

# The Doula

A DOULA UK PUBLICATION



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Doula UK launches CPD opportunities for members

'Childbirth Choices Matter' campaign, in detail

How to become a published Doula author

and Nicole Deggins, Sista Midwife



**Doula UK**  
Positive birth.  
Supporting families.

SPRING 2021 ISSUE 40

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## Credits & acknowledgments

Cover photo credit: Nicole Deggins of Sista Midwife Productions

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Thank you to everyone who contributed their time and energy to this edition. Please note that opinions expressed in The Doula are not necessarily those of Doula UK as a whole.

## Next edition

If you have any articles, doula stories, experiences or photographs that you would like to share and see published here, please send them to [editor@doula.org.uk](mailto:editor@doula.org.uk)

**Deadline for next issue: 15th August 2021**

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Visit [www.doula.org.uk/vacancies](http://www.doula.org.uk/vacancies) for up to date volunteering opportunities

# Letter from the editor

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## Welcome to the spring issue of The Doula!

I wouldn't be a proper 'editor' (er, I'm not!) if I didn't take this opportunity to mention Spring springing, the link between this time of year and new life and how daffodils make me feel all awash with positivity for the warmer seasons. BUT, it is true, I do love this time of year, I do feel a deep connection to all the 'new' and 'renewed' and, let's face it, this is just the best time of year for Mother Nature to show off good and proper. And, of course, this time around, we have the glimmer of hope that things will become lighter and easier for all of us after a third lockdown.

As I type this it's slap bang in the middle of World Doula Week and my poor 'phone has been pinging itself silly with all the #doulauk posts on instagram. I had no idea, until I got my grubby little mits on the Doula UK Instagram password, how many times #doulauk was used. Our reach is far and wide and varied. It makes me feel really proud to be a Doula UK doula and really excited to see all the activity for Doula UK from its members. I hope we can keep it up past World Doula Week and give my 'phone a continued workout. Like many of us, I always feel my grasp on social media and marketing isn't quite what it could be (and I used to work in Advertising!). Thankfully the wonderful Abbi Leibert is going to change that with her new regular column all about the subject.

Talking of talented doulas, check out Charlotte Edun's amazing article on Women Centred Care. It's so good. She squeezed writing this in between working with her fellow doulas in Kent, teaching hypnobirthing and writing up her MA. Phew! And, alongside her in the talented lineup, two of our membership have recently become published authors. They dish their tips and tricks to help you release the book within you!

We've also got Sista Midwife from the US as our cover star. Mentions of wearing a bullet-proof vest to births in her hometown of Louisiana reminded me how culturally different birth can be around the world, but how the strong desire to hold space for women and birthing people unites us. And, closer to home we have Evelyn's and Layla's birth stories to remind us of the variety of experiences of birth in just one country in the same month.

I hope you enjoy this edition of The Doula. I've got a little drunk on the power of the position and made a few changes. Out with The Doula Dilemma and in with 'What's In Your Bag?' I hope we can use this to share all the amazing wisdom we carry in our actual and virtual doula bags.

Finally, I need to say a massive thank you to the wonder woman that is Sarah Robinson on the Doula UK Operations Team. She'll probably hate me for saying this, but without her I'd still be umming and ahing about the previous edition of The Doula.

Love, Trudi x  
Guest Editor

## Trudi Dawson Guest Editor



### Biog:

Trudi Dawson has been a Birth and Postnatal Doula since 2007, serving on the Doula UK Committee back in 2008 and editing, printing and posting out 'Doulaing' magazine back in 2010. She is a Doula UK Mentor and also teaches Pregnancy and Postnatal Yoga as well as Breastfeeding Classes. She lives in East Sussex with her 3 children, has an expensive yoga legging habit and pretends to be vegan, until it comes to chocolate.

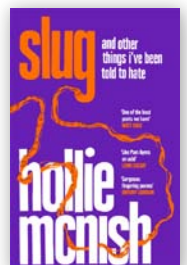
## Sarah Robinson Deputy Editor



### Biog:

Sarah has been a Doula UK birth doula since 2011 and for the past two years has been working for Doula UK. She lives near the sea in Scarborough with her partner and two children and is very relieved that she is now the only one working from home. This Spring she is looking forward to listening in to the Doula UK podcast and attempting to complete couch to 5k!

*GIVEAWAY - 3 copies  
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The new collection of poetry and prose from the Ted Hughes Award-winning author of *Nobody Told Me*.

*From Finnish saunas and sappy otters to grief, grandparents and Kellogg's anti-masturbation pants, Slug is a book which holds a mirror lovingly up to the world, past and present, through Hollie's driving, funny, hopeful poetry and prose. Slug is about the human condition: of birth and death and how we manage the possibilities in between.*

Email [admin@doula.org.uk](mailto:admin@doula.org.uk)  
Subject: **Slug** with your name and address by 30th May 2021 to be in with a chance to win.



# A Doula's Birth Story

LAYLA DA SILVA

**It was New Year's Day 2020 when I found out I was expecting baby number 2. My partner and I were thrilled. We had a 1-year-old son, who we were blessed with after suffering an ectopic pregnancy in 2016. We had spoken about wanting a sibling for him close in age. I was well aware that having a toddler and being pregnant wasn't going to be an easy ride, but I wasn't prepared for the effects that a global pandemic would have on my pregnancy journey.**

“ Not being able to have my family or friends over to offer a helping hand was difficult. ”

By the time the first lockdown had been announced in March 2020, I was 3 months pregnant. Morning sickness and fatigue had well and truly taken over my life. Not being able to have my family or friends over to offer a helping hand was difficult. More than anything, I felt so sorry for my 1-year-old. I didn't have the energy to play with him as I normally would. His playgroup was closed and he was no longer seeing his grandparents or aunts and uncles. On top of this, I was informed that I wouldn't be having another face-to-face midwife appointment until I was 7 months along. All in all, it was quite a vulnerable time to be pregnant.

Throughout the later stages of my pregnancy, I started to feel generally unwell. I had gained a load of weight and was extremely swollen everywhere. I had pre-eclampsia in my first pregnancy and knew this put me at slightly higher risk of developing pre-eclampsia again. I went to a routine appointment at 37 weeks pregnant and was informed that I had extremely high levels of protein in my urine. A consultant came in and said that they wanted me to be induced immediately as both my baby and I were in danger. I wasn't prepared for this at all, I was dreading being induced. My first induction experience with my son was a bit wild to say the least; I just remember wires everywhere and barely being able to move around. Other than being scared of what was to come, I was actually looking forward to having the baby be born, I knew it was the right thing to do as I just didn't feel well. By the next afternoon I was on the antenatal ward and my induction had started. I was in labour within a couple of hours. I laboured away, no pain relief, just my partner trying to cope with me pulling down on him with each contraction. I was moved to the labour ward and was told by a midwife to sit down on my bottom so they could monitor me. I refused. I was in too much pain to even think about sitting down. As the pain got to an almost unbearable point, I felt my waters suddenly burst and my baby's head start to come. I was on the edge of the bed and the midwife told me to get on my back, but I decided to get on all fours instead. A few contractions and big pushes later, my baby girl was out! This was such a liberating experience for me, totally different to my first induction, no pain relief or second-degree tears, just a healthy baby! My doula was unable to attend my birth that day but sent her backup doula, Jan.

Jan arrived just as the baby was born. She was amazing at nurturing me. She fed me water, helped me to latch baby on to my breast, and even held my breast in place for me whilst I nodded off for a few minutes. I felt in total bliss. She stayed for 6 hours on her feet without sitting down once, she was exactly what I needed at that time.



“ I woke up with excruciating shoulder and rib pain on my left side. I was feeling hot and was very short of breath. ”

Fast forward to exactly 3 weeks postpartum, I woke up with excruciating shoulder and rib pain on my left side. I was feeling hot and was very short of breath. I assumed I had pulled a muscle during the night from all of the weird breastfeeding positions I had been in. By the next morning the pain had gotten even worse, I was sitting in bed trying to breastfeed my baby whilst howling in pain. My partner told me that he didn't think this pain seemed normal and that I should call my GP. I called 111 and, after explaining my symptoms, they said I needed an ambulance straight away.

When I arrived at hospital I was admitted onto a ward. I had my brother drop off a breast pump to me, I thought I'd be home later that evening and wanted to supply milk for my daughter until then. I didn't end up going home. Within 24 hours of being in hospital I had had a lung scan, a womb scan and all sorts of blood tests. I remember thinking it's probably just an infection, and when the lung scan comes back clear they'll just give me antibiotics and send me home. The next day a doctor came and told me the worst news I could have heard. He informed me that I had multiple blood clots in both of my lungs. I just froze and stared at him. I tried to quickly absorb the shock and ask what this meant, but I just ended up in a muffled ramble and then burst into tears. In a flash, all of the worst thoughts went through my head. Was I going to die and leave my 1-year-old and 3-week-old baby motherless? Was this the end of my life at just 29 years old? To say I was devastated would be an understatement, I cannot put into words the fear that washed over me.

The doctor told me I would be in hospital for 4-5 days in total. Those days were the worst of my life. I didn't eat at all. My body was in trauma mode, and my mind had shut off. Birth alone takes time to recover from, but now my body was fighting hard to survive against blood clots too. My breasts were full of milk with no baby to feed, and I wasn't allowed to have my baby with me or to have any visitors at all.

My world had officially collapsed, I felt broken. I tried hard to express but I couldn't get much milk out with the pump, it had been the same with my first born too.

A few days passed and when I was told I was being discharged I was ecstatic. I couldn't wait to get home to my babies and be in my own environment. When I got home, I tried desperately to get my baby back on the breast but my milk supply had drastically reduced. My baby had become very used to formula already. My doula Jan came over and helped me to latch baby onto my breast, but when she wasn't around it was such a struggle to do it on my own. I ended up being exhausted from trying. Where I was weak from recovery and suffering from the side effects of the medication I was taking, the journey back to breastfeeding was one extra battle I just didn't have the energy to fight.

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“ Support is such an important part of healing, we as doulas know that very well. ”

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I am now 5 months postpartum and am feeling so much better! The mental recovery has been slower than the physical, but I'm am grateful to be here and looking after my children. If it wasn't for my family pulling together and supporting me through this, I don't know how I would have coped. My mum and my brother Dean were here day and night helping with my children.

My children's aunts, Ellie and Mollie, were so young but so supportive and willing to help out. Support is such an important part of healing, we as doulas know that very well.

