don't want to sign forms when you go there. You don't want to have blood drawn. You don't want them to take your blood pressure. Just go in.

**[01:05:58] Del Bigtree**

Haven't chosen you yet. And ask questions like, right.

**[01:06:01] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

If I'm in labor, what's the chance you're going to be on call? Um, if I if my waters break and I'm not contracting, what do you do? And, you know, do you or you need to come to the hospital right away, or if your fluid is clear and your baby's fine, go back to bed. Ask the questions. What if my baby's breech at term? What do you do? You don't do breech. Why not? Um, just simple questions like that. What happens if I decide to decline the diabetes screen? How do you feel about that?

**[01:06:29] Del Bigtree**

Yeah.

**[01:06:29] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

What do you feel about antibiotics? If I'm positive for Group B strep. Ask these questions and see if you resonate. Make sure your partner is with you. Do not go in alone. Make sure your partner is with you. See how they resonate. See if the. If the person gives you a.

**[01:06:44] Del Bigtree**

That's a good point because look, you may get along with the doctor, but the doctor and your husband aren't getting along like. There's just a weird energy, just. Some people rub each other the wrong way and it's. That's not a good scenario.

**[01:06:55] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Earlier. The husband is really an integral part of this whole process.

**[01:06:59] Del Bigtree**

I can honestly say my wife delivered. You know, naturally. And man, whatever is happening there naturally. It's amazing what's going on. But you make that happen.

**[01:07:09] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You trusted the midwife because you. I did meet her.

**[01:07:12] Del Bigtree**

Yes, absolutely.

**[01:07:13] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And and if you get if you go in there and you leave the office feeling comfortable, that's a good sign. If you go in there and leave the office feeling more anxious than when you came in. Then don't go back.

**[01:07:23] Del Bigtree**

Right.

**[01:07:23] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

How do they do? They look you in the eye. Are they typing into their little EMR while they're talking to you. Do they make eye contact or do they have one foot in the door?

**[01:07:33] Del Bigtree**

Yeah. What if they want to move into the midwife world or into a natural childbirth, like a home birth? What's the best way to begin that investigation?

**[01:07:43] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

So even if you're planning a hospital birth, I would also suggest to everybody who's listening. Try to have at least a few prenatal visits with a home birth midwife.

**[01:07:54] Del Bigtree**

Okay?

**[01:07:55] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

You can just pay out of pocket 150 bucks, 200 bucks, whatever it costs to have them come. They'll come to your house. You'll spend an hour and a half with you, two hours, whatever your visits were, and you'll get a sense of. I'm not saying that you want to switch to them. I'm saying this will help make you calmer, so that your hospital birth is more likely to be.

**[01:08:14] Del Bigtree**

Giving you that, that, that, that education you did.

**[01:08:17] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And you know what? And you know what to ask for in the hospital.

**[01:08:20] Del Bigtree**

It's great.

**[01:08:20] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Advice. And then hire a doula, of course, if you want to look for. I mean, again, I think doulas are great, especially for first time moms. But again, be very careful about doulas and midwives who are sort of becoming medicalized. There's a push by the medical cartel to take over the midwifery and doula profession too. They want to license them. They want to control them. They want to hire them. Can you imagine hospitals want to hire a doula, del, so that they can supply you a doula when you're in labor? It sounds wonderful, but who who does the doula work for?

**[01:08:53] Del Bigtree**

Right?

**[01:08:54] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Doesn't work for you. There's a there's a.

**[01:08:56] Del Bigtree**

Really good point.

**[01:08:57] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

So if you're looking for a home birth midwife, you can just check that out on Google or Facebook or whatever else you, you might know somebody that had a home birth and there are other, you know, you might know midwife like who has a podcast and you might write to them and say, do you know anybody in Boston who, who's a midwife? And they may say, I don't, but I know somebody who might. And, and we have a really good network of people because we all love what we do in that. I don't want to call it the alternative birth world because it shouldn't be the alternative. It used to be the norm and they took the word and they've changed the language and they made us the outcasts. You know, the midwives are labeled mid-level providers. Doctors are providers, which I hate that term too, because, you know, the guy that makes your sandwich is a provider. We're physicians, they're midwives. But insurance companies change the language because they wanted to minimize that doctor patient relationship. A lot of psychology involved in all of this, but you can find a midwife in your local community. And by the way, if you can't, you might want to consider relocating for the birth of your baby. Many clients move to Los Angeles in the last month of their pregnancy so they could have me. They had a breech delivery. They were living in Oregon. They were living in, you know, Colorado, and they had twins. And the only option they were given was a section at 36 weeks. And they didn't want that. And so we would meet online and midwives will do that. They'll meet with you online. And then if you like them, then you can relocate at 36 weeks. Not everybody. Obviously, people can't afford that. There are other barriers that come into play. But you can ask the question, don't be stuck by your insurance card. And to go only because that person has been doing your pap smear for the last ten years. That is a. Put more effort into your birth.

