

The Doula

A DOULA UK PUBLICATION



IN THIS ISSUE

Exclusive pumping

Doula boundaries

Supporting LGBTQIA families



Doula UK
Positive birth.
Supporting families.

AUTUMN 2018 ISSUE 35

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Credits & Acknowledgments

Cover picture by photographer Heather White,
courtesy of Morgane Richardson
Instagram: @doulamorgane

Newsletter 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

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Letter from the editor

Welcome to the autumn issue of The Doula.

I hope that you are all refreshed and re-energised by the long spell of beautiful weather this summer. The vitamin D and long hours of daylight are what all doulas need to prepare for what is, for many of us, our busiest working season. Christmas and New Year festivities and cold nights indoors seem to inevitably lead to a flurry of babies when autumn comes around. Certainly for me, with three clients who all delivered this September, this one was no different.

Autumn is also when Jews celebrate the New Year. It always seems so fitting that it coincides with the start of the school year along with conkers, crunchy leaves underfoot, new shoes and slightly oversized uniform. I cannot help but think of the line written by the wonderful Nora Ephron in the film *You've Got Mail*:

"Don't you love New York in the fall? It makes me want to buy school supplies. I would send you a bouquet of newly sharpened pencils if I knew your name and address."

It is rare to read a book that resonates with you on both a personal and a professional level, but this was exactly what happened when I took Sarah Goldstein's *A Doula's Journey* with me on holiday this summer. A fascinating account of her life as a birth doula juggling her role as a wife, mother to six children and her birth clients; all whilst caring for her own mother with Alzheimer's. We review this book, along with others that we hope will pique your interest, in our book reviews this issue and Sarah herself features as our 10 minutes with...

We are all more than aware of the breast vs formula debates that seem to rage endlessly on, but how about a mother who chooses exclusive pumping? Caroline Munday shares her feeding journey with us and Maddie McMahon gives doulas a gentle reminder about the difference between advice and support when helping our clients with their feeding choices.

We are delighted to have an interview with Morgane Richardson, a DONA-certified birth doula living and working in New York, who runs workshops on supporting LGBTQIA families and who has recently become a mother herself. She features - along with her baby - on our cover this issue.

You may notice that your copy of *The Doula* comes with a little gift for you this issue. We have teamed up with Medichill to provide free samples of their perineal ice packs for you to give to a client or to use yourself and will be doing a review of them in the next issue so please let us know your thoughts and feedback on the product. They will also be offering a discount for purchases through their website using the discount code **DOULAUK**.

Have a lovely autumn,

Lauren x



Lauren Mishcon Editor



Biog:

Lauren has been a birth doula and member of DUK since 2007. She lives in North London with her husband, three sons and Barker, the lunatic Spaniel. This autumn she will mainly be watching *The Great British Bake Off* and debating if she can still get away with wearing animal prints at 40.

Gemma Haywood Sub-Editor



Biog:

Gemma began her doula journey in New York. She trained with DONA and supported families in Manhattan and Brooklyn before returning to London. This summer she gave birth to her second son Jude – a big thank you to DUK doula Lina Duncan for being an awesome support for such a powerful birth!

Doula dilemma

Dilemma:

“ Our local maternity hospital has some staff who welcome us, and others that clearly misunderstand our role and feel negatively towards doulas.

What steps have others personally taken and had success with, that have strengthened relationships with your local maternity hospital and improved their opinion of doula support? ”

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 with 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.

I work in a collective in Bristol. Between us we have got involved in our local standalone community/MLU stakeholder group, local Maternity Voices group, and more recently some workgroups creating new plans for maternity care in Bristol - working with midwives and doctors and other HCPs (health care providers). When we go to births we do our best to connect with the midwife/midwives we worked with afterwards, either by speaking to them or if not possible, by leaving a card showing gratitude for working together. Even if it's been hard, finding one positive interaction to focus attention on is good. We recently gave a talk to the community midwives, which gave us an opportunity to open up the discussion around some of the challenges and some of the great joys we all have in sharing this workspace together. This really helped, and feels like we can build on this in the future, as they've all met us once now.

We are building relationships with the lead midwives in the delivery suites and community/MLU in both trusts in our city.

ER

I joined our local MSLC (Maternity Services Liaison Committee), and myself and other doulas have reached out to our local midwives to see what we can do about building bridges. Another doula and I travelled to speak to the community midwives and learnt a lot about the crux of the issue there, which is that many simply don't understand our role. They don't realise that when doulas are protecting their clients' birth spaces that it is on the client's wishes. Doulas are not bullying birthing people into what the doula thinks is best.

On a more personal level, after births with midwives who have been wonderful, I seek them out to say a personal thank you for understanding my role and including me. I take a bag of fancy energy treats (like NAKD or similar) to put in the 'staff room' just before I leave.

I also feed back through PALS. I don't do this talking about my client's experience, only about my own interactions with the midwives. Good feedback gets passed to every member of staff and it reaffirms that doulas are not the enemy or a wall to stand in the way of them doing their jobs.

Anon

We help facilitate the local homebirth group and Positive Birth Movement group, to which we invite HCPs. It feels important to be inclusive in these spaces for everyone's benefit. It helps.

We also know that just by gently, positively bringing respectful and collaborative work practice to each birth we support, we are slowly building those bridges and better reputations for doulas amongst those who may have doubts. Midwives are speaking to each other more about us in a positive way, and this is helping to create more trust in our being there to support women too. I definitely feel more welcome than I did a few years ago!

My personal intention each birth is to go with courage and positivity, keep smiling, keep my approach respectful, enquiring, and trust that even in just one small part of my work there, I may help to change a midwife's perspective on me and doulas. Of course it's always frustrating when extra effort has to go into the doula/midwife relationship at a birth, but slowly the landscape is changing. We're playing the long game!

TR

I find this difficult, especially as I work across a number of trusts, so I focus on being the best I can be for my clients and building my relationships with those midwives who do welcome a doula's presence. For example, at a hospital birth I will go and find and thank a particular midwife post-birth. I also did a series of posts on Facebook for International Day of the Midwife.

Mostly though I have had to accept I am lucky to only have to answer to my clients and worry about how they feel.

SG

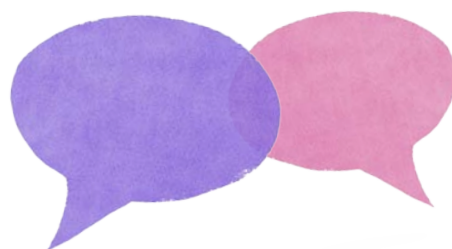
Dilemma for the next issue:

When is the right time to close down the doula-client relationship after the birth when a client is very needy?

What strategies have you successfully used to end the relationship sensitively and positively?

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.



Arvigo therapy - the evolving womb

HILARY LEWIN

Our womb, just like the rest of our body, is constantly evolving and as doulas we are deeply connected to this precious place.

We all have a relationship with the womb. Either we have one, had one or we were in one and she truly is the most magnificently creative organ in our body. If you have lost your womb either sadly or gladly to a hysterectomy, the energy is still there and you can meet and maintain the womb/heart connection until you too are gone.

If you are in the mood take a moment to place your hand on your womb area and send in some loving thoughts. For some this will be second nature, for others it may be a bridge too far. Maybe you have had trauma in this area. Loss, fear or anger are all quite normal as well as joy and pride but, however you feel about your womb, she is yours, today and for always.

As an Arvigo® Therapist I have been present to a thousand mini miracles or more. My own life has been transformed and I have seen the lives of others grow and bear fruit in ways they may never have previously imagined. Through making connection with the belly we get in touch with the Throne of Creation and that is the basis of Arvigo® Therapy.

We look at the body of course in all its dimensions; physical, spiritual and emotional but most of all we explore and educate with our clients. I am likely to learn as much as the person paying to sit in front of me and am regularly inspired to be a better version of myself either in a 1-1 session or a workshop.

A few fun womb facts...

Your uterus doubles and shrinks with the course of each menstrual cycle. Feel heavy just before you bleed? That is because she may weigh as much as 8oz at this point and if she is not 'sitting comfortably' you are going to know all about it. As the lining thickens with each cycle your uterus grows in size and weight and if she is not optimally positioned this could impact bladder, bowel and pelvis, irritating sacral nerves, creating pain and congestion.

She is held in place by ligaments: If you break a bone it takes about six weeks to heal. Damage ligaments and it may take 18 months to two years. This is why we encourage women to rest more when her womb is at her heaviest, this includes of course pregnancy but also menstruation too. Encouraging our clients to rest for that fourth trimester not only supports them as they transition with their new baby but may well make a difference to how they experience menopause in later life. Allowing ourselves to rest when we bleed allows us to be more present to the gifts of our cycle as we take the time to care for ourselves.

Round ligament pain? It can happen menstrually and in pregnancy. It stretches from around six inches to as much as 18 inches at full term. The other little note of interest is that after coming through the inguinal canal it passes by the labia majora and ends up feathering into the mons pubis.

Whether your uterus is heavy and about to bleed or pregnant and growing every day, the round ligaments need time to balance and be free. Castor oil packs are invaluable for this (not when bleeding or pregnant).

