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Mixed Feelings

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Editorial - Mixed feelings

AIMS Journal, 2023, Vol 35, No 4

Andrea Mantegna

Elizabeth Catlet

Harry Morley

By Alex Smith

Welcome to the December issue of the AIMS journal, which this quarter has the theme of perinatal emotional and mental well being.

That the experience of early parenthood is likely to include 'mixed feelings', is an understatement, and by all accounts, it has always been that way.[1] In 1984 I had my fourth baby and my first dog at around about the same time. Nestling my newborn under my coat, and with three other small children in tow, I walked along to the post office to buy the dog licence - (we didn't need one for the baby). The post office lady, who was older than me, leant forward to admire the baby and gave me some motherly advice. She told me not to be surprised if I woke up every morning for the next six months wondering what I had done; wondering whether I had made a huge mistake; and more tired than ever before with the additional responsibility. She said that this was absolutely normal. Then she said that I would wake up one day soon afterwards feeling as if the dog had always been part of our family and wondering how we could ever live without him - (I assume she thought I would take the baby in my stride). This was when I learned that post-dog depression was a thing, and this was the point when I started to reconfigure the idea of postnatal depression as being more than the temporary chemical imbalance I imagined it to be.[2] Might a period of altered mood be common after any big life change?

Some years later I was standing in the hall reading an article. I was standing because if I sat down to read in those days, a dog and four children tried to sit on top of me. The article was written by a woman who had experienced a period of severe depression after having her baby daughter. She wrote about her

feelings and her sadness with such poignancy that tears rolled down my cheeks and onto the paper. The article was entitled, My Experience of Postnatal *Expression*, and in that lay her point; she felt that her feelings were probably normal in the circumstances and that she had a right to express them without the label of mental illness. She believed that if society 'listened' to what women and new parents were expressing in their altered mood, we could learn to 'do birth' and the transition to parenthood differently. In this way, her mood was a 'signal' that the birth and new parenting environments were not meeting her needs - it had a purpose. More recently I read another interesting article.[3] Exploring cross-cultural literature the author, an anthropologist, also proposed an evolutionary explanation for postpartum depression as 'having a purpose'. Whilst thought-provoking, it was a challenging read on many levels.

The idea of postnatal *expression* further developed the way I was learning to understand the experience of postnatal *depression*. It stirred within me a sense of political and feminist disquiet. Much has been written about the way in which the medical model of birth views the woman as a 'defective machine',[4] as inherently 'faulty'[5] Women supposedly cannot 'do pregnancy' without medical surveillance, with those labelled as high risk in pregnancy carrying feelings of shock, fear, frustration, grief, isolation and loneliness, anger, sadness, and guilt that spill beyond the birth.[6] Women supposedly cannot 'do labour and birth' without a high chance of medical intervention being required or imposed, with increasing rates of intervention and poor care, both associated with increasing experiences of postnatal distress,[7,8,9] and quite possibly women will not 'do breastfeeding' in the way or to the extent that they had expected, with 80% of women stopping breastfeeding before they would have hoped,[10] often experiencing a deep sense of grief when they do.[11] Yet when they express their very reasonable feelings about all of this, plus their feelings of isolation, loss of identity, loss of income, loss of sleep, insecure housing and more[12] - for a little bit longer than is considered normal - they are diagnosed as having a mood *disorder*. How disorderly of them!

The discomfort we feel (as a society) about the expression of 'the wrong' feelings is echoed throughout history and is particularly (but not solely) targeted at women. Hysterectomy was performed as a treatment for the common diagnosis of *hysteria* in the 18th, 19th and early 20th centuries; 'wayward' girls were sent for punishing stints in asylums or homes, well into living memory; frontal lobotomy for treating 'mental illness' in the 1940s and 1950s (and beyond), was predominantly used on women;[13] and the equally controversial use of Electroconvulsive Therapy (ECT) to treat depression is still being used on twice as many women as men without addressing the social issues behind why more women than men appear to have depression.[14] It is described by one researcher as being "part of the over-medicalisation of human distress".[15,16] This controversy is also found in the pathologising of extended grief, where psychologists and psychiatrists argue as to whether human emotions should be classified as illness, with one specialist saying that "grief warrants strong social support and compassionate connection, not medicalisation".[17] What the woman who wrote about postnatal expression was saying is exactly the same - that what she needed was strong social support and compassionate connection, not medicalisation, and study after study finds that this is true for other new mothers too.[18]

