

# The Doula

A DOULA UK PUBLICATION



## IN THIS ISSUE

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Interview with  
Heng Ou

Relactation

Parenthood 2020

Supporting  
Muslim clients



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

SPRING 2020 ISSUE 38

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## Credits & acknowledgments

Cover photo credit: Jenny Lewis

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

## Next edition

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

**Deadline for next issue: 15<sup>th</sup> July 2020**

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# Letter from the editor

## Welcome to the spring issue of The Doula!

At the time of writing I am enjoying the sun through my kitchen window, bringing a promise of brighter and warmer days in the not too distant future. But we also face the uncertainty of how the Coronavirus pandemic will impact us. This new illness has led many of us to shift our working model to a virtual format. We have the challenge of providing reassurance and support to clients when many hospitals are introducing 'one birth partner' policies during this outbreak and in some cases no visitors at all. I sincerely hope that by the time the autumn issue is out, the world will have recovered. In the meantime, please look out for the most vulnerable members of our society and remember also, that the Doula UK community is here to support you.

This issue of The Doula has a focus on the precious time after birth: the postnatal or postpartum period. Before I became a doula, my expectation was that the sooner I 'bounced back to normal' the better. But for the birth of my youngest child I hired a postnatal doula to do some meal prep. I spent those early days in bed and really noticed the difference in my overall wellbeing. Once I was ready to get back into action, I had a lot more emotional and physical energy. Wouldn't it be amazing if every new parent was able to have a doula in those first few weeks?

Which is where the Doula UK Access Fund can help! We are proud to relaunch this initiative, offering birth or postnatal support to the families most in need who would not otherwise be able to afford a doula. Please visit our website for more information on how to apply and how to become an Access Fund doula.

In this issue we are pleased to feature an interview with Heng Ou, whose book *The First Forty Days* has been both inspirational and life-changing for many families. Former Doula UK doula and now midwife, Lara Olchanetzky Duke, tells us about her fascinating relaxation journey.

We include stimulating accounts of postnatal doulaing and a moving birth story by Carly Williams about the loss of her baby. Carly will write more about her second son and pregnancy after loss, in the next issue.

10 minutes with Jenny Burrell emphasises the benefit of prioritising our postnatal recovery and the article on birth trauma helps us to understand why a positive outcome isn't limited to the physical health of the parent and child.

I really enjoyed Leticia Valverdes' photographic project on postnatal bodies and how it normalises the range of after-effects of pregnancy and/or breastfeeding. It certainly made me more accepting of my body and all of its love lines and mothering marks. I hope it does the same for you.

Love, Leila x  
Editor



## Leila Baker Editor



### Biog:

Leila is Doula UK Head of Membership and one of the Doula UK Directors. She currently lives in south east London but will spend the spring packing up her life into boxes to move to the Isle of Wight - in between teaching her small army of offspring good hand hygiene that is...

## Gemma Haywood Deputy Editor



### Biog:

Gemma has worked as a birth and postnatal doula in New York and London, where she lives with her husband, two boys, and Miu Miu the cat. This spring she is embracing meditation, virtual doula support and home schooling.

*The winner of our Rachel Ama Vegan Eats giveaway is...*

Doulas of Kew postnatal doula Tama-Sophie Lambert who shared a pic of herself cooking meatless meatballs for a vegetarian client - yum!





## Dilemma:

*“ My client has an active mind and asks me a lot of questions about feeding, baby sleep, baby care and about her own physical recovery. I try to mostly let her talk and listen, as well as signposting on to guidelines, resources and websites. However, it seems she doesn't follow up with the information sources I give her and she keeps asking for my own personal opinion and what I might do in her situation. I am finding this tricky to navigate - can you give me some ideas on how best to support this client? ”*

*– 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 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.

## Dilemma for the next issue:

*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*

Please email us a dilemma, or your advice to the one published to [editor@doula.org.uk](mailto:editor@doula.org.uk)

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

## Doula dilemma

This dilemma certainly sounds familiar! When I am working with clients who seem to want direct instruction, or to know about my experiences of raising children I gently encourage them to tune in to their own parenting instincts. We will discuss the fact that my experiences are mine alone, and that their children and their personality and needs will be completely different and unique. Having a starting point of good evidence around infant behaviour and care seems to be a great place to start. Then gently guiding, supporting and listening without taking over.

**ZC**

Some clients will have a clear vision of the way they wish to parent. Others may look to you for guidance or to bounce ideas off. Presenting a range of examples of what has worked for other families may be one way to have the conversation. That way you can help empower your client to find the right choice for their family.

In terms of a client not following up on information sources – there shouldn't be an expectation that a client should have to do that. Perhaps what your client is most in need of at this moment is that human connection. Their brain may be at full capacity coping with their newborn and the transition to parenthood and it may be that the information given to them is too much to process right now. Sometimes it takes clients time to accept and process information. It may be that in a few days or weeks they have time to circle back and follow up on some of those signposts or sources of information. Or it may be that they never do. For now, just try and meet them and support them where they are.

**Anon**

I have quite a lot of personal experience with children but I try not to influence client choices with the way I have raised my own family. I use phrases like “some parents find...” or “some of the things you could try are...” in order to help them make their own decision that suits their needs best. Otherwise they may consider us the ‘experts’ and potentially feel a sense of failure if the things we did don't work for them.

**LB**

# The importance of postnatal care

## VICTORIA GREENLY

**2020 is already a momentous year. Our world has been turned upside down by the appearance of the coronavirus pandemic. The effects of this virus have hit society and our economy on multiple levels. Pregnant people and new families are not able to access the full range of maternity care options that would normally be available to them and, as doulas, we are having to quickly adapt as we try to support our clients through this unsettling period.**

It is also two decades on from the Millennium which, at that time, felt like a futuristic turning point and the birth of a new world order. For me, 2020 is the five year anniversary of the establishment of my postnatal doula course provider, Younique Postnatal. Dedicating my later career to the advancement of better postnatal care for families is a labour of love, one that has had many bumps in the road and one where I have had to dig deep to keep pursuing this path.

Postnatal care in this country in the last 50 or so years has hit some real lows and is not the UK's finest achievement. You might question why that is and there are probably a multitude of answers, one of them certainly being that it is clearly not given the importance it should have by the NHS, government and by association, society. I recently spoke to a West Sussex midwife who supported new mothers in the late 1960s and she relayed her shock and disappointment at the lack of postnatal support available in modern times. Her remit was to support new mothers for 6 weeks, going into their homes, 3 times a week in the first two weeks, twice a week in the second two weeks and once a week in the third two weeks. She helped with establishing feeding, recovery of the mother physically and emotionally and baby care.

In the early 70s, my mother and mother in law were given a 'lying in' period in hospital for 10-14 days. Although babies were often taken away to an in-hospital baby nursery, which is not really beneficial for the initiation of breastfeeding or bonding, at least there was a sentiment that mothers needed time to recover (certainly physically) after birth - and rest. London even had two lying-in hospitals, established in the mid 1700s and closed by the 20th century. Whilst I am not casting aspersions as to the reality of their maternity care, the fact that they were given this name, suggests that lying in was seen as a part of postpartum care.

Unfortunately, my postnatal experience 10 years ago was pretty dire and having supported families since 2011 when I first started out as a breastfeeding peer supporter before becoming a postnatal doula in 2012, I haven't seen a vast amount of improvement, particularly around breastfeeding and bottlefeeding support - and a mother's recovery and wellbeing.

Other countries, particularly those influenced by Western bounce back culture, are variable in the postnatal support they deliver too. However, we also know that other non-Western and indigenous cultures have many traditions that are superbly beneficial to new mothers/birthing people and there are many from those cultures who are trying to preserve that knowledge. It is also likely that there were some British practices that have been lost over time, particularly in urban areas. You might see the odd vestige in a rural area where traditions often have a greater foothold.

In the Netherlands, at least, a Kraamversorgster (a bit like a mostly state funded postnatal doula/maternity support worker rolled into one) comes into the family home for 8-10 days (for up to 8 hours a day) and their role is: acting as a liaison between the family and health professionals, keeping on top of household tasks to help keep the home clean and running smoothly, ensuring that the mother/birthing person is healing well after the birth, supporting the mother/birthing person with feeding issues (whether this be breast or bottle) and preparing light meals. Of course, from a government perspective, their thought process is that if women/birthing people recover from birth more quickly, then they will go back to work more quickly, boosting the country's economy - so it would be wrong to think that the state is funding this service purely for altruistic reasons and without self-interest.

So why is the UK so short sighted and can we change this narrative? If we look at the evidence, there are some studies that demonstrate that quality postnatal care and support can have a positive impact in many areas after birth.

**In 2017, The International Childbirth Education Association undertook research to show that postpartum doulas can help with 11 areas of support after birth and improve outcomes in these areas:**

1. Emotional support
2. Physical comfort
3. Self-care
4. Infant care
5. Informational support
6. Advocacy
7. Referrals
8. Partner/father support
9. Support mother/father/partner with infant
10. Support mother/father/infant with sibling(s)
11. Household organization

This care also helps couples feel more connected and confident in their early parenting skills. Parental satisfaction reduces the risk of emotional disorders for the baby and other family members. Studies also demonstrate that postpartum care increases coping abilities and bonding between the mother and infant. Mothers also improve their baby-soothing and communication skills. Other studies show that postnatal doula care can minimize and even prevent postnatal depression.





**The American College of Obstetricians and Gynaecologists made this statement in 2018:**

*The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs. Obstetrician-gynaecologists and other obstetric care providers should be in the forefront of policy efforts to enable all women to recover from birth and nurture their infants. This Committee Opinion has been revised to reinforce the importance of the "fourth trimester" and to propose a new paradigm for postpartum care.*

*It is recommended that all women have contact with their obstetrician-gynaecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.*

How many new mothers can honestly say that during their six week GP check all these areas were discussed?

