

AIMS JOURNAL

We were there

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AIMS

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Editorial - We were there

Editorial: We were there



By Alex Smith

Welcome to the September issue of the journal. We open with four different birth-related memories.

“I often lay awake at night wondering if my baby, my little girl, would survive the birth. How could I carry on if something went wrong. I was told it is a mother’s lot to worry and that there was nothing to worry about...but that’s not how worry works. When the time came I just had to go through it. I wanted to keep asking if everything was okay but I also needed to be strong for her. In the end, all was well.”

“Night slowly turned to dawn; birds sang outside the window. The everyday sounds of the kettle’s whistle, of the fire being stoked, of the postman at the door, continued, even

though time itself stood still. I wondered if I could keep going. The second night crept in and I remember the visceral smells of blood and sweat and effort as the baby finally arrived. It was only the next day that I felt the aches and pains and the total exhaustion of two nights without sleep – but it was worth it.”

“I called the midwife but the lady on the phone said that they wouldn’t attend a home birth before 37 weeks. I pottered in the kitchen making pancakes and doing whatever felt right. The contractions were coming closer and closer. Eventually John decided to call an ambulance. By then I knew the baby was nearly here and I couldn’t concentrate and burned the last pancake. When the ambulance men arrived they joked that we should have called the fire brigade!”

“I was traumatised by the birth; no one listened to me when I called for help. I thought my baby might die. He didn’t; he’s a fine little chap now, but I’m not in a good place. I think I have postnatal depression but I can’t tell anyone. Every day feels like hard work. I don’t want to get out of bed but I have to. When I go out, I don’t really want to come home. I bicker with my partner and I just want things to go back to normal.”

This quarter’s issue is not about the mother’s experience of birth but about the experience of the other people who were with her during the birth and/or the newborn period. They may have been with her in person or perhaps in spirit. In the opening memories above (adapted from real-life accounts), the first is the voice of a grandmother worried for own daughter as she approaches childbirth; the second is the voice of a doula; the third of the mother’s younger brother; and the fourth, of a father. Giving birth is a unique and transformative experience; being with the person giving birth is quite an experience too. The arrival of a baby touches many lives.

Aims’ mission is to improve the maternity services and one way we can do that is to listen to and improve the experience of those who accompany the mother during this time. These people create a protective loving ‘nest’ around the mother and baby, but in order to do this, they also need recognition, respect and support; they need a wider *societal* nest that holds and values the new family *and* their support people. When this wider nest is in disrepair those within it become increasingly vulnerable - evidenced by increasing rates of trauma and postnatal depression, and by midwives and doulas flying in droves from a work environment that is broken and unsupportive.



In this issue we hear from these support people. **Anne Glover**, AIMS volunteer and a doula in Northern Ireland, opens the issue by sharing her experience of what it is really like to witness someone else's labour and birth, and Anne is followed by **Tomoko Holloway** a doula from West Wales who echoes my analogy of the 'nest' by explaining how she sees the role of the doula as a 'container'. We then hear from three more doulas. **Victoria White** offers us a very interesting insight into the needs of birthing people who are not neurotypical. If that word is new to you, her article is a must. **Trudi Dawson** explains the valuable work of a postnatal Doula, and **Nicola Mahdiyyah Goodall** gives a harrowing account of how she, and her fellow doulas, had to step up to fill serious gaps in health service provision during and since the pandemic - a situation that caused unprecedented levels of stress and led to many doulas needing to take a break because of illness and exhaustion.

Sometimes the support person was not physically there; perhaps not even aware of the individual event as it was happening. AIMS volunteer **Jo Dagustun** shares a personal account of the home birth of her youngest child and describes how she drew inspiration and strength from 'outside the room'. Jo is followed by **Hannah Thomas** sharing her beautiful and inspirational response to the trauma she experienced when her newborn daughter needed to spend time in the Neonatal Intensive Care Unit. I feel absolutely certain that, through this response, Hannah will *be with* future parents who find themselves in a similar situation. Next comes **Scott Mair**, giving us very important insights into the experience of the new father. Scott is followed by **Dr Jayne Donegal** who explains what happened to her when she supported parents by offering those who wanted this a chance to make *fully informed* decisions about vaccination, something that was her legal duty to do.

Moving on from the themed section of this issue, **Jo Dagustun**, as the UK delegate, sends an open letter to all participants of the 2023 annual meeting of ENCA - the European Network of Childbirth Associations - that took place in Budapest this year. **Anne Glover** tells us about how the maternity services are currently developing in Northern Ireland, and **Charlotte Edun** gives her report on 'The International Labour and Birth Research Conference' that took place in Grange over Sands this April. This is followed by the AIMS Campaigns team's **Birth Activists Briefing** that lists a number of recent publications of note. **Catharine Hart** reviews the Cochrane report: 'Planned hospital birth compared with planned home birth for pregnant women at low risk of complications', and **Jo Dagustun** reviews the book,

‘Union Street’, by Pat Barker, highly recommending one passage in particular. And last but not least, we round up with: ‘What has the **AIMS Campaigns Team** been up to this quarter?’

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition especially benefited from the help of Anne Glover, Caroline Mayers, Jo Dagustun, Danielle Gilmour, Joanna Rana, Katherine Revell, Salli Ward and Josey Smith.

The theme for the December issue of the AIMS journal is *Perinatal Mental and Emotional Well-being*. If you have an experience or insight you would like to share - I would love to hear from you. Please email: alex.smith@aims.org.uk

Birth companions: drawing support from outside the room



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By Jo Dagustun

I'd always thought quite traditionally about who would be in the room at my labour and births. It would be my partner and the local midwives, plus - I came to learn - whoever the midwives wanted to bring along. When I gave birth to my youngest child, I thought about including siblings too; in the event, I was happy to welcome two of them straight after an early morning birth, waking them up so they could welcome their newborn sibling and at least see part of the 'action' (a straightforward physiological third stage). The flexibility I had to welcome them in was enabled by giving birth, for the second time, at home.

But for that final birth, I also drew on support outside of the room. As a social geography student, partway through studying contemporary UK birth culture for a PhD, I'd done a lot of reading around the subject and been to a number of birth related conferences, and I knew that I wanted to bring into my labour and birth something of what I found there. Call it inspiration or even 'positive energy'. And at six months pregnant, attending a conference in the International Normal Labour and Birth Conference series, I stumbled upon a mechanism through which I could do this. In one of the sessions in the main room, we heard from a speaker about a birth (of one of her family members) that took place at home, and then watched a beautiful video of a calm and straightforward birth.

The great thing was that the video was accompanied by a piece of music. Sometime between the conference and when I went into labour, I looked up the piece. And then, in early labour, I got the laptop set up, and at some point - perhaps when I was near to giving up walking around the house, moving and breathing myself through my contractions, and was about to retreat instead to the sofa, gas and air in hand - I started the song playing on a loop. Again and again and again. Perhaps for a few hours. I remember well feeling that I was playing a scratched record for some of this time - presumably the effect of the gas and air. (I think I paid for that Entonox use later, experiencing what I was later to understand as an asthma attack that night!)

So, a simple song, imbued with meaning, got me through my labour. It kept me mobile and standing for longer than I'd managed previously. It helped me remember that I wanted to get up off the sofa, onto my hands and knees for the birth itself (although I remember well that the midwives weren't encouraging, suggesting that I could stay on the sofa to give birth). It was that song that got me as close as I have ever come to 'normal labour and birth', and I was very pleased with myself that I'd invited it into my birth room.

Now, I appreciate that others might find such inspiration at antenatal groups or classes, but the only one I'd been to - over the course of four pregnancies - was a day-long session at the local hospital before number two, when quite frankly all I took away was new knowledge about monitoring 'clips' that might be put on a baby's head during labour. I'd done plenty of reading, of course, starting with Janet Balaskas before my first birth in 1989. But all of that learning was for me, in the moment - when attended by people who I didn't know and who didn't know me - simply impossible to enact.

Thank you to Sheena Byrom, the conference presenter who shared the video and music that came to be of such support to me during my own, final, birth. Thank you to Anna Coonan-Byrom, who was the midwife in the inspirational video. Sheena and Anna, that's one more successful physiological birth supported: please make a note of it in your birth records. For I really did conceptualise you as my virtual midwives for that fourth and final birth, who attended me via that piece of music, not having formed a better relationship with any of the many local midwives. Why would I, when I didn't know which of them - or even which completely new face - would turn up at my house to support my birth?

