in this issue

Posterior Babies – an Alexander Technique Perspective
Giving Mothers a Map
Interview with Jill Bergman
Exclusive first look excerpt from ‘Why Doulas Matter’
In this Issue . . .

Editorial 3
Doulas as Pacers by Julie Byers 4
Kangaroula Jill Bergman Interview by Lindsey Middlemiss 6
Why Doulas Matter by Maddie McMahon 8
Time to Play by Kate Medlin 11
Rotating the Posterior Baby – An Alexander Technique Perspective by Ilana Machover 12
Talking to Students about Birth Choices by Sarah Webb and Liz Greenan 14
Giving Mothers a Map by Natalie Meddings 15
A Doula in the Houses of Parliament by Kicki Hansard 18
Doula Events Calendar 2015 22

BOOK REVIEWS
Sweet Sleep – Nighttime and Naptime Strategies for the Breastfeeding Family by Karen Hall 20
Caesarean Birth by Leigh East 20
The Baking Doula – Dark Chocolate Beetroot Cake by Frances Andrews 21

Please note that OPINIONS expressed in Doulaing are not necessarily those of Doula UK as a whole.

Doulaing Team:
Thank you as always to our amazing newsletter team for layout and pictures. Peter you are the best! And to everyone who contributed their time and energy to this Spring edition.

Dear Doulaing ... Letters:
If you would like to respond or comment on any of the articles in this edition please send them to doulaing@doula.org.uk

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

Cover picture courtesy of Jerusha Sutton – www.jerusha.com.au

Copy deadline for the Autumn issue is July 31
Spring is just around the corner and with it the feeling of a fresh start, renewed energy and new life. This theme has certainly been in the air for the co-editors of the Doulaing team. In January, Jessica Booth emigrated to California to begin a new journey with her family in the sunshine and Ashley Scott-Fisher became a new mummy again to a gorgeous son, Tobias. This left me, poised to come aboard and help the team (thinking maybe I would write an article or two if need be) finding myself left alone and literally holding the baby.

So here I am, your brand spanking new rookie editor, bolstered up by a pep talk from the legend that is Bridget Baker and guided brilliantly by Lindsey Middlemiss, I was shoved over the top to the frontline to gather, collate and serve you all up what I hope is a diverse and interesting edition. As an avid reader and writer it has been a pleasure to put together the wise words of my doula colleagues and I am very thankful to everyone who offered to contribute.

In this issue: It’s not just new mammas who have been busy producing, we are proud to announce our very own Maddie McMahon has laboured long and hard and delivered us a book; *Why Doulas Matter* to be published in March. She has kindly given us an exclusive sneak peak which I am sure you will enjoy. From across the pond a doula in the USA reaffirms that being a doula who does nothing is a positive thing and gives us her musings on doulas as ‘pacers’. We look to experienced therapist and agony aunt Kate Medlin for some ideas about self care and retaining our own energy. Ilana Machover shares her thoughts on Posterior babies from an Alexander Technique viewpoint. We also have the first recipe from our new regular columnist Frances Andrews - The Baking Doula. I hope many of you will be attending our annual DUK conference in Birmingham on March 24th which is set to be a fantastic event. Ahead of this we have been lucky enough to secure an interview with Jill Bergman who is one of the key speakers.

As if that wasn’t enough, as well as all of this we have book reviews and a calendar of study events for doulas. Don’t say that I don’t spoil you!

So whizz yourself up a smoothie, cut a slice of cake, find yourself a quiet spot in the gentle light of the Spring sunshine and settle down to read with us for a while.

Lauren Mishcon

Lauren has been a member of Doula UK since 2007 and is a Birth Doula and Birth Doula Mentor. She lives in North London with her husband and three sons ages 11, 8 and 2 and Barker, the high maintenance Springer Spaniel. She loves straight talking, crisps, wine, cooking, really trashy TV and is still in awe at the everyday miracle of birth.
Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must lead, lead so the woman is helped yet still free and in charge. When the baby is born, the woman will rightly say, “We did it ourselves.”  —from the Tao Te Ching

Truth? Sometimes I’m baffled by my work as a doula. I’m confused by the mystery that my presence makes an impact. Especially when I don’t *do* anything.

Take Julia’s birth. I left Julia’s birth feeling like her three year old did more than I did. I mean, really. What did I possibly offer to that family? And then later, Julia’s husband says I was worth every penny. It made no sense.

Or Melissa’s birth. I fanned her. With a manila folder. That’s about all I did. And then later, she says she couldn’t have done it without me. It made no sense.

I read about the early studies on doula support. In those double-blind randomized controlled trials, the labouring women had no idea that the extra woman in the room was a doula. They’d never met before. Yet, their birth outcomes were significantly better than the births that did not get the “extra person.” It made no sense.

Nearly 8 years into this gig, I think I’m maybe beginning to understand how doulas work. We’re pacers.

I’m reading an incredible book titled *The Worst Is Over: What to Say When Every Moment Counts*. I bought the book thinking it would help with my kids. Norah has an anxious tummy and Cedar is ever catapulting from high places. I never imagined how it might relate to my birth work. But, of course, women in childbirth are in an altered state of consciousness just like people who experience trauma. Childbirth is NOT trauma and not always even painful but the brain does go into an altered state. Women in childbirth are often dreamy, time becomes hazy, thoughts may be confusing, suggestions plant deeply. I already knew how important language is for birthing women but this book took it up 10 notches. And it taught me about pacers.

**So what’s a pacer?**
You know how you modify your body language, voice, words to become more in sync with others? It’s a normal part of communication. Or sometimes a strong personality can change the entire mood of the room when that person is having a bad day. The author describes pacing as “our natural human tendency to tune in to others nearby by matching our words and our behaviours to theirs.”

The author talks about the importance of pacers when people are afraid, hurting, in shock, etc. Pacing builds confidence, healing, comfort, rapport, and cooperation.

**How does this work in childbirth?**
Nancy is deep in the birth zone. She is in an altered state of consciousness. She is barefoot in the hospital shower—a state that would disturb her any other time. Usually a very modest woman, Nancy is naked. Her husband, in swim trunks, supports her physically in the shower. What am I doing? I’m leaning against the wall, offering a sip of water from time to time. I don’t say a word. But here is the non-verbal pacing that is happening: Nancy locks eyes with me as she welcomes each surge. My eyes are confident, grounded, and full of love. She knows I’ve done this before. My eyes tell her everything is normal. What else? My posture is relaxed. I’m not carrying tension or shedding adrenaline. As we lock eyes, I take a deep cleansing breath and release it slowly. She mimics me. I smile.

Sarah sits on her birthing ball leaning on her king-sized bed. Her husband rubs her back, Bon Iver plays in the background and the rain is falling outside. There is nothing for me to do so I sit in the corner...
and knit. Sometimes, Sarah looks over at me and I smile. My calm, slow knitting reassures her that all is progressing perfectly and there is no rush.

Heather’s labour is showing signs that baby is not in an optimal position. I show her a technique to lunge during her waves. Her husband stands behind her providing extra support. I stand in front of her and lunge with her. We are exactly in sync as we lunge and lunge and lunge some more.

**What makes doulas uniquely suited for pacing?**
The doula’s focus is entirely on the mom. Midwives are amazing pacers but they sometimes have other important tasks that may come first or interrupt: monitoring baby, checking mom’s blood pressure, etc. Particularly in those rare cases of emergency, it is vital to have a pacer who can remain focused on mom.

Dads, close friends, family members are not always the best pacers. Why? They’re emotionally caught up with the experience. They should be! I remember catching a glimpse of my mother’s concerned face at my first birth. It did not reassure me. Sometimes dad isn’t sure if what his wife is feeling is normal and his face can mirror it. And the birthing mom’s spidey senses can smell fear and uncertainty.

Giving name to this intuitive process has helped to deepen my understanding of what seems so mysterious—how the presence of a doula-who-does-nothing can be enriching and often crucial to the birth.

Julie is an experienced birth doula and educator in the USA and a certified Hypnobabies Childbirth Hypnosis Instructor. She is also a member of Upstate BirthNetwork - a non-profit organisation dedicated to serving expectant families in Upstate, SC where volunteer birth professionals provide free one-on-one consultations to assist expectant families in preparing for the birth they desire. They also host monthly gatherings called Blessingways designed to provide local positive birth stories and mindful information.

