

The Doula

Formerly Doulaing
A DOULA UK PUBLICATION



IN THIS ISSUE

Perinatal bereavement

The Interview – Penny Simkin

A doula in Shanghai



Doula UK
Positive birth.
Supporting families.

SPRING 2017 ISSUE 30

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Instagram: krismicheal_photography

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

Next Edition

If you have any doula stories, experiences, poems, photographs or articles 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 edition of The Doula. As I write this, the bowl of hyacinth bulbs on my desk are peeking their green buds out of the soil with the promise of new life. I hope you have all survived the Winter months and are coming out of hibernation with renewed energy for the season ahead; the one which I feel is the most compatible and reflective of our work.

This Spring marks a very special one for me and for my family as my eldest son, Max turns 13 and will be having his Bar Mitzvah in April. This Jewish rite of passage means that in the eyes of Jewish law he turns from a boy into a man. We have been very busy with preparations for his party and his synagogue service which we are holding in Israel in a synagogue that was built in honour of his Great-great Grandparents. Following many months of learning and practise he will read a long passage in Hebrew during the Saturday morning service in front of the congregation. This huge event has naturally made me gravitate back to memories of his birth and early years. This longed for firstborn child who gave me a whole new definition, turning me from woman to mother. But what of mothers who lose their babies? There is still no definitive term for them. They are neither orphan nor widow nor mother. In this issue, Alison Grunwald writes eloquently about supporting a couple through a preterm bereavement. I very much hope that despite the fact it is a painful and difficult read – indeed it had me in tears for a whole afternoon whilst editing it – that you may find it informative and I would like to take this opportunity to thank Lucia & Chi for their generosity in allowing us to share their story.

We are honoured to be able to bring you an interview with the exceptional Penny Simkin and the irrepressible Michel Odent also gives us an insight into his world in our regular feature 10 minutes with...

Our other regular columns return; Lisa Roukin inspires us to cook with some fresh Spring ingredients and Matt Davis echoes my current preoccupation with religion and it's place in his son's life in another insight into A dad's perspective. Ashley Scott- Fisher tells her tale of the unexpected in My Joyful Birth. We review Hypnobirthing books and Haircare products and as usual there is a great prize in store for letter of the month.

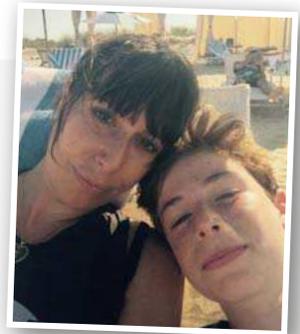
Lastly, as always my thanks to all of you for your passion and enthusiasm. This magazine simply would not exist without your ideas and contributions. It is a joy to edit all your stories and I am in awe of the diversity and combined energies of the Doula UK doulas and what we achieve as individuals and as a whole. Notably this Winter by having a ban lifted at a Central London hospital to make an exception to allow doulas in during a flu outbreak which had the hospital on a strict one visitor only lock down policy. This was achieved just 48 hours after the issue was first raised and is testament to what we can do when we pull together.

This proud mamma leaves you now to enjoy this issue and Springtime with a spring in my step as I board a plane to watch my son make his transition from boy to man.

See you in the Summer
Lauren X



Lauren Mishcon Editor



Biog:

Lauren has been a member of DUK since 2007. She lives in North London with her husband and three sons and Barker - the high maintenance Springer Spaniel. She loves straight talking, cooking and really trashy TV but despises a 'baggy' satsuma and is still in awe at the everyday miracle of birth.

Bryony Pengelly Sub-Editor



Biog:

Bryony became a member of DUK in 2012 and lives in Somerset with her husband and two children. A lover of reading and the creativity of writing, she enjoys reflecting on childbirth, human nature and the beautifully simple everyday steps that can help save the planet.

Letters Page

Dear The Doula,

Thank you for a fantastic issue last month which really resonated with me around the holidays.

You devoted a number of pages to the complicated issues with family that can arise, and I wanted to share a website that I've found really helpful in my own journey: <http://outofthefog.website>

FOG stands 'Fear, Obligation and Guilt' which are the trifecta of problems we are all faced with when it comes to the ties which bind us. Identifying, untangling and dealing with the ramifications of applying healthy boundaries are all huge issues, and it is my hope that someone else reading this website will be helped as I have been through reading this site.

Sincerely,

Naava

Dear The Doula,

There are so many things I got from reading the latest issue of The Doula, I'm not sure where to start. As a keen cook and foodie, I always go first to the recipe pages. I love getting new ideas from a variety of sources so was looking forward to trying out all the recipes. My family absolutely loved the baked crispy honey soy sesame chicken. I normally do my chicken with breadcrumbs and romano cheese, so it was refreshing to give it a new twist. I also found the beauty products article helpful. It's not often you'll hear me say that as I rarely wear make up but as I was on the lookout for toxic free makeup to replace my current and rather old supply, this article was perfectly timed. I love that I can tap in to The Doula as a resource not only for information on birth, but also on other lifestyle information. And lastly, thank you to those who contributed to the article on toxic relationships. I too have one of these, and reading other people's stories helps me to reflect on how to handle my particular challenge, as well as take comfort in knowing that I am not alone.

Thank you everyone.

Erin

Dear The Doula,

Joining Doula UK was something I pondered on regularly whilst training. Did I need to join a listing website? Did I need to be mentored?

The entire journey I have been on over the past 5 years (almost 3.5 years as a DUK member) has been a crazy, intense roller coaster of a ride for me. Emotions, and tensions up and down throughout the winding doula path which chose me.

What I have learned throughout is that I cannot possibly doula without this community. Supporting each other in times of need, holding each other in times of pain, wise women leading the way to the light in darker times. You all give so much of yourselves. So much knowledge, wisdom and sensibility. I cannot tell you how grateful I am to have such a community and I believe every profession should have the opportunity to come together as we do as doulas.

What I have learned along the way is that Doula UK is much more than Find a Doula profiles and mentoring. Being part of a collective is important to my mental health as a doula. It is important to the families I support. And I am a better person just by being part of this cuddle of doulas.

Thank you for being here doulas. I couldn't possibly doula without you.

Laura

LETTER OF THE SEASON

Hi Lauren,

I wanted to say how lovely it was to read a dad's perspective in the Christmas addition of The Doula.

I love seeing how active men can be when it comes to pregnancy, birth and parenting. I think it is great that Matt is taking his knowledge and experiences to be parent patron of Ambitious about Autism. I felt Matt's story of experiencing similar anxieties to how we all feel as parents at some point or another, but to continually have to think about how what you do effects your child must be exhausting. I am so happy that Isaac got to experience a party that was planned to meet his needs and that his parents could enjoy and create a special memory for life that wasn't clouded by chaos and fear. Thank you Matt for sharing this with us, I think it has given me great insight into understanding a little more about how parents of children with autism may be feeling.

Katy



HAVE YOUR SAY:

If you would like to respond or comment on any of the articles featured in this edition then please write to us at editor@doula.org.uk

Letter of the Season will win a beaded birth line worth £30

Many thanks to Katherine Woodbury
www.beyondbirthing.co.uk

Doula Course in Shanghai

KICKI HANSARD

I've spent over ten hours in my reasonably comfortable seat on board this brand new British Airways Dreamliner. I've watched three films that have made me laugh and have also had me in tears. I've tried to get some sleep at various points, although I was unable to get comfortable enough to do so, and now, finally, we are approaching Shanghai. It almost feels unreal and I think back to all the stories I was told as a little girl by my Dad, who at the age of only sixteen, sailed around the world for two years on a cargo ship. He told me about the amazing Shanghai Club, a British Gentleman's club which reportedly had the longest bar in the world. He shared his excitement upon arriving in Shanghai, with his unspent wages burning a hole in his pockets after weeks at sea. Most sailors were keen to stay longer than the leave they were given and taste the life of a king in this commercial centre. Because of this, many sailors would wake up after a heavy night on the town, out at sea, hours away from Shanghai as ship captains had to resort to this unconventional recruitment technique to staff their ships, hence the name 'Shanghaied'. I had seen old black and white photos of Shanghai from the late 1960s and I felt as if I were following in my Dad's footsteps, returning to this oriental and mystical place. I was expecting road sweepers with conical hats, traditional Chinese architecture with multi-inclined roofs and hand-pulled rickshaws as the main mode of transport.

As the plane started descending, the view from my window was breath-taking. In the early morning mist over Shanghai, the tallest building in China, the Shanghai Tower, was stretching its steel structure above the clouds, and together with the other skyscrapers around it, formed a structure which can only be described as a giant futuristic Stonehenge. The lower to the ground we were getting, I started feeling like I was in an episode of the Hunger Games, as rows of blocks of flat appeared, plotted out like domino bricks with only the same width between them as each building was wide. I know that Shanghai has a population of 24 million but I had not given any real thought on where all these people lived.

China is quite an intimidating country to arrive at and definitely not helped by having watched 'Mr Robot' and the antics of the fictional Black Army. The queue for immigration was long and slow moving but after half an hour, I was facing a female immigration officer who looked at me for what seemed ages, took my photo and stamped my passport. I had been allowed entry for seven days.

I was met at the airport by a young taxi-driver, holding a sign with my name on it. At this point, I had no idea how far the airport was from the flat I was staying in and as we exited the terminal building, the heat hit me. It was 8am in the morning and already 30 degrees Celsius which took me slightly by surprise. But I had arrived! I was in China! I was in Shanghai!



My journey here started when Francoise Freedman from the organisation Birthlight, contacted me earlier in 2016 asking if I would consider facilitating a doula course in China on their behalf. Birthlight, as their website says is 'an educational charity promoting an integrated, holistic approach to pregnancy, birth and babyhood, using yoga techniques.' Since their popularity had grown at such an amazing speed in China, one of the instructors had requested countless times for a doula course to be organised. I felt extremely honoured to be asked by Francoise and after a meeting with her team, I agreed to run a trial course in September 2016. The course was to be held in Shanghai at Graceyoga hall and Grace herself was to be my interpreter.

I had communicated with Grace only via email and now I was in the back of a taxi, on my way to meet her in person. After about 15 minutes in the taxi, the driver's phone rang and he passed it over to me. It was Grace who cheerfully welcomed me to Shanghai and told me that it would take around 45 minutes to get to her flat where she would meet me. I handed the phone back to the driver and spent the travelling time watching the passing scenery through the window. We were travelling over viaducts with some very complex interchanges and at times, I was holding my breath as we seemed so close to the cars around us. Row after row of blocks of flats, so close together with no open areas for children to play. This was indeed, a far cry from my vision of Shanghai and

I was acutely aware of how naive I had been. I guess it's a bit like the romanticised vision of motherhood; the reality is not quite as rosy and wholesome as we think.

Finally, we came off the viaduct and drove into the Xuhui District of Shanghai. The driver pulled into a small alley, got out of the car and indicates that we have arrived at our destination. I get out of the back seat and my suitcase is plonked inside a gate by the driver, just at the entrance of an alley. I point towards the alley and ask: "Is this it?" and I get a nod and arm gesture to suggest I'm at the right place and then the taxi is gone.

I find it a bit strange that Grace is not there to greet me, especially as I have no idea where I am or where she might be. I cross over the gate threshold to walk down the courtyard and can't see a sign of anyone so I get the piece of paper out that I have with me with Grace's address on. I can see 1412 on the building in front of me and I know that I need to get to 1414. An old man with a walking stick appears from the street and, on approaching me, he asks, in Chinese of course, what I can only assume means something along the lines of 'are you lost?' So I explain and point to my piece of paper and he very kindly answers me extremely slowly, still in Chinese, where I need to go to get to this address. There's a lot of pointing and instruction given with both walking stick and hands, so I thank him and have understood that I need to get out of this courtyard and take a left to find my destination.