A few weeks ago, I attended an online seminar entitled, 'What would birth look like in a feminist future?' What an important question! Such birth imaginaries are crucial, both to drive systems change and to help us individually prepare for our births. Personally, I can only imagine a future in which women will be supported by a maternity service that really understands how to support us as we seek to allow the intricate physiological process of labour and birth to unfold. I have not experienced such support, and am not sure that many of us have. I did, however, have a glimpse of such a fit-for-purpose maternity service at my final labour and birth. I also had a glimpse when hearing about the work of the South London Albany Practice. May all women have much more than a glimpse in future.

Finally, my experience of continuity of care (through its absence) tells me that having the opportunity to build a trusting relationship with my own midwife (or two) antenatally - my own midwife who will be there for me during labour and birth and beyond - is fundamental to a fit-for-purpose maternity service,

regardless of how birth unfolds and wherever it takes place. How else can we create a space in which we are really heard, our needs and desires respected, and our family's safety protected? How else can we ensure that the midwife attending our births is a true companion and source of support, rather than a distraction or irrelevance - on standby simply for emergencies and easily usurped by a piece of music or telemedicine?²

Author bio: Jo Dagustun is an AIMS Volunteer.

¹ Editor's note: It is probably important to note in this beautiful image, that Jo's daughter is keeping the gas and air well out of Jo's way. We know that it may not always be safe for the baby to be feeding while the mother is in an 'altered state'.

² Telemedicine is a term describing remote care where the caregiver is not physically present.

Doulas Supporting Neurodivergent Birth

[AIMS Journal, 2023, Vol 35, No 3](#)



By Victoria White

Neurodiversity is the concept that all people vary in terms of human brain function and cognition, including how emotions are experienced, sociability, attention and learning. It refers to the brain diversity of all people, but the term 'neurodivergence'¹ is often used to describe people who have neurodevelopmental differences including autism, ADHD, dyslexia, dyspraxia, dyscalculia, Tourette's and more.

It is estimated that 15-20% of people are neurodivergent.² Many neurodivergent people, diagnosed or not, will have support needs around multiple themes which may include sensory processing, communication, executive functioning and mental health. When we think about perinatal experiences in relation to these themes, we find that many elements of pregnancy, birth and the postnatal period can throw up several challenges for a neurodivergent birthing person. It is important to keep in mind when discussing these challenges, that no two neurodivergent people, or their experiences, will be the same. It is well documented that many neurodivergent people experience sensory processing challenges.³ This happens when the brain experiences difficulties receiving information from the senses, filtering and discriminating between it, and responding to that information in an effective way. Extra information can make it through to conscious awareness, which can be distracting or at worst totally overwhelming, even

causing pain and/or a fight, flight or freeze response.

The senses are bombarded during pregnancy, birth and the postnatal period. For example, the bright lighting, loud noises and unfamiliar smells within a clinical setting, the mess of early parenthood, and the sensory experience of breastfeeding or chestfeeding. This intensity is not just limited to the five most commonly talked about senses; sight, sound, touch, taste and smell. There is also proprioception, which is a sense of spatial awareness, and the vestibular sense, which is our experience of balance. As our body changes so much during pregnancy, and then again following birth, these senses can be impacted.

Interoception is the sensory system that tells us what is going on inside our body, and includes things like thirst, hunger, tiredness and a need to use the toilet. Again, these are all things that many people report experiencing differently during pregnancy, birth and postnatally. People who experience challenges with interoception may find they are amplified during this time.

Neurodivergent people often have communication styles that differ from their neurotypical peers (the term for people who are not neurodivergent). There is no right or wrong style of communication, but being aware of some of the areas of difference can be helpful for everyone. And efforts need to be made by both neurodivergent people and neurotypical people to understand and bridge the gaps.

Executive dysfunction: a condition widely associated with many neurodevelopmental conditions, is typically understood to include a range of behaviours and traits such as impulsivity, problems prioritising, disorganisation, time management issues and difficulty focusing. Awareness of some of these challenges experienced by neurodivergent people is important, but we also need to be aware of our own judgement and the judgement of others in relation to these traits. For example, executive dysfunction can mistakenly be interpreted as laziness or a lack of interest.

Anxiety can be one of the biggest challenges of neurodivergence. The anxiety does not stem from being neurodivergent in itself, but from the different ways that neurodivergent people need to function in a world that is tailored to neurotypical needs. In addition, the perinatal experience itself can be stressful right from the point of trying to conceive, due to an inability to control the situation. In order to help manage feelings of anxiety, people may exhibit routine and repetitive behaviours, such as stimming (self-stimulatory behaviours). Routines may be helpful because they are predictable, feel safe and help people to feel in control.

Knowing what to expect and how to manage things is often crucial to neurodivergent people experiencing anxiety. Rigid thinking about what is going to happen during pregnancy, what labour will be like, what life with a newborn will be like etc., can lead to distress if things turn out to be different. Real, honest truths are therefore important, but supporting people to become comfortable with an element of uncertainty is also key.

Ultimately, we need to be able to meet people where they are at, free of judgement and assumptions, and support their individual needs. This is where the role of a doula, supporting both the neurodivergent birthing person and those providing that person with clinical care, can make a huge difference. Doulas

provide continuous practical and emotional support for families during pregnancy, birth and the postnatal period. They perform a non-clinical support role and signpost their clients to quality information and resources in support of informed decision-making.

One of the key benefits of doula support is continuity. Doulas may start working with families at any time, but most commonly a doula hired to support a labour and birth will spend time building rapport and getting to know their clients antenatally; and they may also work within the home providing support during the early weeks of life with a newborn. This continuity allows the development of meaningful relationships, understanding and trust. This can be reassuring for a neurodivergent birthing person, particularly if it is not possible to access that same level of continuity within their maternity service. Doulas can also provide continuous support during labour and birth, which research has found⁴ is beneficial for birthing people and their babies.

With the development of trust and understanding within the relationship, comes an awareness of an individual's needs. A doula can get to know a neurodivergent person's support needs around communication, sensory processing and executive functioning. They can also directly facilitate communication by supporting the accessibility of the information shared, by acting as an advocate, or by attending appointments that can then be debriefed and discussed with their client afterwards. They can support neurodivergent birthing people to reduce sensory stressors in their environment and facilitate experiences where sensory seeking may provide regulation. Many people who are sensory seeking may have a sensory 'menu' that they use for self-regulation, including fidgets, weighted blankets and movement.

Doulas can also support executive functioning if required; examples include compiling a directory of useful contacts, providing an appointment reminder service, and providing maps and photos to help with navigating facilities and facial recognition. Not every neurodivergent birthing person will need all these things - these are examples of what individualised support might look like. It is important to avoid making assumptions about what help is needed, and to explore this individually with each client.

Birth and postnatal planning is always important, but it can be particularly useful for neurodivergent people and can include additional planning for how to manage cognitive and sensory input. A birth plan with images may be particularly useful for visual thinkers, and a doula can support the planning process.

A doula with an understanding of someone's neurodivergence can also be aware of the important role that masking plays. When a neurodivergent person has to change their behaviours to be more 'socially acceptable' in our society, this process is called masking. Females are particularly good at this as they tend to be more socially motivated. Many people will feel that there is a perceived way of being pregnant, how to do birth, and how to parent. They may then feel shame and embarrassment if their reality differs from these expectations. It may also be difficult for healthcare professionals and others to understand a birthing person's support needs, if they are masking their neurodivergence. A doula who has had time to develop a relationship with their client may be able to see when this is happening and support the neurodivergent person to communicate their needs with their care providers.

We know that with the right support and understanding, it is possible to have a neurodivergent-friendly pregnancy, birth and postnatal period. With an estimated 15-20% of the population being neurodivergent, improved awareness and understanding of neurodivergent support needs perinatally is essential. Doula support can undoubtedly play an important role in meeting individual needs and communicating them with the clinical professions. The result of this type of personalised support for neurodivergent birthing people is that anxiety is ultimately lowered, mental health outcomes are improved, and families have a positive start to their lives together without a foundation of trauma.

As a doula I became concerned about the lack of awareness of neurodivergence and formed an organisation called ND Birth. My goal is to facilitate improved access to doula support for all neurodivergent birthing people who feel they would benefit from it. If you would like to be involved in the work we are doing please visit www.ndbirth.com. For more information on this topic you can also access the fantastic resources of the Maternity Autism Research Group (maternityautismresearchgroup.co.uk), the wonderful work of Diane Fox, Specialist Autism Midwife (dianefox.uk) and listen to The Neurodivergent Birth Podcast (you can listen directly at ndbirth.com), where our aim is to promote awareness and understanding of perinatal neurodivergent experiences in order to improve support.

