

The Doula

Formerly Doulaing
A DOULA UK PUBLICATION



IN THIS ISSUE

Mindful Doula Presence

Shiatsu Massage

Intersex Babies



Doula UK
Positive birth.
Supporting families.

AUTUMN 2017 ISSUE 32

In this issue...

- 3** Editor's Letter
- 4** Letters Page
- 5** Bridging the Gap – Eva Bay Greenslade
- 6** Hypnobirthing & Doula Work in Obstetric Anaesthesia – Dr Attila Jones
- 8** The Interview: Elias Kass
- 10** My Joyful Birth
- 13** A Dad's Perspective
- 16** Intersex Babies – Helen Grady & Anne Soy
- 18** Shiatsu Massage for Labour – Suzanne Yates
- 20** Mindful Doula Presence – Riga Forbes
- 22** Book Reviews
- 24** Autumn Recipes
- 26** 10 Minutes With... Eleanor Copp
- 27** Events Listings

Credits & Acknowledgments:

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Newsletter Team

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

Next Edition

If you have any doula stories, experiences, 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 Autumn issue of The Doula.

I hope that the Summer break and sunshine has revived you and that the abundance of this new season filled with the excitement of freshly sharpened pencils, new shoes, conkers, crunchy leaves, apples and acorns is bringing you happiness, I love the Autumn!

It's been a year now since we launched the 'new look' magazine, We have undergone a name change, secured regular columnists and advertisers and we are now exploring, extending and widening our reach outside of our own membership. It's been exciting and satisfying to watch this baby seedling grow and I am looking forward to seeing what we can do and where we can take this in another year's time.

It doesn't seem possible, but my smallest baby seedling, Joshua, is starting primary school next week. He is chomping at the bit to begin his new journey and I am excited for him as well as fascinated to see what it will feel like for me to finally be alone during the weekdays after 14 years of child rearing. We have been fairly inseparable since his arrival and so of course, like many mothers, there is a tinge of sadness that this particular, but very intrinsic part of my life, is over for good. I feel proud that I have raised all 3 of my sons without outside help until school started and so grateful to do a job where I am able to be flexible and at home for them unless a baby is on the way. I am ready to move forward now and the universe has been very supportive in providing me with a huge flurry of enquiries and work in the past couple of weeks to keep me busy as this whole new phase of my life begins. Good luck to all of you and your children who are also waving goodbye at the school gates this September. I wish them all a wonderful time as they begin their formal education.

In this issue: rarely a day goes by where a story regarding gender isn't mentioned on social media or in the news. We have an interview with a male doula and explore the issues surrounding this as well as a fascinating piece about intersex babies born in Kenya. Susanne Yates brings us some great practical Shiatsu massage tips to try with clients, Matt Davis talks technology and our own Riga Forbes writes brilliantly about mindful birthing and doula presence.

We are also launching a new column this issue: Doula Dilemmas. If you have a problem regarding any aspect of your work and you would appreciate some varied and honest help or opinions from your colleagues then please email us at editor@doula.org.uk.

We are always keen to hear your feedback and we welcome ideas and submissions for future publications, so get in touch! Let us know your thoughts and tell us how much you love us madly. doulaing@doula.org.uk

Have a great Autumn,

Lauren x



**Lauren
Mishcon
Editor**

Biog:

Lauren has been a birth doula and member of DUK since 2007. She lives in North London with her husband, three sons and Barker the lunatic Spaniel. This Autumn, now that she has all 3 children ensconced in full time school she will be found not knowing whether to cry or laugh and attempting to lose the 3lb she gained mainlining baklava in Turkey every day for a week.



**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,

I really enjoy receiving my copy of the magazine each season and this month I was especially interested in the article regarding HIV and breastfeeding. It's something I knew very little about beforehand and I found it a fascinating and positive read. It's great to feel you're learning something new and I look forward to similarly informative articles in future issues.

Catherine

Dear The Doula,

This is quite a difficult letter to write, but I wanted to say thank you to Charlotte Simpson who wrote the article in the Summer edition about rekindling sex after childbirth. I have been with my partner for 7 years and we have recently had our second baby. Before the kids were born we used to have a great sex life and I always felt so confident with that aspect of our relationship. Since the births – which were not straightforward – I have, like most mothers, been tired and distracted, but I think I also now feel under confident and out of touch with my own body and using the kids as an excuse not to be intimate. This has had an impact on our relationship as I think he feels neglected and pushed away and I feel pressured and guilty and I worry about the long-term repercussions this might have. Charlotte's article felt like it was written for me! It helped me to focus my mind on the whole subject of sex and intimacy in a non-threatening way and gave me some ideas about coming back to myself in that way in order to come back to my partner. I am going to start by sharing the article with him and hopefully we can start to make some positive changes at a speed I am comfortable with.

Anon



Dear The Doula,

I have just received my first issue of The Doula. Having been a subscriber to various professional publications over the years, I have always enjoyed the thoughts that are provoked when real dilemmas are presented and answered. I have always learnt a lot, both from my thoughts around the issue and from contrasting answers and reasoning from other subscribers.

Would this be something that The Doula might consider featuring? A Doula's Dilemma could be posed in each issue to be answered with various responses in the following one.

I look forward to hearing your thoughts.

Kind regards

Gosia Smith

Note from editor:

Upon receiving Gosia's letter with her great idea, we floated it with the membership and they all seem keen for us to give it a go! Therefore, we are going to begin a new regular page "Doula Dilemmas".

Every issue we will publish a dilemma surrounding any aspect of doula work both birth/postnatal or personal submitted by a reader and we encourage all of you to email us with your advice and suggestions as to how best solve it. All emails will be treated with the strictest confidence and any distinguishing details will be amended to protect and retain the anonymity of both the person submitting the question and the people involved in the dilemma.

The first question for next issue is:

"I was recently contacted by a mother who invited me for an interview but unbeknownst to me had not told her partner. She now wants to go ahead and engage me regardless of her partner's feelings. He is firmly against the whole idea of doulas. What would you do when one half of a couple really wants a doula but the other does not?"

Anon.

Please email us your dilemma or advice in response to the one published to editor@doula.org.uk. Let us know if you wish to post with your name or anonymously.

Bridging the Gap

EVA BAY GREENSLADE

I feel inspired to write this because I have had a number of experiences recently where all I see is that doula and midwife are on the same page, and too many people assume that is not the case. Many midwives become doulas for the same reason a doula becomes a doula. To serve women, to help them have an amazing birth experience. Sadly for midwives the system in place can restrict them in working intuitively, but they are still working with the same aim. We are on the same page, most of the time, I mean as much as our roles and the systems allow, the differences are in our training, experiences and personalities but we all want the same outcome and work from our hearts!

Doulas and midwives were once the same role, the Wise Woman, but became separated with the medical model. Midwives are medically trained and have undergone a three year medical degree, doulas are not medically trained and cannot make a medical decision. Doulas returned again during the 1970's with the increase of Cesarean sections and increased medical intervention in the USA. Doulas support the mum from a more spiritual, emotional and intuitive perspective.

The reason I am writing this is because I want to say that recently I have had really positive experiences that prove we can bridge the gap between doula and midwife. It is really a gap that doesn't need to be there. Midwife and doula alike both want what is best for mum and baby, and want mum and baby to have the best possible outcome and most positive experience for her and her baby. Doulas are not midwives, we are not medically trained and should never replace what the midwife offers. Doulas are more about supporting from an emotional and spiritual perspective and holding the space. Still being knowledgeable but not making medical decisions. This gap between doula and midwife where midwife can on occasion feel the doula is stopping her doing her job really isn't true from where I am standing. In the best situations doula and midwife augment each other well.

I have had really positive experiences, as well as a few not so nice ones, however, two recent ones I would like to mention with clients of mine working with a local Brighton community midwife who works for the trust. We first worked together at a home birth earlier in the year, the mum had been labouring for two nights, still in early labour not quite reaching established when things slowed (as seemed to happen each morning when day light came), this midwife suggested hospital admission but my client was petrified of that option and due to her observations (heart, blood pressure, temperature, baby heart rate) all being well, we tried Spinning Babies which I had training in and this midwife was very open to, she researched the Spinning Babies website using her medical knowledge to decide for herself too if it was ok to do, and together we



worked for an hour using Spinning Babies techniques with the Mexican Rebozo. The support, respect, knowledge and confidence this midwife exuded during this entire night was really lovely for our client. It gave our client the confidence to go through another two nights of labour at home (daytime it stopped) feeling empowered and ending with a beautiful powerful home birth.

I met the same midwife at another homebirth in Brighton I was supporting too, again she was totally trusting of mum and baby, and fully confident in her role, it became a beautiful loving supporting environment with all parties working together creating the perfect environment for mum, baby, and dad. It felt like a Red Tent, or Cave experience with all women working in tune and with love for the mama.

I never managed to thank this midwife in person but I have sent her an email via the Trust she works for to thank her for her amazing work.

I hope my small story shows a little that the apparent gap between midwife and doula isn't there but is already bridged, it just depends on how we work together for our clients (as with any job!). We all do the best we can do and all want the most positive outcome, an empowered informed mum having the birth she chooses for her baby.

Sorry if it is a bit soap boxy but I feel quite passionate about creating the best environment for mamas and babies, which is why I am a doula. A huge part of creating the right environment for birth means midwives and doulas working as a team and showing mamas we do work together and can work really well together.

Thank you for reading.

Birth and Postnatal Doula

Website: www.evabaydoula.com

Blog: www.evabaydoula.blog

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www.facebook.com/evabay.birthingdoula

Hypnobirthing - Doula Work in Obstetric Anaesthesia

DR ATTILA JONES

Introduction

Primarily, I am a man, a husband and we are expecting our first baby in December, 2017. Secondly, I make our living from medicine: I am a Consultant Anaesthetist, however also studied doula care and hypnobirthing. There is some medically produced evidence out there to provide a basis to my work, but my approach is driven by a psycho-medical understanding of how a female body and mind work together naturally during birth. My aim is to help without overruling, dominating the woman in labour and support NOT necessarily with an epidural.