Once out in the alley again, I turn to walk left, and I become aware that I am starting to feel the first impact of jet lag when I hear someone calling my name. At the end of the alley is Grace on her electric scooter, her warm, sunny face is a welcoming sight. Together, we continue our walk down the alley and arrive at what is to be my home for the next six days. Grace has her 'ayi' (pronounced I-E) cleaning and preparing her small terraced house for my arrival, which consists of a small lounge, small sitting room and a bathroom downstairs. There is also a sleeping loft, reachable via a ladder and I'm grateful to see an air conditioning unit on the wall. An 'ayi', which means 'ant' in Chinese, is a maid or cleaning lady. Everyone has an 'ayi' in Shanghai, Grace explains, and sends her ayi on to clean the yoga studio and Grace's own apartment above it.

I'm staying in a part of Shanghai called the French Concession which was a foreign concession in Shanghai for nearly 100 years. It is full of 'foreigners' as Grace explains to me and is a very safe place. I settle in and we go out for lunch as we start planning for the course, which will start the day after tomorrow.

Monday morning, 9am and we are ready to start. It's already over 30 degrees celsius and the air conditioning units are throwing out a welcoming cool breeze. The group of five women that have turned up for the first ever BirthBliss Doula course as commissioned by Birthlight begins. Over the next four days, we share, listen, exchange, empathise, cry, laugh and celebrate together. The highlight of the week was our Chinese 'hotpot' we had for lunch on our last day together. Sitting in a circle, taking our time, talking about and sharing the same stuff women do all over the world every day. I could be in any country, among women, among sisters!

There was so much to explain and tell over the four days, about birth physiology, about pain management, about choices and basic human rights. Grace would often smile at me and say 'in China, no human rights' and it hit home how incredibly lucky we are to be living in a part of the world where we can take these rights for granted.

On the other hand, these women were surprised that a woman in the UK would give birth and be out shopping the next day. 'Why would anyone want to do that?' they'd ask me and I would explain the pressures of getting back to normal and getting on with life. In China, as in most Asian countries, there is a tradition of a lying-in period after childbirth, either dictated by tradition or by religion. I was told about expensive postnatal care centres as the modern answer to this Chinese tradition of zuoyuezi, costing between £8,000 and £68,000 for a month's stay. There is definitely a rising middle class in China that can afford these kind of prices as a number of these postnatal 'hotels' are popping up all over the place.

Antenatal preparation classes are not available to all pregnant women and if you are lucky enough to attend them, they are formal and practical but no questions are answered and no tea, cake and chatting takes place.



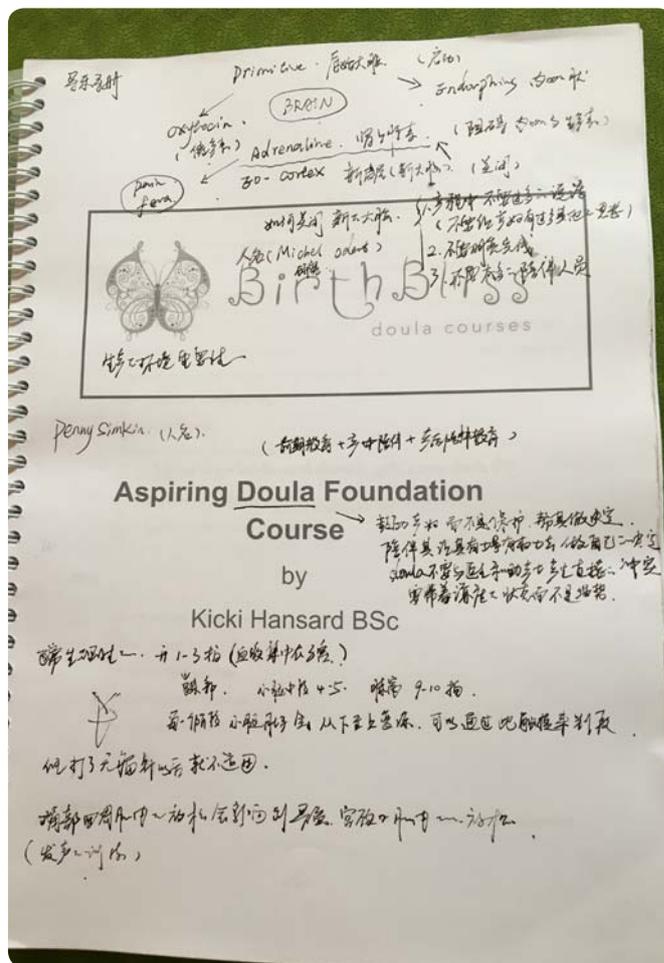
Women often have no idea what happens during birth and there is no such thing as an 'informed choice', realistically, there is mostly no choice at all. It is illegal for midwives and doctors to support women at home for births so homebirths are effectively banned. Women turn up at hospitals and simply do what the doctor says. I could argue that it's not much different in the UK, but at least women have the right to decline procedures and medical staff need to have consent, which rarely happens in China.

I was quite shocked to learn that not only do women have vaginal examinations, but rectal examinations as well to measure their progress of labour. Yes, I know! I had to ask for clarification on this and I was told that this happens during labour as the doctor believe that they can better assess the position of the baby this way.

When we started talking about managing labour and the different options available to women, there was much confusion as to what medication was available and what impact, if any, the medication would have on the birth. They told me that women are told that if they want an epidural for pain management, it would need to be administered when they are around 2-3 centimetres dilated, as it would be too dangerous to try and administer an epidural once they were in established labour. The actual pain medication is injected when they are moved from the 'waiting room' to the 'birthing room'. Women were also offered opiates, similar to pethidine and routine episiotomies are common practice.

I heard stories of how hospitals give away free formula samples and promote artificial feeding over breastfeeding. With no, or extremely little lactation support in the hospitals, and the message that 'most women can't make enough milk for their baby', breastfeeding rates in China are some of the worst in the world. I found it unbelievable to hear that formula companies were allowed to run antenatal classes and also provide training to the hospital staff. The main message being that breastfeeding is for the lower classes and not as good as formula. As far as I understand, China has partially signed up to the WHO code but as long as formula companies are allowed to have the big influence they possess within the maternity system, little will change.

So, having spent four days with five amazing women, and six days with the amazing Grace, I board my early flight



back to London. I'm full of gratitude and humbleness for being given this opportunity to share my experiences and knowledge whilst at the same time, learning so much myself. I'm proud to be leaving behind five newly established doulas, inspired and impatient to pass what they have learnt on to the women they come into contact with. A small beginning, from the grassroots, to help women in China, eventually bring about change themselves. I look forward to placing my feet on Chinese soil again in the future, to continue building a village of women who can support each other and help make the experience of birth and the postnatal period better for themselves, their babies and their families.



Kicki Hansard is a recognised birth and postnatal doula as well as a doula course facilitator. Kicki has kindled the doula journey for nearly 600 aspiring doulas. She has held various volunteer positions for Doula UK since joining in 2002 and pioneered the very first DUK conference, instigated meetings with the RCM and got Doula UK to become part of the 1001 Critical Days manifesto at the Houses of Parliament.

Kicki was rewarded the Pregnancy & Birth Magazine and Doula UK award of 'Doula of the Year' in 2009 and in 2015 she published her first book, The Secrets of Birth; what every woman should know about birth and motherhood.

Perinatal Bereavement

ALISON GRUNWALD

When tragedy strikes, how do you cope? Trigger Warning: Baby Loss

When tragedy suddenly strikes a family, doulas are required to reach deep into inner resources to support the very opposite of the joyful outcome everyone usually anticipates. This is an account of one brave couple's loss and how they experienced that support. I hope it will offer a helpful perspective, particularly if like me, this is your first experience of supporting perinatal death. I am deeply grateful to Lucia and Chi for courageously allowing me to tell their story. And to Nina, from whom I learnt so much.

When Lucia, a 39-year-old Australian, and her British-born husband, Chi, reached out for doula support in August, 2015, they were anticipating the birth of a long-awaited baby girl the following January. The fertility treatment they had undergone had finally worked.

Initially looking for postnatal help, they later decided to meet me and partner doula, Nina. At our first meeting in mid September we learnt that Lucia – then 21 weeks into her pregnancy – had just received some worrying news following a scan at Queen Charlotte's Hospital. She discovered that she had a large fibroid, which the placenta had embedded into. The baby was small for dates and her movements appeared restricted. The fluid level was low.

Chi and Lucia were warned that their baby girl may need to be delivered by 32 weeks by caesarean section and, worse still, she might possibly die - a horrifying prospect. A second scan done privately was more optimistic and Lucia was due to have a follow-up scan at 24 weeks.

Lucia told us she was uncertain about booking a doula, though she explained that her elderly parents were not in good health. Having escaped from Vietnam on a boat many years ago, they now lived in Australia where she was brought up. They wouldn't be available to offer much support. She and Chi would go ahead with NCT classes and do a hypnobirthing course as planned, which showed us their courage and determination to be positive. Listening carefully to all these details, our hearts sank as we took in the implications. At the end of the interview I asked them to let us know if they would like to book us after their next scan, which Nina offered to attend with them.

Nina and I left the meeting sharing Lucia and Chi's sadness and bewilderment. I had never been a doula to anyone facing the possible death of her baby and I fervently prayed I would not have to; I didn't know if I had the inner strength. I felt quite shocked and Nina shared my feelings. Having her to talk to was hugely helpful.

In October Lucia emailed me to say that fibroids were impeding the blood flow to the placenta and the baby. The team at QCH hoped baby would reach at least 28 weeks gestation and the plan was to deliver then, by caesarean. The big worry remained that such a tiny baby, small for dates, may not make it. She decided she would like to book us and she paid a deposit.

Nina offered to go with her for her 28-week scan. It was now looking certain that baby would be born by caesarean.

Lucia told Nina that the hospital had made her depressed and anxious; she was dealing with this by having massages and she had visited a homeopath who had prescribed tablets to take daily.

At 27 weeks the placenta function was not good but baby WAS growing slowly. The plan was still for a caesarean in order to avoid the additional stress to the baby and to Lucia that contractions might cause. Blood flow to the placenta was being monitored as an indication of when it would be a critical time to deliver the baby. There were concerns over her gestational size in addition to her prematurity. The restrictions on blood flow to the placenta might have been due to the fibroid, Lucia was told, but 'nothing was known for certain'.

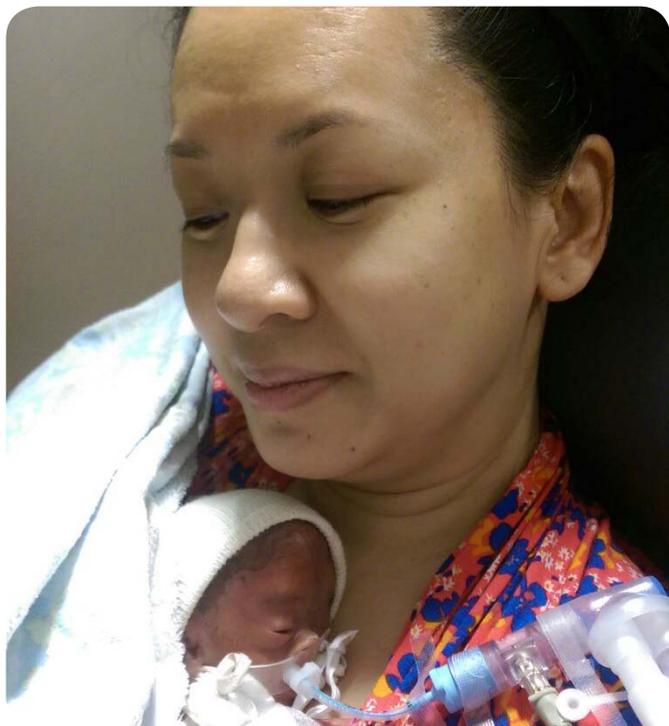
Events took a dramatic turn when the baby's condition rapidly deteriorated. Lucia's 28-week scan was brought forward on November 3rd. She told me that the team was very concerned that the baby's blood flow was obstructed and she was still small for dates. She was being recommended to have the operation within 48 hours and she had had a meeting with the NICU nurse. She told me she was arranging a second opinion and if the prognosis were the same she would have steroid treatment to help baby's lungs mature.