As doulas we are well aware of many of the health complications our clients can face during pregnancy and birth, but I'll admit, blood clots weren't something I had any knowledge about at all. I keep asking myself why I didn't know more about this, it's something so serious that is an immediate threat to life. I was told by the consultant that you are 5 times more at risk of developing blood clots if you are pregnant or have recently given birth. 1 in 4 people with lung clots will die a sudden death before any diagnosis has taken place. Very alarming statistics. I understand that during a pandemic NHS trusts have to make hard decisions regarding the way in which they operate their hospitals, this can't be an easy task, however, for people with circumstances like my own, where I was separated from my newborn and my breastfeeding journey came to an abrupt end, there should be room for some exceptions to be made. I hope that by sharing my experience I am able to create more awareness around this subject.



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# How woman centered care became the cherry on the birthing cake

CHARLOTTE TONKIN EDUN

**While the doula's work is always to centre women in birth, the effect of the Pandemic shone a stark light on where woman centred care really fits in NHS maternity services. So where does this tension come from and what can we do about it as individual doulas?**

## THE VALUE - AND OMISSION - OF WOMAN CENTRED CARE

Doulas and the World Health Organisation are united in the understanding that **woman centred care** is a highly correlated factor in 'good' birth experience. Indeed most doula's would agree with the WHO that this approach improves both subjective experience and also health outcomes including increased breastfeeding rates, decreased birth injury and improved postnatal mental health. While we centre women by illuminating the spectrum of choice in an otherwise 'consent/decline' culture and facilitating compassionate care, we know maternity services rarely meet our standard. Despite what we hear from Trusts, Royal Colleges and **service reviews** about endeavours to improve birth experiences, our clients often face policies, processes and practitioners that homogenise rather than personalise.

Were we in any doubt about the value ascribed to 'woman centred care' in British institutions of birth, the Pandemic has revealed, with searing clarity the tension between what women want and what is made available to them. When services were reduced, by necessity, to their essence, we witnessed who held the power to determine what women could and could not access (it wasn't women). We saw what was judged to be necessary for birth (medical management of risk) and what was perceived to be disposable (women's values and preferences).

The pandemic exposed the tenets on which maternity services have been built, and they are troublesome.

Women's bodies have been pathologized through the arc of Western Philosophy, from Aristotle, who described women as the 'mutilated male', to Jean Paul Satre, who meditated on the '...obscenity of the female sex... everything which gapes open.'. Our cyclical, dynamic, capricious body were seen as anomalous and contrary to the consistent, fixed and reliable masculine 'norm'. As methodological scientific study grounded itself in the urge to control and resolve during the Enlightenment, women's bodies were understood as un-controllable and vulgar. We were conceptualised not in our own right, nor even as the binary opposite or 'matching piece', but as a dysfunctional variant of the male, aberrant and failing. 400 years later we still haven't regained the balance. Serious falsehoods about women's bodies are commonly held. Think **Nina Dølvik Brochmann and Ellen Støkken Dahl** confronting the virginity myth, or the prevailing acceptance that perineal tearing is an inherent outcome of birth.

This is the context our infrastructures of birth developed from. Maternity care was designed to accommodate our anticipated failure. This is so deeply historically and culturally entrenched that for most people it takes overwhelming effort to imagine alternative ways of birthing. Yet this idea that women's bodies are problematic has a deeper implication than whether we trust the physiological process of birth. It goes to the heart of whether women can be trusted at all

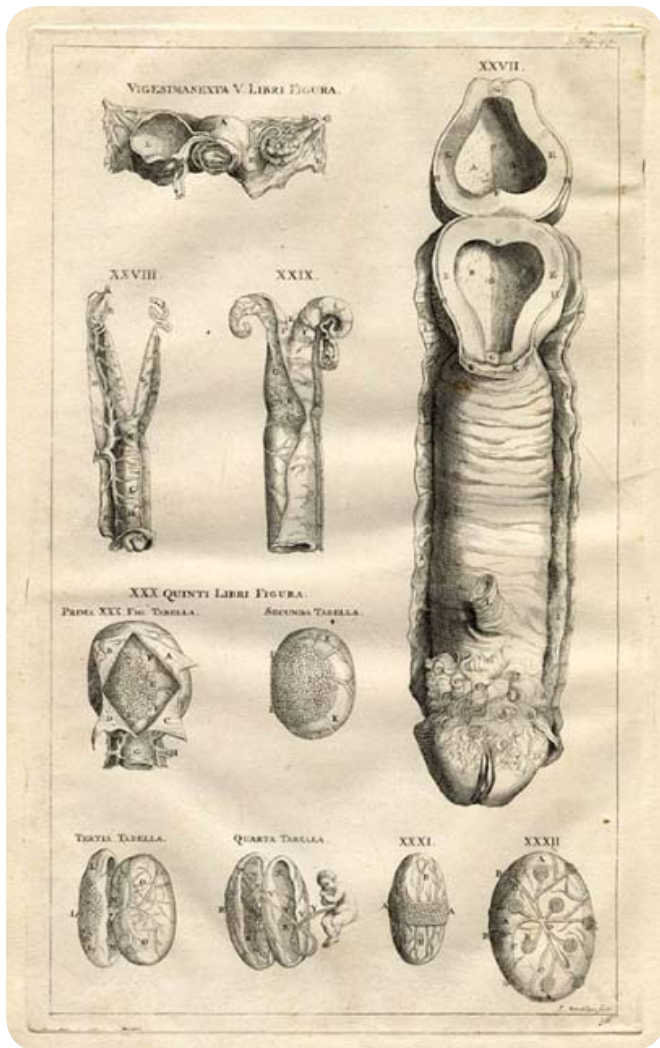
The (almost exclusively male) Enlightenment values of objective rationality in scientific study were built on Platonic mind/body dualism. Men were equated with the cool rationality of the mind and women with the visceral unpredictability of nature. The reactive complexity of women's bodies was understood as corporeal disobedience, a lack of control over the body and, by extension, the self. In her 1994 book *Leaky Bodies and Boundaries*, Margit Shildrick describes how this view ultimately 'disqualifies women from mature personhood'. Women's bodies, women themselves, are not to be trusted. Consequently our desires and pains hold less value.



To attain validity our experiences must be affirmed by these empirical values, which, importantly, are not congruent with the embodied experience of birth.

And so, here in 2021, we remain. The birthing woman's values and preferences remain the cherry on a cake designed to facilitate the observation and measurement of birth, rather than what is necessary for birth to happen. Women are brushed off and dismissed because these dominant, latent beliefs carries so much more weight than we do. We see this in the routine 'diagnosis' of active labour by invasive VE. We hear it from Milli Hill who was routinely asked, when describing the peer-to-peer Positive Birth Movement meetings, whether it was 'safe' for women to commune in this way.





We see it in the defensive response to both HBAC and maternal request caesarean.

The problem is not what we ask for, it's that we ask at all. In demanding women centred care we challenge everything the institutions of birth are built on (and it's important to reflect here on how much more complex this is for more diverse socio-economic backgrounds, black, brown, disabled, LGBTQ+ people, or those who speak English as a second language).

So far so depressingly consistent. Working in seeming opposition to this can be deeply frustrating. It's tempting to attribute bad faith and to fall into opposing camps – the Birth Wars. However, it's important to us and to our work to recognise the threads of this densely woven fabric.

In my view, understanding how we got here offers the opportunity to shift the narrative, to move our position from opposition to improvement. I encourage my clients to ask medics 'ok, and how will you help me have a good birth?' when it is recommended they change their plans. This centres their experience and challenges the medic to think beyond the 'risk' of our bodies.

It is not solely our responsibility to write plans, prepare contingencies and protect ourselves from iatrogenic harm. So, let's remember the injustice that brought us here and keep our focus on improvement over conflict.

***Doula UK recognise the importance of person centred care to all pregnant women and people.***

***Charlotte Tonkin Edun is a doula and hypnobirthing teacher in Kent. She works with colleagues Laura Scarlett and Ruth Pay at The Good Birth Practice offering antenatal, intrapartum and postnatal support and services. She is also writing an MA at the Centre for Women's Studies at the University of York.***

## Images

### ***What's the prevailing message here?***

An A4 poster promoting the Oasis Birthing Centre affixed to the wall next to the resuscitaire at Princess Royal University Hospital Orpington, February 2021.

***A depiction of a vagina (as an unborn penis) from Andreas Vesalius's De Humani Corporis Fabrica, 1543. Image credit : HistoryToday.com***

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# Marketing 101

**ABBI LEIBERT**



**Welcome to Marketing 101, a new regular feature that aims to help doulas with the business end of things.**

Hi, I'm Abbi, the new Marketing and Digital Coordinator for Doula UK. Each quarter, I hope to take you through marketing fundamentals so that you can grow your client base, your followers and your confidence. I am not going to be reinventing the wheel, nor will all the things I write be useful to all of you. The key is to take the bits that will work for you and make them your own. Ignore the rest. i.e. No point you having a Twitter account if (like me) you hate Twitter, but if you love it, I'll be able to give some top tips on how to use it for business.

Who am I to be telling you how to promote yourselves? As well as being a doula, I am a freelance event producer, specialising in brand events. I work alongside marketing and PR companies to ensure that brands' events fit in with their marketing goals; that they create "shareable moments" for maximum social media coverage and that their events create a story that will interest journalists and influencers enough to write about them. There are many people out there with better knowledge than I - and I hope to bring them in to do guest pieces for this page. But I have run my own event business for a few years and worked with a lot of household brands, so a fair amount of marketing malarkey has sunk into my veins in the past 20 years. Some of it will be helpful I am sure.



© Lauren Mancke

## Lesson 1: Marketing basics

As a new doula myself, I am acutely aware of the need to find clients - especially in the current climate. I am also aware that we usually get into this line of work because we care about people and we want a job that gives flexibility, allowing us to work around existing family and life commitments. You do not usually become a doulas to take on admin, advertising, writing and selling yourself - but it is arguably all just as important a part of the job as spending time with your clients.

When starting out, creating a business name and choosing colours and a logo are exciting and fun - but actual marketing plans?! Not so much. Why are they important? Who has the time?

Your clients will not find you if you are not visible, in places that they can see you! And they won't remember you if you are not speaking their language and answering their unique problems (unique to them but not to you of course!).

Marketing plans help you to set objectives and goals and a clear path to achieving them.

Before you can even make that plan, you need to address the basics. If you have been a doula for a long time, this part should still be revisited on a yearly basis. We all grow and change over time - and as we are selling ourselves, we need to reassess what/who we are selling to keep our marketing targeted and fresh. So before I delve in to hashtags, TikTok (which scares me, someone half my age needs to teach me more) or even business card design, take the time to get a pad and paper out, or whatever note taking or creative collaging materials you feel most comfortable with and ask yourself...