My story

My motivation in hypnobirthing and doula work was to avoid the conveyor belt effect in a hospital environment and reduce interventions. It all started when I was working for a University Hospital and at 3 am in the morning, I could not do an epidural for a woman in labour. So I had to solve the situation in a different way: I told the woman that I cannot do her epidural but will not leave her in pain. I stayed in the birth room, holding the woman's hand, helped comforting her in the bed and supported her emotionally. It was 3 am, darkness in the room, nobody came around and surprisesurprise: the woman had a baby! From then on, my life changed completely.

I went to a hypnobirthing course and was taught by Clinical Psychotherapist Jenny Mullan then I attended a doula course facilitated by Kate Woods. In the meantime, I started to read a couple of books such as *Orgasmic Birth* and *Childbirth without Fear*. These authors opened my mind to a different field and there was no stop from then on.

My practice

I became interested in this field so I simply utilised my medical role for a good reason: to integrate hypnobirthing and doula care into my work. When I was asked to give an epidural, I walked into the birth room and used different techniques to avoid medicalisation. These techniques often needed me to work more or stay longer with the woman for a good reason, but I did not mind. I asked for the woman's permission and dimmed the light in the room. Then I was waiting for a break between contractions then I calmed the woman down by synchronising her breathing to help relax her back in order for me to site the epidural more easily. I asked the woman to sit on the edge of the bed to utilise gravity while I was slowly – slowly preparing the epidural set. Sometimes the woman gave birth whilst sitting there and only what she needed was to remain in her birth rhythm, not the epidural. With prior patient permission, I often slowed down the whole epidural procedure – she knew that she can have the epidural anytime – and kept

connected with her attention to keep well-synchronised with her birth rhythm. I also

helped her to change positions and used a hospital towel like a rebozo to relax her hip in the hands and knees position. I knew that eventually it is the woman herself who has to give birth and go through the birth ritual and the epidural is an adjunct only. My aim was NOT to withhold a due medical intervention, I just prioritised different techniques with the patient's permission.

When I used an epidural catheter, I built its dose up slowly and gradually to preserve muscle function in the legs so she could change position in the bed. This way I managed to take the edge of her discomfort whilst leaving her body to work mostly untouched.

I helped twins to get born: we managed to relax the woman's body between surges, so she could refresh herself. I asked the husband to take her hands and encourage her. Me and the husband were standing by her head, the midwife watching from below: working together as a team. Once the first baby was out, the obstetric registrar wanted to find the heartbeat of the second baby. At this point, she nearly started to panic which would have been disastrous. I took control and said: okay, now there is more room in the womb as the first baby is out – relax and find the other baby. The womb needed some time and stimulation with water on the perineum, and shortly after the second baby was out.

I think I met lovely, cooperative and open-minded midwives: some asked me to describe what I am doing to the obstetric registrar colleague, others encouraged me to do it in other cases as well. I always do these things on the safe side: normal CTG and / or the mother is having regular, effective contractions. Once, I helped a woman to give birth to a 4.3 kg boy and I am sure in that case the epidural could have done more harm than good as the mother was progressing well and all what she needed was changing positions (hands and knees), rebozo relaxation of the hip and breathing techniques. If I had given the epidural, it might have stopped the regular contractions and we end up in theatre. My colleagues were slightly concerned about the big baby: what she needed was full relaxation of the soft tissues of the perineum. The baby came out quickly and healthy, without any tear.

Once I was called for a stillbirth. In this case the baby's body was as large as a living one so she needed the same technique to give birth as a normal one.



My conclusions

Better recognition of doulas in the birth room would be important. Regional doula representatives and hospital leaders could possibly negotiate to find common grounds to work for the client. There is a possibility for the hospital to save money by better optimising workload on hospital staff by integrating doulas into their care. There is a study in progress in Oxford investigating these questions. I am also emphasising that it is most likely the woman herself who can initiate this process of integration by asking for her doula to be present.

We healthcare professionals cannot pretend any more that doulas are not out there by simply ignoring your existence. Instead, we hospital staff could possibly team up with you by finding common ground, clarify each other's goals and the possible benefits we can achieve together.

A psycho-medical approach is key to the normal birth process, which can be delivered through a team effort of midwives, obstetricians, anaesthetists and doulas. The higher the pregnancy risk, the more normalisation we need.

Women come to the hospital for a good birth, not for an epidural. The priority is to optimise our anaesthetic activities to facilitate female bodily mechanisms first before supportive anaesthetic interventions.

Darkness, privacy, minimal communication, changing positions, water pool, positive affirmations, giving more time with up-to-date obstetric definitions, doula approach, emotional support and breathing techniques take priority to enhance female bodily mechanisms and anaesthetic interventions should only support them.

To facilitate minimal communication, information about an epidural could be given well before birth. It could be declared in the birth plan that the mother is aware of the possible complications of an epidural. Doulas could facilitate this, hence the anaesthetist would not need to tell them to the mother. I doubt the effectiveness of this anaesthetic communication at 3 am in the morning with an exhausting, disorganised mother who is crying for pain relief.

As a doula, I kept contact with the mother while the midwife was busy with documentation etc. I mostly worked with women who had not attended a hypnobirthing course previously, so it would be much easier to work with ones trained previously in these techniques.

To cope with the intensity of labour:

I think often saying "please use gas and air" or "I am asking for an epidural" is probably not enough.

- Following patient consent, I was massaging the patient's back, the father could help with this – retrospectively some midwives commented "inappropriately touching" the patient – ironically, the patient was very happy with that.
- I also used a simple hospital towel like a rebozo to rock the patient's hip for relaxation.
- I helped changing positions.
- I offered emotional support over the tipping points, and communicated with the midwife about how I can help

to achieve her goals as well as keeping the birth as normal as possible.

- I kept the woman synchronised with her breathing.
- Some doulas could perhaps use acupressure.
- Kick-starting the labour with natural techniques or an oxytocin infusion and once there are regular contractions present, leaving it on the same dose to avoid excessive pain.

Once I have seen a midwife tweaking up the oxytocin infusion because the number of contractions stated in the hospital protocol was not achieved yet – despite the mother having regular, effective contractions. This caused excessive pain.

As a doula, I motivated the father as well by asking him to hold the mother's hand, help us changing positions, massage the back etc. Whenever I really needed to use the epidural, I often inserted it in the darkness with a spotlight on, letting the father observe my activity. I think the father can help the woman to come over each mental tipping point – when she feels "I cannot do any more". In this topic, education is important: Mark Harris book *Men Love Birth* may be helpful.

I cannot comment on midwifery education but as medical people we are not trained to keep the birth process normal. On the other hand, a standardised doula training, perhaps based on a nursing or midwifery qualification with due recognition from the Nursing and Midwifery Council could help raising respect of the profession among other health care staff. Once we start realising that doulas could be a useful member of the team and "a good extra pair of hands" when needed, hospital staff could perhaps change their mind.

Finally: doula profession is a new and promising trend in the contemporary birth care, which could be successfully integrated into hospital care, both private and public. More awareness and impact studies are needed for healthcare professionals to give credit to this old but newly discovered approach.

Dr. Attila Jonas, MD DESA EDIC Consultant Anaesthetist, Hypnobirthing Practitioner Doula

Dr. Attila Jonas is a Consultant Anaesthetist, who started his interest in the normal birth process at the University of Bristol. After his fellowship with Bristol University, he studied hypnobirthing, doula care and birth trauma resolution as well as the contemporary scientific literature to integrate all we know about the normal non-medicalised birth into his obstetric anaesthetic practice. He is particularly interested in supporting high-risk births with hypnobirthing, trauma resolution and doula care to get the best possible outcome for conscious babies. He believes that conscious parenting starts in utero with fetal emotional bonding and is continued throughout a non-medicalised birth - in this process anaesthetists could be a key factor to consider.

More information can be found on his website:

www.easychild.co.uk.

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A Conversation with a Male Doula

From time to time within DUK, discussions arise about men taking our training courses and becoming DUK doulas. These seem to bring out various responses in our membership, both negative and positive. In the hope of gaining some insight from a male perspective I spoke to Elias Kass a few years ago when he was working as a male doula in the US.



When the idea of male doulas have been mentioned it seems to bring up some quite strong feelings in our almost exclusive female membership. How do you feel about doulas feeling quite adamant that this is a purely female role?

First, let me say that I absolutely oppose the systematic exclusion of people from the doula world based on sex. Here in the US it's illegal to discriminate at the institutional level based on sex; I imagine there are similar protections in place in the UK. Just as it was (and is) wrong to exclude women from politics, engineering, mathematics, construction, etc, it's wrong to exclude men from this profession.

'I love babies and birth and want new life to enter the world in the most gentle way possible.'

Second, I firmly believe that excluding men from doula training robs women – in the mother and client role – of their right to choose their providers and attendants. If your organization accepts and trains a man in the art of doulaship, and nobody hires him, then that's fine – it's up to each of us in our professional capacities to define our practice and to negotiate the world of clients. The fact is that just as some women prefer their doulas to be women (or women who are older, or women who have had children themselves), some women don't care about the gender of their doula. In fact, the first family to hire me chose me specifically because I was a man, and they felt my involvement would balance their team and represent their feeling of the birth as a joint effort. The other families who have hired me as a doula knew me as a friend first (either a friend of the mother or the father) and hired me because they enjoyed my presence and felt I would be

helpful. One couple felt I was so helpful that they named their son after me! I'm not taking doula clients right now, but I've had several requests, so they must have their reasons for seeking me out.

How did you get involved in doulaing? How long have you been doing it for and how many births have you attended?

