

The Doula

A DOULA UK PUBLICATION



IN THIS ISSUE

Interview with Paralympian
Dame Sarah Storey

Blind Mothers Connect



World Doula
Week 2019



Doula UK
Positive birth.
Supporting families.

SPRING 2019 ISSUE 36

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Newsletter team

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

Next edition

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

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Letter from the editor

Welcome to the spring issue of The Doula. We are really proud of this inspiring collection of articles to take us into the new season.

A long, cold, dark winter can be testing for even the most positive people. As humans we naturally crave the light. The thought of spring ahead is what keeps many of us going - both metaphorically and literally. 'Hope springs eternal' comes to mind.

Resilience is a trait we all need to navigate through life's more testing times and it is a concept that runs through many of the articles this issue. I feel in awe of the group of amazing women featured who show just what is possible. As a mother to three young sons, a working doula and your editor; I find life challenging enough most days. Keeping all the balls perpetually in the air can feel overwhelming. When I read Rachel Lane's story of the birth of her third son, Solomon, I felt humbled that she achieves all of this as a blind mother, parenting alongside her blind husband. Her determination to have the birth that felt right for her, supported by her doula, is testament to how we can help as intermediaries in all sorts of circumstances.

We are thrilled to have an interview with Dame Sarah Storey. The cyclist and former swimmer holds a total of fourteen gold medals making her the most successful female British Paralympian of all time. Sarah is also mother to two children and used a Doula UK doula to support her births. In this issue she gives us an in depth look at her life as a mother and an athlete.

We mark World Doula Week 2019 with a spotlight on doulas in the UK, USA and also in Croatia, where they are educating women to navigate a maternity system which can be rigid and disempowering.

Doula UK's Nicki Burnett and Roma Hearsey both share very personal accounts, Nicki on what it is like to be an autistic mother and doula, and Roma writes alongside her client Ali, a mother with cerebral palsy, telling us the birth story from two different perspectives. I want to thank them all for sharing with such openness and honesty.

Would you know what to do when a client seems to be experiencing more than the baby blues? Dr Ruth Schumacher and Dr Anaar Shivji give us some insight into the NHS care pathways for mothers experiencing perinatal mental health issues.

How are you? What about your own mental health and resilience? Doulas give a lot of themselves and you can't do that from an empty vessel. The President of the Royal College of Midwives, Kathryn Gutteridge, shares a guide to resilience in maternity care.

We hope you enjoy this issue as much as we have enjoyed putting it together and look forward to hearing your feedback.

Lauren x

Lauren Mishcon Editor



Biog:

Lauren has been a birth doula and member of Doula UK since 2007. She lives in North London with her husband, three sons and Barker, the lunatic Spaniel. This spring she will mainly be channelling her new girl crush Marie Kondo and continuing to spark joy all over her very tidy house.

Gemma Haywood Sub-Editor



Biog:

Gemma began her doula journey in New York. She trained with DONA International and supported families in Manhattan and Brooklyn before returning to London. Her spring to-do list includes finishing Michele Obama's biography, visiting the microbiome installation at the Science Gallery, London and surviving the sleepless nights of a teething 8 month old!

Competition

We have a fabulous boob mug and half pint milk jug designed and made by Hazel Nicholls up for grabs.

To win; tell us in 30 words or less why you would love to own one of these designs. We will print the two winning responses in the next issue and on the Doula UK website/ social media channels.



"My idea for these jugs came about when Mother's day was fast approaching and I wanted to create something to celebrate my breastfeeding journey. I love a good pun so making milk jugs sounded fun. The design is now available on lots of everyday items which I hope will act as a reminder for women to know and check their boobs."

See the full range at www.etsy.com/uk/shop/hazelnicholls
Readers can obtain a 10% discount with the code 'doula'.

Doula dilemma

Dilemma:

“ When is the right time to close the doula-client relationship down after the birth when a client is very needy? What strategies have you successfully used to end the relationship sensitively and positively? ”

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.

When I first meet the couple, I say that for six weeks post birth I am very happy to answer all baby-related questions on Whatsapp. I explain that after six weeks I gradually like to wean clients off me but love to receive updates and pictures. I then tell them this story and it causes a laugh: many years ago I doulaed for a French couple. After the baby was born the husband texted me most days with questions like: “Is it okay to sleep with the window open?” This was in the middle of the summer! Then one day I bumped into his wife. She asked casually if he was still texting me. I said yes. She was mortified and apologised. She said the next time he left his phone out she would delete my number so he could not text me anymore. Low and behold a couple of days later the texts stopped!

KM

This is a tricky one and I think it's good to consider this before starting a postnatal journey with someone. Boundaries are key. Before you start, be clear about what you can offer, how available you can be in person and by text. As much as I can, I keep to these boundaries and try to be flexible. That sounds like it might clash but it doesn't have to. You can choose to support someone for three or six months if this fits in with your life and you are happy doing so and it's ok to set limits if you can't. In situations like this there may be other factors to consider such as poor mental health or isolation. This is a perfect time to signpost to other sources of support such as family centres, mental health charities or mental health services. It's great to have this information before you get into this situation and maybe even share it with the mum before the birth. What I have found works well is a 'backing out slowly technique' where I cut my number of hours or days each week whilst increasing signposting. This may involve going along to some groups or appointments as part of postnatal work. There are very few situations where I would just 'dump' a new mother who was so clearly in need of support. Not only as this could further harm her, but also it could affect my reputation and word of mouth referrals are important. When I need to be firm it is always done with loving kindness.

SS

I would pick a milestone like four months or weaning, whatever is coming up next; send them a congratulations message saying it means your time together is over as they have grown into their new mama role and you wish them all the best for the future. Mention how much you have loved being their doula but it's time for you to nurture some new pregnant women now that they don't need you.

JW

I'm a birth doula not a postnatal one, so I suggest using the Doula UK website if they need paid help after the birth. This over-neediness does present a problem sometimes. Personally, I'm not comfortable being direct as I'm keen not to seem uncaring. I usually decline extra meetings with excuses of other commitments whilst encouraging independence and local activities. I send Christmas cards, and offer to meet for a dog walk or a cup of tea - things that suit me. That usually puts them off!

SJ

I am just finishing such a job. I knew it was time to leave as it's not working anymore for the mum or myself, so I talked to the mother about the fact the job had changed into a mother's help post and I'm not a mother's help. Then I gave one month's notice to give her time to adjust and find help if she still felt she needed it. I was very honest with her and worked with her to build her confidence in the areas she was worrying about. I leave in two weeks and I hope I have done all I can. But I need to move on and in the end you need to move away from those who drain you.

NL

I find all my clients fall a little in love with me and want to be my best friend. It's a result of sharing such a liminal space. Gradually over time it just gently tails off. I don't have them as friends on my personal Facebook. I have had one or two who've struggled to move on, but I just gently decline invitations and stop replying to messages. I also have a number who've become firm friends. Only you can decide.

Anon

Dilemma for the next issue:

I've noticed that some of my clients get treated differently by their midwives and consultants depending on their accent, their ability to speak English, whether they are a single parent, or whether they are a person of colour. A white mother will be given more attention, more time will be spent discussing her options, and there is a whole different level of respect. How can I encourage positive change?

- Anon

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

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





A day in the life of a Doula UK doula

LEILA BAKER

Tell us about your journey into doulaing. What inspired you to do this work?

I went from a mum of four, to a breastfeeding peer supporter to a doula. I had great support from my midwives at my home births and wanted to help all parents to receive that positive support. My best friend was pregnant at the time and hers was the first birth I supported.

You also offer full spectrum doula support which is less well known. Can you share a little about your work in this field?

I offer support for pre-conception, assisted conception, miscarriages, termination and baby loss. I also offer a kind of carer service for people who are either convalescing after an operation or illness or are going through a treatment like chemotherapy. When my son had cancer I used to imagine how it would be if an adult didn't have a loving friend or family member available to help them with medication, travel, cooking, cleaning, personal care etc. The same with palliative care. Not nursing, just the loving care and attention.

What parts of your job do you most enjoy and which do you find the most challenging?

I am always surprised by the sheer joy of watching a baby be born. And watching people become parents. That once in a lifetime, brand new baby moment. And the biggest challenge for me - in life as well as doulaing - is that sometimes I can't fix stuff. Sometimes I just have to watch a situation unfold as it will and hope for the best.

Is there a moment, as a doula, that really stands out for you as exemplifying the impact of the work we do?

It's hard to answer this as I don't want to give out people's private stories; but in a general sense I have found that knowing clients as well as I do, taking the time to listen to them, get to know how they reached the point they are at, the history and emotions behind their choices - that can't be conveyed through a birth plan. And if the healthcare providers aren't lucky enough to have been allowed that insight into the mother's most important moment in this journey then they can't really be in a position to give that level of support.

Drawing on your professional and/or personal experiences, what do you consider to be the areas in most urgent need of change in the NHS maternity system?

See above! If only everyone could meet their midwife a few times before the birth. And be guaranteed that same midwife for the big day, the parents could feel so much more safe and confident. It would make the whole birth process easier. The value of continuity of care just cannot be underestimated.



Who do you most admire in the birth world?

The outriders. The pioneers. The ones brave enough to bang a drum for something before everyone else realises it's even a thing.

In my personal road to where I am, I have been given moral and emotional support by many people. My doula course facilitator Kicki Hansard who gave me a great foundation for my career. My mentor Bridget Baker who has gone above and beyond to support me in my work and life. My doula Hayley Rand who is like my spirit level when I need something sanity checked!

People like Mars Lord and Nicola Goodall give me inspiration and encouragement to be an outrider myself, but in my own way.

And motivational coaches like Suzy Ashworth and Mark Harris who have always been on the end of the phone if I need some mindset magic!

And my most local colleagues. Big up the Croydon massive woot woot.

In addition to being a working doula, you also volunteer as Head of Membership for Doula UK - a Leadership Team role. What does a typical day look like for you in these roles?

There's no such thing as a typical day in that role - it's such a wide area of work. As a membership organisation, every decision that we make affects the members so I need to have my finger in all the pies! But generally I respond to emails, make sure the website is ticking over and discuss stuff with the other volunteers. We have recently transferred all of our routine admin tasks over to our paid employees, which will hopefully free up more of my time to focus on the development of our support to members and increasing the membership. And by the time of publication the Doula UK Podcast series will be available on popular podcast platforms.