Author Bio: Victoria is a birth and postnatal doula who supports families through pregnancy, birth and beyond. She believes birthing people have the right to a positive birth and postnatal experience, and that this can be achieved with the help of consistent and compassionate support. She offers support both in person in Aberdeen, Scotland, and online anywhere in the world. She is also a trained Traumatic Birth Recovery 3 Step Rewind Practitioner, and Perinatal Emotional Health and Wellbeing Practitioner. She is the mum of two girls, one of whom is autistic, and is passionate about improving support for neurodivergent people perinatally, which led her to creating the organisation 'Neurodivergent Birth' and The Neurodivergent Birth Podcast.

1 Resnick A. (2023) What Does It Mean to Be Neurodivergent?

<https://www.verywellmind.com/what-is-neurodivergence-and-what-does-it-mean-to-be-neurodivergent-5196627>

2 ADHD Aware (2022) Neurodevelopmental Conditions

<https://adhdaware.org.uk/what-is-adhd/neurodiversity-and-other-conditions/>

3 UK Parliament (2023) Neurodiverse Connection – Written evidence (ALN0075)

<https://committees.parliament.uk/writtenevidence/118957/pdf/>

4 DoulaUK Evidence in support of doulas. <https://doula.org.uk/research/>

Fatherhood Unveiled: Embracing the Perinatal and Early Years Journey with Love and Understanding

AIMS Journal, 2023, Vol 35, No 3



By Scott Mair

Introduction:

Becoming a father is undoubtedly one of life's most transformative and profound experiences. As fathers-to-be stand by their partners during childbirth, they are swept up in a whirlwind of emotions – excitement, anxiety, and an overwhelming sense of responsibility. In this article, we will delve deep into the unique challenges and mental health experiences that new fathers face during the perinatal period and the early years of fatherhood. We will shed light on the array of emotions, societal expectations, and transformative journeys that shape their transition into parenthood, and explore how fathers can nurture their child's growth and development during this critical phase of life.

The helplessness and hope:

Regardless of how well the birth goes, there inevitably comes a point where fathers feel utterly powerless and helpless. They can only hope and watch, often experiencing both emotions simultaneously. What is often overlooked is the fact that in this situation, fathers are asked to trust medical professionals who might be strangers to them, adding to the challenges and distress they

experience. This discombobulated state is challenging to comprehend, stemming from the profound responsibility of supporting their partner during childbirth while realising that they cannot practically change or fix the situation.

The weight of societal expectations:

Society often places immense pressure on new fathers to conform to certain stereotypes – being stoic, strong, and self-reliant. This expectation of being the ‘provider’ can lead to suppressing emotions and feeling inadequate, hindering open communication about their struggles. Fathers might feel isolated and hesitant to share their feelings, fearing that vulnerability could be mistaken for weakness. Breaking down these societal expectations is essential in creating a supportive environment that encourages fathers to express themselves and to seek help without judgement.

Navigating the emotional turbulence:

The mental health journey of new fathers during the perinatal period is complex and often overlooked. Research indicates that up to 1 in 10 fathers may experience postnatal depression,¹ a condition commonly associated with mothers. However, the symptoms and experiences may manifest differently in fathers, including irritability, anger, or withdrawal. The pressure to be strong and the fear of being stigmatised can prevent many fathers from seeking help, exacerbating their emotional struggles. Recognising and addressing these mental health challenges is critical to supporting fathers during this transformative phase of life.

Bonding with the newborn:

Building a bond with the newborn takes time and patience for fathers, just as it does for mothers. It's essential to understand that babies might not recognise them immediately, leading to feelings of confusion and inadequacy. While mothers are often a baby's primary source of comfort and familiarity, fathers can feel disheartened when their attempts to soothe the baby are met with tears. Patience, understanding, and support are crucial during this period of adjustment, enabling fathers to develop a strong and loving relationship with their child.

The role of support systems:

During the perinatal period, fathers require robust support systems to navigate the challenges they face. Unfortunately, fathers' experiences are sometimes overshadowed or disregarded, leaving them feeling excluded or irrelevant. Engaging fathers in discussions, providing resources, and offering mental health support are invaluable steps in ensuring their well-being. Additionally, encouraging open conversations about their emotions and challenges will help fathers feel understood and supported during this transformative journey.

The impact of hormonal changes:

A lesser-known aspect of fatherhood is the influence of hormonal changes.² A new father's testosterone

levels can drop by up to a third, enabling them to become more accommodating, patient, and nurturing caregivers. However, these hormonal changes can also leave fathers more emotionally vulnerable, contributing to feelings of confusion or isolation. Understanding the impact of these hormonal shifts is vital in supporting fathers during their journey into parenthood.

Coping with change:

Fatherhood brings about significant changes in life, shifting priorities, and altering daily routines. For many men, change can be challenging to accept, and they may struggle to adapt to their new roles. However, embracing this new chapter of life is essential in fostering personal growth and strengthening familial bonds. Providing fathers with the tools to cope with change and offering guidance on adjusting to their new responsibilities can lead to a more positive and fulfilling fatherhood experience.

The importance of language:

One critical aspect often overlooked in the perinatal journey is the use of language. The term 'partner' is commonly used in maternity settings, and while it may be inclusive, some fathers perceive it as implying that they are inferior parents. Addressing fathers only in relation to the person giving birth can inadvertently minimise their significance in the parenting equation. Recognising the importance of language in promoting gender equality and inclusivity will help fathers feel valued and acknowledged in their roles.

Fatherhood and mental health:

The perinatal period can be a particularly vulnerable time for fathers' mental health. The lack of focus on fathers' emotional well-being can lead to their struggles going unnoticed or unaddressed. It is essential to acknowledge that the emotional challenges faced by fathers during this period are valid and deserve attention. By destigmatising mental health discussions and encouraging fathers to seek support, we can ensure a healthier and more supportive environment for fathers and their families.

Promoting a supportive environment:

Creating a supportive environment for fathers involves a collective effort from healthcare providers, family members, and society as a whole. Including fathers in prenatal and postnatal discussions, providing relevant resources, and offering mental health support are instrumental in empowering fathers to navigate the perinatal journey with confidence and love. Supporting fathers' mental well-being not only benefits the fathers themselves but also contributes to stronger and healthier families.

The role of paternal leave and workplace support:

In many societies, paternity leave and workplace support for fathers during the perinatal period are still lacking. Encouraging companies to offer generous paternity leave policies and flexible work arrangements can significantly benefit fathers and their families. This support allows fathers to be more present during this crucial period, fostering better bonding with their newborns and offering much-

needed assistance to their partners.

Engaging fathers in parenting:

Actively involving fathers in parenting responsibilities right from the start is vital for their well-being and the overall family dynamic. Encouraging fathers to participate in caregiving activities, such as feeding, diaper changing, and soothing, helps build their confidence as caregivers and nurturers. This involvement not only strengthens the father-child bond but also allows mothers to have some much-needed rest and support during the postnatal period.

Fatherhood in the early years:

The early years of fatherhood are a time of continuous learning and growth for both the child and the father. Engaging in activities with their children, such as reading, playing, and exploring nature, fosters a strong bond between father and child. This connection lays the foundation for a positive and nurturing relationship that will endure through the years.

However, the early years of fatherhood can also be challenging. Fathers may grapple with feelings of self-doubt and inadequacy as they face the daily demands of parenting. Balancing work, family life, and personal interests can be overwhelming, leaving fathers feeling stretched thin. Additionally, societal expectations may continue to play a role, as fathers may face scrutiny or judgement for taking an active role in caregiving or choosing to stay home with their children.

Support systems are crucial during this time, as fathers benefit from having a network of understanding friends, family members, or support groups. These networks offer a space for fathers to share their experiences, seek advice, and find solace in the company of other fathers going through similar journeys.

Conclusion:

Fatherhood during the perinatal period and the early years is a unique and transformative journey filled with challenges, emotions, and growth. By recognising and addressing the mental health experiences of new fathers and providing them with the support they need, we can create a nurturing and understanding environment where they feel valued, supported, and empowered on their path to parenthood.

Let us celebrate fatherhood in all its forms and strive to promote mental well-being for both mothers and fathers alike, ensuring a brighter and healthier future for families everywhere. As a father of seven boys ranging from 20 to 4 years old, I have personally experienced the joys and challenges of fatherhood. Through my journey, I have discovered ways to better engage services with fathers and offer support to fellow dads during this transformative period. I hope that sharing my experiences and insights will help new fathers navigate this remarkable journey with love and understanding, empowering them to be the best parents they can be. Together, let us champion the importance of supporting fathers' mental health and celebrating their vital role in nurturing the next generation.

Author bio: Scott Mair is a father who understands the complexities and rewards of fatherhood. He is passionate about promoting mental health for fathers and providing them with the tools they need to embrace their roles with love and understanding. It is his hope that this article will shed light on the importance of supporting fathers and celebrating the unique journey of fatherhood.

1 Scarff JR. Postpartum Depression in Men. *Innov Clin Neurosci*. 2019 May 1;16(5-6):11-14. PMID: 31440396; PMCID: PMC6659987.