Birth activism has changed some of the narrative around choices, bodies and more positive birth experiences for families and babies (with still much more to be done, particularly for the outcomes of BAME mothers); could postnatal activism do the same?

In the last few years, I have seen some improvements. There are more doulas focussing on postnatal support, more discussion from hospitals and MVPs on postnatal care and discharge routes, more awareness of postnatal depression and better support for it, more awareness of the importance of postnatal support on social media and more books on postnatal topics released. NICE are updating their postnatal care guidelines first published in 2006, to be released on 25 November 2020. It will be interesting to see what is now included.

Furthermore, in the light of the coronavirus outbreak, postnatal doulas have now had to think more creatively about their offerings. When human contact is no longer possible, new families still need support even if it is not in the way we normally like to give it – with our physical presence. Presently, many postnatal doulas are giving virtual support in new ways: with Skype and Zoom, they are providing one to ones and group meetups. Some postnatal doulas will be providing courses for parents by Zoom/online, as will I. I will also be offering all my postnatal doula workshops and courses online in various forms. In my opinion, it's not quite the same, but it is something. I am hoping that new families will not be suffering in silence.

For me, all this is still a drop in the ocean but I have every faith the tide can turn in the UK. For my 10-year old daughter and her contemporaries, it has to get better.

**Victoria provides courses and workshops for postnatal doulas to begin and develop their practice with Younique Postnatal. She is a postnatal doula who hosts sessions and postnatal retreats for parents – and is an infant feeding counsellor, Postnatal Doula Mentor and DUK Rep for West Sussex. She is currently developing a postnatal recovery room in her home.**

## Younique Postnatal

Doula UK accredited postnatal doula course and workshop provider:

Postnatal Doula Initial Preparation Course

Development Workshop

Understanding Newborns Workshop

Twins and More Workshop

Understanding and Preventing Reflux Workshop

Postnatal Nutrition Workshop

*Elevating support for the postnatal period*

"The course was fantastic - extremely professional and well put together. It covered every topic I could have possibly wished to explore in an informal, yet informative way. It challenged thinking on various issues and made me think about how I would react in different scenarios via useful role-play. It was really well-balanced and I came away from the course feeling so much more confident going forward in my PN Doula journey."

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# Relactating for Max

LARA OLCCHANETZKY DUKE

**In the autumn of 2014, one of my dearest childhood friends told me he was going to have a baby. It had been a long haul for him and his husband. For years they had tried to adopt a child, but in Hong Kong being gay did not favour their application. Eventually, they decided to opt for surrogacy. Blessed with a viable embryo from a donor egg and their sperm, they recruited a surrogate mother through an agency in the U.S. This lovely woman grew and kept their baby safe until term. Baby Max was born quickly and easily - all 4.5kg of him... but now I need to backtrack a little!**

My friend Rob is like a brother to me. He is very close to my husband too, and played an important role in the life of our kids. He witnessed our joys and struggles in early parenthood, and was with me through breastfeeding and weaning. One of Rob's many idiosyncrasies is that he never liked milk. As long as I have known him, I always remember him saying, 'cow's milk is for baby cows'.

So when it came around to him expecting a baby, what with him and his husband lacking in the mammary gland department, it seemed a natural thing to offer their baby some of my milk. The challenge was that it had been 8 years since I had weaned my own child. And so, my relactation journey began.

I was in my second year of studying midwifery at the time and clearly did not have enough on my plate with family life, endless shifts, essays and exams(!) so I embarked on a journey to make milk again. As usual, Rob was ever-supportive and thought it was a great idea. Max would be born in July, so I started expressing 4 months before, to build up a supply of frozen milk by the time Max would be born. This was an endeavour and a half.

I elicited the support of a close friend and breastfeeding counsellor, who was brilliant in giving me the encouragement I needed. I wrote to Jack Newman for advice and I created my own relactation protocol based on all my reading and personal lactation history. I rented a hospital grade double pump, and off I went.

I had always had colostrum, even years after weaning my 2nd child, so I felt confident that it would work. Initially I took some Domperidone(\*) and I started pumping 6-7 times a day. I drew the line at pumping at night, as it was just too tiring. The beginning was slow-going and by the end of the first week I thought I would never get more than a few millilitres. But I kept going to good effect. I noticed that I was able to produce much more through hand expressing, so I gave up the pump and did that instead: at work, in lectures, at the TV, at the computer, in cafes, and (sadly) behind a lot of toilet doors.

By the third week, I was collecting about 20mls per session and I was able to start combining 2 sessions' worth of milk together, and freezing them in 50ml baggies.

Soon after that, I was producing 40mls per session and by six weeks I was producing about 350mls of milk per day - just under half of a full supply. At that point I cut out the domperidone and kept expressing. Once the supply was established, it was expressing that kept it going.

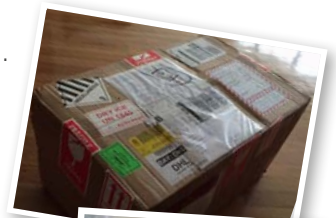


It was tiring and my breasts were bruised where my thumbs were always pressing. The sofa was milk-splattered and my family thought I was nuts, but through all of it they supported me patiently! Rob, as always, had a practical and stress-free approach to everything. He sent money for the pump rental, paid for maternity bras, bottles, baggies, cooler boxes and any paraphernalia required. He also paid a couple of thousand pounds to ship my frozen breastmilk from London to Hong Kong on dry ice, ensuring that it arrived still frozen two days after departure... And guess what? It worked! I would drive my milk to Heathrow and hold my breath until it arrived safely on the other side. The first shipment we sent was with cow's milk in baggies... just to check that it would arrive frozen before sending my precious cargo!

For seven months, I expressed (four months before Max's arrival and three months after). By the time little Max was born, he had a whole lot of milk waiting for him in his Hong Kong freezer. It was such an amazing feeling expressing milk for him on the day that he was born - I made him a special baggie, that his dads framed for him (see picture). As he was born in the U.S., his surrogate mum provided milk for him for the first three weeks. And then upon their return to Hong Kong, my milk was waiting.

I continued to send milk for the next three months after Max's birth. As I had managed to produce just under half a full supply, seven months of expressing yielded three months worth of exclusive breastmilk. Max thrived - he was healthy and gorgeous and plump.

The story of this little family is one of modern hope and resilience. It involved two devoted fathers and the combined efforts of three women - the donor, the surrogate and the milk-mother. It is a kind of parable, reminding us that we are stronger together, and that where there is a will, there is a way. And from a personal perspective, this is my story about love, milk and friendship.



*\* Domperidone is a prescribed drug in the UK. Always seek medical advice prior to taking any medication. This author and Doula UK do not endorse or support the use of any medication without seeking medical advice.*



# Becoming A Postnatal Doula

ERIN ZOHREHIE

**This time, my consulting hours had been cut down to just five a week. I later went to my computer and counted approximately fifty women on the database that I was supporting for up to six weeks after the birth of their baby. I was working on the largest team of breastfeeding supporters in the UK, and year after year funding was cut back and my hours were reduced. I saw the writing on the wall... the most rewarding position I had ever held was slowly dying. For five years I had been working for The Breastfeeding Network, working alongside the NHS, and covering the entirety of Reading, Wokingham, and West Berkshire. Losing this position made me feel distraught, wondering about all these new mothers left high and dry after the birth of their babies, trying to navigate this new skill of breastfeeding by themselves without any guidance. It's no wonder the UK has the worst breastfeeding rates in THE WORLD. Funding had finally dwindled down till we could no longer provide a reliable service. Far from the wonderful start in 2013, I was finally made redundant in May 2018.**

To put it in a nutshell, I trained as a postnatal doula because I didn't know how else to go on supporting women in their early days of motherhood. By this time, I had an incredible amount of training and experience under my belt, having helped thousands of women to get a good start on feeding their babies. A friend had mentioned to me that it was something I could look into. I remember asking her "what is a postnatal doula?" Then later on while attending the Association of Breastfeeding Mothers Conference, I ran into a woman who I had originally trained alongside of with the Breastfeeding Network. She was helping to run the Doula UK stall, and was happy to recommend a training course recognised by the organisation.

The doula training was mostly review for me, but helped remind me afresh of all my counselling and listening skills. It also reminded me to drop any judgment or opinion when it came to different parenting styles (a principle that we doulas should never stray from). I enjoyed the three intensive days in London, along with the coursework that helped me with ongoing education and the chance to dive into a subject I had wanted to know more about: cholecystokinin, a hormone related to breastfeeding.

It was about four months before I had my first client. It was a bit of an unusual situation. A mum and dad had twins, one of whom was still on the neonatal unit of the hospital, while the other was home. Mum hadn't seen her baby girl, who was still in the hospital, for four whole days. Overwhelmed with looking after her baby boy (we will call him Joseph) and suffering from after birth complications herself, she was unable to visit the other twin. Grandad suggested the support of a postnatal doula, and after a short search on the website came across my profile, and I was soon hired for the sole purpose to look after her baby boy so that she could tend to her daughter in hospital.

I arrived every morning with a freshly packed, homemade lunch for mum as she raced out the door, hoping to get a chance to have some skin to skin with her little girl between all the tests and specialists' visits. It pleased me to know that I was doing everything I could to help her have as much time as possible in hospital. A bit nervous at first, mum said "I can't believe I'm leaving him with a complete stranger". I was still a mentored postnatal doula at the time and asked her if she had read my profile. She assured me she had, and was comforted by the fact that I was connected with Doula UK. I stayed home with Joseph, cuddling him, doing paced bottle feeding with mum's expressed milk and doing my best to have a dinner made and laundry hung out by the time mum and dad came home. He was just a wee one, seemingly lost when I used a wrap to carry him. We took walks together, and I enjoyed the solitude of it being just me and Joseph for a few hours. My dear mentor was kept up to date, and although it was quite an unusual postnatal doula job, she reassured me that it was okay. Normally, I wouldn't be on my own with a newborn baby, but the circumstances required it. This is when it hit me – the postnatal doula role was a more 'wrap-around' type of care. Although I had been caring for new mothers for years, I had never made them a meal (as this would have been considered strange and highly unprofessional) nor had I been able to tidy a lounge, or hang the family washing. I felt like the grandma or auntie who had come to serve a new family who had been completely unprepared for the complicated, premature twin birth and all the medicalised care that followed.