Our womb changes and evolves with each cycle, through pregnancy, baby wishes and baby losses, menstruation and then for her fabulous encore she shrinks back to a pre-pubescent size at menopause, bringing a deepening wisdom into the Wise Elder years

Through Arvigo Therapy you can learn a nourishing self-care massage and can come to understand how and why it is so important to support and strengthen the uterine ligaments for optimum health. We also support digestive issues and this work is equally important for men too.

Wherever you are in your own evolving womb journey the Arvigo Techniques may have something for you either personally, or to train in doing this work professionally. It is such a pleasure to work with women from pre to post conception and for me it completed the circle I opened on discovering the world of doulas.

If you would like to find out more take a look at my website for up-coming workshops and articles or go to the main website to find someone near you.



www.hilarylewin.com

www.arvigotherapy.com

A report from the 2018 Doula UK conference

Doula UK Member Siobhan Ridley reports on the 2018 conference, which took place in London on 24th March.

The Sixth Annual Doula UK Conference...my first Doula UK Conference. My first thought upon being asked to write a report on the day was 'How on earth does one even begin to summarise the experience without it looking a bit like a list of superlatives?!' Spoiler alert: there will be lots of superlatives. They're well deserved.

Launched over a technicolour sea of knitted bosoms and warm smiles were the words of the wise, the profound, the practical, the lyrical and the hilarious. The Sixth Annual Doula UK Conference had something for everyone with its impressive list of speakers and workshops presenting on the topic of 'Supporting Survivors'.

Talks

KICKI HANSARD:

Nine Challenges in Childbirth for Survivors and Possible Solutions

Kicki launched the day with an insightful and hugely practical presentation. She shared her wisdom and experience of supporting survivors and shed some light on the many varied ways in which their histories may effect their emotional and physical responses to the birthing and parenting process. There were many valuable takeaways from this talk, but particularly useful were the range of potential triggers and how to anticipate them even when you may not know that abuse has played a part in a woman's life. Despite the recent unprecedented and powerful **#metoo** campaign, it was still alarming to be confronted with some of the statistics around the prevalence of sexual abuse in our society.

The biggest revelation for me was that a woman may not even remember that she is a survivor of abuse, but that experience is still internally logged. Kicki eloquently and gently lead us through what that meant and how, as supporters of women, we should assume nothing about their story or how it has affected them. By the end of Kicki's presentation there was a palpable passion promotion in the room and the glorious hum of **"Every woman should have a doula"**.

MADDIE MCMAHON:

Breastfeeding, Surviving or Thriving?

Maddie took to the stage to tell us a surprising story about women breastfeeding. This was not your usual boob story. This was about the very real and rarely mentioned breastfeeding trauma. Blimey, only the second talk into the day and I'm already on revelation number two! As the story unfolded we learnt how to identify breastfeeding trauma and how to use the doula superpowers of listening and signposting to support women. Maddie highlighted the value of the thriving breastfeeding relationship and the important role that doulas play in scaffolding and encouraging that in a politically entangled climate.

She went on to expand on four very useful top tips for breastfeeding which should be in every doula's (and indeed, mama's) breastfeeding tool bag. I particularly appreciated the opportunity to play with the knitted boobs adorning the tables (who wouldn't?!). I always know a topic has fired me up when I've written on my notes: **'google breastfeeding trauma'**.

BRIDGET SUPPLE:

Brain Connections and Trauma

I could listen to Bridget all day long. Bridget packages up information in a way that makes the complex, clear; the profound, simple; and the insurmountable, an achievable hurdle. Like any great teacher she came armed with a practical demonstration which she used to illustrate the ways in which neural pathways are created in the brains of human infants. It encapsulated why **parental love, nurture and responsiveness** are so crucial, whilst also recognising the natural ebb and flow of life.

It also served as an excellent visual to show that all is not lost when a baby does not receive a positive start in life and that as we grow, there is a chance always for change. This was a beautiful message generally for life. Bridget's talk was both informative and uplifting and I for one found myself becoming quite emotional as she succinctly expressed my doula 'why'. Doula support ripples out down the generations.

DR DIANE S SPEIER AND MR RAJA GANGOPADHYAY:

Holistic Strategies for Protecting Perinatal Mental Health

Consultant obstetrician Raja took us through the wide reaching effects of perinatal mental health, from infants in utero to immediate family relationships. He stressed the importance of communication within services supporting mothers and the important care that doulas provide. He had so much to share with us about his passion for improving the current systems that at times it was hard to keep up with him. I have certainly been inspired to read more about his exciting work.

Diane's talk was predominantly postpartum-focused. She has created the handy acronym WELLNESS for parents which breaks down into eight areas of consideration when creating a postpartum plan. Diane's approach is **full body and mind nourishment** for the mother and family unit and is very aligned with the holistic support that doulas are so in tune with. It was a real joy learning from her wisdom and the energy medicine routine was the cherry on top.

HILARY LEWIN:

Toolkit for Doula Self Care

Hilary Lewin spoke about life as a professional doula and the ways in which we can keep our cups full. She covered topics such as setting rates, the practicalities of being on call and building your support network. It was lovely to hear about Hilary's journey through setting up Doula UK and into her own therapy work and as the novice doula that I am, I felt a little star struck. As we sat there at our conference tables, looking up at the stage, it was clear that we were so very far away from a typical 'red tent', yet somehow, Hilary managed to bring the energy of the red tent to the room.

There was dancing, laughing and sisterhood.

It is exceptionally hard to do any of these formidable speakers justice. In the brief time that they had, they all provided us with information upgrades, considerable food for thought, tools to use, and (arguably the most important of all) inspiration to find out more.

Workshops

What an amazing line up including **Rebecca Schiller** on human rights and **Mark Harris's** mind-bending. My personal favourite was **Dr Mari Greenfield's** workshop on her recent PhD work on Choices after birth trauma. Her session was full of excellent information and practical tips.

Performances

DZIFA BENSON (performance artist and poet)

Dzifa's poetry strikes at the heart of womanhood with softness, strength, vulnerability, power and sensuality. As birth workers we are no strangers to discussions about language, debating semantics and verbal nuances. Dzifa sensitively and expertly composes language to paint emotions and moments of truth. She confronts serious issues with humour and at times during her reading you could have heard a pin drop.

Bottom Power is a powerful and challenging exploration of the depiction of the body, with particular reference to contemporary journalistic, medical and legal descriptions of Saartjie Baartman, a South African Khoikhoi woman who was brought to Europe as a "freak show" exhibit. It's a robust rebuttal of the racist, colonial attitudes of the time:

*"Here was young Saartjie,
the ultimate other,
whose derriere
was the dernier cri,
eclipsing all dimensions
of what a pair of buttocks dared be."*

excerpt from *Bottom Power*

WILD! LAURA AND KATE (The Birth Project)

I never knew that it was possible to laugh hysterically whilst also experiencing pangs of sadness. Not until I saw WILD! that is. In a totally unexpected way, Laura and Kate took us on a journey through pregnancy and labour through the eyes of two women walking different paths. The butt of the jokes? **Birth culture in all its messiness.**

"Even the seemingly innocuous refrain of "Sleep when the baby sleeps" was challenged. For me, WILD! could not have been a more perfect relief after a day of (amazing) mental loading. They were spot on at every turn with perspicacious jokes, animated actions, extensive video compilations and props galore.

- **FAVOURITE NEW WORD:**
Pudendum
- **FAVOURITE NEW FACT:**
Breastfeeding trauma exists
- **FAVOURITE CALL TO ACTION THAT I ACTED UPON:**
Show gratitude to those who keep your home fires burning
- **FAVOURITE NEW DOULA BIRTH BAG TOOL:**
Self belief
- **FAVOURITE SURPRISE MOMENT:**
Swimming in Dzifa's words
- **FAVOURITE MOMENT:**
All the doula hugs!

So there you have it. A run down on the sixth annual Doula UK conference. Like postcards of holiday destinations, this report hasn't done the day justice. I haven't mentioned the vibe, the giddy oxytocin atmosphere, the loving hugs, the gentleness, the passion, the tectonic shift that comes from being in a room full of intelligent, resourceful, inspiring, compassionate and loving humans. I haven't been able to express how energising it is to come together to share and lift each other up.

Thank you to Nikki Mather, Lizzie Jarvis and the rest of the team for their incredible work in putting together a wonderfully curated and jam-packed day. Bravo!



Exclusive pumping - a third choice to feeding your baby

CAROLINE MUNDAY

Our beautiful little girl Myla Jayne was born at 19.44 on Tuesday 19th September 2017. I was so excited and couldn't wait to breastfeed and experience this bond with my little girl. However, it did not quite go to plan.