2 Lee T. Gettler, Thomas W. McDade, Alan B. Feranil, and Christopher W. Kuzawa (2011)

Longitudinal evidence that fatherhood decreases testosterone in human males

<https://www.pnas.org/doi/full/10.1073/pnas.1105403108>

The Role of a Doula as a Container

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By Tomoko Holloway

Introduction

The journey of becoming a mother is a life-altering experience that goes beyond the physical act of giving birth. It is a rite of passage that brings forth new dimensions of strength, trust, and self-awareness. As a mother of three children, I can attest to the profound impact that each birth experience had on my life, not only as a mother but as a person. Each birth opened a gateway to my inner power and authenticity. With the dedicated support of my doula, I discovered the essence of autonomy in my body and making my own decisions for myself. The seeds of this newfound autonomy, planted during my own birthing journey, have the potential to sprout and flourish in the lives of my children and future generations, should I nurture and demonstrate it in my daily life. Thus, childbirth is not just an isolated event; it exerts a continuous and profound influence that reverberates across generations. This transformative nature of my own childbirth experiences ignited a passionate call within me to embark on a journey to become a doula.

Spreading the Wisdom of Birth

When I started my doula training course, my passion was ignited to spread the knowledge and wisdom of the natural physiological power of women to give birth. In the picturesque landscape of Mid-West Wales,

where I practise, when there is a demand for a doula, it is often from a woman/birthing person seeking a home birth who doesn't want unnecessary medical interventions. So it is true that those who are interested in physiological birth hire a doula. However, soon enough as I proceeded with this course, I learned that we doulas are there for any type of birth, from Caesarean birth, birth with anaesthesia to home birth, just as women/birthing people wish and choose. Birthing a baby is a sacred and transformative event that holds the power to shape the lives of women/birthing people and their families. Therefore my deepest desire is for every woman and birthing person to have a 'positive' birth experience, regardless of the chosen mode of birth. However, my journey as a doula has taught me an essential lesson about what truly constitutes a 'positive' birth experience.

It is a great honour to be a doula and witness women and families during one of the most sacred and significant experiences of their lives. Yet, this journey is not without its challenges and emotions, akin to riding a roller coaster through moments of immense joy and moments of grappling with disappointment and self-doubt.

The Power of Joyful Moments

When I witness my clients experiencing the birth they had hoped for, it fills my heart with deep happiness and fulfilment. I vividly remember my first-ever support for a birth client. She expressed her previous unsatisfactory birth experience and her determination to have a positive one this time around. Despite the challenging circumstances posed by the pandemic, she explored and embraced her innate physical ability to give birth, resulting in a short and smooth birth, just as she had envisioned. Her radiant joy and satisfaction validated my role as a doula, and these joyful moments further bolstered my confidence in supporting women/birthing people through this transformative journey.

Embracing Unforeseen Challenges

However, the journey does not always unfold as we hope for. One particular encounter with a mother expecting a baby remains etched in my memory. Having experienced a positive and relatively smooth birth with her previous baby, both she and I anticipated a similar outcome this time around. However, the birth took an unexpected turn, ultimately leading to an assisted birth involving forceps. Witnessing a forceps birth for the first time, I was taken aback by the absence of the warm, gentle process I had come to associate with birth. While the baby arrived safely and the mother was well, I couldn't shake off the feeling of guilt and responsibility for not being able to welcome the baby in a serene and peaceful manner. I couldn't help but feel that I had failed to create the serene and peaceful birth environment she desired.

This experience, though challenging, offered an important learning opportunity. During the early postnatal period, the mother shared that she considered the birth to be a positive experience. Surprisingly, my presence during that time made all the difference. Drawing from my knowledge about birth and trauma, I realised that sometimes, 'being' there for someone, rather than 'doing' something specific, can have an extensive impact. The experience could have been vastly different and potentially

negative if she had faced it without someone who was physically and emotionally there for her.

This raised an important question: Who gets to determine whether an experience was 'positive' or 'negative'? Ultimately, it is the mother or birthing person who decides. As doulas, we don't steer them in any direction; instead, we walk alongside them, not on the main path, but from the side. They remain at the centre of their journey. It is not the outcome of the birth that matters most but the process itself. As doulas, our role is to offer unwavering support, ensuring that the mother or birthing person never feels alone and trusts their ability to navigate this journey in their own unique way, whatever it is. While imparting knowledge about birth is essential, the most valuable contribution we make as doulas is simply being there for them. Witnessing the power of this support has left an indelible mark on my heart.

The Role of a Doula as a Container

The more I support mothers and families, the more I understand the role of doula - we are a container, keeping the inside empty yet holding and supporting the emotional and physical experiences of those we serve. Whatever they choose, we will be there for them and support them. This beautiful act of being a doula is profoundly humanistic, and it is precisely why I am so passionate and love being one. This role as a container requires a delicate balance of holding space and offering dedicated support, while also ensuring that our own energy and well-being are preserved. It requires me to acknowledge and confront my own ego when it arises and to let it go, so I can fully be there for the woman or birthing person. During the on-call period, I prepare myself to be fully present, mentally and emotionally, for whatever the birthing journey may entail. Trusting myself and the woman/birthing person is paramount; I trust that I can be a container to hold the whole of them and that they have the strength to navigate this unique path.

While knowledge and skills are essential tools, I have come to recognise that self-care and energy management are equally crucial. During the on-call period, I make a conscious effort to ground myself, not just physically, but also mentally and spiritually. Spending time in nature, prioritising good sleep, maintaining a healthy work-life balance, surrounding myself with positive energy, and getting support from other doulas when necessary are all essential elements in replenishing and organising my energy.

The Importance of Listening and Continuous Support

Throughout my journey as a doula, I have come to recognise the profound significance of providing continuous support and engaging in deep listening. Building a foundation of trust and rapport during the prenatal period is essential to shaping a positive birthing experience. Every individual is unique, and clarifying how the woman or birthing person wants to be supported at birth is crucial to offering the most effective support. However, it is also essential to acknowledge that their preferences and feelings may evolve during the birthing process. Thus, I assure them that they have the autonomy to change their mind, and together, we establish open lines of communication to ensure that their true voices are heard.

Equally important is the early postnatal support. This period offers an opportunity for emotional and practical support as families navigate the early days of parenthood. Providing a space for the mother, parent, and family to reflect on their birth experience, free from judgement, fosters healing and

understanding. This reflective process aids in postnatal recovery and cultivates a sense of empowerment, resilience, and confidence in their motherhood and parenthood journey. The continuous care and nurturing presence that doulas provide significantly contribute to the overall birthing experience.

Conclusion

In conclusion, being a doula has been a journey of self-discovery and growth, both as a professional and as an individual. The privilege of supporting women and birthing families during such transformative moments is a humbling experience. It is a role that demands unwavering compassion, presence, and non-judgemental support. As doulas, we embrace the diversity of birthing experiences, honouring each woman's/birthing person's choices and walking alongside them with an open heart. This journey has taught me the significance of self-care, managing energy, and the power of being present.

As a container, I accept the entirety of my clients' journeys without judgement. The journey of a doula continually teaches and reminds me of the immense power of compassion and presence. I strive to be fully aware of my imperfections and acknowledge them when they arise. Continuously polishing myself as a doula is vital to remaining effective and authentic in my support for women and families. The transformative journey of a doula is an ongoing process of growth and discovery, and I embrace it wholeheartedly.

Author Bio: Tomoko Holloway, a mother of three children, a birth and postnatal doula and a Mother Nature Circle facilitator. Originally from Japan and now residing in Wales, she finds inspiration in the beautiful nature of her surroundings. Her unwavering passion lies in supporting women and families on their transformative journey through pregnancy, birth, and beyond.

What Is A Postnatal Doula Anyway?

AIMS Journal, 2023, Vol 35, No 3



By Trudi Dawson

“So, erm, what do you actually do? I mean, like, what do they actually pay you for?”....

Essentially, my role is to “mother the mother”. When a woman has a new baby, be it her first or her fourth, her body has gone through a huge experience. She may have had a completely hands-off unmedicated birth at home, or she may have had a complicated caesarean birth with a poorly baby. And everything in between. Whatever the circumstance, her body needs healing time. And lots of it.

And now this new family also has a precious baby to take care of, night AND day. They may have sore breasts, perhaps visitors, maybe other children to take care of, life admin to see to and a home to manage. And all whilst recovering from the birth. On top of all this, the parents will often have an emotional load to navigate. The overwhelming emotions associated with birth, new roles, this whole new dependent human as they transition from womb to world, and of course, the much lamented sleep deprivation.