Last year you also became Chair of the Doula UK Diversity Panel. Can you tell us about it, why it was formed and the work that it does?

The purpose of the Diversity Panel is to monitor the 'output' of our organisation and make sure that it is appealing and accessible to people from all backgrounds, all lifestyles, all beliefs; to challenge our own historical practices that might be exclusive or harmful or might put any group of people at a disadvantage. The Leadership Team are also actively seeking ways to improve the diversity amongst our members and clients; to identify where we are failing and take positive steps towards rectifying that balance.

You are a mother to six children! Four sons and two daughters, one of whom is in heaven. Having had your own babies both before and after becoming a doula, have your experiences changed your approach to your doula work in any way?

Definitely. When I had my fifth child, I had been doulaing for over a year. When I asked Hayley to be our doula, my husband wasn't sure why I needed one. My answer: EVERY woman needs a doula! I went into labour at 28 weeks and it was a very scary and difficult time. My first request was to call Hayley. She held my hand and breathed with me through each surge and just generally helped me to stay strong and brave. I can close my eyes now and remember that feeling of her protection over me like a peaceful blanket. After Rosie was born, my husband said that he could see why I needed her now.



And when I conceived my sixth baby, a few weeks after Rosie died, it went without saying that Hayley would be invited to share that with us. I was lucky enough to return the favour when she had her second child later that year.

What are your hopes for the future of Doula UK?

Bigger and better. That our membership grows bigger and that the organisation gets better at meeting the needs of that wider membership. Last year we piloted an antenatal preparation day for expectant parents. This year we are running that again in two locations. And we hope for that to be the start of us becoming a support to the public in a more direct way, as well as through our members.

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Birth in Croatia

ANITA BUDAK

In Croatia women are giving birth in hospitals, no homebirth is available for now. The hospital birth practices are not substantiated by scientific facts, but are consistent with the fact that it has always been like that. Traditional practices such as lying on the back, shaving, enema, repeated vaginal examinations, amniotomy, episiotomy and Kristeller manoeuvre – fundal pressure during the second stage of labour to accelerate delivery of the baby - are done routinely.

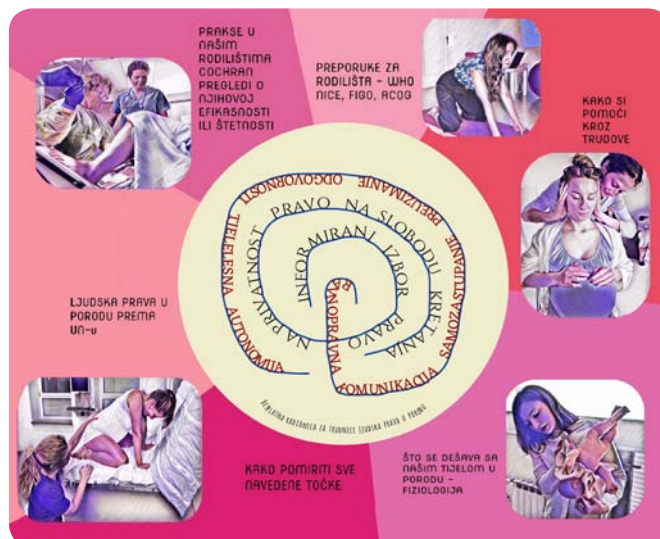
Most of these practices in the hospital system were introduced without any scientific evidence of their necessity or well-being, but were used as systematisation of the workplace. It is a necessary organization of work in a system that needs to deliver as many babies in a short time by as little medical staff as needed. It is an industrial way of thinking. In the system where the obstetrician is the most important, everything is arranged to make it easier for him/her to work. Even architecture is conveying this theory.

Our health system provides free NHS-style care for pregnant women and children. We have only one private hospital for birth. All the rest are public hospitals with maternity wards. Our statistics on paper are good. Last year we had just under 25% of c-sections (around 70% in private hospital) which is a rise of 7% from the year before.

As in every traditional setting, folklore is the one that strengthens traditional beliefs, so our culture of birth stands firmly on the birth stories of our mothers and friends: "You will survive." "Everything is forgotten when you see your child." Birth stories in most part sound like fairy tales where the prince in white coat saves women in agony from near death in childbirth. The domino effect of interventions in hospital birth only further reinforces the view that the physician is necessary to save the child from the horror of childbirth.

There are also other stories, stories of insults and inhumane behaviour when the birthing women were unable to follow commands. A great role in the atmosphere of fear is played by doctors.

In their professional eyes, birth is a set of risks for the various complications they need to prevent. Unfortunately, in our system, we do not have a counterweight to such an approach.



In Croatia, midwives, whose role is to promote and protect physiological birth, have occupied the position of obstetric nurses and rarely come out of this box. The reason for this is probably their fear of childbirth, which is strengthened by their daily participation in high-risk birth situations in such a system. Trauma of birth is carried by all involved in the birth system in Croatia.

The system has made sure that pregnant women understand how much their birth is dangerous and that they do not have to worry if they are listening to a doctor. So on pregnancy courses in health centres, as well as in hospitals, pregnant women learn how to be good patients. Such (mostly free) courses offer outdated information and intimidation if attendees are interested in an alternative to such birth.

Informed consent as the basic human right of every patient is a term not fully understood by medical staff. Circumstances in which Croatian women give consent usually follow statements like: "You have to think of your baby!" and "Do you want your baby to be fine?" Emotional coercion is the main negotiating methods of health workers instead of informed consent.

Privacy and the right to dignity is still one of the terms that are not respected in our birth system. In the birth rooms there are no doors, sometimes there are so called "boxes", like in horse stables connected with large hall where all the staff freely walk in and out. Listening to other women who are giving birth alongside you and the way that medical staff are communicating only increases the stress during the birth.

All this puts women in a position where it is best not to think about birth at all. Fear of pain and fear for your child, as well as fear for your life that most do not express because of the environment that focuses only on the baby, paralyzes women. Mentally paralyzed women want someone to take the responsibility for their birth instead of them. In such an atmosphere, women do not feel competent to give birth. This culturally conditioned atmosphere around childbirth creates a fertile ground for women to give their bodies and responsibilities to someone else - a gynaecologist, a midwife, a doula.

Doulas came in two waves in Croatia, the first wave after Paramana Education in 2010, and the second wave after the DONA International Training 2013 after which the Croatian Doula Association was founded, along with its Standards of Practice and the Code of Ethics.



We have one training a year followed by a mentorship programme and supervision/burn out prevention programme for all the members, currently 25. Around 15 active doulas are around the country, including a couple of professional doulas.

In June 2015, with the support of the Croatian Doula Association, I launched a civic action called Human Rights in Childbirth. This was a three month project funded by the Croatian Foundation for NGOs 'Zaklada Zamah', and comprised 10 short YouTube videos about birth; a support group for mothers with negative birth experience; and a workshop conceived as an alternative to pregnancy courses. The workshop is free and lasts for three hours, providing information on what to expect at birth, how to manage contractions, what their rights are, which practices are waiting for them in hospitals and which of them are outdated and harmful. The workshop offers practical solutions to which we have come to experience in births as a support to mothers. We educate women and their partners to get real information on the necessity of a particular intervention. The workshop is designed to inform pregnant women about birth physiology and to introduce them to the birth system in our hospitals. The aim of the workshop is to empower women as the main actors of their own birth.

Taking over responsibility for your own birth means responding to your physical needs such as getting to the toilet when needed and not seeking permission from a healthcare provider. Movement by the birthing women and the search for a suitable position must not be conditioned by the expectations of the health workers. They do not need special desks or chairs to put themselves in a position they want. When we realize that bed is not just for lying down, we are much freer to explore our movement.



Removing the mental blockage that we have to ask authority for permission to move our body and perform physiological functions is the way to change the system. Traditional obedience and submissiveness of women in birth allows the system to function in the form in which it is now.

We have educated and empowered over 200 women and their partners in the last three years all over the country. A simple workshop with a lot of role-playing which is focused on the importance of bodily autonomy which means more and more women just turning on their knees from the lying down position. And that alone means no episiotomy and no Kristeller manoeuvre.

Women are reporting to us after birth that they managed to move during birth and were more free in their birth just because they understood the situation – birth, the system, the need of an intervention, the position of the medical staff.



Women are contacting us with great birth stories of avoiding unnecessary inductions and interventions after our workshop. This kind of understanding of bodily autonomy provides amazing feeling of not just giving birth but beating the system while becoming a mother. Some of them joined our ranks and have become doulas. All of them recommend our workshop as a "must attend before birth".

We have seen that change is possible from below, from empowering women. Trying to change the system from the top is slow and always with questionable motives in our experience. Our goal is to continue to teach just the basic of the bodily autonomy and practical solutions to situations in birth because it works. We hope that more and more women will stop "obeying" the system and start calling out medical staff - the ones that are not "obeying" the birthing women. When we reach the critical mass of this kind of inspired women, the system will have to adapt.

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The impact of doulas on the maternal experience

GRACE VERAS SEALY

“Doulas are a big deal in New York” is something I have heard over and over again from people I have met who live outside of the state when I tell them what I do for a living. To hear them say it, it would seem that almost everyone that gives birth in New York City has a doula. However, that is not the case. According to statistics, doulas attend between 2- 10% of the birth in New York City, versus 6% of the births overall in the rest of the United States. That is a large number of births, but a very low rate overall.

The maternal experience in the United States is in a bad way, with higher rates of maternal mortality and morbidity than ever before, and scores of women left physically and emotionally traumatized by their birth experiences, who often go unaccounted for. In New York City you have the added component of a high density population, which leads to crowded conditions, less time available for nurses and doctors to deal with birthing persons and less postpartum support either in the hospital or once discharged.

The role of the doula then becomes critical, as the person on the team that provides continuous support for the birthing person. On average an NYC nurse will have two laboring patients at a time at the major private hospitals, increasing to three or four patients at public hospitals. An obstetrician might be managing multiple laboring patients as well, coming in to check on each every two to three hours or when specifically requested by either the patient or the nurse. Of all the people that come into contact with the birthing person or couple, the doula is the one that has likely spent the most time with them prior to entering the hospital but also once there, and will be seeing them soonest after the birth.