As time went on, I moved onto other families in different situations but they were just as tricky – a family who had recently moved in with grandad because of his failing health. The family had two rooms in the upstairs of the home, and their toddler was on the autism spectrum. The situation required some extra hands and a way to feel as normal as possible when they didn't even have their own proper living space. Bonding with the toddler was crucial, as mum was breastfeeding and looking after her dad as well. Long gone were the days when I worried that I wouldn't have enough to do! I laugh now when I think about that!

Sometime later, while I was in the midst of working with a few families, an old colleague asked me how it was going. She, too, had been made redundant, and had found an office job afterwards. I shared with her some of the families' situations and she was amazed; she had only briefly considered joining me in the postnatal doula world, but had decided against it because she was worried about working only with affluent, white, educated families therefore perpetuating even more of a gap between privileged and marginalised groups.





After all, we had been providing breastfeeding support free of charge to anyone who wanted to sign up for the six weeks of support. And in a town as diverse as Reading, this meant we worked with British-born women infrequently. But as I described to her the scenarios in which I had been hired, and expressed how much I enjoyed the role, and found it extremely rewarding, she momentarily regretted having not looked into doulaing.

This past October, my original client saw one of my Facebook posts which prompted her to send me videos and photos of her now three-year-old twins. What a kind gesture; it warmed my heart that she remembered me, to see them dancing and singing, and to receive thanks for having looked after them in the early days. I'm so very blessed and grateful to have been able to train and work in such a rewarding profession.

## My postnatal doula!

*It was lovely having Leila around for the birth of our baby, and subsequently. It is the best money I've ever spent on anything. A postnatal doula makes those early days so much more enjoyable for everyone. Giving a mother a chance to really recuperate and bond with her baby without feeling pushed into normal life is the most wonderful gift in the world*

Postnatal client of Doula UK  
postnatal doula Leila Baker



*Postnatal doula support for me was an essential and integral part of my healing and recovery from childbirth. I had a blissful fourth trimester and felt well rested and energised and I attribute this to the support I received. My doulas Eva and Gemma provided nurturing care for me not only on a practical level but also emotionally and spiritually in a way that was unique from family and friends.*

Postnatal client of Doula UK doulas Eva Bay Greenslade and Gemma Harvey

*Practically I really value having someone to cook a healthy dinner and keep the house stocked with snacks, but as much as that, it's the social side for me. It is knowing that the day would be broken up with a visit, that there would be a window where I could take time for myself (even just a very short window to have a shower or eat something). I also really value having someone to talk things through with, share how I'm feeling and what I'm finding hard.*

Postnatal client of Doula UK doula Sam Reynolds

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# 'Birth trauma is in the eye of the beholder': treatment and moving on with IAPT

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**Birth trauma can be defined as a 'shorthand phrase' for Post-traumatic Stress Disorder (PTSD) after childbirth, when a woman or her partner experience the delivery of their baby as traumatic. Up to one third of women rate their labour and birth as being traumatic. It is believed that a further 20-25% of women have symptoms that go undiagnosed or get mistakenly diagnosed as having Post Natal Depression (PND).**

Research into postnatal birth trauma is limited, some has focussed on the importance of the type of delivery, but we know there is a complicated mix of both objective and subjective factors at play. For example, the type of delivery and feelings related to a perceived loss of control can result in birth trauma.

It is clear that some people experience events during childbirth that are life threatening to either the mother or her baby, and sometimes both. However, you may be surprised to learn that it is not always the sensational or dramatic 'Code Red' events that trigger childbirth trauma.

## **Instead it can be other, more subjective factors, such as:**

- Loss of control
- Loss of dignity
- Hostile or difficult attitudes of other people
- Not feeling listened to
- Absence of informed consent for medical procedures
- Birth not going according to plan or expectations
- The baby's sex differing to scan predictions

Cheryl Beck, Distinguished Professor in the School of Nursing at the University of Connecticut, has focused her research on postpartum mood and anxiety disorders. She has developed a theory of Traumatic Childbirth based on the outcomes of qualitative studies of traumatic childbirth and subsequent PTSD. Her findings have led her to suggest that 'birth trauma is in the eye of the beholder'.

## **Who gets birth trauma?**

There is evidence to suggest that some factors make birth trauma more likely to occur. A primary cause can be any situation where the mother believed she was going to die or was afraid this might be the outcome.

Other factors can be related directly to the birth experience, including; a lengthy labour or a very short but painful labour, induction, poor pain relief, forceps delivery, an emergency c-section, staff incompetence or neglect i.e. being left alone during the birth. Delivering a stillborn baby or having a sick baby can also lead to birth trauma. Any previous psychological trauma (even if it is not birth related), for example, childhood sexual abuse, bullying, domestic violence, being the victim of a burglary, sexual assault or a car crash; all increase the likelihood of developing symptoms of birth trauma.

As doulas, you may encounter women who report having intrusive thoughts or images (often called flashbacks) of the birth as well as nightmares. Ehlers & Clark, who developed an evidence-based Cognitive Behavioural Therapy (CBT) treatment for PTSD, have identified this as where the finished trauma is still experienced as a 'current threat' in which the individual experiences and re-lives the traumatic event as if it were happening right now. This means feeling constantly on 'red alert' and experiencing high levels of anxiety and panic attacks. Some parents may be distressed or scared to shut their eyes or sleep for fear of 'watching their horror story again'.

## **We can help**

Recently, more media coverage and a raised awareness about birth trauma has resulted in more referrals to our IAPT (Improved Access to Psychological Therapies) primary care mental health service. All perinatal (pregnant women, or parents with a child under the age of 2) referrals in IAPT are fast-tracked in accordance with NICE Guidelines. At Health in Mind, North East Essex IAPT Service, we developed a Post Birth Recovery Group (PBRG) to meet the needs of parents who had traumatic birth experiences in our local area.

## **PBRG: What is it?**

It is a psychoeducational group of up to 8-10 members who have experienced a traumatic birth. It runs for two hours on six consecutive weeks (the last week includes partners and other significant friends or family members). There is a crèche for babies to be left in if parents wish. The group is facilitated by two qualified Perinatal Cognitive Behavioural Therapists from Health in Mind in North East Essex IAPT Service in Colchester. Group members are advised not to share their birth stories within this group as it may re-traumatise everyone by vicarious trauma and secondly, it may not be possible to 'contain' several different traumas within the group setting.



The option is always offered for some individual face-to-face treatment sessions after completion of this group so that treatment can be personalised. People who fall into these categories would automatically be offered individual, rather than group, treatment.

### Aims of the PBRG

One of the key aims of the group is to impart the message that 'it is not your fault' for experiencing these feelings and symptoms. In fact it is the body's normal reaction to a traumatic event. MRIs have actually shown organic brain changes occur temporarily during trauma and most people find this reassuring to learn that 'they are not going mad'. No-one chooses to feel this way, and the symptoms are outside of their conscious control.

The group members learn about the nature of the trauma memory and how the brain processes events. Traumatic events are not easily processed because of the high level of associated emotion which, understandably leads to using distraction and avoidance to minimise distress.

We teach techniques to cope with flashbacks and nightmares using grounding strategies, relaxation, breathing and mindfulness which begin to give them some sense of control that they may have not had during the birth.

Feelings of isolation, coupled with self blame, guilt and shame are quite powerful for many parents at this time. The group supports members to vent their feelings and to feel validated and less alone. Historically, we have seen many group members exchange contacts and meet up socially afterwards which helps with decreasing social isolation.

CBT helps them to make sense of the trauma, using Ehlers & Clark's model for Post Traumatic Stress Disorder. We help them to manage their difficult emotions of anger, irritability, hyper-vigilance and quite often fear of childbirth impacting on their relationships. We teach the group members how to identify a 'safe place' through visualisation while they are in treatment.

It is common for parents to try and avoid reminders of the trauma - for example forgoing hospital visits, not watching TV programmes featuring babies or looking at first baby photos - in order to minimise their feelings of distress. It works in the short term, but serves to maintain the trauma in the long term. The group helps identify what is maintaining the on-going sense of 'current threat' related to the trauma and try and work through group members' own hierarchies of avoidance to allow change to happen so the brain can process the event.

Symptoms of PTSD can make it difficult for parents to be emotionally present for their baby. This is normalised and support gleaned from other group members. We inform their health visitors if necessary and work together.

Lastly, after any trauma, it is important to 'reclaim your life'; group members are encouraged to start re-introducing some activities that they used to find pleasurable before the trauma. It does not have to be big – we recommend careful pacing with small achievable steps advised. With this, we are aware that some of the things they used to enjoy pre-baby may no longer be possible once the baby has arrived due to childcare needs and physical health limitations. If this is the case, we encourage self-compassion, self-care and experimenting with new activities that can bring pleasure.

### Summary

In the West, we expect our childbirth experiences to be joyful, fulfilling, a little painful perhaps but worth it, because of the bundle of joy we get at the end of it.

For many women, giving birth is a happy and straightforward experience, but not for everyone - fortunately there is psychological treatment for this which can turn a horror story into a memory that does not have an on-going impact on a daily basis.

We are proud to be able to offer this support to parents in North East Essex, opening the door for healing to happen and enabling parents to come to a place where they can accept the reality of what has happened without lasting distress.