The first week was not how I imagined, with a failed diagnosis of posterior tongue tie. My baby struggled to latch on, and the pain was excruciating. We spent our first few days in hospital hand expressing my colostrum and milk. We were in hospital for four nights and they taught me how to use a pump to express my milk. We fed Myla from a cup and hoped that she would learn to latch. However, after more failed latches we fed my expressed milk from a bottle. We had her tongue tie snipped at two and half weeks and we paid for a private lactation consultant to help. We managed to get her to latch and feed twice and this was the most amazing feeling ever and it didn't hurt at all, so we thought that this was going to be the start of Myla learning to nurse! However, when we were alone, it just didn't work. We tried nipple shields and she fed but it was so painful as she wasn't sucking properly, so after a very tiring and emotional four weeks of trying to feed Myla from the breast and expressing around the clock, I found out about exclusively pumping, which I had been doing from the start without knowing it was 'a thing'!

I was starting to feel very low and found myself crying a lot. It was tough but I couldn't continue like this, so along with my husband we decided that this would be the best way to carry on as for me formula was not an option. Breastfeeding was the one thing I wanted to do for my baby. I had a good supply of milk so I was lucky. It was such hard work trying to get Myla to nurse and then pumping when that failed, so it was like a weight had been lifted off my shoulders. I had experienced so many emotions feeling like I was a complete failure especially when I saw other mums breastfeeding, so this was a huge relief that I had another option and I started to feel positive about my choice. At least I was able to provide my daughter breast milk, which for me was the most important thing.

Exclusive pumping is like a hidden world. There are so many mums in the same position, desperate and determined to provide breast milk for their babies. It's a journey that most of us have just fallen into doing, because not once was it recommended to me as another choice when breastfeeding directly failed. It's a very challenging journey, one where you work so hard and dedicate your everyday life for people to then not acknowledge you as a 'real breastfeeding mum'. You hear the same question over and over again: 'Is the baby breast or bottle fed?' You answer 'breastfed' but see confused faces when they see you feeding with a bottle. It's hard when you have spent hours a day attached to a pump!



It can be very emotional, you go through many feelings like you have failed your baby because you couldn't nurse them. You hear of health professionals saying that it just won't work and that your body will not respond to the pump the same way as a baby. I have had so many days when I just hate the pump and want to give up as I want more time to cuddle up to my baby instead, or time so I can do other things or even just nap - something that can be impossible because you use the time when your baby naps to pump instead to make life easier... but somehow you find the strength to just carry on so your baby gets the best start in life.

I searched online for information and I couldn't believe my luck when I found Facebook support groups, and even more so when I found one in the UK and there were hundreds of other mums. At last I had the support and strength from other like-minded people. If it were not for this group I am not sure I would be so strong mentally to keep going.

I invested in a hospital grade double pump - a must for exclusively pumping. I tried a few until I found the right one for me. I had to pump seven to eight times per day for the first three months around the clock and through the night. It was exhausting. I would get up in the middle of the night to feed Myla and then I would set up to pump for around 30-40 minutes. This could mean I was up for around one and half hours until I went back to sleep and then I could be awake again an hour later for Myla's next feed! I have to keep track of everything. There were times when I thought I would run out of feeds for Myla which was very stressful, but now I have a freezer stash of milk which I am planning to feed Myla when I decide to stop or to add to her food.

Myla is now six months and I am now pumping four times a day for 30-40 minutes. I am making just over what she drinks daily so I can still freeze some milk most days. I no longer pump in the middle of the night which has made it more bearable, I do my first pump early in the morning and my husband has the baby. Throughout the day I either pump when baby is sleeping or I will play with her on her play mat. I still do have days where I find it so hard I have a cry, but most days I feel thankful that I have enough milk to be able to pump and provide for my baby. I remind myself that I am the lucky one! Seeing Myla thriving and growing perfectly and knowing that this is down to my breastmilk is enough to not stop, no matter how hard I find it.

I am planning to pump four times a day until around nine months and then I will reassess Myla's milk intake and decide if I can afford to drop again to three pumps per day. Sometimes you can experience a drop in supply so you have to be careful. My overall goal is to get to twelve months as I always said I wanted to breastfeed for a minimum of one year, and then depending on when I go back to work maybe I will continue for a few months after that. By this time, I hope to be only pumping two or three times per day. I would love to continue for longer but I work as long-haul cabin crew so it just is not practical, but many girls I have met online have been pumping for years

This journey is not an easy ride. The beginning was very emotional, trying to get over not being able to nurse my baby and I still have my days now when I feel sad about that. I find myself putting things off because I need to pump as I'm not brave enough to pump in public yet. I remind myself daily that this is such a short time in my life and it is totally worth it for my baby. My husband has been able to get involved from the start with feeding our daughter and developing that special bond, we have been able to monitor how much she is drinking daily, and she is a really healthy weight.

My husband has been amazing throughout my journey, he has been so supportive and we have a routine. He will help wash and dry the bottles and my pump parts for me so it gives me a break and he sometimes helps out with night feeds too. It's a real must to have a supportive partner.

Even though this has been the hardest thing I think I have ever done, I would not change anything. I have met the most incredible women online, and I feel like I know them all personally. It is the most supportive and friendliest group I have ever joined and if it weren't for these ladies then I'm not sure how I would have been able to have kept going. That and the support of my wonderful husband. When we do decide to have another baby, I am praying that they will latch and feed directly because this journey has been tough, but if I need to pump again then I am ready!

If you find yourself struggling with breastfeeding directly and are ready to give up then give exclusive pumping a go. You will find an inner strength that you never thought you had. Never let anyone tell you it is not possible as I and thousands of other women are proof it is possible to keep a full milk supply from a pump. Take it day by day and set short term goals. People say that it is not possible to maintain a full supply of milk to feed your baby 100% breastmilk and say it is not sustainable, but here I am six months on and my baby has only ever had breastmilk and I have around 600oz frozen, so it is possible and there is another choice!

My exclusive pumping tips:

Every woman's pumping journey is different and joining a support group online is a great way to find information. It's important to do your own research, but if exclusive pumping is where you find yourself these are the things that I found most important:

- Buy a hospital-grade double pump - a portable one is best. I used the Medela Freestyle and another very popular one is the Spectra S1. There are many others and it is a personal choice as to which one works best for you.
- If your baby is unable to feed directly from your breast, start to pump as soon as possible. Even if you still want to try to get baby to feed directly from the breast, use the pump to help establish your supply. The first eight to twelve weeks are hormone driven and it is important to empty your breasts eight to twelve times a day.
- Ensure you pump at least once between the hours of one and five am. This is when your prolactin levels are usually at their highest for milk production.
- Set short and long-term goals. My long-term goal is one year, and my short-term goals were every three months.
- Buy a hands-free bra - this gives you the opportunity to feed or play with baby whilst pumping.
- Drink lots of water and eat lots. Have healthy snacks around the house so you can snack in the night or at each pumping session, and have a glass of water nearby.
- Store your pumped milk at the back of the fridge, use within five days, anything you don't use you can freeze.
- Invest in a chest freezer - you can store frozen breast milk for up to one year to use. In a combined fridge/freezer-style one you can only store for up to six months.
- Hand express/massage whilst pumping, you can increase your output.
- Get your partner on board. You will be sick of cleaning your pump parts and bottles, so this is a good thing for them to help you with and to also have the baby when they are at home so you can concentrate on pumping.

Facebook groups:

[exclusively pumping uk mums](#)
[exclusively pumping mamas](#)

Book:

[exclusively pumping breast milk: a guide to providing expressed breastmilk for your baby](#), by Stephanie Casemore

Information:

[kellymom.com](#) - Helpful evidence-based breastfeeding website run by an IBCLC



PLACENTA REMEDIES SUPPORT & MENTORING

Group training is available in
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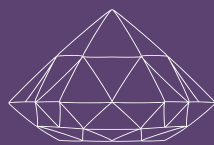
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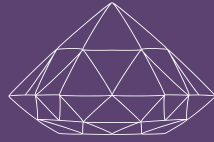


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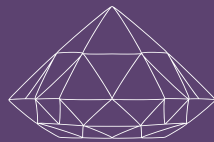
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Breastfeeding support & doulas: boundaries and benefits

MADDIE MCMAHON

I've spent my working life thinking about boundaries in one capacity or another. I've been through the pain of working out why it's important for me to understand where my role begins and ends as a doula, breastfeeding counsellor and doula course leader and believe me, sometimes it's difficult to work out 'who' I am at any given moment!

One very bright, reflective and sensitive mentee emailed me recently with some wonderful questions. I reckon they make a great basis for some thoughts on boundaries, so here goes:

"I am having a bit of trouble distinguishing my role as a doula and peer supporter and was wondering whether you might be able to clarify. It's such a fine line between supporting and suggesting and advising..."

Too right it is! I've learnt that the foundations of supporting people are the same, whether we are birth doulas, helping with breastfeeding, being a good friend or neighbour or giving effective postnatal support. Where is this 'fine line' between 'advice' and suggestion?

We need some help with defining these types of approaches.

Some synonyms of advice: recommend, urge, prescribe

So, when we give advice, we are more or less pushing our own agenda on the person we are talking to – in fact many of the words we use when giving advice are called 'modal verbs'. Modals of advice are verbs like:

Must – "You must top-up with formula", "You must stop feeding him". These statements imply necessity, obligation or prohibition.

Ought to – "You ought to feed her more often". This is saying what we consider to be right or correct.

Should – "You should sort out this problem at once." Again, this is implying that we know what is right or correct or recommending action.