Lucia sounded clear-headed and rational as she made these crucial decisions one step at a time. I supported and reassured her that Nina and I were here and would support all her choices. Lucia said she'd call to give me news later on and to discuss what she needed to take with in her birth bag. I immediately called Chi to reassure him and said we would email a list, I then spoke to Nina to put our heads together over what would be useful given the circumstances, in addition to the usual items.

At 6.30pm that same evening Chi texted me to say they had to deliver the baby 'in the next hour'. Her trace was erratic and the second opinion had urged an immediate caesarean. I said we would be with them as soon as possible.

Nina and I arrived at the hospital an hour after Chi's call. We were there but helpless, fidgeting with our bags in the waiting room as Lucia's operation proceeded in theatre, knowing that somehow we had to be strong for the parents who both needed all the love and support we could give. We were so grateful for each other in those moments when we could express our fears and concern to one another and somehow gird our loins for the unknown events about to unfold.

The baby suddenly appeared in her incubator with the scrub team and Chi, being rushed to the lifts. We only had time for a fleeting smile at Chi and a momentary glance inside the cabinet which held his precious, tiny infant, Genevieve, swamped by the protective hat too large for her minute face and the blankets helping her keep warm.



Fortunately we were both allowed into the recovery bay with the couple, the baby having been whisked up to the 4th floor neonatal unit. Lucia, though characteristically calm and clear-headed, was nevertheless deeply shocked. Both said they were dazed as they shared their feelings with us about all that had happened during the day. We partnered them, allowing their emotions to wash through us and a tide of deep compassion to flow back and around them. Their tiny, vulnerable baby was fighting for her life and, as mothers, we felt keenly their elation and despair.

I gave Lucia some Arnica tablets for shock and pain, warm socks and a spare box of Mam breast pads I brought from home. Nina gently explained breast massage and hand expression of colostrum. I had brought a Latch Assist in case it was needed and explained how to use it. I'd also brought with a pink knitted home-made hat for the baby. Though this proved to be too big for Genevieve and I offered to take it home, it later became very important to Lucia as 'proof' that the baby had lived and been cherished.

Nina had emailed a hospital list to Chi and we all discussed what else Lucia needed: main things were a bra, nightie, maternity pads and large knickers, all of which Nina and I later went out to buy. We stayed with them till around 9pm, leaving then because Lucia needed to sleep. The following day saw us shopping in Marks and Spencer for Lucia and we took everything to the hospital.

The news was bad. Genevieve was born without a heartbeat and had to be resuscitated. She needed a blood transfusion but the fatal discovery was the severe hemorrhaging in her brain which meant severe disability or death. It was unclear when the blood clot had occurred and she was being fully ventilated, receiving five different drugs to stay alive and fed by drip. The doctors explained there was no hope of recovery.

Nina and I were invited by Chi to go up with him to see her and were overwhelmed by sadness. Weighing less than 11lb, Genevieve's tiny body was covered in tubes. She was not opening her eyes, which were fully dilated and non-responsive. She was not reacting to her environment and

her tiny head had not moved. There were two blood clots, one in the inner brain and one on the outer brain. These had been confirmed by scans and MRIs.

Although she had been very unwell, Lucia had been taken to see her baby earlier that morning. Overnight, feeling deeply powerless and removed from her tiny, ill child she had written her a letter full of love and hope which she and Chi had read to the baby. Sensing Lucia's need to give vent to her sorrow, I tentatively asked her if she would mind me reading the letter. Instead, she slowly began to read it out loud – a most beautiful, poignant and achingly sad message to the little girl she had so longed for and whose life now hung by a thread.

As Lucia read, she began to weep but she bravely kept on reading through her tears and I held her and cried too. Nina listened and I sensed her deep sorrow. I knew these were tears Lucia needed to shed as she had told us she did not know what to feel: she had been numbed by the emotional storm that had hit her and Chi the day before with such force. I told her it was ok to cry and no, she wasn't letting her baby down. There was no judgement.

Nina and I accompanied Lucia in a wheelchair to see Genevieve but this led to her being violently sick before we reached the unit and we had to take her back to her room. It had been too much for her.

I took her soiled clothes home to wash and Nina and I later shared our fears for the baby: would she survive the night? We felt weighed down by the unutterable tragedy that had hit this lovely, softly-spoken couple who had been through grueling fertility treatment to have their baby and now had to face losing her.

I gave Lucia details of counselling organisations, including SANDS if she felt like getting in touch later on. In the evening I called and spoke to Chi who told me the neonatal consultant described the outlook for Genevieve as very bleak. We talked for some time and, sensing the depth of his grief, I reminded him gently that there was a psychologist available in the hospital who could see them and help them express their feelings around making decisions for the baby.

I visited Lucia on day 3, having learned that the pediatric neurologist wanted to discuss a plan. Chi had asked me to come and be with them in the room during the consultation and I immediately agreed. The doctor reiterated that Genevieve was desperately sick and being kept alive artificially. Without this support she would die. He said she could be moved to a care program where she would have far fewer intrusive interventions and her life support could be removed gradually. Chi and Lucia had time to reflect – nothing needed to happen immediately.

Just prior to this meeting Lucia had told me the doctor in the NICU suggested she try to express a little colostrum and when we had gone up to the 4th floor to see the baby I showed her how to massage her breasts and express a few drops by hand into a syringe.

What the neurologist was now saying was that Genevieve couldn't absorb food through a nasogastric tube and was reliant on IV fluids. For Lucia, it was important to know that she could play her part in nourishing her baby no matter how short-lived this was. She and Chi had already had Genevieve baptized by a priest in what she felt to be a very moving ceremony.

During the consultation with the neurologist, there were three doctors present as well as the three of us. Questions were asked by us all and answered. It was stressed that no blame could be attached to Lucia: the baby was dying in the womb due to lack of blood flow from a failing placenta, and had had to be delivered when she was. Her deterioration was a consequence of her illness and not a result of any decision taken by either parent or the doctor who delivered Genevieve. Her birthweight, under 500g, was in itself incompatible with life.

We were all upset, including the doctor who was patient and kind. I had never seen a consultant cry before and I wondered afterwards why this should surprise me. His was a very hard job.

The following morning Lucia texted me to ask how she could relieve her full, painful breasts. I gave her more guidance and told her that Nina was coming in during the morning to help her. No decision had yet been made on moving the baby and Lucia wanted her parents, due to arrive a few days later, to be able to see her.

Nina helped Lucia to express a few drops into a syringe and the couple put this round the baby's lips. She brought Chi breakfast and gave Lucia some cold/warm breast pads to help her manage the discomfort of the engorgement. Later, Nina helped Lucia to hand-express milk again and she also used the Latch Assist which resulted in plenty in a syringe which was used later in the day. Giving her colostrum to Genevieve made Lucia very happy.

For we doulas the dilemma remained: how to best support Lucia and Chi where the clear message that their baby could not survive independently may not have been fully understood. Theirs was an agonising choice – to let their daughter go and free her from all the tubes and tests, or to wait for a miracle. But by the evening things had taken a turn for the worse when I received a message from Lucia saying Genevieve was deteriorating and there was not long to go.

Genevieve passed away peacefully as the sun rose on November 7th, just four days after she was born. We were all devastated.

I was called out to a birth early that morning but sent my love and thoughts. It required all my inner grounding and doula determination to switch channels: the labouring client and her excited anticipation were now my focus but my heart was with Chi and Lucia as they held their little baby and returned her to the God they fervently believe in. As one baby died another was fighting her way into the world. The story of our lives, never more poignantly told.

Nina visited the couple that evening at their home to help Lucia hand express a little milk as she was engorged. She advised Lucia to see her GP for some medication to halt lactation as this was her wish and to use a cold compress to relieve discomfort.

Chi and Lucia had asked me to meet them and Lucia's parents two days later. Her parents had flown in from Australia and were distressed. We all met at the neonatal unit and I did my best to help Lucia's father, who was speaking only in Vietnamese, to understand that the baby's death was a tragedy but no-one was at fault. His grief was expressing itself in angry words flung at his daughter, but when we went down to the mortuary together to see the baby, beautifully dressed and wearing the hat I had made for her, his anger gave way to sobs of raw

sadness. Seeing her had helped him to process what had happened. Forgiveness followed.

When the couple had first asked me to go with them to view the baby I asked if they would like me to prepare a prayer to say for Genevieve as I was aware of their strong faith. They accepted my offer and I emailed a very spiritual friend, asking her for suggestions for a prayer on the death of a baby. She sent me two texts which I used to write a short personal prayer for Genevieve.

The family wept and so did I. Afterwards Lucia and Chi told me how comforting and appropriate the prayer was and asked if I would speak at Genevieve's funeral. I felt honoured to be asked and readily accepted.

I am in occasional touch with Lucia, who had successful treatment for her fibroid last year. The couple have moved house and marked the first anniversary of Genevieve's death by releasing a batch of balloons and are looking to the future now.

When I sent this article over to Lucia and Chi for their edits and consent, Lucia told me 'I want to mention that I got the chance to hold Genevieve and feel the maternal connection. It helped me to dig deep to be strong for my little girl, and be at peace when she finally passed because it pained me to see her struggle and fight to stay alive'.

Lucia let me know the chromosomal tests that were done after Genevieve died all came back normal so there is no reason to fear for a future pregnancy.

Nina and I have our phones on.

EDITOR'S NOTE

DUK now have a specialised service: the Doula Support Network.

The DSN offers doula guidance and support:

- around trauma/loss – to help you deal with the catastrophic outcome of mother or baby during or immediately following a birth you have attended in your role as a doula
- to support you with any other issue or concern relating to your work as a doula, for example around your Access Fund work, or working with a client suffering from postnatal depression.

The Doula Support Network (DSN) was created in 2016 to offer guidance and support to our members in times of difficulties faced in the course of their doula work. It is run by a specially trained cohort of volunteers and to access support you should contact one of the doulas listed on the DUK website in the members pages. We hope to move to a dedicated phoneline at a future date.

All of the doulas listed have completed training centred on supporting traumatic/catastrophic-outcome births. In addition to this some of the volunteers have also identified particular areas around which they can offer support.

For administrative queries, Alison and Siobhan, the Coordinators, can be contacted on dsn@doula.org.uk or by phone.

Letter

Hi Alison,

I was in shock and feeling pretty numb at the time: just beside myself with grief.

We didn't have our immediate family around at Genevieve's arrival but thankfully we had you guys.

It was comforting to see your faces after the delivery. Also you gave Chi and I time to be apart and grieve in our own way. Men grieve differently and he didn't have to worry about me when he needed space with you both there.

Nina helped me with my breastmilk. It was important for me to have a memory or milestone with Genevieve: I was not helped by the hospital because other babies/mums got precedence. I was also in physical pain after Genevieve passed...an awful reminder I didn't have a baby to feed. Nina got me comfort aids, heat and ice packs. Also she helped me to take my cabergoline, which stopped the swelling.

Difficult news is hard to take in, especially when it kills any hope your child has to live.

You were there to digest what was said and ask the questions when we were too overcome with sadness and pain to be fully present.

Grief affects the entire family; I struggled with my parent's grief but, Alison, you were the voice of calm and reason when I didn't have the energy.

Thanks for your beautiful prayer and speech you wrote for the funeral. You were there at the beginning when we got the awful news and there at the end.... I don't think we would have survived that without you.

It was the best decision I've made and would not hesitate to call on you again. Thank you both very much.

xxx

Prayer

PRAYER FOR A FUNERAL HELD AFTER THE DEATH OF A BABY AROUND TIME OF BIRTH.

'Lechi Lach' Hebrew: meaning 'Go ahead' (Permission to go).

Dear God,

We stand now before you, our hearts breaking. For the last few days we have stood by our beloved daughter/son _____ and have witnessed his/ her brave struggle for life.

We thank you for the good and loving work of the doctors and nurses at _____ Hospital, who have cared for him/her with such devotion. We also thank you for the medicines and equipment that allowed _____ to remain in this world with us for the few precious days that we were able to have with her.