### ▶ WHO are you?

I am not just after the obvious here but add that in anyway - gender, age, ethnicity etc but also your hobbies, your style, the magazines you read, the music you like, your core values, your roles in life, your previous jobs and experience so far, your skills, your likes and dislikes.

### ▶ WHAT are you offering?

What are your packages and prices (if you know yet)? What will be your working process with clients? What is your unique selling point - what benefits do you bring to your clients and what do you want to achieve in your role as a doula?

### ▶ WHERE are you offering it?

Bit of an easy one! But where are you, how far will you travel for work? Will you offer work virtually?

### ▶ WHEN are you available to offer it?

Can you realistically be a birth doula that is called out in the middle of the night? Can you only work 3 mornings a week as a postnatal doula? Consider what is realistic for you and whether you may offer shared care to cover times you may not be available. Also consider how much time you can put by each week to manage your business admin. Not enough people consider the unpaid admin time that needs to go in to finding your clients and running your business. When we feel bad about asking for money, it has to cover those unpaid hours as well - don't forget that! Fees and asking for them will be an article all on its own!



► **WHY are you wanting to do this job?**

I was recently introduced to a great Ted talk by Simon Sinek whilst I was on a course. In it he explains that people don't buy what you do, they buy why you do it. [https://youtu.be/u4ZoJKF\\_VuA?t=134](https://youtu.be/u4ZoJKF_VuA?t=134) So why do you want to be a doula? And why will clients want to work with you?

It can be really interesting to compare your answers to these questions when you start out vs one year into the job and then again at 5 years. You will see differences - but have you changed your marketing in that time....?

Once you have nailed this basic information, the next step is to take a detailed look at who you are marketing to.

When you first start, the likelihood is that you will just be happy to take on anyone. But that is where you instantly go wrong. You will end up marketing yourself anywhere and everywhere, with no real plan, no real target and therefore no real message that sets you apart from everyone else. You can get lost in the crowd.

If your clients were food and you were off to a restaurant, you would have a clear idea the type of cuisine you would want to eat. You would head to a restaurant that specialised in that cuisine and then once there, you would choose your meal based on your exact wants at the time. Perhaps a salad if you were on a health kick, or a rump steak if you were famished. If you are vegetarian, you would not go to a hog roast, if gluten intolerant, you would probably not plump for Italian. You get the idea! The same goes for your ideal client. You KNOW who you want to work with. So dream them up, create the recipe...

How old are they? Where do they live? Where do they hang out? Are they married? Single? Do they have children already? What about them makes you want to be their doula? What values do they have? Do they have pets? What books do they read? Where do they like to get coffee? What hobbies do they have? What jobs may they do?

It may feel silly to make up the perfect client. I have been asked to do this a fair few times for business plans etc and in all honesty, I never really spent the time required. I slapped something together to pass my course or impress a bank manager. But that did not help me in the long run. If you don't know who you are marketing to, then you can't be found by them in the right places or send them the right message that YOU are the doula for them. Now I create these clients like I am writing a novel, so that I myself know who they are inside out and it is making my marketing MUCH easier. You can start a pinterest board, create a collage, or just write notes and build a detailed of vision board of who your dream clients are. Again this may change over time, so revisit it every year or so and reassess.



© Danielle MacInnes

Once you have a very clear idea of who your clients are, you can begin to work out how to communicate with them and reel them in. In your mind, what is your first meeting with them like? What do you talk about? How does it all flow? Keep this ideal vision in your mind whenever you think about and plan your marketing.

What colours and fonts will appeal to them? Where will they go to seek out a doula? If they don't know about doulas already, how and where can you reach them?

You may feel that by whittling down the epic pool of potential birthing people out there, to just one ideal client, you are alienating a lot of people. But don't worry about that - all of us are different and we will all individually be appealing to different people. If you don't speak to your own ideal client, and instead try and talk to everyone, you will end up appealing to no one specific and getting lost in the crowd. Find your niche!

**All that sorted? Then next issue let's talk about how you start those communications...**

What you see in future issues, in blogs and perhaps in workshops, depends on you. I would love to know what questions you have about marketing and running your business, or what you would find helpful to learn more about. Whether you are new to being self-employed and don't know where to start, or have been in the biz for a long time and fancy refreshing your plans or learning new skills, you can drop me an email [marketing@doula.org.uk](mailto:marketing@doula.org.uk) and/or complete this survey if you haven't seen it already.

**SURVEY LINK**



Doula UK offers **Introductory Workshops** to anyone interested in becoming a doula.

For more details and to book a place [doula.org.uk/introductory-workshop/](https://doula.org.uk/introductory-workshop/)

Bursary places are available for doulas from under-represented backgrounds.

# Doula UK Launches CPD



**Doula UK**  
Positive birth.  
Supporting families.



*“Like many Doulas I know, I’m somewhat obsessed with continuing to develop my skills, knowledge and self-awareness in order to serve the families I work with. With my corporate background in personal development, internal training and company culture, I’m very much looking forward to working on developing a comprehensive CPD programme, which integrates diversity, inclusivity, and cultural sensitivity. I look forward to your thoughts and feedback as a community in regards to what you’d like to see included on the listed trainings!”*  
- Saima Kara Doula UK CPD Coordinator



**Doula UK**  
Positive birth.  
Supporting families.

## CONTINUED PROFESSIONAL DEVELOPMENT

As Doula UK doulas we commit to continuing our education and continuing personal and professional development

Invitation to training courses to offer CPD to Doula UK members



**As Doula UK doulas we commit to continuing our education and continuing personal and professional development.**

We’d like to offer a wide variety of courses which help doulas to provide increased support to families, build confidence and skills, deepen understanding of inclusivity and nurture doulas and their businesses. In order to be listed, we ask that training providers offer the following:

- **Two free places to Doula UK volunteers who will attend the training course to assess its suitability for members.**
- **A discount for your training course for Doula UK members.**

**Basic CPD Listing (Free)** Have your course listed with a link to your website or booking page in the members area of our Doula UK website only.

**Premium CPD Partner (Priced at £10 a month)** Basic listing plus be featured each month in a member’s newsletter with details of upcoming training (100 words max), image and link to your website and booking page.

**If you offer a training course which you think would be of interest to doulas please get in touch with Saima Kara, CPD Coordinator Doula UK [cpd@doula.org.uk](mailto:cpd@doula.org.uk)**

# Becoming a doula during COVID

MERREN BULLER

**My name is Merren and I'm a birth and postnatal Doula UK doula, only completing my training during the pandemic. On the one hand, the pandemic has given me more opportunities than it has done before; utilising conferencing software, phone, email and other technology has meant that I've been able to support mothers and their families during this unprecedented time. To complement my doula work, I also volunteer with the NCT as well as other charities where tried and tested support has been given remotely for many years.**

Supporting during a pandemic felt tough, isolating, and uncertain. Along with the unexpected changes it felt that the remote support that I was providing to clients we not as valuable as the face to face support that I once gave. However, all support, whether this is face to face or remotely, is all valuable and beneficial to the client. Thinking differently and providing a different level of service means that as a Doula, I am still able to offer the bespoke support needed for each client.

“ by having virtual training I have been able to gain a host of different qualifications that I may not have previously been able to ” ”

For me, by offering the support remotely and virtually, it can feel as though the human element is redundant from the services that are being provided. Not forgetting technology issues, such as freezing, muted mics and picking up body language such as when the person is going to speak, which can lead to awkward to-ing and fro-ing. Technology can feel impersonal but also equally invasive, where once a group session might have been run within a hall, it's now within everyone's living rooms or kitchen. I get an insight into a person's life that I may not have before and that can leave people feeling uncomfortable.

Training during a pandemic has given me the opportunity to be able to offer this level of support, by having virtual training I have been able to gain a host of different qualifications that I may not have previously been able to. Fortunately, I am familiar with technology and zoom, having used this for a while before the pandemic hit. I have been able to support clients virtually, offering a more bespoke service to them and being able to make the most of the situation. It has given changes and challenges to many but there is also some good from it.

It's been reported by midwives and mums that babies birth weight has gone up quicker whilst being in lockdown, this owing to mother and baby being at home without the stream of visitors and having the bonding time as a family, getting to know each other. It is hoped that further research will be conducted around this area.



At the moment it is only anecdotal as there isn't any statistics or research carried out around this. On the flip side, many mothers may be in the hospital alone, often for days, before they have given birth. This can depend on the hospital that the mother is in, with many having inconsistent policies from one to another.

Birthrights have been campaigning to ease the restrictions in maternity services “ongoing visiting restrictions are a significant interference with the rights of both pregnant women and their partners at a huge moment in their lives. We want to see national guidance that makes clear that the ‘norm’ is for an individual to be supported by their chosen partner/s throughout their maternity care, and that Trusts need to have a compelling reason for deviating from that that.” During the pandemic, Birthrights have seen their advice service have an increase in demand by 400%.




## So what else can doulas do during this time to still be able to offer support to their clients?

With limited face to face support, communication is hugely important. Ensuring that our clients feels heard and connected. Understanding that their birthing experience and start into motherhood will be different to anyone else's. Holding the space for our clients and their family, they may feel isolated, disconnected from everyone and lacking that human interaction.

As with being a doula not during a pandemic, it strikes me that ensuring that the client feels comfortable is still paramount, our connection with our clients are still everything, whether they experience that remotely or are happy for you to be in their home using other measures.

**Merren Buller trained with BirthBliss Academy in the Doula Foundation Course May 2020 and works with families prenatally and postnatally.**





*'Continuing to support each other as well as families, that's all we can do.'*

## *The Doula interview*

Nicole Deggins

Nicole is the creator of the Sista Midwife Birth Sister/Doula training and the most extensive online Black Midwives and Doula Directory. In addition to her training and community work, Nicole sits on the Louisiana Pregnancy Associated Mortality Review Committee, the Louisiana Healthy Moms Healthy Babies Council, and is a former faculty member for the Louisiana Perinatal Quality Collaborative.

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### **How did you begin your journey into birthwork?**

I began my career in 1994 as a postpartum nurse and then quickly a year later began to do labour and delivery nursing. Initially I had plans to go to medical school, but I quickly realised after witnessing the way physicians practiced and how birth was done, I knew that the indoctrination of medical school was not something that I wanted to be a part of.

I learned about midwifery and I knew that I wanted to touch mothers differently, I knew that I wanted to be able to impact families beyond just the 12 hours. I was trying to figure out how I could do that; becoming a nurse practitioner was certainly on the table and then I learned about midwifery and that became the path for me.

