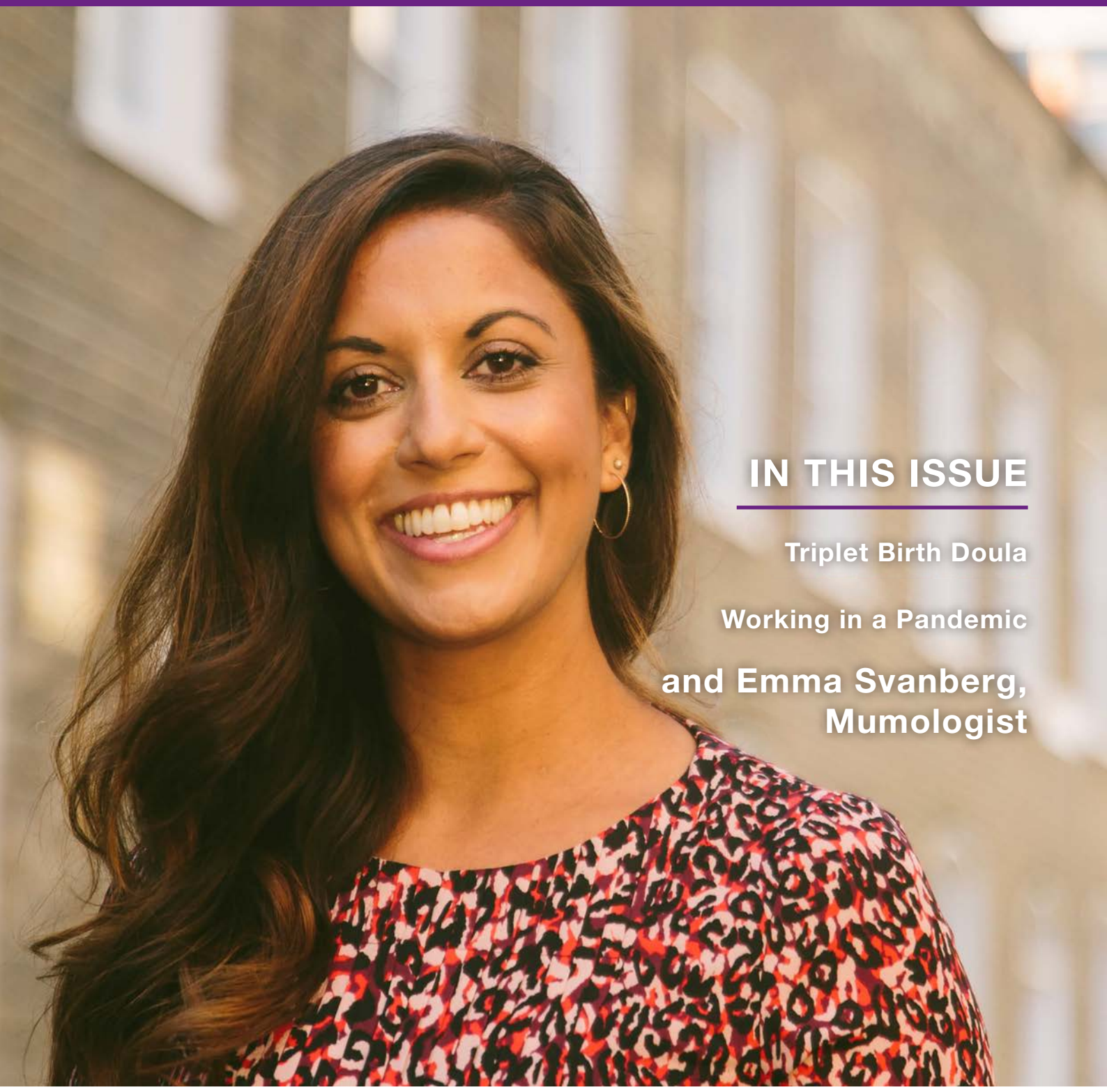
The Doula

A DOULA UK PUBLICATION



IN THIS ISSUE

Triplet Birth Doula

Working in a Pandemic

and Emma Svanberg, Mumologist

Doula UK
Positive birth.
Supporting families.

AUTUMN 2020 ISSUE 39

In this issue...

Credits & acknowledgments
Cover photo credit: Phill Taylor
With extra thanks to Frank and Maggy Forde for their proofreading skills.

Magazine team
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

Deadline for next issue: 15th February 2021

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Visit *www.doula.org.uk/vacancies* for up to date volunteering opportunities

Letter from the editor

Welcome to the autumn issue of The Doula!

Not for the first time in my life I'm asking myself "how on earth did I get here?" Being asked to Guest Edit The Doula was a bit like nipping out for a pint of milk and coming back with the whole cow. I thought I might get lucky enough to be asked to write an article, and here I am milking the whole herd… er, I think you know what I mean!

I've been a doula since 2007 and, as well as having done my time on the Committee as Secretary, as Recognition Certificate Organiser and Doula UK stall-holder, I edited one of the original incarnations of the Doula UK magazine, 'Doulaing'. Back then it was printed in black and white on copy paper and stapled together with my own fair hands. Myself and a few other doulas sat around my dining room table stuffing the envelopes, sticking on the stamps and munching on the burnt pizza I had provided in payment (not surprisingly, I don't recall them ever coming back to help again).

And, my!, hasn't it grown? It's moved on to quality paper with colour images, bound by not one but two staples, and now on to digital copies, not even a stamp lick in sight. What hasn't changed so much is the pulling together of this fantastic community, the sharing of stories that is such a huge part of our 'art' and the fascination I have with reading about all the cool stuff we get up to in our miriad skill set. Triplet births, European connections, raw and beautiful breastfeeding imagery alongside getting under the skin of breastfeeding aversion.

I'm also so happy to be able to share one of my favourite humans on the planet with you, Emma Svanberg, Mumologist. Who, despite moving house mid-deadline, still delivered her usual quality logic, energy and passion about birth trauma for us. I also finally had an excuse to talk to Eleanor Copp, I have loved her regular article in Juno for years, about her experience as a midwife during the pandemic. And share some news from AIMS on this, their 60th anniversary.

I know times are uncertain, worrysome and uncharacteristically fluid right now. Each of us are facing different challenges this year – emotional, physical and financial. Our jobs are so full of giving and nurturing others and the challenge has always been to balance all the love we give our clients with the care we need to give ourselves. So, to that end, will you promise me you will read this edition with a big cup of tea (insert refreshment of choice) and your feet firmly up?

Love, Trudi x
Guest Editor

Trudi Dawson **Guest Editor**

Biog:

Trudi Dawson has been a Birth and Postnatal Doula since 2007, she is also a Doula UK Mentor, Antenatal Teacher and Yoga Instructor. She runs Mothering Mojo, teaching Pregnancy, Postnatal and Pelvic Floor Yoga, Birth and Breastfeeding Classses. 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.

Leila Baker **Deputy Editor**

Biog:

Leila is Doula UK Head of Membership and one of the Doula UK Directors. She has recently moved to the Isle of Wight and is enjoying her proximity to the sea. This Autumn, she will be completing her Marvel Universe movie marathon and hopefully resuming the Couch to 5K runs that she began during lockdown

Doula dilemma

Dilemma:

" I'm pregnant and really struggling with my birth and postnatal work. I am finding it both physically and emotionally overwhelming. But this is my main income and I need to keep working. What should I do? "

– Anon

Every issue we publish a dilemma surrounding an aspect of doula work submitted by a reader and we encourage all of you to email us in response with your advice and suggestions as how best to solve it. All emails will be treated in the strictest confidence and any distinguishing details will be amended to protect and retain the anonymity of both the person submitting the question and the people involved in the dilemma.

Finding a shared care doula partner helped me to continue supporting births up to my due month and then, when my daughter was three months old, I began supporting births again. My shared care partner and I had an agreement that if a birth was particularly long or I was finding it too challenging that she would be ready to step in. Knowing that I had that safety net gave me peace of mind and the confidence to continue to give my all. My shared care partner was not just there as a physical back up though, she was also the person who was never too busy to hear the birth story or listen to me have a moan. And even once pulled the car over on the way to an antenatal appointment and gave me her parking change so I could satisfy a pregnancy food craving! Reach out to the doulas in your area for support - it's what we are good at after all.

SR

Protect yourself emotionally by ensuring you have your own doula or doula friends to debrief to. Physically, make sure you take nutritious snacks to work and keep hydrated. Also speak with birth clients in advance about needing to take breaks if the birth is long, even just for a short walk and some fresh air. Work out how long before your birth it's financially viable for you to stop working, so you have some time to focus on your own pregnancy and birth.

HR

Pregnancy can be quite physically demanding, so be kind to yourself if you do not have as much energy or focus as you usually have. Plan your work around snack and sleep breaks and take extra care while doing practical support as your pregnant body may be more vulnerable when lifting or carrying. It can be hard not to project your own birth wishes or prevent your client's experiences getting tangled up in your personal fears or worries about your birth. My partner was surprised that I felt the need to have my own doula but as I told him at the time "every pregnant person should have a doula"!

LB

Firstly, you're amazing to keep going. Doulaing isn't for the faint-hearted and can be both emotionally and physically draining if there are other things going on in your life. It's a job that is often hard to leave behind at the end of the day and almost impossible to 'coast' through at any point. If you haven't already, I would think about teaming up with another doula. It's amazing what a good doula partnership can achieve and no one understands the stresses and strains better than a fellow doula. Also, are you taking enough care of your nutrition and practising good self-care (we all know this is difficult, but so important). It might be time to think about expanding your offering to support mothers in a different way - for example becoming an antenatal teacher, learning to teach baby massage, etc., many doulas have another 'related' string to their bow that means they can continue earning when doula work is less practical for them or they are having a bit of a dry spell. Finally, we all know how precious it is to be pregnant, we only get to do it a few times in our lives. If there is any way you can rejig the finances to allow yourself the space to enjoy and embrace your pregnancy, it will be worth it in the long run.

TD

Dilemma for the next issue:

I have a client who I think is displaying signs of postnatal depression – she finds it incredibly hard to sleep, feels anxious all the time, doesn't like to let anyone else hold the baby and constantly feels like she is failing as a mother. It affects her every minute of the day and she's utterly miserable. However, as soon as the Health Visitor or anyone comes to visit, she puts on a brave face. I am the only one she will confide in about her feelings. I have tried to suggest she open up to professionals about it, but she won't. I worry that by doing anything other than being a listening ear I would be overstepping my doula boundaries. But if I do nothing, I also worry she could get ill and not get the help she needs. How do I satisfy my duty of care but also my boundaries as her doula? - Anon

Please email us a dilemma, or your advice to the one published to **editor@doula.org.uk**

Please specify if you wish to include your name or remain anonymous.