**JulieByers, CBE, Doula**
www.facebook.com/GreenvilleHypnobabies
www.juliebyers.com
www.upstatebirthnetwork.org
Jill and Dr Nils Bergman are international leaders in advocating for the importance of skin to skin contact (SSC) and kangaroo mother care (KMC) for newborn babies.

Jill has supported Nils in using and promoting SSC and KMC since he started in 1988. A former teacher and lecturer, now a doula, Jill’s specialty is making the neuroscience that Nils teaches applicable in practice and translating care into non-technical language. She trains nursing staff and hospitals in the practicalities of skin to skin contact, and developmental care and has also made 4 films and written a book – Hold Your Prem - for parents of premature babies.

Jill has a passion for supporting mothers in labour as a doula and as a kangaroula speaking for the needs of newborns, empowering mums and babies with early bonding and breastfeeding.

As a doula, a breastfeeding supporter and a mum who had a gentle caesarean, I was fascinated to have the opportunity to learn more about supporting mothers and babies to get skin to skin.

**Lindsey:** Nils and you have been advocating for skin to skin & kangaroo mother care for decades. How did you get interested in the first place?

**Jill:** When we got to an isolated mission hospital in Zimbabwe in 1988 there were no incubators, so preterm babies died. The midwife Agneta Jurisoo who came with us had read a few articles on KMC so she and Nils decided to try 24 hours a day skin-to-skin contact. There was a 5 fold increase in survival! We do advocate for Kangaroo Mother Care (KMC) which includes skin to skin contact, breastfeeding and early discharge (WHO definition). But we prefer to use the term Skin to Skin Contact, (SSC) which is what makes the Neuroscience difference to the baby, so there is no confusion.

**You’ve coined the term ‘kangaroula’, which I love. Can you explain what you do as a ‘kangaroula’?**

**Jill:** While the job of a doula, supporting a woman through labour, is well known, as a kangaroula I do the doula work so that I am in the right place to see that the needs of the baby are met at birth. Avoiding separation of mum and baby, avoiding stress, and immediate SSC on mum helps the baby to stabilize faster for every baby.

Kangaroula work continues after birth. Oxytocin is protected in the 1,000 minutes before birth (by the doula) and 1,000 minutes after (by the Kangaroula). This comes from the science of Kangaroo Mother Care, confirmed in this way. The key is Skin to Skin Contact for every baby and avoiding the stress of separation that would switch off oxytocin.

**How important is kangaroo mother care and skin to skin contact for premature babies?**

KMC is life saving for preterm babies in the whole world, not just a cheap alternative for 3rd world countries. The baby stabilizes faster, breathes better and the baby in SCC stimulates the mother to produce breast milk so the preterm baby grows faster and has less infections. The bonding and attachment of mum and baby is also much better than if baby is in an incubator.

**Does skin to skin contact make a real difference with full-term babies (too)?**

YES! SSC makes a huge difference to full term babies too. If the baby is put in SCC on mum’s chest immediately, the baby’s heart rate settles, the oxygination is optimal, the mum’s chest warms the baby and the newborn has instinctual / highly conserved Neuro-endocrine behaviours to get him to the breast and start suckling all on his own. So
breastfeeding is easy, mum and baby stabilize and relax and bond calmly. An ideal start.

In thinking about the neuroscience, what makes for a good birth?

The science behind a good birth experience is keeping oxytocin up and cortisol away. Any stress, anxiety, worry is destructive to oxytocin and the birth experience that makes birth good.

Other factors which make a “good birth” are when the baby is ready - i.e. not induced - no epidural, mum and dad supported by a doula’s presence, medical checks done by a midwife. The mum is free to move around, actively walking, on the ball, in the bath, drinking as she wants. A peaceful, gentle atmosphere, lots of encouragement, gas and air (Entonox) at the end can help, and low light. Placing the newborn baby onto mum’s chest, cover both and delayed cord clamping. Weighing and all other procedures can be done later thus allowing an undisturbed first 2 hours to latch.

What suggestions would you make for someone supporting a mother who wants to do skin to skin but is being told by healthcare professionals that this will not be, or is not, possible?

A number of things...

• I would encourage the mother to request the evidence base for why SSC is not possible.
• Give the mother or the couple some articles to advocate for their baby’s basic biological rights. Very few cases can’t get SSC (e.g. gastroschisis, spina bifida).
• For Prematurity extra oxygen and all other care can be given as normal, it is only the place of care that changes, on mum’s chest.
• Make a birth plan and find an advocate who can help on evidence for improving birth.
• Go somewhere else – it’s important enough for the baby!!

If it’s not possible for a mother to do skin-to-skin with her baby after birth, do you advocate for babies having skin-to-skin with their father/the mother’s partner or even their doula?

SSC with mom is the biologically expected environment, so she is first choice, but dad is the best alternative as baby will know his voice from 25 weeks onwards. It has a profound effect on dad too: it changes his hormones. If there is no dad around, her mum or sister is a good alternative. The next choice would be a doula. Try to get the baby back onto mum as soon as possible in recovery to start the natural breastfeeding process, and because, as SSC is part of early bonding, it would be confusing for the baby to bond with a stranger e.g. the doula.

If a mother has chosen to not breastfeed, or is genuinely not able to, would you still advocate for them using skin-to-skin contact or/kangaroo mother care?

Absolutely! The baby needs the SAFE PLACE and comfort of Mum’s body even more for his security and physical stability (mums can choose not to breastfeed for many reasons, some out of fear of inadequacy/not being able to produce. For some babies they simply latch and mother’s hormones and biology click in.

My own experiences have been that skin to skin contact was very beneficial in recovering, emotionally and physically, from a difficult birth or tricky start with feeding. Have you found that skin to skin contact & kangaroo mother care helps mothers as well as babies?

For the baby SSC means that he is back in his SAFE PLACE – on mum – and there can be a lot of physical stabilizing, but it is also hugely helpful and calming for baby and also for the mother. It can be deeply healing for the mum to know that she is able to provide stability for her baby just by being.

There is science behind SSC healing the mother. SSC increases oxytocin in the mother. Oxytocin’s effect is for healing, recovery and is an analgesic. Early SSC reduced the frequency and severity of postnatal depression.

What would your suggestions be for promoting bonding where there has been early separation or difficulties?

SSC where there has been early separation or difficulties is very helpful at any stage – even weeks or months later - but the sooner after birth, the better. SSC uses the place of mother’s chest which provides all the baby’s needs for warmth, nutrition and protection. In SSC the mother’s and baby’s hormones work automatically to produce bonding. Yes, there may be tears from the mother, but they are healing and release more oxytocin for bonding and breastfeeding.


The gentle caesarean poster is available to DUK doula members on the Doula UK website.
It’s 5.30am. Weak rays of sun are beginning to illuminate the hospital multi-storey car park. I sit in the driver’s seat and pause a minute, yawning, before turning the key in the ignition.

I smell. My teeth are furry. My back, legs and feet ache like I’ve just run a marathon. I’ve eaten nothing but a panini from the coffee shop, a banana and glucose tablets for 36 hours and I’m hungry. And oh, so tired. I pull my rebozo tighter around my cold shoulders and smile. I am exalting; brimming over with admiration and pride. My soul is still sitting with the woman I have just accompanied through her journey to motherhood. The look of pure joy on her face as her child emerged into the water and the waiting hands of her husband is still engraved on my heart.

I never went looking for this emotional rollercoaster. I tried on many identities for size over the years before giving in and answering the call. Many of us realise that we have been doulas all our lives. Contrary to popular assumption, doulas have always been here. We kept the wolf from the door when we birthed in caves, we probably heard the call and came to that famous stable.

We have many names and none. We are that woman in the village who always knows when your time is close. We appear with food, love, warm water and strong arms. We shepherd the children, call the midwife and hold the mother as she and her baby work together towards birth. We are witch, godmother, wisewoman, sister. The antecedent of the midwife; some of us learnt which herbs stop bleeding and how to help if a baby is stuck, or malpositioned, or needed help after birth. Some of us still journey on to midwifery. And some midwives end up as doulas.