So what's wrong with using words that have a sense of obligation, order or recommendation? Why is it unhelpful to urge, coerce, or imply that we know best?

Well, I think you know the answer to that already. You are doulas! You know that's not what we want to achieve within a relationship we are building that empowers the mother and enhances her sense of self-sufficiency and pride in her mothering.

So let's look at what we can achieve by being careful with our language:

Why don't you...?

giving advice vs offering information

Advice is...

- Sharing our own personal experiences, judgemental, comparing, subjective, critical and often conflicts!
- Telling someone what to do
- Being bossy, opinionated and directive
- Confusing and eroding of self-confidence
- Implying we know best!

Information is....

- Objective, factual and bias-free
- Allowing her to make up her own mind
- Inspires confidence and is empowering
- Makes sure she feels SHE knows best
- Validates her feelings and puts her at the centre of things

So, here's a hypothetical situation from the doula in question.

"Baby is gaining weight perfectly but not "settling" – seems constantly hungry and mum is exhausted and feels milk is depleted. I have referred on to a BFC / IBCLC but can we suggest things like putting baby to breast more often, having a babymoon, compressions, fenugreek / galactagogues / pumping to increase supply / co-sleeping or is this out of our remit? (i.e. what happens if they co-slept and then something happened to the baby and it was our suggestion?)"

OK so let's tease this out a little. Yes, this lady needs signposting – that is clear and simple and a gift to her that cannot be underestimated! In fact, I want to elaborate a little here on the magical properties of signposting. Whatever breastfeeding skill and knowledge you have as a doula, the power of signposting is multi-faceted:

- It builds her support team
- It may help her maximise her learning by hearing the same suggestions and information from different sources
- Different people explain things in different ways, helping learning 'land'
- It enhances relations between doulas and breastfeeding supporters. Counsellors and LCs sometimes end up sorting out complex issues that could have been more easily dealt with if the doula had referred on earlier.
- Teamwork rocks! Once the mother has had a specialist consultation, she can be supported beautifully to put the plan into place by her doula.

Let's get back to this mentee's question: What's wrong with offering the information on building supply? Nothing whatsoever, as long as you are not giving advice. There is nothing more guaranteed to give us the 'Midnight Maybes' than telling someone what to do.

If you are also a birth doula, what do you do if you are with a woman at home in early labour and she soaks a pad with fresh red blood? You know the right thing to do – offer information and suggest she calls the midwife for advice.

If you are postnatal doula and you see the baby is getting increasing yellow, do you advise increased breastmilk and sunlight? Or do you do the right thing and ask the mother what the midwife has said about the jaundice and find out if the mum needs any more informational support? Signposting to a BFC or IBCLC may well help to provide the mum with the time and in-depth counselling she may need.

This is doula support. This is peer support.

Right, next part of the mentee's question:

"If mum were pumping to increase supply, I presume we are qualified to suggest different ways of feeding i.e. cup / finger / SNS / bottle and then let mum make the decision which route to go down."

I think we're getting a bit mixed up here, between 'peer' or 'lay' support and 'expert' support. There is just not enough information here to make a judgement about what WOULD be an appropriate suggestion. There is a big difference between a mum who is pumping to increase a 'just about adequate' supply, with a baby who is latching effectively and drinking efficiently, and a mum whose baby is sleepy or tongue-tied, for example, not latching at all or has a weak suck and is losing weight. These are potentially serious medical complications and situations that even a BFC will need others to help with (an IBCLC, a tongue-tie divider, GPs, midwives and paediatricians may all have a part to play in supporting the dyad effectively).

We are quite comfortable with the definition of a doula – the offering of emotional, practical and informational support ONLY. The peer breastfeeding supporter role is no different, in that we are there to support normality. Now, in reality, we are often working with mums whose circumstances have veered off the ordinary, normal course. Our first step is to signpost, (either to people or written sources or both) and then support our client in her chosen path. It seems to me that if our signposts have been good quality, effective ones, it wouldn't be up to the doula to suggest feeding methods like this. The Infant Feeding Midwife, BFC or IBCLC would have talked the mother through her options and how to achieve them. We as the doulas are merely there to support her through the decision-making process and offer practical help to implement her decisions.

So, again, no difference between the normal doula role and the BF Peer Supporter.

Next question:

"Often things have been said on forums to put baby to breast more often and then reduce the amount of formula top-ups given, which makes sense, but what happens if this doesn't work and baby starts losing weight?"

Exactly! This is NOT for the doula to advise! She might make a suggestion or offer information only along the lines of:

"It says in this book that more frequent feedings will enhance supply – would you like to read it?"

Or – "Many mums find that if they offer the breast first and frequently, that their supply builds and they can begin to reduce the formula – would you like to talk to someone about it?"

Or – "It sounds like you'd like to phase out the formula. Have you discussed increasing the number of breastfeeds with anyone? How do you feel about that?"

And always, always, we talk to the mum about our role:

"Remember, I am only here to support you in your decisions. I can't tell you what to do. You are her mother and you know best what is right for you and your baby. I can help you find information and people to talk to, but at the end of the day, your decisions are your responsibility because you are the expert on your own child"

Our clients do listen to us. They take on board what we say. They thank us for our advice! So it's very important to be careful. It's not what we say and do, it's HOW we say it and HOW we do it. Ask yourself a few questions each time:

- Is this normal and healthy?
- Am I willing to take responsibility for this mother and baby? As a wise doula and breastfeeding counsellor* I know says: "We are responsible TO our clients but we are not responsible FOR them." (*Justine Fieth)
- Is there someone more experienced, with more in depth knowledge than me who could help this client?
- Has this situation moved outside the realm of normality?
- What would I do if this were labour? Or another kind of postnatal situation?
- What do I want to say and how can I phrase it?

Doulas and Peer Supporters work out their boundaries by knowing what they know and crucially, knowing what they DON'T KNOW.

At the end of the day if you were a doula and breastfeeding counsellor trying to figure out how to help a mum with a really complex problem and you found out this mum didn't get help earlier because she was being 'helped' by her doula, how would you feel?

Dangerous or ineffective support is given by people who don't know what they don't know.

Know the difference and you'll be dedicated doulas and perfect peer supporters.

Maddie McMahon is a doula, doula mentor, doula course provider and breastfeeding counsellor in Cambridge.

She is author of Why Doulas Matter. Her new book, Why Mothering Matters, is due out this year. Maddie also serves on the editorial board of The Practising Midwife Journal.

The importance of loving touch in childbirth

GEMMA HARVEY



I can't stress enough how important loving touch is for us all. From the loving embrace of the womb, the vital skin to skin contact at birth, and beyond. Without it, as humans we do not develop fully. Touch is a unique sense in this way. People who are blind or deaf from birth will for the most part develop normal bodies and brains apart from the auditory and visual parts. Completely deprive a baby of social touch however and disaster occurs: growth is slowed, rocking and self-soothing behaviours appear, mood, cognition and self-control are all affected and if not treated, with methods as simple as daily touch and limb manipulation, soon enough the negative effects of touch deprivation can persist into adulthood.

Loving touch is vital for a healthy human being.

I recently trained in massage, already a Reiki practitioner and wanting to learn and offer more after training in the traditional postnatal massage ceremony Closing the Bones. Since this training I have become even more passionate about the profound and healing power of working with our hearts and hands. The effect of soothing and calming strokes, grounding firm hands and pressure, a loving circular motion on a womb space that has just birthed life, just the thought of the embrace of our womb around our baby fills me with so much joy. It's safe to say that I am in awe of the power of our hands and bodies!

So when we think of the importance of touch for our wellbeing from birth is it any wonder that in our most primal experience, childbirth, that touch and even just the feeling of being held by strong and loving arms can be so meaningful. How many of us have supported a birth where they have developed (sometimes unintentionally) a ritual of touch? A foot squeeze or counter pressure on the lower back? Have you stopped and then heard the familiar phrase "Do that thing again!"

Touch is a vital ingredient in childbirth. Too light it can enrage and irritate a birthing woman, too hard can be upsetting and just plain hurt! But the right rhythm, intention and pressure at the right time is just pure perfection. It's the perfect item in the birth supporter toolbox and requires nothing more than knowledge, heart, intention and your amazing hands.

One example comes from a mother I was supporting. She suddenly jumped up during her labour and cried, "I feel like I'm coming apart!" She had been resting on the bed for a while, I had been massaging her hands that had cramped up. She was holding herself and rocking in such a way that I felt hip squeezes could provide the support she needed at that time. The hip squeezes and gentle rocking continued for quite a while, aided at times by the rebozo scarf. This has remained to this day a treasured memory in her birth experience. Afterwards she told me that she didn't think she could have coped without them and that she honestly felt that she was coming apart.

She told me that she felt the same at her first birth and wished she had known that just a simple squeeze could have provided exactly what she needed.

The same mother had a closing the bones with me and a milk, honey and flower bath. During the experience she told me that she wished this postnatal massage for every new woman. It was the first time that she had been touched in a loving way on her hips and womb space since the beginning of her pregnancy or maybe ever. The wrapping reminded her of the comfort and support the hip squeeze gave during labour. "We need it so much" she told me. "I thought that massage was just a spa treat, but it's so much more".