I got involved with being a doula as a stepping stone to midwifery training/practice. I'm training to be a naturopathic physician. In Washington State, in order to be able to attend out-of-hospital births as a naturopathic physician, we need additional training in naturopathic maternity care and are licensed as Licensed Midwives (in addition to the physician licensure of Naturopathic Doctor). I love babies and birth and want new life to enter the world in the most gentle way possible. I identify with the midwifery model of care, and midwifery was what brought me to naturopathic medicine, as a gentle, low-force/intervention, logical method of health care. Doula training is a prerequisite for the midwifery component of our training (administered as a concurrent certificate program), and I decided I wanted to work as a doula in order to gain more experience with birth. I also wanted to see if I could do it! Being emotionally present for hours on end is not something I'd had much practice with in my prior career as a software engineer. I've now attended close to a dozen births total, a few as a doula, but the majority as a student midwife. Much to my delight, I found that at births, I was more present, more patient, more loving, and more compassionate than at any other time. I love the energy of it – just like anyone else, I'm addicted to that moment of transformation.

As a man, how do you feel about what some would consider the essence of being a doula – the theory of "Mothering the Mother"?

I think the concept of "Mothering the Mother" at its essence is about nurturing. No, I can't be a mother, but I can be nurturing, and I do rub backs, stroke arms, etc, in so much as it's part of the way that I comfort and nurture. I can't guarantee that it's exactly like what you do, but I am

physically engaged with the mother in a way that makes sense to us both. The women who hire me have already made a decision that they're comfortable having me there at that time, knowing full well that I am a man. Women who don't want to be exposed at that time, or who feel uncomfortable thinking about having a man see their bloody show, or see them on the toilet or in the tub, are not going to hire me. I don't claim to represent all men, and I don't think it's fair to judge an individual based on the group, especially a group as broad as "men" – that's half the world, surely there's variation! I'm a man with a particular personality, philosophy, experience, energy, voice, and presence, and that's who they're choosing to have present. Just as not all women are cut out to be doulas. I'd imagine that many female OBs would actually make very poor doulas! Not all men are cut out to be doulas. There are all sorts of men and all sorts of women with all sorts of abilities and inclinations.

'I was more present, more patient, more compassionate than at any other time.'

How do fathers respond to you being present at such an intimate time? I know I often hold and stroke my clients in labour. Do you? How do dads and mums respond to this?

I also find that the mums do and show me things e.g. their stained sanitary towels if they have had a heavy show which is something I could never ever imagine showing to a man (even my husband) so how do you deal with the 'squeemish' parts of labour like changing birthing women's clothes, helping them shower/bath? Do you think women feel they can "let go" with another man present?

My physical involvement has been different at each of the births and I've never discussed it explicitly with partners (though I should email a few and ask, now I'm curious). Some births the partners are doing most of the physical support (I'm reminded of one who was in the tub with his wife almost the whole time), and I'm supporting the partner in supporting the mom – making suggestions, keeping them both fed and watered; whereas at some births they're happy to have someone to trade off with when it came to the never-ending back pressure or double hip squeeze of back labor (or even leave all of it to me). I don't get into the tub or the shower with the mom and happily facilitate that kind of intimacy with her partner, but I will rub her back while she's in the shower, accompany her to the bathroom, whatever is needed. I'm also there as a resource and have had at least one previously unwilling dad 'consent' to a home birth after talking with me. For some I serve as a 'bridge' between male experience and the birth world – I'm relatively unthreatening for them to talk to and ask questions. Especially in the doula capacity, having someone else there eases the pressure for them. No partner has ever expressed discomfort with my level of physical involvement, they've gotten to know me over

the course of the pregnancy and know that I'm not a threat to their partner or their relationship. I'm there as a professional.

Are you aware of Michel Odent and his feelings about men being in the delivery room? What are your thoughts about a male doula adding to the male presence in the birthing room and the possibility of this being a hindrance to the labouring mother?

With regard to Michel Odent, what I've read is his experience with some men having difficulties being present at the births of their own children. He's also speaking as a man who has been present at thousands of births. Would the birthing world really be better off had someone barred him from being present at births when he was just beginning? He's also published some clarifications, saying he was misquoted www.midwiferytoday.com/articles/fatherpart.asp being a clearer expression of his sentiments.

I've never felt like my presence, either as a doula or as a student midwife, hindered the birth. I've been at short births and long births and don't have the hubris to imagine that I was the cause of either. It's entirely possible that my presence is a problem at some very deep level that neither I nor the mother are aware of, but I've certainly seen some mighty good letting go! If at some point it becomes utterly apparent that I'm not helping, then I would bow out on the principle of doing no harm, just as I would in any other situation. Sometimes it's not a good fit.

'I can't be a mother, but I can be nurturing.'

What would your message be to those doulas who still feel reticent around the idea of a male doula?

I guess my question would be do we need one fewer doula? If a male doula becomes trained and attracts clients who are happily attended by a skilful doula, is your community ill-served or enriched? It's the choice of the client whom to hire, not the organization's. Respect the mothers and families of your community enough to leave the decision to them.

Elias Kass, ND, LM, CPM

Dr. Elias Kass is a naturopathic physician and licensed midwife based in Seattle USA. Dr. Kass currently specializes in the naturopathic primary care of babies and children. He further specializes in breastfeeding and infant feeding problems, including tongue tie and milk supply challenges. He also helps people induce lactation even if they have not been pregnant (for example, lesbian couples who both want to breastfeed, or adoptive parents who want to breastfeed).

Note: Dr. Kass wrapped up midwifery services at the end of 2014.

My Joyful Birth

AMBER STRONG

All my births were joyful – of course they were! But having 3 successive breech babies, resulting in 3 successive caesarean births wasn't what I'd wanted. Even when I was pregnant with my first, people asked me if I was scared of the actual 'giving birth' bit. I wasn't, I couldn't wait to experience it, but that was nearly 12 years ago. Despite reflexology, endless amounts of time spent on all fours and an ECV, she stubbornly remained breech and I was told I needed to have a caesarean. She was happy and healthy, and the experience was largely positive, but it wasn't the vaginal birth I'd wanted.

Second baby was equally as stubborn! But I fought for my right to go into labour naturally before agreeing to a caesarean birth for my second breech baby (I was told I would 'have to have' a caesarean and that it didn't suit their theatre schedule to not book me in). The ultimate rush of joy I felt when I rolled over and felt my waters go – the fist pump of success as I began to have surges, I felt like I'd won the battle, if not the war.

Then with my third breech baby labour came on quickly after my waters broke and the surges were fierce. I told my Dutch consultant that I wanted to have a vaginal breech birth, baby was Frank breech and she couldn't see the problem. She told me that in her country, breech was just viewed as a different presentation – not necessarily an immediate cause for a caesarean. The urge to push was building and when they examined me, a foot was dangling... whilst the other remained extended up by

her head. This particular feat of acrobatics led to my third caesarean birth. Closer every time – but ultimately thwarted.

I found out I was pregnant with my fourth baby a few days after my unique and beloved Grandpa died. We had always wanted four children, but hadn't been planning our fourth and final just yet (we'd actually booked a family holiday to Italy and yep, you guessed it – the EDD fell right in the middle of our holiday there!) But it felt fatalistic, I very quickly accepted that this was greater than me, and with that came a relaxation and release. I can't tell you how much of my previous pregnancies were given over to trying to get a baby that was head down, but I think I tried every trick in the book. This time, the only thing left that I hadn't previously tried, was seeing an osteopath. I saw her when I was 12 weeks and she was positive that she could help. Having suffered migraines that increased with each pregnancy, I was terrified about that happening, but actually, it turned into my easiest pregnancy.

At a 28 week scan (done purely so that I could check position) she was breech. I waited to be hit with the wave of disappointment, but it didn't come. To a certain extent, this was all happening out of my control and I had already abandoned myself to that. The next morning I had a routine midwife check-up, baby was head down. I burst in to tears and phoned my husband, sobbing (not advisable if you don't want to immediately send them into a panic!).

I saw the osteopath a few more times, she had 'opened' up my pelvis and in doing so – gave so much more room to my baby, but she always returned head down.

We brought the holiday forward and went to Italy. I flew back at the limit for pregnant women – 36+6, but loved it! My husband however, worried that the baby would come at any moment, did NOT! One night I experienced quite intense braxton hicks and I was sick, but I still didn't worry – I just didn't tell my husband!

We got home from Italy and immediately moved house, but this little baby stayed put – knowing instinctively that now wasn't the time to come.

The day before my EDD we had friends over. It was a blustery, sunny Saturday in June. The children and I baked cakes in the morning and I made bacon sandwiches for everyone for lunch. I had a few braxton hicks throughout the day, but that wasn't unusual. At around 2pm I found myself instinctively sitting on my birth ball, rotating in slow circles and figures of 8. I'd been to the toilet a few times with some loose bowel movements (after 6 months on iron tablets, this was a very happy, welcome occurrence!) but it didn't occur to me that I may be in labour – my waters had always broken first and I just assumed it would be the same this time. At around 2.45pm my friend and her son left for home. 'You're being weird' she told me, she had seen what I hadn't – I was beginning to 'go in', and those braxton hicks? Well, they were picking up. At around 3pm, I thought I'd time them just to see; they were every 5 minutes! I was leaning over the worktop, breathing through them, swaying with them. I phoned the hospital, the midwife said 'If you feel OK, then you can stay at home a bit longer'. I then told her I was going for a VBAC after 3 previous caesarean births... whereby she quickly changed



her mind and told me to come in straight away!

I went out to get my husband who was in the middle of building a trampoline for the children and had been completely unaware that I'd even been having surges. He looked utterly bemused when I said we needed to go to hospital because I thought I was in labour! Before we left, I went and got the washing in off the line, by now it was 4pm and the surges required my absolute attention when they rippled through me but I managed them easily. So easily in fact, that I was convinced that we'd get to hospital and they'd say it was still really early and to go home again so we didn't even take the car seat.