Birthing options in New York are relatively limited. There is only one free-standing birth center in the city at the moment, which is the only place outside of a homebirth where a water birth is possible; midwives only do deliveries in a handful of hospitals; and the majority of births are obstetrician-led. In this environment, doulas have a key role in helping their clients navigate through the system. This is especially important when rooms are small and movement is restricted due to continuous monitoring, which is the norm in New York City hospitals. The birthing couple might not know that that intermittent monitoring or wireless monitoring is an option to even ask for if the doula isn't there to advise them to consider doing so.

I remember in one particular instance where a laboring couple were hoping to have an unmedicated birth. As the birthing woman approached transition I could tell that being in a shower might be really helpful to her. When we requested to use the shower we were told by the nurse that the hot water might not be working. I took a look at the shower, took out all of the balls that were being stored in that room and ran the water. Soon it got warm and the laboring woman got in. With her doctor's blessing she was able to stay there until she felt the urge to push,

getting the relief she sought without needing to resort to an epidural. In another circumstance the nurse's words might have been enough to dissuade them from accessing the shower at all. Having the doula (me) to intercede with the doctor for their ok, moving out the physical obstacles and making her comfort and wishes for an unmedicated birth a priority helped this woman have the birth she wanted.

Beyond the birth, postnatal support is another cornerstone of the care provided by doulas, that can otherwise be lacking in the US maternity system. The standard postnatal check-up with your care provider takes place at six weeks postpartum and involves the client going to the doctor. This timing is often when most of the harrowing after-effects of the birth have resolved (one hopes). Some obstetricians have started seeing patients at two weeks postpartum, but mostly that's restricted to patients that have had a c-section birth. The patients still have to come to them, often with breastfed baby in tow. Postpartum/postnatal doulas might visit parents sooner, if desired, sometimes within a day of the return home, to help parents in the transition to their new role as caretakers of a brand new little human.

Many new parents in New York City come from other places. After all, it is considered the 'melting pot'. Everyone comes from somewhere else. And so, the vast majority find themselves without familial support once they return home. This is a major factor in the increasing popularity of postpartum doulas over the past five years. And as more parents in mommy groups and local online groups open up about the difference having a postpartum doula made for them, more future parents are hiring postpartum doulas prenatally.

More studies need to be done on the role of doulas, both for birth and postpartum, and the perceived maternal experience as well as their effect on postnatal depression. I suspect that the unique support we provide will be shown to greatly lower the instances of postpartum mood disorders, after all we help parents feel less alone, more informed and more physically able to deal with the challenges of birth and infant feeding. The effect is significant and hugely beneficial, especially in places such as New York City where new parents might find themselves isolated from their communities, either due to geography, finances, weather or even parental philosophy. Doulas fill the gaps that the proverbial "village" would normally fill.



Grace Veras Sealy is a seasoned birth and postpartum doula, certified lactation counselor, certified Lamaze childbirth educator, and midwife's assistant. She lives and works in New York City. You can find more about her on her website NurturingGrace.com

A source of strength

ROMA HEARSEY

This year, one of my clients was a lovely mama who happens to have cerebral palsy (and a great sense of humour and joie de vivre). She often uses a wheelchair and her own birth was fast, early and happened at home. She told me that when she was born she fitted in the palm of her dad's hand and when she let out a cry he was so surprised that this tiny being could make such a loud sound, he nearly dropped her!

When I met Ali and her partner Chris, I liked them instantly. Ali is really fun and had decided she wanted to give birth at home. She had Chris' full support and said that she'd spent enough time in hospitals in the past and really didn't want to give birth there but would keep an open mind.

Ali and Chris had built up a strong bond with their community midwife. She was very supportive of Ali's wishes for a home birth. Towards the end of her pregnancy, Ali had asthma. This wasn't picked up when she visited the GP and was dismissed as anxiety. Left untreated it worsened until Ali knew to trust her instincts and took herself to A&E. Ali's community midwife was naturally protective of them as a family and at this point she advised Ali to consider a hospital birth, but still totally respected her choice when she said that she would like to birth at home.

The obstetricians were less supportive of a homebirth for Ali and she found those appointments incredibly stressful and upsetting. After attending two appointments and finding the tone of the second one echoed the discouraging anxiety of the first, Ali and Chris decided not to attend any more obstetric appointments.

Ali lives in an area with a great home birth team and isn't too far from the hospital, in case she wanted or needed to transfer in. The day that we had a trial go at getting her in an inflated pool, Ali needed physical support and I did start to wonder whether I should be working out at the gym, to increase my strength.

The day before my youngest son's 4th birthday, Ali let me know that things might be starting soon, so I took my son to the supermarket to buy his party food & had my doula bag in the back of the car, just in case. I was feeling that mix of emotions: 'yay, she's in labour' but 'no, I'm going to miss my son's birthday'. I'd filled the trolley with the party food & we were choosing hats and balloons when I got a text to ask me to be on standby. I called my partner to arrange to meet him & pass over the birthday boy & the party food and went to the till. Before I'd bagged up, Chris called and asked me to come 'now'!

Within half an hour, I arrived at their door. I saw the midwife parking, so waited a moment so that we could go in together rather than both knocking.

Ali was laying on her side, doing really well. I greeted her and set to work, pumping up the pool. Judging by her sounds, I was never going to get the pool ready in time. I abandoned the pool and went to her side, while the midwife was setting up her kit. Ali asked for the Entonox.



I asked Ali if she could manage being on all fours, which she did. The midwife didn't want to leave her and go to the car for it and rightly so, as Ali birthed her baby very quickly.

Ali was immensely happy and proud and sat in bed snuggling her daughter. She did transfer in after the birth and I stayed behind, spending more time cleaning up than I'd spent supporting her while she laboured. Their Burmese cats eyed me suspiciously as I scrubbed away blood stains.

Ali said that she wanted to shout from the rooftops that she'd given birth, so this is an echo of that shout. She also said that she saw people doing double takes as she held her daughter whilst out in her wheelchair, as if they were surprised that a woman in a wheelchair could have a baby. She's hoping that seeing her helped broaden their minds.

I didn't miss any of my son's birthday and the hardest thing about supporting Ali was choosing a title for this write up, as I don't believe Ali is defined by her disability. She is defined far more by her abilities and her strength of character.



A superpower within

NEW MOTHER ALI GIBBS

As a first time mama I was apprehensive about labour. Chris had seen his daughter being born seven years previously but, excitingly, this would be our first experience of becoming parents together.

We developed a strong bond with our experienced midwife, who became our unofficial counsellor, companion and guide.

I have cerebral palsy and often use a wheelchair. Our midwife took this in her stride and was extremely supportive of our homebirth plans. She was there as we continued searching for a wheelchair-accessible home.

We discussed how exciting it would be for our midwife to attend our birth and were touched that she wanted to be there. However, once we knew the chances of her being able to attend were slim, I realised the support of a doula who we had time to get to know and could depend on to be there for us, would be ideal.

Chris is loving, kind and sensitive. He nearly always forgets something as he leaves home. It used to drive me crazy. Now we laugh about it and I delight in my second kiss on his way out! Being a sensitive soul he can become overwhelmed which in turn can stress me out, so I hoped the presence of a doula would provide a sense of calm and a sense of safety for us both. When we read Roma's doula profile her approach felt like a great fit for us. We felt how passionate Roma is. The essence of her personality lifted off the page.

Roma's warm, friendly smile exuded a calmness but I knew she had steely confidence to advocate for women and their birth partners. She had supported a wide variety of births, which was ideal for us.

“ I am differently abled as opposed to disabled. ”

She wrote that she would refrain from eating strong smelling foods, as in her experience labouring women had sensitive snouts! We loved her humour.

Meeting Roma we excitedly talked for an hour. I remember telling Roma that the homebirth midwives were saying they couldn't help me in or out of the pool, and as a result I was worried about getting stuck in an emergency.

Roma's reply was simple: water is amazing and if we need to get you out in a hurry, and there's no other way, we'll puncture the pool and deal with the consequences later! I loved her 'where there's a will there's a way' attitude. I felt heard and safely supported.

I remember asking Chris how he felt. He said he felt calm and like he could be himself around Roma! I think that was the first time he'd described feeling that way when meeting someone new. In that moment we knew we had found our doula.

We saw two obstetricians who had concerns about my asthma, my mobility and the suitability of my pelvis for natural delivery. I explained that I imagined I would feel safe, calm and free to move around at home but wouldn't hesitate to come to hospital if needed. The reply came, 'How wide can you open your legs?' 'Can you get your legs into stirrups?' 'It really would be better if you were in hospital in case you need an assisted delivery or a c-section.' 'Have you heard about shoulder dystocia?' I listened and tried to reassure them.

From what I'd read, women with cerebral palsy coped better with mobilising after a natural delivery than a c-section because we rely so much on our core strength.

The uterine muscles are not affected by cerebral palsy. I hoped not to need stirrups but I was quietly confident I'd be able to use them if they were needed - after all, we'd had sex to make our baby!

The obstetrician did not respond to my attempts to break the ice. My surgeon for my legs was contacted and he was as bemused as I was about being asked to give his opinion on the suitability of my pelvis. We were quietly confident in the research and preparation we had done. It felt like we were reassuring the obstetricians, but coming away feeling upset and anxious ourselves.

I am differently-abled as opposed to disabled. I am resilient, determined and a great problem solver. I know my strengths and limitations and I am well versed in coping with intense pain. It felt frustrating for that not to be seen. It confirmed why Roma's support would be so reassuring for us.

The day after our due date I woke at 5am and felt the first signs that my body might be preparing for labour. I texted Roma at 7:56am to let her know how I was feeling. She was excited for us and reminded us to keep things warm and snuggly. I had a midwife appointment but it gradually dawned on me that strong contractions and a bus journey would not mix! Chris called to cancel.

Around 11:30am our midwife called me as I breathed through two contractions. It was lovely to hear her voice and encouragement. She suggested we contact the homebirth midwives and Chris also updated Roma and asked her to be on standby. Just eight minutes later I changed my mind and asked Chris to text Roma.

HAPPY 18TH BIRTHDAY DOULA UK!

Doula UK was founded in April 2001 which means this year we celebrate our 18th birthday! We would love each area to be able to celebrate in their own unique way by holding an event to celebrate the work of our local members. More information can be found on the website. Let's make it a year to celebrate everything Doula UK has achieved over the last eighteen years and spread a bit of doula love.