But we know what a huge struggle this was for him/her and that he/she wanted us to allow her to find peace.

Now we humbly entrust _____ into your care. As he/she has been taken from us in death we pray to you to watch over his/her precious soul and help him/her find her way to perfect peace, in dignity, free of pain and in your abundant love.

We also pray that you be with all of us in this room, to hold us up during our time of anguish, to mend our broken hearts and to comfort us as we grieve for this precious, beloved soul.

Oh God, exalted and full of compassion, grant perfect peace in your sheltering presence to little _____. Source of mercy, bring him/her into your presence now. May his/her soul be bound up in the bond of life. May he/she rest in peace.

(Adapted from existing Jewish prayers by doula Alison Grunwald)



She releases control to her body, to another part of her soul that knows how to do this... I love being there for that.

Legendary doula and birth advocate Penny Simkin shares with Bryony Pengelly her wisdom on supporting survivors during childbirth and the beauty of finding the birthing rhythm.

What inspired you to become a doula?

It all started in 1968 when I began as a childbirth educator. At that time the word “doula” didn’t exist except in the Greek language. In fact, the concept of labor support was unknown. As a childbirth educator I was sometimes invited to attend births of my students and I was thrilled, but not because I thought I could do anything for them; it was because I got to see a birth. I was excited at the opportunity.

There was one woman whose birth I attended at an out-of-hospital birth centre, and I remember standing against the wall in awe not saying a word. She had a wonderful birth and later when we visited she said ‘I thought you disapproved. You didn’t say a word’. She felt that I was judging her. I felt shocked and embarrassed and ashamed. Then I thought ‘maybe she asked me for a reason, maybe she wanted something from me’ – that’s how dense I was, I came at this from ground zero! It was only then that I realised that I was there to help, so I had to work out the role of the doula as I went along. There was no guidebook,

I was just trying to figure out how to be helpful and how not to do any harm.

In the late 1980’s I was thinking of leaving childbirth education, I was still interested in birth but felt the field was moving on without me. But before I left I wanted to see from my students if they remembered their births at all – this was 20 years after I first started teaching. I found 24 women that had been in my original classes between 1968-1974 and I asked them if they would participate in a study about their memories. I had the original birth stories they had written so I knew what had happened through their eyes and I wanted to see if they remembered it in the same way. They did so with very high consistency. The stories were shorter, but it was obvious to me that they remembered their births clearly. I also asked them how satisfied they were when they looked back on the birth. Most of them were very satisfied but some were not and I discovered that their satisfaction wasn’t associated with shorter, easy labour or natural birth but it was much more likely that they felt satisfied if they had felt well cared for, even if they had had difficult labours with interventions that they had not wanted etc. That is when I learned that how we care for women makes a difference in their long term feelings about their births.

I looked around and realised that we can’t control how easy or difficult birth will be or how long it will be, but we can control how we care for her. We can be kind, always. We can be gentle and we can be respectful. And so, that’s when things started to change for me. I became much more attentive to people and the question was always

in the back of my mind, 'how is she going to remember this?'. I thought, 'Can I say something, can I do something that will make this a good memory?'. I see that my role is to nurture and protect the memory of the birth for the woman. In asking that question, we are led to doing kind, caring, thoughtful things to help her feel respected and cared for, not only by us, but by the staff. Combining that knowledge with the research finding of John Kennell and Marshall Klaus, it seemed that it was time for me to start teaching doulas. I designed a course which eventually was sponsored by our local midwifery school in 1988 and they have been sponsoring it ever since. We now run 10 courses a year and have a Simkin Centre at Bastyr University. So I came here the hard way, but when I recognised how important kindness and care was, I got on the bandwagon and I haven't gotten off since.

'I see that my role is to nurture and protect the memory of the birth for the woman.'

What has been your biggest lesson in doulaing?

I've learned an awful lot about the human condition, universally. I recognise that the birth experience is key to a birthing person's feelings about herself, her confidence as a parent and much more. This one day in her life has a very long term impact. That has probably been the biggest lesson. But in terms of the doula, recognising how important we can be in shaping that long term memory, not by being medical experts -- we don't have to be surgeons or even midwives. We can make a difference, even for the woman who has a difficult, traumatic birth, we can still perhaps keep it from becoming full-blown post traumatic stress disorder.

I think the permanent memory and the positive impact the doula can have are the biggest lessons I have gained.

If you could give one piece of advice to doulas and birth partners what would it be?

I'm going to be very specific here. I feel that the most important thing is to be in her rhythm, and if she doesn't have a rhythm then to help her get one. I have learned over the years that if a woman has rhythm, whether it's breathing, moaning, swaying, tapping, singing, rocking or even a mental rhythm going in her mind like a mantra, then she is coping. Rhythm is the key to coping. So when she has rhythm she's coping, and when she doesn't, she's not coping, and she needs help getting her rhythm back.

If she feels safe she will become more instinctual and will start to find her own rhythmic behaviour. We need to be in her rhythm too, so that, if she is swaying then we should sway with her; if she is breathing rhythmically, we should breathe with her. I think when we do this we are giving her something. There's harmony in the room, partners get into the rhythm, I love it when staff do too. She feels it.

Then when things become intense she may lose her rhythm but if I have been in rhythm with her, I can help her get it back. But if I haven't been in her rhythm, if I've been in the corner tweeting, I can't do her any good.

I was with one woman at a home birth and she had nine people at her birth. They were all in this small bedroom on a hot July day and I thought 'what am I doing here?'. She was on the bed with her partner and she was rocking side to side, but when I looked around the room I saw that everyone in the room was swaying in that same rhythm. It didn't really register with me at the time but later when I talked to her she said 'I've never felt so loved in all my life'.

What was your birth like? And that of your children? Did they shape your views on your work?

I know nothing about my own birth, I was the third of six children. I know I was a big baby, I was 10lb+ but I know nothing and I never really asked my mother even after I got into this work because it was sort of a taboo topic, she never really understood my work; however, she never actively disapproved either, because she was a wonderful, wonderful woman. I think she probably gave birth with gas or ether or something because that's what everyone did -- so she may not even have known how she gave birth.

I have four children and their births were all very different which surely did shape my views. I gave birth to my first child in 1961 and had all four babies in five years. We not very interested in birth control in those days!

With my first child I had a new doctor as we had just moved to a new state. He was very kind and suggested I have a natural birth -- I didn't even know that there was a choice, I knew nothing, I'd had no classes, read nothing except an obstetric textbook that had terrified me. But because the doctor said I was a good candidate, I agreed -- having no idea what I was agreeing to! It turned out that my baby was 10lbs 4oz, 22 days late, occiput posterior and I wasn't able to have that natural birth after giving it a good try. I had a forceps delivery but afterwards I felt ashamed that I hadn't had the natural birth that he had wanted me to have. I was pretty immature and my own self image depended on what other people thought of me, so I was kicking myself. When I saw him afterwards in the hospital I can remember so clearly having a sheet pulled up over me, he grabbed my ankle through the sheet, gave it a little shake, and said 'what a trouper'. That comment was pivotal to me as it told me he approved. It was terrible that I depended on his approval, but it allowed me to think I did a good job. I honestly think that if he'd said to me 'Well, the lady down the hall pushed out an 11lb baby all by herself,' I don't think I'd be doing this work; I think I'd have labelled myself a wimp and I wouldn't have tried for natural births in the future. That teaches me that birth isn't over when it's over, it was still going over in my mind, I was still trying to make sense of it and to have those words said to me allowed me to move on and to believe in myself. I always feel that what we say in those critical moments has a lasting impact. I went on to have a bigger baby without medications or interventions. I learnt a lot from my third and fourth as well, they were my education.

How do you practice self care and what does your support system look like?

Well that's a question I don't really answer very well. I don't really have a self-care practice. I have a dog whom I adore and she gets me away from my desk and out walking and she plays with me. I enjoy crossword puzzles but I don't practice yoga or meditation or any of the things that I'm supposed to be doing. I work all the time, but the good news is I love what I do so maybe that feeds

me. I am very, very fortunate in my support system as my husband of 56 years has always supported me and I think we have a good relationship in assisting each other.

My four children whom I love and my eight grandchildren are all supportive, I don't pull them into my work very much, I like to keep that separate. So when we get together I don't tell them everything I'm working on - I like to be another person when I'm with them. I think I'm very lucky and I try to make sure that good information gets passed on, so that's why I write and teach etc.

This year has been hard with this book I am working on and I am getting too old for this stuff but mostly I am fascinated and when I have a few days off I am thinking about what I want to work on next. Taking a break when the kids come always helps.

You are renowned for your meritorious book *When Survivors Give Birth. How can historic abuse impact birthing women and their birth outcomes?*

It was my clients and students in childbirth classes who taught me about the impact of sexual abuse on childbearing. There was nothing in the scientific, sociology, or psychology literature -- nothing in any field -- connecting sexual abuse and childbearing. I would see people that had had a disappointing birth and I would feel guilty that it was not what I had prepared them for. It was in conversations with them that they would sometimes disclose that they had experienced sexual abuse and that their birth experience felt very much like their abuse. So I got together with Phyllis Klaus, who became my friend and the co-author of our book; she is a psychotherapist and has worked with survivors for many years. She also has taught me a lot.

'We don't want to impose anything or make her feel that she could do better if she did this or that.'

A history of abuse can blind-side women who feel that 'the abuse happened in the past, I'm over it now' without realising that it does have a very long term impact. Sometimes, during the childbearing year, memories of the abuse can surface unexpectedly; some women may have dissociated during the abuse so that they didn't have a memory of it, or they repressed the memory, but that doesn't mean that the memory is gone. Sometimes memories are triggered by the changes of the body that are out of her control; the movements of the fetus inside. Some women feel like a victim of the fetus, or being under someone else's control. The emphasis of pre-natal care on the sexual parts of the body, breast exams, vaginal exams, poking in the belly, asking personal questions -- some of these things are very disturbing to women survivors. Then there are trust issues. The people who hurt her are often people she trusted, it's hardly ever a stranger, it's nearly always a family member or a teacher, a religious figure, or scout leader, someone who had an important role in her life, so she learns that you can't trust people who have more power than you. Then she is expected to trust her care provider, who wonders 'why won't she trust me?'

The answer is: they have not earned her trust. Lack of trust and being out of control can be reminders of early abuse for the woman.

Many women will describe themselves as 'control freaks': 'I can't let myself go out of control because I get hurt when I'm out of control'. And that is an old lesson in childbirth - in labour it is very difficult to surrender to the body if the woman fears being out of control. Some women are amazing in that they are able to control the labour from becoming intense enough to cause her to lose control over her behavior, and a caesarean becomes necessary. We often expect that a woman should be disappointed if she has a caesarean for non-progressing labor, but for many clients there is no remorse over a caesarean whatsoever; it was almost like 'I held out, I defeated the labour' so in a sense they were triumphant that they didn't have to put themselves through it. It might seem unfortunate to us, but when we see it through her eyes it might be the lesser of two evils.

The same thing for epidural. It's interesting because people have different views about epidurals; an abuse survivor may see the epidural as the ultimate in helplessness, so she will desperately want to avoid an epidural. Another woman might say it's the only way she can get through it: 'I want to be numb, I don't want to feel anything.' We can't make any generalisations; we have to find out what these things mean to each person. I have an approach that Phyllis and I developed. It is a systematic way of working with a woman to discover her triggers - I have a list of 25 potential triggers that I go over with women, for example, being half naked/make-up a mess/not looking as she normally likes to be seen, and I ask 'how does this make you feel?'. Often a woman will be fine with that but another person will need to keep her composure and stay in control of some of these things. We come up with strategies to avoid, reduce the impact, or deal with her triggers. They feel very good after we've done this work as it combats the free-floating anxiety and enables them to feel ready to take on labour. It doesn't take long to just listen to somebody, take them at their word, then use the knowledge that we have of birth and strategize solutions that address her concerns.