So that’s where a postnatal doula can help. I will come in and be there JUST for the mum (and the dad or partner, baby and other children, by default). I will help the mother get some sleep, provide nourishment, help keep on top of the house ‘stuff’ and generally be their right hand (wo)man. Doulas have experience and training and often wonderful additional skills and knowledge such as breastfeeding, nutrition, yoga,

alternative therapies, massage, placenta encapsulation, counselling, to name but a few. And if the family needs something that isn't in their skillset, they'll know where they can find it.

So what does all this love, care and support actually do? Is it just a nice-to-have luxury? Shouldn't we just all get on with it and be okay? We all know lots of families who didn't have a postnatal doula and survived. Well, here are some interesting stats for you: At 6 weeks postpartum a new mum is twice as likely to feel depressed if she hasn't had a postpartum doula (23% versus 10%). Her satisfaction with her partner is significantly better if she has a doula (30% versus 71% reporting relationship is better right after birth), and 55% of mothers who had a doula (as opposed to 17% who didn't) feel that their babies cry less than others. So benefits of a doula can positively affect mum, partner *and* baby.¹

"I thought it was a bit of a luxury hiring a postnatal doula. But now I'm not sure how I would have managed. Recovering from a c-section and trying to learn to breastfeed, all whilst looking after a toddler, would have been impossible without her."

If you think you might be interested in hiring a doula or finding out more, you can visit www.doula.org.uk for a list of doulas in your area.

Author Bio: Trudi Dawson is a Doula UK doula, an Infant Feeding Specialist, a Holistic Sleep Coach and 325hrs RYT Yoga Instructor and has been supporting new families around birth and the postnatal period for 16 years. www.motheringmojo.com

¹ Woman, WL., Chalmers, B., Homeyr, G.J. et al. Postpartum depression and companionship in the clinical birth environment. A randomised, controlled study. Taken from The Doula Book by Marshall H. Klaus, MD, John H Kennell, MD and Phyllis H. Klaus, CSW, MFT

What is it really like to witness someone else's labour and birth?

AIMS Journal, 2023, Vol 35, No 3



By Anne Glover

I've been working as a doula for 8 years now and have been so blessed to have supported over 100 births. I sometimes wish I had known about this vocation earlier in my life, but I take great comfort knowing that my previous life experiences have gently shaped me into the doula I am today. I have three grown-up children and as a family we worked and travelled overseas for almost 30 years. My life's experiences enhanced my own personal skills by having to be flexible in different circumstances, adapting to various surroundings, and developing my interpersonal skills – I have dined with presidents and worked with homeless people. I feel confident in my role and I love connecting with families as they prepare to meet their darling wee baby(ies).

There is no other feeling quite like being asked to support a woman during labour and birth, yet many people don't understand why I enjoy it and question why I would even want to be present at other people's births. I feel saddened when I hear this, as I know I get to enjoy a beautiful, joyous, sacred, intimate, life-changing event, no matter how the baby is born. Sometimes the partner will say to me after a birth that they don't know how I can do what I do, and I get it. I'm not as emotionally invested as they

are and they have just seen the one person they love most in the world go through labour to birth their baby. I can understand how it feels for them, and as part of my role as a doula, I will have been discreetly keeping an attentive eye on them during the birthing process too.

So what is it really like to witness someone else's labour and birth? It is exhilarating, thrilling and unpredictable! Sometimes I just make it to the birth in time to hear mum breathing her baby into the world, and other times I am with the family for hours and even days. Sometimes my presence is all my client needs, and other times I utilise all the wee tricks I know as a doula! A feeling of deep peace sits in my belly as I attend a birth and play the waiting game. I feel confident as a doula, and I have confidence in the physiological birthing process, that women can make informed decisions based on their own personal circumstances, and women can birth their babies. Sometimes it can feel scary for a split second, especially if you are on your own, but when that wee baby is born, enormous relief and joy fills the room.

Unfortunately being a doula does have its challenges. The biggest challenge for me to date is being witness to obstetric violence in the form of assault and I've also seen interventions being carried out without consent, too quickly to stop them from happening. The challenge is to question what just happened, knowing that my client would never consent to it, but also minimising fear in the birthing space. It is disturbing and painful to see, and I have to find coping techniques to deal with what I witness.

Supporting people within the current maternity care system also has its challenges. There is a lot of fear around as a result of the Ockenden Report^[1], the Kirkup Report^[2], and ongoing regional reviews^{[3],[4]}. The fear is felt in the birthing community, including the midwives and doctors. Sometimes there can be misunderstandings about the role of a doula^[5]. For example, some people think that the doula will give advice to her client and tell her what to do, especially during birth. This is not the doula's responsibility. People who have employed a doula to support their pregnancy, labour and birth are well-informed about their options, the local maternity policy and about the birthing process. I hope that the midwives and doctors feel supported by my presence, as we work together as a loving team so the person we are caring for has the best possible outcome.

Sometimes a woman will ask her doula to be an advocate for her during labour and birth, especially if she, like many labouring women, would prefer not to think or talk rationally during birth, or if she feels that she may just say anything to appease the midwife or doctor during labour. Chatting through her preferences with her midwife and doula beforehand, and noting these in her birth plan, can help to alleviate any misunderstandings later. Being an advocate can mean holding space for the woman, and maintaining a safe environment where she feels secure and loved. It's important to understand the role of the midwife^[6], their duty of clinical care, and their requirement for informed consent.

The benefits of having a doula are evidence-based^[7], and I feel we need more validation around having a doula, and to continue to raise awareness of this as a choice for pregnant women and pregnant people. How can you make informed decisions, if you don't know all your options? Also, I look forward to working alongside the continuity of midwifery carer maternity model^[8] as it begins to be rolled out in Northern Ireland. This model provides consistent care by the same midwife or small team of midwives throughout

pregnancy, birth and in the postnatal period. To have a known midwife providing maternity care, and having a doula alongside is the perfect combination!

I read somewhere recently that we feel good, even feel rewarded when helping people^[9], but I don't do this job to feel good. It's not about me.

Author bio: Anne is a volunteer on the AIMS Campaigns Team. She is a well known doula in Northern Ireland with over 8 years experience, and is the Doula UK Area Representative for NI.

[1] Gov.UK (2022) Final report of the Ockenden review.

<https://www.gov.uk/government/publications/final-report-of-the-ockenden-review>

[2] Gov.UK (2022) Maternity and neonatal services in East Kent: 'Reading the signals' report.

<https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

[3] The Regulation and Quality Improvement Authority (2023) RQIA Review of Governance Arrangements in Place to Support Safety Within Maternity Services in Northern Ireland.

<https://www.rqia.org.uk/RQIA/files/88/8894661b-f3a3-4a6f-9052-3a70dc699d0a.pdf>

[4] Department of Health (2023) Department commissions new report into Midwifery Services in Northern Ireland. <https://www.health-ni.gov.uk/news/department-commissions-new-report-midwifery-services-northern-ireland>

[5] Doula UK (2023) About doulas

<https://doula.org.uk/about-doulas/>

[6] The International Confederation of Midwives (ICM) ICM Definitions

<https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>

[7] Doula UK (2019) New Evidence in Support of Doulas

<https://doula.org.uk/research/>

[8] Department of Health (2023) Department launches new model of maternity care

<https://www.health-ni.gov.uk/news/department-launches-new-model-maternity-care>

[9] Dana Foundation (2019) In Sync: How Humans are Hard-Wired for Social Relationships

<https://dana.org/article/in-sync-how-humans-are-hard-wired-for-social-relationships/>

What I wish I'd known about NICU: Raising awareness in antenatal education

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By Hannah Thomas

I used to think that special care was just for premature babies - but the majority of babies who receive neonatal care are actually born full term. 60% of babies¹ in NICU are full term (after 37 weeks) and may need support due to infection, issues with breathing, feeding, jaundice or lack of oxygen to the brain.

Around 1 in 7 babies born in the UK are admitted to a neonatal unit. Having an awareness of what to expect and how to feel empowered would help parents cope and lessen their trauma if their baby does need medical care, so I am urging antenatal teachers to include special care in their conversations with birthing families - as 1 in 7 of those babies will need it.

NICU isn't just for premature babies

I really enjoyed being pregnant. Right from the beginning, I felt fulfilled in a way that I'd always longed for. It felt as if I was living my purpose - that I was doing what I am on earth to do. But mixed with that certainty, was a lot of self-doubt, deep wounding and unhelpful conditioning from my childhood, that I wasn't aware of at the time.

I threw myself into learning about positive pregnancy and physiological birth. I had one-on-one hypnobirthing sessions, I read stacks of books, joined groups online, created a vision board, painted affirmation posters, wrote our own hypnobirthing script, practised prenatal yoga at classes and at home, stuck affirmation cards all round my desk at work; we engaged enthusiastically in our antenatal classes and doula sessions, went to breathing and visualisation classes, did pregnancy meditations, had acupuncture, and listened to pregnancy and birth podcasts every day.