As Adela Stockton, author of Gentle Birth Companions, the definitive text on the UK and European doula movement attests, “While a doula...may aspire to improve the standard of her knowledge, the real essence of the doula comes from within herself and is not necessarily something that can be taught.” It is in this fundamental way that we differ from midwives, who bear the clinical responsibility for the wellbeing of mother and baby, as well as traditionally providing psychosocial support. Midwifery training has a large emphasis on academic attainment. Doula preparation is almost entirely about self-knowledge, self-development, and the practice of social and emotional intelligence.

The title of this book is a statement that I have been grappling with for over a decade. On one level, doulas do not matter. It is all about the parents. Their journey, their feelings, their experience of childbirth and early parenting. To serve, to me, means to provide succour and to minister to the every need of my clients as they negotiate an intense period in their lives. My needs are secondary. Ego
plays no part. How I feel and what I think, my memories and my opinions, have no place in their story.

Yet here I am, charged with trying to describe what doulas do, to give you a glimpse into our strange and rather obsessive world and to explain why I think we do make a difference. I want to give free rein to the voices of the parents and doulas who populate my world.

This book is intended as a repository of memories and stories, voices and feelings. It’s not intended to tell you what is right or wrong, give you advice or tell you what to do. The thoughts and experiences in this book come from my years working with parents and learning what appears to support them through the transition to parenthood. I try my best to be guided by the best available evidence but at the end of the day, anyone who thinks they know what is best for you are, of course, being ridiculous; only a mother is the expert on her own body and her own baby.

**Your Internal Birth Dialogue**

I’m sure I must irritate my clients sometimes: they want answers and all too often they are hard to provide. They are ‘piece of string’ questions like ‘when will I have my baby?’ ‘How long will labour be?’ ‘Will it hurt?’ More often than not my answer is, ‘nobody knows’. The other kind of question, the ‘when should I go to hospital?’ or ‘How do I know when my baby is hungry?’ – type, can only be answered with ‘you will know’.

As a culture, we often neglect to explain that, whilst parenting is instinctive, those instincts can be very easily interrupted. Things like high-tech birth interventions, super-nanny type parenting gurus and social attitudes that encourage the separation of mother and baby all serve to sever us from our mammalian instincts.

We expend a lot of energy persuading parents to ignore what their hearts are telling them and follow the prescribed rules set down by hospitals, doctors, authors and other parents. These ‘rules’ may have some benefit to a population as a whole, others are arbitrary bits of nonsense with no logic or scientific evidence attached to them, whilst some are cultural norms or traditions. Not all of them may benefit YOU as an individual. Rules, pathways, policies and protocols certainly can’t take into account your personal preferences or feelings. All they can do is see you as a number, which is all very well until it dawns on you that you don’t feel comfortable in the pigeonhole you’ve been placed in.

I think quite a few people have forgotten something: women know a lot about their bodies and their babies. They have information no doctor can access. During labour, if it’s sore somewhere and you move to ease that sensation, you will be working with your baby to guide her towards the exit. When you just ‘know’ your baby needs to be born by caesarean, despite what the doctors say, there will be a reason that is as valid as any medical explanation. If your baby cries and your heart yearns to pick her up, you will be giving her the psychological nurturing she needs to grow into a healthy, balanced child and adult. If your breasts feel full and you want to nurse, I bet she fancies a snack or needs the comfort of your warm skin and sweet smell.

We carry our whole selves into parenthood: the way we were born and brought up, all our experiences and learning inform our journey and influence the decisions we make along the way. This is our ‘internal birth dialogue’ – those conversations we have with ourselves about what birth is really like. Some of us grew up with mothers who birthed and nursed their children with ease. Increasingly, however, our Western culture has separated us from this deep trust in the process. Birth has become a scary, dangerous enterprise that requires that we be rescued by experts. Babycare has morphed into something that needs to be dictated, rather than explored and enjoyed in response to the cues we get from our babies.

When you recognise how you have defined childbirth, where it is filed in your mind, you can begin to explore where those assumptions and ideas have come from and perhaps, if necessary, deconstruct them and replace them with something more realistic, more positive and more useful.

Getting to know you deeply during pregnancy will also really help your doula support you during labour. As we chat over a cup of tea we really begin to find out who you are and what you might need. This process can have ripple effects on the whole family for years to come. Here’s Abigail, explaining much better than I ever could:

“I’ve been on study day today and referred (not for the first time) to a special moment when I felt supported by you. When you visited my at home antenatally, you asked me what I do when I feel overwhelmed or..."
stressed (I can’t remember which) and I said that I go hide. And what shocked me was you then asked another question. You asked what I want in this situation. And I replied ‘I want to be followed obviously!’ And it was so obvious to me and the penny only fell in labour that it wouldn’t have been obvious to anyone else as when I went and hid in the toilet in transition, my husband didn’t come to find me but you remembered and you did. And it’s reflecting on this moment and others that actually help me communicate with my husband better too realising I need to let him know in times of calm what helps me in moments of stress.” Abigail Salehi

The Last Days – Ripe and Ready

During pregnancy, your doula is there for you. You’ll meet her a few times, forge a relationship and she will get an idea of your hopes and fears. Hopefully, you begin to look forward to the birth. You meet your doula for the last time before B-Day: ‘Next stop, Baby!’

Then, unless you have a fixed date for your birth, we wait. Sometimes, of course, we’re surprised by an early arrival. But more often than not, we wait. These days can be challenging, especially if you’re feeling heavy, impatient and chasing around after other children. These last days can seem pointless – what are we waiting for? People around you may tell you how enormous you are and usefully predict that you’re about to pop any minute or make jokes about how many babies you’re gestating. Her head might be pressed right down onto your bladder, making you feel like she’s almost out - why doesn’t she just get on with it?!

Each day matures your baby a little more, readying her for life outside. Every Braxton hicks contraction helps line her up nicely so she can slip out easily. Every extra moment of rest or reflection readies you for what is to come, is another step on your psychological transition. It is a time when the world stops, but radical change is taking place, imperceptibly, within you and your baby. Many mothers find it helps to try to honour these days, to mark them in some way. It will be the last time you and your partner are just a couple, or the last moments before your child(ren) get a new sibling and the family dynamic changes once again. The mothers I support who glide most easily through this time are the ones who decide that they won’t fight it. They stay in the moment; my shorthand for this time is ‘knitting and napping’. (If, like me, you can’t knit, some other meditative task may feel equally soothing!)

Just as all ovens and all cake recipes vary, your baby will come when she is cooked. We can weigh and measure almost everything in this modern world of ours, but not even the biggest boffins have yet cracked all the mysteries of pregnancy. Savour these last moments.

And what is your doula doing during these waiting days? I think most of us would say that being ‘on-call’ is no mean feat. Whilst carrying on the daily routines of children, seeing other clients and keeping our hearth and home ticking over, more than half our mind is on you and one hand on our mobiles. Our families and friends get used to us saying, ‘yes, I’ll be there, babies permitting’. We don’t drink, eat garlic or strong-smelling curry or wear perfume and go to bed early in case ‘tonight’s the night’. We pretend everything is normal – one doula friend of mine goes to the theatre when on call and never seems to get called away mid-act. But at the end of the day, large parts of our normal lives are cleared aside to make space in our hearts and minds for you. When I come home from a birth my husband says ‘welcome home’ – we both know he means more than just my absence for the actual birth.

But a doula called Sally sums it up beautifully and famously in the Doula! film made by Toni and Alex Harman: “A call in the middle of the night is not going to make me tut and roll my eyes; I’m going to be unbelievably excited”.

So never worry about bothering us. Waiting for you is our hearts’ desire and raison d’être.

Maddie McMahon is a doula, mentor, founder of Developing Doulas doula preparation course, Childbirth Educator and Breastfeeding Counsellor. She lives in Cambridge with her Fantastic Other Half, two adolescent children and a small, black and white cat.
In all of the different aspects of my therapeutic career, I come across women, often mothers who feel like they spend so much time trying to make everything perfect for everyone around them that they have very little left in the tank for themselves. Have you lost sight of what you enjoy, of what makes you happy and fulfilled because you're so busy making sure everyone else's life runs smoothly? Beds made, lunches packed, shirts ironed. Do you spend so much time trying to make sure that everything is flawless that you don't actually get to enjoy the dinner, party or event that you have slogged your guts out preparing for?