This is my point. Massage is so much more than a treat for a new mother. It's grounding, healing and comfort for a body and soul that has been through a major transition. Just as we instinctively bring our newborns to our heart and stroke and love them, so should we our new mothers. A beautiful example of this is the Indian Japa maid. I read recently that she comes to visit the new mother every day for forty days to help with chores and to massage her, starting at the feet and ending with a head massage. Other versions of this fourth trimester care occur around the world such as the Chinese confinement period that focusses on warming; the Native American approach that focusses on ceremony, ritualistic bathing and sweat lodge... There are so many postnatal traditions that I would love to share with you and massage is a key feature in most!

A postnatal massage can:

- increase blood flow and oxygen around the body
- encourage the body to release endorphins and promotes oxytocin (*vital for bonding and milk let-down*)
- release tension and achy muscles
- ease anxiety and lift mood
- bring attention back to womb space and body in general
- simply slowing down and honouring such a special time

So with all of this in mind, remember loving touch matters. If you don't already, maybe you feel inspired to add some techniques to your birth support tool box? Now everyone go and get yourself a good massage!

Gemma Harvey
The Birth Gem

*Birth doula, sacred postnatal care,
placenta remedies specialist*

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'I really see the importance of LGBTQIA families having care providers who are active allies – not just ones who claim to be queer-friendly or queer-competent.'



Morgane Veronique Richardson CD(DONA) is a DONA-certified birth doula, certified breastfeeding counselor, childbirth educator and placenta encapsulator. Morgane is also the director of the NYC Doula Collective and runs workshops for health care professionals across the U.S. on supporting LGBTQIA families in the birth and postpartum periods. She combines her professional background in gender studies and health with a deep appreciation and respect for the birth process.

For many doulas birth work is a calling, something they often come to after leaving behind previous careers in media, the corporate world, acting etc. Can you tell us about your own journey to becoming a birth doula?

I tend to say that I am and always have been a doula at heart. After college I travelled around the US speaking about the intersection of race and gender in higher education, I completed a Masters degree in Gender and Peace Building at the U.N. mandated University for Peace, and post grad I was an adjunct professor at Hunter College working in Health and Gender.

The way I see it, my life's work has been to empower people to use their voices and speak up for their rights.

I always wanted to enter the birth world but I never thought it would be a financially sustainable option. About 9 years ago I ran into a former college classmate whose academic work I had admired and who had gone on to become a doula post-college. I had already been following her organization, The NYC Doula Coop (as it was called at the time) and was curious about it. She encouraged me to consider getting my DONA certification and applying to join. I did just that, got accepted, worked my way through the tiers and board positions, and am now the director of said collective.

I'm not sure if I will forever be a full-time birth doula - it is a tough life to live – but I will always do work that embodies the energy and mission of a doula: to instil confidence in people to make empowered, conscious decisions about their wellbeing.

You have described yourself as having 'an activist mindset and a heart full of compassion to create transformative change within the world'. Your activism has included working to improve the experience of women of colour in American colleges. Since becoming a birth doula in 2013 do you now consider yourself to be a birth activist? What transformative change would you like to see take place within the maternity care system?

Absolutely. I am a birth activist. Activism and the desire to create spaces for individuals to make informed choices about their bodies (and for those decisions to be respected) is what led me to this work.

My personal experience with conception, pregnancy, and birth as a queer woman of color has driven me to shed light on the LGBTQIA experience and I would like to see the birth world learn to support the diversity of families that come into the birth space. But even more than that, we need to make sure all people have access to information about their bodies from a young age so that they can make their own decisions and can give informed consent. I would also like to see a maternity care system that is financially accessible to all and where people get the same, high quality of care no matter their race, economic status, religion, sexuality, etc.

In New York, you run really important workshops educating doulas on how to support LGBTQIA (Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual/Allies) families in birth and postpartum. What are some of the unique challenges that LGBTQIA families face in the perinatal period?

All families, including LGBTQIA families, are so unique that the challenges they face are going to be different based on race, socioeconomic status, geographical location, access to healthcare, and so on. For some, the biggest hurdle to overcome will be the conception process. Before pregnancy begins many LGBTQIA families have already grappled with major decisions and costs related to donor sperm or eggs, surrogacy, and/or adoption.

'Don't rely on your clients or LGBTQIA friends and acquaintances to teach you.'

In regards to the perinatal period, LGBTQIA families may face challenges in finding care providers who are respectful, queer-affirming allies. Depending on the location, it can be hard to find a birth team that is not only respectful but has made a conscious and continuous effort to learn about the unique health concerns of the LGBTQIA community.

Layered over these practical considerations, there can be unique emotional struggles around the concept of creating a family. As birth workers, we always emphasize the value of identifying your network for physical and emotional support on your journey into parenthood. Imagine not having the support of a community to walk you through the perinatal and postpartum period. That's tough!! Now imagine being pregnant and having family members who are vehemently against who you are or the way that you have chosen to create your family. That lack of support and antagonism can trigger perinatal and postnatal mood disorders among other things.

And of course, it is extremely challenging to go through pregnancy and the postpartum period if a person doesn't have access to resources. Financial limitations or geographical location can significantly limit the options around conception and pregnancy for LGBTQIA people. I feel extremely fortunate that despite the challenges my wife and I faced in the conception process because of the costs and time, we do live in a diverse city (NYC), we have access to knowledge about the conception and perinatal options and we have a wonderfully supportive community of other LGBTQIA parents and allies.

How can doulas best support LGBTQIA families and what are the key issues that doulas should be aware of when supporting or advocating for LGBTQIA families?

Language is a great place to start. It makes a huge impact and there are minimal barriers to incorporating it into your practice. There are so many assumptions built into our daily birth vocabulary. Until we take a conscious look at this, we participate in the exclusion and erasure of many LGBTQIA experiences. It's easy to fall into a trap of using default terms like "pregnant woman," or "breastfeeding" but a simple change to "pregnant person," and "breast or chest feeding" allows more people to feel seen by you in the perinatal period.

Related to this is the importance of educating yourself. Don't rely on your clients or LGBTQIA friends and acquaintances to teach you. The process of conception and the perinatal experience are very personal, nobody should feel obliged to open up about these sacred experiences for someone's casual curiosity. Taking the time to do your own research and training shows your respect for LGBTQIA families.

Key issues vary widely based on the person, the family, and their social/economic/cultural context. But by using the two steps above, we as doulas can orient ourselves to what's most important for our individual clients.

What experiences have LGBTQIA families shared with you that have given you most cause for concern?

You know, there are so many but the biggest cause for concern for me right now is the lack of resources for LGBTQIA families. Knowledge is power and the majority of the pregnancy, birth and postpartum literature in circulation isn't inclusive and leaves out the needs of LGBTQIA families. It's not just about changing language from pregnant woman to pregnant person or from "mom & dad" to the more inclusive "parents." We also need to look at the content and make sure the specific needs and challenges of communities are being addressed. Every individual and every family deserves to have access to information about their bodies and to see themselves reflected in the text, images, and media.

'Our basic humans rights to have autonomy over our bodies remain restricted because of law, religion, economic disparities, and in some places, war.'

All that said, I'm currently working on an inclusive book with Sara Howard, a midwife in LA (<https://www.horizonmidwifery.com/>) that will touch on the specific needs of queer families who are thinking about conceiving, already pregnant, and/or are parenting. Fingers crossed more people will see the importance of including all families in any future work they produce around the peri and postnatal periods.

Do you feel that there is already positive change happening in the system that will eventually lead to more equitable care for all families regardless of sexuality or gender?

Yes and no. I think that there is an international spotlight on pregnancy, childbirth, and the postpartum period right now and that hopefully will lead to more options for families to choose: to choose if they want to get pregnant or give birth, how, where and with whom to give birth with. Unfortunately, the majority of families don't have the right to make reproductive choices for themselves. Our basic human rights to have autonomy over our bodies remain restricted because of law, religion, economic disparities, and in some places, war. In the US, my home country, black women die in childbirth at three times the rate of white women - that is a war on black women's bodies. So yes, there is some positive change in the system in that we are finally talking about these issues but that doesn't necessarily mean that we are addressing and fixing them on an institutional level. There is always more to be done.

Huge congratulations on the birth of your baby girl earlier this year! You Instagrammed some beautiful images of your pregnancy, but how was the personal experience of pregnancy and birth for you and your wife? Has it informed the way you will work as a doula in the future or highlighted any new issues for you in the context of support for LGBTQIA families?

Thank you! We're over the moon and so grateful that this little person is in our lives. It's hard to believe it's already been 4 months! Pregnancy and birth was everything that I imagined it would be: exciting, challenging, and filled with unexpected surprises that taught me the importance of surrendering.