Being at Births in the Time of COVID

LAURA JANSSON

Since March this year, most NHS Trusts have instituted a one-companion policy for all births, in some cases requiring that birthing women choose the attendant from within her household. These policies have effectively barred doulas from their workplace, causing us to scramble to find new ways of working with our clients.

In these uncharted waters, different models for doula work have emerged. In this article, we explore the realities that are happening, examining the benefits and drawbacks of each model, rather than suggesting which is best. It is outside our present scope to consider the benefits and drawbacks for anyone but the doula and client (for instance, the risk of COVID transmission to healthcare professionals or the wider community). Case studies have been fictionalised, with names changed, but are based on actual cases.

Virtual Doula Practice: Move All Support Online

When lockdown was insituted, doula Bea and her client Em moved all their meetings to Skype. This was Bea's first time offering virtual support, so they talked through the practicalities and made detailed plans for birth. Bea implemented some suggestions from an online training she'd attended, including five-minute comfort breaks away from her computer every hour during labour.

One night, at 41 weeks, Bea received the call from Em saying she thought things might be warming up. Bea got up and went to another area of her flat with her laptop, earbuds, water bottle and snacks. Em's partner Stan set up a Skype meeting on his phone and placed it where she and Bea could see one another, which mostly worked. At times Bea couldn't understand what was being said, but in between surges she was able to offer encouragement and suggestions. Bea remained online with Em until her baby was born with the help of a ventouse in the middle of the next morning – with the exception of a long hour-and-a-half offline in the middle of the night, while Em and Stan gave their full focus to the journey and transition into hospital.

Bea found some things frustrating compared to her usual practice. She missed the simplicity of in-person work, where she could easily communicate her support non-verbally, with a gesture, sound or touch. She had to describe (rather than show) some massage techniques for Stan, so she found herself talking much more than she felt was optimal. She had to speak quietly so as not to disturb her own household, and make extensive use of the mute button, in case there were unexpected sounds in her home. Several times the video call dropped and Bea was reliant on Stan to notice this and fuss with the tecnhology to get a new connection. She found herself much more in the role of consultant/resource person, rather than an equal member of the birth team. And by the time Em's little girl was born, Bea was more exhausted than she would normally be.

However, Em and Stan were delighted they had worked with Bea, saying their ability to turn to her during moments of decision-making gave them tremendous reassurance.

Even though they hadn't planned for a ventouse birth, they felt they had made their own well-informed decisions along the way. Their ability to take Bea into the hospital with them, even if only "in their pockets", gave them the familiarity and comfort they prized so much as they brought a baby into the world in such uncertain circumstances. They also referred back to the support Bea had provided during pregnancy, which helped them consider new birth choices and ultimately to experience the kind of empowering birth they had not known was possible.

Benefits

- *Parents experience continuity of carer (dodgy WiFi notwithstanding).*
- *Doulas are "present" during the whole birthing time.*
- *This arrangement is unambiguously within COVID guidelines and therefore requires no additional conversations with healthcare personnel.*
- *Doula care on this model is available in or out of hospital.*

Drawbacks

- *This model disposes with the doula's physical presence and the advantages that brings.*
- *Virtual doula support is essentially an uncontrolled experiment, unbacked by evidence. It may be as beneficial as in-person support, but many aspects inherent to virtual work, such as exposure to blue light from electronic devices, stimulation of the neocortex from verbal interaction, and the feeling of being watched, as known antagonists to straightforward birth, may negate the protective benefits of doula "presence".*
- *There are privacy issues with online connections of this type. Accidental breaches of privacy may happen as birth is broadcast into the doula's home space. There is also no scope for private moments of interaction between the doula and other individual members of the birthing team, such as a whispered suggestion to a partner or eye-contact with the midwife.*
- *Because this model is entirely reliant on technology, it can be unreliable and subject to hiccups.*
- *There may be screen fatigue for all members of the birthing team.*

Sandwich Method: Attend Labour and Golden Hours, Not Birth

As COVID restrictions eased, Mina met her client Elizabeth for antenatal appointments in the park. Elizabeth was planning a home birth with NHS midwives as well as her husband Alex present. Local Trust guidelines stated that only one birth companion from within the household was "allowed" at a home birth. Elizabeth and Alex knew their legal rights to have whomever they wanted in their own home regardless of COVID, but decided this was not a conversation they wanted to have with an unfamiliar midwife during labour. Therefore they asked Mina to be present as labour established, and help them summon a midwife at the right time. Then Mina was to return as soon as the midwives left.

This is exactly what did happen. Elizabeth summoned Mina mid-morning one day, and she spent five hours with the couple in their home. As labour became really challenging and transition was nearing, Alex called the Maternity Assessment Unit. Once it was clear a midwife was on the way, Mina slipped away. The couple spent only fifteen minutes on their own, and the midwife was present for only two hours before a baby girl was born. Within four hours the couple called Mina to say the coast was clear and she could return.

Benefits

- *The Sandwich method keeps to the rules imposed by many Trusts, that only one birth partner is to be present while they are providing care.*
- *The benefits of a doula's physical support are present some/most of the time. And by modelling for the other birth partner, she may leave some of these benefits behind even after she has left.*
- *Levels of physical contact can be adapted according to the comfort level of doula and parents and the current government guidelines.*
- *This model works for a home or hospital birth. The doula would remain with her clients until they leave for hospital and return once they arrive home.*

Drawbacks

- *Under this model, a doula cannot act in one of her main roles, to provide information and alternatives when medical interventions are often suggested (around birth and after). She could certainly be available by phone during her absence, but this may be difficult to arrange at critical moments.*
- *This model assumes the doula is familiar with the signposts of normal labour, so that she can assist the couple as they time their engagement with medical care.*
- *The Sandwich method is unlikely to work where medical help is needed from the beginning, e.g. for inductions.*
- *This model relies on all parties being comfortable with some COVID risks, and therefore may be unsuitable for some.*
- *Additional travel is required for the doula.*

Diplomat Method: Negotiate an Exception

Based on Amanda's previous experience, she knew just what she wanted (and didn't want) from her maternity care for the birth of her second baby. During lockdown she requested an appointment with her local Head of Midwifery, which took place over Zoom. She made it clear that she was planning to birth at the MLU with the help of her doula Pari, and that, though she understood certain COVID guidelines were in place, she regarded healthcare providers, not her doula, as optional. Unless the Trust would agree to allow Pari into the MLU, Amanda would have her baby in the hospital car park. By the end of this difficult meeting, the Head of Midwifery had signed a birth plan including both Pari and Amanda's partner, Jack. Amanda had a baby boy in the MLU at 39 weeks, while Jack held her hand and Pari took photos, both wearing masks.

Benefits

- *Where negotiations are successful, almost-normal doula support is possible.*
- *Women's right under Article 8 of the Human Rights Act, to birth with the support of their choice, is affirmed.*
- *This method works for in- and out-of-hospital births.*

Drawbacks

- *With the Diplomat approach, the burden is on the person receiving the medical care to negotiate an exception, rather than on the Trust to prove the legality of a policy denying most women their rights. This a lot of pressure on a person at a vulnerable moment in her life.*
- *This model requires a difficult conversation, and may be emotionally taxing for Trust staff and client alike.*
- *Care providers may say no to the proposal, leaving limited options remaining.*
- *The Diplomat method may unfairly result in a poor reputation for doulas as troublemakers within the local NHS Trust.*

Carry on Regardless: Attend the Birth and Hope for the Best

Natalia was expecting her fifth baby, and was very upset to learn that her local Trust's COVID guidelines said she could only have one birth companion. She regarded the presence of both her husband, Marco, and the doula, Bev, who had helped at all four of her previous home births, as equally non-negotiable. She especially wanted Bev to be there for her four children. After talking it through, Natalia and Bev decided they would act as if they were blissfully unaware of the guidelines. As it happened, no conversation was necessary. When the on-call midwives arrived, labour was in full swing, and the midwives simply got to work setting up their equipment as if everything was normal. The atmosphere was very pleasant, and nothing was ever said about the COVID guidelines. Shortly, their baby was born into Marco's hands, while Bev and the other children looked on. It was one of Bev's favourite births ever.

Benefits

- *The Carry On method may result in full normal doula support. This is likelier to happen at home, where care providers are entering the family's space, than in hospital. Healthcare professionals refusing to care for a woman calling for medical help have a duty of care, even when service users are not following guidelines.*
- *This method can be applied both to in- and out-of-hospital births. In the case of hospital birth, the birthing woman would simply go in with her chosen companions, and refuse to be admitted without them.*

Drawbacks

- *A difficult doorstep conversation may result when a client attempts to engage medical care with her doula present. Care providers may ask the doula to leave her client's home, or say the doula cannot enter the hospital.*
- *This approach is likely the least considerate to the care providers who attend the birth. The staff on duty will have no notice of the proposed arrangement and no opportunity to object to a doula's presence.*
- *The uncertainty of anticipating how care providers will react to a doula's presence at the time of birth may be unsettling to all.*

For each of us doulas, the decision as to which (if any) new practice models are viable will be very personal. However, the questions that are raised by these rapid changes are common to us all, and our answers to these questions may well be highly formative to the future of our profession. What does it look like to "work from home" as a doula? Is doula support that happens only online really doula support? What does it mean to "be" at a birth? Is our physical participation a necessary part of our work, or is a virtual connection just as good? In the time of COVID, can doulas still claim to offer continuity of care? How far are we willing to work outside Trust and government guidelines to serve our clients? How can we be sure our makeshift solutions are evidence-based? Does our chosen working model contribute positively to straightforward birth and client satisfaction, or could it be causing more problems than it solves?

Freebirth –

May hired Orla, a former midwife, as doula for her second birth. Throughout the pregnancy they grew so close that it became unthinkable for May that anything, even COVID, should prevent Orla from attending her birth. The local Trust's guidelines said that if you chose a home birth, your one companion had to come from your household, but, ironically, if you went into hospital you could bring any person of your choosing. Yet May didn't feel safe going into hospital. She joined a Facebook group for people interested in freebirth and started some research. She booked in for a home birth, but thought she'd wait until labour to decide whether to call in the NHS midwives or not. Orla was comfortable with this decision, and willing to attend the birth even if she ended up being the only one there. Sure enough, May's labour started strong on her due date, and Orla rushed over to fill the pool. May never felt like anything was missing, so she never rang the hospital. She caught her own baby in the pool after three hours of labour. Orla showed her how to rub her tummy firmly to slow her bleeding, and all was well.