**[01:10:47] Del Bigtree**

If there was one thing or. You know that when someone's with their doctor that you would say, that's a red flag. If they're telling you that that's a red flag, you shouldn't be listening to that. Is there anything that's happening there that you would say is be careful?

**[01:11:04] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. If their tendency is to dismiss your questions or not, give you the time to answer your questions or make you feel small. That would be. By the way, that would be in any profession, anybody, any car dealer who made me feel that way. I wouldn't come back to them.

**[01:11:21] Del Bigtree**

Is there any car dealer that does it? I think that's.

**[01:11:25] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

What I'm.

**[01:11:25] Del Bigtree**

Saying. So I don't want a car dealer as my doctor is what you're saying?

**[01:11:28] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. You want a doctor that that feels like they know. Does a doctor remember your name?

**[01:11:32] Del Bigtree**

Yeah.

**[01:11:33] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

When you come in, when you when he comes in to see you or she comes in to see you. Does she remember what you talked about last time? I mean, they usually write notes. It takes them 10s outside the door to read the notes so they could remember. Does the doctor even bother to do that?

**[01:11:49] Del Bigtree**

Right?

**[01:11:49] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And I think most of us have a sixth sense about who we want to spend time with and who we don't.

**[01:11:55] Del Bigtree**

Yeah.

**[01:11:56] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And is this a person you want to spend time with? Don't just like them because they happen to have lots of credentials behind their name and because they work at Johns Hopkins, that doesn't make them a good physician. All the stupid stuff that we've talked about over the last half hour or so has been put in place by board certified fellows of the American College of Obstetrics and Gynecology. So that doesn't just because you have all these titles doesn't make you somebody who you necessarily want to hire.

**[01:12:30] Del Bigtree**

Yeah, that's good advice. You should like them, should want them in the room. It's it's a pretty it's a pretty personal experience.

**[01:12:38] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

It's the most personal experience. It's the most powerful experience. It's something you'll remember till the day that you die. And the sad thing, del, is if you talk to a lot of women and, you know, England and Australia recently did studies where they looked at birth trauma and they found that 47% of women said that they felt traumatized in birth. And I think it's probably double that. I think that birth trauma wasn't well defined. I think somebody spoken too harshly is probably not considered trauma by people doing the doing the studies. Trauma is like having a vaginal exam unwanted or having an episiotomy or being forced into a C-section. That's traumatic. But also it's traumatic to just be dismissed or not talked to. And and why should it be 40%? That's a crazy number of women who feel bad about their birth. Every woman loves her baby, but a large percentage of women are not happy about the way the baby came into the world.

**[01:13:28] Del Bigtree**

It's terrible.

**[01:13:29] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And I know that you and Lea had this wonderful experience, and not all homebirths go beautifully either. But if you end up with if you start with a home birth and end up with a C-section, you are very likely to know that that C-section was necessary.

**[01:13:44] Del Bigtree**

Yeah.

**[01:13:44] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

If you end up in the. If you go to the hospital for your birth and end up with a C-section, there's a damn good chance that that C-section was iatrogenic.

**[01:13:52] Del Bigtree**

Absolutely. Well, you're a gift to this planet. It's great knowing you're out there. I know you were a lifesaver for Jen when she was going through breech birth. No one was giving any options. You know, it's.

**[01:14:05] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

A funny story.

**[01:14:06] Del Bigtree**

It is a funny story. I just remember when she said because we had had a home birth, she was asking about it and she was planning on the hospital. Then she's like the baby's breech. So that's making me feel like I have to do this at home. And I was like, I thought, that's a reverse of what I expected. You know?

**[01:14:21] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Yeah. Well, fortunately had she had a midwife team at the hospital and the midwife suggested me and I met her one time. Yeah. And then like a couple of days later, she went into labor. Yeah. And so she didn't even get to meet the team. I got my friends Beth and Bliss to come and and she delivered on the. I remember her birth on the bed for that. They would have. They would have sectioned her.

**[01:14:43] Del Bigtree**

Yeah.

**[01:14:44] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

And would baby have been fine. Probably. Yeah. Would baby's microbiome have been fine? Probably. Maybe not. Would Jen's experience have been the same? No. Yeah. Would baby have had skin to skin immediately and delayed cord clamping and all that stuff? No, not not at a C-section, not at one of the local hospitals in LA. No. So her daughter got a better start in the world, because I was fortunate enough to train at a program where breech and twins were just considered a variation of normal. And of course, that was in the early 80s, and since that time, those skills have been essentially eliminated. And now 98% of breaches in the United States and 75% of twins in the United States are born by C-section. And I've even published papers. My papers don't reach statistical significance. They're basically my cases. But, you know, we have success rates in the high 90s with both breech and twins. And this is in the home setting. And I think that births will be more likely to be successful in the home setting, simply because you don't mess with Mother Nature's design so much.