IAPT is a national programme. Find your local service here: <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>

IAPT services all accept self-referrals but people can also approach their GP, health visitor or midwife for support in making a referral.

### Sidebar: Birth trauma symptoms to look out for

1. Re-experiencing the traumatic event through flashbacks, nightmares and/or intrusive memories
2. Avoiding anything that is a reminder of the trauma. This can include not looking at early baby photos, or visits to the hospital or TV programmes which feature babies or birth
3. Feeling hyper-vigilant; being on constant alert that something terrible is going to happen to the baby. Increased checking for breathing at night, or not leaving the baby with anyone else.
4. Feeling anxious, angry or low in mood; generally associated with feeling guilty and blaming self – and thinking 'my body let me down', 'I should have been able to deliver naturally'.

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**Health in Mind, North East Essex IAPT Service.** <https://www.northeesxiapt.nhs.uk/north-east-essex>





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*'I see a huge wave of awakening of women and mothers'*

## *The Doula interview*

Heng Ou

Heng Ou comes from a long lineage of Traditional Chinese Medicine practitioners. She lives in California where she founded MotherBees, a food and lifestyle company supporting women through every stage of motherhood. Heng Ou's first book *The First Forty Days - The Essential Art of Nourishing the New Mother* was published in 2016. Her new book co-written by Amely Greeven and Marisa Belger, *Awakening Fertility: The Essential Art of Preparing for Pregnancy*, is released at the end of March.

### **What inspired you to write your book *The First 40 Days*?**

I grew up knowing about postpartum care and *zuo yuezi* or 'sitting the month' that's integrated with Chinese medicine, Chinese philosophy and the lifestyle of post-birth. But I didn't fully understand it until I had my three babies. When I first approached my co-author and suggested doing a book about postpartum she was like, no, it's so unsexy, there's no market for it. It's kind of depressing, right, the word 'postpartum'? It's like we have to really play around and understand the word.

So fast forward to a couple of years later and I ask her again. And she said okay, let's just try it out. I think until you actually understand the philosophy and know why you're doing this, you don't really want to invest your time and resources and physical energy into it because Americans or Westerners don't really want to surrender to this stressful period, because they feel like they can conquer and get over a lot on their own. So I just knew that society, not just in America, but Western society was missing a link, from the excitement of pregnancy to the excitement of birth... and then what?



### **Since the publication of your book, have you observed changes in the way that people approach the fourth trimester?**

Absolutely. I see a huge wave of awakening of women and mothers, saying "I wish I'd known about this!" It's always been part of us, but we just never knew that it was this permission that we give ourselves to actually go through this period in a very respectful, graceful way. Knowing that there's going to be a lot of ups and downs and that everybody's story is different. So I do see surges of doulas and postpartum doulas popping up. And a lot more services wanting to do what MotherBees does. We provide nourishing comfort for new moms during postpartum, pregnancy, and we are getting into preconception.



**Was there an element of Zuo Yuezi that you felt most nourished by when you followed it yourself?**

Yes, and it is absolutely the food itself, but also the acknowledgement, that moment of saying yes, I'm going to receive this care, I'm going to invest in myself.

And if you are accepting of this the food is awesome, it's wonderful, it varies from culture to culture.

**Do you think 'sitting the month' still has a place in modern society?**

I know there are a lot of challenges with a month to maybe six weeks of a modern woman sitting at home. But looking back, it's really not that much time.

I remember those first six weeks, it felt like three years, but it's really literally just six weeks minimum and if it's not possible because you have to go back to work or just can't have that space to do that then don't feel bad about it. I would just ease into it as you can and not feel guilty.

*'Not everybody is going to experience the postpartum period in the same way'*

**Do you think enough emphasis is given to the postpartum period?**

I think it's a new language. A lot of people still feel like 'postpartum\*' is related to postpartum depression. In the States people say, "oh, I didn't experience postpartum". What they mean is that they didn't experience postpartum depression. So there's still that correlation between the two. And not everybody is going to experience the postpartum period in the same way. A time to slow down isn't really that exciting these days, because anything is accessible now. We can be anywhere, we can do anything we want, so the time to really pace yourself to a slower rhythm and to a simpler lifestyle isn't always fun. It doesn't always feel good.

**Thinking about that fast-paced world, do you think your book has succeeded in giving women permission to slow down?**

Absolutely. And you know what, women and men. Partners are also responding to say, you know what, I can actually relax into this space and do the best that I can and take care of my family.

**When you were researching postnatal rituals around the world was there anything that stood out?**

I think it's more the attitude. I've been in India and spoken with women there and they just say it is their way of life. It just happens. And that was a big opening in my mind: wow, this is just part of life. They just flow into it and accept it as a period of time. And of course all the celebrations and all the beautiful food that surrounds it.

In Nepal they would rear a special goat for the new mom and save it for after she gives birth. They would kill it, and she would eat it and her family would eat it as well. And they sort of stretch it out for a month or so.

**Several cultures, including the Chinese believe that cold foods and drinks should be avoided in the postnatal period. Is there a scientific basis to that?**

It's all over Chinese medicine and philosophy - they don't really like cold elements in general. We're not supposed to eat it when we have our periods. And I often think of the postnatal period to be a lot like a longer period.

The worst day of your period is like the first couple of weeks after birth. How a woman looks at their own period is probably the way they're going to understand and exercise their postnatal period, until they start learning more tools. We all learn to put a tampon in and just move on and do your gymnastics, do your tennis, and carry on. And you separate your periods from your body, so that's why postnatal is also separated too, in society.

**There's a lot of pressure on mothers to return to their pre-baby body or pre pregnancy weight and what kind of impact do you think that's having on the fourth trimester?**

I think obviously it creates stress and I don't think it's necessary. It's this unconscious, oh, I have to do it. So yes, I think it's detrimental.

*'if you always have at least one person that supports you, then you're in good shape'*

**What advice would you give to a family who is preparing for the postpartum period, perhaps for the first time?**

I would start putting a little bit of money aside, in the second or third trimester and start thinking about whether it's for a postpartum doula, or for nourishment. In China, they spend a lot of money on these postpartum centres and hotels. It's a ridiculous amount of money. And it is because the government believes in it, the families understand it, how important it is for the body to recuperate, for at least a month, in these hotels. And they stay there with a newborn and they get 24/7 care. And gather your family members or friends.

I don't think it's about having 20 or 30 people around you, but if you always have at least one person that supports you, then you're in good shape. If you have more than one then fantastic, but as long as you have one that just has your back, you'll be okay.

**What do you think is the best nourishment for a mother after a long and tiring birth?**

I know that I was super hungry so I wanted something really hearty and obviously warm. I really follow what my body wants. I love Jujube tea, raspberry, clover, nettle, all those wonderful herbs that give you a nice calming feeling. It just eases all your stressors, calms your body.

**When we have a client who is not interested in sitting the month but is feeling pressured by relatives and the older generation to do so, how can we help them navigate this kind of situation?**

In-laws are a huge conversation piece. How are they going to feel? How am I going to accommodate them? It's obviously a concern. I'm all about sharpening one's own intuition about what their body really wants. If their body does not want what I'm suggesting in The First Forty Days that's okay, as long as you know what your options are. I really believe in that because we all navigate the world differently.

**Now we have mobile phones bringing the world to our fingertips but it's so hard to switch off (literally!). Do you think we all need someone to hide our mobile phones?**

Yes! I mean, it's gonna get harder and harder for the next generations to try and break off from the cell phone. I think these things will end up planted into our bodies! That's why we have to break the habits when we can. And that's why it's so important to remember these traditions and do what we can to carry it forward. Because it's so beautiful and enriching and connected, it's so deep and flavourful. Connection is different now - it's very short ended, short lived. You want to move on to the next thing because you can. Eventually nothing is going to be fast enough. We can't enjoy our daily life, not compared to the speed of technology.

**Is there any important advice that you would give to a postnatal or postpartum doula, who is just starting out?**

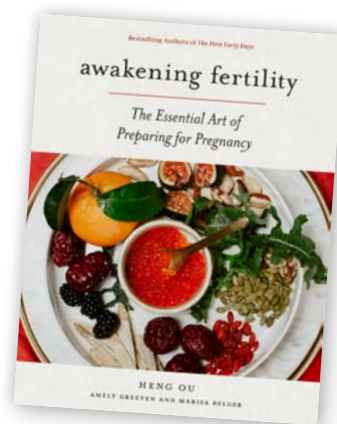
Be aware of the time that you spend at the woman's home, I think that's really important. And also be aware of your own body, your own energy. Be aware of the mom's energy too. Because the more aware and conscious you are, the more you can understand this is not where she wants to go today, she doesn't want to talk about her birth story anymore, she wants to have a little rest time somewhere. While she has a little rest, it's time to go and clean up the kitchen or make a little tea or make a soup or be out of her hair for a second - she needs a little break from connecting, right? So I would really be aware of the scenario and not just go and barge in and say this is what you have to do. One important thing is if they ask the question, then you give an answer, and not always give all the answers all at once because they're not ready for that answer. Sometimes professionals have so much information, they just want to give it all... but only a quarter of that is digested and the other part is just noise to them. It can't be digested. The answer is only good if they ask the question.

**That is really good advice. You can just see it sometimes...**

Yeah. The eyes are glazed over...!

**I heard that you had a new book coming out focusing on fertility. Do you think women can positively impact their own fertility?**

Absolutely. And also men can as well. This isn't just a woman's topic. I want the partners to also take responsibility. This is a union of two people. There are all sorts of different family dynamics, but the health of the sperm is as important.