Benefits

- *Benefits will vary from case to case. For some people, there will be no medical or psychological draw to freebirth. Others will perceive the freedom to act entirely according to preference and instinct (including perhaps inviting multiple attendants) as a great advantage.*
- *There is no need for any special negotiations with healthcare professionals.*

Drawbacks

- *Freebirthing brings all the risks associated with a birth without medical assistance (which are different to the risks associated with birthing with medical assisiance). There will be a greater delay in accessing medical help should the need arise than there would be if healthcare professionals were already present, and this may have serious consequences.*
- *Clear conversations must take place in advance about each person's role at the birth. In order not to be legally liable the doula will need to be very clear that she does not act as a midwife, and know what that entails.*
- *All birth attendants need to be willing to take on full responsibility for their choices, including for the doula's possible financial responsibility, as her insurance might not cover her to attend a freebirth.*
- *Freebirth is not available in hospital.*

Laura Jansson is a doula, mother of four and the author of the book Fertile Ground: A Pilgrimage Through Pregnancy(Ancient Faith Publishing, 2019). She has been attending births for fifteen years in several countries, and helps facilitate the Oxford NCT Home Birth Group, which is currently meeting online.

AIMS: Making a difference, past and future

NADIA HIGSON, AIMS VICE CHAIR

I'd like to thank Doula UK for the opportunity to tell you about AIMS in this our 60th anniversary year, and in particular about the work we are doing to try and 'make a difference' and support choice for maternity service users during the coronavirus pandemic. I hope that many of you are already familiar with AIMS, but in case you are not, I'm going to start with a brief introduction about who we are and what we do.

AIMS stands for Association for Improvements in the Maternity Services. It is a volunteer-run and predominantly lay charity. Trustees and Helpline Volunteers are required to be lay people, though our membership and active Volunteer groups include midwives and other medical professionals, whose input is greatly valued. Our candle image, which has been the AIMS logo since the late 60s, represents our commitment to change, no matter how large or small changes may be. "It is better to light a single candle than to curse the darkness"

The charity was founded sixty years ago by Sally Willington "to support women and families to achieve the birth that they wanted." Since then we have campaigned tirelessly for improvements to the UK's maternity services, as well as supporting maternity service users, their families and other supporters. Our dual objectives are reflected in our mission statement:

We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all.

The 'all' means that though our primary focus is maternity service users, we also want a service that meets the needs of their partners, families, midwives, doctors, doulas, antenatal educators… and society as a whole.

Our campaigning work includes campaigns on major issues such as Continuity of Carer, responding to consultations, participating in stakeholder groups, providing critical scrutiny of the maternity services, raising awareness and lobbying on key issues, and providing tools for local birth activists. The 'support' side includes individual support from our knowledgeable and experienced Helpline Volunteers (**helpline@aims.org.uk** or call **0300 365 0663**) and providing evidence-based information on our Birth Information webpages **www.aims.org.uk/information**, the AIMS Journal **www.aims.org.uk/journal** and our books **www.aims.org.uk/shop**.

I have borrowed the title of this piece from the latest AIMS Journal, published to celebrate AIMS 60th anniversary. If you haven't come across it before, the AIMS Journal is a quarterly online, open-access publication. It includes a wide range of articles designed primarily for birth workers and birth activists, though we hope also accessible to maternity service users. You can find the latest issue and many previous issues here **www.aims.org.uk/journal**.

The September Journal looks back over the six decades of AIMS work, considering how this history relates to current issues within our maternity services and the AIMS mission today. The June issue, entitled "Pandemic birth: Women's own stories during Covid-19" documents the very different experiences of 20 women. We hope that these stories will help to inform those who are managing the maternity services, showing them how their decisions about care offered, and treatment of women during this time, can make the difference between a positive birth and severe trauma. In addition to themed articles, the Journal also includes updates on AIMS campaigns activities, interviews with key players in the birth world, birth stories, conference reports and book reviews.

AIMS has been publishing widely respected books for many years, and we recently launched our new "AIMS Guide to…" series. The first two titles are the AIMS Guide to Resolution After Birth, which offers comprehensive and empathetic information about how to reach resolution after any distressing maternity experience, and the AIMS Guide to Induction of Labour. This is designed to guide maternity service users through their rights and provides essential, evidence-based information about the benefits and risks of induction in different situations and of the methods used, to enable informed decision-making. Both these new titles are available along with our previous publications from our online shop **www.aims.org.uk/shop** and more AIMS Guides will be published soon. Do look out for announcements!

All of this work has continued alongside our response to the pandemic. The arrival of coronavirus led to a massive increase in calls to the Helpline, with common themes that I'm sure will be no surprise to you. Many of these calls were heart-rending. We heard from women who could not face going to hospital after a previous traumatic birth, desperate that support for a planned homebirth was being withdrawn, often at extremely short notice, and feeling forced to consider freebirth as an alternative. We heard from women who had previously suffered a miscarriage or termination of pregnancy, who were having to face potentially devastating news from antenatal scans and tests with no-one to support them. We heard from many worried that they would have to go through the early stages of an induction, or even the whole of labour, without the birth supporters they needed – even if they suffered from severe anxiety, had a disability, or their first language was not English. A common theme to these calls was a lack of flexibility to respond to individual needs, or any consideration of the mental health impact these restrictions were having. Also, there was clearly a lack of information about changes in maternity services and the birth choices available in many NHS Trusts and Boards, coupled with a lack of transparency about how decisions were being made.

AIMS responded by quickly putting together a new Birth Information webpage on 'Coronavirus and your maternity care' **www.aims.org.uk/information/item/coronavirus.**

This page, which we've been keeping up to date as the situation changes, includes details of the latest guidance and AIMS interpretation of what that should mean for maternity service users. Another new Birth Information page about Freebirth **www.aims.org.uk/information/item/freebirth** was written by AIMS Volunteer Gemma McKenzie (who is very well-versed in the topic) to provide information about legal rights, and signpost those considering this option to useful resources.

> " AIMS Volunteers continued to campaign for the needs of maternity service users to be considered in national guidance "

Emma Ashworth, Debbie Chippington Derrick and I drafted a set of template letters which were made available on our website, for individuals to adapt and send to their NHS Trust or Board to request them to explore solutions to enable support for a homebirth **www.aims.org.uk/information/item/booking-a-home-birth**, or to ask to have their support needs met **www.aims.org.uk/information/item/template-letters**. We asked people to copy us, so we know that these templates were well used, and it was pleasing to see that at least in some cases they brought a positive response – though in others, Trusts and Boards continued to show a distressing lack of flexibility. One interesting learning point was that sometimes when people contacted their Head/Director of Midwifery they found that options which their own midwife had been saying were not allowed could in fact be made available on a case-by-case basis.

Meanwhile AIMS Volunteers continued to campaign for the needs of maternity service users to be considered in national guidance. We submitted responses and queries to the NHS, RCOG and RCM over issues in their guidance and to the Health & Social Care Select Committee inquiry on 'Delivering Core NHS and Care Services during the Pandemic and Beyond.' You can find all of these on our Campaigns webpage **www.aims.org.uk/campaigning**.

AIMS Volunteers Emma Ashworth and Verina Henchy have been in correspondence with RCOG about their guidance on waterbirth. We are pleased to see that the latest version of the guidance now makes it clear that those who have no symptoms of COVID-19 and either do not have a test result or test negative for COVID-19 should be able to use a birth-pool. Interestingly, RCOG have also changed their reason for advising against use of birth-pools for those with COVID-19 symptoms from the theoretical risk of infection (for which as Emma and Verina have pointed out, there is no evidence) to saying that necessary monitoring of their oxygen levels etc. "is better provided on land." We'll continue to ask them why this monitoring cannot be done in water.

We also created some template campaigning letters for birth activists to use. One is for people to ask Trusts and Boards about their escalation/de-escalation plans for midwife-led services.

The other is to ask MVP/MSLC chairs about how decisions about local service changes are being made, what involvement the MVP/MSLC has and how well these decisions and processes are being communicated to service users.

I hope you'll agree that we are doing a lot, but our resources are limited, and we'd like to do more. If you are interested in helping us, there are lots of ways to get involved:

- Share our Journal articles, webpages and social media posts with your networks
- Join our mailing list, or better still become a member **www.aims.org.uk/join-us**
- Become a Volunteer. We'd love some more doulas to join our Helpline team, but there are lots of other jobs to do **www.aims.org.uk/volunteering**
- Become a Trustee **www.aims.org.uk/general/vacancies**

When Breastfeeding Sucks

ZAINAB YATE

Breastfeeding can and does trigger particular negative emotions and intrusive thoughts, and this is known as the phenomenon of breastfeeding or nursing aversion and agitation - aversion for short. Whilst the prevalence of aversion is unknown in the cohort of breastfeeding women, it is well known to occur in a high proportion when breastfeeding through pregnancy and when breastfeeding older nurslings. It does also occur in women breastfeeding only one nursling, for reasons I outline in my book, and although not as common it can even strike when breastfeeding a newborn.

Although the onset, severity, and duration of experiencing aversion can vary, the self-reported subjective symptoms of breastfeeding mothers remain the same despite dyad variations. Aversion can manifest with emotions of anger, agitation, or frustration, a skin itching sensation and thoughts of feeling like a prisoner or wanting to run away - all when a nursling is latched. In distinction to the medical condition of Dysphoric-Milk Ejection Reflex (D-MER), aversion stays throughout the whole feed, however long it may be. Whereas, with D-MER it tends to dissipate after a few minutes, or whenever the mother's letdown ends. And although some mothers may experience both, the emotions are quite different, and so are the causes and what can help.