At this time of year more than any other, we can feel compelled to sort, clear and re-organise. It's Spring after all, isn't that what we're supposed to be doing? But why do we put ourselves under so much pressure? Is it your mother's voice you hear in your head as you imagine her sliding her finger across your dusty mantelpiece? Are you worried that your home won't match up to your friends whose perfect homes could be on the front cover of House and Garden? Or are you always the last person in the office because you feel like if you don't do it, who will? Ask yourself another question. What would happen if you took your foot off the gas?

Some people feel compelled to attack life at such a pace because they fear that if they slow down, they will slide down a slippery slope until they find themselves living in a dirty messy hovel. This fear can result in a very real feeling of anxiety. What will happen if I stop? I might actually have to feel that pain that I'm running away from. Whatever it might be. It's often about control and the need for perfection. What happens if we're not perfect? By always complying with that nagging voice in your head that tells you that you can't sit down because you haven't finished *ironing the duvet cover (*fill in your own example here), you are in fact colluding with the idea that not being perfect will result in catastrophe. It's a self-perpetuating cycle and the only person who can get the runaway train to slow down, is you! But that's a positive thing as you have the power to let go, if only you can trust that it won't end in disaster. There is a healthy middle ground. In the words of that song that's been driving us all crazy for the past year or so - Let it go!

I often find when I ask people why they can't slow down that guilt plays a part. It is possible to appease that guilt with the knowledge that finding a healthy balance can be good for everyone around you. They get a happier, less frustrated and probably less resentful you because self-care is the most important kind and allows you to engage in the other areas of your life more fully.

Kate Medlin is a psychodynamic counsellor working in private practice and the education sector in North London. She writes a weekly column for Bella magazine offering advice on a range of topics. If you think that you could benefit from seeing a counsellor, you can contact Kate at katemedlin@aol.com or find a fully qualified therapist in your area at counselling-directory.org.uk

Anon

I hope my child looks back on today
And sees a mother who had time to play.
There will be years for cleaning and cooking,
But children grow up when you’re not looking.
Tomorrow I'll do all the chores you can mention
But today, my baby needs time and attention.
So settle down cobwebs; dust go to sleep, I'm cuddling my baby,
and babies don't keep.

KATE MEDLIN
During the last trimester, some babies settle in the occipital posterior (OP) position: head down, face looking towards the mother’s front left side, and its back facing her spine instead of her abdominal wall, tilting towards her right. If the baby remains in this position at the onset of birth, it may prolong labour and cause complications.

Jean Sutton, a New-Zealand midwife, observed that in Western societies the incidence of posterior or breech presentation of the baby at the onset of birth has increased significantly since the 1950s. She attributes this to relatively recent changes in lifestyle, especially to the decline in physical activity and to modern design of armchairs, sofas and car seats.

“One of the most important lifestyle changes has been the advent of television. This has meant a change from straightbacked armchairs and sofas . . . to furniture which is designed to relax in while watching TV. When a pregnant woman sits down in a modern designed armchair or sofa, her pelvis tips backwards, and so does her ‘passenger’. . . Her ‘passenger’ has no alternative but to lie towards the back or posterior part of her pelvis. If the woman spends a lot of her time resting in modern furniture during the latter part of her pregnancy (which is very common), it is probable that her baby will remain OP and enter the pelvic brim in this position.”

The AT is an excellent means for counteracting these adverse effects. For a start, a considerable part of an AT lesson is spent with the student sitting upright on a chair: sitting is taught as a dynamic activity, not a static position. The expectant mother learns to discover how to centre her weight over her seat bones, neither collapsed nor too stiff. Also, we teach how to bend in the position of mechanical advantage (‘monkey’), and a procedure for kneeling on all fours. When she is in ‘monkey’ or on all fours, the abdominal wall provides a sort of hammock for the baby, encouraging it to settle in the optimal position for birth. In addition, this is beneficial for the development of the baby: as pressure from the vena cava (the large vein that passes through the lower back) is released, the circulation of the blood that nourishes the baby is improved.

If during the last few weeks of pregnancy it transpires that the baby is OP, the mother can create favourable conditions to encourage it to rotate and assume the occipital anterior (OA) position, which is optimal for birth: head down, neck flexed, and its back facing the mother’s left side (see drawing). Experience suggests that the following movements may have this effect (See figs. 1-5).

1. Move to standing on all fours.
2. Rock gently forward and back.
3. As you move backwards towards your heels, make sure that you have a meditation stool or a small pile of books on which you can sit without exerting excessive pressure on your ankles and knee joints. Now lean forward and support yourself on your hands as you move to rest on your left side.
4. Rest for a while and talk to baby; say that you are providing it with your abdominal wall as hammock on which it can rest its back. Visualize the baby’s movement rotating from right to left.
5. Get up into standing very slowly, reversing the above movements, so that once more you spend some time on all fours, rocking forward and back.
6. If you wish, crawl towards a piece of furniture to hold on to as you get up.

Repeat this several times during the day. Even if the baby doesn’t rotate before the onset of birth, it is worth repeating these movements during the labour to facilitate its rotation.

1 Jean Sutton and Pauline Scott, Understanding and Teaching Optimal Foetal Positioning, (no date) mimeographed
After listening to all of this throughout the screening we had low expectations of how engaged they would be but we were pleasantly surprised at the questions that were asked afterwards. For example, a boy asked, “What are the disadvantages of a c-section?” It resulted in a vibrant question and answer session. Of course, there were some students who you could see couldn’t wait for it all to be over but others were definitely engaged.

Afterwards, we were invited to stay for lunch in the canteen. I overhead one boy say to another boy, “Do you think you could have a baby in your local swimming pool?” His friend answered: “No – they won’t even let you in with a verruca”! Well, at least they were talking about it!

The next day we received the following feedback from Andy:

“I should like to thank you very much for coming in last week and talking to the sixth form. It was a lecture that had a very interesting consequence. I had lots of feedback from the boys – who were genuinely interested at what they found out. 7-8 students specifically looked me out to make positive comments and tell me how much they had enjoyed it. I know that the discussion went on beyond lunch since I heard from others. I am so glad you could come in and inform them about birthing – and I will make sure you have the video, which really did work well and challenged their current position”.

We are now thinking of offering to do the same in other local schools, as it is so worthwhile engaging with this age group about these issues.
Giving Mothers a Map

NATALIE MIDDINGS

The unknown is alarming. For a first-time pregnant woman, the unknowns the birth process brings can be especially unsettling.

Making things even less manageable is the notion from books and classes that although each birth is different, birth is a continually-strengthening sequence; that from first serious contraction to baby in arms, it’s a case of just getting on board. Going with the flow.

That’s a lot of uncertainty. And with this kind of ‘how long is a piece of string’ approach underpinning so much birth preparation now, it’s not surprising so many women feel worried. Especially when they’re used to being in charge of their lives and of having a plan and knowing where they are. Which is where doulas can help. As ‘knowing’ women, we are in a position to point the way.

Technically of course, it is all labour, from first grumbles and stop-start early contractions to growing pressure and low moans. But for mothers-in waiting subdividing the sensations into pre- or latent labour, or first or second stage can make things very confusing.

Confirming ‘labour’ as the point when contractions become regular and strong is almost meaningless, seeing as so few women will have seen a birth for themselves and have only a subjective understanding of ‘strong’ to go by. And the three-contractions-in-ten measure is a complete curve ball - guaranteed to misguide since the build-up phase can often hit a regular rhythm, only to slow and space out again later.

Where all this counting and classification leads is a total muddle. The ‘is this labour?’ journey is impossible to navigate when contraction-counting and dilation scores are all a mum has to go on. Worse still when it’s all that midwives go on. Now that labour ward midwives are routinely discouraged from using instinct to gauge where a woman is at, that leaves us to stand guard over it – to preserve and provide mothers with what Active Birth movement founder Janet Balaskas called the ‘grandmother wisdom’.

All doulas need to develop a sense of what active labour looks and sounds like, and with increasing experience - with each and every birth we support at - we become better and better at spotting the signposts.