My wife and I are both in the birth world - she is a Labor and Delivery and fertility acupuncturist - so we came into the pregnancy with a significant amount of knowledge about the pregnancy and birth process and the politics surrounding both. We made the conscious decision to choose a homebirth midwifery practice because we wanted to be supported by care providers who 1. Believed in and respected our ability to make our own decisions; 2. Were allies who made an effort to learn about how we define ourselves as a family and respected the process it took for us to get here; 3. Listened to us - not just about what we wanted from the pregnancy and birth but about all the outside influences (family dynamics, work, finances, changing friendships, etc) that impact who we are and how we would be as new parents. No doubt we had an empowering pregnancy and birth experience because we had care providers who listened to our needs, never rushed us over the course of our time together and viewed our pregnancy and birth as a normal physiological process.

I am just slowly beginning the return to doula work so I'm not yet sure how my own experience will inform the way that I will work as a doula. That said, I really see the importance of LGBTQIA families having care providers who are active allies - not just ones who claim to be queer-friendly or queer-competent. There are so many social, political, and economic pressures that come with bringing and/or raising a child in this world as a queer family and having a care provider who understands that is paramount in having an empowered birth, pregnancy, and postpartum experience.



Morgane holds a B.A. in Sociology/Anthropology and Art History from Middlebury College and an M.A. in International Studies and Gender from the United Nations University For Peace. She happily makes her home in Kensington, Brooklyn with her acupuncturist wife, Alexandra, their daughter, Woolf Rose and their cutie pie dog/first baby, Joplin.

Social Media

Website: MorganeRichardsonDoula.com

Instagram: @doulamorgane

YouTube: <http://bit.ly/MorganeRichardsonYouTube>

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My joyful birth

CECI GOLDARACENA SEVERINO

I was a doula before having my own baby. When I got pregnant I accepted the whole thing with peace and tranquillity. I wanted to do everything step by step and enjoy every minute. I did. But time flew and one day I realised I was 30-something weeks pregnant and I didn't have a plan with a doula yet. I had an amazing pregnancy, I never felt so good in my life. I love my doula tribe in Cambridge and I knew I could count on every one of them but sooner or later I needed to make a decision. And then the hard part. I love all of them and it was really difficult to think about choosing just one. That was when they made everything easy for me. Maddie, Becky, Tracy, Sophie and Callie. And also Justine for postnatal and breastfeeding. My doula team. My fairy godmothers. Six beautiful people and doulas I trusted and knew from long time. They were my mentors before and now they created this team for me, my partner and my baby. I couldn't be happier.



Having one doula is amazing, I had six! So the plan was to split the on-call period according to their availability and we would be in contact all the time. We all met a few times and it felt so natural to talk with them, but this time it was about me! It felt like a dream. We created a WhatsApp group to keep everyone updated with any news on the pregnancy. I had gestational diabetes so I had a few more appointments with the consultant midwife, obstetrician etc. Maddie came with me to one of them and it was a beautiful meeting: the midwife, Gabriel my partner, my doula (who also was the person who taught me almost all I know about doulaing) and me. I had a birth plan and everything was in place.



I decided to go with an induction at 38 weeks and they supported my decision all the way. Becky was the most likely to have been available for that date. She is a friend, we worked together before. I love her.

What I loved about this team is that every one of them is so unique and with a different "touch" and specialties; whatever I needed I knew I had the perfect team!

*"Having one doula is amazing,
I had six!"*

So the day arrived. We talked a lot with Becky about planning the induction, creating a nice atmosphere etc and that's what we did. She came immediately after we were admitted to the Rosie Hospital in Cambridge, with her doula bag and was like seeing a 21st century Mary Poppins. She brought a wonderful and colourful rebozo, put fairy lights all over the room and she held my hand while they checked me for the first time to put the pessary in.

We didn't know by then that my induction would take six days! But my oxytocin was so high, I felt so good. Becky was coming and going all the time. By day five I finally dilated 1cm and they could break my waters to start syntocinon. I told Becky we would call her as soon as things started moving. We started the drip at 5.00 am and by 8.00 am my contractions were so strong and hard to manage.

I did an amazing hypnobirthing course with Tracy and the audios were made by Callie, so that familiar and sweet voice helped me a lot at the beginning of this intense labour. But I reached the point that the only thing that helped me was gas, and my partner who was amazing in his support. So Gabriel called Becky and she was there in five minutes. I thought I was very high on gas because for me she showed up so quickly! But then Gabriel told me that she actually came incredibly fast. I asked the midwife to check me and I was 2 cm dilated, for a second I thought "This will take for ever if I'm only two now" and then I looked at Becky and I remembered "This means nothing!" And she looked at me and told me "Ceci you know this doesn't mean that in one hour you can't be ten" and I thought "Yes, please leave your neocortex alone!"



I was thinking too much. I relaxed and time started to pass much faster. Two hours later the contractions were so intense that I had that feeling of "I'm going to die". I lost track of the time and what things happened exactly when, but I do remember very clearly Becky's voice saying "Ceci look at me, you know you are not going to die, your baby is almost here" and also my husband giving me water all the time, measuring my glucose levels and hugging and kissing me. At some point I started to consider an epidural. It wasn't in my plan and actually I wrote in my plan that I didn't want anyone to mention the word epidural in the room. But the contractions were one on top of the other with no break and I really wanted a break, I was exhausted from the pain. So I told Becky and Gabriel and we decided to check how dilated I was first, but I asked to the midwife to stop the syntocinon for a minute. I felt I could just start running out of the room if I had another contraction. She did, no questions asked. She checked and she said "Ceci, you are 9.5!" "There's no way I'm having an epidural for half a cm" I said, "but please take her fast!" And we all laughed. Immediately after she checked me I started to feel the strongest sensation I ever felt in my life. An urge so intense, so internal but at the same time I felt it wasn't my body, I couldn't control it! They were coming pretty close and I stopped feeling pain during contractions. I enjoyed this bit more. I even slept a bit in between contractions.

The pushing stage was amazing and powerful. I felt I was helping my baby to be born with all the strength and love I had in my body and my mind. I changed positions, I was sat in the bed first and I moved onto my knees and pushing this way was so much easier. Finally the head was out and I thought "This literally feels like a ring of fire" and then Becky's voice "Catch your baby darling" and she was out! The midwife passed my baby between my legs. For one eternal second she was on the bed. I looked at her and grabbed her into my arms. I immediately recognized her, like she always was there. I hugged her and started to tickle her feet, while midwife rubbed her a bit with the towel. In those twenty seconds I felt time stopped. She cried very loud and suddenly she became very pink (she was a little blue) I kissed her so much and I told her "mummy and daddy are here for you".

"I remember very clearly Becky's voice saying "Ceci look at me, you know you are not going to die""

We were a family. All my dreams and wishes suddenly became reality. I am so happy I had the birth I always dreamed of. Yes, with a few medical interventions, but I felt in control the whole time. Baby was always alright and I had an amazing team helping me. I couldn't have asked for more. They did all the baby checks with her on me as I had requested in my birth plan, they respected my choices the whole time.

After a few hours of having her on me, I enjoyed the best gingerbread I would ever try. Sophie made it and brought it to the hospital and it tasted like heaven!

Postpartum I kept my team of doulas as support and they were amazing. They helped me a lot with breastfeeding. The first morning after we came from hospital, Justine and Callie came over and all of them were on the phone too taking care of us. I had the best experience and I think having a team of doulas is so special. I want to say thanks to all of them. They really made the birth of my first baby a dream come true.



The miracles that happen when you have no expectations

SOPHIE MESSENGER

I'm fresh back from the annual doula retreat. This year was my sixth year there. Organised by doula Selina Wallis, the retreat is a unique space for doulas and birth workers to gather and recharge. It's held in the most magical place - Cae Mabon is an eco-retreat located near Llanberis, in Snowdonia. It's a 10 minute walk down from a carpark, at the end of a dirt road.

Located on the side of a mountain, with a stream running on its side, and a lake at the bottom, the eco village is composed of dwellings that look like they belong in a Tolkien novel. One of them, in fact, is called the hobbit hut. Low ceilinged, and with grass growing on their roofs, the dwellings are dotted around a clearing in the forest.

The dwellings are basic, containing about four beds each, and there is no running water or electricity in most of them (there is a shared washroom and a gas-powered shower, and compost toilets). This may be off-putting for some but for me it's part of the charm of the place, because it encourages us to spend so much time outside.

The place is just beautiful, with wild, ancient forests, and nature untouched by humans.

There is a deep feeling of reconnection with nature, and the place is not only peaceful, but it has a lovely, benevolent and calming energy too.

As well as the huts we sleep in, there is a Viking style roundhouse with fire pit in the middle where we gather to sing songs, drum or listen to stories, from our resident storyteller, Rachel O' Leary.

There is a barn/kitchen with electricity and we take our meals and workshops there too. Someone is cooking for us whilst we're there, which is bliss in itself for a mother like me.

And the cherry on the cake is the fire heated cedar hot tub on the side of the stream, in which we hang out at night with a glass of white and put the birth world to rights.

All of this would be blissful enough by itself, but we also have workshops there.

I can trace almost every single aspect of the work I do today back to the retreat.

The first year, in 2013, I attended the Closing the Bones workshop with Rocio Alarcon there. If I had been told back then that six years later, I would have, together with Maddie Mc Mahon, trained nearly 350 people in offering this beautiful ritual, I would have laughed.