I walked through the hospital doors at 5.05pm, the car ride had been uncomfortable but bearable. A few powerful surges hit me in quite quick succession and I was taken into the assessment ward. I stood, looking out of the window and remember talking with total clarity to my husband before a tremendous power rolled through me, I growled at him to rub my lower back – hard. I remember thinking of the poem 'Catrin' by Gillian Clarke

'I can remember you, child,

As I stood in a hot, white

Room at the window watching'

I felt removed from the situation whilst retaining and respecting the absolute power of my body. That powerful surge broke my waters, and I sent my husband to find a midwife. The next surge brought such an intense need to bear down that I threw myself back on the bed; this was the first time I'd not been upright but felt necessary to me because I genuinely thought she was going to fall out onto the floor!

At this point the midwife came in, I'd hurriedly removed my wet trousers and underwear, and so when she walked into the room she was met with a roaring, naked woman, with a baby very obviously on its way. She panicked and quickly got another midwife, they were both flustered – I was a VBAC3! They needed to do lots of monitoring, checks and observations, they needed to get me to a labour room – not have me give birth on the assessment ward! One midwife went to get a wheelchair to transport me. I ignored them and gave myself over to my body, to my instinct and to my primal power. Through gritted teeth the midwife told the other (returning breathlessly with a wheelchair) that there wasn't time, this baby was coming now. Meanwhile, I continued to roar her out, I put my hand down and felt her head, I roared again and I felt that beautifully satisfying sensation of a baby slithering smoothly out of your tummy. She was lifted up onto my chest and my husband, shell shocked beside me, stroked my hair and was speechless. I laughed and beamed and said 'I knew I could do it!'. My body throbbed with joy. Her cord was left to pulsate before I birthed the placenta – an odd feeling, trying to contract against something that offers no resistance. The midwives, breathing sighs of relief, finally got me into a labour room. We looked at my placenta, I marvelled at its beautiful intricacy. I felt like I was on top of the world, I felt vindicated. That trust and faith I'd put in my body and baby had been rewarded. I briefly thought of the consultant who told me he couldn't



veto my 'crackpot' idea of trying for a VBAC after 3 caesarean births, I wanted to march into his office and show him my baby – this 'crackpot idea' that had come off, spectacularly.

We were left on our own which was utter bliss after the constant interruptions and monitoring of caesarean births. No pressure cuff inflating on my arm, no wires leading everywhere, no loud, busy ward. We were allowed home that evening. The thought of being able to sleep in my own bed with my baby beside me, no additional major scar that I had to be super aware of – it just didn't feel real. The midwife later confessed that she'd been terrified of being assigned to me – the mad woman attempting a VBAC3 – but that I'd actually been the easiest, most straightforward delivery she'd had that day! We left hospital at 9pm (we had to wait for my wonderful brother-in-law to bring the car seat we hadn't thought we'd need yet) and drove to the nearest McDonalds – I was famished! We just sat in the car and grinned at each other whilst our amazing newborn baby sat in the back.

Everything had unfolded perfectly and I felt the old wounds of birth disappointments start to heal. My husband too – he'd lived through the pregnancies overshadowed by frustration at having to fight so hard to make my voice heard. The conflicting emotions and disappointment that, despite our best efforts, our babies remained breech, combined with the guilt that we had a healthy baby and the feeling that we should be thankful for that. He listened to me rant and rail, quietly supported me even when he wasn't entirely comfortable. 'I knew you would do it and I'm so pleased for you' he said, knowing better than anyone how I'd longed for this.

I couldn't wait to have my children wake up in the morning, come into our room and see me, holding their new sister, full of joy and power. I didn't sleep that night, not because she was awake, but because I couldn't believe what I'd done, I felt like the luckiest person in the world and I closed my eyes and re-ran it in my mind time and time again. I kissed her, held her and thanked her for what she'd given me.

I asked my husband if he'd filmed it – he told me hadn't had time. Our daughter, our fourth child and third daughter had been born at 5:17pm, precisely 12 minutes after I'd walked into the hospital.



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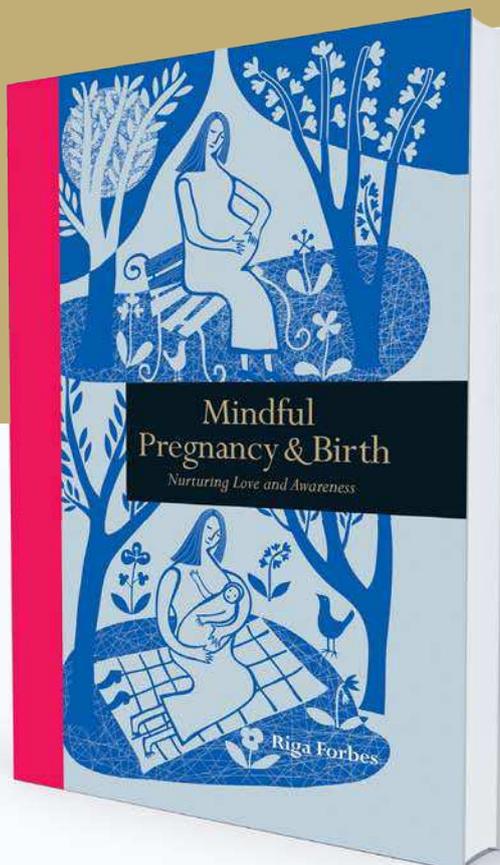


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A Dad's Perspective

MATT DAVIS

Tech Talks

People. Isaac so often relishes them, yet so rarely relates to them. It's one of the crueller features ascribed his autism. A skills shortage in handling that pesky, unpredictable species we call typical human beings – that belies a deep desire to communicate, be part of, socialise and interact.

He pines for a person's presence and playfulness; yet is left startled by their byzantine body language; facial expressions and subtle emotions are a foreign dialect. Who smiles when they're sad? When someone is wide eyed, are they joyous or on the verge? How can a stare be amused or angry? The face fibs.

Human behaviour has unwritten rules set in stone by the exacting standards of instinct and intuition. Things unsaid, reciprocation and interpretation. Sarcasm, shades of friendship and physical space. To touch or not to touch. How, when and whom to hug. So much human interaction is horribly vague for Isaac. The irony being that the nuance and specificity particular to the unwritten rule evades so many rule-aficionado autistic people like my son. If Isaac's mental rulebook is indelible with logic, the chapter on reading people is in invisible ink.

The dissonance between intent and inability plays out most sharply at playtime, or any unstructured kid zone. Where free play and frolics jar with the unbending Isaac. Coldly articulated as emotional and social delay (two traits he'd perhaps over index on in a less constrained, less judgemental universe) Isaac's behaviour means he is swift to flat-line even in the confines of his specialist school environment (and especially not in, for example, a raucous ten year olds' party, should, on the rare occasions, I nudge with all my hoard of strength, caution to the wind). He knows he wants to befriend and have friends, he's not entirely sure how. He's forever seeking connections, picking people out, willing a love in.

But once he makes that tentative step from solitary to sociable play, he can hit the wall. Isaac's blunt negotiating can be an incursion into that loose but intricate web of a social setting. His thunderous approach tramples over chit chat, codes, school japes, the benign jostle, the impossible-to-describe mood and ambience (the old – Woody Allen? – quote about analysing humour is like



dissecting a frog can be applied to analysing how people mix, gel, have chemistry; you lose the frog).

He'll pull and push too much. Squeeze instead of share. Misread rapid wordplay between pals. Not take turns. My 4 year old has a comparative fluency in this untaught but universal suite of physical language and everyday expressions. These faculties flowed into her barely noticeably. Yet whenever I see her make an effortless gesture, comprehension, reaction, whatever, my heart races towards a dead heat of relief and regret.

Back to playtime, his self-control goes into exile. He becomes crotchety quickly. Sensory and physical problems sour things further, his need for stimulation making the squeezing that bit tighter. His low body awareness dulling his physical space-nous even more. Noise and brightness, as pointed for him as shards of freshly snapped glass. Tears, discipline, angst. Daily I'd imagine. But things rectify quickly. Supervision smooths things out, in and out of school.

Indeed, these types of experience suggest just a snapshot of his wider existence. They're poignant but transient. Time spent with his ragbag of autism-very-friendly cousins witnesses a magnetic social presence; won over as they seem to be by his charm and unconventional collegiate approach. They adapt, allow, absorb his controlling ways; enamoured by his honest and heartfelt love for them. Perhaps this is that less constrained and judgemental parallel universe.

Not being in possession of the innate encyclopaedia of unspoken language and behaviours weighs heavily though. Somewhat selfishly on me too. When glum, I wonder why a chunk of this human skill we take for granted has somewhat evaded Isaac. After all, accessible academic text of the moment, *Sapiens*, by Yuval Noah Harari, suggests our abilities to cooperate and to understand social structures, to interpret interpersonal relations, started tens of thousands of years ago. Really? Not for everyone I'd fathom.

Yet, yet, yet. Progress is being made. Phenomenal

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.



progress. Social skills are high on his school curriculum. He'll proudly, breathlessly, deliver a gold star day – chapter and verse:

“I didn't pinch my friends today at playtime, I got over excited but I was able to control myself, it was hard but I reached my target. I helped another pupil not be angry in the classroom before assembly. Then we had lessons, in English we were happy and told stories...”

The method of slotting something not so natural, like socialising, into a something ingrained, like his routine, reaps benefits.

Of course, the role of language here cannot be understated – there's an over dependence on it but it's a blessing.

It was not always thus, what with his tardy and atypical language acquisition. The word by word, sentence by sentence, need to learn-it-all and say-it-all approach. There will always be something of the revision obsessed GCSE language student about him, labouring over translations, the walking, talking textbook. Announcing, scripting, regurgitating.

And I adore his formality of speech, his eloquence of elaborate over explaining. It's the cornerstone of his memory. Facts wholly logged into his database, processed, then ready to be spat out at any time.