We are like Sherpas; the mother is the one doing the climb. But we have the map, by and large, a fairly reliable one. We can steer her clear of slippery glitches and dangerous drops – and most useful of all, of her losing her way by going into hospital before labour is progressive.

This is the kind of support a woman would have received way back. No labelling or naming of things, just a sister or an aunt or a neighbour coming and putting the kettle on, or helping you to hang your washing out during all the while it didn't 'look' or 'feel' like labour. Normalising activities that sent a message.

Carry on. All is well. This isn't it yet but all is as it should be.

It’s only by carrying on with ordinary life that the pull of labour-labour becomes apparent. That one can more clearly feel it’s current. And yet many women, especially those who are very prepared, go into action the moment contractions strengthen and need breathing through.

Classes may have told them about going into a ‘zone’ so they think they have to create it. Books talk about staying upright and using gravity, so they march around or sit on a birth ball, hoping to encouraging things along. But all of this conscious ‘doing’, including calling their doula over, isn’t going to help with pacing. If the 'baby-having-ideas' phase goes on for a day and a night as it so often does for first time mums, she will squander reserves and lose confidence. Before you know it, a stage has been set and the woman is watching herself – she and her partner drawing on a lot of emotional and mental energy in the process.

Which is where we come in. It can be hard telling a woman she isn't in labour yet but a lot less so, if you have already prepared her, defined it as a clear space and given her signposts and a good idea of what to expect. Now she is in charge – her own pilot -and this will help her to pace herself, pitch her response appropriately and most importantly of all, accept where she is ‘at’ at any given point, rather than ‘end-gaining’.

© Doula UK Spring 2015 Doulaing 15
So how do we prepare women and explain how opening labour feels?

- Explain to her that labour is not a stage you reach, but a state you enter. It is as marked as entering a whole new room, and as such, hard to miss. Opening labour is on a whole new register and she will feel that - a big shift; something ‘different’ happening; a marked acceleration, a sense of the feelings deepening and widening.

- The waves will be demanding her entire and complete concentration. No matter the space or duration, contractions will almost always insist on total attention and that her whole body gets behind them. She will have little tolerance for distraction and won’t be ‘bobbing up’ in between.

- This repeating chug will quite naturally invite her to retreat, literally by her wanting to head for her bedroom or bathroom and also physically, in that she’ll feel more comfortable having her eyes closed all the time. If suitable conditions prevail i.e. darkness, privacy, peace and quiet, she will drop deeper, and deeper, and have very little tolerance or desire for distraction. She won’t feel like engaging or answering questions, and the positions she’ll want to be in will help her to withdraw and be surrounded by herself e.g. on all fours, leaning forward (back to the world!) lying on her side.

- Breathing will deepen to match the deep repeating rhythm of the contractions and in most cases exhales feels better moaned or sighed out. This will not always be the case, as some women are just quiet labourers, but given opening labour is a baby descending into the back and bottom, vocalising is a very physiological way to release the pressure and a pretty reliable guide that things are moving along. As there is a neuromuscular link between jaw and pelvic floor, the body brings on the moaning as a way to increase space and let the baby drop more deeply.

- She may feel very sick or vomit. She may also shake.

- She will start to get very hot, feel the better for shedding clothes and will LOVE an icy-cold flannel on her forehead.

- There can be lots of bloody, gloopy show.

- She will FEEL change...and then more change...and then more change. This is perhaps the most accurate measure of active opening labour – a sense every so often of MORE. Not just more intensity to the contractions, but of the pelvis ‘filling up’, or heaviness growing in the pelvis or the bottom (like constipation or the growing (not imminent!) need to do a poo) of increasing descent and drop. Sometimes this is felt when women go to the toilet, so encourage a wee once you start to suspect progress. “I feel it! It’s like burrowing!” one mum said to me excitedly once and another said, “Oh blimey, I see what you mean...that’s doing something now...I can FEEL IT”.

- Which brings me to the final and most exciting thing to tell them...active labour is easier. Once there is progress...a sense of things going somewhere, confidence soars. Now that oxytocin and endorphins are flooding in. The neo-cortex is fully at rest and all rational appraisal of the sensations often disappears. As a result, women often seem less unsure than they may have been, and if optimal conditions prevail (peace and quiet, privacy, darkness) and they feel safe and cared for as they will do because you are there, they often stop looking for active reassurance and start to ride it. By helping them to find, feel and follow the change for themselves, hope, stamina and a kind of excitement now brings stability – and it’s important to wait for this equilibrium before starting to change things i.e. going into hospital.

So the Key? For us as doulas, to wait until we sense and see the above.

A note here regarding and cautioning about back to back/ posterior labours. These, as most of you will already know, make it very hard to judge whether active labour is underway. The early stages of a back labour can sometimes present as a very advanced straightforward labour – including loud noise, loads of pressure, and even a spreading of buttocks (beware declaring the baby is back to back unless a decision has been made to have an epidural as that in itself can arrest progress). Even the most experienced of doulas and midwives misread the signs, and in my experience, the only helpful gauge is to observe the mother’s rests. How she feels in those will tell you a lot. In a normally advancing labour, the mother’s behaviour will become more and more trance-like and submissive...in a posterior labour, despite intensity of contractions, even the rests can still be painful and she will report as such, often seeming gloomy, despairing and agitated. The contractions will appear injuring, stabby or jagged, and it will be difficult to reassure them or change the mood. Ultimately, the intensification fails to bring...
other changes and the mother herself will sense that. There is no downward feeling or the exhilaration and boost that comes with it. It’s not easy and as a doula, all you can do is keep her comfortable for as long as you can, bearing in mind that a change of birth plan may be called for.

Forget about counting or banking contractions ("I’ve been contracting all day and all night so surely this is it!") as this creates watchfulness and the dreaded adrenalin. Far better, is for all parties to see birth as a game of two halves: the first BABY-HAVING-IDEAS room, and then the second room, in which the baby will be born.

Remember that first room is not something to ‘get through’ or to wish away. Don’t see it as not the ‘real thing’ yet. This bit may not be progressive but it is vital and you need to remind couples of that, that the body is readying, the uterine muscles ‘tuning up’, the baby getting into position. Without this preparation, the body cannot get coordinated as it needs to, to bring the baby down, so patience and acceptance is key.

Give them tools to manage this phase. Normal plans, normal life, all the while they can, including going out, shopping, filling photo albums, baking a BIRTHday cake, and of course, partners going to work. In due course, normal-normal won’t be possible, and now they need to do pretend-normal – with mum relaxing in bed or in a bath, application of hot water bottles, breathing lavender on a handkerchief while dad is preparing a meal – and both parties definitely going to bed when bedtime comes.

Remind them, if it isn’t labour, it isn’t labour and that as far as is humanly possible, it’s business as usual. That doesn’t mean as doulas we can’t visit if requested. We might go and make a soup, take mum for a walk, or if bed time is approaching, settle her into a supported side-lying position and sending dad to bed in a separate room. Then unless she asks otherwise, leaving her be. It is also appropriate and ok to leave them and go home at this point until things progress further. Do note that whatever is happening, wherever she is in the birth process, if the mother wishes to go to hospital, to respect her choice and take her in. Being heard is the cornerstone of a positive experience.

Equally note, that active labour’s onset is not the cue to jump up and go in to hospital either or even to call a midwife to a homebirth. Call labour ward or the community midwife, but remember that the body’s decision to go into labour is a sensitive step and any sudden moves now can be very derailing. Far better is to settle into it, maybe to have a bath and allow the mum to find her feet so that labour’s flow and mum’s confidence can take firm hold.

Finally, as a general guide, what signposts can we use as supporters to get a reliable sense of where things are? One old midwife trick is to position yourself just outside of the space the mother is in and listen, peep through the crack in the door, or get involved in some repetitive activity like knitting, so that you are only watching out of the corner of your eye. If she is in active labour, she is very unlikely to come to in between contractions to want to engage in any way and you can only see that clearly if she thinks she is alone. With this in mind, and for your own pacing purposes, assess her rests. Is there a coming to? Could she text someone? If you asked her directions to the nearest train station, would she easily and willingly answer?