As I began my midwifery journey in 1999, finding a job, particularly as a black midwife, was very difficult and I bounced around a little bit before I decided to re-enter the field as a labour and delivery nurse. As I began working around the country doing what we call 'travel nursing', where I would replace a Staff Nurse for a few months at a time, I began to realise that birth was bad for women everywhere. That no matter where we were birthing and the politics or demographics of a particular area, birth was bad. I knew that I needed to start in some way to be able to educate families about their birth options.

*'At first I was very disappointed but I knew that it came at a perfect time'*

### **What prompted you to found Sista Midwife Productions?**

Initially I started an organisation called Your Birth Right where I gave free online workshops and classes. I had a blog where I was teaching families about their birthing options and the premise was "you have birth rights and here they are and here is some information on how to navigate the system". Along the way, because my business name was similar to that of another organisation, they sent me a Cease and Desist letter. At first I was very disappointed but I knew that it came at a perfect time.

I had realised that the audience I most wanted to speak to was young black women and that was not my current main audience. I was effectively 'preaching to the choir' as I was mostly followed by birth workers or people who already agreed 100% with what I was saying. I took this opportunity to refocus my energies to be able to focus my support and practice exactly where I wanted to. The name Sista Midwife Productions has become who I am and how we do our work.



**Do you feel that perinatal healthcare and support in the US is improving for marginalised communities?**

It depends on who you ask! Certainly we have more opportunities now than we did 20 years ago; there are more black midwives and doulas and there are more chances to find free care and services for people who are looking for them. That said, the system is still the system. We have more people with guns and we have to put on a bulletproof vest going into the hospital. I would like to see a system where what we see today is completely dismantled, where we don't really need doulas for anything other than supporting us in our pregnancy and birth.

*'It's like the Civil Rights Movement; are things better now? In some ways they are, but in other ways they're not'*

Right now, most often, doulas are hired to help families negotiate through the garbage and foolishness that they have to face. They are hired so that families have inside information and a new perspective on how to literally fight the battle to have their babies. When we begin changing the system, so that doulas are just present to witness, to support parents emotionally, spiritually and physically – that's when we can see things have really changed. It's like the Civil Rights Movement; are things better now? In some ways they are, but in other ways they're not. If we are talking about the numbers of people available to support families of colour, the number of black midwives and doulas and doula trainers – absolutely things are better. If we are looking at the systemic issues, the medical industrial complex, the racism in the United States, there are a lot of problems that still remain.

**The disparities in outcomes for black women are also an issue in the UK. What do you think we can do as birth supporters to change this?**

I think it's just continuing to elevate the voices of black families and black mothers as well as white birth workers who are doing the work of continuing to educate and to provide space for others. Continuing to support each other as well as families, that's all we can do. To raise it up and train and learn and grow, to never stop talking about it and never stop spreading the word.

*'We need more black birth workers because we know that this improves birth outcomes'*

**You work hard to create accessible training for black midwives and doulas. Why do you think it is important to increase the numbers of black birthkeepers?**

Research tells us that we have an improvement in outcomes when we are supported by people who look like us or resemble our cultural background. That's just a fact. So we understand that we have a lot of disparities in health care and black women in the US have some of the worst outcomes across the globe. So there is no question to me about why we need this. I need water, so I drink it. We need more black birth workers because we know that this improves birth outcomes.



**What motivates you to do this work?**

I am a black woman, I am the mother of a black girl, I have black women friends, cousins and sisters. To me this work is critical, not just for my people as a whole but also for me personally. I am motivated by the women who I serve and those who I meet along the way. The doulas I train who share with me the improvements that they are able to witness and be a part of while they are working with me. Who share that they came to a workshop or listened to me speak at a conference and it inspired them to do something different – that continues to motivate me. I say that birth is the revolution and if we continue to revolt, to rise up against the status quo and shift the way we think about mothers and babies and bubbas in bellies, we can literally change the vibration of our community. I believe that there has been a systematic attack over the course of centuries on the black womb and the black woman and I think it all goes back to wanting to control our reproduction and how we give birth.



There are so many phenomenal things that are available to us as spiritual beings coming upon this planet, when we are allowed to have normal physiological birth. When that pattern is disrupted, when we don't have oxytocin and prolactin flowing freely, when we don't have endorphins during the birth process then we see the manifestation of what we witness right now where people are hurting and in pain and traumatised in our communities. We must improve birth. When we improve birth, we will improve all living and the way that we exist on this planet.



### Can you tell us more about your Birth Story and The Art of Birthing Project?

The Art of Birthing is a project that came out wanting to elevate the voices of black women, elevate the concept that birth is the revolution, elevate the idea that we need to change how we're birthing. But I also wanted to do it in a way that people could be more engaged. People might be assuming for example that "I'm a man, I'm not about to have a baby" or "I'm 65 years old, I've had a hysterectomy, this information is not for me".

*'There are so many spaces where we use art to raise awareness about situations'*

When we are talking about pregnancy in a completely linear way, talking about maternal or infant mortality – those topics are not fun for people, they're not anything that people want to sit down and have a conversation about. So, what I wanted to do was create an opportunity to bring awareness about perinatal disparities about birthing options and birth outcomes, but more importantly about solutions. I thought that if we use art as advocacy, there are so many spaces where we use art to raise awareness about situations. In pregnancy we can do the same thing to bring messages.

So, the concept is that this year, for example, we are going to be having a wonderful Paint & Sip virtual experience where we will be coming together. The picture is a Lotus flower which we know is a symbol of femininity, motherhood, flourishing life, fertility and the womb. We also have a piece of the picture that is a dragonfly which, in many cultures, represents a miscarriage or baby that has been lost. This gives us an opportunity while we are painting and sipping our cocktails, listening to some wonderful music and poetry we will also have a chance to have a discussion about the womb and about miscarriages and fertility.

We also have our Birth Justice film festival, we have a documentary called Eggs Over Easy which is about fertility in black women and how so often that is a subject that is not talked about until it's too late for many people. Just raising these issues in a way that's much more engaging and less depressing, not so much doom and gloom so that people will open their ears and listen and hear – receive information that is life changing, not only for them but for their families and communities.

### If there was one thing you could tell an expectant parent, what would it be?

To really do your homework. To learn and plan. Plan for your pregnancy, birth and parenting the same way you would plan for your wedding or purchasing a home. People read books and magazines about planning their wedding for years, but when it comes to having their baby it's like they wake up, pee on a stick, get a positive result and only now do they start to plan for something that has already started to happen!

I want to encourage parents to be, literally, expectant, even in the six months before conception – learning, researching and growing and understanding what your options are because this information is critical. Don't wait until you are pregnant to learn about your pregnancy and birth options. There's so much that I want to tell parents but I'm going to leave you with that one thing.

**Nicole is the creator of the Sista Midwife Birth Sister/Doula training and the most extensive online Black Midwives and Doula Directory. In addition to her training and community work, Nicole sits on the Louisiana Pregnancy Associated Mortality Review Committee, the Louisiana Healthy Moms Healthy Babies Council, and is a former faculty member for the Louisiana Perinatal Quality Collaborative. Nicole has provided guest lectures to public health students at Tulane and Xavier Universities. She is an active consultant for the Global Infant Safe Sleep Center (GISS).**



**During her clinical career, Nicole has practiced as a midwife in Washington DC, Mississippi, and Louisiana, and has worked as a labour and delivery, postpartum, and well-baby/newborn nurse in numerous public and private settings throughout the country.**



# Childbirth Choices Matters Campaign

SAMANTHA GADSDEN AND KAY KING

Doulas have a long and sound relationship with self-employed midwives, one that has allowed us many benefits in meeting the needs of our clients. Be it that little bit of insightful knowledge, signposting to specific service or article, insight into what guidance our NHS midwives are going to follow under certain circumstances or just a wise guild for us to turn to—the role of the self-employed midwife has been that of friend and at times “lifesaver” to our clients and to the services we provide.

Hundreds of self-employed midwives have been left without the insurance indemnity required for them to legally attend births and thousands of birthing women and people have been left without the support they have needed, during the pandemic they have been left without their basic rights being met.



In 2014 it became a legal requirement for self-employed midwives to have indemnity insurance to practice. In July 2020, insurance premiums for Independent Midwives rose to £7,500 per birth, despite there never having been a successful claim against a self-employed midwife. Unfortunately, the national data on negligence presents a costly picture and insurance providers will not separate the data of success and ‘gold standard’ care provided by self-employed midwives from the much more expensive claims of negligence made against maternity and obstetrics as a whole.

“ during the pandemic they have been left without their basic rights being met. ”

Self-employed midwives are not better than NHS midwives, but the stark reality is that maternity negligence costs, and it costs a lot. It is this cost that informs the premiums set by insurance providers and with them now being so high, we have literally seen self employed midwives costed out of the market of choice.



Hundreds of self-employed midwives have been left without the insurance indemnity required for them to legally attend births and thousands of birthing women and people have been left without the support they have needed, during the pandemic they have been left without their basic rights being met.

Even if a mainstream insurance provider could be found, this situation could happen again, the market will fluctuate, premiums will rise and fall, based on the national cost of ‘risk’ within maternity, all the while experienced, and skilled midwives are unable to work in a self-employed capacity to meet the needs of birthing women and people.

Coming at a time of a global pandemic, when many Trusts are closing and restricting access to home birth, demand and need for self-employed midwifery has never been higher and it is distressing to those who need their services and to midwives to be turning those in need away without being able to provide support.

*“The NHS refused to provide my client with a home birth service. She was left with no option but to either go to hospital or have her baby without a medical professional present. Having a self-employed midwife was what she wanted, but the current situation of legislation meant that she had to give birth without a midwife, all the while I was sat at home twiddling my thumbs.”*

**Independent Midwife member of IMUK**



This lack of indemnity also means restricted or no choices for NHS midwives who are looking for alternatives to NHS working. As a midwife, just as in any other profession, how you choose to work should be a matter of choice. Autonomy in the midwifery career is important for staff retention, choice and career options. Midwives should be able to choose who they work for, including if that is working in a self-employed capacity, they are professionals, trained and experienced and self-employment is currently no longer an option for midwives.

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“ No longer lining the pockets of insurance companies but providing a pot to support those giving birth to access choice in their childbirth. ”

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Against this backdrop, a group of birth activists, independent midwives and doulas came together, with the support of the White Ribbon Alliance, to form Childbirth Choices Matter, a coalition with the aim of creating a new paradigm of midwifery, a product for midwives (and hopefully birth workers), owned by midwives, raising the funds needed to ensure an indemnity product could be provided that would become self-sustainable and affordable. No longer lining the pockets of insurance companies but providing a pot to support those giving birth to access choice in their childbirth.