*'I want the partners to also take responsibility.'*

**Do you have any specific tips or advice for women currently struggling with infertility - some small changes that they can make?**

I would start breaking down in a very gentle manner what you're doing at the moment. Maybe making a list of what you see as a pro, what you see as a con and start breaking down those layers and saying, hey, you know what, I work too hard, I'm way too stressed, I don't eat enough, or I just eat salads all day long. And maybe my nutrients need a little bit more work. I would really go internal and take the pressure off.

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# He came in water – a birth story about loss

CARLY WILLIAMS

**In this raw and moving account, Carly shares her experience of birthing her son Zephyr who was stillborn, into water six years ago. She talks of the importance of choice and control offered to her and her partner during labour and postnatally. Carly also offers suggestions and tips for you on caring for bereaved parents. She says: *Before I start – please be aware that this article may be an emotional read – that's not to say you shouldn't continue, but you may want to find the right time.***

## He came in water.

Just as we'd hoped, yet so far from all we'd been expecting. In the icy darkness of winter 2013, serene coloured lights shifted through ripples of the birth-pool. I'd been labouring through the night.

My partner Martin and I were together in the water, about to meet our baby, but I couldn't let go of him. The (physical and emotional) pain was too much, I struggled to birth our child into the world, because I knew that this wasn't his delightfully anticipated beginning; instead it was the beginning of letting him go...

Our son died on his due date, during early labour. With a head full of dark hair, beautiful soft nose, ears like his dad, and the most delicate fingers and toes either of us had ever laid eyes on – our sweet darling boy, so perfect in every way but no longer alive, lay limp, cold and lifeless within a warm embrace of love. We welcomed our firstborn child Zephyr, and accepted death into our lives.

We'd noticed his lack of movement and had rushed to hospital the night before. Ready with pool inflated for a home birth, we'd hurried in hoping for reassurance, only to leave the following day with broken hearts.

With crystal clarity, I still see the tear-filled eyes of the doctor as she told us "I'm so sorry." I can recall it all, but it's hard to muster the vocabulary to explain or describe the following hours, days, and weeks that blended into unfathomable months.

Zeph, although he never drew breath, made us the parents we are today. If I don't find the words now, how will I help you to understand that Zephyr's arrival was simultaneously devastating and amazing? Unless you know for yourself such pride and heartbreak all interwoven – I'm not forgetting here that statistics say that 1 in 4 pregnancies end in loss<sup>1</sup>.



That Zephyr was born in water, even after we knew he'd died is pretty special, and quite unique. The decision made by staff to encourage and enable the kind of birth we'd hoped for, is so very dear to us. Our most treasured memories are holding him in the water, after his dad had cut his cord. This choice and control is, I believe, absolutely integral to our grieving (I don't like to call it 'healing') journey – these feelings are important for any parents, but especially so for bereaved parents, because those moments with our baby will be the only moments.

## Postnatal care

Choice was vital too for our care afterwards. I couldn't bear to see my antenatal community midwife so soon after our loss. Only days earlier while huge, happy and hopeful in a GP surgery full of newborns and mums she'd remarked "That'll soon be you!" It was with no animosity or sense of blame but our last encounter was in a universe that already felt so far away.

So I saw a different midwife, at a different surgery. Being supported by the same person for each of our postnatal appointments meant that she knew us and our story and we didn't have to explain it all, time and again. Although she was there to check my post-birth body, she checked in with us both emotionally. When she visited, talked and listened, she was caring for us both, Martin and I.

The postnatal period for parents without their child or children is tough. We had no idea where we were meant to go, where did we fit in? I didn't even feel, for a long while, that I was entitled to call myself a mother.

Acknowledgement of our son by others, helped me to feel like a real mum. The chance to talk about and have others ask after him was so heart-warming. I can remember being asked some of those 'normal' baby questions; without a doubt, this made me feel so proud! It felt magical to share, with those that asked and wanted to know, how much Zephyr weighed, who he looked like, how I gave birth to him; when there were few other places I felt comfortable opening up without fear of making others uncomfortable or myself inconsolable.

## Care beyond Care.

We will never forget the midwives and staff who so tenderly and lovingly held us in our darkest times. Nothing was too much for them. Such careful consideration, not only of me through my labour, but of Martin, and our parents and family too. They tended to both our physical and emotional needs (oh and the tea, toast and hugs were all second-to-none!) The time and space they gave us to be alone, was balanced with offering reassurance that there was always someone there for us. We couldn't have asked for more.





The gentleness with which they cared for and spoke to Zephyr was amazing too, I feel that their actions really gave me the courage to hold and lovingly talk to my baby, in the very ways I'd feared I wouldn't be able to when we learned he'd died. I saw and heard how they were with him, and that enabled me to be the same, to be his mum, to love, hold and talk to him.

A last note on the staff who cared for us – on the day we buried him and gathered in candlelight to remember and say goodbye to our son, we invited them all - our community midwife (the one I said I hadn't felt able to see), the doctor (the one who told us Zeph had died), the three midwives (who were with us through labour and birth) and our postnatal midwife too. They each became a part of his little life through his death and birth, and some continue to be part of our lives still...



Life today is not what I'd imagined it might be six years ago, yet I'm so grateful to Zephyr!

Our family knows bittersweet, heart-warming and heart-shattering grief; a grief that still lurks, though much less often, and pain that still hurts, though in lesser ways. What remains always, is love, the deepest love that won't ever die.

*1 Statistics from Tommy's: In the UK, it is estimated that 1 in 4 pregnancies end in loss during pregnancy or birth.*

**A word of thanks to Kate, Jayney, Angie, Rosemary, Jane, Jo – writing this has made me think a lot about all of you! x**

**Carly Williams and her partner Martin Sommerville are parents to Zephyr and Sol, plus foster carers to a lovely teenager and his dog! Carly works part-time to manage Zephyr's Centre in Nottingham. The centre they created offers support to anyone touched by the loss of a baby or child, of any age or gestation. Carly delivers bereavement training, speaks publicly on her loss and experiences, and in her spare time she likes to write, garden, knit, play and walk!**

**Find out more -**

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

## Ways you might help bereaved parents and families

### Be... TRUTHFUL & OPEN:

Your honesty could encourage parents to feel a sense of control. Be open and flexible in what you offer – this is their only chance to be with their child/children; photography, bathing, dressing, visits, support of local charities, memory box or memory making activities, spiritual or pastoral care if they wish. They may say no, but that's okay, do all you can to let them know what's available to them and their baby/ies.

**Be aware that...** some parents won't know what they want, may think they want nothing you're offering (which isn't a reflection on you) they may simply need a little time and flexibility to change their minds. Making decisions is sometimes very difficult in the shock of grief – especially decisions that may have seemed impossible to conceive of before.

### Give... TIME:

The greatest gift you can give, is time. These will likely be the only moments this family spends together with their child/children. Precious, unforgettable moments. Offer space if they need it, likewise make sure they know you are there to support them too.

**Be aware that...** some families will want to spend an eternity with their little ones, while others may struggle to feel they can. Being willing to bend and shift with them is a great skill!

### Be... HUMAN

It's okay to feel upset - you're not a robot (that's why you're doing this job, isn't it?!) Gently express your sympathy and emotion, acknowledge the pain and gravity of their loss, acknowledge too their baby/ies. Show all the loving compassion that you would a baby who is alive, your kindness and actions will be forever remembered by those around you.

**Be aware that...** you may need space away from them, give yourself time too. Allow yourself to feel what you need, and where possible, find support for yourself to.

## You might want to... -

### Make yourself aware of the hospital services

**in your local area:** Does your local hospital have a bereavement midwife or specific neonatal loss staff? Is there a specialist suite for birthing a baby that has died? Who offers support when a baby is miscarried or a pregnancy is ended for medical reasons?

**Search for what else is available:** Charities like Sands (Stillbirth and Neonatal Death charity) and the Miscarriage Association offer national support. ARC offers support through pre-natal testing and diagnosis of fetal anomaly. Many organisations have specialist bereavement phone-lines, as well as face-to-face meetings. There are some great online forums and books. Why not find out what's available near you?

**Consider your own feelings about loss:** Whether through personal experience or through working with families whose baby or babies have died - think about how you support yourself in this.

# Parenthood in 2020

## SARAH TESSIER

**As a western culture we don't generally value motherhood and parenthood in the way we should. There's pressure to get your body back, your old life back and yourself back, which is an impossible task because all of those things have been replaced with a new body, a new life and new person. When a new baby is born, new parents are born too. How much better off would new parents be if they were fully supported to ease into parenthood at their own pace and in their own way, rather than feel a pressure to look, act, feel or parent a certain way?**

Increasingly, parents are living away from their 'village' and don't have immediate or extended family around the corner or nearby to come and help. There's also the changing role of the father/partner and expectations around their role as birth partner and parent to consider. The prevalence of social media in our lives and its influence on our parenting shouldn't be underestimated either.

In the 1970s, anthropologist Dana Raphael coined the term 'matrescence' (Raphael, 1973) to describe the transition to motherhood. Similar to the transition to adolescence, women experience physical, hormonal and changes to identity when they become pregnant and cross the threshold into motherhood.

So how can we as doulas support mothers and new parents to be prepared to navigate this time of immense change? It starts when they're still pregnant - preparing for life after birth, before birth.

We encourage parents to write birth plans but birth lasts such a short time compared to the initial fourth trimester, and the rest of your life as a parent. Postnatal plans should be an essential part of preparation for parenthood. As doulas we can support this by doing postnatal planning sessions with our clients. These give us the opportunity to learn about big things like their hopes and concerns for the postnatal period and what kind of parent they hope to be. For the client, it gives them the opportunity to have an honest but encouraging conversation about what to expect postnatally and a chance to think and plan for what they'll need in life after birth, before their baby arrives.

**" Postnatal plans should be an essential part of preparation for parenthood "**

A research study into the causes of postnatal depression (Stern and Kruckman, 1983) found that cultures that had rituals and customs that were integral to the postnatal period had lower incidences of postnatal mood disorders. Their research found that the cultures that were getting postnatal support right, all had protective social structures in place to support new parents. These included, a distinct postpartum period, protective measures reflecting the new mother's vulnerability, social seclusion and mandated rest, functional assistance and social recognition of her new role and status.