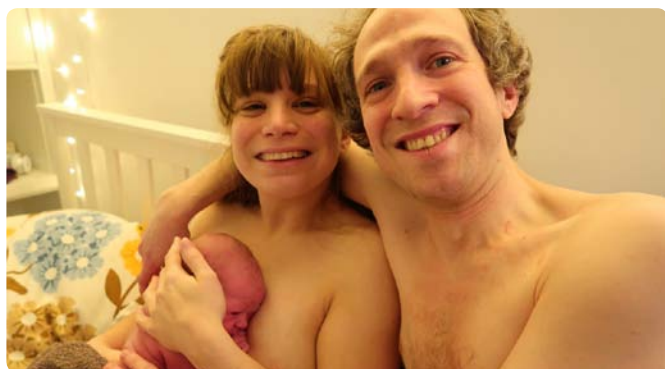
I think Chris' words were 'Ali says, can you come now?'.

Chris totally surprised me in labour, he was incredibly calm and encouraging. Even when my contractions were getting stronger when he heard back from Roma he replied, 'Great, I'll get the kettle on!'.

I remember him whispering, "Our baby's on its way I'm so excited!". He had made it all cozy in the living room with fairy lights and my birth ball. This was the scene we'd imagined.

In reality, I appreciated his efforts but I had a strong need to stay where I was, lying in our bed in the dark with my Mellow Mama hypnobirthing tracks. I sipped on squash to stay hydrated and each time a contraction came I got onto all fours and dug my head into a pillow and breathed. I was hot, sweaty but also cold. Cozily wrapped in our duvet, this felt like my unexpected safe space.

I was thinking if this is early labour I might need to consider some pain relief options later on. While we waited for Roma to arrive, Chris breathed through each contraction with me. I told myself, 'I've done the last one, I can do the next one; this will pass!' It was a phrase my Dad would say on a challenging day, and there it was, helping me through as I was about to become a parent myself.



In labour, time passed quickly. When Roma and the midwives arrived together, I was incredibly relieved to see Roma's smiling face as I met my midwives. Roma started to inflate the pool, but soon realised there wasn't time. She came to be with me. Next was a huge rush as my waters broke, for a moment I panicked, thinking our baby had fallen into the toilet.

The midwives reassured me the baby was safe. I sat there for a few moments with Chris and the midwives as a very low sound came with the next contraction. I looked at the hard bathroom floor and I knew instinctively I needed to get back to our bed. I clambered onto all fours. Roma held my foot to let me know she was there.

Thinking that the next phase of labour could be a while, I asked for the gas and air just in case. Maybe it was doubt creeping in, but Roma, Chris and the midwives all reassured me I could absolutely do this.

No one dared leave to go and get it. I gave two powerful pushes and Chris, (covered in my waters) helped the midwives to catch our baby. I have tears in my eyes as I recall the moment that everyone helped me to bring our baby through my legs and after waiting for white, Chris cut the cord.

I was so amazed as I held our baby! I felt an absolute rush of love. After 40 long weeks of waiting and wondering, Chris told me that we had a beautiful little girl! Born at 1:27pm. In that moment of holding our beautiful daughter I felt ecstatic. The oxytocin rush of love and joy washed over me and I felt I'd unlocked a super power from within.

She was finally here in our arms, born in our bed and in the home where we had shared our first kiss. Holding our daughter and enjoying our first cuddles and kisses with her as she happily nursed during her first breastfeed; those are memories that we cherish and the fact that they happened in our home is so precious. My first cup of tea as a mother was from my own mug, wrapped in our own duvet, surrounded by soothing light and the comfort of our doula and wonderful midwives.

The night before, Chris had got pen on our favourite duvet covers and was upset at the thought that he had ruined them as he knew I loved them. I had rushed onto the internet to replace them so he wouldn't feel sad. Now that hardly seemed to matter - they were beautifully blood stained and we couldn't care less.

I wanted the few stitches I needed to be done well, and instinct told me cerebral palsy would not make it easy to do that kind of needle work at home. She was my express delivery baby and as a result I needed a little after care, and she also needed some treatment for jaundice. We had the nicest paramedics. It was comforting to know Roma would hold the fort for us at home so we could just focus on enjoying our baby.

Later, Roma joined us in hospital just when I needed her support as well as Chris'. Roma had scrubbed and tidied. She stayed with us late into the evening too. When we returned home, our home looked beautifully ready for family life to unfold.

A few days later we enjoyed Roma's delightful chocolate Guinness cake and shared our recollections. Before she left, Roma did a closing the bones massage for me. It was wonderful. She sang to me and it was a lovely gentle way to draw this incredible experience we had shared to a close.



SIMPLY BIRTH ANTENATAL WORKSHOPS

The Doula UK one day antenatal workshop offers a unique approach to birth preparation based on the insights and lived experience of doulas who support births as part of their daily work. The workshop has been created by Nicola Wilson, who is one of the amazing women who founded Doula UK.

We have priced our 2019 workshops at £50 per person, and there are a maximum of 24 people on each workshop.

Find out more at doula.org.uk

Saturday 6th July - Manchester
Saturday 13 July - Colchester



Doula UK
Positive birth.
Supporting families.

Blind Mothers Connect

GEMMA BURNETT-HITCHCOCK

As doulas we are well aware that pregnancy and the early days with a new baby is likely to be a daunting time for all parents, and for visually impaired mums there will be a few additional challenges to contend with.

I'm a mum and a doula, I have been blind all my life, and I am the founder of Blind Mums Connect, a national organisation providing information and support to visually impaired mums and their families. 18 years ago, when my eldest child was born, I felt like I was literally the only blind mum in the world. This was not an encouraging feeling, and there were practical questions that nobody seemed able to answer, like how on earth could I push a pram? Where can you buy picture books with Braille in? And what's the secret of spoon feeding without making a hideous mess?

Once I had moved from my home village to the city, and achieved the miracle that is Internet access, something which most of us take for granted these days, I set about creating the community which I thought ought to exist. I found that no other agency provided practical information or peer support to visually impaired parents in the UK. I came across the concept of online forums and decided this would be a starting point for making connections. So BMC grew and expanded out of an email list. One of the benefits of being part of this network, we quickly found, was that by sharing tips, strategies and product reviews, we were no longer alone as individuals, reinventing the wheel every time we came across a new challenge.

Before the arrival of magnification and screen readers on smart phones, the access VI people had to written information was vastly restricted. Screen reader software for computers is expensive. Still today, our members have far less access to books and websites than their sighted peers, and some struggle to use the technology required to even read and post on the Facebook group. Because of all this, information sharing within the VI community is a really important and powerful thing.

By the time my daughter was born 12 years ago, I was supporting mums to access the information they needed to make choices about birth and feeding their babies. I started creating fact sheets and providing informal individual support for pregnant mums. I embarked on breastfeeding counsellor training and trained as a birth and postnatal doula, then began offering specialist birth prep and baby care sessions for VI parents.

In the meantime, BMC has become a formal organisation with over 300 members and growing rapidly.

Our members only Facebook group is at the heart of things, but these days we also facilitate WhatsApp groups for expectant and new mums, and those with toddlers, as well as Skype chats and workshops. In some areas, members arrange regular gatherings. Our small team of peer supporters provide support by phone and in person, depending on geography. Some recent funding has allowed us to offer special antenatal classes and sling consultations. Our plan is to secure funding to continue these projects, and expand the peer support we offer. We have supporters trained to assist with VI breastfeeding specifically, but all volunteers are also confident to support safe formula feeding (making up bottles with little or no sight is an acquired skill).

Our support is based in doula principles: we provide support and information, reassurance and signposting; we do not advise, we do not take over. Sadly, this approach is somewhat unusual when it comes to assistance for disabled people. My team and I often signpost members to local doulas. If a postnatal doula aims to build a mother's confidence until she is happy to carry on independently, then that is the support that we want for our members. And if you wanted the answers to my first time mum questions: no, of course you can't push a pram if you're working a guide dog! But you can pull one, particularly if you buy a suitable model, and we have people who can advise you about that. As for books, there are a couple of options for buying books to read to our little ones. Finally, there really isn't a mess-free way to spoon-feed a newly weaned baby but there are a few things that can make it less painful, and if you opt for baby led weaning, you can leave them to make a mess for themselves!

A mother's experience of BMC:

"It was so great finding BMC. On the rollercoaster of pregnancy, and then in that early postnatal period, everything's new, everything's bonkers, and then us blind mums have another layer to add to the equation! It was great to have people to ask questions that no sighted person knew the answer to. It was fab to know that the difficulties I was going through, loads of other blind mums had been through before. And, there is always a workaround for almost every situation. Everything is possible and you are never alone."

Gemma Burnett-Hitchcock is a Doula UK recognised postnatal doula. She is founder and Chair of Blind Mums Connect and lives in Sussex with her husband and their four children.

www.blindmumsconnect.org.uk

Blind Mums Connect is free to join.

Helpline: 01905886252





Dame Sarah Storey is the most successful female British Paralympian of all time. She was born without a functioning left hand after the umbilical cord became entangled around her arm preventing it from developing. A multiple Paralympic and world champion in swimming as well as both track and road cycling, Sarah currently holds 14 gold medals. She also competes against able bodied athletes and is a six time British national track champion. She lives in Cheshire with her husband Barney and their two children, Louisa age five and Charlie age one.

How did you get into sports to begin with? Were you a sporty child? Can you tell us a bit about how you became involved in the Paralympics?

My parents encouraged me to be an active child and we were always playing outside in the garden. When I started school, I learned to swim and started trying every sport available to me at the school. There seemed to be a lot more flexibility to be active kids at school back in the 1980's, I don't think there is nearly enough focus on sport in primary schools now. I didn't know about the Paralympics until I was 12 and then wrote a letter to the

co-ordinator of the then North-West Disability Swim Squad to ask about whether I would be eligible or fast enough to compete. The lady eventually replied 18 months later and I went to a swimming gala the following week. By now there was only a year to go to the Paralympic Games in 1992 and because I was already an established swimmer at a club called Stockport Metro, I was quickly fast-tracked on to the British team and did my first international race at the Games in 1992! The Paralympics now has a completely different system for talent and development so I would hope there wouldn't be such a long wait for a potential champion these days.