With the pandemic and the unprecedented recent changes to how we live placing restrictions and pressures on our lives, pregnant and breastfeeding mothers have certainly felt the brunt with support services being unavailable. Spending much more time at home, many mothers have felt the burden of breastfeeding as their nurslings request to feed more, day and night. This can act as a trigger for aversion, as many mothers state the feeling of being 'touched out' as a precursor for aversion. If a mother is breastfeeding through pregnancy, she may have limited options for support, and weaning may not be something that is considered. Being sensitive around discussing challenges a mother may face during labour and the postpartum period when breastfeeding can bring a great deal of relief as she can openly explore her feelings without judgement. Many mothers are concerned that their aversion will not abate once the newborn arrives. However, for the majority of mothers it does, and with the flood of oxytocin, they return to breastfeeding without aversion. Anecdotally, magnesium supplements or topical spray (which is better absorbed) has been cited by this cohort of mothers to help them get rid of aversion, although we are unsure as to why it helps some mothers but not others.

In my book I outline my biopsychosocial theory of the phenomenon of aversion, covering what physiological, psychological and societal factors may contribute to experiencing aversion. These could include hormonal factors like the negative pairing or association of oxytocin, causing mothers to have a mild stress response instead of the usual loving calm effect it is known for when breastfeeding.

When in lockdown, breastfeeding certainly became more stressful for some mothers as the frequency dramatically increased - as did their desire to continue breastfeeding to protect their nurslings and boost their immune system. This meant that even though they felt breastfeeding was becoming burdensome, and they may have liked to start the weaning process, they couldn't bring themselves to. This tension is a quintessential aspect of mothering through breastfeeding, where mothers find their needs and desires at odds with what their nurslings need and so often put the latter first. If this becomes unmanageable, I argue, aversion can manifest.

I also cover some groups of mothers who are at risk of experiencing aversion, for example, those who are survivors of sexual abuse. Whilst the research shows these mothers are more likely to want to breastfeed and do so, aversion can strike at any point in a breastfeeding journey and some mothers struggle if they have flashbacks or memories and do not feel in control of a situation - particularly at night. Breastfeeding appears to trigger this stress response in some women, and with nocturnal adrenaline and cortisol being released, it can be very difficult to cope with breastfeeding at night, and also returning back to sleep after breastfeeding at night. Explaining that this can and does happen can often empower a breastfeeding mother who is experiencing it to separate her past from her current experience, to rationalise why she gets aversion and feels the way she does, and also to reach out for help when she feels alone and stuck.

As doulas are well placed to pick up the pieces when other maternal services have failed, it is key to understand a mother's desire and goals when breastfeeding, and who she was before she became a mother. Type A personalities who have been over-achievers and come from a high-paced working world may find the shift into rhythms and patterns of mothers instead of the artificial constructs of structured time very challenging. Acknowledging their frustrations or feelings of inadequacy and signposting them to online support groups on Facebook which explain the fourth trimester, biologically normal infant sleep, and evidence-based breastfeeding can help them through the transition.

I suggest a simple-to-remember, step-by-step process, to help tackle aversion with my pneumonic ***BROMPHALICC***, which stands for;

Breastfeeding aversion triggers - identify them in the mother first as they can be highly individual, both physical and mental - and even from external pressures.

Reactionary behaviours - is the mother letting out her negative emotions and causing a vicious cycle where her nursling requests to breastfeed in order to feel calm again? This step is about a mother acknowledging how she responds and reacts to her nursling, and if she is in a position to change this or if she needs to reach out for more help.

Ovulation and Menstruation - female hormones and the return of the post-natal menses can be the cause of aversion in some women. Particularly, for example, if they experience a spike in testosterone when ovulating as this is an oxytocin antagonist. App-tracking and recognising hormonal changes affect nipple sensitivity can help.

Prevention - Using the first few steps, in conjunction with understanding pressures on mothers in modernity and the lack of biologically normal mothering, can be used to prevent aversion kicking in or getting worse.

Hydration and nutrition can be adjusted to help manage aversion, because, whilst a mother can make milk even if she isn't having the best diet, we all know that our bodies talk to us to tell us when we need to make changes and treat our bodies better. Aversion can be a sign that mothers need to hydrate more, particularly at night, and also eat better food with more nutrients in order to feel more comfortable with breastfeeding. Meta-data suggests mild aversion in some mothers disappears when adequate hydration and nutrition are addressed.

Active distraction and redirection - if a nursling is old enough taking steps to set boundaries, create other loving bonds outside of breastfeeding and re-direct their attention elsewhere to lessen feeds can sometimes help with aversion.

Lifestyle changes - these include changes to the family home to improve sleep hygiene for the whole family, which can have a knock-on effect to the mother and nursling (s), and include many small changes to help everyone 'get sleepy' - which is really the only thing that matters when we consider how to get to sleep.

Interventions that are non-invasive and require a shift in habits and thought, including mindfulness and minimalist approach, not to objects and 'stuff' per se but to life, to let go of anything that no longer serves you and in order to 'create space and time' to breastfeed because it takes time and energy to do it!

Counselling and other therapies - this is when aversion has deeper roots in a mother, for example if it is linked to birth trauma or childhood trauma and the mismanagement of stress. With some discussion with a mother, she may be able to identify additional causes for her aversion if the above steps have been taken and it doesn't abate.

Cessation of breastfeeding - there is a strong argument that aversion is a biological trigger to start the weaning process, and this can make sense for older nurslings but not so much for those under 12 months as their main source of nutrition for the first year of life is milk. If aversion is so severe and does not abate when trying the previous steps, and the mother wants to stop breastfeeding, support through the process is key because it can be as difficult and emotional as continuing to breastfeed through aversion.

Breastfeeding grief, commemorating the breastfeeding journey and understanding that breastfeeding is only one point in a very long parenting journey with plenty of other opportunity for connection, love and bonding to take place if the initial stage wasn't quite as they anticipated, is a conversation doulas are well placed to have with breastfeeding mothers who struggle with aversion. And also with those who struggle with stopping breastfeeding due to aversion. With high rates of obstetric violence, birth shock, birth trauma, mothering without a village and lack of maternal mental health support, there are so many factors to consider in the rise of aversion amongst breastfeeding women. Talking about it is key, because silence never makes anything better.

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When Breastfeeding Sucks **by Zainab Yate is published by Pinter & Martin, £12.99**

How C-19 affected doulas across Europe

HAZEL ACLAND TREE

The European Doula Network *(1)* was born from a vision in 2005 to connect doulas across Europe to establish standards in doula formation and practice. This has evolved in the last 15 years to become a strong international network of support, information sharing and friendships across 24 countries; from Denmark in the North, to Ukraine in the East, to Turkey in the south, to Portugal in the West. Despite Brexit looming the UK continues to be a strong member of the EDN as membership is not linked to EU membership.

In April, the EDN office team worked hard to uphold its mission of 'connecting, supporting, informing' despite also being caught up in the wave of disruption in C-19 tidal wave. A statement in the April newsletter ***(2)*** pulled together information from each country about the C-19 situation and how doulas were responding to the crisis.

There was a wide range of new normal, with some countries denying access to any kind of birth partner at birth, not even husbands were allowed even though this was against the recommendations of the World Health Organisation. Doors were firmly shut, and birth options were limited, with home birth illegal and also the alarming separation of mother and baby if C-19 was implicated. And even then, there were many regional variations within each country. Doulas worked hard to mobilise awareness and organise campaigns to alert governments of the infringements on human rights.

Covid-19 Birth Situation table in EDN Countries (09/04/20)

Country	Partner allowed	Doula allowed	Home birth allowed	Covid-19 C-section	Covid Mother/Baby separation	Breastfeeding encouraged
Lithuania	no	no	no			
Croatia	no	no	no	yes	yes	
Bulgaria	no	no				
Slovenia	no	no	no		yes	
Germany	it depends	In rare cases or with psycol. necessity	yes	sometimes	sometimes	mostly
Czech Republic	sometimes	no			yes	
Turkey	yes	sometimes				
Belgium	yes	rarely	yes +			
France	mostly	no	yes		no	yes
Switzerland	yes	if no partner	yes		sometimes	yes
United Kingdom	yes	if no partner	sometimes		no	yes
Iceland	yes	no				
Netherlands	yes	if no partner	yes +			
Greece	It depends	rarely	yes	sometimes	It depends on the hospital	It depends on the hospital
Ukraine	in a few hospitals only	very rarely	no	no	It depends on the hospital	It depends on the hospital
Latvia	In a few hospitals only	In a few hospitals only	yes			
Spain	in a few hospitals only	no	yes	yes	yes	

Some doulas also shared their personal accounts of birthing experiences, here are two.

Anita Budak is in Croatia. She shared a diary from 11th March – 2nd April in the EDN newsletter *(3)*, here is an excerpt:

March 21st

I switched my prenatal visits online. All are happy with the result, looks like this could work.

March 22nd 6.24h am

I'm in my bed sleeping. Shaking and loud noises enter my sleep. Earthquake. I'm jumping on the floor and crawling as fast as possible to get to my kids. My husband is behind me. The shaking is constant. Kids are in their beds, alive! 10 longest seconds of my life! Apartment looks destroyed, Walls and ceilings have big holes. In about 6 minutes we were outside. 30 minutes later another big earthquake. People standing outside but keeping distance. Kids want to hug our little neighbours, but nobody lets them. It's starting to snow; it is freezing cold.

Images from Petrova hospital near us are flooding the media. The biggest maternity hospital has sustained major damage. Mothers holding their newborn babies are standing outside of the hospital in their nightgowns. The hospital is in a very bad shape, women are being transferred during labour to the ambulance car parked in front of the hospital to give birth. Babies in incubators are quickly being transferred to the other hospitals. Everybody is wearing masks and constantly yelling: "Keep your distance!"

Keep your distance, suppress your need to hug another human being.

So many old traumas from the war are surfacing again.

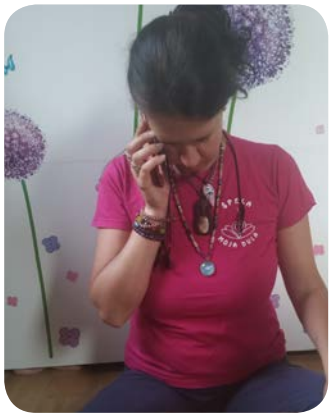
April 2nd

We are back home; earthquake damage is temporarily fixed. Social distancing measures still on, no birthing partners allowed in hospitals. Still some quakes, little ones. I am ready to support my birthing mothers as best as I can, but what that will be, nobody knows!

Preparing birthing mothers for the uncertainty of birth, I think we got that covered.

Spela Peternel is a doula in Slovenia, this is an excerpt from a story she shared *(4)*:

As the epidemic started, first doulas were banned to enter hospitals, then fathers were not allowed either. And at the same time homebirths were banned. So overnight Slovenian women were left without any support, had to go to the hospital alone and were then met by the birthing teams of midwifes and doctors, often dressed in full protective equipment.