No two families or babies experience the postnatal period in the same way, and some things can be planned for while others are unknown until the baby arrives but a postnatal plan that takes into account the 'factors identified by Stern and Kruckman can help families to be more prepared for whatever their postnatal experience brings.

Once they've had their baby, the support we offer as doulas can shift into helping them navigate the landscape of motherhood and parenthood and this period of matrescence. Helping them to navigate a changing body, identity and relationships and the responsibilities of motherhood and the emotions that come along with all these changes.

We live in a time where social media and unprecedented access to information can play a massive influence on our experience of mothering and parenting, which has the power to be both positive and challenging.



It can be easy to be influenced by the idealised imagery of motherhood we see online and we might feel inadequate when these images don't match up with our own realities of motherhood or leave us questioning our own parenting choices. Equally, many parents find that the support they can access thanks to online communities can be a lifeline when facing challenges as a means of accessing helpful information, connecting with others going through similar things and to get the reassurance that they aren't alone.

Doulas can support parents as they unpick societal expectations of how they should look, feel and act as a parent and help them to tune into their own instincts so that they can be the parent that they want to be.

**" online... communities can be a lifeline when facing challenges... "**



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As doulas, we often talk about mothering the mother or birthing person, but of course our support extends to partners as well. They need support just as much as the mother/birthing parent as the expectations of fatherhood and parenthood are ever evolving and very different to what they were a generation or two ago. From being expected to be hands on as a birth partner and as a parent caring for their child, to the increased opportunities to access parental leave, today's fathers may be living a very different experience of fatherhood to their own dads.

However expectations and reality are in conflict. Despite an increased expectation of and desire from fathers and partners to be present and hands-on as parents, a study by the University of Birmingham found that in 2017, only 1% of parents took shared parental leave, while most only took the statutory two weeks paternity/parental leave.

While ideologically we may be moving away from gendered ideas of parenting, the reality is that the mother is still the cultural norm as primary care giver and fathers and partners are losing out on the opportunities to be the hands-on parent that they desire to be. Social expectations, support (or lack of it) from employers as well as financial decisions based on the realities of gender pay-gaps, play a large part in why parents may take shared parental leave or not. Providing support to fathers and partners in our role as a doula can help them as they work out what being a father/parent looks like for them.

“ We have a responsibility to help parents prepare for the postpartum period ”

We're in an incredibly privileged position as doulas, whether we support during birth, the postnatal period or both to be able to support new parents as they navigate their matrescence and transition into parenthood. To be able to support parents to ease themselves into parenthood in a positive and supported way and protect their mental health is so important. We have a responsibility to help parents prepare for the postpartum period and parenthood in a realistic but encouraging way which has the potential to bring about a paradigm shift for how new parents experience postpartum and early motherhood and parenthood.

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# Supporting Muslim clients

OOROOJ QADRI

**Giving birth is, in some way, like an act of faith. It involves a kind of radical trust in our bodies that I equate with trust in God, particularly for first time expectant mothers who do not know what to expect or have any experience of the process.**

Having had a positive birth personally and being there as a birth partner twice for a family member, I felt able and inspired to assist other women in their pregnancies and birthing experiences as a doula from a Muslim background.

There are growing numbers of Muslim doulas. This does not mean that we cannot serve people of other beliefs, nor does a Muslim expectant mother necessarily require a Muslim doula - the most important factor in being a doula is the connection between the doula and the expectant mother. Some expectant mothers might however ask specifically for a Muslim doula because they have specific sensitivities and they may prefer for these to be understood without being explicitly mentioned. Below are a few key areas to consider if you have a client from a Muslim background.

*'Fasting during pregnancy as well as during breastfeeding is a decision that is completely in the hands of the mother'*

## Month of Ramadan

Ramadan is the ninth month of the Muslim calendar and is marked by a month of fasting. Traditionally, the fasting is from sunrise until sunset.

**Muslims who suffer from chronic illnesses or whose health would be detrimentally affected by fasting are exempt from fasting.** Pregnancy is not considered an illness but it does impact the strength of some expectant mothers. Therefore, the choice is left to the woman concerned as to whether she fasts or not. Many Muslim women still fast while others choose not to. These missed Ramadan fasts are expected to be made up at another time when the woman is more physically able. It really depends on how it affects each individual mother.

From personal experience, fasting helped me with hyperemesis gravidarum during the first trimester. And abstaining from food and drink can help some mothers to offset constant nausea and desire to vomit. Fasting during pregnancy as well as during breastfeeding is a decision that is completely in the hands of the mother. A woman is not compelled to fast during either period as the health of the mother and child take precedence over all else.

*'It is essential to make her feel secure to help her feel covered'*

Traditionally, dates and milk are given to the fasting person when they break their fast at sunset, but saying this, there is no specific food to eat or diet to follow when fasting. Almost all countries and cultures around the world have Muslims living within them who fast and eat the local, native food without any adverse effects.

## At the birth:

**Many Muslim women come from conservative or traditional backgrounds but not all. Having a male birth partner is considered unusual in a number of cultures.** Many Muslim women will not accept a male being present in birth except their husband, probably not their father nor a brother. Males would generally only be tolerated to be present as a result of absolute medical necessity. A male obstetrician or midwife is acceptable if there isn't any female available. Although, having female presence is preferable for the mother in order for her to feel more comfortable.

**If the mother wears hijab (head-covering), at the time of the birth, if she feels more comfortable to wear it and it is not getting in the way medically, then it is essential to make her feel secure to help her feel covered.** In particular, in labour, if the client wants to take it off when there is no male presence except her husband or necessary male medical staff, it is absolutely fine for her to remove it.



## THE DOULA UK PODCAST WITH LEILA BAKER

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



## Breastfeeding

If the mother is in a private space whilst breastfeeding, there is no need for her to wear hijab. If she is unable to breastfeed in a private space and she prefers to cover, as a doula you can discuss techniques that allow minimum exposure, and clothing options like a tank top and a long sleeve top (one-up-one-down) to facilitate this so long as they do not create any physical barriers between her body and the baby's.



*A Muslim mother breastfeeding*

## Affirmations and prayers

**While some labouring mothers remember God themselves, making supplications and prayers, other women may need to be reminded to do so** (and be grateful for it), and others may be too short of breath to speak. The Muslim doula will probably understand their supplications, and can help them recite and even encourage it further.



*Creating a relaxing mood for my client as she waits in the antenatal room whilst remembering her Lord using candles and prayer beads.*

Many Muslim women consider birth as a spiritual event, a great blessing from God, they cannot give birth in the way they want without the acknowledgement and reinforcement of these points. Doulas do not necessarily need to know or understand the prayers but instead use audio devices to channel the positive energy into the room and to remind the client of her own positive views of the birthing process.



*Reminders and prayer affirmation cards*

Muslims come from a variety of cultural backgrounds and will have different expectations. As long as the needs of a Muslim client are being met, the religion and culture of a doula are not essential.

**Oorooj Qadri is from a Pakistani Muslim background. After becoming a doula in 2018, she has worked and supported many expectant mothers and families from a variety of backgrounds across London.**

**She takes private clients as well as working with the charity Neighbourhood Doulas which supports women from vulnerable backgrounds including women from the Muslim community.**

## Supporting Women's Autonomy in Childbirth

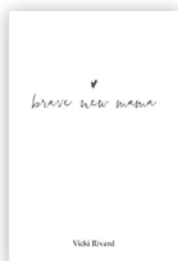


**Birthrights will be holding a Supporting Women's Autonomy in Childbirth workshop in Newcastle on 22 April.**

**This is a ticketed event open to all with an interest in maternity care. [birthrights.org](https://www.birthrights.org)**



# Book reviews



## **Brave New Mama** by Vicki Rivard

The foreword describes the poems in this book as 'tiny doulas, each one bringing food and foot rubs for the soul' and that's exactly what this book is. Rivard wrote the book during her first year of motherhood and birthed/published it several years later.

She gives a voice to the aspects of motherhood that don't always get spoken about in the way they should be. The joys and challenges of becoming a parent that often leave us thinking, 'am I the only one who feels like this?' and reading her book reminds us that we're not alone; in fact we're far from it. Using the style of micro poetry, over the course of 122 poems she covers issues of identity, body image, relationships, sex, belonging, love, motherhood and so much more.

Brave New Mama should be on every new (or not so new) mothers bedside table for when she needs a pick-me up, some encouragement or just to know she's not alone because as her poem epicentre sums it up quite perfectly:

1.

*the baby rocks the mother too  
her whole world  
in fact.*



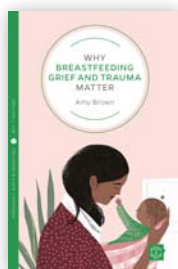
## **Inspired Parenting** by Dorka Herner

Dorka Herner is a psychologist and mother of five. Her book is written in the form of a series of diary entries flitting in time. She speaks candidly about the first days after the birth of her baby to the agonising moments when she needed to explain to her children that her mother Dr Agnes Gereb, a highly experienced gynaecologist, midwife and internationally recognised home birth expert, was sent to prison for supporting and championing home birth in Hungary.

Each new entry provides a snapshot of her life depicting her challenges and triumphs as a parent. She shares these stories openly and without advice, provoking thought and with the hope that readers will find them inspiring.

Her writing is filled with startling honesty, vulnerability and, ultimately, self-knowledge and growth.

2.



## **Why Breastfeeding Grief and Trauma Matter** by Amy Brown

Amy Brown is a Professor at Swansea University with an interest in the psychological, cultural, and societal barriers to breastfeeding and in particular how breastfeeding should be considered a public health issue.