Can you tell us how you prepared for your two births? Did being an athlete help or hinder you?

Alongside support from the midwives in my community GP practice, I prepared for my first birth with a great deal of reading. I read *The Hypnobirthing Book* by Katharine Graves, *Baby Calm* by Sarah Ockwell-Smith and *Three in a Bed* by Deborah Jackson. I also read *Baby-Led Weaning* by Gill Rapley & Tracey Murkett when we were approaching the start of weaning. I then read *Toddler Calm* by Sarah Ockwell-Smith and had *The Wonder Weeks* book at the relevant chapter for the age of the baby. I was already fit and healthy, training through pregnancy and with my training focusing a lot on the importance of breathing, there wasn't anything additional we could do. In my second pregnancy I engaged the support of my doula, Nikki Mather, and after having an unplanned emergency c-section with my first, benefited from Nikki's experience in asking her about other preparations we could do. I'm not sure whether being an athlete helped or hindered with the labour and birth but it almost certainly helped with recovery.

How was your experience of using a birth doula?

It was so much better than being in the labour ward by ourselves! Nikki was an incredible support and able to pre-empt what needed doing. She recognised when labour was getting more intense and had the birth pool filled before the hospital staff could decide on where to take me! I was so glad we had decided to hire a doula and it made the decisions we had to make a lot easier because Nikki was brilliant at presenting the information that we needed to be fully informed. Having a birth doula also gave a feeling of added security which is hard to explain. Knowing there was an extra person there with Barney who wouldn't leave because a shift changed or someone else needed them more, was very beneficial to both of us.

Did you encounter any specific practical day-to-day baby care tasks (e.g. nappy changing) that you needed to adapt to make them easier for you to do?

I don't know whether I have adapted anything to the way others do things because I have never had the experience of two hands at all during my life. I can change a nappy as quick as the next person and need as much help as anyone with a wriggly baby and a nappy explosion! I have never really thought about whether I would struggle to do something, I think if you have an impairment all your life you just start doing something the easiest way for you. I always labour carrying my kids on my left arm so that my right hand is free to carry other things or pick stuff up, but I think most people have a favoured side anyway. Having spoken to other mothers with impairments they have said they think their kids have adapted to them and their abilities. I think kids are very intuitive and know their limits with each person. Both my kids have learned if they want me to swing them by their arms then they have to grip on to my little hand because I can't grip on to them, and they both learned this very quickly, so Charlie has been doing this from being about nine months! The only things we did actively look to see if they would work with one hand were things like car seats or pushchairs. However, I think most parents need to do these things with one hand because you are always carrying the baby with the other!

'I was so glad we had decided to hire a doula.'

Was there a mental shift for you going from the intensity of training and competing to the slower world of early motherhood?

I've never really thought of it like that but I did enjoy the feeling of the world standing still and time not mattering any longer. I loved sitting for hours and feeding both babies, watching them relax as they drifted off whilst mid-feed or slow down their sucking as the thicker milk came through. I think having children gives you a wonderful new perspective and the mental shift from athlete to mum on a daily basis is a very healthy one I think, because I can no longer over think things in sport or worry about performance as there is something more important to do!

Did pregnancy and birth change your body and your attitude and did this affect your training?

I had a bigger second baby and so my body is recovering more slowly. My stomach muscles didn't seem to go back straight after the first pregnancy and after the second they are still a bit squishy with a little gap. I have gained strength in my upper body again from the lifting and carrying, this muscle isn't something I would normally have as a cyclist and it won't be possible to lose this until Charlie is bigger. I don't mind any of the changes, they are part of the amazing journey of having a baby, so I think in that sense it has changed my attitude a little bit as I know it's not forever and the competitor in me will race differently to overcome any perceived disadvantage.

Can you tell us about your breastfeeding journeys and how you were able to balance this with your training schedule?

I fed my first for 3.5-4 years and now my second is almost 18 months old. I didn't have a set plan about breastfeeding, I was just going to do it for as long as my children wanted me to. I think it's an amazing journey to have and the longer journey really exposes how breastfeeding is about more than nutrition. I have helped my children through illness and upset and they are both very grounded and independent little beings. I arranged my training around feeds until the children were six months and started on solids and gradually I could leave them for longer in between feeds. I started expressing at six weeks for them to have expressed milk during training and this worked better the second time round as my first baby was never interested in the bottle. Although my second could have cow's milk, I still express for when I am out training in case he needs an unexpected feed and as I did with my daughter most of the feeds are in the evening and at night time so we always travel together. It has a bearing on competition while the child is still small, so I tend to avoid bedtime events. The whole time this takes up in our lives is such a very short time and I look back at the journey of Louisa and I and can't believe how fast it went even though I fed her for a lot longer than most people might expect. I'm fortunate I can arrange my schedule around the children, but then in a way I think I would have always wanted to have been in a profession where their needs could be accommodated as a priority without my work suffering.

When you were breastfeeding your son, you pulled out of the Track World Championships in Brazil because of the yellow fever outbreak and the potential risks associated with the vaccine and breastfeeding. Was this a difficult decision?

Not really. A World Champs is important but not as important as making sure a person doesn't get Yellow Fever. I never once felt I had made the wrong decision and was just even more motivated for the next World Championships on the road in August! Nutrition is such a priority for me that I would never have expected my baby to compromise on his nutrition for the sake of something that wasn't a matter of life or death. It is the norm for our species to breastfeed and recommended to be done exclusively until six months. Neither of my children have needed formula milk at any stage of their development, and so it didn't feel right to me to switch Charlie to formula for the sake of something that wasn't as important as he is. Breastfeeding has huge benefits for both of us and so to stop that for an external force that wasn't as important

wouldn't have been right and I would have regretted it. For me my career as an athlete has always been a huge bonus since the children have arrived. I have won everything I could have ever wished for [and more] so my motivations to race now are because I enjoy what I am doing and love being able to piece together a race day performance. If my children need me then I don't race, just like any parent doesn't work if their children need them more.

How did you juggle being mum to a toddler and training for the Rio de Janeiro games?

I have an amazing husband who supports me every step of the way. From looking after the kids, to preparing the bikes and ensuring everything at home is sorted. I also have my parents round the corner who are amazing and help whenever we need them, always travelling to training or competition to make sure that everything gets done and the kids are well looked after. I'm very fortunate to have such a "village" to help me and I know the kids benefit so much from having us all around all of the time.

Did you meet any other mothers at the Paralympics? If so who, and did you find them inspirational?

There are a few mothers in the Paralympic team. Baroness Tanni Grey-Thompson has a daughter, Jeanette Chippington, a former champion swimmer and now champion canoeist has a daughter and a son, and Nyree Kindred also has a daughter. They all competed and won medals after their children were born. I know all these women quite well and so it was very inspiring to see them successfully manage motherhood and training. There are other women in the team with older children or who have started competing after their children were born and it is always great to see other women gaining confidence from those who have gone before them in sport and successfully returned to competition after giving birth.

'It is always great to see other women gaining confidence from those who have gone before them'

What has been the most challenging aspect of motherhood for you?

The biggest challenge for me has been having the time to fit everything in and especially now. We are always so busy and it's brilliant to be able to do so much together, but like most parents it would be great to have a couple of extra hours at the end of the day to get the "jobs" done around the house!

Has your daughter got your sporty genes? Can she ride a bicycle or swim yet?

My daughter is a very sporty girl and loves having a go at everything. She is onto level four at swimming and has been riding a bike for about a year now. She has tennis lessons and loves to run too. She also did gymnastics for a while. We aren't pushing her into any sport, everything she is doing is at her request. This is exactly how I was brought up and it's brilliant to see the things she is interested in and to support her to try them out.



What has been the most wonderful aspect about motherhood for you?

The most wonderful part is seeing the children grasp new things and watching the excitement and pride in their faces as they realise they have mastered it, as well as the reaction when they come to share it with you or someone else. I love being able to share the journey with Barney too, we really are a team when it comes to getting everything done and sharing the journey.

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Life as an autistic doula

NICKI BURNETT

Growing up I felt like an alien. People and their behaviour seemed so very foreign to me and I spent an awful lot of my time confused and utterly convinced I was somehow living on the wrong planet.

Throughout my teenage years I bounced from one group to another trying to find my place in the world, doing my best to assimilate and force myself to become part of the group. Needless to say this wasn't particularly successful.

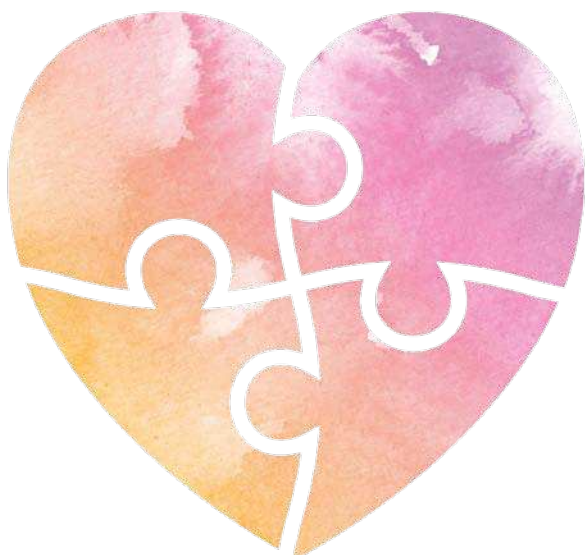
Fast forward to my niece receiving a diagnosis of Autism spectrum disorder, things suddenly started to fall into place. When I was growing up very little was known about ASD, especially ASD in females. It was never even considered. Getting a diagnosis was not an easy journey. It took me quite a while to even approach my GP. His first reaction was to laugh at me (which he later apologised for) but eventually I got a referral and after the first round of assessments it was decided I did indeed need further tests. The waiting list was long and when the time came the assessment was not pleasant however when they presented me with the report that stated I was Autistic I felt validated. I wasn't an alien, I wasn't the rude, selfish and unsympathetic person I had been accused of so often. There were things we could put in place to make life much less uncomfortable for me and I didn't have to keep fighting who I was.