It was hard to prepare women for this kind of birth. But we quickly adapted to the new weird and scary reality. Just before the lock-down of the hospitals I met a new client. We met once before the quarantine started. I told them a lot, but not nearly enough.

When the time came to give birth, she did not want to go to the hospital, as we could not go with her. But we did a visualisation for her protection and we started a videocall, so she went into the hospital. We stayed in front of the hospital with her throughout labour and birth. Even though she was almost fully dilated as we came, it was her first birth and it needed some time.

As we were in contact, her husband was constantly in communication with the midwife, so he was holding the safe space and enabled her to focus in the labour as I guided her through the surges and reminded her to rest in between.

She gave birth to a beautiful baby girl. And even though most women were traumatised by these kinds of births where they were left without the support, she had both her husband and doula by her side all the time. She felt supported and though I know I could not give her all the comfort the doula could provide, she got what she needed for her magical experience during the crazy times in which she had to give birth. And I learned to adapt quickly to the new reality and how sometimes just the right word at the right time can make a huge difference.

The situation across Europe is still evolving, with some restrictions being lifted, only to be later returned. As doulas it doesn't matter where we are and what situation we are dealing with our work is still the same. As Anita says, our work is to 'prepare for the uncertainty of birth' and this rings true now more than ever.

***(1)* european-doula-network.org**

***(2)* mailchi.mp/e042ea1c04cf/edn-spring-newsletter**

***(3)* mailchi.mp/e042ea1c04cf/edn-spring-newsletter**

***(4)* mailchi.mp/15b89bbc8908/the-doula-survey-results-are-in**

Sol – A Rainbow Birth Story

CARLY WILLIAMS

Back in spring, Carly wrote about the stillbirth of her son Zephyr. Here she returns to share with you the birth of her second boy Sol; the highs and lows of his pregnancy, and their life since, as well as some tips for you, on caring for mums and partners who are pregnant after loss. She says...

Before I became pregnant with Sol I'd found it difficult to admit to myself or anyone else, that I'd wanted to try to parent a living child. When I dared to whisper it aloud, I was hit by a confusing mix of guilt (at wanting another baby) sadness (at never knowing what mothering Zeph could have been like) and a sliver of hope (that just maybe another baby could live and that this could turn out differently.)

A year after our first son died, I became pregnant with his little brother.

My second pregnancy was nothing like my first - I was convinced the entire time, that I'd birth another dead baby, terrified of the attention that my growing bump drew, I worried about often-asked questions "Is this your first?" or "How many children do you have?" and was anxious that our next baby might be seen by others as a 'fix' or 'happily ever after.' The absence of the joy and naivety that I'd felt the first time around, brought much sorrow and guilt; I longed to feel excited, yet felt scared and awful if I did. Hormonal and bodily changes felt really reminiscent of carrying Zeph too, such deeply rooted physical memory, alongside a burning sense that somehow I was not worthy, nor good enough, to grow another child.

Everything had changed so quickly with Zephyr, from innocent pregnant bliss to the cruellest ending possible – I grieved the boy I'd never again hold in my arms, and struggled to separate the idea of pregnancy from loss.

To help us through, my partner and I developed a simple yet powerful mantra :

"Our baby born healthy and living." We took one day at a time.

The first person who we told was our bereavement midwife, I remember feeling sick when I heard myself say the word 'pregnant'.

At my antenatal appointment, our community midwife said "It won't happen again." While I've no doubt that she meant well and that her statement was spoken kindly, as a mother who has outlived her firstborn child, I asked that she please rephrase her sentiment instead to "I hope it won't happen again" - if Zephyr had taught me one thing, it's that anything can happen, at any time.

I also remember some advice from another mum – which is often what I say to others now – she said that if I felt ready to accept that another baby might die, then I was ready to try to welcome a child who might live.

Looking back, I know that I wasn't ready to accept more loss, and yet, I was so certain it would happen that I knitted a blanket before our son's arrival, as much for me as for him - so we'd have something of his when he was gone.

I'm delighted to tell you, that Sol did not leave us then – he is now a smiley, playful and happy five year old boy! We've enjoyed our five wondrous and magical years, with bittersweet moments interwoven. Our little sunshine fills us up with love, he brought the warmth of the summer sun he was born into, but also new swathes of grief I hadn't imagined...

As siblings often do, Sol looked just like his older brother when he was born; with jet-black soft hair, rounded nose, cute pixie-like ears, his heartbreaking yet amazing similarities, were yet another instance of the roller coaster of feelings that pregnancy and parenting after loss can bring.

"He's alive!" I wept. "He's alive" I repeated again and again. These were my first words as he laid upon me. My son was the first baby I'd felt able to hold or be close to, in the 20 months since his brother had died.

We welcomed our beautiful boy with the same midwife who'd met Zephyr. Our midwife was one of only a tiny handful of people who will ever meet our 2 sons, she was alongside us too when we shovelled earth over our son's coffin, her presence at Sol's birth meant everything to us – and it meant a lot to her too.

Unlike the silent stillness that followed his brother's birth, with Sol we had a living child to parent. Suddenly we knew and clearly understood, exactly what we'd been missing out on; our red and wriggly (snuffling for milk) little one, was crying in my arms, and needing us in ways that Zeph never had...

The days, months and years that have unfolded since have not been without challenge, but they have been marvellous too. I've no doubt that loving and mothering Zephyr prepared me for being Sol's mum. Sol himself, who talks openly about his brother, thinks Zephyr got my womb ready for him. He's also said that he wishes I'd have swallowed toys so Zephyr could have played inside me before he died, and he has spent many an evening kissing his brother's photo goodnight before bed. Zeph is the big brother that Sol cannot see, cannot play with, never met, never will, and yet Sol knows so much about him, and I'm pretty certain that he loves him!

While playing recently with a set of family figures Sol put together – mum, dad, himself and Zeph, he shouted with wide beaming smile and at full volume

"That's my brother!"

Carly Williams and her partner Martin Sommerville are parents to Zephyr and Sol, foster carers to a lovely teenage human and his dog! Carly works part-time managing Zephyr's Centre in Nottingham. The centre offers support to anyone touched by the loss of a baby or child, including a monthly antenatal pregnancy after loss support group called HOPE, run by amazing volunteers who've been through the experience themselves.

Find out more here -

Facebook *ZephyrsNottingham* **| *Instagram*** *@zephyrsnottingham* **| *Twitter*** *@zephyrsnotts*

Or get in touch with Carly directly, she'd love to hear from you contact@zephyrsnottingham.org.uk

Ways you might support mums and partners who are pregnant after loss

- **GIVE TIME:** Some women and families may benefit from a bit more of your time – if possible that could be offering longer or more regular appointments – if you can, be prepared to give added reassurance, emotional support, and time to listen – pregnancy after loss can feel like such a roller coaster. **Be aware that...** appointments during pregnancy might cause anxiety, some may have learned of the loss of their previous baby during an appointment similar to how you're seeing them.
- **ACKNOWLEDGE:** It might seem obvious, but making sure you know a mother's experience, either from her notes or from asking, will help her feel validated, heard, and more at ease. Recognising the baby/ies who have passed before this pregnancy is really important, as is your language – bear in mind that many will prefer you to call their baby a baby (and not a foetus) – better still, ask their little ones name/nickname; if they seem comfortable to do so, give chance for them to share more too. **Be aware that...** everyone feels differently, try as much as you can to follow their lead.
- **SUPPORT:** Be open to conversation with mum and her partner too - mental health, coping with anxiety, labouring after loss, as well as feelings post-birth too. Remember, the majority of ladies and their families, want to let you know about their babies who they've carried before this pregnancy. **Be aware that...** depending on how they feel, what someone wants from you might ebb and flow. Reaching the previous gestation that they lost their other little one(s) at, may bring mixed and powerful emotions.
- **Plan for POSTNATAL CARE:** Encourage mum and her partner to consider how they might feel after their baby is born, and be willing to be there, or make sure others are ready, to continue to offer emotional support for parenting after loss, beyond physical affects and post-partum recovery. **Be aware that...** some people might not be able to imagine bringing their baby home; if you can, plan for the postnatal period, as and when they feel able and ready.

You might want to...

- **Find out about CONI** The Care of Next Infant support program, run by The Lullaby Trust.
- **Look up Tommy's and other Rainbow Clinics** - who support pregnancy after loss – even if there isn't something local to you, there are lots of useful resources online.
- **Other great online support can be found** at pregnancyafterlosssupport.org and #RainbowBabyHour on twitter
- **Talk to your local bereavement midwife** about how they might offer support in pregnancy after loss – sometimes they can help mum & partner to re-visit the labour ward/hospital in advance of birth, to tackle any triggers, emotions or memories, to prepare them for returning, with hope, for a living baby.

With loving thanks to members of the Zephyr's centre HOPE group for pregnancy after loss, who kindly contributed their thoughts and feelings for these hints and tips. x

'I think what makes it easier too is that I do truly believe that we can make a difference'

The Doula interview

Dr Emma Svanberg

Chartered clinical psychologist Dr Emma Svanberg (DClinPsy) is known as The Mumologist and works with parents and parents to be, supporting them through their parenting journey. Working as part of a Collective, Emma and her colleagues together offer whole-family support in person and through her online community, The Village.

Before we mention the 'c' word, can you tell us how you think the birth landscape has changed during the ten or more years you have been working with Pregnant and new families?

There have been many positive changes. There is a much greater awareness, I think, of the need to fully involve women, birthing people and their families in their decisions around pregnancy and birth, and offer genuine choice in place of birth, and choices within birth. When I first started working with pregnant women, stand alone birth centres were a new thing and I remember thinking they were just incredible.

Now they are an accepted option in many parts of the UK. I think women, birthing people and families are much more aware of their rights during birth, and hypnobirthing has gone from something a bit woo-woo to pretty standard.

Having a doula is also something which many more families seem to be opting for and is seen as being a choice for all. The impact of birth is spoken about much more widely, and is now part of NHS England planning.

However, I do feel that I have seen far too many negative changes too. The impact of austerity on the NHS has been heartbreaking, with so many of the services which were women and family-centred being removed, and many birth centres have closed down.

Those who work in birth - midwives, doctors, anaesthetists, health visitors, doulas, and so on - are suffering from burnout after years of having their services underfunded and approaches being more about targets than people.