#### The key objectives of the Childbirth Choices Matter campaign are:

- to ensure that midwifery remains a truly autonomous, choice driven profession, able to provide and support choices by providing an alternative to NHS care.
- to strengthen the rights of birthing women and people to choose the circumstances in which they birth and care for their babies.
- to enable self-employed midwives to provide personalised, safe maternity care.
- to facilitate increased choice for all birthing people and those who are at increased risk of negative outcomes and experiences in maternity care, through the provision of affordable (or free) personalised care. Thus mitigating risk for black and brown birthing people.



Self-employed midwives are staunch supporters of the birth world and of doulas. Many doulas have benefited from their quiet support, readiness to pick up the phone and answer a query, or to reply to a pm, scan a blog, sort out a newborn check etc. They encourage the presence of Doulas at birth and very much see the value in our role, they recommend us as equals, with different and complimentary skill sets. Self-employed midwives are present in many online groups, providing a lot of seen and unseen free support to the wider birthing community.

You can support the campaign in many ways, with activism and with financial support. We are currently seeking new members to join our fundraising and awareness raising teams.

You can follow us on social media using the links below. You can also write your own awareness raising posts and tag us **@childbirthchoicesmatter**.

You can also write to your MP, SMP or AM, the minister for health or your local Trust to ask why they are not indemnifying self-employed midwives at this crucial time, especially where home birth services have been impacted.

Some doulas are donating £10 per birth client – the power of £10 – donate £10 and encourage others to do the same.

Together – we can make this new paradigm of birth happen.

#### FOLLOW US AND GET IN TOUCH:

**IG:** @childbirthchoicesmatter

**FB:** Childbirthchoicesmattercampaign

**T:** @childbirthchoicesmatter

**www.childbirthchoicesmatter.co.uk**

**kking@whiteribbonalliance.org**

**DONATION LINKS ACROSS ALL PLATFORMS**

# Writing for Doulas

SALLY ANN BERESFORD AND EVA BAY GREENSLADE

We have so many wonderful books written by our doula and birth worker community. We spoke to two Doula UK members who have recently published books about how they made the journey from doula to writer and what advice they would give to any doulas considering writing their own books.

## LABOUR OF LOVE SALLY ANN BERESFORD

**Have you been thinking of writing a book? During lockdown - I achieved a big goal!**



About 2 years ago, I knew that I wanted to write a book aimed specifically at the birth partner. The idea came to me after I changed the content of my antenatal courses to focus more on the role in general. From the moment my new course began, I could see that the experiences of the couples who attended improved dramatically.

At the start of each course, I would tell those who attended that the birth partner could literally 'make or break' the birth experience, explaining how important the right support was to a labouring person. I taught them in-depth information during each session on how to 'doula' - looking specifically at the physiological needs of the labouring person and what the birth partner could do in the event that they had to step up and advocate - including what this looked like and why. The feedback was incredible and I knew I was onto something.

I began to research how to write a book by:

- Attending the Hay House Writers Workshop
- Reading 'The Book You Were Born to Write' by Kelly Notaras
- Listening to "Book Launch" by Chandler Bolt on audible
- Writing a book proposal
- Looking at what else was out there in the same category
- Deciding on my target market
- Choosing a name and sub-title for the book

I also had various discussions with other authors about how to publish a book and watched a lot of YouTube videos on the subject.

There are 3 options - here is a brief summary of the pro's and con's:-

### Traditional Publishing -

**Pros:** You have no upfront costs and all the support you need.

**Cons:** Royalty payments are minimal. The author has little say in the title, book cover, publishing date etc:- You typically need to have a large platform of followers.

### Hybrid Publishing -

**Pros:** You are supported through the process. You have overall say in all elements of the design and name.

**Cons:** You pay all costs yourself including fees for the support you receive.

### Self Publishing -

**Pros:** You keep control and make all the decisions. You keep all the royalties. You can use Amazon print on demand services and do not need to store the books yourself.

**Cons:** You are responsible for organising everything with no support. Printing quality is not the best with Print on demand. If you decide to print in advance, you will have large quantities of books to store for distribution.

In March 2020, at the start of lockdown, I set myself some serious writing goals and hit the ground running. My intention was to literally lift my antenatal course curriculum and turn it into a book. It would contain all my knowledge and experience as a doula and antenatal teacher of 20 years. Through my research, I knew that other books in the UK were aimed at 'dads-to-be' and becoming a father. I wanted to avoid this and talk specifically about how important any partner is when attending the birth of a baby, regardless of gender. I wanted my message to strongly reflect the fact that women and birthing people did not have to allow themselves to be pigeon holed during pregnancy with every box ticked or measurement taken. I wanted to highlight to anyone reading the book, that this is not their body - and share that whilst they can offer support and guidance, they needed to respect all decisions made by the pregnant person, helping only by ensuring those decisions are well informed. I also wanted them to know what types of situations can be faced during the labour and birth process, including in some cases, the use of strong coercive language.

When I started, I chose to write about my favourite subjects first. The book proposal was a very valuable tool which helped to ensure that I didn't forget the elements that I wanted to cover in each of the chapters. I finished the first draft by June.

I decided to self publish and I hired an editor friend of mine, Tessa, who was also a book designer. I submitted my draft manuscript to her and at the start of July, we began the editing process. This was brutal! I hadn't appreciated how hard it would be to write about a subject that I felt I knew inside and out. I struggled with imposter syndrome a lot of the time - which had me almost quit on numerous occasions.



Luckily Tessa had given me strict deadlines which in the end was what kept me focused. I persevered by telling myself that even if I didn't sell a single copy, I still wanted to do this for me! I considered it a gift to myself for my 50th birthday.

The book, which I called 'Labour of Love - The Ultimate Guide to Being a Birth Partner', was published on Amazon in November 2020. It took about 5 months in total to write and edit the whole book, then another 2 months to design and publish. It has 322 pages within 16 chapters. It cost me approx £5000 in total, which was more than I had estimated because originally it was meant to be around 200 pages.

Thankfully, the feedback has been incredible, and my most popular category for sales on Amazon to date is 'Midwifery', where I am often listed as #1.

If you are thinking of writing a book, here are my top tips:-

- Find some friends or family members who will be honest and open with you about your writing. I engaged the help of 3 people who read each chapter whenever I finished writing them. My readers made useful recommendations about how I could improve my content. I chose a doula friend, because she understood the subject matter. She told me what wasn't clear or understandable, and gave me examples of how I could improve which was incredibly helpful. I also had my niece and husband who helped me with grammar and sentence structure. All of my readers made very useful recommendations and I couldn't believe how they all spotted different things to each other.
- Use the read aloud feature on Microsoft Word. Early on in the process, I discovered this great tool, which made the world of difference to me when I was working on a paragraph that was tough to write. It helped me to 'hear it' and adapt it to make sense.

- Invest in a good editor and designer - the deadlines and calls to action are so important, and Tessa's design experience is what brought my book to life. She was my book doula.
- Keep your word count on at all times, and double check for waffle. I removed almost 50 pages worth from my book over the time I was writing. I called it my book dumping ground, and I was shocked to see how much I took out overall.

If you would like to add content to your birth preparation sessions about the role of the birth partner, you can attend one of my upcoming training courses, which will include the exclusive use of my PROTECTS tool and many others - take a look at my website for upcoming dates:

<https://www.birtheability.co.uk/birth-partner-training/>

You can buy a copy of my book:-  
<https://amzn.to/35euaZr>

**Listen to Sally on the Doula UK Podcast <https://podcasts.apple.com/gb/podcast/the-doula-uk-podcast/id1500920023> and on The Ultimate Guide to Being a Birth Doula - <https://podcasts.apple.com/gb/podcast/the-ultimate-guide-to-being-a-birth-partner/id1541228817>**



## PREGNANCY BY THE MOON

### EVA BAY GREENSLADE



**I became a doula in 2016. I never set out to write a book; it was born through my journey of weaving my passions and spiritual path into my doula work that led to my work becoming books.**

My book around ceremony and shamanic aspects of birth, which I am still writing, and should be out later this year, started the journey of book writing. It began as a dissertation from my Sacred Drumming Practitioner course, my teacher Steven Ash suggested it become a book, and so I continued my research and continued to do case studies, not for my course but to further deepen my understanding.

My idea for 'Pregnancy by the Moon' to become a book evolved over time. The journey of writing a book about pregnancy and the moon wouldn't have been in my awareness if I wasn't already writing a book. I have always tracked my body rhythms and noticed my connection to the moon, when I was pregnant myself, I noticed the ten moon link. During my last pregnancy my partner and I worked with the moon quite deeply (we both practice a nature religion type path).

When I became a doula, I began to become aware of women's pregnancy gestation ending on certain moon phases liked to their own cycles, and quite early on in my doula career I began working out their natal moon and ovulation moon.

I worked loosely with it at first just by meeting for their antenatal sessions with me on the moon phases we had worked out their baby would be due on or around. I found my theory was working out, then I began to become interested in other aspects, especially after working with a mum whose children's zodiac signs were similar to those of her siblings, it seemed she had learning in life through being surrounded by siblings and children with the same zodiac patterns.

I decided to stop just reading astrology and wondering about it, and took a course in astrology. I learned how to do natal charts, basic astrology, and it aided my questions and answered my theories.

It was whilst I was on this course, I decided this guide I was writing for my clients could just become a booklet. I have a business mentor who happens to be an editor (I found her to help me with writing my other book and keep me on track and focused business wise), I decided to put that book on hold and thought I could write this quickly because it was all just in my head. I was wrong, it wasn't quick, not with lockdown, kids home, no work. However, I found a groove, I went to meet friends who are astrologers, they helped me ensure my astrology was correct. My illustrator for my other book said she would draw little images for this book too. And so, it came into being.

It became a journal really, with guidance on how to work with the moon, for pregnancy and birth preparation, with options to delve deeper if you want to. I have truly discovered a passion in writing my passions and experiences to share with the world.

I feel we all definitely have a book within us. We all have passions, especially as doulas and birth workers, that if we allow them to, will flow from our hearts onto paper. I have two more books bursting to be birthed and I am loving the journey of exploration through writing them. I am learning so much as a doula, I feel as though my whole life has led me to this point, and yet I feel I am just at the beginning of my doula journey too, we are always learning.