Yet this tendency to be literal; to use learnt phrases. Does it also represent a struggle with the spontaneity of language? Is it, in fact, a compensation for his lack of those linguistic gymnastics that ease sociability and act in a similarly illogical and contradictory way to facial, bodily language and the like.

Very, very likely.

Isaac is the pushy street seller – desperate to hawk lovingly curated titbits of knowledge (music, people's birthdays, trains) whether you want them or not. Sheer semantic force elicits an approval, a logical response that's as reassuring as it is uncomplicated.

He now knows and remembers everyone in his universe's date of birth and age. Many, many people, much detail. And it's always an urgent process to ask, confirm and remind.

“Papa Paul was born in 1933. He is 84 years old. Is he old or can he still run?” Or someone else, may be younger but not as sprightly, his device for managing the ambiguity of whether people seem their age or not, being whether they can run “or have a stick and therefore are old but not dead”.

Whether reported to me or the actual recipient, this one way alley of information is controlled by him and, whether answering a question for the first time or confirming for the



umpteenth time, has a clarity he can comprehend. He can read if we are impressed by his knowledge, or engaged by answering a closed question.

While these parameters serve a purpose, proving his resourcefulness and abilities, and are his glue for social interaction, they have their limits; they become too self-serving. We seek an alternative, a way of improvising away from his script.

The long winded specific language and the miss – or non – read of human communication, over feed off each other. What Isaac seems to be demonstrating is how hard just being instantaneous is, living in the now, that everyday ephemeralness.

Which is why I am therefore thankful, hugely, hugely, thankful for the role that tech has started to play in his life. It's filled the awkward chasm of confusion around communication. Genuinely, sensitively, intuitively. By humanising him in so many ways.

Smartphones and tablets aren't screens that shut him out of sociability, they are the windows into a sociable world. Sometimes in the most unorthodox of ways:

Take Uber, that great, detested disruptor, the necessary evil. For Isaac, it's so much more than a utility, it's a loved enabler.

When we get what Isaac labels “the Uber taxi”, his world widens from the moment the time starts to tick on the app, the map appears, the driver details make themselves known. Driver's name clocked, registration noted, countdown for arrival commenced. And then, in we jump.

“Hello Dervis, very nice to meet you, are you having a nice day? Mmm, your car smells lovely. I will put my seatbelt on then we can leave. Thank you very much.”

Greeting an Uber driver by his name never fails to elicit a wildly surprised but utterly genuine – utterly interpretable for Isaac – smile and appreciation. A connection is made. The atmosphere is warm, Isaac knows it. He has initiated this unexpected interaction. It's kind of beautiful, calling an Uber driver by his name – try it.

Naturally, every Uber journey he's been on, when, where

An advertisement for 'Birthing 4 Blokes' featuring a couple and a baby. The background is a black and white photo of a man and a woman with a baby. A blue circular logo with the text 'BIRTHING 4 BLOKES' is in the center. Text on the left says 'everything a father to be needs to know' and 'birthing4blokes.com/doulauk'. Text on the right says '10% Special Discount with this coupon code: DOULAUK'.

to and from, and the driver's name, get packaged up and parked up securely in his brain.

Then there are the filters, face swapping apps, emojis: in yer face – literally – exaggerated but truthful and funny visual languages. These form his daily diet of sumptuous silliness that simplifies his world, his take on people and things. Tools that far from swallowing him up, make him sweat with laughter. A catalyst for chat with us the shared screen, lowering the boundaries of opaque human speak, and streamlining his use of language to be more relevant, contextual and concise. Win, win.

For the first time recently, I saw him sit with a child his own age, who he'd just met, and bond through the apps. They take the sting out of over stimulation, free him from being too physical, and he eases up on the verbiage. Before, when a relationship may have ground to a halt, the power of tech now means it steps up a gear.

Such sessions, when successful, end in his talk of the day being "a laughing day, it was so funny. My eyes are wet. Can you wipe my glasses?"

Finally, onto messaging, texting, WhatsApp, whatever you want to call it. On an almost preternatural plain, we, as 'neurotypicals' – myself and my wife – have become more measured, sympathetic and considered ourselves, whilst Isaac articulates and communicates so much more openly. My wife messages with him, one on one, via devices, when not together, or even when in the same location. Freed from the congested roundabout of conversation, distractions flying, obstacles everywhere, he can pause,

think and opine, in his time, in his space. With emojis to affirm his feelings he can nuance, "I'm a feeling a little happy today mummy, now I'd like to be quiet." He'll ask, "How are you? Can you tell me who your pupils are? Have you loved your day teaching today?" He'll, at times, tell me, "We don't need to talk any more. I'm playing with Tabitha now."

He can manage processing and responding, liberating his emotional intelligence and expressions. By her own admission, my wife is having conversations with him, the like and gravity of which, she's never had before.

Tech adds and complements. There's no tweaking of the autistic traits that make him him. Indeed, tech in the form of the iPad has deepened, made even more immersive his singular train love. Making films and categorising. Time lapses, slo-mos, titling. Epics or documentaries. He arrives at the Jubilee line ready to shoot, and his greeting to it is anything but typical:

Unabashed, in raptures, he'll broadcast:

"Ah yes, hello Jubilee line. It's my lucky day. I love you and can smell it's the new refurbished trains. Oh yes, I'm so happy. I won't film people I promise."

The technology key to his hobby, the happiness visceral.

Technology in all its guises is a major thing. Just not everything. However critical and crucial it is, it will never be a crux, only a catalyst. As he says:

"I'm legal to watch my iPad. Not the whole time though."

Protect your baby's health

A pregnancy guide to help mums-to-be and families reduce their exposure to harmful chemicals in the home.

To protect the health of their baby, most mums during pregnancy will take steps such as eating healthy foods, taking vitamins and avoiding alcohol.

But, there are now a growing number of mums who want to take steps to help reduce their unborn child's exposure to potentially harmful environmental chemicals too.

This is a response to the growing scientific concern that early life (in-utero) exposures to certain harmful chemicals in our environment might lead to the development of illnesses, including breast cancer, later in life.

"By being aware of your own exposure to harmful chemicals during your pregnancy and avoiding these where possible, you can only give your baby the best possible start in life".

DR MICHELLE BELLINGHAM PhD, PgCert, BSc (Hons), FHEA

But it can be difficult to know where to start – and we can't avoid everything. That's why Breast Cancer UK has produced this handy guide with tips and advice on what to look out for and what to try and avoid in different areas of the home.

To request copies of the guide for you or your clients or to find out more about the links between harmful chemicals and breast cancer visit www.breastcanceruk.org.uk/doulas

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The Midwife Who Saved Intersex Babies

BY HELEN GRADY AND ANNE SOY

BBC WORLD SERVICE, KENYA

Five years ago a midwife in Kenya delivered a child with male and female sexual organs. The father told her to kill it, but instead she hid it and raised it as her own. Two years later, the same thing happened again – and before long she was forced to flee to save the children’s lives.

Zainab was used to delivering babies. As a traditional birth attendant in rural western Kenya, she’d delivered dozens over the years. But none like the one in front of her now.

It had been a tricky birth, but nothing Zainab couldn’t handle. The umbilical cord had got twisted around the baby’s head and she’d had to think quickly, using a wooden spoon to untangle it.

After clearing the baby’s airway, she washed the child and cut and tied the umbilical cord. It was then that Zainab saw something she’d never seen before.

“When I looked to see if it was a boy or a girl, I saw two things protruding – this baby had male and female parts,” she says.

Instead of saying what she usually said at this point – “It’s a boy!” or “It’s a girl!” – Zainab handed the baby to its mother and simply told her, “Here is your baby.”

When the exhausted mother saw that her child’s sex was unclear, she was stunned. But when her husband arrived,

he was in no doubt about what should happen next.

“He told me, ‘We can’t take this baby home. We want this baby to be killed.’ I told him that the child was God’s creation and must not be killed. But he insisted. So eventually I told him, ‘Leave the baby with me, I’ll kill it for you.’ But I did not kill the baby. I kept it.”

The father came back several times to check that Zainab had done what she’d promised. She hid the baby and insisted she had killed it. But this would not work forever.

“A year later, the parents somehow heard that their baby was alive and came to see me,” Zainab says. “They told me I must never reveal that the baby was theirs. I agreed and since then I’ve been raising the child as my own.”

It was an extraordinary – and risky – choice.

In Zainab’s community, and in many others in Kenya, an intersex baby is seen as a bad omen, bringing a curse upon its family and neighbours. By adopting the child, Zainab flouted traditional beliefs and risked being blamed for any misfortune.

That was in 2012. But two years later Zainab was amazed to deliver a second intersex baby.

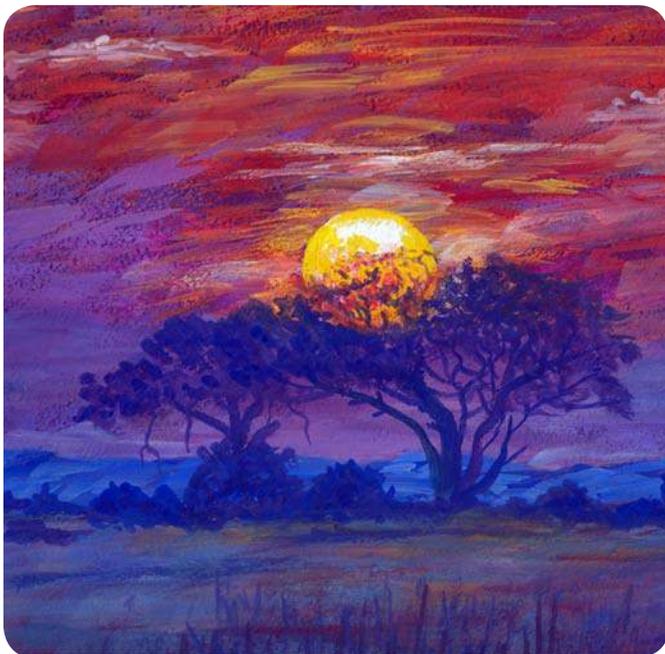
Although there are no reliable statistics on how many Kenyans are intersex, doctors believe the rate is the same as in other countries – about 1.7% of the population.