Until I became pregnant, I had the same conditioned view of birth as most women in the developed world (as a painful, terrifying, medical event) - and everything I learnt to the contrary was wonderful and enlightening and amazing. I felt so excited and blessed to be the kind of person who seeks to educate myself so that my baby could have the kind of beginning every child deserves.

But as it turned out, the Universe had other plans. After a healthy 'low-risk' pregnancy, labour started spontaneously during my 42nd week. After 36 hours of relentless back-to-back labour at home, there were concerns about her heart rate and we were transferred to hospital where, after an emergency forceps birth, my baby daughter ended up in NICU for 10 days with Meconium Aspiration Syndrome.



It was three days until we had confirmation from a doctor that she would definitely come home. Three days where we didn't know if she'd live. It was three days until I could hold her, still attached to loads of wires. Five days until I could try to breastfeed her. I will always wonder whether, if we'd asked to speak to a different doctor at first - a more sensitive communicator - we'd have had better understanding and avoided those three days of terror, not knowing whether or not she would survive.

The hospital let my husband stay for five days on the maternity ward with me, and he wheeled me

around. I could barely care for myself and my carefully-prepared postpartum plan with holistic rest and recovery went out the window. My wound from an episiotomy and 3rd degree tear became painfully infected, but when I was examined they said they couldn't see any signs of infection. I persisted and it took three different courses of antibiotics before the infection eased and I was no longer in searing pain.

After the five days we had to travel back and forth to the hospital, but I refused to go home without her, so we stayed at my mother's instead. Leaving her there overnight, not being in the same building, was unbearable. It was like living in a nightmare. On the outside I looked calm, but inside I was screaming, one long drawn-out anguished wail. I had to shut down in order to keep going, and in the process I now realise I had to shut her out too. I've done everything I can in the four years since to help us heal from the trauma, and since the day we brought her home we've never been apart - bedsharing, breastfeeding, babywearing and bonding with skin-to-skin.



Feeling powerless contributed to our trauma

A lot of the trauma I still carry is about her experience in NICU - knowing the fear and pain she would have felt and feeling powerless to help her. Looking back, I can see that not knowing straight away that we were 'allowed' to do certain things for her and with her added to our trauma. We felt helpless, shocked and totally disempowered as her parents.

If NICU had been discussed in our antenatal classes so I'd had an idea of what I could still do, and how I was still the parent and the one in charge, and what to expect - then it would have made the experience less traumatic for her and me. And if our doula had had the tools to help guide and empower us in NICU, it would have made a difference to our experience. I needn't have felt so helpless.

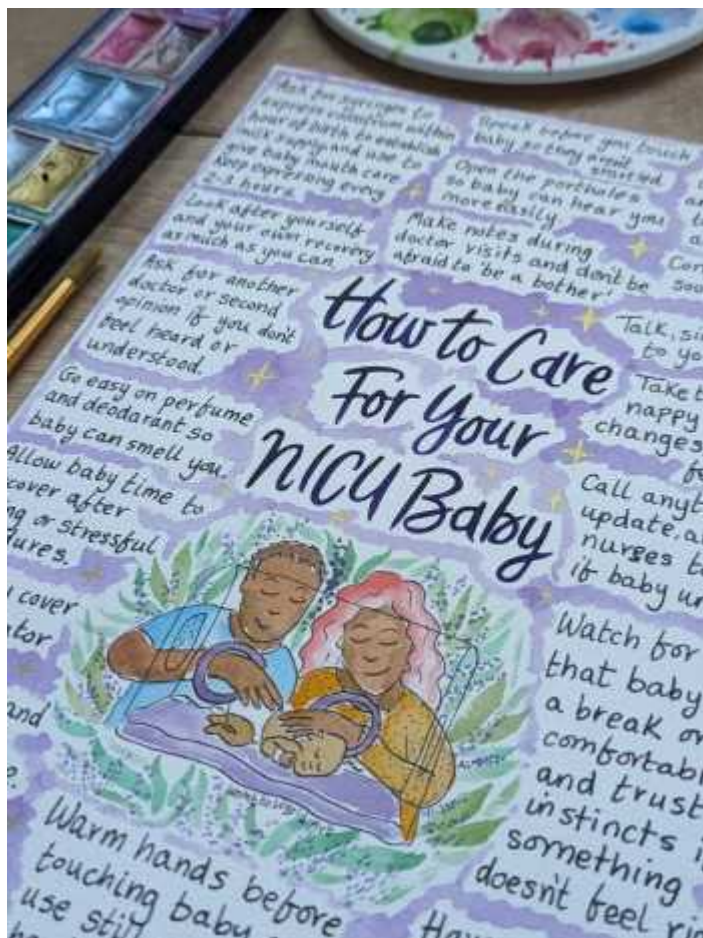


Not being told until two days in that our baby wouldn't like the way we'd been stroking her gently, not being told straight away that I could have been using my expressed colostrum for mouth care to help seed her microbiome, not being told that we could bring in our own blankets for her incubator, not being told that I could have been the one washing her and changing her. There's many more. If antenatal teachers, doulas, hypnobirthing teachers and midwives always addressed the potential for NICU before birth, perhaps I could have known how to still feel empowered and like I was doing everything I could for her even though I couldn't hold her or feed her.



Finding the things you can control

As I was laying alone in the recovery area, surrounded by mothers and their babies, waiting for the epidural to wear off so I could be wheeled down to see my baby for the first time in a box - I took the initiative to start expressing colostrum myself as I knew it was crucial to do so as soon as possible after birth. I may not have got the birth and the golden hour or gentle postpartum period I wanted for us - so I was even more determined to make breastfeeding a success. I pumped religiously every two hours, including through the night, to establish my supply until she was ready to nurse. But when we tried she couldn't latch, and we later had a tongue tie division. Thankfully, nipple shields were suggested and they helped us to breastfeed for two months until we could finally nurse on our own. I feel so proud that I kept pushing to get the support we needed and managed to exclusively breastfeed her despite our difficult start, and went on to feed her until she was three.



What I wish others could know about NICU

1. **You are still the parent - you are in charge**
 - In a scary situation it can be hard to remember, but it's so important to know that parents are not visitors - they are partners alongside doctors and nurses - and are still the decision-makers even though their baby needs medical support.
 - You can ask for another doctor or a second opinion² if you don't feel heard or understood. Make notes during doctor's rounds, and don't be afraid to 'be a bother' - ask as many questions - as many times - as you need to feel you are making informed decisions. Use B.R.A.I.N. (Benefits, Risks, Alternatives, Instinct, Nothing) to make empowered choices for your baby.
 - Know that you can call anytime you want an update on your baby and trust your instincts if something doesn't feel right.

2.

You can make a difference to your baby's experience

- There are ways you can reduce the stress and over-stimulation of the NICU environment for your baby. Even if you can't hold them, you can place still, resting hands at their head and feet to help them feel contained. This is better than soft, feathery stroking movements which may feel irritating and overstimulating.
- You can minimise over-stimulation from noise, lights and smells, and improve baby's environment in other ways such as:
 - partially-covering the incubator with a blanket
 - allowing your baby time to recover after tiring or stressful procedures
 - warming hands and speaking before touching baby
 - not wearing perfume or deodorant so baby can recognise your smell
 - talking, reading and singing to your baby as much as you can to soothe them with familiar sounds
 - providing comfort with breastfeeding or skin-to-skin during procedures if possible
 - bringing in your own things to look after baby like nappies, hat, gloves, and personalising your baby's sleeping space with your own blankets and keepsakes
 - helping to provide comfort to your baby when you have to go by leaving them a soft toy or cloth that you've had against your skin.

3.

You can feel empowered by taking the lead with baby's care

Don't wait to be offered the opportunity to do things for your baby. Don't assume that you can't do something like hold them, clean them or change them because the nurses haven't offered. Take charge of your baby's care, and be proactive (and pushy!) in asking for support so you can:

- have as much skin-to-skin as possible

- give kangaroo care in a sling or wrap
- understand your baby's condition, needs, medications and treatments
- change nappies
- change bedding and remake the 'nest' to help baby feel contained
- give mouth and eye care with colostrum
- express breastmilk regularly and establish breastfeeding
- manage tube feeding
- be there to support your baby during procedures.



Increasing awareness to lessen trauma

Despite my birth trauma, my passion and belief in physiological birth was not dented, and during my second pregnancy I started creating pregnancy and birth art, which led to making birth education downloads for antenatal teachers, doulas and hypnobirthing teachers to use with birthing families. I'd

love to help lessen the potential trauma for other parents by spreading awareness about why a baby might need special care after birth, and the ways that they can still feel empowered even when their baby is poorly. I've created some free handouts that birth workers can download with a licence to print and share with birthing families, and use as teaching tools to have conversations about NICU antenatally - or to help them support families at the time they are in NICU.