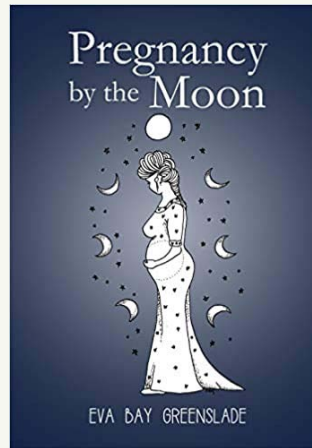
If I was asked to offer advice for anyone writing a book. My suggestion would be, not to think too much at first, pick up a pen or start typing and just allow it to flow through your heart, get it all down on paper. Then think about it. Don't listen to the devil on your shoulder telling you your thoughts won't be good enough. Don't let time be a factor, I am so busy juggling work and life as a mum of four. If you don't start writing and procrastinate it will never happen. Don't be discouraged by knock backs of publishers, I wrote to a few and they all said, 'nice idea but it's too niche'. My editor luckily had her own publishing company *Quiet Rebel Bureau*, so she finalised it for me, her editing and completion with this book is amazing. I am actually surprised how well its sold in the first two weeks, it equated to two books a day, I'm sure it'll die down, but it's more than I thought. I expected to just give it to my clients as a booking gift.

If you are feeling inspired to write, try it! Writing in many ways is your birth right!

“We are all linked with the moon, there is scientific evidence that tells us so. Our bodies and our planet are affected by the moon as she circles the earth. There is much research on how our ancestors understood our link to the moon and her effects upon us. They wove many stories of how she came to be and how she affects our lives on earth. Can you imagine what it must have felt like for our ancestors to see her change through all her phases? From being a full, beautiful, clear bright sphere hanging overhead in the sky, shining her light on their landscape, to waning to a slither. Then disappearing into the darkness to emerge again new, waxing until she is a full bright sphere once more. So much of our ancestors' lives were ruled by working with the moon and feeling her influence on their lives and the natural landscape around them.”

- Extract from my book 'Pregnancy by the Moon' from the chapter 'collected Research and Stories of Our Links to the Moon'.

Within the book parents can work out their gestational moon phases, look into the deeper zodiac influences, and there is also a moon journal to augment their pregnancy reflections and planning, with ceremony ideas and when they may be best to do them.

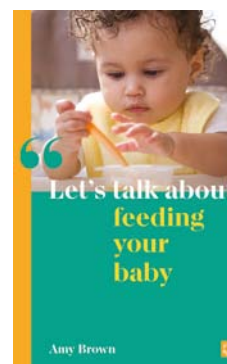
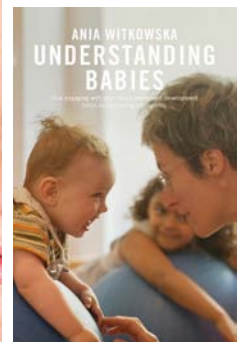
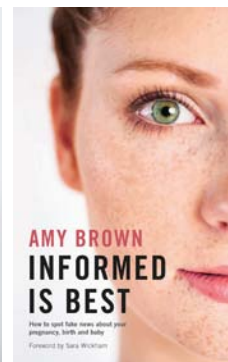


You can buy the book directly from me on my Etsy page <https://www.etsy.com/uk/shop/TheTinkeringFae>

or via [amazon.co.uk](https://www.amazon.co.uk) / [amazon.com](https://www.amazon.com)

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## New books from Pinter & Martin



For 10% off enter **DoulaUK10** at [pinterandmartin.com](https://www.pinterandmartin.com)

# #ButNotMaternity

ABBI LEIBERT

**Unless you have been hiding under a rock, it will not have escaped your attention that the doula world and its clients have been hugely affected by Covid related maternity restrictions over the past year.**

Many parents have suffered needless trauma, misinformation, abuse of their human rights and a total lack of the levels of support needed during a pregnancy journey. Doulas have suffered with loss of income, a loss of ability to do our jobs in the best ways we know how, and utter helplessness when we get left at the door, handing clients over to hospital environments, sometimes knowing that without us there to advocate for them, fear and anxiety will result in coercion and unwanted interventions.

This month, as Lockdown 3 restrictions have started to lessen, we have a clear roadmap out of national lockdown, but no clear roadmap from the government out of maternity restrictions in England. In Scotland, Wales and N.Ireland there are explicit mentions of maternity care within national government rules but not in England - other than to state that birth partners are exempt from the rule of 6 (for all those frequent situations where there are more than 6 people at a birth?!). Understandably, during a national lockdown there is not a lot of scope to campaign in relation to restrictions. However, outside of those times, maternity care has become an unfair postcode lottery.

Doula UK is not a campaign organisation, but we are mindful of the issues that affect our members and parents. Many of you reading will have been affected by these restrictions. Initially we created a template letter for Doula UK reps to send out to members, should people have wanted to campaign themselves - but that was not enough. Other organisations were also campaigning against restrictions and their voices were lost outside of the birth world. At that point, doulas from the BirthBliss Academy took a different tack. Whilst also writing an open letter to parliament, Birthbliss started a social media campaign that spread far and wide, raising the profile of maternity issues and giving parents a platform to share their stories of birthing in the pandemic.

**YOU CAN VISIT A  
PUB**

**But your partner cannot  
come to antenatal  
appointments or scans?**



#butnotmaternity

#ButNotMaternity was a great success. Birth workers flooded social media with memes, parents flooded it with their stories and then, finally, the media took notice. When the media start to bang a drum, the government starts to take notice. Together with Holly Avis' Change.org petition, there were now too many voices to ignore. 180,000 existing signatures swiftly doubled by Christmas. Now the petition sits at 550,000.

Within a week of the campaign being launched, NHS England revised its guidelines and it felt like a huge victory. There were headlines and radio interviews, TV appearances and podcasts. Parents were being heard, their mental health needs were being discussed and changes started to be made. However it soon became apparent that NHS guidelines mean very little. Trusts who previously hailed guidelines as policy in their hospitals were ignoring these ones. An overwhelming amount of trusts paid little or no attention. Parents in many areas of the UK were left feeling even more hard done by when their own trusts did nothing and neighbouring trusts gave their friends far more choice. As doulas, we were no closer to being able to support clients in person.

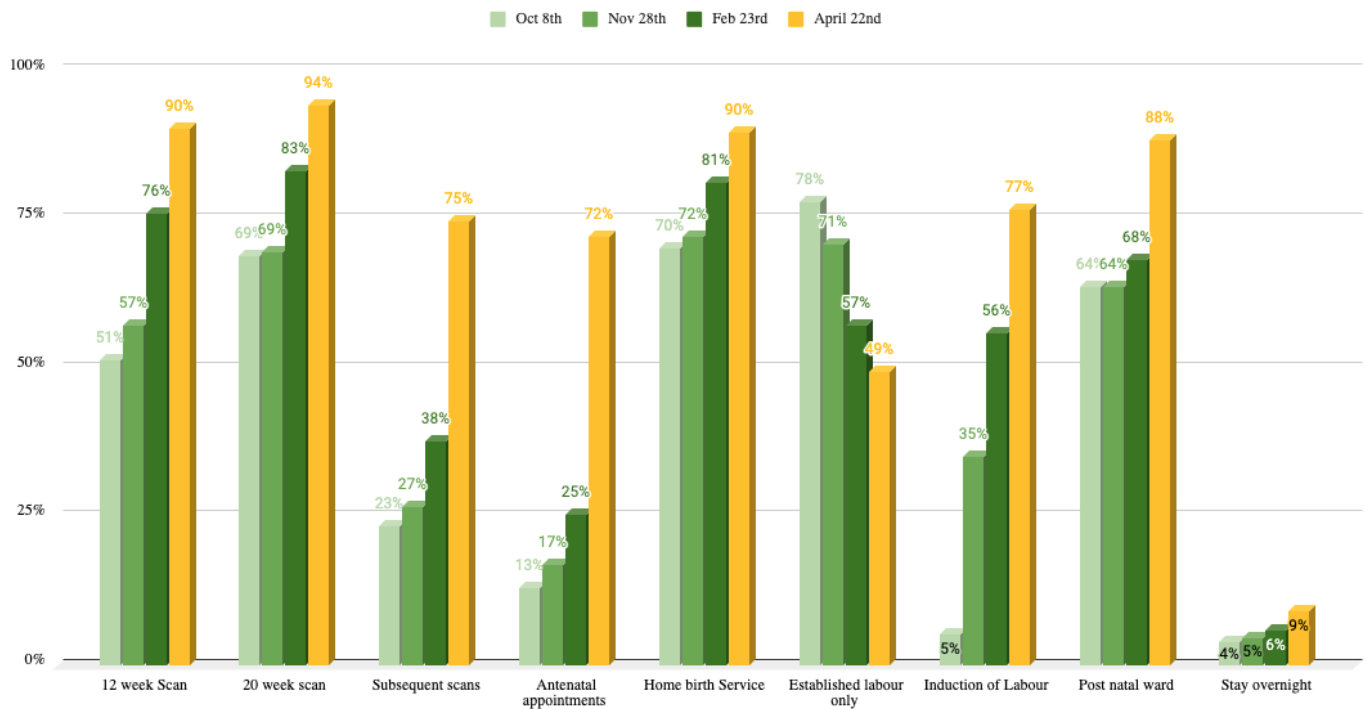
#ButNotMaternity was being used by many organisations to highlight the plight of parents. Pregnant Then Screwed used it to work with MP Alicia Kearns and the Daily Mail and get 60 MPs to sign in support of partners attending throughout labour and for all scans. Birthrights and AIMS were already campaigning, had helplines running and template letters on file for parents and activists to target their local MPs and trusts at a local level. Once again, there were too many voices for trusts not to take notice. This time, not just parents and doulas, but an organised group of birth related organisations. In October 2020, Pregnant then Screwed, Birthrights, AIMS, The Fatherhood Institute, Make Birth Better, Birthbliss and The Birth Trauma Association penned a collective press release calling for a review of the NHS guidelines and detailing our issues with its lack of clarity and proposed our solutions.

It took until the 14th December to see the revision. It took weeks to get signed off - over 23 revisions I believe! Even then, the RCM stated that they were not happy with all of it. But as campaigners we were! Again it felt like victory and a wonderful Christmas gift. Sadly it was too late, Lockdown 2 was well under way at that point and restrictions started moving backwards instead of forwards. Lockdown 3 arrived straight after Christmas. Whilst the new guidance left less room for ambiguity, the NHS was struggling as Covid rates soared and staff shortages were bringing it to its knees. It just was not possible to ask them to do much more at that moment. We had to bide our time.

By spring, vaccines were rolling out, Covid rates were down and the NHS had more room to breath. As the government issued dates for national restrictions to end, we really wanted to avoid a repeat of Sept 2020 and not have maternity left behind. Doula UK had by now also joined with the But Not Maternity Alliance (a phrase coined by The Daily Mail for all those co-signing campaign letters). Whilst Doula UK are not usually campaigners, our members are needed more than ever to help parents at this time and we want to support you all in this. By joining But Not Maternity alliance meetings, we are able to keep up with what is going on behind the scenes and speak up for our members and their clients - so far the big story and main concern has not been doulas but now, there is scope to have influence.