“This time, the parents didn’t ask me to kill the child. The mother was alone and she just fled and left me with the baby,” Zainab says.

Once again, she took the baby into her home and raised it as part of her family. But her husband – a fisherman on Lake Victoria – was not happy.

“When he went out to the lake to fish and had a bad catch, he blamed the children,” says Zainab.

“He said it was because they had brought a curse on us. He suggested I hand the children over to him so he could drown them in the lake. But I refused. I told him I would



never allow that to happen. He became violent and we started fighting all the time.”

Zainab became so worried by her husband’s behaviour that she decided to leave him and take the children with her.

“It was a difficult choice for me because financially I had a comfortable life with my husband and we had grown-up children together and even grandchildren. But you can’t live in such an environment – with threats and fighting. I was forced to flee.”

Childbirth is changing in Kenya. Increasingly, mothers are giving birth in hospitals, rather than in the village. But not so long ago the use of traditional birth attendants was the norm, and there was a tacit assumption about how to deal with intersex babies.

“They used to kill them,” explains Seline Okiki, chairperson of the Ten Beloved Sisters, a group of traditional birth attendants, also from western Kenya.

“If an intersex baby was born, automatically it was seen as a curse and that baby was not allowed to live. It was expected that the traditional birth attendant would kill the child and tell the mother her baby was stillborn.”

In the Luo language, there was even a euphemism for how the baby was killed. Traditional birth attendants would say that they had “broken the sweet potato”. This meant they had used a hard sweet potato to damage the baby’s delicate skull.

“The parents did not get any say in the matter,” says the group secretary Anjeline Naloh. “The expectation was that the baby should not even live long enough to cry.”

These days, the Ten Beloved Sisters leave delivering babies to hospital midwives. Instead, they support expectant and new mothers and raise awareness about HIV transmission. But in more remote areas, where hospitals are hard to reach, traditional birth attendants still deliver babies the old-fashioned way and the Ten Beloved Sisters believe infanticide still happens.

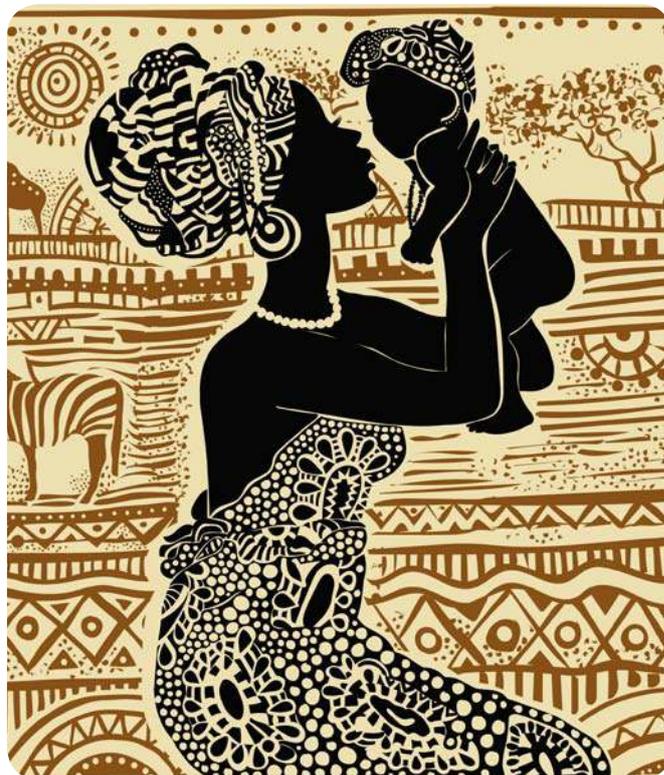
“It is hidden. Not open as it was before,” says Anjeline Naloh.

“Those things still happen, but they are secrets now,” agrees Seline Okiki.

“People bathe openly and if you see something that is a little different, that’s where they go speak: ‘Oh, did you see something, eh?’ [laughter]. You compare. That’s normal!”

Georgina Adhiambo, executive director of the charity Voices of Women in Western Kenya, which is making efforts to reduce the stigma that surrounds intersex people in western Kenya, says the subject is still taboo.

“We’ve come across parents who’ve tried to hide their intersex child or even locked them up - some because they were ashamed, others because they were afraid that others might try to harm their child,” she says.



“We’re explaining who intersex people really are. This is a very religious society, so we explain that intersex children are also created by God.”

But paediatric endocrinologist Joyce Mbogo – one of a new generation of doctors trained specifically to deal with what they call Disorders of Sex Development, or DSDs – says attitudes to intersex people are starting to change.

“We have a new set of parents who are willing to seek help,” she says. “The internet is accessible even in the rural areas, so when they realise there’s something wrong they’re able to look and see what could this possibly be.”

Treatment options vary. Some patients require no treatment, many need medication or hormone therapy and others need corrective surgery – though often this is delayed until after puberty so the children can decide for themselves who they want to be.

For Zainab’s adoptive children, such decisions are a long way off. They are healthy and happy and when she talks about them her face lights up. She’s visibly proud of them and the new life she’s built for herself. She still delivers babies when she’s needed, but makes her living mostly by buying and selling clothes and sandals.

“We all eat well and I can see that they are normal children. We talk, the older one helps with the household chores and my son thinks of them both as his siblings. They are all my family. It’s a miracle from God.”

When asked if she’s ever regretted her decision, Zainab laughs as if it’s a ridiculous question. “Should I throw them out? No, I’m their mum! They’re human beings and I have to take care of God’s creation.”

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"Shiatsu takes this simple healing modality of touch (ie rubbing the lower back) one stage further: (use) touch, gentle pressure and massage in a more systematic and focused way to help mothers in your care. Women love it: I can testify to that"

Tricia Anderson in the foreword to Suzanne's book 'Shiatsu for midwives'

A core part of doula skills is touch, often deep sacral touch or rubbing the lower back to ease contractions. We know that that touch releases oxytocin: supporting physiological labour: but we also need to know when not to touch and when to give space.

Shiatsu is a specific form of pressure touch: often the kind of touch women find helpful in labour more than stroking massage type touch as can help them focus within.

Shiatsu is based on the traditional knowledge of Chinese medicine: which sees touching the body as touching not just the physical body, but all the emotions, feelings, we have ever experienced, along with our connection to the earth, our ancestors and the whole universe. Our body is seen as the microcosm of the universe. We work areas and points on the body not just to release muscle tension and relax the physical body but also to support flow in the emotions. We can also work in the space around the body, without touching, simply enabling it to have more openness to the environment around it.

You don't have to know the whole theory of Chinese medicine to start integrating some points into your work. Touch is the main tool and some techniques can be quite simple and effective to apply. I have been teaching them to partners for many years as a way of not just supporting the mother and baby, but to help themselves feel more relaxed and involved during the pregnancy, birth and postnatally.

The first principle of applying shiatsu, is that we are the needle. In order to work effectively, we need to be relaxed and use our whole body not just our arms. We lean onto the body from our physical and emotional centre: our hara, (abdomen and lower back) to ensure a balanced touch. Although traditionally shiatsu was done on futon on the floor, with the receiver lying down, it can be done in any position even with the receiver moving: vital for supporting a woman during labour. The mother can be standing, sat on a ball, leaning over a ball or resting in bed.



The way that pressure is applied is through a direct perpendicular pressure, using palms, forearms, elbows, thumbs or knuckles.

Focused sacral pressure: Water flows gently

Rather than simply rubbing the back, which also can feel lovely, you can lean your bodyweight into the sacrum through your hands, placing one on top of the other.

You can also try putting your thumbs into a pair of points at a time, or, for more pressure, one thumb on top of the other. You can also use your knuckles.

These points relate to the Bladder meridian which is associated with water and the energy of winter, gathering in and supporting. These points, as well as releasing tension in the sacrum help give focus, fluidity, helping move emotions in a softer way than the shoulder. They can help the baby move, and the last point on the Bladder meridian is BL67, the lateral base of the little toe nail, which is often used with pressure to support a breech baby to move. However BL67 is not just useful for breech babies: any baby that needs some support to change position may benefit.

**Releasing the shoulders:
Gall Bladder 21: wood moves dynamically**

Wood energy is the active dynamic energy of spring and by working on its associated meridians of Gall Bladder and Liver, we help bring a more dynamic movement through the body and the emotions. Imagine if a plant in the spring was stuck and couldn't push through the earth: it would feel very frustrated. Spring is the time of new beginnings and strong movement: the energy of birth.

You can lean onto the shoulders with your forearms. You can then lean with your thumbs into Gall Bladder 21 the highest point in the trapezius muscle and usually easy to find, because it is the most contracted. This helps releases tension in the shoulder and neck but also helps move energy down: helping the baby move down, the placenta come out, but also the mother to relax and focus her energy.

**Calming points:
Heart Protector HP 8 and Kidney KD 1**

Just holding the centre of the palm: HP8 calms the heart and emotions.

Holding just below the ball of the foot in the centre of the sole, KD 1, the most Yin (connected to the earth) point of the body: grounding calming and connecting to water, inwards.

**Connecting with baby:
Holding the hara**

I often encourage partners to do this. Simply placing one hand on the abdomen and the other on the lower back, and allowing the mother's breath to move the hands. This is a lovely way of connecting with the baby, as well as helping the mother to focus on her breathing.

Enjoy!

Suzanne Yates is the author of the forthcoming book 'Beautiful Birth'; a book for parents, where she explains her approach in more detail. It is being re printed by Pinter and Martin in November. There is a launch at EffraSpace on 9th November which you are welcome to attend. She has also written a book suitable for doulas "Shiatsu for Midwives" and runs regular courses in the UK as well as on line courses. She set up Well Mother in Bristol in 1990 to support women and their partners through shiatsu and massage and since 1999 has been teaching her approach to midwives and doulas world wide.