Authority figures, especially those who are rushed or poor communicators, may create trust issues. Invasive procedures, such as vaginal examinations, blood draws and other things that can be inserted into the body are triggering for many. Often the care provider doesn't get it and wonders why she resists, why she tenses up during an exam, and tries to rush through, rather than offer options or empathy. Clearly childbearing can be a very difficult process for survivors, which is why we wrote the book -- to try to wake up the care providers. We also tried to aim the book at survivors but unfortunately, I don't think we did quite as well on that as we wished. I think most of the survivors that read it find it triggering so I try and warn people to skip the stories and read the chapters that are particularly useful, and not read the whole thing. I like to work with people while they are reading the book to make sure we can discuss any challenges that come up.

Doulas should not ask their clients directly if they have experienced abuse but can offer support if a woman takes the lead in disclosing to them. Some doulas feel it is their job to find out, but it isn't. Disclosure is often very stressful

for the client, who may feel some shame or feel it is none of the doula's business. The woman should be in control of what she discloses to her doula. The sensitive doula can read between the lines and be helpful even if the woman never discloses her abuse.

What are the best techniques to support women who are experiencing triggers of their previous abuse or other fears during childbirth?

Reactions such as anxiety, panic, resistance, crying out, or feeling overwhelmed or defeated may occur during labor. We must remain calm, observe, and get her attention with eye contact or other indications that she is listening and responding. Then we give clear, calm simple instructions, demonstrating what soothing actions we want her to try (i.e., rhythmic moaning, tapping, stroking, etc.) and have her join in. Called the "Take Charge Routine," it can restore the all-important rhythm in her breathing, vocalizing or movements. We can also be reassuring by reminding her that 'you do get a break after every contraction, let's see if we can feel that break' – sometimes they are so tense they can't feel when it's over. I'd then ask her to take a few deep breaths at that time.

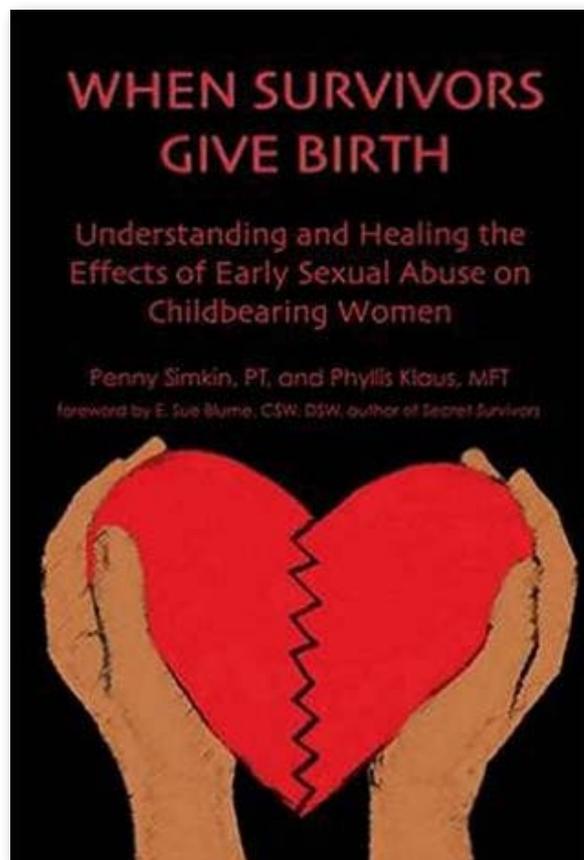
'She hunkers down emotionally, she doesn't care about all the things that seemed to matter so much beforehand.'

We should not leave her at times like this, unless she demands that you leave, in which case, do it for at least a while when she will probably want you back. And don't interpret anything she says personally. See the "Caregiver's Motto" below. This very useful explanation of how an abuse survivor or someone under a great deal of stress may react, enables us to remain empathic, even when we are not appreciated. This also helps us avoid getting sucked into conflict. Sometimes the woman is angry and even abusive; we should not take it personally or become defensive. We have to respond with 'Sorry, I'll try a different thing' or 'Sorry, I'll stop.'

The Caregiver's Motto: 'This person has very good reason for . . . feeling this way, behaving this way, saying these things, believing these things. I may be the target right now, but I am not the reason.'

How can a doula protect survivors from being triggered by maternity staff in the birth room without disclosing their abuse?

Firstly, don't violate her confidentiality, unless she has asked you to do that on her behalf. If the woman has told you in confidence that she has a history of abuse, then you never disclose, even if you think the staff would treat her more kindly if you could just tell them. I always offer the possibility to clients to disclose it in their birth plan, explaining that it would probably be taken seriously by most, though not all, professional care providers. Sometimes the staff will be more understanding and refrain from vaginal exams or other invasive routine procedures if they know the reasoning, or they will try very hard to do only what they need to do and will be patient and kind about it. But if she feels that it could be dangerous to identify herself as one who has been sexually abused, then she shouldn't disclose it. On



"When Survivors Give Birth" - Penny Simkin

occasions when I've been so frustrated with the staff not getting it, I've said 'she has good reasons for feeling this way', and that's how I've left it.

Second, we should encourage her to say what's important to her and encourage the couple to speak up, remind them if they had questions to ask etc. I do encourage birth plans as she can name her preferences for her and her baby's care. She can talk about abuse in her birth plan if she prefers not to do it face to face.

Third, I would encourage doulas to contact their local hospitals to see if there are opportunities to address staff about sexual abuse so it can be discussed generally and when there is not a clinical crisis. It is striking how many physicians, nurses, midwives, and others know little or nothing about this subject. Doulas could discuss that most abuse survivors don't talk about it or disclose it and then give them some of the clues that they should know, but may not.

Lastly, when a laboring client is in a clinically dangerous and frightening situation, or is ignored, coerced, or treated disrespectfully (a worldwide issue, about which the World Health Organization is taking action), the doula, who has little official status in most hospitals, has little power to speak up and change staff behavior. She must stand by. My theory, is that the doula, though silent, can be helpful by remaining calm, holding her, and staying by her side. The woman knows she is not alone in her fear. The doula acknowledges the difficult situation, goes to the Take Charge Routine: as described above. I think sometimes we can provide a kindness and guidance to shield the woman. This may mitigate the seriousness of

trauma symptoms that she may suffer later. This can be emotionally exhausting for the doula who can end up with secondary traumatic stress disorder (another huge topic that deserves more study).

What one thing can doulas or birth partners bring to the birth room to support all women unbeknownst to their experiences or any disclosures?

We should always be aware that abuse is a possibility and that we are there to help her have a satisfying birth as she defines it. We're not trying to make her give birth in a way that we think would be healthier for her or more satisfying. Our role is to help her become informed (unless the doula is herself a childbirth educator who can teach in an unbiased way), and then be able to take on her values as our own during birth. We don't want to impose anything or make her feel that she could do better if she did this or that. That's one of the most important things to learn -- what would make this a satisfying birth for

'... if the setting and the people around her tune in to and support her changing behavior and expressions, she is going to be transformed.'

her, then accept that and help her with it. Survivors have been coerced, coaxed, or forced to allow unwanted and damaging things. They could feel the same way if we pressure them during birth.

In your experience of doula training, what makes a good doula?

Humility, and here I am, arrogantly saying this! But also I think altruism is an important quality for a doula, being able to put someone else's needs before her own. By giving the laboring person one's undivided attention also allows the doula to 'tune in' to the woman's subtle behaviors and meet her needs with appropriate words and gestures. All this creates a feeling of safety for her. Also curiosity and fascination with the birth process and all the wonderful physiology, psychology and spirituality that comprises this process.. People who have those qualities should be doulas, and I am impressed and thrilled that there are so many people who have those qualities. The work, as demanding as it can be, should be rewarding in itself (not to say that doulas should not also be paid well for their work!). Other qualities that make a good doula are respect for the maternity care team and other doulas. Those doulas who adhere to a code of ethics help ensure that the well-known benefits of doulas will be realized.

What gives you the greatest joy when you look back over your exceptional career as a doula?

There is this time in labour when the woman gradually enters an instinctual state, and if the setting and the people around her tune in to and support her changing behavior and expressions, she is going to be transformed. She starts off thinking and joking, conversing and discussing and then she gets to what I call a moment of truth when she realises she can't control this labour; it is harder than she expected. She has to struggle with self-doubt and the unexpected intensity of the contractions,

feeling, 'I can't do this!' In releasing control, she becomes more instinctual and actually finds her way! I love being there for that. She hunkers down emotionally, she doesn't care about all the things that seemed to matter so much beforehand. That's where she finds her own spontaneous ritual, she finds her rhythm. I am there to hold her through that, to reflect it, to help her feel safe and cared for as she finds herself. I've often said I'd love to be with every labouring woman when they go through that phase. I usually see that somewhere between 3 and 6cms dilation, she realises it's out of her control; she can't consciously do it anymore, and releases control to her body, to another part of her that knows how to do this.

What is your proudest moment in life aside from your career?

I have to say my family - My husband of 58 years, our four children, now in their 50s, their spouses, our 8 grandchildren, and now two great grandchildren, one six weeks and one 3 days old as I write this! Now as my husband and I are aging, our children are becoming more present and more attentive to us. I just can't say how much I appreciate that. I am very proud of them and I feel I have been a very lucky person.



Penny Simkin, PT, is a physical therapist who has specialized in childbirth education and labor support since 1968. She estimates she has prepared over 14,000 women, couples, and siblings for childbirth. She has assisted hundreds of women and couples through childbirth as a doula. She is author of several books for both parents and professionals. She has developed teaching materials for birth classes and produced several videos for educators, doulas, and families, the latest of which is for siblings-to-be, 'There's a Baby.' She is co-founder of DONA International and PATTCh (Prevention and Treatment of Traumatic Childbirth).



Teaching Active Birth Professional Training

With JANET BALASKAS and colleagues

Starts 3rd /4th May 2017

Would you like to teach Active Birth to couples either singly or in workshops and add to your skills as a doula? This is an invaluable training in birthing wisdom that will empower you as much as your clients before and during birth. Learn to explain the benefits of being upright, and the advantages of a natural hormonal birth as well as how to stay as close to the physiological as possible when interventions are necessary... and much more.

"This unforgettable training gave me so much inspiration and confidence – invaluable for my doula work."



For a detailed description go to Professional Training

www.activebirthcentre.com



The Waiting Room

*I'm sat here, in a peaceful place,
while all around me need some space.*

*Busy feet, lots to do,
full hearts and unsure moves.*

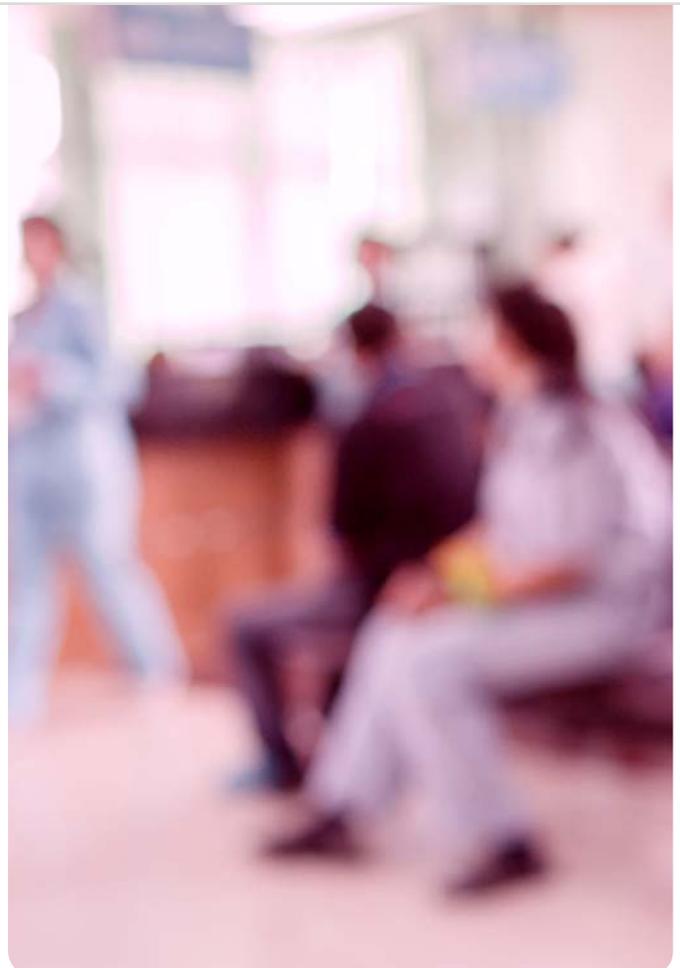
*Dads to be and new ones born,
mamas hidden behind closed doors.*

*Flowers arrive and tiny babes leave,
while some come in and groan and heave.*

*I'm sat here, in a peaceful place,
with the sun shining on my face.*

I kinda like this place.