And you can look for physical pointers too. There’ll likely be an instinctive urge to sound the contractions out; but what you’re looking for is that sound getting louder and more urgent. My nextdoor neighbour said her midwife told her not to call until her knuckles were white. Perhaps not a good thing for us as doulas to say as it might sound alarming. But remember it for yourself. You offer your hand, and if her squeeze is increasing, or if she seems to want to reach and hold something as the contractions washes through, this is a sign that she needs anchoring. If you think about it, this need for a guy-rope is a very good sign that there is massive, deepening, disorienting shift going on inside.

Finally, don’t be misled by her talking, even if it seems rational. Labouring women often say or ask things, but see what happens if you don’t answer. Busy yourself with something if it feels awkward not to reply and just see what she does. If she asks again and looks up and out for a reply this is quite a good sign that labour isn’t quite underway. But if she doesn’t, and just drifts back down again, be reassured that it’s not her neo-cortex talking and that further engagement will wake her up and bring her round.

Natalie Meddings is based in London and founder of tellmeagoodbirthstory.com. Her book, How to Have a Baby will be published in the summer. If you would like to attend a Giving Mothers a Map doula workshop in June, contact Natalie directly on nataliemeddings@googlemail.com.
A couple of years ago, I went to meet with Andrea Leadsom MP regarding a new venture I and a colleague had put together. We had both become interested in the Critical 1001 Days Manifesto, which is a cross party manifesto about the importance of the first 1001 days in a child’s life, from conception to 2 years old. The discussions with Leadsom were mainly about the importance and the impact that a woman’s birth experience has on her life and the life of her baby and the whole family.

It was a very interesting meeting and we both came away feeling that she had really listened and she even promised that she would arrange a seminar about birth in the future.

Through this initial meeting, I had made contacts with a number of people and when the promised seminar on birth didn’t happen, I contacted Andrea Leadsom’s PA to see if I could come along to the meetings to be involved and support the Critical 1001 days Manifesto.

As I am and always have been a Doula UK doula, I thought that it would be a good thing to go as a representative of the organisation as all the ‘big players’ in maternity and parenting already supported the manifesto, I wanted to see our small organisation’s logo on the same page as them.

I went along to my first seminar in Portcullis House and you can read more about that meeting on my blog (www.birthblissdoulacourses.co.uk/blog/who-deserves-a-doula) but in short, I was told by a key member of the ‘inner circle’ of the 1001 days manifesto that he didn’t like ‘commercial doulas’, which made me suspect that what Doula UK is had been misunderstood and perhaps even the role of the doula.

My next meeting was in the actual Palace of Westminster and I felt excited about being inside this iconic building. The purpose of this meeting was to go through the draft report on the Critical 1001 days, which I had only received a few days previously. I had shared this with Lindsey Middlemiss and we both felt that the majority of the report was focused on mental health, both antenatally and postnatally, but there was no focus or mention about birth or breastfeeding. So, in a report focusing on the critical first 1001 days of a child’s existence, there was no inclusion of birth or feeding!

In the meeting there were around 60 people and the meeting had a panel with the following members:

Tim Loughton MP, Professor Susan Ayers (City University), Robin Balbernie (PIPUK), Paul Burstow
MP, Dr Alain Gregoire (Maternal Mental Health Alliance), Sharon Hodgson MP, George Hosking (WAVE Trust), Kate Mulley (Action for Children), Baroness Hollins, Councillor David Simmonds (Local Government Association). Other familiar faces in the audience were Beverly Beech from AIMS, Jacque Gerrard from the Royal College of Midwives, Sarah Watkins from Parentskool and Diane Speier from Doula UK but there as an “independent”.

The chairman, Tim Loughton, started by going through the draft report and we were invited to comment and give our thoughts on what had been written so far. I was feeling rather anxious in a room full of such experience and was trying to think and feel when it would be a good time to bring up the fact that birth and breastfeeding should be included in the report. I didn’t want to come across as stupid, perhaps I had missed something and as I was sitting there, listening to all the evidence about how to treat PN illness and how to encourage safe attachment in babies and children, I started to feel like the child in the book “The Emperor’s New Clothes”. Surely preventative measures would be better than fixing something that was already broken?

Jacque Gerrard from the RCM made the comment that skin-to-skin should be mentioned in the report and I felt that this might be the space for me to speak so I put my hand up. When Tim Loughton pointed in my direction, I could hardly get a word out but managed to say that I was Kicki Hansard from Doula UK and that the way a woman gives birth has an impact on her, her baby and the whole family and that I was surprised the birth and breastfeeding was not mentioned in the report. I was very grateful to the kind woman sitting next to me who in support said, “Yes, she has got a point!”

Personally, I felt that I had failed miserably as there was so much I had wanted to say. The chairman looked around, confused and said “Well, we have not had anyone present any evidence on birth.” I immediately offered to send evidence and said that there was so much out there about the impact on the postnatal period after a traumatic birth. I felt such relief as it is so much better to have the help of others and send something in writing. We had an opening!

So, right at the end of the meeting, Doula UK was asked to present the evidence why birth and breastfeeding should be included in a report about what is important in a child’s first 1001 days. D’OH!!!!

Doula UK had 24 hours to get something together as the dead-line for submitting evidence was 2 days after this meeting. We all pulled together; reaching out on social media and contacting everyone we could think of to help. A letter was written together with as much evidence as we could draw together and submitted within the time frame given. We are now waiting to hear back from the panel whether they feel birth and breastfeeding is an important part of the critical first 1001 days.

What this experience has taught me is that the way childbirth is viewed in the general public is SO far away from birth worker’s views on birth and also made so unimportant! It seems to be extremely difficult to understand the importance the experience of giving birth is for women and also the enormous impact it can have on the whole family. It’s like we are talking a foreign language!

Also, these manifestos and reports have influential people on their panels with personal agendas. A report on the first critical 1001 days should not just focus on support for mental health issues; it should also include the obvious event of being born! However, there is probably not much money in it, with regards to physiological childbirth. No medicines to sell, no dividends from investments in companies who manufacture the machines and ‘tools’ currently used in childbirth, not to mention formula manufacturers.

I might sound cynical but this is what the ‘real’ world looks like but I also know that if we don’t have a voice present at these meetings, we have no influence at all! So I will keep going to the meetings and I will keep representing Doula UK and I’m sure I will get better at standing up and speaking my mind. For the sake of all women, babies and families in the future!