Having my children was a huge experience for me. Labour and birth can be overwhelming for anyone but for an Autistic person the challenges can be huge. I wasn't aware I was Autistic when I had my children, however I knew what I needed to feel safe and I knew what things were difficult for me. Explaining this was tough. In my first pregnancy I had no continuity at all, I saw many different midwives and ended up being induced on a hospital over an hours drive away from my home. Trying to explain how I felt and what I needed was impossible and I basically shut down and stopped communicating which is a coping mechanism for when I am very overwhelmed.

My second experience was very different, I hired a wonderful doula and she ensured I knew my rights and had plans in place to help me stay calm and as relaxed as possible. She also taught me ways of coping with some of the overwhelming sensations that come with labour. I had a wonderful home water birth, I felt in control and safe, my established labour was recorded at around an hour long and my daughter was born about 40 minutes after the midwife arrived! Having this support from Georgie and realising what a magnificent difference it can make to a person's experience was what inspired me to become a doula. Once my daughter was around 18 months old and we finished breastfeeding I completed my training.

The life of an Autistic doula is not always straight forward. Hospitals are a sensory overload and birth is an intense experience. Lights, smells, noises, not getting any sleep, being woken in the middle of the night. There were a lot of things to consider when deciding to become a doula. Could I really manage to support a person through one of the most important times in their lives?

“ I can be intense and relentless when talking about birth and becoming a doula allowed me an acceptable outlet for my obsession. ”



After lots of thinking and talking I decided that yes I can. Although birth is intense and a hugely important time for the family, as a doula it is a temporary state. Even the longest births are a moment in time and a life time of trying to mask my difficulties and fit into the mould of normality has completely prepared me to be able to do this. Now that may sound awful however when you break it down this is what many doulas do, you put your life and your needs on hold while you support a family. Now while I love doing this and it fulfils me in a way I never thought possible, it does take its toll. I am limited in the number of clients I can take on each year as I have found I absolutely have to have time off in between to recharge. My sensory overload after a birth is fierce and my family know once I am home from a birth I need at least another 48 hours to recover before I can function as a wife and mother again. Ideally I don't want to speak to anyone, make decisions or have to get dressed as even clothes on my skin make me uncomfortable.



Then slowly I start to recover and get back to my "normal" self. This is a sacrifice I have to make to be able to follow my passion.

From when I was pregnant with my daughter, birth became my special interest, learning about and discussing birth makes me feel happy. My intense focus and need to know as much information as possible allows me to gather knowledge at quite a pace, I have been called a "walking encyclopaedia" I am still unsure whether that was an insult or a compliment. I can often recite policies and research I've read on the subject and will be able to back up my point of view with reams of evidence and facts. I can be intense and relentless when talking about birth and becoming a doula allowed me an acceptable outlet for my obsession.

I have, after years of practice at rehearsing everything I say before I say it, been able to construct ways of presenting information in a unbiased and non-judgemental way. This is essential as a doula, clients deserve to have access to all information and be confident they can make decisions without judgement from those supporting them. It is a skill that can be difficult to learn if you are not used to really thinking about how to interact with people.

As I have grown and learnt more as a doula, my passion and interest has only increased. I now consider myself a Birth and feminist activist. I volunteer as vice chair of my local Maternity voices partnership as well as the Positive birth movement. My life is absolutely and completely taken up with birth and improving maternity services for all.

I have to concentrate hard on not allowing it to take over too much and have a negative impact on the other roles I have in life with my family. The hyper-focus can easily overwhelm and obscure any thoughts of my other responsibilities.

Autistic people are often written off and it is assumed that we have nothing to offer the world. This is not the case, yes sometimes I need something a little different or I need to go about something a different way. I may experience things differently to Neurotypical people. However this can be managed and as long as I accept my differences rather than try to ignore or silence them I can function as a productive and valued member of society. Simple tools such as sunglasses, fiddle toys, headphones can make a huge difference, I am often found with glasses and headphones on before or after meetings, this allows me to minimise my sensory overload when I can, ensuring I can function at my best when I am needed.

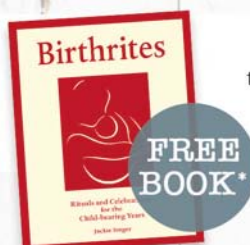
Nicki Burnett is a birth doula based in Cornwall. She enjoys spending time with her husband and two children making the most of the beautiful countryside and local beaches.

A passionate birth activist she also volunteers for the Positive Birth Movement and is vice chair of Kernow Maternity Voices Partnership.

More details at www.nickiburnett.co.uk or www.facebook.com/beautifuldoula



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Perinatal mental health: when to be worried

DR RUTH SCHUMACHER & ANAAR SHIVJI

Dr Ruth Schumacher, BPS Chartered Counselling Psychologist (HCPC registered), Perinatal CBT Therapist and Anaar Shivji, Perinatal CBT Therapist, work in an NHS primary care mental health IAPT service.

The mental health needs of women related to pregnancy and post-birth have recently become a major focus of government and NHS attention. This is largely thanks to the £365million investment associated with the Five Year Forward View. It was launched in 2016 and set out the ambition of facilitating increased access to specialist perinatal mental health support for women across the UK, with a target of 30,000 more women accessing evidence-based treatments by 2020/1. In this article we outline some of the key mental health concerns of parents in the perinatal period and the associated health care pathways.

As doulas, you may encounter women who have difficulties adjusting to their pregnancies, dealing with traumatic birth experiences, a sense of inadequacy, overwhelming anxiety or feeling low after the baby arrives. Depression and anxiety are the most common mental health problems in pregnancy. It has been estimated that 13% of women experience anxiety in pregnancy, 12% depression, and many both. This number increases to 15-20% in the postnatal period. The actual figures may be even higher than this due to the known under-reporting of symptoms caused by on-going stigma related to mental health and concerns that social services may become involved if mental health difficulties are discovered. In reality, the cases where social services need to seek alternative care for a baby usually relate to the mother being unable to keep her baby safe or neglect, and this is often linked to substance abuse.

It has been suggested that there is under-recognition of perinatal mental health difficulties, perhaps because this life stage is naturally a time of transition and adjustment that is understandably unsettling. Worries about baby's health, giving birth and miscarriage are very common in pregnancy, often made worse by the stressful life events that can occur at the same time such as moving house or domestic violence.

However, if a mother's worries are in excess of what might be expected in the circumstances and if she no longer seems able to weigh up or take on board new information, these may be indicators that she needs psychological support.

Post Traumatic Stress Disorder

Post Traumatic Stress Disorder is an anxiety disorder caused by very stressful, frightening or distressing events. For perinatal women this could be a miscarriage, stillbirth or traumatic birth experience. It is often characterised by reliving the event through flashbacks and nightmares.

More than 50% of women are thought to experience the baby blues 2-4 days after birth. However, when tearfulness, irritability and self-doubt are not resolved within two weeks further investigation may be warranted. It has been estimated that for a third of women, Perinatal Depression actually emerges during pregnancy before the baby is born, especially the final 3 months. It is more likely to develop if one or more of the following factors are present; teenage mother, traumatic birth, previous history of mental illness, history of stillbirth or miscarriage, relationship difficulties or social isolation. It is helpful for women in these high-risk categories to be well supported in their pregnancies to reduce the likelihood of depression developing. In our local area there is a dedicated midwife who works with teenage pregnancies; the Birth Trauma Association, along with services like ours, can support with traumatic birth experiences; SANDS and bereavement counselors in local maternity units can offer support and practical advice following a stillbirth, there are also NHS lifestyle services, social services and third sector support organisations like PANDAS and the NCT who can help alleviate social isolation in the perinatal period.

We work in an NHS primary care mental health service called IAPT (Improved Access to Psychological Therapies), this is available nationwide.

Perinatal Obsessive Compulsive Disorder

Perinatal Obsessive Compulsive Disorder is another type of anxiety disorder during pregnancy or in the year after giving birth. This manifests as obsessions and compulsions about being a parent and the welfare of the baby. It might include obsessive thoughts about hurting the baby and excessive washing of clothes and bottles or avoidance of nappy changing for fear of contamination.



We treat common mental health problems including mild-moderate anxiety, depression and single incident trauma. We have a perinatal pathway, as advocated in the Five Year forward plan; this is a fast-track service offering assessment and treatment of women who are pregnant or have children under the age of two. It is staffed by a dedicated team of CBT (Cognitive Behavioral Therapy) therapists who can offer individual face-to-face CBT treatment in weekly 50-minute sessions treating difficulties like Post Traumatic Stress Disorder, Tokophobia and Perinatal Obsessive Compulsive Disorder. Babies are welcome to attend these sessions too, where appropriate. We give guided self-help over the telephone and facilitate recovery groups for women with perinatal anxiety and/or depression or those who have experienced traumatic births.

Tokophobia

Tokophobia is an extreme fear of, or anxiety about, giving birth to the extent that the mother believes they cannot go through with it. This can follow a traumatic first birth but is also known to start in adolescence with no prior experience of birth. In some cases an elective c-section can be arranged following a specialist perinatal mental health assessment.

We provide crèche facilities at these groups to make them easier for women with children under the age of two to access. Parents can self-refer into this service via our website or on the phone. We also accept referrals from any professionals involved in their care, with their consent, such as a GP, health visitor, midwife or social worker. We work closely with midwives and health visitors and attend multi-disciplinary team meetings enabling a more integrated delivery of care.

As a primary care mental health service, we are not able to work with more complex mental health difficulties. There are specialist perinatal secondary care mental health teams that work with women who are not suitable for IAPT interventions. These include women who currently have or previously had a severe mental illness or treatment with a specialist mental health team, have been an inpatient or have a first degree female relative with a severe mental illness, due to the increased risk of relapse or development of bi-polar disorder or psychosis during the perinatal period.

Post-partum psychosis is a severe, but rare occurrence after birth, it is estimated that there are 2 cases per 1000 births. The care pathway for this presentation is rapid because it is considered a psychiatric emergency. Clients can expect to be seen by a perinatal mental health specialist in secondary care within four hours following referral. The signs of post-partum psychosis are most likely to manifest in the two weeks following birth and may include hallucinations, delusions, mania, confusion and thoughts of harm to self or baby. The treatment outcomes are positive and mums and babies can stay together in specialist inpatient settings called Mum and Baby Units. If you suspect someone may be experiencing this do not hesitate to inform their GP, call 111, 999, or take them to A & E – they need urgent psychiatric attention for their safety and that of their baby. Suicide is sadly the leading cause of maternal death during the perinatal period. The consequences of mental health problems amongst this population not being detected or treated are grave for the babies and families involved.