A breastfeeding support lead who runs a NICU parents' support group at North Middlesex University Hospital. recently told me that:

“The number one subject that comes up in the support group is that people had no idea about NICU beforehand. They all agree that having an understanding of what would happen if their baby was born early or sick would have made their journey easier and less stressful.”

I agree it's important to focus on the best case scenario, and to picture positive outcomes and a healthy birth - but I don't feel talking about NICU has to be scary or negative. When the message we're putting across is one of how to be prepared and empowered - no matter how birth goes - then it can only be a good thing. So I urge antenatal teachers (anyone providing childbirth preparation - including midwives) to make it a priority to include awareness of special care in their conversations with birthing families - as 1 in 7 of those families will need it.



Author Bio: In between consciously-parenting two toddlers and healing her own inner child, stay-at-home mother Hannah Thomas creates handmade pregnancy, birth and postpartum education downloads and art for doulas, midwives, antenatal and hypnobirthing teachers to print and share with clients - as well as original watercolour artwork and gifts.

Hannah's aim is to make illustrations, handouts and posters that are easy for other non-medical people to understand, and focus on the physiology of birth and holistic comfort measures rather than the common medical view of pregnancy and birth - to help empower others and spread good news about the magical journey from womb to world.

Find her @wombtoworldart on Instagram and Facebook and www.wombtoworldart.com

Editor's Note: Hannah has also created a wonderfully empowering video in which she shares ways in which parents can be intimately involved with their baby's care from the first day.

<https://www.wombtoworldart.com/products/-c153181718>



For those of you who may be wondering about the high number of babies that spend time in NICU and are concerned about the harms done by unnecessary separation of the mother and her baby, one NHS source says the admission of term babies to NICU could be reduced by 20%.

<https://www.england.nhs.uk/mat-transformation/reducing-admission-of-full-term-babies-to-neonatal-units/>.

Other admissions of term babies may be iatrogenic (the result of medical treatment). Caesarean births, and induced or accelerated labours, increase admissions to the NICU (especially in early-term babies born before 39 weeks), even when these procedures were not medically indicated.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8074312/>;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268653/>;

<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13511>;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207096/>

¹ Bliss (accessed 2023) Statistics about neonatal care

<https://www.bliss.org.uk/research-campaigns/neonatal-care-statistics/statistics-about-neonatal-care>

² Editor's note: "Doctors guidelines say they must respect your right to seek a second opinion. But you don't have a legal right to one." <https://www.cancerresearchuk.org/about-cancer/treatment/access-to->

treatment/different-doctor-second-opinion

Why I am taking a break

AIMS Journal, 2023, Vol 35, No 3

In this extraordinary piece of writing, Doula Nicola Goodall presents her 'list of experiences' since 2020. In places she describes the chaotic near breakdown of the maternity services during the pandemic by lapsing into an almost 'rap' style of writing that sits somewhere between prose and poetry. She speaks of the unimaginable 'stepping up' that she and other doulas did to fill the appalling gaps in care - something Nicola regarded as a spiritual obligation. When Nicola refers to 'we' in this piece, she is usually speaking of we as a society. Her descriptive prose is all the more powerful when you do not try to understand every word. An attempt to understand is rational, but there was no rationality in the situation Nicola and others like her faced. I can certainly understand why she is now taking a break.



Nicola Mahdiyyah Goodall

March 2020 arrived and I was at the tail end of caring for three families, and at the very beginning of the journeys for two others. I was working as a birthing-year doula in Edinburgh, supporting families in a non-clinical way during pregnancy, birth and in their forty days postpartum. I have lived and loved families, welcoming new ones, in Scotland for over 20 years, and in South London previous to this for ten years.

Much of my learning comes from traditional midwifery. We take this job very seriously. I immediately declared doulas to be an 'emergency service'. Receiving the experiences from these families I knew it was the right thing. Locally families were left with almost no maternity care. In times past this would have been soaked up by family and community care. We don't live like that any more, especially in cities, and we certainly no longer have this knowledge on the whole.

I live in Leith. The Brooklyn/Brixton of Edinburgh. Huge working class population with a sprinkling of

middle class and cool incomers. At one point we had the most densely populated area in Europe. It's where the term trainspotting originated. Leith train station being the spot in the 80s to consume your heroin; gentrification slowly squeezing the life from the area. Women were left with only sporadic phone calls from midwives.

If they were lucky. Perhaps a scan, but no bloods and no in-person care at all. No ideas about checking blood pressure or urine at home. Almost impossible to get anyone on the phone if you had concerns. In contrast, the wealthier areas seemed to have a much better service. I attended a home birth across the city that summer with great midwifery support.

Birthrights¹ informed us our health Trust was the worst hit in the country in 2020. Half of our midwives were sheltering at home and not working at all. The other half were right at the edge of a strike. We understand how, after years of being worked to the bone, you decide you would rather not risk your life for your employer. Our GP service was almost inaccessible. These families were experiencing dangerous unusual complications from Covid yet were only offered phone calls at best. I supported many midwife sisters at breaking point.

No midwifery care for pregnancy and postpartum. They decided to prescribe giant bottles of Oramorph² to mothers post surgery locally. Mothers throughout Leith were literally swigging on liquid heroin all day long. Almost all had surgery, inductions and surgical interventions and that has not abated. I've changed my language and altered obstetricians to obstetric surgeons...labour ward to surgical ward...VE's vaginally penetrative exam. Let's call a spade a spade. It had the dystopian feel of "lets keep them quiet". It seemed that there had been no dosing instructions. As a high heroin use area this is unheard of. Due to Scotland's issues with opiates, having access to them previously was usually a big process involving many staff and locks and keys. We've changed our mind here that off-prescription opiate use is a health issue not a legal one any more. The news now is full of talk of legalising all drugs for personal use. Acknowledging that most are medicating their trauma. I have no doubt this was happening here with these mothers.

We did have midwifery and obstetric cover for the birth at our busy city maternity unit. Albeit only accessible by the mother alone at first. It was provided by someone in head to toe PPE who was also travelling through a global emergency. The mother was only able to access care, be admitted to the labour ward and have her birthing partner's support if her cervix was deemed open enough following a mandatory vaginally penetrative exam. We put 2nd year student midwives into fully qualified roles, fully traumatising them also.

With not nearly enough doulas to meet the need, we realised we needed to act swiftly. We organised and formed Birth Choices Scotland. We met weekly online - no charge. I offered free 15 minute support calls. We started monthly doula training groups to get the numbers we needed and keep moving. We started to petition the NHS. We took this all the way to the top where a cold hearted pen pusher told our human rights lawyer they must agree to disagree. Lawyer repeated again and again that it's actually a matter of law. Said pen pusher didn't seem to care less about her staff, the folk accessing the service, or our

petitions. It was awful. Our first minister tweeted that you could have your second birth partner during that meeting. She was very vocal about her own miscarriage at the time. We realised approaching our politicians was way more effective and ticked off a victory.

Folk were birthing free³ by choice or by being pushed into a corner, so we began a Friday hour where people could come along to ask questions and seek some support. This was also without charge. I received a very angry and offensive email in 'all caps' from a midwife during this time. So angry and offensive I considered reporting her to the NMC but felt too overwhelmed to bring this forward. It was no time for trolling. For the record I have zero desire to be a clinical midwife in this system. Zero. I was also bereaved yet still working and just low on energy to deal with it at all.

The ambulance service was suspended and if an ambulance couldn't be found in time we sent armed police. That's right armed police. They drive faster and have more first aid training. Armed police are not safe for all families and they know little about childbirth and newborns. Murder investigations were started at BBA's⁴ when there were Covid complications. Police were also traumatised from not being trained to help in these situations.

For months I listened to women and their supporters across the globe on my phone. I listened as one woman free-birthing on the loo in Tooting wondering if a baby would ever come out. I listened to another woman in her apartment in Barranquilla who was labouring for days unable to get any medical or midwifery support. I spoke with terrified young fathers, helping them petition for what they needed, reassuring them, giving them ideas. I supported perimenopausal women bleeding so heavily some of them were hospitalised - many having blood transfusions. One couldn't get hold of a doctor but then was chastised by the doctor in A&E for letting it get so bad that she might have died from her blood loss. All the while doctors are actively saying that Covid and the Covid vaccine is not affecting wombs. We now have data suggesting otherwise.^{5, 6}

I had two fresh mums and several family members unravel. I suspect we had many fresh mums unravel.