For some new parents, especially those with complex lives and those with increasingly worrying symptoms (see the next article in this journal), the timely support of some specialist help may be

welcomed and can even be life-saving. Thank goodness that these days there should be no shame in admitting to feeling mentally and emotionally out of sorts. But shame exists, not for the struggling parent but for a society that finds so many struggling. It is a shame that the social structures, cultural traditions and rituals that once 'held' people during times of transition or incapacity have largely broken down; broken down because we didn't and still don't value them as we should.[19] As a consequence, some parents *have* to be diagnosed with an illness by a doctor in order to get the time and support they need to adapt to their new role. It is also a very real shame that strategies known to reduce the incidence and severity of mental and emotional unhappiness both before and after a birth (including: continuity of carer;[20] labour and birth care that supports the physiological process;[21] and home visits from people who listen and care;[22]) are ignored in favour of increased but under-resourced medical surveillance and treatment,[23] often with long waits to see an NHS specialist[24] and with limited evidence regarding the effectiveness and safety of antidepressants.[25] If the expression of postpartum distress is indeed a signal, a fire alarm if you like, then is it not the fire - the lack of strong social support and compassionate connection in maternity care and in life in general - that we should be addressing?

This December issue of the AIMS journal looks at the range of emotional and mental health challenges that people may encounter as they become parents. Using the weather as a metaphor, I start by outlining the different manifestations of the changeable and occasionally tempestuous feelings experienced during the postnatal period, and this is followed by Katharine Handel's three Christmas wishes that, if granted, would transform the perinatal experience for everyone. While most episodes of postnatal emotional and mental health concerns are mild, a few are not. Lizzy Lister shares a powerful and heartbreaking glimpse into the experience of postnatal illness in the form of a short story, and, given the terrible toll that postnatal depression or on-going symptoms of trauma can take, Mary Nolan puts forward a strong case for offering support to would-be parents before they become pregnant. AIMS quite often hears from people who are considering giving birth without the presence of a midwife or doctor, and one of the reasons they sometimes give is the belief that being in control in this way will protect their mental health.[26] While mental health is not her focus, Mariamni Plested's research study, in which she interviewed ten women who gave birth without a health professional in attendance, makes for a very interesting read. It is noteworthy that, "*the experience and sensation of birth was described by all participants in a wholly positive way*". Sadly, this is not what we often hear about hospitalised birth, and especially not when labour has been induced. From listening to women we understand that the experience of induction can be particularly challenging to postnatal emotional and mental well being. With the rate of induction on the rise, Jo Dagustun's account of nearly having an induction asks the question, "how many of us are induced just before a healthy straightforward spontaneous onset would have anyway occurred". To round off the themed section of this issue, we have an interview with Dr. Rebecca Moore about her organisation, Make Birth Better.

Moving away from a direct focus on perinatal mental wellbeing, but still intrinsically relevant, Charlotte Edun

reports on the recent King's Fund event, 'Putting a spotlight on women's health', where she spoke on behalf of AIMS. Next we have Jo Dagustun who describes one shocking incident of censorship where she could only conclude that the Maternity Services do not want to listen. This is followed by Jude Field and Jenny Cunningham who want to let you know about an exciting new major project which they are undertaking to identify the top 10 priorities for midwifery and maternity research, based upon the perspectives voiced by midwives, student midwives, maternity support workers, and women and pregnant people. AIMS is very pleased to be involved in this project. For all of you birth activists, the AIMS Campaigns team runs through the recent updates to the NICE guideline on Intrapartum Care, and as ever, we conclude with the AIMS Campaigns team telling us what they have been up to in the last three months.

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 Nadia Higson, Debbie Chippington Derrick, Kath Revell, Anne Glover, Joanne Maylin, Danielle Gilmour and Josey Smith.

We really hope you will enjoy this issue. In March the theme will be about making a complaint. If you have had an experience of maternity care that has led to you making a complaint or feeling very let down, or if you would like to contribute to this issue in some way, please contact me at: alex.smith@aims.org.uk

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Just 'birth': the phenomenon of birth without a healthcare professional

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Editor's note: AIMS is honoured to present Mariamni's research study in which she interviews 10 women who gave birth without a healthcare professional in attendance.