But back to this year's retreat and the title of this blog.

This year I wasn't as excited as I'd been in years past about the workshops planned at the retreat. We had a singing workshop and a Henna workshop booked. Singing is always lovely but I've been singing in a choir for over 16 years so it's not something that's new to me. Same with the Henna as we had done this already at the retreat in 2014.

I was still looking forward to hanging out with like-minded spirits in Cae Mabon this year, but I was also a bit disappointed about not learning amazing new skills.

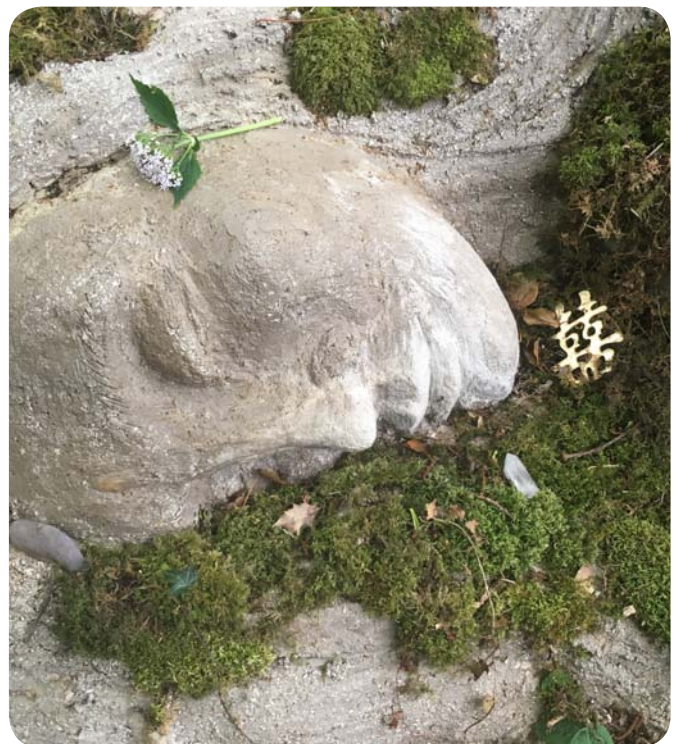
As with many other occasions in my life, when my expectations are low, it's usually when I end up having a completely life changing experience.

It wasn't part of the official plan but when we got there, Alexandra Wilson, a celebrant, doula and end of life doula, offered to do a talk about the end of life doula training that she does, followed by a grief ceremony the next day.

As with many topics and experiences I know little about, I was curious but not overly excited.

I went with my usual curiosity though.

The talk about death doulaising blew my mind, because Alexandra talked about her experience moving from being a death doula to a birth one and talked about the similarities between the grief in birth and in death, and about the joy too.





I didn't get it so I asked a lot of questions and also for some examples. I had never seen it from that angle, and by the end I got the concept of the grief in birth (namely the huge changes for both baby and parents), and for the joy in death too. She presented death in a completely different way to my own mindset. She explained that the more she worked with death the more she saw death as a 'welcoming big mama' rather than the grim reaper most of us have in mind. It made sense to me. After all, if you believe like I do, that we are all spirits having a human experience, then all we are doing when we die is returning to the lovely place we came from.

The grief ceremony blew even more of my mind away. After taking us through a guided meditation through the different doorways of death, Alexandra placed four objects representing tears, fear, numbness and anger on the floor and invited those of us who felt drawn to come forward to hold the objects and express their feelings. Something very interesting happened as we all shared loud, messy, powerful emotions and tears, without the need to speak, each one of us sending and receiving what we needed. I was reminded of Brene Brown's book, *Braving the Wilderness* when she says that we need to share collective joy and collective pain.

"Funerals, in fact, are one of the most powerful examples of collective pain. They feature in a surprising finding from my research on trust. When I asked participants to identify three to five specific behaviours that their friends, family, and colleagues do that raise their level of trust with them, funerals always emerged in the top three responses. Funerals matter. Showing up to them matters. And funerals matter not just to the people grieving, but to everyone who is there. The collective pain (and sometimes joy) we experience when gathering in any way to celebrate the end of a life is perhaps one of the most powerful experiences of inextricable connection. Death, loss, and grief are the great equalizers."

Alexandra then held the object herself and expressed her emotions loudly and powerfully. I had the realisation that it didn't matter that I hadn't gone to hold the objects myself (I had been drawn to do so but had hesitated - something had held me back and I had come to understand that others needed it more that day), because when she cried, she cried for all of us, when she screamed in anger, she screamed for all of us.

I'm 48 years old. I've never seen a dead person, because as a child when people died my family sheltered me from it, believing it was for the best.

The grief ceremony feels like it was the most powerful experience of shared grief I had ever had in my life.

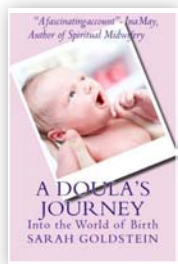
The following day we had yet another unplanned workshop. A woman called Sameena who works at Cae Mabon did a movement/dance workshop for us. Again I didn't expect much but it was another incredibly powerful experience as we moved silently and in an undirected manner as a group. I shed a deep layer of lack of self love during that experience. We all have deep rooted fears of not belonging and not being loved, so when during the dance we had to pair, fears around lack of self love I have been working on for well over two years (since I took my Reiki Master training) resurfaced, and once again I was the little girl who was worried about not being picked and not having a partner. Only this time it didn't happen and I had a deep realisation that a layer had been peeled away. Just like that. Difficult to put into simple words, but it was instant and deep, yet the culmination of many months of work.

I came away from this retreat a different person, feeling I'd healed deep wounds and peeled away layers of myself I no longer needed.

Once again I was shown the magic that can happen when you have no expectations.



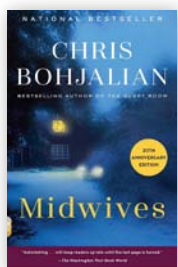
Book reviews



1

A Doula's Journey by Sarah Goldstein

Sarah is an American doula living in Jerusalem, Israel where she is well regarded for her work. An orthodox Jewish woman, mother to six children and grandmother, Sarah is also part of the 'sandwich generation', juggling her family and responsibilities as a wife and mother with her calling as a doula, all whilst caring for her mother who is diagnosed with Alzheimer's. This book is the story of her path into becoming a doula and stories from her professional and personal life. I would find it hard if nearly all doulas could not relate to many of her experiences. The push and pull of our work is no different anywhere in the world. Sarah describes the dedication she feels towards her clients and the guilt at having to leave home at the drop of a hat; putting her personal life and any crisis aside so that she can be fully present for a labouring mother, feeling burnt out and trying to find time for self-care - we have all been there! All births are unique and yet a universal experience and I found myself nodding as I read each birth story, predicting what was happening and what was going to happen next. Sarah is a doula with a true passion for her work who writes with empathy about how the attitude to birth is changing in Israel and her continued efforts with the medical profession. A must-read for doulas.



2

Midwives by Chris Bohjalian

Written back in 1998, this book made the New York Times bestseller list as well as being featured on Oprah's Book Club. *Midwives* is a compulsively readable fictional drama set in a pastoral community in rural Vermont during the depths of a harsh winter in 1981. Told through the eyes of Connie, the 14 year old daughter of Sibyl Danforth, the midwife upon which the story centres around.

Sibyl is an independent midwife of fifteen years experience who, one treacherous night, stranded at a home birth that goes horrifically wrong, makes a decision to save a baby's life. A desperate measure that will change the course of her life and everyone around her. The ensuing trial becomes a modern day witch hunt in which Sibyl faces the hostility of the traditional obstetric community, the law and her own conscience as well as the support of her fellow midwives. As a birth worker I found this a riveting read, not only for the well detailed descriptions of the physical and emotional aspects of labour and birth but also as a moral conundrum. I was particularly impressed at a male author being able to get inside the head and voice of a teenage girl and her mother as he does when narrating the story and writing Sibyl's diary - extracts of which are scattered throughout the book. The characters are well drawn, believable and engaging and it is no surprise that this book has drawn parallels with *To Kill a Mockingbird*. A riveting story with characters and questions that will have you thinking long after you finish it.



3

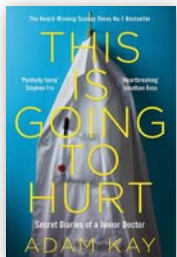
Inducing Labour by Sara Wickham

Having had the often used and referenced contribution from Sara Wickham in the AIMS library for some time, it was lovely to receive this updated version to review over the summer. As always, in the well-known style Sara has, she includes all of the referencing and up to date research, and guidance updates from WHO and NICE also ensuring that the reader knows the quality of the research being shared is also an important factor whilst looking at the options induction or augmentation of labour gives.

Throughout the book, Sara ensures the information she provides is easy to read and follow by birth workers, midwives and parents too who may not have the tools to get through the jargon such research often carries. For parents to work out their own pathway and make decisions, the information needs to be helpful, clear and concise. I feel that throughout the book Sara supports parents to work through all of the information from cover to cover or to pick out information relevant to them when used as a reference book."