Despite having seen and been involved in campaigning for a different narrative around birth, so many still come out of their birth experiences feeling so bereft, feeling that unnecessary interventions or coercive practices had a negative impact on their birth experience and their mental health. And somehow there is ever more pressure, and more judgement and attributions of success or failure around birth, than before.

Can you tell us about the Make Birth Better campaign. How did it start and what were your intentions at the beginning?

Originally, Make Birth Better grew out of an Instagram post I did back in 2017!! It explained the difference between PTSD after birth and post natal depression. I got a lot of messages from women telling me that it had really resonated with them, and it got me thinking about the common themes in the stories they were telling me.

Birth trauma is still something we don't talk about nearly enough, and so many people are left feeling a sense of personal failure. So I invited people to send me their birth stories, and I analysed them to draw out the key themes. I set up a website to share them, and also asked other professionals working with birth trauma to add themselves to a shared map so that people could find support more easily.

'there was a need for a platform for all voices – parents and professionals, and representative of everyone'

That initial campaign put me back in touch with Dr Rebecca Moore, perinatal psychiatrist, who I had worked with in Tower Hamlets previously. Becca, who has a longstanding interest in birth trauma and set up the Birth Trauma Conference, was planning to bring together people who were interested in trying to make a change. We discussed how difficult conversations around birth could be - how dichotomous these discussions often become - and agreed there was a need for a platform for all voices - parents and professionals, and representative of everyone giving birth not just white, middle class. heterosexual, able-bodied women! Becca arranged a meeting in January 2018 and we agreed then to begin the Make Birth Better campaign. That initial collaboration, initially with just 8 others, was the beginning of the network of brilliant individuals and organisations who have been the backbone of Make Birth Better and supported us, guided our thinking and kept us motivated!

We officially launched in July 2018, and since then we have grown to a core team of 6. I took a big step back from the day to day running of it last December, and Nikki Wilson came on board as our CEO. Nikki has worked her socks off since then turning a very passionate but somewhat disorganised organisation into a fully functioning CIC with much clearer objectives.

Can you tell us about the future of Make Birth Better?

We have a clear vision - to create a world where people no longer suffer from birth trauma. We believe so much of birth trauma is preventable, and even when someone has had a difficult experience, with the right support this does not have to become inevitably traumatic.

Our aim is to do this by targeting prevention as well as diagnosis and treatment so that people can quickly access help.

We see birth trauma very much as a systemic problem with system-wide solutions that involve each and every one of us. Through our campaigning, education and research we hope to achieve five key goals: change the prevailing narrative around birth through providing a platform to hear a wide range of birth stories and experiences, we aim to reveal the systemic nature of birth trauma through creating and being involved in research, to upskill all professionals around the prevention, assessment and treatment of birth trauma, advocate for wellness in professionals, and provide information and signposting to parents and professionals.

Over the next few months, we will be launching our sparkly new website (much easier to navigate and find resources!), offer another training course as well as develop an annual Summit and online training course, establish our Champions role and continue working alongside other brilliant organisations supporting their work where possible. At the moment, our main focus is on sharing the results of the survey we sent out over lockdown, with some truly heartbreaking statistics.

Where do you think the biggest 'black hole' is in maternity care? Is it as high up as policy makers, somewhere around middle management or nearer the frontline?

Society? I think so many problems in maternity care stem from the way in which we treat women and birthing people when they are pregnant. Women who have been raised being told they can 'have it all' are suddenly spoken to as if they don't know how to make the right choices for their baby and their body, and are pushed through an overburdened, under-funded system that just doesn't have the resource to treat each person as a whole human being with valid and valued needs and desires. To me, the whole maternity system needs a shift. But, often, it comes down to money. Shortcuts have to be made because there just isn't the money to provide the staff needed to make a meaningful difference.

What are the defining characteristics of 'Birth Trauma'? Sometimes it is hard for new families to differentiate between feelings of overwhelm and exhaustion following a difficult experience, and ongoing need for medical help or specialist support.

Birth trauma is a really broad term and confusing in many ways. It describes symptoms of trauma which may be related to the birth experience itself or the journey to and following birth - including the fertility journey, breastfeeding journey, postnatal experience.

Some women (around 4%) have PTSD after birth, but many more have some symptoms of trauma but without meeting diagnostic criteria - we think up to a third of women find some aspect of their birth traumatic.

It is not unusual to feel overwhelmed and exhausted even after a birth that wasn't difficult. Where you might be looking for trauma would be if someone is very preoccupied with their birth and birth story, or may be avoiding talking about it completely. Often you would hear about feelings of failure and self-criticism around the birth, I often hear people talking about how they let down their baby or even the staff.

People may experience flashbacks, or nightmares - these may not be images, or verbal recollections, sometimes it's just a feeling.

You would expect to see some hypervigilance, such as being a bit more jumpy than you might expect, and often people are preoccupied with the safety of their baby. There is a brilliant Scale - the City Birth Trauma Scale, which you can use to establish whether birth trauma is present in a client. Important to note too that it may be the partner who has been traumatised by what they witnessed.

Do you think there is anything during antenatal education that can prepare women for a more positive experience of birth? Can we avoid Birth Trauma before it happens?

I do think we can prevent birth trauma from happening for many people, and there are many different strands for this. Most important to me is about the individual and their experience. Often people have already experienced trauma in their lives which emerges when they are feeling so vulnerable in late pregnancy and during birth, and it's really difficult to ascertain this beforehand unless you really take the time to get to know someone - which is why a relationship with a doula can be such a powerful thing. It gives that foundation, then, to think with someone about what they need to feel safe, and that is different for everyone. Many people go into birth with a lot of fear, and reassurance often isn't enough. It can help to really unpick where that fear is coming from and build alternative narratives. For example, so few people have seen what a peaceful birth looks like; thankfully we have YouTube available to help to create the picture that birth doesn't have to be scary.

I also think that the narratives that exist for women at the moment, the pressures we face, are really unhelpful when it comes to birth. Being a 'good girl' and doing what we're told, having to cope alone without asking for help, that birth is something we can 'succeed' or 'fail' at. This can create false expectations. It's important that we talk about the realities of birth, that it can be beautiful but it is also hard work, and messy, and surprising.

You must hear some heart-breaking stories from families in your care. How do you stay 'protected' and what self-care measures do you access for yourself?

I do, and it doesn't get any easier. I have a brilliant supervisor who I speak to at least once a month, more if I need to, and I also turn to peers to debrief. I think because when I am listening to birth stories I am listening out for meaning and linking themes together, you do keep a more objective stance in the room with someone although obviously I'm often very moved by what I hear. And shocked, on many occasions. But my role is to contain their feelings about their experience, so it's really important to me that I don't impose my own feelings on to their experience. Their time with me has to be about them, and them only - especially when they are telling me about an experience that should have been about them and wasn't.

In terms of self-care, I have to make sure I have time to decompress after a session and process what I've heard. Often that would just look like me sitting in a chair staring out of the window! But I'm careful to not hold on to trauma in my own body and I do notice that I need to take time to bring my own adrenaline down again sometimes.

I've spoken to others who work with trauma and we've talked about how occasionally you do need a break from that work, otherwise you can start to see the world through dark-tinted glasses, so I try and also look for the joy in
life too!

And if I notice I'm getting a bit angry and indignant about the state of the world, and maternity care, I have a couple of days away from it. We're so lucky in the team at MBB that we all give each other the space to do that and someone is always happy to pick up a piece of work when another team member needs space to breathe.

I think what makes it easier too is that I do truly believe that we can make a difference. To individuals that I work with, it is always incredible seeing a traumatic experience lift away from someone and lose it's power. And within MBB, I do believe we can change things for the better. I have to!

When a doula finds herself supporting a family who have recently been through Birth Trauma or are expecting a child after a previous traumatic experience, what is the one thing we should try and do? What is the one thing we should try NOT to do?!

One thing to try and do - Just LISTEN. Validate. Empathise. And only then, plan for how they will feel safe in the here and now.

One thing not to do - Reassure. So often reassurance is heard as invalidation.

Okay, now we can mention Covid! Have you seen an increase in birth trauma due to the stresses of the pandemic?

Not yet, but I think it's coming. We are releasing the results of the survey we did over lockdown, asking pregnant women and professionals about their experiences of maternity care over lockdown. 458 parents-to-be shared their experience. They described feeling ***'Devastated'. 'Frightened'. 'Powerless'. 'Helpless'. 'Shocked'.*** Over 90% of mothers told us that their maternity choices had changed, and that information was often unclear, which raised stress and anxiety. Most worryingly to me, half of the women who responded who had been receiving mental health support said that this had stopped. I feel like we are in the waiting room at the moment, because those women who had difficult experiences, who laboured without birth partners present, who spent their postnatal period alone, with little support - they might at present be too shell-shocked to know how it has affected them, or they might find it too difficult to find out how to access the support they need. I think we will see the impact of this for many months to come.

I've been lucky enough to hear you speak on several occassions and now understand so much more about the ripple effect of trauma on midwives and those caring for birthing people. It can be the same for doulas. Do you think this has gotten worse during the pandemic?

I think that professionals working with those who give birth were already working in extremely difficult circumstances before the pandemic, and they have often had to fill the gap of birth partners during this time; and so reaching deep to give more when their resources were already low.

'They are missing the opportunity to introduce their new baby to the world'

Again, I think it will be some time, when people feel more settled and are more able to process what we have all been through globally, before we see the impact of this on people's mental health. I would say, if you are reading this, please make the time to allow yourself some space to do this.

There have been some anecdotal reports that things have been better for new families - less visitors, more women-centred care, is this your experience?

I have heard this too, that there has been more opportunity for bonding with babies and this has had a positive impact on breastfeeding rates. Many people have had partners at home for longer too, which has been beneficial. But many of the new parents I have spoken to are feeling really isolated at the moment. They are missing the opportunity to introduce their new baby to the world. Often they may live far from family and I've heard many parents really grieving about the loss of seeing that relationship with their family and baby develop. It's harder for people to create the networks which can be such a lifeline. So, yes, there have been positives for many people but it doesn't take away.- I don't think - from how difficult this experience has been.

Chartered clinical psychologist Dr Emma Svanberg (DClinPsy) is known as The Mumologist and works with parents and parents to be supporting them through their parenting journey. Working as part of a Collective, Emma and her colleagues together offer whole-family support in person and through her online community The Village. Together with perinatal psychiatrist Dr Rebecca Moore, Emma co-founded Make Birth Better, a Community Interest Company devoted to reducing the impact of birth trauma, in 2018. Emma is a published author and her work has been featured in The Guardian, Marie Claire, BBC News and Mother & Baby. She brings over 10 years of academic and clinical experience to help parents and professionals on their journey through parenthood.