# NHS Trusts allowing partners to attend



## So what now?

Having co-signed a letter to NHS England on the 1st April, asking them to clarify remaining ambiguity around social distancing and to ask that lateral flow testing now be considered, on the 15th April NHS England provided instruction to trusts to further support families. Since then the state of maternity care has vastly changed for the better.

Now only a handful of trusts are not allowing any kind of postnatal visiting and even fewer ban partners from scans and appointments. As doulas, our obvious focus turns to the number of birth partners granted access to hospitals and birth centres. At the time of writing 14 trusts in the UK are now publicly allowing second birth partners to attend labour and birth. The next stage of the campaign is to ensure this number rises.

## What can you do?

Advocate for your clients. Whilst only 14 trusts publicly allow second birth partners, we are hearing from MVPs that many are allowing doulas when asked in writing. So encourage your clients to do this. You may not get the answer you want, but please do not assume that because a trust website says no, you can't try. AIMS has a template to use when requesting a second birth partner that may be useful. We would advise you adapt it to your clients personal circumstances and add in any information you wish to about the benefits of doulas.

Please note that it is national policy across all hospitals to keep the 2m rule in place in accordance with government guidelines, apart from when administering personal care. Therefore even with tests and PPE, the 2m rule is still being applied. This will not change until at least June.

You can find out more about the state of things at [www.butnotmaternity.org](http://www.butnotmaternity.org) including links to the NHS Status List and open letters. The next wave of restriction changes will probably be seen around 17th May and we anticipate, if national restrictions lessen as planned, 2 birth partners will be allowed across many more trusts. Let's hope so!

CONSCIOUS PARENTING • SUSTAINABILITY • COMMUNITY • WELLBEING

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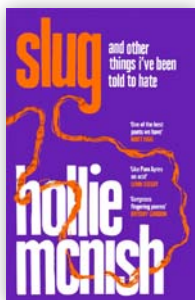
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# Book reviews



## **Slug - Hollie McNish** A review by Sarah Robinson

Slug is an extraordinary book.

Hollie McNish effortlessly weaves beautifully crafted poetry and prose together in this refreshingly honest and intimate portrait of life.

We start at the end, with death and covid. With one line her Grandmother is conjured and brought sparkling into focus. I felt like I knew her and would have really liked her. And then unexpectedly I find myself thinking of my own (long gone) Grandma and feeling joy at the memory of her.

The book is filled with these moments.

In particular a prose passage where Hollie recounts a very long train journey with her three-year-old daughter sparked tears in my eyes it resonated so deeply with me. It simply tells the story of a promised piece of chocolate saved for her daughter on the last leg of a journey. A shared much anticipated and innocuous reward which is then spoiled by an unsolicited comment from a train stranger. How many of us can relate to being given 'well-meaning' parenting advice which in fact aims to undermine and fill us with guilt?

Reading this book is like sharing secrets with your best friend. It's funny, its sometimes salacious, it's honest, at times heart-breaking, angry and most of all deeply human.



## **Surviving Prematurity - Nadia Leake** A review by Nicola Wilson

In this book, Nadia and her husband describe their journey to parenthood, via multiple rounds of IVF and the loss of one of their prematurely born twins, with searing honesty, and, on occasions, humour.

She takes their experience of life on a Neonatal Unit and describes the best and worst of their time in the hospital. The breath-taking lack of compassion by some of the nurses and doctors looking after her babies is set side by side with moments of joy and delight in forging relationships with other mothers and parents on the unit at the same time. These friendships go on to become some of the most important of her life

Throughout the book, you hear from many different people involved, including Nadia's husband Martin and various Health Care Professionals who looked after her babies, it is fascinating to hear their story told from difference perspectives.

At no time, does it feel as though Nadia wrote this book as a cathartic experience, and she herself points this out. She uses her family's experience to illustrate the resources, both internal and external that helped them get through, and as a plea to the Health Professionals looking after her sons that parents should be recognised as partners in their baby's neonatal care.

This book opened my eyes to so much that is good about our NICUs, but also made me aware that parents are still not fully involved in the care of their premature and sometimes very sick babies. Nadia talks about the Unicef Baby Friendly Initiative and the Family Integrated Care package which she so strongly believes is the best way forward for the care of premature babies and their parents.

She points out in the book that researchers into the effectiveness of FIC found that "it improved weight gain, decreased parent stress and anxiety and increased high-frequency exclusive breast feeding at discharge"

Nadia and Martin's determination to educate the healthcare professionals who have the immense responsibility and huge privilege of working in the Neonatal Care field shines through this book, I thoroughly recommend it as an essential read for anyone working in the birth or parenting area.

# Evelyn's Birth

## EVELYN WATERS

**At my 41+6 midwife appointment I saw a new midwife (due to staff shuffling for covid) and she said that I was going to be automatically discharged from midwifery care and put on to consultant care, and consequently booked for an induction (IOL) the following day. I said clearly that I would not be having an induction, and I want the hospital to know that so that I did not walk into a fait accompli. However, I was happy to go for monitoring, so attended the following day. They did indeed know that I had declined IOL and hooked me up to the foetal heart monitoring machine (CTG).**

The CTG completed quickly with flying colours but the midwife said a doctor was going to talk to me. I was prepared for that and felt confident to state my case to the doctor. The doctor came in and said "I want to tell you what I've seen in my 12 years experience" implying that she'd seen stillbirths. Then for some reason she said that at 42 weeks the baby will be under pressure; particularly if I had high BP, advanced maternal age, diabetes etc., but I had none of those risk factors. This made me less motivated to take on board her recommendation of an IOL, as it did not feel like she was talking to me about my case specifically. She also said that the placenta started to degrade from 40 weeks! But I knew that I would only be overdue at 42+1, which was tomorrow. I tried to call her bluff and said that if something was truly wrong, then I would consider a c-section, but not in the next few days. She said that I need to have a plan to end the pregnancy, which I found difficult as I didn't know when I would go into labour of course! I said that I accepted the risk and she discharged me to have monitoring every two days. I then realised that I'd forgotten to call my husband to listen in on the talk, he was in the car park due to covid rules.

*'The CTG kept losing the baby's heart rate, I believe it was incorrectly strapped on.'*

The 42+2 monitoring was on a Sunday, again I passed the CTG monitoring easily in 10 minutes and no doctor to be seen. Again an indication to me that nothing was truly wrong.

The 42+4 appointment began with an ultrasound. The doctor wasn't aware of any of my background, but couldn't find any problems. He kept saying that the machines can't guarantee that the baby is well, I said "I know! I agree!". However the CTG monitoring that followed took a long time - an hour. The CTG kept losing the baby's heart rate, I believe it was incorrectly strapped on. I called the midwife but she said that the zero readings wouldn't affect my results. However after an hour the midwife came in with a doctor and a senior clinical midwife. I remembered to call my husband on speaker this time.



They said that one of the readings, the Short Term Variation (STV) had fallen to 3.8 and it needed to be at least 4. They said that the baby was low on reserves. I asked which reserves

(I had been eating well in these long weeks waiting!) but they did not know. The doctor asked what I knew about the stillbirth risk, I said yes I knew that the risk at 40 weeks is about 1/1000, then at 42 weeks was about 2/1000. The doctor said that they use the MBRACE statistics, which showed a 2 in 100 chance of stillbirth post 42 weeks. Of course I was in a windowless room by myself so I had no way to question this. I have subsequently found out that their stat is wrong! They asked where I got my stats from - which was the Positive Birth Book by Milli Hill, all three of them looked at each other and said they'd never heard of her!! I was stunned, as I thought Milli Hill was famous in the world of birth workers. The doctor said, "because of the STV risk, I am telling you, you need to be induced today." I repeated that I didn't consent.

*'the reality of the thought of someone wrenching my baby out of me just felt too heavy-handed.'*

So then she called my bluff and said she understood that I would consider a c-section. Although, in truth, it was very clear they didn't want to perform a c-section (thus again indicating to me that I wasn't in an emergency situation), but did say that there was a c-section slot tomorrow that they could book me to. The reality of the thought of someone wrenching my baby out of me just felt too heavy-handed. I knew the baby was fine because surely I would have had some indicator that he was not well - the movements, my BP, temperature and urine etc had all been "text book" so far; in fact my bump had measured below 50th percentile, so I had thought for a while that the baby was a bit of a slow grower and had more growing to do later on in the pregnancy.

By this point I had run out of stoicism and was crying, so luckily my husband took over the conversation. They said that the baby was getting weaker every hour, so this seed was planted in our minds. I asked what the induction process would consist of, and then I agreed to it. However, we had left things at home, so my husband had to go and get them, which would be a 90 minute round-trip. I accepted a sweep (even though I'd never wanted one before) as I thought it was a chance to get things moving just in case I was verging on labour.

It was about 1.30pm and they took me to the induction room, I was shaking with fear and adrenaline. They hooked me up to another CTG while we waited for my husband.



Another doctor came in and asked why I was crying. I said I was upset that I was ending up with an induction that I never wanted. She then looked at the ongoing CTG printout and remarked "look at the heartbeat, that's textbook!" I said "hold on a minute, can we use this print out instead of the first one?" The doctor had to go to a c-section, so the midwife went to ask another consultant. My husband arrived at that point and I felt the oxytocin come back finally! He immediately got to work, starting with hanging up our fairy lights and working on our birth environment. But I said "no, keep them in the bag, I don't think we will be staying!"

*'When the midwife asked the consultant, she said she would only account for the first reading of the day.'*

The consultant required us to use the original CTG machine to compare the new, better reading, so the midwife went to get the machine. We ended up doing a number of readings because some completed in the 10 minutes again (needed to read for an hour for comparison), and another the printer broke, etc., so finally we got a comparable 1 hour long print out after 6pm. All of these subsequent readings showed the Short Term Variation well above 4. That was enough for me, I said "let's use the new printouts." When the midwife asked the consultant, she said she would only account for the first reading of the day. If I wanted to leave I had to discharge against medical advice. That's what we did.

*'no tears as I took Trudi's and Ina May's advice of being on all fours and slowing down the pushing when baby was crowning.'*

I felt like skipping back to the car now that I had my husband with me and had been released from the feeling of being under a microscope just because of the date in the diary. In the car on the way home I started having mild contractions, we got home just before 8pm, contractions ramped up at 9pm, waters broke at 11pm, got in the car at 11.30pm, arrived at hospital just after 12am, baby was born at 12.30am. 9 lbs, but no tears as I took Trudi's and Ina May's advice of being on all fours and slowing down the pushing when baby was crowning.