By Mariamni Plested

Abstract

Purpose: The purpose of this study was to examine the meaning and experience of the phenomenon of birth without a healthcare professional in the United Kingdom.

Research Design: Reflective Lifeworld Research, a phenomenological approach, was used in this study based on the philosophical writings of Husserl, Merleau-Ponty and Gadamer (Dahlberg et al, 2008). 10 in-depth interviews were conducted with women who had birthed without a midwife or other healthcare professional present, interviews were transcribed and hermeneutically analysed.

Findings: A preliminary paper from this research project was published in 2016 and described the themes of fear and risk discourse between study participants and healthcare professionals. This paper presents the broader findings of the study and describes the meaning and experience of freebirth through four

further themes, 1) naming the phenomenon, 2) the sensation of birth, 3) choice, inclusion, and exclusion, 4) the birthing self.

Key conclusions: While the phenomenon of freebirth may well show up systemic failings and health service issues, taking those issues as the limit and framework for investigation into this phenomenon is problematic and does not provide a sufficient account of freebirthing experiences. The birth practices of the participants of this study are better described as resistance to the biopolitics of public birth systems than intentional birth choices. The experience and sensation of birth was described by all participants in a wholly positive way. Participants revealed a knowledge of birth grounded in personal first-hand experience as the responsible agent and actor of birth which opens up new possibilities for the way we talk about and understand what birth is.

Implications for practice: The disciplines of nursing, midwifery, and medical science would greatly benefit from interdisciplinary collaboration with the fields of philosophy and theology to deepen epistemological frameworks and understandings of the meaning of birth beyond the dominant healthcare discourses.

Key words: unassisted birth, freebirth, phenomenology, physiological birth

Introduction

This study explores and describes the experience of ten women who gave birth in their homes in the United Kingdom without a midwife or other healthcare professional present at the moment of birth, and the phenomenon of birth in these circumstances.

The title of this paper 'just birth' seeks to articulate, describe, and refresh the nomenclature of the phenomenon of this study. The terms often used to name this phenomenon are 'birthing outside the system', 'freebirth', 'birthing alone', 'unassisted birth' (with an ambiguous double meaning either without the assistance of a healthcare professional, or without the assistance of delivery technology such as forceps or ventouse, depending on context, culture, and country). These terms do not adequately capture the meaning or experience described by the participants in this study. While a previous paper from this research project (Plested & Kirkham, 2016) focused on the specific issue of risk-discourse which took place between study participants and healthcare professionals, this paper describes the main findings of the study, and seeks to surface meanings and describe the phenomenon of birth as experienced by the study participants.

A recent meta-narrative review of freebirth across diverse research traditions described it as 'a clandestine practice whereby women intentionally give birth without healthcare professionals in countries where there are medical facilities available to assist them' (McKenzie G, Robert G, Montgomery E, 2020).[1] The media keeps freebirth in the public eye with regular features and often uses language which contributes to a sensationalist perception of freebirth (Summers, 2020).[2] While the literature examining freebirth has grown considerably in the last decade, any actual quantitative data remains elusive, with no reliable statistics available on the numbers of women birthing in this way.

Methodology

See: Plested M, Kirkham M (2016) Risk and fear in the lived experience of birth without a midwife. *Midwifery* 38: 29-34

[The methodology can also be viewed here.]

Results

A preliminary paper from this research project was published in 2016 and described the themes of fear and risk discourse between study participants and healthcare professionals. This paper presents the broader findings of the study and describes the meaning and experience of freebirth through four further themes, 1) naming the phenomenon, 2) the sensation of birth, 3) choice, inclusion, and exclusion, 4) the birthing self.

Naming the phenomenon

The participants in this study met the inclusion criteria for 'freebirth' in very different ways, there was wide variety in the timing of their intention to freebirth from early pregnancy planning to in-labour decisions. Not all participants identified with the term freebirth, unassisted birth, or any name associated with this phenomenon, and several participants wanted to dissociate from any radical birth ideology, or that they had made an extreme choice.