A non-judgemental approach to the delivery of the information is important for parental decision making during pregnancy, and whilst we all carry bias in the way we present information at times, Sara tries to ensure that the information within the book does not shame or blame anyone, continually reassuring parents their choices are indeed their own to make, whilst the information that exists is clearly explained in a way that women can make good decisions for their family with the full information.

This book is a great addition to any birth nerd's library and complements the valuable AIMS contribution from Sara Wickham on the always current subject of induction of labour.



4

This is Going to Hurt: Secret Diaries of a Junior Doctor by Adam Kay

Hilarious, shocking, touching and sad. Adam Kay's book charts his six years as a doctor on the frontline of the NHS. His anecdotes - ranging from the laugh out loud surreal (a woman with a Kinder egg stuck up her vagina?!) to the inevitable end of life scenarios, this is a no holds barred account of life on the frontline of a hospital ward. This book would be of particular interest to birth workers as Adam finds himself on a path to obstetrics. To read a true insider account of the realities of being in charge of a labour ward is a depressing and frightening eye opener. The realisation of how strained these doctors are, just how many women they are expected to look after at a time and with so little experience. Having to make split second decisions and perform instrumental deliveries and caesareans - sometimes dozens in a single evening. It is no wonder that his personal life suffered and that he has now left the profession. In one entry, absolutely exhausted from so much overtime, a woman comes to see Adam to discuss choosing between a home versus hospital birth. He writes that he could have gone through all the pros and cons but due to lack of time simply says 'Home delivery is for pizzas'. Although comments like these are a red rag to a bull to doulas and natural birth advocates, it is when reading through the day to day trials that these young doctors face and the pressure they are put under, you begin to understand that when your sole experience is spending days and nights fire-fighting births that are going wrong, it is inevitable that your viewpoint will become biased and skewed. They simply have no experiences of watching birth proceed as a normal process. Full of engaging stories, Adam is a smart, witty and highly entertaining guide into the reality of the NHS obs/gynae and labour ward.



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10 minutes with...

SARAH GOLDSTEIN

Author and doula Sarah Goldstein talks to us about fulfilment, her admiration for Penny Simkin and not answering the phone.



If you could give one piece of advice to a pregnant woman what would it be?

Take care of your body and mind. Eat healthy, drink (water, that is), exercise and think positive.

Tell us about a day that changed your life.

When I answered an advert for a doula training, 14 years after I had my first baby.

What drives you?

The desire to help make birth a positive experience like my six births were. Seeing a woman fearful of birth keeps me going.

What is the key to a positive birth experience?

Most of the pain from birth comes from the mind. Surround yourself with positive birth workers, birth stories and films.

If you could make one change to the Israeli maternity system, what would it be?

Open more birthing centers, and have a birthing mom meet her midwife early on to establish a relationship while giving practical tips on a healthier pregnancy

What is your top tip for new mothers?

Get a positive support group.

Who do you most admire and why?

That's a hard one. I have a few heroes. I would say Penny Simkin and Ina May Gaskin. Penny for her quiet, non-assuming, humble way she leads a generation on, to helping doulas to support birthing moms. Ina May because she reminds me of my teenage self. She joined a caravan of buses, travelled eastward, started a community to help birthing moms, and continues to teach Truths to all who will listen.

What makes you happy?

As a religious, Jewish woman I know my purpose in the world is to do good deeds and to come close to G-d. Through raising a family, keeping the Sabbath, and doing birth work, I can accomplish all of this while giving me fulfillment. Happiness is a short-term goal. Being fulfilled and content is much deeper and longer lasting.

What do you wish you knew 25 years ago that you know now?

That I do not have to answer the phone when it rings. Clients have my cell phone and can always call twice if it's important. Family or bedtime is more important than a particular client.

Sarah Goldstein is a doula and doula trainer for DONA (Doulas of North America). She is a natural childbirth advocate and has organised seminars, created CD's and written articles for local and international magazines.

She has also opened 14 pregnancy & birth specialist lending libraries.

Her first book, Special Deliveries, was published in 2004 followed by More Special Deliveries in 2007 and A Doula's Journey in 2014. She has six children and eleven grandchildren (and counting) and has attended their births, along with 1400 others! Sarah lives in Jerusalem, Israel.

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Events calendar



| Date | Event | Location | Details |
|---------------|--|-------------------------|---|
| 25 Nov | Birthing Wisdom Introduction To Birth Work | Nr Totnes Devon | birthingwisdom.co.uk/training/intro-day |
| 09 Jan | Fourth Annual Birth Trauma Event | London | eventbrite.com/e/4th-annual-birth-trauma-event-tickets-46259829395 |
| 14 Jan | BirthBliss Aspiring Doula Course | London | birthblissdoulacourses.co.uk |
| 16 Jan | Nurturing Birth Doula Preparation Course | Lisbon, Portugal | nurturingbirth.co.uk/upcoming-courses |
| 21 Jan | Younique Postnatal Initial Preparation Course | London | yuniquepostnatal.co.uk |
| 25 Jan | YogaBirth Antenatal Teacher Training | London | facebook.com/events/669869253356581 |
| 02 Feb | Developing Doulas Doula Preparation Course | Cambridge | developingdoulas.co.uk |
| 04 Feb | BirthBliss Aspiring Doula Course | Bristol | birthblissdoulacourses.co.uk |
| 05 Feb | London Maternity and Midwifery Festival | London | maternityandmidwifery.co.uk/events/london-2019 |
| 15 Feb | Every Birth Matters Doula Preparation Course | Birmingham | verybirthmatters.co.uk/doulacourse |
| 18 Feb | BirthBliss Aspiring Doula Course | Edinburgh | birthblissdoulacourses.co.uk |
| 23 Feb | Developing Doulas Doula Preparation Course | Blackpool | developingdoulas.co.uk |
| 05 Mar | Royal College of Midwives Awards Day | London | rcmawards.com/awards-day |
| 11 Mar | BirthBliss Aspiring Doula Course | London | birthblissdoulacourses.co.uk |
| 15 Mar | Red Tent Doula Preparation Course | Edinburgh | redtentdoulas.co.uk |
| 18 Mar | Younique Postnatal Initial Preparation Course | Midhurst, West Sussex | yuniquepostnatal.co.uk |
| 25 Mar | BirthBliss Aspiring Doula Course | Belfast | birthblissdoulacourses.co.uk |
| 03 May | MAMA Conference | Glasgow | mama-conference.co.uk |
| 13 Oct | Doula UK Real Birth Antenatal Workshop (Free) | Manchester | doula.org.uk/product/real-birth-antenatal-workshop-13th-october-ziferblat |
| 13 Oct | Doula UK Bumps Birth & Babies Community Event (Free) | Manchester | doula.org.uk/product/bumps-birth-babies-13th-october-ziferblat |
| 13 Oct | Doula UK Bumps Birth & Babies Community Event (Free) | Dorking | facebook.com/events/2086165721660330 |
| 01 Nov | MBRRACE-UK 'Saving Lives, Improving Mothers' Care' Report Launch Meeting | Birmingham | npeu.ox.ac.uk/mbrrace-uk/bookings |
| 03 Nov | Developing Doulas Preparation Course | Cambridge | developingdoulas.co.uk |
| 06 Nov | Nurturing Birth Doula Preparation Course | Bristol | nurturingbirth.co.uk/upcoming-courses |
| 10 Nov | Doula UK Introductory Workshop | London | doula.org.uk/introductory-workshop |
| 12 Nov | Birthing Wisdom Doula Preparation | London | doulatraining.co.uk/doula-training-course-dates-venues |
| 12 Nov | BirthBliss Aspiring Doula Course | London | birthblissdoulacourses.co.uk |
| 12 Nov | Nurturing Birth Doula Preparation Course | Brighton | nurturingbirth.co.uk/upcoming-courses |
| 15 Nov | Unicef Baby Friendly Initiative Annual Conference 2018 | Liverpool | unicef.org.uk/babyfriendly/training/conferences/annual-conference |
| 20 Nov | Nurturing Birth Doula Preparation Course | Clapham, London | nurturingbirth.co.uk/upcoming-courses |
| 24 Nov | Doula UK Introductory Workshop | London | doula.org.uk/introductory-workshop |
| 28 Nov | Scotland Maternity and Midwifery Festival | Edinburgh | maternityandmidwifery.co.uk/events/scotland-2018 |
| 01 Dec | Doula UK Introductory Workshop | London | doula.org.uk/introductory-workshop |
| 07 Dec | Red Tent Doulas Doula Preparation Course | Edinburgh | redtentdoulas.co.uk |
| 10 Dec | Red Tent Doulas (Advanced Certification) | Edinburgh | redtentdoulas.co.uk/the-life-of-a-birth-keeper |
| 14 Dec | Red Tent Doulas Doula Preparation Course | London | redtentdoulas.co.uk |
| 17 Dec | Red Tent Doulas (Advanced Certification) | London | redtentdoulas.co.uk/the-life-of-a-birth-keeper |
| Various | NCT Birth Doula Training | University of Worcester | nct.org.uk/nct-college/work-opportunities/nct-doula |

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