For more information on her work visit www.wellmother.org



JUNO a natural approach to family life
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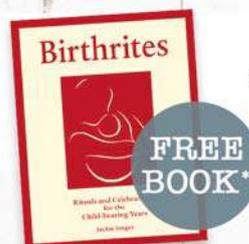
HYDROBIRTHING

FOSTERING & ADOPTION
Parents share their experiences
Steve Biddulph
on feminism

How to talk to children about climate change
Setting up a zero waste shop

EDUCATION JUNA CARNIE DISCUSSES WHAT IT'S FOR AND DIFFERENT APPROACHES

JUNO is a bi-monthly natural parenting magazine that inspires and supports families through its range of features, columns and artwork.



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Mindful Birthing & Doula Presence

BY RIGA FORBES

As a doula, my intention is to become as mindfully present as I can possibly be when attending a woman in childbirth. I believe that this meditative awareness helps to bring a nourishing, 'holding' quality to her birth experience. In this space I can respond to things, I can act and just 'be', in a way that is tangibly calmer and more open, moment by moment, than I might usually find myself. And I have no doubt that many doulas find their own way of doing this, because it feels important, as if at some level it is part of our role, or our job spec so to speak.

This centred holding-of-attention can make for strong and peaceful birth support. It can enable us to place our complete focus on the compassionate and intuitive connection we have with the woman we are assisting. She in turn will most likely feel this and can give more into her own experience, letting herself relax and 'lean in'.

But the practice of mindfulness has also been shown to benefit women amazingly well during labour, birth and post-birth. New research into this subject at the University of California (UCSF) and the University of Wisconsin-Madison demonstrates that women participating in Mindfulness based birth preparation courses (MBCP*) need less pain relief, feel more empowered and able to cope in childbirth, and also have improved wellbeing postnatally, with far fewer incidences of postnatal depression.

In the practice of Mindfulness we use the breath as an anchor to help us remain in the present. It is the most immediate, continuous natural act within our human bodies, on which we can focus, and its' ordinary yet essential rhythm connects us to life itself. We also know that the breath is an effective tool in birth that can be used consciously throughout labours' contractions and surges.

Introducing mindfulness practice into this process can support a woman's personal sense of inner strength and self-belief by enabling her to cultivate awareness inwardly as she focuses on those flowing, vital breaths. If fear or discomfort arise, again she can use her breathing to become more present, thus easing any panic and allowing her to powerfully ride the intensity of her physiological experience.

As doulas our breath is also relevant because if we can consciously soften any tension we may be holding as we breathe, we ourselves feel more at ease, and this symbiotic support can help a labouring woman to relax more deeply into her own cycle of breathing. So we have a simple win-win cohesion here.

But outside of the birth room, we can also bring meditation into our everyday lives as an uplifting vehicle for self-care when our doula role presents challenges and demands that may leave us feeling depleted, especially when we have families of our own to care for. Being able to drop into a calm state when we want to release stress, or to

recover from trauma or lack of sleep, hugely benefits our own wellbeing as care-givers.

It can take time and practice to develop techniques for deep relaxation, but presence is something we can all become immersed in and feel in different ways and at different times, from day to day. Often we half experience an awareness of the present moment while concentrating on other things, but everything can come into clear focus when we consciously bring all of our attention back to ourselves, to our senses and to our breath, here and now.

This is a significant aspect of meditation and I think of it as 'waking up'. It can happen while we are seated on a cushion somewhere quiet, but it can also happen anywhere. I practice interludes of 'waking' throughout the day while I am getting on with my life, which offers me enriching, aware moments, like bright islands amid the stream of my ordinary preoccupations.

But I also try to make regular opportunities to sit and do nothing but watch my breath. This sounds easy, simple even, but in our busy age of purpose and achievement it can be prove very conflicting and even seem self-indulgent to sit and do 'nothing'. In fact sitting in meditation can turn in to an inner dialogue (hmm... argument) about the fact that I should be doing other things, that I have so much to do and that I am being self-indulgent. And that's fine. Because at the heart of mindfulness practice lies the attitude of acceptance, which just means that whatever arises in meditation can be accepted, and is acceptable.

When we meet ourselves in this open place of acceptance, gradually inner conflict diminishes and the mind begins to settle, allowing more presence to be felt. This in itself can provide us with an experience of self-nurture which is so very valuable in the course of our otherwise productivity-biased lifestyles.

And with regular meditation practice, we can open up to the potential of hugely enhancing our wellbeing at every level. So, it is my heartfelt wish that you may also find time and space to experience the nourishment that this can bring into your own lives and into the lives of those you support. Because doulas are amazing and we need them – happy, healthy and relaxed.

(*MBCP – Mindfulness-Based Childbirth & Parenting Programme developed by Nancy Bardacke)

Mindfulness Acceptance Exercise:

The following exercise is taken from Riga's new book "Mindful Pregnancy & Birth – Nurturing Love and Awareness", available from her website, major bookstores and online from October 5th 2017.

A free audio recording of this exercise is also available online at www.rigaforbis.co.uk

Find a quiet time and place to do this exercise, when (hopefully) you won't be interrupted for about 10-15 minutes. Please make sure you are well supported if you are sitting or reclining.

When you are ready, close or lower your eyes, whichever works better for you, and bring your attention to your breath as it enters and leaves your nose or mouth.

Become aware of the sensations in your body as you inhale down into your chest and belly, and as you exhale.

Remain awake to your breathing and when you find your focus drifting away, see if you can accept this and return your attention to your breath.

If you notice any tension or discomfort in your body, try again to meet it with acceptance. You can still change your position to get more comfortable if you need to.

When thoughts, emotions, memories, future projections, hopes and fears emerge into your mind, just welcome them as they are and return to your breath awareness.

Each time your attention wanders, see if you can find acceptance for what is occupying your thoughts, accept that you have been distracted and come back to your breath.



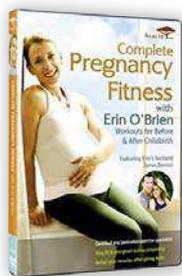
Open your eyes fully when you want to complete this exercise and take a moment to reflect on it. You may want to write down some notes in a journal. If you want to practice this exercise regularly, just begin to notice how your inner relationship with this attitude of acceptance develops.

Riga is a doula, birth-preparation facilitator, therapist, artist and author of "Mindful Pregnancy & Birth – Nurturing Love and Awareness". She lives in East Sussex with her husband and two children.

For more info on her book, courses and free meditation resources, please visit www.rigaforbis.co.uk

The Doula's Top 5 Pregnancy Fitness Guides

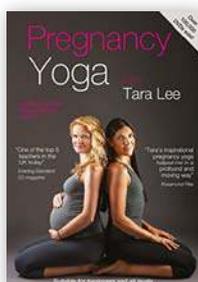
AS RECOMMENDED BY DOULA UK DOULAS



1

Complete Pregnancy Fitness DVD by Erin O'Brien

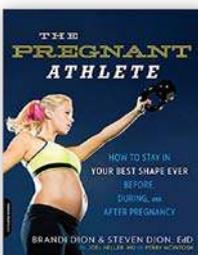
Divided into both prenatal and postnatal workouts, this programme, shows you how to keep fit during your pregnancy and the best way to ease yourself back into shape after childbirth. The prenatal workouts include Pilates, sports conditioning and strength training, while the three 15-minute postnatal exercises focus on back, abdominals, buttocks and inner thighs, and hips.



2

Pregnancy Yoga DVD with Tara Lee

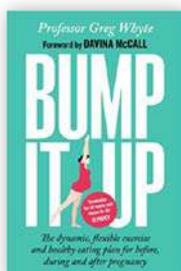
Tara Lee has devised a DVD containing a programme of yoga including breathing and stretches specifically tailored for pregnancy. This DVD is suitable for all levels and stages of pregnancy to build strength and confidence throughout pregnancy. You will be guided through breathing exercises, yoga routines and visualisations helping you to feel healthy and strong during your pregnancy and prepare you for the birth of your baby.



3

The Pregnant Athlete: How to Stay in Your Best Shape Ever – Before, During and After Pregnancy by Brandi Dion & Steven Dion

Practical information on how your body changes each month, and how to gauge your own limits. Flexible workout plans for strength, cardiovascular conditioning, agility, and balance for each stage of pregnancy and the postpartum period. Facts and tips about eating well to support pregnancy and fuel your workouts. The truth about old wives' tales and common pregnancy myths and misconceptions with expert advice and medical insights from an OB/GYN. Inspiring stories from other athletic moms-to-be, The Pregnant Athlete will help you stay happy, healthy, and in top form during your pregnancy and beyond.



4

Bump It Up: The Dynamic, Flexible Exercise & Healthy Eating Plan for Before, During and After Pregnancy by Professor Greg Whyte OBE

In Bump It Up, Greg clears away the confusion and dispels the many myths surrounding exercise and pregnancy to offer invaluable guidance on how to exercise safely and eat healthily. Guiding you through each trimester, Greg provides an easy-to-follow, fully illustrated exercise programme suitable for all levels of fitness, and a healthy eating plan, which includes expert guidance on nutrition and a range of delicious and adaptable recipes created by an award-winning food writer.



5

Fit & Healthy Pregnancy: How to Stay Strong and In Shape for You and Your Baby by Dr Kristina Pinto and Dr Rachel Kramer

Exercise during pregnancy isn't just safe, it's healthy for you and your baby. Fit & Healthy Pregnancy dispels generations of old wives tales about exercise and pregnancy so active women can stay strong and in shape. Including - Trimester guides to body changes, nutrition, and emotional health; Guidance on exercise, rest, body temperature, injury prevention; Guidelines and suggested workouts for running, swimming, and cycling; Strength and flexibility exercises to reduce discomfort and chance of injury.