Emma is the author of Pinter and Martins Why Birth Trauma Matters.

Instagram *@mumologist*
www.mumologist.com
www.makebirthbetter.org

A Midwife in Covid

ELEANOR COPP

Every trust has a different demographic of pregnant mothers and so at the start of the pandemic in March every trust was given the freedom to develop their own guidelines according to the needs of their service users. This has evolved and been reevaluated frequently as more information has emerged about the virus which means that there is no uniformity or standardization in how each trust has reacted and implemented guidelines and rules.

As I live in a rural area with low areas of population density we have been impacted minimally by women testing positive or having symptoms. We have adhered to the trust guidelines about PPE, visitors to the hospital and access to ourselves. Our home birth service wasn't disrupted and we continued being available as normal. I have supported some fantastic waterbirths at home in mask and apron.

Initially mothers were staying at home, and the day assessment centre was quiet. Fewer people phoned the triage line or attended for reduced movements and other concerns. The doctors were not seeing women in antenatal clinic and many scans were paused, so the wards were not full of mothers who were referred in by doctors on the basis of a scan report. Midwives started to feel as if they could be midwives, not obstetric nurses responding to doctors orders and expectations. More women came in spontaneous labour since the scans were not being done, so less inducements. We noticed on the post natal ward how mothers were chattier, kept curtains open and wandered around in underwear. Without the open visiting everyone appeared more relaxed. This was contra to their own expectations, as most women described feeling scared to be alone and not having their partners alongside them. They were pleasantly surprised to discover they were ok. The night shift midwives reported that babies cried less, and the ward was quiet at night. They wondered if this was due to fewer inductions and interventions meaning babies were calmer and less stressed. Mothers were also able to respond more instinctively to the babies and need less help and support from the team of midwife and care assistant. The community midwives found that babies were not losing so much weight, in some cases babies lost no weight and only gained weight. They attributed this to several things: the parents were staying home and not disrupting a baby's responsive feeding needs, plus the mothers felt more constantly supported as partners were not returning to work in the usual way. The assumption is that milk production was greater and transfer more effective.

The infant feeding team developed new ways of support: Facetime and added lots of videos and info to their facebook page as patient-facing contact was not recommended.

As the weeks went by anxiety set in as scans were not being done (and babies were well) so some scans were re-introduced, we entered a type of limbo land whereby the inductions increased in numbers and the terrible situation of fathers sitting in the car park waiting for hours became the normality. The ante natal ward became a place of stress with women coming in alone and spending a lot of time texting and updating partners outside.

Now five months on most colleagues are back at work, some continue to work from home.

Mothers are tested if staying in on a ward and alongside other inpatients; Midwives can choose to have anti body testing. The infection rate remains extremely low and so we do not expect labouring women or their partners to wear a mask in labour, but we do. The PPE guidance has been stepped down in most situations.

We have set visiting times for partners and this continues to be advantageous for the staff on post natal ward due to the business and constancy of people moving in and out of the ward. Access to mothers is more immediate, more intimate and feels more meaningful. We are given to understand for now that these restrictions are important measures for reducing the spread of the virus and will remain. Beds are configured a safe distance away from each other. Mothers appear accepting and now familiar with this arrangement. Some opt to go home quicker from the labour ward so not to be separated from their partner at all.

Parents with a baby or twins on special care were particularly challenged by one parent visiting at a time: this posed additional worry and isolation for both parents. A couple with twins arranged how they could be with a baby each and see each other that way together.

To sum up: the pandemic has been difficult and yet rewarding. A mum came in by herself as her partner was in London feeling unwell. She laboured and birthed beautifully and very happily with me and a colleague. A work friend took her and her baby home alone; she exuded capability with this adapted plan. For other women spending days on the ante natal ward with few or none of their emotional props and supports has been difficult. Couples have not had time together and are missing big chunks of time to update and be next to each other, but what they feel and notice about this is hard to gauge because it's not something they are able to articulate at the time. Whenever I have met a mother on the ante natal ward, I recommend she goes outside to meet her partner and they have a chat, a hug and a kiss and come in together as a united pair and parents to be. There have been some unexpected gifts during the pandemic. Similarly, we have observed and noticed the impact of society and parents working practices on babies' wellbeing through feeding, bonding and growth. What the long term effects are we cannot say yet. I must say that if I worked in a city which had experienced covid illnesses my guess is that the level of anxiety would be heightened and there would be more far-ranging and insidious reactivity than my work has revealed.

My hope in writing this has been to provide a useful depiction of the changes in maternity services since march from a midwives perspective, and will help to show you a woman's birth journey from one of our hospitals.

Eleanor qualified as a midwife in 1993 and has worked in the NHS ever since. Alongside it she has trained in several mind and body modalities and works in private practice supporting women and men with an emphasis on pregnancy birth, impact of birth and and well-being.

MILK – a photographic essay

SOPHIE HARRIS-TAYLOR

Before having my son, I, like many other women, had an idealised but perhaps unrealistic expectation of breastfeeding.

The images I'd seen tended to represent breastfeeding in quite a generic and non-informative way. I wanted to open up the conversation – not for or against, simply more honest. Letting mums share their story in the comfort of their homes, I hope it can give others who choose to breastfeed something to connect with and to feel a little more understood.

With so much more open and honest discussion around the role of women's bodies at the moment, now feels like the right time to discuss one of its most basic functions in a truthful and refreshing way.

CHANEEN

"I am abundant. Free flowing. All nourishing. Even when I don't feel like magic, I am! Breastfeeding has shown me that."

ELLA

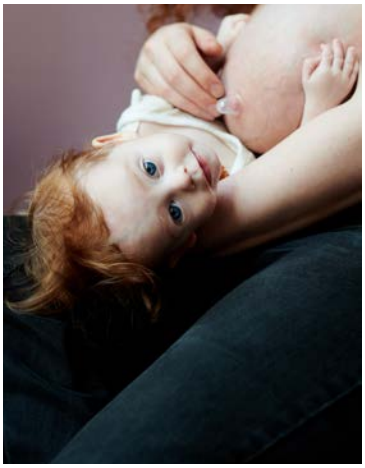
"The logistics of having big boobs and breast feeding, as I have to hold my boob in his mouth or it falls out, and I feel very exposed when breastfeeding in public. What I really didn't expect is how emotional I feel when I get asked about when I plan to stop. I feel really grateful that I am able to breastfeed Otis, we managed to get through the reluctant feeding, the tongue-tie, and the pain to establish breastfeeding"

ELIZABETH

"Some people just don't like the fact that I'm feeding my child and think that I should go hide away or just stay home, which I think is ridiculous, and I feel as though it should be embraced more in the public eye so it's not seen as a problem"

THEA

"Nova had tongue tie for the first 8 weeks which made breastfeeding very tedious for me. He'd feed for very long periods and never seem satisfied afterwards. I was constantly questioning my ability and supply as well as dealing with sore nipples, exhaustion and overall discomfort. I built a negative relationship with the whole thing that is hard to break even though things are better after his tongue tie surgery."



BELLA

"The feeling of being connected to him, intrinsically, like when I was pregnant. It brings me so much joy that I am his safe place and I can tell how happy he is when he feeds"

NICOLE

"When my milk sprays onto her face and she cries and won't latch on, or is too tired to latch on properly. I think that women in the West encounter more difficulties breastfeeding because we do these things in isolation, rather than in community. If breastfeeding wasn't mostly done behind closed doors, we'd be more exposed to it and therefore more prepared"

Sophie's work is effortlessly truthful, approached with a sensitivity and confidence.

She is renowned for her images created with natural and ambient light sources, which lend her work an unusual softness and depth.

www.sophieharristaylor.com

Instagram: @sophieharristaylor Twitter: @SHarrisTaylor

Supporting A Triplet Birth

ANNE GLOVER

Well, can you imagine the excitement of receiving an enquiry to be a birth doula to triplets! Of course I contacted the mum straight away for a chat and to arrange an informal visit. Then reality hit! I knew that having another doula on board would be a great asset - so many babies and not enough hands...
I called the mum again to chat about having another doula and she was interested. So then I contacted my colleague, Sara Benetti to ask if she was interested and really I knew it would be a no-brainer! Sara has experience of twins natural birth and I just knew she was the perfect partner as we often work together offering shared care and back up for each other.
So Sara and I met with the parents of the triplets and we were hired by the end of our visit!

We had a great first antenatal meeting with the parents, discovering how the triplets were a huge surprise for the family. It was not an assisted (IVF) pregnancy and the odds of naturally conceiving triplets are in the region of one to few millions; additionally only one out of 6,000 to 8,000 triplet pregnancies is spontaneous.

'one doula remained with mum for reassurance, and the other doula supported dad and took some videos and photos'

We were so excited especially as the parents were planning a natural birth for their babies, possibly in water. We supported them by talking through their options, their birth plan, negotiation around mum's care and what they were and were not willing to accept in terms of interventions. As soon as we left the meeting, we drew up an on-call rota as mum was nearly 30 weeks and 35 weeks is considered full term for triplets. This worked well for everyone involved as both Sara and I had some holidays booked, but it also gave mum and dad peace of mind that at least one of us would be around if the babies decided to make an early appearance.

However it all worked out so well in the end. Even though the parents were very keen for a natural birth, at the same time they were fine with a highly monitored pregnancy and agreed to induction as soon as there were signs that one of the identical twins was not growing as much as the other. Both Sara and I were available when mum went into hospital at 35+2 for ARM to get labour started. Labour progressed quite quickly and baby Fynn swam into this world at tea time, followed half an hour later by his twin Iain on dry land and breech. Half an hour later Evan burst into this world, again breech. All babies were fit and healthly and paediatrics who were standing outside the door, were stood down. Having 2 doulas was a dream, as when the babies were born and placed with dad for skin to skin, one doula remained with mum for reassurance, and the other doula supported dad and took some videos and photos.

It really was one of the most incredible experiences of all of our lives, including the consultant and midwives, especially mum and dad, and of course for Sara and myself. Full credit to mum, Kate who really is an amazing goddess, a very quiet labourer who likes to be left alone! It was amazing to see the identical twins, Fynn and Iain being born, followed by the biggest baby, Evan, all fraternal.