Useful References:

IAPT www.england.nhs.uk/mental-health/adults/iapt

Maternal Mental Health Alliance – useful resources online including self-help guides
www.maternalmentalhealthalliance.org

NCT www.nct.org.uk

NHS
www.nhs.uk/conditions/stress-anxiety-depression

NICE guidelines: antenatal and postnatal mental health (2014)

Royal College of Psychiatrists – perinatal mental health leaflets available online
www.rcpsych.ac.uk/mental-health/problems-disorders/perinatal-ocd

PANDAS www.pandasfoundation.org.uk

SANDS www.sands.org.uk



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The birth of Solomon

RACHEL LANE

I live in the West Midlands with my husband Barrie and our three boys: Isaac is seven, Reuben is two and Solomon is almost one. My husband and I are both totally blind. This is Solomon's birth story.

My first birth was planned for hospital as I am epileptic and so was deemed 'high risk'. I ended up being induced as Isaac was 14 days late, but it was a 'normal birth' despite that.

My second birth was a lovely planned home water birth as by then I knew my rights and that I could give birth at home if I wanted to. However, I also knew I would get grief from the NHS, so I planned right from the start to change from NHS care to an independent midwife at 36 weeks.

The third time round, I couldn't afford another independent midwife as there were only 22 months between the babies, plus at the time there were all the complications regarding their insurance to consider, so I decided to go with the NHS and hire a doula.

I knew that the NHS would have a harder job pressuring me to deliver in hospital this time because I could just say that I'd already had a successful home birth.

We decided to go with a doula for a few reasons. We are both blind, so in case of a transfer it's really important for us to know that we have somebody with us to help guide us. Hospital would be a strange environment so we wouldn't be able to pop and get a drink or snack easily. It was also important for us to have somebody to identify people. For example the midwife and doctors often don't tell us who they are.

It was also possible that I would have to go to hospital on my own. If I was labouring at night Barrie would stay with our boys as Reuben had never been left before. I wanted to know I would have somebody with me. I was also worried that I would get more pressure to go in because I was high risk and I knew a doula would support me in my choices.

I expected to go past my dates, and at +10 days I declined induction. +15 I went in for monitoring, and finally at +17 I got my first contraction at 3 o'clock in the morning.

I was so excited that at last things were moving. Contractions were not too bad, but I was too excited to sleep. I pretty much carried on as normal through the day with contractions about one every ten minutes. I had messaged my doula to give her the heads up in the morning. Around tea time contractions came a little more often and were starting to get quite painful. I breastfed my toddler to sleep at bedtime as normal hoping this would speed things along.



After the boys were asleep, I thought things would move quicker and we would have the perfect scenario, my boys waking up in the morning to a new baby brother/sister. I called my doula to come over as contractions were becoming much more painful, and Barrie got the pool filled up. Around midnight I finally thought I couldn't manage the pain anymore and got in to the pool. In my second birth this had felt amazing, and had taken the edge off the pain, but this time it did nothing. In fact, all it seemed to be doing was making things slow down.

“ They arrived and sat in our lounge chatting with me and drinking coffee. This was a mistake, as I felt watched and things totally slowed down as I didn't feel relaxed. ”

After an hour of no change I got out. I carried on with contractions through the night, trying the pool again. By 4.30am I was totally exhausted so I went to bed to try and sleep. I managed to sleep between contractions for 45 minutes, and then the boys woke up. Barrie gave them breakfast and took them over to friends. By 8.30am contractions were coming rapidly and we decided to ring to get the midwives to come over. They arrived and sat in our lounge chatting with me and drinking coffee.

This was a mistake, as I felt watched and things totally slowed down as I didn't feel relaxed. They left at midday. Another four hours later, we called them back again. I finally consented to an internal at 6.00pm, 38 hours after my first contraction. I told them not to discuss the exam results with me, but to talk to my doula about it and she would explain it to me. I didn't want to be told I was only three centimetres dilated after 38 hours.



The baby's head was still high, but there was a cervical lip so I tried some different positions. An hour later I let them do another internal. Obviously by this point I was absolutely shattered. The midwives said that they thought it would be good to break my waters as the head was still high, and they didn't feel comfortable doing this at home so I would need to transfer in to hospital.

We decided to go in. The ambulance ride was awful, just me and two midwives, another midwife was following in a car with my doula and Barrie stayed at home with Isaac and Reuben.

“ I didn't do anything, my body just took control and the pain stopped and I got the urge to push. ”

I couldn't decide whether being belted in seated or lying down would be worse. I went for seated, but I don't think it would have mattered, either would have been agony. We got in to our delivery room with a new midwife who was great, and tried to make it as like home as possible. The lack of water didn't matter at this point as I'd given up on the pool hours before.

“ he was out, just after midnight, so he was nineteen days late! ”

They got me a mobile monitor as I point blank refused to lie down on the bed, there had been no issue with me or baby concerning heartbeat or blood pressure the whole time.

The consultant then came in and broke my waters. I was unprepared for the pain! After my waters were broken I felt like it was just one endless contraction, and I totally lost control. I forgot all my hypnobirthing techniques and was just an absolute wreck. I tried gas and air, but as I already knew, this made me feel worse.

I think the midwife and consultant were a bit worried about the state I was in and left the room, just leaving me with my doula in peace. This seemed to do the trick, and I didn't do anything, my body just took control and the pain stopped and I got the urge to push. I went and hid in the toilet to get even more privacy, and shouted 'help!' when I felt the head. A couple of pushes later and he was out, just after midnight, so he was nineteen days late!

He wasn't breathing straight away so we got the crash team running in, which meant I didn't get to find out the gender myself, but they told me it was a boy. I rang Barrie to tell him we had a boy once he was ok and crying.

I got a quick bit of skin to skin, but as he was still grunting a bit, they took him to neonatal care. He was all fine though, and a big 9lb 12oz. The consultant said he didn't look overdue at all, not a bit wrinkled, and the waters were clear. She suggested maybe the dates were wrong? I told her that the dates were right, but he just came when he was ready!



Resilience in maternity – it does affect you

KATHRYN GUTTERIDGE

Working in modern maternity services may be described as bad for your health, certainly your mental health. Why is that and what can we do about this?

There is no doubt that midwives, support workers, doctors and doulas continue to want to work in maternity settings; however, it should carry a health warning. This is a stark statement when we consider that care of women birthing their babies is usually associated with joy and new beginnings. However, the demands of working in modern maternity services prove to be challenging and unforgiving in terms of both national and local expectations.

In 2002, Linda Ball, Mavis Kirkham and Penny Curtis researched the reasons why midwives were leaving the profession. Such was the concern that the following year a further study looked at the system of management and leadership, this was cited as a serious cause of dysfunction (Ball et al 2003). Since then there has been a continuing shortage of midwives such that there has been a commitment from the current government to increase midwifery training places up to 3000. However, this still does not address the current deficit of approximately 4000 – we are living through hard times. Apparently maternity is seeing increased workloads, increased complexity of women during pregnancy and midwives feeling unable to give the care they wish (RCM 2016). The question is how do midwives and other healthcare providers continue to stay and feel as if they are giving good care?

Maternity is well known to have a highly charged dynamic that is considering the needs of a woman but also the unborn baby. Having the ability to be able to carry that responsibility is much more suited to some clinicians than others and they still appear to be able to support others around them. Research into resilience shows some interesting tenets that can be used to improve staff ability to deal with stressful experiences.

Recognise stress

Stress is a natural protector for humans to be able to deal with any danger in front of them. However, there is a negative side to this. Adrenalin is produced when stress is triggered; this is good as it prepares us to run away from danger. If that stress is not dealt with then adrenaline is continuing to alert all of the stress hormones in the body and this in time will have a detrimental effect. Findings ways to release stress is vital. Exercise is useful and even taking a quiet five minutes to practice some meditative breathing will work too.

Resilience

There are some theories that resilience can be learnt or developed however it is not as simple as this. Newton (2013) describes the process of resilience being an adaptation to adversity and a complex concept that combines individual, family, or organisational characteristics. Hunter and Warren (2014) investigating the nature of midwifery emotional work found that there are those who appear to be more able to balance stressful events and support others overcoming highly charged events.

If the characteristics of a resilient individual were organised then this list might explain it;

- Enthusiasm for life and work
- Capacity to see the future as a challenge not a problem
- Capacity to cope with threatening events and disable distressing situations
- Ability to see options in life, cope with changes quickly and be able to support others.

In 2018 Hunter et al produced the WHELM Study, an indepth confidential survey of current midwives working in the UK. The results showed that midwives described feeling 'burnt out' and considered leaving the profession due to their working environment. Interestingly in this survey midwives with less than 30 years experience were more likely to feel as if they could not cope with their work load and the resources available to them. Further findings showed that shift patterns, empathic management responses and flexibility in contracts were more likely to build a resilient staff base. Where control was found to be greater in staff working conditions then resilience was perceived to be higher.

A key element of a supportive and contingent work environment was largely due to a dynamic and positive leadership culture. Where management was deemed to be controlling, inflexible and highly critical then stress and illness pervaded. The conclusions of the Whelm Study found the findings 'deeply disturbing' and stated that if something does not change then there will be consequences likely to destabilise UK maternity services.

Personal life and work

Most of us cope well at work when we are well supported at home. We are able to rally and keep going particularly when work is deemed to be stressful and demanding. However, if there is a personal issue that affects the midwife or clinician they are more likely to succumb to the pressure of work. It may be that a particular case has triggered a personal memory, or someone has said something that causes internal anxieties. Many midwives and doctors will have their own personal birth and childbearing memories and are at risk of bringing these into their practice.

Where a clinician has recognised that they are suffering with stress they should be offered support and confidential counselling through their organisation. It is important that family are aware of worries that are causing work related stress so they can offer more support and honest reflection. It is at these times that poor diet, smoking and using alcohol is likely to increase; all of which will not help with stress.

Taking time out of work may be necessary even though it feels difficult to do.



Caring for our own needs is difficult but so important in dealing with stress that can be cumulative and have long lasting effects on our health and wellbeing.