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Olivia Seck

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Kicki Hansard

When Survivors Give
Birth Educator, doula,
author and doula trainer

Adjoa Kufuor

Regional Adviser on
Gender and Women’s
Rights, UNHCR

Rebecca Schiller

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for details & tickets

Fig & Almond Cake

This is a light cake that's rich and buttery on the bottom. An ideal treat that has all the health benefits of almonds and figs.

Ingredients

3-4 fresh figs, sliced thinly (remove base and stalk)
4 large eggs
228g margarine
228g coconut sugar
228g ground almonds, sifted
1/2 tsp almond extract

Serves
10 - 12

Topping

20g flaked almonds, toasted
2 tbsp apricot or strawberry jam (sugar free)

Preparation time – 20 mins

Cooking time – 45 mins

Preheat the oven to 375°C, gas mark 5, 180°C (160°C fan-assisted).

Line the base and side of a non-stick, loose bottom, 20cm springform tin with parchment paper.

Place the sliced figs around the base of the tin.

Cream the margarine and coconut sugar until pale and fluffy with an electric mixer or by hand. Now beat in the eggs a little at a time.

Add the almond extract and then lightly fold in the sieved ground almonds.

Spread this mixture carefully over the figs, and even out the surface with the back of a tablespoon.

Bake on a middle shelf in the oven for exactly 45 minutes. Remove from the oven and leave to cool over a wire rack. When cooled, loosen the cooked mixture around the edges. Place a serving plate over the tin and flip over, then release the clasp. Peel away the parchment paper.

For the apricot or strawberry glaze: heat the jam in a small saucepan over a medium heat until melted to a liquid, adding a touch of water if the consistency is too thick. Remove from the heat and strain the jam through a fine strainer to remove any fruit lumps, let cool until it is only slightly warm, then using a pastry brush glaze the tart.

Sprinkle with toasted almonds. Serve with ice cream or coconut yogurt.



LISA'S TIP

The cake itself is simple to make and very good! Consider using apricots or peaches instead of figs. Store in an airtight container in the fridge for up to 5 days, bringing to room temperature before serving.



Chicken & Sweetcorn Soup

An incredibly silky soup, which once again shows that you don't have to give up your take-away favourites!

Ingredients

1 litre chicken stock
375g canned creamed style corn
198g canned sweet corn, sieved
2 tsp tamari soy sauce
3 tsp corn flour mixed with 2 tbsp. cold water
2 eggs, lightly beaten
150g cooked chicken breast, shredded (optional)
sea salt, white pepper if needed
or chicken stock powder

Garnish

spring onion, sliced
tamari soy sauce

Preparation time – 20 mins

Cooking time – 10 mins

Serves
4 – 6



Heat up the chicken stock in a large saucepan. Add the creamed corn and sieved sweet corn.

In a small mixing bowl combine the corn flour with 2 tbsp. of cold water and stir.

Add the tamari sauce to the chicken stock, continue stirring for 5 minutes.

Add the corn flour mixture to thicken the soup and then add the shredded chicken, increase to medium/high heat and cook for a further 5 minutes.

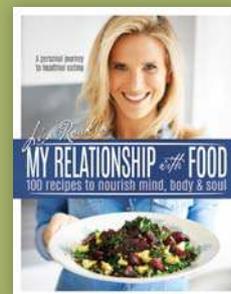
Take off the heat and after 5 minutes check for seasoning.

Beat the eggs in a small bowl gently. Using a fork swirl the lightly beaten egg little by little into the soup through the fork's tines – then stir the soup gently in a circular motion. This should yield delicate egg strips which disperse throughout the soup.

Serve with a garnish of spring onion.

LISA'S TIP

Sweetcorn chicken soup is my favourite Chinese soup. It is one of the simplest soup recipes that can be made at home and I guarantee you that this soup will give any good Chinese restaurant a run for its money!



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...

ELEANOR COPP

Midwife, hypnotherapist, bower therapist and writer for Juno, Eleanor Copp shares with us her wisdom developed over a career in birth work.

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

Participating in your babies birth is really important whereas not being included in decision making, or being passive, weakens a mum at the time she needs to be strong.

Tell us about a day that changed your life.

The day I birthed my second son in the pool impacted me personally, and then professionally; I have been a strong advocate for using water for 20 years now and am calm yet vigilant as a result.

What drives you?

A need for mothers to begin their parenting journey supported and appropriately confident. A desire to be the best version of a mother for my kids that I can be.

What is the key to a positive birth experience?

Feeling cared for, included and respected I think, and this is felt in various ways: eye contact, compassion, kindness & touch are protective even in difficult circumstances.

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

Midwives not being over looked & undervalued.

What is your top tip for new mothers?

Sleep as much as you can!

Who do you most admire and why?

My colleague & friend Sue for being an excellent midwife amidst frequent difficult situations where she has had to compromise her knowledge.

What makes you happy?

Being in a lovely place with my family.

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

My bible was Baby and Child by Penelope Leach.

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

That being supported, and asking for support if it's lacking, is an absolute necessity for connected relationships. We don't have to be strong & struggle alone.



Eleanor works both as an NHS midwife and in private practice. Seeing women in pregnancy and following birth she developed an interest in trauma, resolution and importantly prevention. She has written a column in JUNO magazine since 2011 and sells birth apps all over the world including India, Canada & Australia. Her goal is to support by reducing fear, preparing parents for the unexpected, normalising any drama and being strong.

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Events Calendar



| Date | Event | Location | Details |
|--------------------------|--|-----------------------|---|
| 8 Oct | Doula UK Introductory Workshop | Leeds | doula.org.uk/introductory-workshop |
| 31 Oct - 1 Nov | Royal College of Midwives Annual Conference | Manchester | rcmconference.org.uk |
| 3 - 5 Nov | Red Tent Doulas Preparation Course | York | redtentdoulas.co.uk |
| 4 - 5 Nov 10 - 12 Nov | Developing Doulas Doula Preparation Course | Blackpool | developingdoulas.co.uk |
| 6 - 9 Nov | BirthBliss Academy Doula Course | London | birthblissdoulacourses.co.uk/enrol-now-doula-course |
| 6 Nov | Nurturing Birth Doula Preparation Course | Clapham, London | nurturingbirth.co.uk |
| 11 Nov | Life of a Birthkeeper – Red Tent Doulas Advanced Course | Edinburgh | redtentdoulas.co.uk |
| 14 Nov | Revitalising UK Midwifery Conference | London | publicpolicyexchange.co.uk/events/HK14-PPE |
| 18 Nov | Introduction to Birth Work | Totnes Devon | birthingwisdom.co.uk |
| 18 Nov | Doula UK Introductory Workshop | Birmingham | doula.org.uk/introductory-workshop |
| 20 Nov | Nurturing Birth Doula Preparation Course | Dubai, UAE | nurturingbirth.co.uk |
| 20 - 22 Nov | Initial Doula Preparation Course | Sale, Cheshire | yuniquepostnatal.co.uk |
| 20 - 23 Nov | BirthBliss Academy Doula Course | Bournemouth | birthblissdoulacourses.co.uk/enrol-now-doula-course |
| 1 - 3 Dec | Red Tent Doulas Preparation Course | London | redtentdoulas.co.uk |
| 3 Dec | Introduction to Birth Work | Liverpool | birthingwisdom.co.uk |
| 5 Dec | Twins and More Workshop | New Maldon | yuniquepostnatal.co.uk |
| 6 Dec | Understanding Newborn Workshop | New Maldon | yuniquepostnatal.co.uk |
| 9 Dec | Doula UK Introductory Workshop | London | doula.org.uk/introductory-workshop |
| 12 Dec | Closing the Bones Workshop | Cambridge | developingdoulas.co.uk |
| 5 Jan | Nurturing Birth Doula Preparation Course | Clapham, London | nurturingbirth.co.uk |
| 15 Jan | Nurturing Birth Doula Preparation Course | Birmingham | nurturingbirth.co.uk |
| 20 Jan | Doula UK Introductory Workshop | Edinburgh | doula.org.uk/introductory-workshop |
| 21 Jan | Introduction to Birth Work | Totnes Devon | birthingwisdom.co.uk |
| 22 - 24 Jan | Initial Doula Preparation Course | London | yuniquepostnatal.co.uk |
| 22 - 25 Jan | BirthBliss Academy Doula Course | London | birthblissdoulacourses.co.uk/enrol-now-doula-course |
| 3 Feb | Doula Fundamentals | Liverpool | birthingwisdom.co.uk |
| 17 Feb | Doula UK Introductory Workshop | London | doula.org.uk/introductory-workshop |
| 19 - 22 Feb | BirthBliss Academy Doula Course | Bristol | birthblissdoulacourses.co.uk/enrol-now-doula-course |
| 17 Mar | Doula Fundamentals | Totnes Devon | birthingwisdom.co.uk |
| 17 Mar | Doula UK Introductory Workshop | North West TBC | doula.org.uk/introductory-workshop |
| 19 - 23 Mar | BirthBliss Academy Doula Course | Leeds | birthblissdoulacourses.co.uk/enrol-now-doula-course |
| 19 Mar | Nurturing Birth Doula Preparation Course | Bristol | nurturingbirth.co.uk |
| 19 - 21 Mar | Initial Doula Preparation Course | Midhurst, West Sussex | yuniquepostnatal.co.uk |
| 22 Mar | Westminster Forum Key Issues for Maternity Care in England (implementing Better Births) | London | westminsterforumprojects.co.uk/ book/maternity-care-2018 |
| 24 Mar | Doula UK Annual Conference | London | doula.org.uk/conference |
| 22 - 28 Mar | World Doula Week | | worlddoulaweek.com |

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Hollie Kenningham

I can recommend the Due Date - pregnancy and massage oil. I have been using it for some time now on our busy labour ward and it is wonderful for back ache labours when baby is in an OP position. Also used during the second stage when baby is putting pressure on the sacral vertebrae when counter pressure relieves the ache. Wonderful scent. Midwife Ann Bentley, R.M.



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