We kept in contact with mum during her stay in hospital and visited her when she returned home. Luckily I have been able to continue to support the family on a weekly basis as a Family Support Volunteer with a local charity, Tinylife (until the covid-19 pandemic).

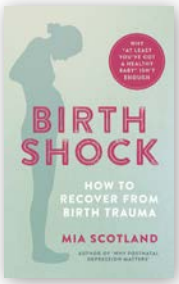
Kate & Austin (parents): "Having the support of doulas for a multiples pregnancy was very important to us as we strove to have a natural birth with minimal interventions."

A wee postnote to say it was not all smooth sailing… the parents were always told only one doula would be allowed in the birthing room, and we always reassured them that we would both be there if they wanted us to be there. So we contacted the Head of Delivery Suite beforehand to explain the situation, and when mum contacted us to say she wanted us with her, we had the confidence and reassurance to go and be with her together. Only once did a midwife say to us that we might have to leave, to which we replied that we would leave the room if mum asked us to. To be fair I think they were just a bit concerned if the paediatric team had to come in for each baby that it would have been a very tight squeeze, but thankfully that never happened! Other than that, the atmosphere in the birthing room was so peaceful and calm throughout the arrival of 3 gorgeous wee baby boys!

Anne Glover is a Recognised birth and postnatal doula supporting families in Northern Ireland since June 2015. She is also a certified HypnoBirthing Childbirth Practitioner.

www.motherdoula.com

Book reviews



1.

Birth Shock – How To Recover From Birth Trauma by Mia Scotland

Birth Shock shines a vital spotlight on why a healthy baby is not all that matters when it comes to childbirth. With birth trauma on the rise, Mia Scotland sets to work challenging a toxic narrative that distracts from the ongoing physical and emotional health of birthing women and people. She not only offers an insight in to the causes of psychological trauma, but also equips us with practical tools and techniques for processing birth trauma and navigating a path towards recovery.

As Mia delves into the history of childbirth and its journey towards medicalisation, the reader begins to make sense of why women and birthing people often feel self-blame or guilt following a traumatic birth experience. She then uses this important backstory to demonstrate how women cannot fail at giving birth; rather they are failed by a patriarchal setting and an environment that does not always support physiological birth.

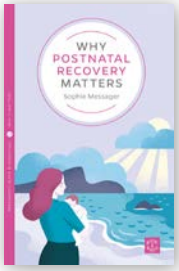
But we are not left simply with the whys and hows of birth trauma; rays of light flicker through the book and light up an otherwise distressing subject. Mia provides compassionate guidance for families and partners who want to help their loved ones recover from a traumatic birth experience, outlining effective tools for self-care and how to access professional help when it's needed.

Mia's passion radiates throughout the book. She intertwines real-life experiences of the people she has worked with to send a powerful message about the realities of birth for many people. This book is honest, brave and empowering, and it left me feeling better equipped to support birthing people and their families. If you believe that birth is a political and feminist issue, and you want more evidence to back this up, Birth Shock is for you.

2.

When Breastfeeding sucks by Zainab Yates

This book takes you through a clear understanding of what Nursing Aversion & Irritation is and what factors can contribute to suffering from it. The book explores nursing and parenting in a historical context, highlighting the problems that many parents face now that may not have been present before the 21st century. The author speaks of her lived experience and how her feelings didn't seem to be recognised in other breastfeeding resources or sources of information and how that erasure of these negative sensations can make a parent feel isolated and alone in what is already such a vulnerable and challenging time for both them and the baby. This is a great book for parents who may be suffering from Nursing Aversion or the families, friends and doulas supporting them through their breastfeeding or chestfeeding journey.



3.

Why Postnatal Recovery Matters by Sophie Messager

I had high hopes that this book would bring focus back to nurturing the mother and normalise the need for support in the postnatal period and I was not disappointed.

The book itself is incredibly accessible and easy to read. It is not overcomplicated and offers very simple solutions for anyone expecting a baby or supporting new parents. Sophie covers four main areas: Rest, Food, Social Support and Bodywork. Not only does she offer various suggestions for each of these areas but the historical references of where these postpartum rituals originate from are really interesting.

I thought the chapter on how to write a postnatal recovery plan was genius! The postnatal period is so much longer than labour, why wouldn't we want to prepare like we would for a birth?

A must read for doulas, healthcare professionals and parents alike.

10 minutes with...

Amity Reed is a feminist midwife campaigning for better maternity care and the wellbeing of NHS workers. Prior to entering midwifery, she was a doula, freelance journalist and editor. Her first book, 'Overdue: Birth, burnout and a blueprint for a better NHS' is published in October 2020 by Pinter & Martin. Amity lives in London with her husband and two children.

What are you most passionate about?

I am incredibly passionate about the collective power of women. I think we are finally finding our voices and our strength and are making such great strides towards independence and equality. There's still a long way to go in many areas, but I believe that women are capable of creating that change in a way that we've never seen before.

Tell us about a day that changed your life.

The day in 2006 that I picked up Sheila Kitzinger's 'Birth Crisis' from a library shelf while searching for books about baby-led weaning. It opened my eyes to what was really going on in maternity care and set me on the path to becoming a doula and then a midwife.

You were a Doula UK doula and you became a midwife. What it was like to make that transition?

I went into midwifery with a pretty clear understanding of how tough it was going to be. I was under no illusions that it was going to be easy or without its challenges. What I learned is that I didn't have to take my doula hat off entirely, I just wore it underneath or alongside my midwife hat. They had to jostle for a place on my head at times, but being a doula first gave me a solid foundation of being truly 'with woman', which I think is missing from many trainee midwives' experiences today.

How do you start your day?

Like many people, my phone gets the first five minutes of my attention while I try to wake up. Then it's usually some form of exercise, a shower and a proper breakfast. I'm a huge breakfast fan and have no idea how people who don't eat first thing get through their mornings.

What would be your advice to any doula or midwife feeling close to burnout?

You must talk about it to others. Don't try to soldier on or feel embarrassed if you can't cope with the demands being made of you. There's a lot of buzz around 'self-care' and 'resilience' at the moment but sometimes falling apart and doing nothing for a while is self-care. Boundaries are key.

How can doulas protect birthing rights during the pandemic?

Doulas are in a unique position to support women before they enter the system to give birth, where things might feel scary and isolating. Building up their self-confidence and helping them find their voices so they can advocate for themselves effectively is probably one of the best ways to protect birthing rights on an individual level right now. On a wider scale, just keep agitating and making noise.

What would you say to a doula or midwife just starting out?

Build a strong support system that you can lean on no matter what, and value your own time and needs. You can't give if you're not getting in return.

Who do you most admire and why?

I admire any woman who dares to stick her head above the parapet and say, 'This is wrong, and I will not stand by and let it happen.' Most recently, I've become a huge fan of Chanel Miller for her bravery in writing about being sexually assaulted and the abhorrent judicial system she had to navigate through in her amazing book 'Know My Name' which is one of the most important, beautiful books I've ever read.

What do you think is the biggest challenge facing our UK maternity system?

The pervasion of fear at all levels: women's fear of birth, their bodies and being judged; midwives' fear of adverse outcomes, litigation and not being supported to give individualised care; and senior management's fear of making the radical changes necessary to turn it around. If we could get rid of fear and start talking to one another without it as our primary driver, we'd be able to get on with the work of creating positive change.

Your book 'Overdue' is a call to action. If you could make one single change now what would it be?

Prioritise mental health and emotional well-being as outcomes equally as important as physical ones. We've got to rid ourselves of the notion that simply surviving birth or surviving in the system is good enough. We can and must aim higher and do better.

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
Nov	**Doula UK Introductory Workshop**	**Online**	**doula.org.uk**
Nov	Developing Doulas Online Doula Preparation	Online	developingdoulas.co.uk
02 Nov	Nurturing Birth Distance Doula Course	Online	nurturingbirth.co.uk
07 Nov	Developing Doulas Doula Preparation	Cambridge	developingdoulas.co.uk
09 Nov	Developing Doulas Doula Preparation	Godalming	developingdoulas.co.uk
10 Nov	Younique Postnatal Initial Doula Prepration Course	West Sussex	youniquepostnatal.co.uk
12 Nov	Concious Birthing Birth Doula Course	Online	doulatraining.co.uk
13 Nov	Every Birth Matters Doula Course	Birmingham	everybirthmatters.co.uk
16 Nov	BirthBliss Doula Course	London	birthbliss.co.uk
16 Nov	Younique Postnatal Twins and More Workshop	Online	youniquepostnatal.co.uk
20 Nov	Red Tent Doula Preparation Core Workshop	York	redtentdoulas.co.uk
23 Nov	Conscious Birthing Postnatal Doula Course	West Sussex	doulatraining.co.uk
23 Nov	Nurturing Birth Distance Doula Course	Online	nurturingbirth.co.uk
30 Nov	Birthbliss Doula Course	Watford	birthbliss.co.uk
Dec	**Doula UK Introductory Workshop**	**Online**	**doula.org.uk**
Dec	Developing Doulas Online Doula Preparation	Online	developingdoulas.co.uk
10 Dec	Every Birth Matters Online Doula Course	Online	everybirthmatters.co.uk
11 Dec	Red Tent Doula Preparation Core Workshop	Edinburgh	redtentdoulas.co.uk
18 Dec	Red Tent Doula Preparation Core Workshop	London	redtentdoulas.co.uk
Jan	**Doula UK Introductory Workshop**	**Online**	**doula.org.uk**
11 Jan	Conscious Birthing Birth Doula Course	Glastonbury	doulatraining.co.uk
15 Jan	Nurturing Birth Expansive Doula Course	London	nurturingbirth.co.uk
18 Jan	Nurturing Birth Distance Doula Course	Online	nurturingbirth.co.uk
18 Jan	Birthbliss Virtual Doula Course	Online	birthbliss.co.uk
18 Jan	Nurturing Birth Distance Doula Course	Online	nurturingbirth.co.uk

Doula UK
Positive Birth.
Supporting Families.

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/

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

Doula UK

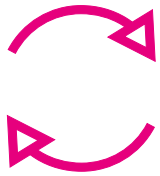
Positive birth.
Supporting families.

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
Access
Fund

Intro Days
Conference
Community Events



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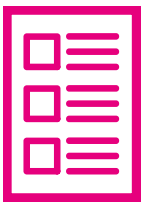

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& clinicians

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to improve the lives of mothers and their infants