Jenna Rutherford



My Joyful Birth

ASHLEY SCOTT-FISHER

On the morning of January 6 I woke early around 6am. I felt a few period type cramps, but felt sure they weren't strong enough to be anything real. They carried on, so I timed a few, and they were around 8 minutes apart.

At 7:20 I woke my husband Alvin and the surges suddenly started coming every 2 minutes.

Alvin decided he'd take over the kids so I could just get on with (hopefully) being in labour. I ran a bath and went and laid in that while Alvin got the children ready, sorted and off to school.

The surges continued. My midwife Glenis who was due to arrive at 10am, called just after 9 to say she couldn't come because she'd been up most of the night at a birth. I updated her and she promised she'd get some sleep and said I could call anytime I needed her.

I got out the bath, ate some breakfast and Alvin & I chilled out in the front room with me on my ball, listening to music. Around 11am I asked him to call Glenis so she could come and check me. I was desperate to know if I really was in labour.

Glenis arrived about 11:45 and checked us over. Everything was great. I asked for a vaginal exam and was thrilled that I was 5cm dilated. Alvin ran the pool, called Ali, our doula and a lovely student midwife, Abbie who would be with us.

I carried on chilling out and enjoying knowing I was in labour. Ali arrived and I got in the pool. I honestly couldn't believe how wonderful it was - I'd never laboured in a pool before, but will now be recommending it to every single person I speak to. The whole time I was in there I felt amazing.

Glenis continued doing her routine checks. After a while, she mentioned that my temperature was a little raised and my pulse was quite fast. She wasn't worried, but the next time she checked they were even higher. Eventually, as they continued to rise, Glenis decided to call the consultant at the hospital to see what they recommended. The doctor advised I take paracetamol. I did that, but at the next check my temperature and pulse were even higher (we'd even let the temp of the pool drop down hoping that would help but it didn't).

Glenis was becoming concerned that there might be something going on that we hadn't previously picked up, which although unlikely, could also pass to baby. She called the Supervisor of Midwives to get some recommendations about what we could/should do, but reassured me that I didn't have to take any advice at all unless I wanted to. Kathy (the SOM) eventually asked to speak to me and we discussed our various options. I decided going to the hospital would be best. I didn't want



to do it, I was scared and cried a lot at the thought, but it felt like the only option that made sense because I didn't want to put our baby at any potential risks, and I wanted him to be as close to the Paediatricians as possible at the time of his birth in case he needed them. At this point it all just seemed strange and we had no idea what my body was doing or why.

I asked Glenis to recheck me before we went in at 3:30pm and I was still 5cm dilated.

We had a pretty cool ambulance ride. At this point I was still doing absolutely fine. The paramedic even offered me gas & air and I remember saying "No thanks, I'm not in any pain." As we got out of the ambulance I remember thinking "These surges are quite hard to deal with now." but decided that must have been because I wasn't in the calm head space I had previously been in. Looking back now it was probably just labour advancing.

They put us in a room in labour ward. I remember being ok for a few surges, but then things started to get hard. I became restless, and was finding every surge took real concentration just to get through. There was talk of monitoring, antibiotics, doctors coming and going but no one telling me what was going on. I told them I wouldn't be monitored - the baby had been completely fine, the only issue was with me and I knew I couldn't sit still any more for monitoring- but they managed to convince me that if I did a brief 15 minute trace they'd move me to their pool room so I could use the pool. With some support from Ali & Abbie I reluctantly agreed as I really wanted the pool. The annoying thing was that now suddenly my pulse and temperature had gone back to normal. I got more frustrated as it felt like they were taking forever to actually do anything for me and I threatened to go home.

Abbie went to find the monitor but the only wireless one they had wasn't working. By now I was getting really angry and kept thinking there is nothing wrong and I'm

meant to be at home in my pool feeling wonderful like I did earlier! Then suddenly I got a surge which made me scream. My whole body shook and I couldn't work out why it felt so strong or what had happened. Afterwards I was almost sick and suddenly felt really hot. I realise now this was transition, but I convinced myself it was just because everyone had upset me so much that I couldn't cope any longer.

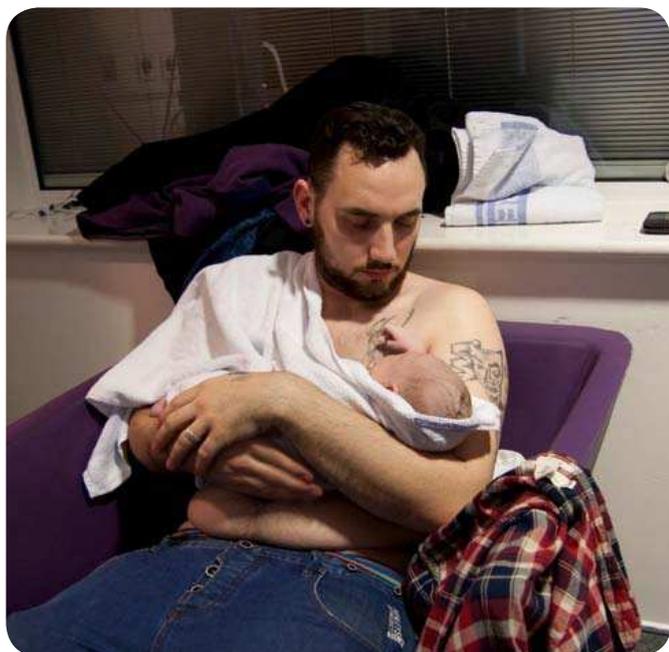
I told Alvin that I needed an epidural right away as I simply wasn't doing this any more. He tried to reassure me and remind me of what I wanted but I just shouted "Why is no one f***ing listening? I need an epidural!". Glenis reminded me that this was probably a big baby, and it was safer for him if I could feel to push effectively and move about if we needed space for him and I knew she was right.

By this time there were more doctors and Kathy the SOM I had spoken with earlier in the room and I was just wandering around with only a bra on telling everyone that I wanted to get in the pool immediately. We'd only actually been at the hospital for 55 minutes at this point but it felt like ages.

We then moved over to the pool room so I could have the monitoring there while the pool ran and then I would get in it. As the next surge came I thought "I would love to do this without any pain relief" and decided to squat by the bed. I heard 'Pop. Splash' and my waters went with an almighty gush all under the bed! I looked down at my tummy and said "Well done baby!" And I knew I was finally getting somewhere.

With the next surge my body started to push. As I felt his head coming down I remember thinking "F*** this baby is enormous." I did about three surges whilst squatting and Glenis and Kathy then asked me to kneel or squat on the bed so they could see him coming and help if needed.

I got on the bed, kneeling. Alvin & Ali stood behind the bed in front of me whilst Glenis, the SOM and Abbie stood behind me and encouraged me to push if my body needed to (and it really, really did!).



I pushed his head out in that position and then I could hear the midwives talking about getting his arm out, and I realised he was stuck. They gave me a couple more surges in that position and I could feel Glenis with her fingers inside me trying desperately to move him around so he would come out. It was incredibly uncomfortable but I knew necessary and although Shoulder Dystocia was my biggest fear, I trusted Glenis completely and knew no one else could handle it like she could. When the midwives asked me to turn over I knew I had to completely trust them at that point to do the best for us. I turned over, and with their help pushed for everything I was worth. I just knew my little man needed me to. With a level of pressure that I almost felt would turn me inside out Tobias suddenly popped out (with a huge tug from Glenis).

By now there were two paediatricians in the room too and I could hear someone shouting "clamp & cut now!" Tobias was laid on the end of the bed not breathing and they quickly clamped and cut his cord and whisked him off to the resuscitate to work on him. Within a few minutes he began to cry and everyone around me was saying "See, he is fine. We can hear him!" They brought him back to me for lots of skin to skin and cuddles. I was so relieved to finally have him in my arms.

After about 30 minutes of skin to skin, Alvin took Tobias for skin to skin with him and I got up off the bed to birth the placenta. Ali helped me to have a quick shower. Glenis checked me over and I was amazed to find I didn't need any stitches at all - not even a graze! That is an amazing testament to her skills.

It definitely wasn't the calm, loving, home water birth we had hoped for, but I was over the moon that we were all safe and I still achieved a completely natural birth under those crazy circumstances with my almost 10lb boy.

I was so lucky to have such a wonderful team of support around me. Every single person was vital at one point or another and it's made me feel even more strongly about my role and what I offer as a doula. The right support is vital - especially when birth takes unexpected twists and turns.

Tobias Edward finally arrived at 40+6 on 6th January 2015 at 18:50 weighing in at a wonderful 9lb 13.5oz (4460g)

A Dad's Perspective

MATT DAVIS



Can Judaism play a role in Isaac's life?

As a fairly steadfast secular Jew, religion in its singular, most fundamental form was never going to be an (al)mighty force in Isaac's upbringing. Secular Judaism serves up head-scratchers of, well, biblical proportions though. Anyone well versed in it knows that psalms, texts and liturgy form but a slither in Judaism's complex cultural kaleidoscope.

Even though I've always dwelled in the 'barely-believer' camp, like so many others an arcane Jewishness has run through my family's veins. From child to adult, I gorged on the rich pickings of a decisively pick and mix approach. Where a wholesome embrace of certain traditions over others appears arbitrary yet is utterly expected and rather effortless.

If this fluid yet full-of-foibles approach to religion is round holed, then autism is, of course, resolutely square-pegged – meaning Isaac's Judaism has never really taken shape. Random festivals, sing-songs, all-join-in stories and surprises, full on Friday night dinners, the synagogue as social hub and more, ours is a brand of Judaism that's more party than preachy. What it isn't is logical, descriptive, sensible, straightforward.

As such, the cornerstone of the (secular, religious, whatever) Jewish calendar, Passover, passes us by. As the extended family sit down to celebrate, we're seated elsewhere. It's a giddy and glorious affair. Children the heart and soul. Colourful stories of Jewish emancipation are read by everybody, symbolic foods – bitter, sweet and worst – are eaten, dares are made. Wine is tasted, the youngest child sings, presents are hidden.

We tried a fair few years ago, ever so slightly. But raised the white flag early on when the hurricane of noise and food and frolics blew Isaac into major over stimulation. The spartan surroundings of a spare room the only solace. Since when we've retreated into risk averse avoiders.

I'm denying him something precious I know. But Passover is so bound up with trip wires. Familiar family houses lose their familiarity; people jovially jostling for space and sound. Dinner tables become sinisterly ceremonial with plates and dishes, colour and spice, and much mystique. Groaning – literally for Isaac – with foreign foods that fizz and froth at him. Cutlery, crockery, glass, china – clinking, smells overriding, people shouting, picture books of cartoonish death and destruction howling at him. Not just a sensory sickness. The scalding blur of all this clutter, audibly and visibly also blighting any order, any uniformity he yearns. Comprehension can collapse like a house of cards.

Unreconstructed, this type of boisterous Jewish cultural onslaught is not on for Isaac. The collateral damage too much. For now. Denying can actually be a decent thing to do also. Even the most basic tenets of Judaism have seemed

to favour isolation over congregation for us as a family. Synagogues are bustling, busy places with singing and chanting that can become exuberant and painfully loud to many ears, sensitive or not. The protocols are potty. There's a haphazard nature of services that can mean a swift swing from loud informality to hushed seriousness.