www.1001criticaldays.co.uk/

Kicki Hansard has been a doula since 2002 and involved in the running of Doula UK on and off ever since. She is currently part of the External Communications team. Apart from working as a birth and postnatal doula, she is also a course facilitator of her own Doula UK approved preparation course and she runs workshops and events for doulas and other birth professionals.
### STUDY EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>March 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 March</td>
<td>Positive Birth, Supporting Families: The Doula UK Conference 2015</td>
<td>Sutton Coldfield, Birmingham</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>28 Mar</td>
<td>Doula UK Introduction to the Work of a Doula workshop</td>
<td>London</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>28-29 Mar (&amp; 10-12 Apr)</td>
<td>Developing Doula initial preparation course</td>
<td>Cambridge</td>
<td>developingdoulas.co.uk/</td>
</tr>
<tr>
<td><strong>April 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBC April</td>
<td>Doula UK Listening Skills Workshop</td>
<td>London</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>10-12 April</td>
<td>Red Tent Doulas Doula Preparation Course</td>
<td>York</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>12 April</td>
<td>Expectancy: Moxibustion and other alternatives for women with breech presentation</td>
<td>Maidstone, Kent</td>
<td>Email <a href="mailto:info@expectancy.co.uk">info@expectancy.co.uk</a></td>
</tr>
<tr>
<td>18 April</td>
<td>Breastfeeding London Introductory breastfeeding study day</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk/">www.breastfeedinglondon.co.uk/</a></td>
</tr>
<tr>
<td>18 April</td>
<td>How Useful is the Evidence? An Association of Radical Midwives Wigan Branch Study Day</td>
<td>Wigan, Manchester</td>
<td>Email <a href="mailto:arm.jc@btinternet.com">arm.jc@btinternet.com</a></td>
</tr>
<tr>
<td>21-24 April</td>
<td>BirthBliss Aspiring Doula Foundation Course</td>
<td>Abbots Langley, Herts</td>
<td><a href="http://www.birthblissdoulacourses.co.uk">www.birthblissdoulacourses.co.uk</a></td>
</tr>
<tr>
<td>23 April</td>
<td>Techniques to prevent and resolve malposition workshop</td>
<td>Elstree, Herts</td>
<td>facebook.com/UnlockingBirth</td>
</tr>
<tr>
<td>24 April</td>
<td>AIMS Evening Talk with Mavis Kirkham</td>
<td>Sheffield</td>
<td><a href="http://aims.org.uk/">http://aims.org.uk/</a></td>
</tr>
<tr>
<td>25 April</td>
<td>Doula UK General Meeting</td>
<td>Leeds</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>25 April</td>
<td>Supporting Every Birth workshop</td>
<td>Cydwell, Wales</td>
<td>facebook.com/supportingeverybirth</td>
</tr>
<tr>
<td>26 April</td>
<td>Breastfeeding and the lay supporter’s role</td>
<td>Reepham, Lincs</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>27-30 April</td>
<td>Nurturing Birth Doula Course</td>
<td>Crowborough, Kent</td>
<td><a href="http://www.nurturingbirth.co.uk">www.nurturingbirth.co.uk</a></td>
</tr>
<tr>
<td>29 April</td>
<td>Being Present. An experiential workshop for Midwives and birth professionals</td>
<td>Reading</td>
<td>birthingawareness.com</td>
</tr>
<tr>
<td><strong>May 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 May</td>
<td>The life of a birth keeper: Red Tent Doulas advanced doula professional development</td>
<td>Edinburgh</td>
<td>redtentdoulas.co.uk/</td>
</tr>
<tr>
<td>2-3 &amp; 15-17 May</td>
<td>Developing Doula initial preparation course</td>
<td>Cambridge</td>
<td>developingdoulas.co.uk/</td>
</tr>
<tr>
<td>14-15 May</td>
<td>Shiatsu and maternity care for doulas and midwives</td>
<td>London</td>
<td><a href="http://www.wellmother.org">www.wellmother.org</a></td>
</tr>
<tr>
<td>16 May</td>
<td>Doula UK Introduction to the Work of a Doula workshop</td>
<td>London</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>19 May</td>
<td>Baby Friendly conference: Taking neonatal care to the next level</td>
<td>London</td>
<td><a href="http://www.unicef.org.uk/BabyFriendly/">http://www.unicef.org.uk/BabyFriendly/</a></td>
</tr>
<tr>
<td>22-24 May</td>
<td>Red Tent Doulas Doula Preparation Course</td>
<td>Manchester</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>23 May</td>
<td>The life of a birth keeper: Red Tent Doulas advanced doula professional development</td>
<td>London</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>23 May</td>
<td>Breastfeeding London Breastfeeding Study day 5</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk/">www.breastfeedinglondon.co.uk/</a></td>
</tr>
<tr>
<td><strong>June 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 June</td>
<td>ESRC Seminar: Breastfeeding, affect and materiality</td>
<td>Cardiff</td>
<td>Email <a href="mailto:sally.dowling@uwe.ac.uk">sally.dowling@uwe.ac.uk</a></td>
</tr>
<tr>
<td>1-4 June</td>
<td>BirthBliss Aspiring Doula Foundation Course</td>
<td>Wimbledon, London</td>
<td><a href="http://www.birthblissdoulacourses.co.uk">www.birthblissdoulacourses.co.uk</a></td>
</tr>
<tr>
<td>5-7 June</td>
<td>Red Tent Doulas Doula Preparation Course</td>
<td>Edinburgh</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>12-14 June</td>
<td>Red Tent Doulas Doula Preparation Course</td>
<td>London</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>13-14 &amp; 27-29 June</td>
<td>Developing Doula initial preparation course</td>
<td>London</td>
<td>developingdoulas.co.uk</td>
</tr>
</tbody>
</table>
## CALENDAR 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 June</td>
<td>Breastfeeding London Breastfeeding study day 6: Tongue ties</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>22-26 June</td>
<td>Conscious Birthing Doula Course</td>
<td>San Carlos, Ibiza</td>
<td><a href="http://www.doulatraining.co.uk">www.doulatraining.co.uk</a></td>
</tr>
<tr>
<td>24 June</td>
<td>Being Present. An experiential workshop for Midwives and birth professionals</td>
<td>North London</td>
<td>birthingawareness.com</td>
</tr>
<tr>
<td>27 June</td>
<td>Breastfeeding London Introductory breastfeeding study day</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>July 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 July</td>
<td>Breastfeeding London Breastfeeding study day 1</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>11 July</td>
<td>The life of a birth keeper: Red Tent Doulas advanced doula professional development</td>
<td>Whitby</td>
<td>redtentdoulas.co.uk</td>
</tr>
<tr>
<td>11-12 &amp; 24-26 July</td>
<td>Developing Doula initial preparation course</td>
<td>Cambridge</td>
<td>developingdoulas.co.uk</td>
</tr>
<tr>
<td>13-14 July</td>
<td>Shiatsu and maternity care for doulas and midwives</td>
<td>London</td>
<td>wellmother.org</td>
</tr>
<tr>
<td>13-17 July</td>
<td>Conscious Birthing Doula Course</td>
<td>Lewes, Sussex</td>
<td><a href="http://www.doulatraining.co.uk">www.doulatraining.co.uk</a></td>
</tr>
<tr>
<td>18 July</td>
<td>Doula UK Introduction to the Work of a Doula workshop</td>
<td>London</td>
<td>doula.org.uk</td>
</tr>
<tr>
<td>September 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 September</td>
<td>Breastfeeding London Breastfeeding study day 2: Position &amp; attachment</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>14-17 September</td>
<td>BirthBliss Aspiring Doula Foundation Course</td>
<td>Abbots Langley, Herts</td>
<td><a href="http://www.birthblissdoulacourses.co.uk">www.birthblissdoulacourses.co.uk</a></td>
</tr>
<tr>
<td>17-18 September</td>
<td>Shiatsu and maternity care for doulas and midwives</td>
<td>London</td>
<td>wellmother.org</td>
</tr>
<tr>
<td>25-27 September</td>
<td>European Doulas Network Annual Meeting (hosted by Doula UK)</td>
<td>London</td>
<td>TBC</td>
</tr>
<tr>
<td>26 September</td>
<td>Doula UK AGM &amp; Collaborative learning event</td>
<td>London</td>
<td>TBC</td>
</tr>
<tr>
<td>October 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 October</td>
<td>BirthBliss Aspiring Doula Foundation Course</td>
<td>Abbots Langley, Herts</td>
<td><a href="http://www.birthblissdoulacourses.co.uk">www.birthblissdoulacourses.co.uk</a></td>
</tr>
<tr>
<td>10 October</td>
<td>Breastfeeding London Breastfeeding study day 3</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>10-12 October</td>
<td>Conscious Birthing Advanced Doula Retreat</td>
<td>San Carlos, Ibiza</td>
<td><a href="http://www.doulatraining.co.uk">www.doulatraining.co.uk</a></td>
</tr>
<tr>
<td>November 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-6 November</td>
<td>Conscious Birthing Doula Course</td>
<td>Greenwich, London</td>
<td><a href="http://www.doulatraining.co.uk">www.doulatraining.co.uk</a></td>
</tr>
<tr>
<td>4 November</td>
<td>ESRC Seminar: Breastfeeding, wage-work and social exclusion</td>
<td>Bristol</td>
<td>E-mail <a href="mailto:sally.dowling@uwe.ac.uk">sally.dowling@uwe.ac.uk</a></td>
</tr>
<tr>
<td>7 Nov</td>
<td>Breastfeeding London Breastfeeding study day 4</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>21-22 Nov &amp; 5-7 Dec</td>
<td>Developing Doula initial preparation course</td>
<td>London</td>
<td>developingdoulas.co.uk</td>
</tr>
<tr>
<td>30 Nov - 3 Dec</td>
<td>BirthBliss Aspiring Doula Foundation Course</td>
<td>Wimbledon, London</td>
<td><a href="http://www.birthblissdoulacourses.co.uk">www.birthblissdoulacourses.co.uk</a></td>
</tr>
<tr>
<td>December 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 December</td>
<td>Breastfeeding London Introductory Breastfeeding study day</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
<tr>
<td>12 December</td>
<td>Breastfeeding London Breastfeeding study day 5</td>
<td>London</td>
<td><a href="http://www.breastfeedinglondon.co.uk">www.breastfeedinglondon.co.uk</a></td>
</tr>
</tbody>
</table>

To submit a suggested event for the calendar, email calendar@doula.org.uk

Many course and workshop providers will run extra days on request, so get in touch with them if you want a workshop near you.
BOOK REVIEWS

Sweet Sleep – Nighttime & Naptime Strategies for the Breastfeeding Family.
by Diane Wiessinger, Diana West, Linda J. Smith and Teresa Pitman.