Why Breastfeeding Grief and Trauma Matters is informed by the experiences of over 2,000 women who took part in Amy's research. These are women who had to stop breastfeeding earlier than planned and the book explores the resulting psychological impact.

The language and tone is non-judgmental, sensitive, and Professor Brown is adept at highlighting the ways in which society and the media minimise the sometimes devastating feelings of women who have been unable to feed their baby as they wished.

As a doula, this book will help you understand the range of emotions these experiences generate, the different ways in which breastfeeding is important to women, and it will also change the way you speak to women about breastfeeding. It is an important read.

3.

*'Inspired Parenting'  
giveaway:*

We have three copies of 'Inspired Parenting' by Dorka Herner published by Pinter and Martin.

To win, tell us your inspired doula or parenting tips! We will print the winning responses in the next issue and on the Doula UK social channels. Email [editor@doula.org.uk](mailto:editor@doula.org.uk)



# Birth Marks – a photographic project

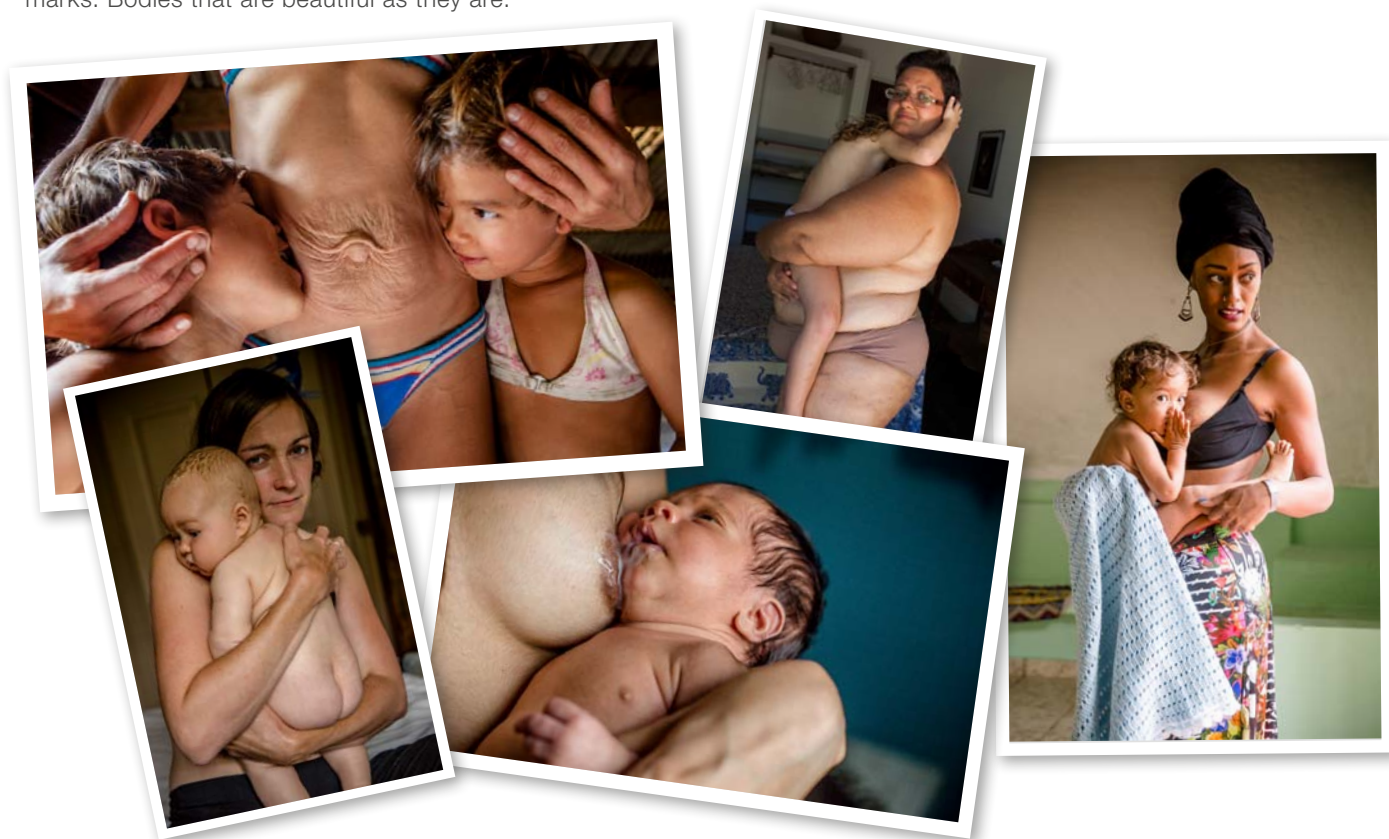
LETICIA VALVERDES

**Birth Marks is a photographic project which reveals and explores the relationship of mothers and pregnant people with their bodies, but also with the emotional changes brought by motherhood.**

It is a highly collaborative project where the participants are invited for sessions of photos and choose how they want to be seen. The participants are also asked to write a testimony in first person. The text can contain reflections about the relationship with their body itself before and after a child or children are born, the memories of the birth, the visible and invisible transformations that have occurred in the body and soul in the life of these women.

Through their photos and voices we discover how they feel and wear their “mother’s skin” forever.

This is a body positive project. Valuing any body, whatever size and form, colour or aspect. Bodies that have imprinted on them the marks of having one day grown, carried, given birth and fed another being. Bodies that show scars and stretch marks. Bodies that are beautiful as they are.



Although the project Birth Marks does not deal specifically with the occurrence of “obstetric violence”, this is a project that started in Brazil, a country where at least one in four women report to have suffered some type of verbal, emotional or physical violence at the moment of childbirth. This project also therefore gives voice to these women.

For Leticia’s next project she is asking women and birthing people to share images of themselves with their babies and/or families under lockdown, including a testimonial of their experience during this unprecedented time. The images should portray the realities of life during this period. If you would like to take part, please DM your images to Leticia via her Instagram account.

**Instagram @birthmarksphoto | <https://www.facebook.com/Birthmarks>**



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

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

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

# From nanny to doula

KIM ROBERTS

**I started working as a nanny in 2008. I always knew I wanted to work with children but I wasn't sure how best to approach it. Before I moved to London I had worked in various schools and nurseries but a job in formal education just wasn't right for me as I found the National Curriculum to be too restrictive and I was more keen on working one to one with children with a focus on play. After making the leap to London in 2005, I took the first job I could and got stuck in office work for three years. I was miserable. Eventually I got to a point where I thought enough was enough and I decided to break the monotony. I just wasn't sure how. Where I grew up, a nanny is a grandmother! I knew governesses were a thing but I figured they were the preserve of the wealthy. I started looking into working in childcare and found myself applying for a live-in nanny position. As I recall, I figured that a nanny was basically just an extra sibling. One who was older and therefore able to take on some responsibilities whilst parents were working - pretty much as I'd often done when I was younger.**

I realised very quickly that nannying was a far cry from being an older sibling. It's almost like a proxy parent. A lot of nannies provide more than just childcare. We maintain the household, do grocery shopping, cook nutritious meals, help out with homework and extracurricular activities. I've planned more than my fair share of children's birthday parties. It was hard work but once I'd found my groove, I loved it.

10 years into nannying, I started to get itchy feet. I had previously helped out one of my sisters who was struggling with postnatal depression. Seeing her struggle really opened my eyes up to how vulnerable new parents can be and how difficult it can be to access the right kind of support. I was only helping remotely as we both lived in different cities but I was able to help her find local resources to help herself get through the darkness of postnatal depression. I have a keen interest in mental health and psychology and have studied psychology and child development at university, so I was able to teach her how to search effectively and find real resources. I was two years into a long-term nanny contract and I started looking at new career options.

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**“ I was worried that I wouldn't have what it takes to become a doula ”**

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It was then I discovered doulaing. My passion for supporting families and my keen interest in mental health blended perfectly. After making a few enquiries, I opted to train with Younique Postnatal. Their website boasted “The UK's only provider of courses and workshops that focus purely on postnatal doula skills”. My first day on the course was nerve wracking. I was one of ten students, the only queer person and the only person to not have children of their own. I was worried that I wouldn't have what it takes to become a doula. By the end of the first day, those worries had all but evaporated. I came to realise that I had a head start as a postnatal doula having already worked as a nanny.

There are so many transferable skills. As a nanny, I firmly believe in teaching children to do things for themselves. I would show them a new skill and then supervise them as they learned how to do it. My approach was always very “hands off”. This is a great skill to take into a doula role as I want parents to feel confident in their own abilities and not become dependent on me. I enjoy cooking a lot and as such, I delight in batch cooking delicious meals for postnatal clients. I have had years of experience cooking for families as a nanny and I am able to offer clients a range of nutritious dishes which are also freezable! As a nanny, I learned to sit and listen as my charges spoke (often at great length) about their day. An invaluable skill I use as a nanny is reflective listening and this is also essential to doula work. Sometimes a new parent just needs a listening ear. Furthermore, given that I've worked with children for such a long time, new parents feel at ease leaving their new baby in my care should they need to take a shower for longer than three minutes or even have a nap! One thing I have had to learn that was a big mental shift, was to focus on the parents rather than the children. Having worked with children for such a long time, I am naturally drawn to them in any situation and I have retrained myself to orient towards the parents to meet their needs, and allow them to meet the needs of their children.

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**“ I took a leap of faith in myself that led me to discover my true passion ”**

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Being a nanny has taught me how to recognise the needs of each individual family and I have been able to customise my care on an individual basis. I have worked with many different family dynamics including families with twins, single parent families, stay at home mothers and full-time working parents. Some families need help putting all the moving parts together into a well-oiled machine, some families need more concentrated help with many aspects of daily life and some families simply need someone on the sidelines shouting out support. This applies perfectly to nanny and doulaing.