**[01:15:49] Del Bigtree**

Well, I want to get into details. How are we going to fix this system we got? Robert Kennedy Junior up there at HHS and some great people around him. Marty Makary is doing great stuff at FDA. Doctor Oz is a great guy. I'm sure he'd be fascinated by this conversation, too. So why don't we have an off the record and get into those details? I want to just thank you for the work that you've done. Thank you for joining us today on The HighWire. It's really amazing.

**[01:16:13] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Del, thanks for the opportunity.

**[01:16:14] Del Bigtree**

Very good.

**[01:16:15] Stuart Fischbein, MD, Founder, The Women's Place for Health, Inc. Co-Host, "Birthing Instincts Podcast"**

Thanks.

**[01:16:16] Del Bigtree**

And if you want to know what off the record is, this is our way of giving back to those of you that helped sponsor this show. Just become a recurring donor, and you get all of the extra bonus content that we're creating off the record is just one of those things. But I just want to say none of this is possible. None of the lawsuits that we win, none of the the great interviews that we're doing here, none of it's possible if you aren't, you know, feeling a part of it. And if you're not donating and being a part of this community, we are really trying to inspire you to do that. With off the record, just one of those things. Here's what that's all about. Every week on The HighWire, we bring you the truth the world is trying to hide. But for the most passionate health freedom warriors, sometimes you want to go further. That's why we created HighWire Plus, a space designed for our dedicated supporters. The ones who crave deeper dives, stronger insight, and the full story on Off the Record, I sit down with today's luminaries of health, freedom and we go places we've never gone before. Raw conversations, honest questions, and unfiltered truth and Jefferey Jaxen takes you even deeper in Jefferey Jaxen investigates. He breaks apart long held assumptions about science, medicine, and the environment, exposing what the establishment refused to examine for decades.

**[01:17:34] Male Speaker**

It's essentially the founding myth of modern medicine.

**[01:17:38] Del Bigtree**

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**[01:19:12] Del Bigtree**

By the way, so many of you are, you know, donating and don't realize you have a subscription, you have a subscription, go check it out. All the extra stuff that's there. I also want to point out, we really invested a lot into our search. A lot of people were complaining, I don't know how to search. I look up the name of the person I remember on the show or the, you know, whether it's about diabetes, cancer. I want you to check out our search function. You can just go up and hit the little, what do they call it, the hamburger up there. It opens up and type in search. You can really search this incredible database that we've built with all of our interviews, you know, since the very beginning of 2017. So, so much that you can take advantage of there. But thank you to all the sponsors, everyone that makes this all possible. I want to thank Doctor Stuart Fishbein, first of all, for that amazing career, but spending time with us to have this conversation. And I just want to say to you, raising kids is the most important job you're ever going to do. It literally is going to decide the fate and future of this planet and never. You know, I think like no other time, our kids are being born into such great, incredible turmoil. We've got AI that is happening. Things are going to just up and their world.

**[01:20:26] Del Bigtree**

But one of the things I want to say to you, I run into lots of parents that maybe didn't vaccinate their kids as they were raising them, but then they go off to college and they go and get all the vaccines anyway. And I always say to them, were you talking to your child about why you made the decisions you were making? Did you involve them in those conversations? I remember my mom when we'd be going to a new school, she would drag me down to the principal's office saying, oh, they're trying to block you from going to school because you didn't get vaccinated. So watch how I do this. You know, I was like, mom, it's embarrassing. I don't want to be a part of this. It's weird. My mom would drag me in and I would watch that conversation. And guess what? It's coming really handy when I have to have those conversations with my own kids. And it came in really handy when I was out on my own thinking about, well, how am I going to now treat my body? How am I going to live in this earth? You know, what am I going to do with my wife? When are we going to, you know, if we're going to have kids, how are we going to do that? You really are being watched. You're setting an example, but explain to your kids, talk to them.

**[01:21:28] Del Bigtree**

I think more than ever, in some ways, it's like raising your kids in war time here. Maybe there was a time where we would oh, we'll let them figure it out sometime in the future. It's happening too fast. You never know what their teachers are saying to them when you're not in the room, you know that mainstream thought system D, e, I or whatever you want to call it, is trying to brainwash your child into believing that they are just these disease filled bodies and everything's a risk and only hospitals can keep them alive. Only hospitals and doctors can bring children into this earth. If you want your child to live truly free and understand this incredible experience that God has given all of us. Then have a conversation with your kids and maybe even sit them down and say, I want you to watch this episode of The HighWire. Watch what giving birth is all about. Let's take the fear out of it and start living with positivity and a sense of empowerment. That is the type of children we want moving into the future. This is the Highwire. We're delivering the truth every way that we can find it, and bringing you some of the greatest experts in the world. It's all made possible by all of you out there. A part of the Informed Consent Action Network. Thank you for your support. I'll see you next week on The HighWire.

**END OF TRANSCRIPT**