Our one religious-ish experience five or so years ago, around diagnosis time, had been torrid. It was at an informal service in a synagogue for parents and their little ones. Jollily conducted by an expressive teacher, wide-eyed, miming motions that enriched and complemented tales of adventure and imagination. Restless, Isaac was disengaged. The tut tut brigade were on tenterhooks. Unaware as I was of his visual struggles to decode gesticulations (how my daughter instinctively, understandingly, unlike Isaac, apes hand movements and body moves with glee is so instructive). I attempted and failed to inspire him. Leaving in collective anguish meant no return.

Maybe the sorrow of this occasion has amplified in my mind. It happened during the epoch in our familial narrative of unknowledgeable nursery stuff, nasty stares and nerves fraying. There's an element of self-infliction with all this avoidance, knowing how many, many Jewish communities boast an inclusivity – full of intention and with a degree of success. Welcoming is ubiquitous I know that. But instinct, sociability and illogical rituals are the dominant currencies in so many synagogue environments, making the battle for someone with autism appear demanding. My stance on Judaism therefore remains devoutly in stasis.

Nevertheless, I have a daughter to add to the complicated equation now. Who will nimbly fit into our faith's idiosyncratic offerings that are full of warmth, love and family dynamics. Issues around identity that I could put off start to surface too – I have a responsibility to at least inform and open opportunities for both my children. And quite frankly, I am laden with a sadness about the absence of Judaism in my house; the silence haunting me a little like a lingering and lost Hebrew melody. So I am beyond grateful to two recent events that forced me out of this spiritual vacuum. And have proposed potential aplenty.

The first being the invitation to Ellie's Bat Mitzvah (coming of age ceremony for girls). Ellie being a 12 year old first cousin Isaac adores with all his heart. And she loves him back just as much with a quite startling tenderness and understanding. Seizing on the solemnity of the day with brilliant simplicity, Isaac would announce with gusto for days and weeks before that 'on Saturday November

the 28th, Ellie will become a grown up'. Religion and sermons, ceremony and celebration, heritage, family, culture, discussion, children, a spirited and spiritual unique flavour – Bat Mitzvahs encapsulate that brand of Judaism I've talked about with its dynamism, dialogue and general richness. However, just this once, any amount of dwelling on the fissures that a visit could very possibly force failed to begin to chip away at Isaac's absolute need to be there.

We arrived to witness men and women sitting separately in the synagogue. An irrational concept to most people, let alone purveyors of logic like Isaac. He grasped this potential hurdle neatly however, leaping between my wife and me; utilising it as an opportunity to orientate himself in a new setting as opposed to processing any peculiarity. The mechanism of manically moving about a new location is one he often sets in motion on first visits. It is a method of focussing and stabilising – sometimes with success, sometimes not. My wife, admirably, courageously, unexpectedly, remained composed in the face of his energy. The physicality and enthusiasm was in the main treated with a compassion by most of the congregants.

Indeed, Isaac's reactions and conversation, sparkling with honesty, spoke mischievously to some of them. 'This singing is silly. It doesn't work'.

His usual candidness induced humour: 'Daddy, why are you kissing everybody, stop kissing the women.' 'You don't kiss grown-ups, you only kiss adult cousins and you mustn't hug teachers,' checking himself before deciding who best to hug.

Regularly he enquired, 'where's Ellie, I need to see her, she's becoming an adult.' A bit predictably and not a little pathetically, I was displaying a very detectable (by Isaac as well) anxiety. His mini mood shifts and irritations were manageable but always felt on the verge. A few rotten reprimanding voices in the congregation agitated me.

But there were a few moments to really cherish – which were when there was most jeopardy: when Ellie took to the stage to talk to everybody and share her learnings, and the subsequent address by the Rabbi. After some excited cries of 'it's Ellie', he settled into a calm reverie as she spoke. Bewitched almost by her oratory.

And then the Rabbi spoke, and Isaac, with (as usual) not a trace of timidity, felt the urge to copy him a little as he spoke to the congregation. Isaac announced the Rabbi's presence with aplomb and sincerity. The kind rabbi asked if he had 'a sidekick somewhere', an 'echo perhaps'. To a now warmed up audience there was much merriment as Isaac repeated 'echo' a few times and then hushed. Borrowing

his school learning, he must have internally compared being at synagogue to being in an assembly, which, the two events now aligned in his head, made himself be quiet and disciplined. A real feat. We were proud and humbled.

Ellie concluded proceedings by announcing that to celebrate her Bat Mitzvah, she was making a donation to the charity, Ambitious about Autism, in honour of her cousin Isaac. 'It was an easy decision,' she said, 'as he'd taught me so much.' The hullabaloo at the end was a little hellish, what with people rushing around, snacks and wine, the crowd. Leaving via a playground and a neat finish as internally articulated by him, didn't occur. The distress was transient, as we managed to manoeuvre out of the hectic synagogue, kind of in one piece give or take a lost skullcap or two. All in all it was quite a moment in ours and Isaac's lives.

Which was built upon considerably a month or so later when my wife and I had the privilege of attending the Bar Mitzvah (coming of age ceremony for boys) of the wonderful Reuben – very similar yet very different to Isaac – who attends the same school. Electing not to take Isaac made sense to him; Reuben is a friend he sees at school, why would he see him not at school? He is a 'School. Friend.'

A judgement-free, relaxed and open community, in a space dripping with inclusive spirituality, Reuben was honoured and seemed comfortable and comforted in his family's unique synagogue. Reuben's year's preparation of chanting a significant Hebrew portion of the bible came to fruition fabulously. A beautiful voice resounding round the synagogue, a community delighted, heritage honoured, joy everywhere.

The Rabbi's sermon sent me into emotional raptures. Veering between absorption and a little distraction, Reuben looked on whilst being celebrated completely: 'We love you,' said the Rabbi. 'You're kind. Your personality so special. The room lights up when you enter.' 'You've taught me what the scariest film in the world is!' At which point, unabashed Reuben climbed the pulpit and exchanged hugs with the Rabbi. Afterwards, a lambent Reuben told me, 'I did my Bar Mitzvah. Everyone is very proud of me; I made no mistakes.'

This perhaps more than anything has created a path in my mind I can follow to drip a bit of Judaism in my family's life. This could be Isaac. Yes, we have to show the devotion and immersion of Reuben's family. Yes that me be unobtainable, unsuitable and a million miles off. Do I have the strength?

But with all the complications and randomness and individuality that comes with both, autism and Judaism can be joined. They can be bedfellows. And that is rather astonishing.

A dad's perspective

Matt Davis is a Parent Patron of Ambitious about Autism. His son Isaac is nine years old and he was diagnosed with high functioning autism just after his third birthday.



Natural Wonders...

DOULAING'S TOP PRODUCTS FOR THE BODY BEAUTIFUL

We all love to pamper ourselves, our friends and our pregnant and new mamma clients, but it's often hard to find great products that not only look lovely, but are made from lovely ingredients. Well, we have done the groundwork for you to source some of the best natural and ethical products in the U.K. that work as well as being kind to your skin, the environment and our wallets.

This issue: haircare. Whether you have long flowing waist length curls or a cool crop you can maintain your mane whilst remaining cruelty free:

1. SHAMPOO

Giovanni Smooth as Silk shampoo (250ml)

£7.99 at various online stockists

Laurel & laureth sulphate free this gives a luxurious lather cleansing from roots to tip. Great for unruly or curly hair it detangles and controls frizz & flyaway hair.



2. SOLID SHAMPOO

Lush – Trichomania solid shampoo (100g)

£5.95 lush retail stores & online

An ultra hydrating shampoo using protein rich creamed coconut. Leaves hair soft and strong and kind on your scalp. Stroke directly onto the scalp and work into hair to lather.

3. CONDITIONER

Beauty without Cruelty conditioner – Rosemary Mint Tea Tree (473ml)

£6.60 at online stockists

100% vegan, paraben free, PH balanced made with premium essential oils. A plant based formula that eliminates static and frizz, restoring manageability and promoting shine and a clean healthy scalp. Smells wonderful and leaves no residue.



4. HAIR SERUM

Super Skinny Serum (150ml)

£19.50 various online stockists

A lightweight formula that penetrates deep into each hair shaft leaving a smoother surface and silky, shiny hair. Reduces drying time and conditions unruly curls. Lasts for ages as a little goes a long way making it worth the price.

5. HAIR DYE

Manic Panic Rock 'N' Roll Red – High Voltage Classic Cream Formula Hair Colour (118ml)

£9.99

For those who like to dye without cruelty, Manic Panic offers an infinite number of semi permanent shades to choose from. Bold colours packed with pigment, these vegan friendly colours are a favourite with the more adventurous.



The Doula's Top 5 Hypnobirthing Books

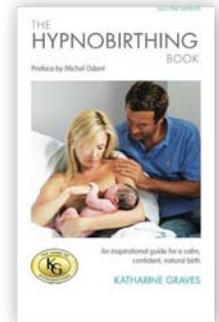
AS RECOMMENDED BY DOULA UK DOULAS

The Hypnobirthing Book & Audio CD by Katherine Graves

The Hypnobirthing Book is based on the effective and sympathetic approach Katherine Graves has developed over the past 10 years. Expectant mothers and fathers will find essential knowledge, with skills that will release fear, build confidence and help them look forward positively to the birth of their baby. Also invaluable to birth workers as a great introduction to hypnobirthing and its growing acceptance in the UK.

Provides background information on childbirth and labour, relaxation exercises and positive birth affirmations. An inspirational read, specifically relevant and geared toward the NHS and UK maternity system.

1



Natal Hypnotherapy Audio CD by Maggie Howell

A four step programme which builds your skills, abilities and confidence in your body. Includes a pregnancy relaxation CD, effective birth preparation CD, relaxing birth music CD and a fast post-natal recovery CD.

The facts speak for themselves: Natal Hypnotherapy™ users have an average caesarean rate up to half the national average and are recommended by 97% of users.

The Natal Hypnotherapy Programme has been designed to give you the maximum benefit, practice and experience of using these powerful techniques to ensure you have a truly wonderful pregnancy and birth experience.

2

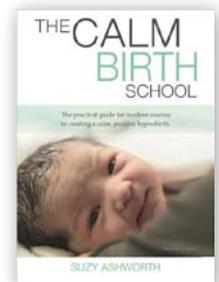


The Calm Birth School: The practical guide for modern mamas to create a calm, positive hypnobirth by Suzy Ashworth

The Calm Birth School supports modern women to create positive birth experiences that make them want to shout from the rooftops for all the right reasons. You'll learn: The science behind why you don't have to give birth in agony, a mindset overhaul that'll leave you feeling positive about birth and breathing techniques to enable you to deal with any stressful situation calmly and effectively: before, during and beyond birth.

'So if you are a control freak; scared out of your mind about giving birth; or you believe in your body but do not want to waft a joss stick around your lady parts... This book is for you.'

3

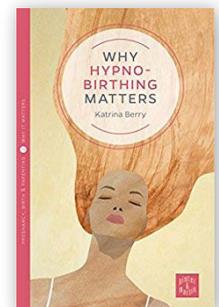


Why Hypnobirthing Matters by Katrina Berry

Why Hypnobirthing Matters explores the origins and rationale for using hypnosis for childbirth, explains what you can expect from hypnobirthing, and dispels common misunderstandings in a lively, informative way.

A pocket-sized book which aims to provide readers with concise, balanced and evidence-based introductions to some of the subjects that parents are faced with as they navigate the complex and highly commercialised waters of modern parenting. This installment comes from cognitive behavioural hypnotherapist, hypnobirthing teacher and clinical aromatherapist, Katrina Berry, who has helped hundreds of couples achieve a calm, serene and comfortable birth with hypnobirthing.

4

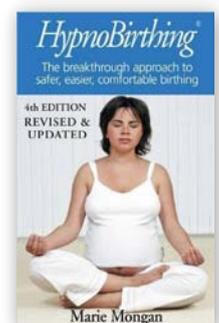


HypnoBirthing – The Mongan Method by Marie Mongan

Marie Mongan explodes the myth of pain as a natural accompaniment to birth. It is the fear of pain, a fear that keeps the body tense and closed during birth, that must be released to allow the experience of a gentle birth. Relaxing the mind allows the body to work.