I live next door to a care home and we host end of life doula training at Red Tent so I was also very aware of the trauma and challenges of end of life care. In April one morning at 6am, I watched two paramedics in the car park in utter confusion about what to wear for at least twenty minutes before going in. They lost a big number of their old folks.

We have a strong ethos around journaling. We got busy encouraging women to write and capture their experience. Women's experiences during big world events have been overshadowed throughout human history. This pandemic should be different.

Following the traditional midwifery model of being earthkeeper and activist as well as birthkeeper we began making old plague remedies. Thieves oil and fire cider⁷ and sending every third one out for free to a carer or NHS worker. Alongside care boxes for our midwife and doctor loved ones. We were very busy with herbal remedies during the whole pandemic. Much of what we observed going on seemed to respond very well to herbal medicine.

I had my own family challenges. We had 3 close relatives in a coma. One didn't make it. I will never forget watching our beloved's funeral on Zoom and being so highly disturbed that we were burying our dead in bright red plague boxes. Away from each other. Then shutting our laptops and dealing with everyday life. Muslims usually go directly into the earth. This was very distressing. All the really unwell in my circle were dark skinned males and we now know that racism played a huge role in care and outcomes. The pulse oximeter being designed for white skin - not working well enough for those with more melanin.^{8,9} I attended many many funerals on zoom whilst simultaneously trying to be there for my family and the families I was supporting alongside a student body from Red Tent Doulas of around 500.

Our local maternity unit had a policy locally of allowing no-one to know what was happening with a mother with Covid complications. Not even their partners. They were of course losing their minds waiting to see what was happening over many days. This did not help and only fueled the conspiracy theories.

Race consciousness became the focus for a while for the world. Has that moment passed? Looking at America right now and our Tory government - seems to have long gone from many minds. We were all so busy consuming, supporting, experiencing, learning. We were exhausted. We joined together with Abuela Doulas and the formidable Mars Lord¹⁰ to gather heartbreaking stories and begin organising. Abuelas Red Tent joint ventures was born. There is too much work to be done to have competitive spirit. We organised workshops. Trying to affect change and understanding. In Islamic law we have a law called wajib kefahi - it means something becomes compulsory on everyone (a collective obligation). This work is wajib kefahi. Women are dying. The mini pandemic MMBRACE report¹¹ made sobering reading. Maternal mortality rose with Black and Asian women still much more likely to die during birthing than their white counterparts over the pandemic. The Invisible report¹² came out during these years also highlighting the struggles of Muslim women birthing. Throw a headscarf on that black mother and her outcomes are shocking. We received many calls from women unprepared to go into a health system that they felt put theirs and their babies lives at risk. We listened. We learned from Nova Reid¹³, Resmaa Menakem¹⁴ and Layla Sa'ad¹⁵. We started teaching the history of the system and all the racism woven into its very foundations.

I was not furloughed, I was dealing with young adults missing huge milestones and struggling with the mental health challenges of living through a pandemic. My area where I live was full of men away from home with no work drinking on the street and generally terrified folk. I was highly perimenopausal. I was beat.

In my tradition you do not come into the birthing room or the postnatal bedroom if you are struggling

yourself. If your cup is empty you cannot fill someone else's. I had a moment delivering food for a postnatal mum traumatised by the system and general pandemic experience when I seriously considered kicking a young extremely rude doctor in the shins and realised I had to stop for a while.

Traditionally the womb is seen as a container that can catch other things not just babies including other folks' grief and trauma. We are not used to this philosophy in the UK trudging off to work through our heavy bleeds, divorces, illnesses, trauma, losses and other challenges to support folks with 'open' wombs. I wrapped up with the families I was supporting and declared the doula shop shut. The challenges and weight on women in general over these times has been especially hard. We continued with our doula preparation training as it was so needed and had some of the most profound circles of my life.

I continued to enrich my self care programme. Meditation, journaling, weekly therapy, Qi Gong, yoga, walking, swimming and more swimming, silence, being alone in the Highlands, praying and more praying, dancing, baking bread, planting a garden. It felt like it was impossible to survive without all of this in order. My day would consist of hours of these things - then a short time on the computer and phone then back to them again. We organised a workshop on radical rest. We joined together.

A therapist sister of mine shared that it wasn't just the internal factors we were dealing with as carers but the external factors that took us over the edge. End of the world endless news cycles and Tiktok feeds, vaccine and gender debates, war, climate change, racism and the trauma it begets all sending folk into fight or flight and over capacity. We're dealing with the long term effects of all of this now. Of being in that adrenalin state continually. These are folks following their calling. An almost impossible urge to help out. A tugging at the hair by the moon. Something hard to resist. There was no complete stopping. Yet being squeezed by so much with no literal space to breath. Gabor Mate captures this so well in his work when he reads obituaries of folk who were helpers.¹⁶ So helpful it killed them.

So what next? I think it will take most of us years to recover. Many perhaps changed forever. I'm resting now from family support until I feel robust enough to dive back in. We are in a weird interspace where our systems are in slow demolition and not fit for purpose for the employees or those accessing services. Yet the systems are still trying to carry out the ways and practices they always used to. Without the family and community knowledge of how to handle our bodies and all that they do that we used to hold. I can see families and communities rushing to fill the gaps.

I also see the valuable role of doula really shock absorbing and a bridge between whatever was and whatever is to be. They are mopping up the areas where folk are abandoned. Access to good herbal medicine, ritual, almost endless support, hooking up with resources, bigger picture spiritual talk, old medicines like talking and massage, other options.

Red Tent Doulas try to foster a family and supportive environment as we can see the drop off rate has been huge over this time in our world of doulas. We cannot meet the demand we have, especially in marginalised communities. Many of our number have become so exhausted and unwell they are also resting. We've welcomed an awful lot of exciting teachers, doctors and midwives to our midst. People are finding other ways to follow their calling. While we have lots coming through there's still not quite

enough. Those still working have a huge load.

It's the first time I've seen my list of experiences like this from 2020 and the years after. I wonder at the strength of women and what they endure. We need to do better. I encourage you to write your list. Look at your coping mechanisms. How can you support each other better in community and family and I encourage you to support your local doulas. They are literally holding it all together.

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1 Birthrights: Protecting human rights in childbirth - <https://www.birthrights.org.uk/>

2 Editor's note: Oromorph is liquid morphine that is prescribed for pain or for breathlessness and is taken by mouth.

3 Editor's note: 'Birthing free' is giving birth without a midwife or doctor in attendance.

4 Editor's note: BBA stands for born before arrival (of the midwife or doctor)

5 Handel K. (2021) Covid-19 and women's reproductive health

<https://www.aims.org.uk/journal/item/covid-menstruation-effects>

6 Bilgin Z, Çalık KB (2022) Effect of COVID-19 Vaccines on Menstrual Cycle Changes and Quality of Life. Reprod Med Int 5:020. doi.org/10.23937/2643-4555/1710020

7 Editor's note: Thieves oil and fire cider are traditional remedies - <https://margarettrey.com/story-of-thieves-oil.html>, and <https://nourishedkitchen.com/fire-cider/>

8 Feiner JR, Severinghaus JW, Bickler PE. Dark skin decreases the accuracy of pulse oximeters at low oxygen saturation: the effects of oximeter probe type and gender. Anesth Analg. 2007 Dec;105(6 Suppl):S18-S23. doi: 10.1213/01.ane.0000285988.35174.d9. PMID: 18048893.

9 BBC News (2021) Covid: Pulse oxygen monitors work less well on darker skin, experts say

<https://www.bbc.com/news/health-58032842>

10 Mars Lord (founder of Abuela Doulas) - Healing the World, One Black-Bodied Woman at a Time

<https://www.marslord.co.uk/about>; www.abueladoulas.co.uk and <https://soulmamajourney.com/2020/06/23/mars-lord-on-birthing-a-new-paradigm-for-women-of-colour/>

11 MBRRACE-UK (2021) Saving Lives, Improving Mothers' Care Rapid report 2021: Learning from SARS- CoV-2-related and associated maternal deaths in the UK
https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK_Maternal_Report_June_2021_-_FINAL_v10.pdf

12MWNuk (2022) INVISIBLE - Maternity Experiences of Muslim Women (SUMMARY REPORT)
<https://www.mwnuk.co.uk/resourcesDetail.php?id=257>

13 Nova Reid, author of The Good Ally: A guided anti-racism journey from bystander to changemaker.
<https://www.novareid.com/the-good-ally>

14 Resmaa Menakem, author and teacher. <https://www.resmaa.com/>

15 Layla Saad, author, speaker & teacher on the topics of race, identity, leadership, personal transformation and social change. <http://laylafaad.com/>

16 Gabor Mate explains on this YouTube video: <http://laylafaad.com/>