For those who work alongside us with women, such as doulas, the advice is just as important. Being with women at times of high emotional need is demanding, it can be difficult to identify the needs of oneself before that of the woman. Taking time out of the birthing room, having some fresh air and a drink or even going to the bathroom is imperative so that the woman and doula have equal importance in this dyad.

Conclusions

The current situation is worrying, midwives are currently working at levels likely to cause them increased stress and possible depression or other mood disorders. Further research into how to promote resilience and positive cultures is urgently required so that leaders of the profession can promote healthy ways of working.

The most support that midwives find when they are in a situation that causes them stress is the compassion of their peers at work. They know how it feels and are likely to be able to appreciate the difficulties and suggest ways of dealing with these challenges. Supportive management strategies will also provide an open culture so that when a crisis occurs the staff are able to share their concerns early rather than when they feel as if there is no choice.

Making contact with other birthworkers is one way of gaining strength and nurturing ourselves. Social media allows us to have contact immediately and for honest discussion about how we are feeling. It is useful to have a mentor who can offer guidance and support when things get tough, this is a simple way of ensuring that we are working for the good of the woman and not just focussing on one aspect of care.

It is clear that resilience is a rather complicated resource, it is not increased by one factor or another. There are a few simple actions that can make a huge difference:

- Attentiveness – demonstrates interest in another person
- Intellectual flexibility – able to think quickly and respond effectively
- Reliability – be consistent in doing what you say
- Conflict resolution – resolving conflicts as soon as they arise
- Encouragement – lend support to the other person by encouragement

Self care is vital, not just for work but for life. Working in environments where birth and death are commonplace has the ability to dehumanise. However, it is up to each and everyone to remember to care for themselves before they can care for others.

Not hard is it?

Kathryn Gutteridge is President of the Royal College of Midwives. She recently retired from her role of Consultant Midwife at Sandwell and West Midlands Hospitals NHS Trust. With a long history of clinical care in the NHS she has worked in diverse settings including neonatal services and community midwifery care. Kathryn is passionate about women's issues and particularly in relation to childbearing. Kathryn specialises in women's psychological, emotional and mental wellbeing during childbirth.

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RCM (2016c) State of Maternity Services Report 2016. www.rcm.org.uk/sites/default/files/SoMS%20Report%202016_New%20Design_lowres.pdf



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The producer & playwright talks to us about kids, Kenya and hard knocks.

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

Rest, rest, rest. As much as you can before the baby comes. When the baby comes, you'll be so happy that you took some time for yourself.

What is the key to a positive birth experience?

Positivity. Deep breaths. Lack of inhibition and an inward focus (selfishness) on yourself and on the baby. And some choice swear words.

Tell us about a day that changed your life.

The birth of my two children in 1992 and 1994 changed my life in different ways. Learning how to care for them based on their individual needs and learning not to compare them.

Water birth, epidural or caesarean?

I have not experienced any of these. Both of my births were normal; the first came after a 23-hour (induced) labour, and the second came after a two-hour labour. Although they were so different, I'd say the most important thing is to have a great midwife.

If you could live anywhere in the world where would it be and why?

I love living in Kenya. The quality of life and the caring environment, where the whole community participates in raising children, are unmatched.

If you could make one change to your current maternity system what would it be?

Women, and in particular pregnant women, in Kenya can find themselves vulnerable, as decisions about their own health are often out of their control (policy makers and medical personnel tend to be predominantly male). Honest discussions at the policy level about the effects of patriarchal systems and superstitions in women's health are important so that, for instance, obstetric fistula becomes an important maternity issue, rather than being seen as a "curse".

In recent years in Kenya, there have been increases in the lengths of maternity leave and the Kenyan government now provides free maternity healthcare.

How has social media impacted your life?

There's a lot more information at the ready. But it means there's that much more need to be vigilant and protective of young people who may not have the necessary discerning skills.



Who do you most admire and why?

My children. There are so many choices available to them and they are constantly navigating a world that shifts and changes at breakneck speed. And still they cope.

What makes you happy?

The sound of children's laughter.

How would you define motherhood in 2019?

As nurturers, we'll need to be more vigilant and make better decisions regarding the safety and future of our shared world.

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

Life really is short. Be present to all its beauty. The hard knocks help you become stronger.

Obstetric fistula

An obstetric fistula is a hole between the vagina and rectum or bladder that is caused by prolonged obstructed labour. In an unattended obstructed labour, sometimes lasting six or seven days, the effect of the contractions pushing the baby's head against the pelvic bone can lead to compression of the soft tissues which as a result do not receive adequate blood flow. The tissue dies and a hole is created between either the bladder and vagina or between the rectum and vagina. These holes leave the woman incontinent of urine or feces or both. Women with fistula are often rejected by their husbands and communities.

***Source – fistulafoundation.org**

Mūmbi Kaigwa is an actor, writer, producer and director. Since 2000 she has devoted her life to the arts, working all over East Africa using performance art to address social themes as well as conducting community driven peace building and conflict resolution workshops. Her most recent play, *Orchid*, deals with the medical issue of obstetric fistula. *Orchid* features as part of *B!RTH*, a science and theatre collaboration which has been staged across the UK and internationally.

www.birthdebate.com/the-plays/orchid-kenyaBetween

Events calendar



Date	Event	Location	Details
20 Mar	Lets Talk Birth Conference Tour	Bath	letstalkbirth.com
21 Mar	Lets Talk Birth Conference Tour	London	letstalkbirth.com
22 Mar	Red Tent Doula Preparation	Leeds	redtentdoulas.co.uk
25 Mar	Birthbliss Aspiring Doula Foundation Course	Belfast	birthblissdoulacourses.co.uk
25 Mar	Nurturing Birth Doula Course	Clapham, London	nurturingbirth.co.uk/upcoming-courses
25 Mar	Nurturing Birth Doula Course	Astley, Worcestershire	nurturingbirth.co.uk/upcoming-courses
25 Mar	Lets Talk Birth Conference Tour	Birmingham	letstalkbirth.com
26 Mar	Lets Talk Birth Conference Tour	Manchester	letstalkbirth.com
28 Mar	Lets Talk Birth Conference Tour	Glasgow	letstalkbirth.com
01 Apr	Younique Postnatal Initial Doula Preparation Course	South West London	youuniquepostnatal.co.uk
01 Apr	Conscious Birthing	Glastonbury	doulatraining.co.uk
02 Apr	Wellmother Shiatsu for Postnatal	London	nicola-endicott.co.uk/workshops-for-midwives-and-doulas
05 Apr	Red Tent Doula Preparation	London	redtentdoulas.co.uk
06 Apr	Developing Doulas Doula Preparation Course	Cambridge	developingdoulas.co.uk
08 Apr	Birthbliss Aspiring Doula Foundation Course	Leeds	birthblissacademy.com
29 Apr	Younique Understanding The Newborn	London	youuniquepostnatal.co.uk
30 Apr	Younique Twins And More	London	youuniquepostnatal.co.uk
06 May	Developing Doulas Doula Preparation Course	Godalming	developingdoulas.co.uk
08 May	Developing Doulas Doula Preparation Course	Lewisham	developingdoulas.co.uk
10 May	Red Tent Doula Preparation	York	redtentdoulas.co.uk
13 May	Conscious Birthing	Cornwall	doulatraining.co.uk
20 May	Birthbliss Aspiring Doula Foundation Course	Watford	birthblissacademy.com
03 Jun	Birthbliss Aspiring Doula Foundation Course	London	birthblissacademy.com
03 Jun	Nurturing Birth Doula Course	Clapham, London	nurturingbirth.co.uk/upcoming-courses
07 Jun	Red Tent Doula Preparation	Leeds	redtentdoulas.co.uk
08 Jun	Developing Doulas Doula Preparation Course	Cambridge	developingdoulas.co.uk
08 Jun	Doula UK Introductory Workshop	Cheshire	doula.org.uk/introductory-workshop
10 Jun	Conscious Birthing (Postnatal)	Ibiza	www.doulatraining.co.uk
14 Jun	Red Tent Doula Preparation	London	redtentdoulas.co.uk
17 Jun	Younique Postnatal Initial Doula Preparation Course	London	youuniquepostnatal.co.uk
19 Jun	Red Tent Doula Preparation	Athens	redtentdoulas.co.uk
22 Jun	Developing Doulas Doula Preparation Course	Blackpool	developingdoulas.co.uk
24 Jun	Birthbliss Aspiring Doula Foundation Course	Bournemouth	birthblissacademy.com
25 Jun	Maternity and Midwifery Festival - Northern	Bolton	maternityandmidwifery.co.uk/events/northern-2019
25 Jun	Nurturing Birth Doula Course	Canterbury, Kent	nurturingbirth.co.uk/upcoming-courses
28 Jun	Red Tent Doula Preparation	Edinburgh	redtentdoulas.co.uk
01 Jul	Red Tent Advanced Doula	Edinburgh	redtentdoulas.co.uk
06 Jul	Doula UK Antenatal Workshop	Manchester	doula.org.uk/product/doula-uk-antenatal-workshop-manchester-salford
08 Jul	Birthbliss Aspiring Doula Foundation Course	Nottingham	birthblissacademy.com
13 Jul	Doula UK Antenatal Workshop	Colchester	doula.org.uk/product/doula-uk-antenatal-workshop-colchester
29 Jul	Red Tent Advanced Doula	London	redtentdoulas.co.uk
19 Aug	Conscious Birthing (Doulas without borders)	Ibiza	doulatraining.co.uk
09 Sep	Nurturing Birth Doula Course	Totnes, Devon	nurturingbirth.co.uk/upcoming-courses
16 Sep	Birthbliss Aspiring Doula Foundation Course	London	birthblissacademy.com
16 Sep	Nurturing Birth Doula Course	Leeds	nurturingbirth.co.uk/upcoming-courses
18 Sep	Maternity and Midwifery Festival - Wales	Cardiff	maternityandmidwifery.co.uk/events/wales-sw-2019
20 Sep	Red Tent Doula Preparation	Edinburgh	redtentdoulas.co.uk
21 Sep	Developing Doulas Doula Preparation Course	Cambridge	developingdoulas.co.uk
27 Sep	Every Birth Matters Doula Preparation Course	Birmingham	everybirthmatters.co.uk/doula-training-course
27 Sep	Red Tent Doula Preparation	York	redtentdoulas.co.uk

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*Parvaneh Pourmohamad Scholes
30 September 2018 Facebook*



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