He had nothing wrong with him at all and, in fact, all the midwives who have checked him said how big and developed he is, with neck strength. He's also a wonderful breaster, so I don't feel that he was low on reserves.

*'I'm relishing the fourth trimester without needing to worry'*

I am delighted that I didn't end up with any intervention (other than the sweep) and got out of hospital that day, the day I gave birth spontaneously. I have recovered from labour quickly as it was swift and natural and I'm relishing the fourth trimester without needing to worry significantly about my personal health and recovery. If I had not done so much research and spoken to doulas, including Trudi, I undoubtedly would have been induced on the 42 week date. I feel it was only knowing that I could decline what was presented to me as "the rules". None of the doctors or midwives presented upfront that I had a choice.

**Evelyn Waters is a mother of 2, living in East Sussex.**

## THE DOULA UK PODCAST WITH LEILA BAKER

The Doula UK podcast with Leila Baker is for doulas, birthworkers, educators and everyone interested in the pregnancy, birth and postnatal world. The Doula UK podcast is designed to start conversations, inspire, connect and empower! [Subscribe on Apple](#), [Spotify](#) or go to [Anchor FM](#).



# Doula Bag Of Tricks

TIPS, TRICKS, TOOLS AND WISDOM.



© Nathan Dumlao

*'Post-birth I take a nourishing organic beef casserole or chicken soup made with homemade organic beef or chicken stock. I make up batches of stocks which I freeze so I always have a few spare in the freezer'*

**- CAROLINE SPEAR**

*'Rescue Remedy (but for me rather than anyone else)'*

**- ABBI LEIBERT**

'I pack a thank you card in my bag for midwives and leave it for them if they've been particularly helpful and kind. I think it makes for good relationships between doulas and midwives'



**- KIRSTIE BROUGHTON**

*'Torch and Mirror. So mum (or birthing person) and partner can see what's going on!'*

**- TRACY GOODING**



'My plastic jug is my most used tool. I can catch vomit or wee in it, use it to trickle water over bumps or backs or keep my torch in (to stop the midwives from nicking it!). I don't, of course, do all of these things simultaneously'



**- VERINA HENCHY**

*'I bake a groaning cake'*

**- SOPHIE MESSENGER**

## RECIPE FOR 'LABOUR AID'

- Coconut Water
- Raspberry Leaf Tea (chilled)
- Pinch of pink Himalayan salt
- Honey
- Whole squeeze lemon
- Couple of drops of Rescue Remedy



**- NAOMI LISA**

# The Doula HUB

SPOTLIGHT ON  
**DOULA UK DIRECTOR  
OLIVIA SOUTHEY**

The Doula Hub is a new addition where we will bring you the most important news from Doula UK and shine a spotlight on one of our volunteers. First up to the plate is Director Olivia Southey.

## **Tell us what changes and developments Doula UK members can expect in 2021?**

Following the consultation at the end of last year there are lots of terrific developments in the pipeline. We have begun inviting and seeking out training partners to offer CPD to our Doula UK members so that we may nurture them and offer great opportunities to grow and develop. We have opened up our routes to membership welcoming new doulas, experienced doulas and birth professionals to retrain as doulas and join Doula UK through our Fast-Track workshops. The new Resolution Team went live on 1st March. We have increased transparency on how to become a Doula UK approved course provider and are looking forward to welcoming greater choice to doulas wishing to train on one of our approved courses. None of this would be possible without our incredible team of volunteers and our new recruits! This year we have welcomed Kim Sterling-Haig as Access Fund Coordinator, Sara Benetti as Course Liaison, Saima Kara as CPD Coordinator and Abbi Leibert as Marketing and Digital Coordinator.

## **What have been the biggest challenges for Doula UK over the past year?**

The pandemic forced us to cancel our in-person Doula UK Intro Workshops. We moved quickly to convert the workshops online and luckily it has been an incredible success! 390 people in the past year have completed a Doula UK Intro Workshop and 26 of those have been offered a free bursary place. A three-fold increase on the previous year. At the beginning of 2020 we relaunched the Doula Access Fund and despite the past year's restrictions we were able to provide 27 people facing multiple disadvantage and financial difficulty with free doula support through the growing Access Fund. We also joined the coalition #ButNot Maternity working with partners such as AIMS, Pregnant Then Screwed, Make Birth Better and Birthrights to coordinate our efforts to campaign for women and birthing people's rights during the pandemic.

## **What inspired you to volunteer for Doula UK?**

I'm really interested in the bigger picture of maternity and also what makes organisations both work well and improve. It's great to be part of a team. I've been grateful for all the learning opportunities that volunteering has given me that I wouldn't have had otherwise. I've been on a humbling and ongoing learning curve as we have examined how biases and privilege affect our organisation and maternity as a whole.

## **What would you say to a doula just starting out?**

Well I think being a doula makes you wary of giving advice! New and aspiring doulas come from such different walks of life. previous experience and motivations.



But something that is universal is the need to let go of your own opinions and be open minded, because you'll be supporting clients who make very different choices to your own, and you'll learn so much from that. I think something I have found myself saying to aspiring doulas is to remove the idea at the get go that doulaing is something nice and fluffy to do. It is hard work physically, emotionally, morally and all the other ways something can be hard work. But it is awesome and its own reward.

## **What advice would you give to a doula who is feeling burnout or a bit out of the loop due to lockdown?**

Burnout is so real. Try to catch it before it stops you by force and take rest and your own health seriously all the time. Lockdown has thrown doulas and so many other people who work closely with others a total curve ball. I've seen this on both sides both from having a pandemic baby myself (August 2020) and being unable to take on clients in the way I would normally due to restrictions.

## **Who do you most admire and why?**

There are so many people that I think are inspiring that it's very hard to narrow it down! At the moment I am in awe at watching my baby learn all the human basics - crawling, eating, interacting, playing... I once hired a wonderful babysitter who said that being with babies was like a meditation and it's true that we can learn so much about open mindedness, joy and effort-without-giving-up from them.

## **What are you juggling at the moment?**

Well everything is being juggled with my own 7 month baby at the moment! But I am starting to look ahead to taking on my own clients again as he gets a little older and working on Doula UK's strategic objectives as a director. It's such an exciting time for our organisation, welcoming new volunteers, new doulas and new course providers. We're holding the vision of a truly inclusive organisation that provides both a 'home' and a gold standard for the UK's doulas.

## **What's the best thing about being a Doula UK doula?**

The answer to that will vary from member to member but for me it is the fellowship of other doulas, the sense of being committed to bringing support to new parents in the perinatal period as a group. I love meeting doulas who have arrived at being a working doula along a different path to my own.

## **Tell us about a day that changed your life.**

The day that I gave birth to my first child definitely changed my life, but in truth every single day that I have supported a birth since has profoundly changed me too.



# Events calendar



Due to current coronavirus restrictions courses may take place online or in person. Please check with the provider for the most up to date information.

Date	Event	Location	Details
<b>May</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
06 May	NI Maternal Mental Health Conference (sponsored by Doula UK)	Online	nimmhc.heysummit.com
06 May	Developing Doulas - Doula Preparation Course	Godalming	developingdoulas.co.uk
07 May	Every Birth Matters - Doula Preparation Course	Birmingham	everybirthmatters.co.uk
10 May	BirthBliss - Doula Preparation Course	Watford	birthbliss.co.uk
10 May	Nurturing Birth Intensive Course	Online	nurturingbirth.co.uk
11 May	Developing Doulas - Specialist Doula Preparation Course for LGBTQIA People	Online	developingdoulas.co.uk
13 May	Younique Postnatal - Postnatal Doula Preparation Course	Online	yuniquepostnatal.co.uk
20 May	Developing Doulas - Doula Preparation Course	Online	developingdoulas.co.uk
21 May	Nurturing Birth Distance Doula Course	Online	nurturingbirth.co.uk
<b>Jun</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
07 Jun	Developing Doulas - Doula Preparation Course	Online	developingdoulas.co.uk
14 Jun	Younique Postnatal - Twins and More Workshop	Online	yuniquepostnatal.co.uk
14 Jun	BirthBliss - Doula Preparation Course	Online	birthbliss.co.uk
21 Jun	Younique Postnatal - Understanding Newborns Workshop	Online	yuniquepostnatal.co.uk
29 Jun	Younique Postnatal - Understanding and Preventing Reflux	Online	yuniquepostnatal.co.uk
<b>Jul</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
01 Jul	Every Birth Matters - Doula Preparation Course	Online	everybirthmatters.co.uk
12 Jul	Younique Postnatal - Postnatal Doula Preparation Course	South East London	yuniquepostnatal.co.uk
13 Jul	Red Tent Educators Traditional Postpartum Course	Edinburgh	redtentdoulas.co.uk
19 Jul	Continuum Doulas Preparation Course	Frome	continuumdoulatraining.co.uk
23 Jul	Conscious Birthing - Birth Doula Course (TIDE inclusive)	Online	doulatraining.co.uk
<b>Aug</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
01 Aug	World Breastfeeding Week (1-7 August)	Online	waba.org.my
19 Aug	Younique Postnatal - Postnatal Doula Preparation Course	Online	yuniquepostnatal.co.uk
<b>Sept</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
06 Sept	Conscious Birthing - Birth Doula Course (TIDE inclusive)	Glastonbury	doulatraining.co.uk
12 Sept	Conscious Birthing - Birth Doula Course (TIDE inclusive)	Glastonbury / Online	doulatraining.co.uk
18 Sept	Every Birth Matters - Doula Preparation Course	Online	everybirthmatters.co.uk
27 Sept	Younique Postnatal - Postnatal Doula Preparation Course	West Sussex	yuniquepostnatal.co.uk
<b>Oct</b>	<b>Doula UK Introductory Workshops</b>	<b>Online</b>	<b>doula.org.uk</b>
09 Oct	Developing Doulas - Doula Preparation Course	Brighton	developingdoulas.co.uk
10 Oct	Conscious Birthing - Postnatal Doula Course	Glastonbury / Online	doulatraining.co.uk
18 Oct	The Continuum Doula Preparation Course	Frome	continuumdoulatraining.co.uk
27 Oct	Younique Postnatal - Postnatal Doula Preparation Course	Online	yuniquepostnatal.co.uk



**Doula UK**  
Positive birth.  
Supporting families.

**Doulas provide flexible, continuous support to families through pregnancy, labour and birth, and in the immediate postnatal period**

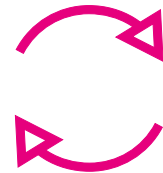
Founded in 2001, Doula UK CIC is the membership association of birth and postnatal doulas in the UK, ROI & Channel Islands



Doula  
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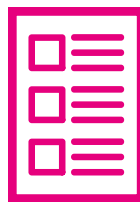
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