Review by Karen Hall

Sweet Sleep is a La Leche League publication, written by some of the well-known names in the LLL world, and as such it sets out a very definitely baby-centred philosophical position, as you might expect. It very nearly does manage to achieve a balanced tone with regard to the fact that not all families breastfeed, and even includes a chapter on how to cope if you don't have this powerful parenting tool available to you (adoptive families, for instance), but its subtitle clearly states “for the Breastfeeding Family” and this is where its real strength lies.

There is a wealth of advice available online, from health professionals, and among families and friends, for parents who want techniques to ‘train’ their babies to sleep. Sweet Sleep fills a gap for the parents who want to work within their babies’ normal development, with gentle nudges from stage to stage, but allowing for kind and responsive parenting.

Sweet Sleep is packed with practical suggestions, and sensibly begins with a chapter full of immediate ideas for getting more sleep tonight. It focuses straight away on the Safe Sleep Seven, which are rules for emergency bedsharing. Given that statistics show unplanned bedsharing to be far riskier than planned bedsharing, helping parents to plan for it is a really good place to start.

It goes on to explain normal sleep, drawing on anthropology, biology, and worldwide cultural practices. This is followed by safety information, gentle nudges for different ages and stages, and suggestions for different scenarios such as premature babies, twins and so on. The chapter on SIDS and suffocation is comprehensive and well-explained; and finally the book offers suggestions for talking to supportive and non-supportive people about an attachment parenting approach to cop ing with nights.

This book is well-referenced throughout, and illustrated with quotes from the authors’ own stories and from other families. Once too often I found myself frustrated that the authors touch on a point and promise to explain it more in a later chapter, making me dip about in the book rather than reading it through as I wanted to. I was not particularly surprised that the section on Getting Help/Giving Help only mentions La Leche League, when there are quite a number of other organisations, including NCT, who could also support parents in these situations.

On the whole I found this book useful both in terms of practical help for parents of co-sleeping/breastfeeding babies, and ways of thinking/talking about risk and responsiveness, which I find a lot of new parents and parents-to-be worry about. It’s good to have a book that supports parents to follow their instincts and find their own rhythms.

Caesarean Birth by Leigh East

Review by Lindsey Middlemiss

Caesarean Birth is a positive, easy to read book that aims to help women make informed choices about their care in regard to caesarean births.

It includes chapters on: Why prepare for a caesarean birth?; How to make the most of a caesarean birth and improve recovery; Information for women who want a caesarean and Women who want to avoid a caesarean.

This is on the whole a good book, but it does have some issues. One of these is the assumption that birth will be painful, saying for example:

“Both vaginal birth and caesarean recovery are painful...” And “…UK figures suggest nearly half of women attending antenatal classes are encouraged to avoid pain relief for vaginal birth even though three quarters report labour was ‘more painful than they ever imagined’ (Mother and Baby survey 2005)”

This is written without context as to why this might be – such as fear increases pain, many women with low-risk pregnancies end up birthing in high-risk units, induced labour may be more difficult. It also fails to mention that with the right support (ideally from a doula as the Cochrane summary found!) a woman can potentially experience less pain.

The information on ‘natural caesarean’ births is also limited and incorrectly states that this way of doing a caesarean birth is only an option with a planned caesarean. A ‘natural’ or ‘gentle caesarean’ can be and has been carried out in emergency situations, but much of that has probably happened in the 4 years since the book was written.

However, on a more optimistic note, I found the chapter on ‘I do not want a caesarean’ to be in-depth, positive and helpful. Perhaps, just bear in mind that if you lend this to pregnant mamas do point out that there are ways of making labour less painful without an epidural and that gentle caesareans can be performed in many situations if needed.

All in all, this was an interesting, positive book with plenty of evidence based information written in a straight forward and easy to decipher format. Good for expectant couples as well as doulas who have yet to be present at a caesarean birth or yet to have a client having a planned caesarean birth.
Dark Chocolate Beetroot Cake.

Now before you disregard this as weird... wait a moment; Carrot cake? Courgette cake? It’s just one step further, and is honestly the best way I have found to eat beetroots, which are full of nutrients and minerals and high in vitamin C and Iron. Ginger brings warmth to the body and is said to help reduce uterine bleeding and I’m sure I don’t have to justify the inclusion of dark chocolate!

This cake has several stages and I consider it a labour of love. It is a cake that celebrates the journey a birthing mama goes through and of course, an absolute pleasure to eat once finished! I have yet to make this without receiving high praise and requests for the recipe.

INGREDIENTS

For the Cake

2 -3 Beetroots (approx 200g once cooked & peeled)
150g dark chocolate
1tbsp freshly grated ginger (and squeeze out the juice from the husky leftovers)
1tsp ground ginger
125g spelt or plain flour
3 eggs separated
1 ½ tsp baking powder
pinch of salt
150g caster sugar
200g butter
If you want extra ginger, grate or add a couple of balls of stem ginger

Mascarpone Icing (optional)

100g mascarpone cheese
200g full fat cream cheese
75g icing sugar, sifted
1 orange

METHOD

Pre heat the oven to 180c / Gas 4
Grease and line an 8inch / 21cm springform tin
Boil the beetroots until tender. You should be able to push a knife through easily. Peel, roughly chop and place into oven proof dish. You can do this up to 24 hrs in advance of baking if you like.

Break the chocolate up and put into the oven proof dish with the beetroot. Place in the oven and keep an eye on it, take it out after a few minutes when the chocolate has melted.

Add the fresh and dried ginger and using a hand blender or food processor, whizz it all up together. Set aside.

Cream together the butter and sugar, then add the yolks and continue to mix until pale and creamy.

Beat in the beetroot & chocolate mix

Mix the flour, salt and baking powder together and add to the butter mixture.

In a separate bowl whisk the egg whites until stiff and meringue-like.

Take one third of the whites and beat into the cake batter, then add another third, gently stirring in a figure of 8, keeping as much air in as possible. Add the remaining whites and stir in gently.

Pour the mixture into the prepared cake tin and place in the oven for around 50 minutes or until a tester comes out clean.

Leave to cool in the tin on a wire rack before removing.

For the icing: fold the sifted icing sugar, cream cheese, and mascarpone together with a squeeze of orange juice together until nicely blended and then lavish on top of the cooled cake. Grate over orange zest to decorate if you like.

The cake is delicious just as it is and keeps for longer without the cream icing, a shower of icing sugar is lovely too. You can also make up the cream serve alongside the cake, or my personal favourite, is to add some orange zest and juice to crème fresh and again serve on the side.

This issue sees the launch of a new column from Frances Andrews - The Baking Doula. Frances is a mentored Birth and Post Natal doula based in Leeds. She shares the role of Regional Rep for Yorkshire and Humberside as well as helping to facilitate Leeds Homebirth Support Group, Leeds Positive Birth Group and Leeds Community Birth Pool Hire scheme. She lives with her husband Gideon, their son Elwyn and is currently baking another bun in the oven, due in May. She bakes for work and pleasure – most notably having been commissioned to create her famous “Cunny Cupcakes”

Every issue she will be sharing with us a fantastic and unusual recipe to try.
The European Doula Network
Annual Meeting
Hosted by Doula UK

Friday 25 September
Afternoon and evening social and supper for EDN and DUK members

Saturday 26 September
Birthrights & Doulaing in Europe:
Making a Difference together
One day collaborative event for all – followed by DUK AGM

Sunday 27 September
EDN Annual Meeting
DUK doulas welcome

More details coming soon!
Don't miss the chance to come and meet/support your fellow doulas coming from all over Europe
Check doula.org.uk or see the e-news