As a nanny and a doula, I have been able to cultivate long lasting relationships with families I have worked with and I often look back with pride when I see new parents who have come into their own after I have moved on.

Leaving the hum drum life of office work was incredibly difficult but I took a leap of faith in myself that led me to discover my true passion of supporting a wide range of families in all the different ways they need. I have learned an array of new skills and I look forward to completing further training and working with many more diverse families.

**Kimberley Roberts**  
[www.thequeerdoula.co.uk](http://www.thequeerdoula.co.uk)



# 10 minutes with...

Jenny Burrell is head and founder of Burrell Education, an organisation dedicated to creating and delivering education to professionals serving women throughout their major lifephases: pregnancy, post baby, third age (peri to post-menopause) and female fitness. She is also the creator of Holistic Core Restore – a pelvic floor and core rehab programme that aims to benefit all women. [www.burrelleducation.com](http://www.burrelleducation.com)

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

Definitely focus healing on your 'recovery support circle'. So often the focus is on the baby and physical elements such as nursery furniture and prams. Obviously those elements are important but we also need to think about who'll help with the school run and filling the freezer with deeply nutritious food that's easy to prep so you aid your own recovery. Having a plan for 'housework support' for the first few months is a biggie - if you're not having a great recovery or have a c-section to heal, cleaning toilets and the kitchen floor needs to be delegated. Overall, I think that a woman needs to look at her daily life before birthing and get pretty militant about where she needs support and who will support her. Remember, babies aren't made in isolation – it took a 'team' to make a baby and it takes a 'team' to support a woman's recovery.

## **What is the key to a successful postnatal recovery?**

As above to ensure adequate rest, less stress, optimal nutrition... getting all those things right ensures a way better transition and time/space for the woman to bond with her baby.

## **How can women feel body positive in the postnatal period?**

Social media nonsense shows moms 'pinging back' to their previous shape/size/weight in a matter of a few weeks, but we need to own the fact that growing and birthing a baby will probably be one of the most powerful events a body can go through. It takes time to recover and most people don't even feel right for a year! So 'working' a recovery plan that includes all of the above elements and includes deep nutrition, getting the support required for you to rest is MASSIVE. When your nervous system is upregulated and the stress hormones are flowing, that affects the ability to sleep, that affects your appetite for sweet foods and stimulants like coffee and absolutely affects one's ability to lose fat!

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

The beginning of my own incontinence/pelvic dysfunction!

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

Oddly, for most people when I say this, I greatly admire Ronaldo (the footballer); he has a hugely inspiring story. Also Oprah Winfrey and the Obamas (Michelle and Barack).



## **What makes you happy?**

Autonomy, free will, silence, working out, eating steak and chips!

## **What is the greatest challenge facing mothers at the moment?**

The belief that they can have it all/need it all/deserve it all. I think literally the wealth of choice has now become somewhat of a burden.

## **If you could make one change to the UK maternity system what would it be?**

Everyone would get a six week check, six month check, one year check and that check lasts for one hour initially and consists of a vaginal check, diastasis recti check, mental health check and time for the woman to actually answer the question: how are you?

## **In your opinion, what is the hottest topic in postnatal care right now?**

The lack of a six to eight week check that has any depth - it's ridiculous! Prevention is always better than cure.

## **How has social media impacted your life?**

Positively, in that my work reaches more people and we have students all over the world. Negatively, in that it can be toxic, hugely distracting and I think it has bred a lot of discontent especially in the lives of moms. We need to 'rule that tool' ie. I hardly ever use a phone! I control how I communicate and mostly it's by email.

## **How would you define motherhood/parenthood in 2020?**

It's a very tough job if you also want to 'work outside the home'. If you do, you MUST put in place a deep and wide support system re: housework, childcare and divvying up the tasks of parenthood with those who are also responsible. It is important to ringfence family time and to ringfence work time. When the two get mixed up, it's a mess.

## **What do you wish you knew 15 years ago that you know now?**

You don't need to be strong and able all the time!



# Events calendar

**Due to Coronavirus-related restrictions, all dates are subject to change. Please check the course provider website for details of online courses and new dates.**

Date	Event	Location	Details
04 Apr	Conscious Birthing Trauma Informed Doula Education (TIDE)	South Norwood	doulatraining.co.uk
<b>04 Apr</b>	<b>Doula UK Introductory Workshop</b>	<b>London</b>	<b>doula.org.uk</b>
17 Apr	Red Tent Doula Preparation Core Workshop	Edinburgh	redtentdoulas.co.uk
18 Apr	Developing Doulas Doula Preparation	Cambridge	developingdoulas.co.uk
20 Apr	Conscious Birthing Birth Doula Course (incl. TIDE)	Glastonbury	doulatraining.co.uk
21 Apr	Nurturing Birth Intensive Course	Bristol	nurturingbirth.co.uk
27 Apr	BirthBliss Doula Course	Manchester	birthbliss.co.uk
27 Apr	Continuum Doulas Preparation Course	Frome	continuumdoulatraining.co.uk
28 Apr	Younique Postnatal Initial Doula Prepration Course	West Sussex	youuniquepostnatal.co.uk
01 May	Every Birth Matters Doula Course	Birmingham	everybirthmatters.co.uk
03 May	Red Tent Doula Preparation Core Workshop	Western Isles	redtentdoulas.co.uk
<b>09 May</b>	<b>Doula UK Introductory Workshop</b>	<b>London</b>	<b>doula.org.uk</b>
11 May	BirthBliss Doula Course	Colchester	birthbliss.co.uk
11 May	Conscious Birthing Birth Doula Course (incl. TIDE)	Dundee	doulatraining.co.uk
<b>16 May</b>	<b>Doula UK Introductory Workshop</b>	<b>Staffordshire</b>	<b>doula.org.uk</b>
18 May	BirthBliss Doula Course	Watford	birthbliss.co.uk
18 May	Nurturing Birth Intensive Course	Winchester	nurturingbirth.co.uk
22 May	Conscious Birthing Trauma Informed Doula Education (TIDE)	Barcelona	doulatraining.co.uk
23 May	Developing Doulas Doula Preparation	Blackpool	developingdoulas.co.uk
01 Jun	Red Tent Doula Preparation Core Workshop	Leeds	redtentdoulas.co.uk
02 Jun	Nurturing Birth Intensive Course	Clapham	nurturingbirth.co.uk
02 Jun	Younique Premium Postnatal Initial Doula Prepration Course	Wimbledon Park	youuniquepostnatal.co.uk
<b>06 Jun</b>	<b>Doula UK Introductory Workshop</b>	<b>London</b>	<b>doula.org.uk</b>
06 Jun	Nurturing Birth Intensive Course	Leeds	nurturingbirth.co.uk
08 Jun	Conscious Birthing Birth Doula Course	Ibiza	doulatraining.co.uk
13 Jun	Developing Doulas Doula Preparation	Cambridge	developingdoulas.co.uk
15 Jun	BirthBliss Doula Course	Wandsworth	birthbliss.co.uk
15 Jun	Conscious Birthing Postnatal Doula Course	Ibiza	doulatraining.co.uk
20 Jun	Conscious Birthing Trauma Informed Doula Education (TIDE)	Ibiza	doulatraining.co.uk
22 Jun	BirthBliss Doula Course	Birmingham	birthbliss.co.uk
26 Jun	Every Birth Matters Doula Course	Leeds	everybirthmatters.co.uk
<b>27 Jun</b>	<b>Doula UK Introductory Workshop</b>	<b>London</b>	<b>doula.org.uk</b>
03 Jul	Red Tent Doula Preparation Core Workshop	London	redtentdoulas.co.uk
06 Jul	BirthBliss Doula Course	Bournemouth	birthbliss.co.uk
06 Jul	Nurturing Birth Expansive Course	London	nurturingbirth.co.uk
10 Jul	Red Tent Doula Preparation Core Workshop	Edinburgh	redtentdoulas.co.uk
01 Sep	NCT Foundation Degree Birth and Beyond NCT Doula	Worcester	nct.org.uk
14 Sep	Developing Doulas Doula Preparation	Godalming	developingdoulas.co.uk
17 Sep	Birthing Wisdom The Birth Doula Fundamentals	Totnes	birthingwisdom.co.uk
19 Sep	Developing Doulas Doula Preparation	Cambridge	developingdoulas.co.uk
21 Sep	BirthBliss Doula Course	Wandsworth	birthbliss.co.uk
25 Sep	Every Birth Matters Doula Course	Birmingham	everybirthmatters.co.uk
28 Sep	Nurturing Birth Intensive Course	Manchester	nurturingbirth.co.uk
02 Oct	Red Tent Doula Preparation Core Workshop	London	redtentdoulas.co.uk
03 Oct	Developing Doulas Doula Preparation	Blackpool	developingdoulas.co.uk
05 Oct	BirthBliss Doula Course	Nottingham	birthbliss.co.uk
09 Oct	Red Tent Doula Preparation Core Workshop	Edinburgh	redtentdoulas.co.uk
13 Oct	Younique Postnatal Initial Doula Prepration Course	Wimbledon Park	youuniquepostnatal.co.uk
19 Oct	BirthBliss Doula Course	Cork, Ireland	birthbliss.co.uk
19 Oct	Conscious Birthing Birth Doula Course	St Ives	doulatraining.co.uk
19 Oct	Continuum Doulas Preparation Course	Frome	continuumdoulatraining.co.uk



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

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

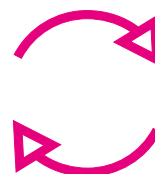
Founded in 2001, Doula UK CIC is the membership association of birth and postnatal doulas in the UK, ROI & Channel Islands



Doula  
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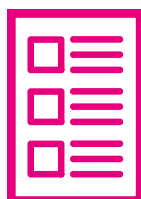
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