The HypnoBirthing method is an act of nature and not medical manipulation. Using the HypnoBirthing exercises - positive thinking, visualisation, breathing and physical preparation - will lead to a happy and comfortable pregnancy. In turn, the confidence, trust and life-affirming nature of your birth will be a life-changing experience for the rest of the life of the new family.

5



Lamb Tagine with Prunes, Almonds & Dates

An ideal dish for a family gathering. Prepare, then place in the oven and spend time with your guests before serving! Consider a crunchy chopped salad of shredded carrots, onions, red cabbage, cucumber and ruby red pomegranate drizzled with olive oil and seasoned with sea salt, cracked pepper and lemon to accompany.

ingredients

1.5kg lamb shoulder, deboned, well-trimmed, cut in 3cm cubes
2 tbsp olive oil
1 onion, finely chopped
1 red onion, finely chopped
2 garlic cloves
50g blanched almonds
1 cinnamon stick
250g pitted prunes
70g pitted dates, sliced
2 tbsp acacia honey
1 x 400g tinned plum tomatoes, sieved to discard the seeds
2 tbsp Osem brand onion soup mix dissolved in 250-300ml boiling water
50ml pomegranate concentrate dissolved with 50ml boiling water
sea salt and freshly ground black pepper
1 tsp ground ginger
1 tsp ground coriander
2 tsp cinnamon

garnish

fresh coriander, a small bunch
serve with quinoa or wholegrain rice

**Preparation time – 40 mins,
cooking time – 1.5 to 2hrs**

LISA'S TIP

This dish is so comforting. The dates and honey give a natural sweetness. Fruits are so special served in festive stews, making this dish the perfect centrepiece for any celebration or family gathering.



Preheat the oven to 325°F, gas mark 3, 180°C (160°C fan-assisted).

Place a 29cm casserole dish over the stove, gently heat the olive oil, and sauté the finely chopped onions until translucent.

Decant the onions to a mixing bowl.

In a separate large mixing bowl, add the ground ginger, coriander, cinnamon, paprika, garlic granules, sea salt and black pepper.

Place the casserole dish back on the stove, and seal the lamb for 5 minutes, then spoon into the mixing bowl with the seasoning.

Coat the lamb in the seasoning then set aside.

Pour the sautéed onions back into the casserole dish on the heat, add the crushed garlic and sauté for a further 5 minutes.

Add the chopped dates, prunes and almonds to the onions.

Pour in the dissolved pomegranate concentrate, onion soup mix and then add the seasoned lamb and the cinnamon stick, cook for a further 2 minutes.

Sieve the canned plum tomatoes discarding the seeds. Place the juice of the tomatoes into a small mixing bowl, add the honey to combine together then pour over the lamb.

Bring the liquid to the boil, then reduce to medium/low heat.

Cover with a lid and place in the preheated oven and cook gently for 1.5-2 hours, checking every 30 minutes.

After 1 hour, add the chick peas and continue cooking, reducing the oven temperature to 300°F, gas mark 2, 160°C (140°C fan-assisted).

Serve immediately with quinoa or wholegrain rice.

Banana & Walnut Cake

A gluten-free healthy muffin to compliment a hot drink without the overload of refined sugar.

{Serves 12 - 14}

ingredients

3 large eggs
200ml sunflower oil
3 bananas, mashed
225g coconut sugar, sifted
225g fine cornmeal (polenta), sifted
1 pinch sea salt
2 tsp baking powder
100g walnuts, broken
100g sultanas

garnish

220g Philadelphia (or other full-fat) cream cheese
80g slightly salted butter
2 tsp custard powder

4 tbsp icing sugar
60g walnuts halves

Preparation time - 40 mins,
cooking time - 55 mins,
decorating time - 20 mins

Preheat the oven to 325°F, gas mark 3, 160°C, (140°C fan-assisted).

Beat the eggs in a food mixer or by hand. Add the sunflower oil.

In a large mixing bowl sift the sugar, cornmeal, baking powder and salt. Add to the egg mixture and beat until combined.

Fold in the mashed bananas, then add the broken walnuts and sultanas.

Line the base and sides of a non-stick 9in (23cm) spring form tin with parchment paper.

Pour in the mixture and bake on the middle shelf of the preheated oven for 55 minutes.

Remove from the oven when cooked and place on a cooling rack. After ten minutes, release the spring form tin and leave to cool.

To make the cream cheese frosting, beat the cream cheese and butter by hand until smooth. Add the custard powder and icing sugar.

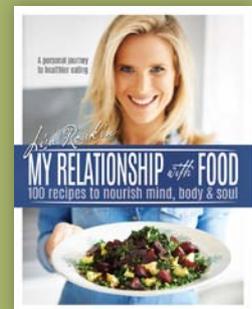
Ice the top and sides of the cake once cooled, and decorate with walnut halves.

Remember to share!



LISA'S TIP

Okay, the recipe has sugar but I've balanced this out by making it gluten free. It truly is like banana bread but in a fluffier form. Bananas have always been one of my favourite snacks and they are packed full of goodness, including Vitamin C, potassium and dietary fibre. The walnuts are great for our brains and memory. Any cake baked with bananas are my family's favourite, especially my grandma!



Lisa Roukin is a chef and an author. Lisa's main focus is developing healthy, gluten and wheat free recipes with minimal use of refined sugars which resonates in her cookbook My Relationship with Food which is packed with seasonal recipes, helping you make the most of the best produce available to create nourishing and wholesome meals. Perfect for those wishing to build on their repertoire, introducing you to some inspiring breakfasts, lunches, soups, sides, dinners and treats, aimed at bringing the family together over meal times. For more information on Lisa you can visit:

www.myrelationshipwithfood.com

Instagram: [@myrelationshipwithfood](https://www.instagram.com/myrelationshipwithfood)

Twitter: [@cookwithlisa](https://twitter.com/cookwithlisa)

Facebook: [My Relationship with Food](https://www.facebook.com/MyRelationshipwithFood)

10 Minutes with...

MICHEL ODENT

The irrepressible obstetrician and author shares his unique outlook on life.

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

Instead of reading books about pregnancy and birth, chatter with an authentic doula.

Tell us about a day that changed your life.

The day of my birth.

What drives you?

What drives living creatures? If you have a valuable answer to this question, let me know.

What is the key to a positive birth experience?

Not to have a preconceived idea about how the baby will be born.

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

To ban the word 'system'.

What is your top tip for new mothers?

I forwarded your question to mothers.

Who do you most admire and why?

The genius who associated the sin of consuming the fruit of the tree of knowledge with difficult births. What an eloquent way to illustrate the concept of neocortical inhibition as a key to understanding human nature in general and human birth in particular!

What makes you happy?

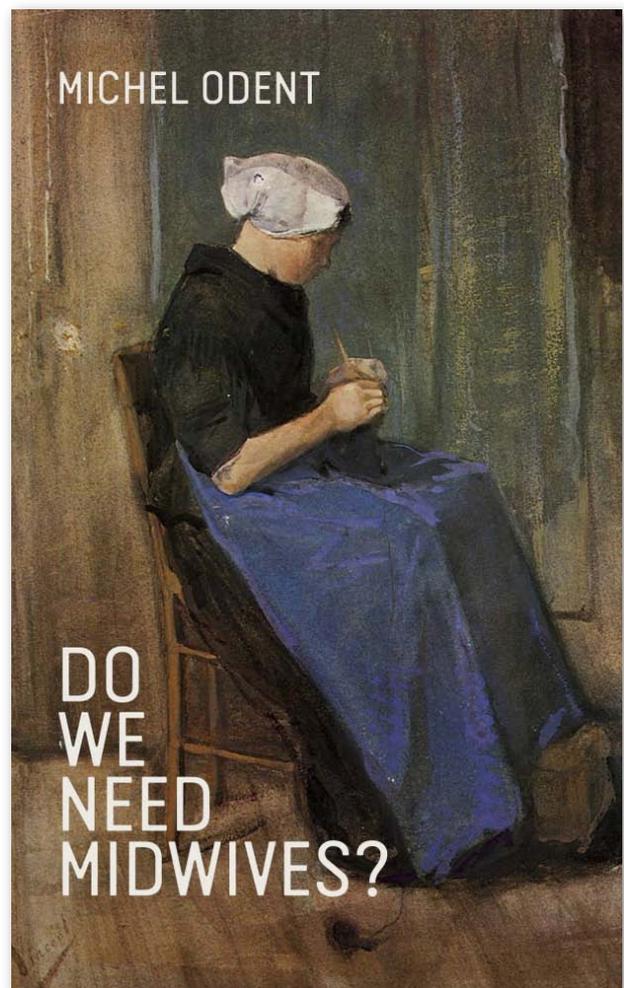
How do you know I am happy?

Which book would you recommend to anyone starting on their journey to parenthood?

Are you sure I would recommend books?

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

I am so busy looking towards the future that I have limited time to consider the past.



"Do We Need Midwives?" - Michel Odent

Michel Odent has been in charge of the surgical unit and the maternity unit at the Pithiviers state hospital (1962–1985) and is the founder of the Primal Health Research Centre (London). In the 1970s he introduced the concepts of home-like birthing rooms and birthing pools in maternity hospitals.

He is the author of 12 books published in 22 languages and author (or co-author) of 92 articles listed in www.pubmed.com.

Events Calendar



March	Event	Location	Details
04-Mar	In Awe Of Birth – KGHypnobirthing Conference	London	khypnobirthing.com/birth-conference
08-Mar	Childbirth and the Court of Protection seminar	London	beth.williams@39essex.com
10-12 Mar	Red Tent Preparation Course	Wales	redtentdoula.co.uk
13-16 Mar	Birthbliss Academy Preparation Course	Leeds	birthblissdoulacourses.co.uk/enrol-now.html
13-16 Mar	Nurturing Birth Preparation Course	Manchester	nurturingbirth.co.uk
15-17 Mar	Conscious Birthing Advanced Course	Edinburgh	doulatraining.co.uk
17-19 Mar	Red Tent Preparation Course	London and York	redtentdoula.co.uk
18-Mar	Doula UK Introductory Workshop	London	doula.org.uk/introductory-workshop
20-24 Mar	Conscious Birthing Preparation Course	London	doulatraining.co.uk
22-Mar	World Doula Week		worlddoulaweek.com
25-Mar	Doula UK Conference	Manchester Renaissance Hotel	doula.org.uk/conference
28-Mar	The Power of Volunteering During Pregnancy and Beyond	London	powerofvolunteering.co.uk/
27-31 Mar	Developing Doulas Preparation Course	Manchester	developingdoulas.co.uk
31 Mar-1 Apr	Life of a Birthkeeper Advanced Doula Enrichment Workshop	Co. Wicklow Ireland	redtentdoula.co.uk

April	Event	Location	Details
01-Apr	In Awe Of Birth – KGHypnobirthing Conference	Manchester	khypnobirthing.com/birth-conference
1,2,14-16 Apr	Developing Doulas Preparation Course	Cambridge	developingdoulas.co.uk/
08-Apr	AIMS Celebrating Continuity Conference	Leeds	aims.org.uk/
15-Apr	Doula UK Introductory Workshop	Newry, Northern Ireland	doula.org.uk/introductory-workshop
24-27 Apr	Birthbliss Academy Preparation Course	Abbots Langley	birthblissdoulacourses.co.uk/enrol-now.html
28-29 Apr	MaMa Conference	Ayr, Scotland	mama-conference.co.uk/

May	Event	Location	Details
1-7 May	Maternal Mental Health Awareness Week	#MaternalMHMatters	http://maternalmentalhealthalliance.org
6/7 May	Baby Bonding Practitioner Training	Oxfordshire	doula.org.uk/event/baby-bonding-practitioner-training/
13-May	Doula UK Introductory Workshop	London	doula.org.uk/introductory-workshop
18-May	Policing Pregnancy Conference	Canterbury Christ Church University	jennie.bristow@canterbury.ac.uk



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