> *[2] 'I find it really hard really because I think about the idea of unassisted birth and you immediately mention it and I know the first thing that's going to come out of people's mouths is 'controversial topic' why? Why is it a controversial topic, because to me it's not just freebirth, it's just birth. Like extended breastfeeding – extended breastfeeding? Breastfeeding, just breastfeeding, it's normal. Why it has to be labelled with some kind of extreme choice… it was a choice that I'd come to and I couldn't answer why because to me it just felt normal to want to make that choice, I didn't feel like it was an unusual decision, I just felt, it just felt right.'*

> *[3] 'I had no name for it, it didn't have a name, at that point I didn't know anyone else that had done it, it wasn't like something I'd read about and it was just something I had in my head, I know my body, I think I can do pain, I don't think it's going to be so bad and if women all over the world*

can do this there's no reason why I can't be one of those women. There's no reason why… and I didn't feel the need to be excessively prodded or poked or monitored or… I didn't want any of it, I just, you know, I just wanted to have a baby and that was all – but I wanted to have a well baby.'

[5] I don't think having babies should be a debate, I feel there's no middle ground, there's no me, I just want to be in the middle ground, I don't want to be a freebirth loony, and I don't want to be an obstetrician loving mummy. I don't want to be either, I don't want to be an extreme… and I don't want to look like a cowboy, I just want to have my baby where I feel safe…'

Several participants voiced a simple impulse articulated as 'I just wanted to have my baby'; calling what they were doing 'just' birth. Rather than their choice, type, or mode of birth being essentialized to a superimposed category, these participants expressed their birth choice as a unique instance of birth as experienced by them. The manner of birth was thus not a rigid predetermined fixed choice but happened to unfold in this way. Flexibility and openness to assistance from health care professionals was voiced by several participants as an integral part of their birth plan.

[4] But I had this like, whenever I felt, whenever I thought about having him on our own (and I didn't know it was a he) I just felt so peaceful about it, and so did my husband. And also he was saying, well we kind of know how to do this now, we don't really need to have somebody else… so we just decided to go for it and if it felt right to just continue and birth this baby and not call anybody. But if during labour for some reason I had an instinct that something was wrong or that I did need somebody after all then we'd be open to calling somebody, we wouldn't, you know, we wouldn't be stubborn about it.'

[7] so my plan loosely was to enter labour and instinctively do, you know, behave instinctively. So if I needed help, I was going to call for help… freebirthing and not wanting to call someone are two very different things…'

[8] 'we went to all the birth groups for (second baby) as well, so we felt like we were really informed and then I thought there is always the option of calling them if I did want them at the time, but we both felt really comfortable just saying that we would do it.'

[10] 'I'd be perfectly happy doing it [birthing], I think I'm more like the cat who likes to just go off and find a dark place and just do it by themselves.'

These women describe birth as a physiological process that they were capable of enacting unaided. Their capacity to birth was described in a number of ways including 'feeling right', 'instinct', 'feeling safe', 'feeling comfortable', and 'self knowledge'. Birth was described as a first-person activity that can be self-determined by the birthing person as agent, and participants felt strongly that their choice to birth on their own terms was a matter of personal responsibility, agency, self-identity, and the exercise of self-

care and did not place them outside the parameters of what birth *is*. All participants in this study planned homebirths, and the end result of their birthing without a midwife depended in some cases on service provision (or failings), or an inner reluctance to call a midwife in time (referred to in some literature as a 'planned BBA (born before arrival),[1] as well as an intentionally planned homebirth without midwives.

It is difficult to name the phenomenon of birth in this study, while freebirth has become a widely used term it is not a term the participants in this study strongly identified with. This feeds into a very broad discussion regarding how we define birth both physiologically and culturally, and the discussions around what constitutes 'normal' birth (as opposed to usual birth), 'natural' birth and 'technological' birth.[3] The conceptualization of freebirth as a category cannot stand apart from the conceptualization of birth writ large and may indeed contribute something valuable to such a discussion. The problem of what to call birth without a midwife or freebirth points towards something fundamentally important about the variety of what birth is, and how it is experienced. The participants made claim to name their choices as 'birth', as 'just' birth, with the implication that modifying adjectives are better suited to categories of birth such as 'birth with a midwife', or 'attended birth', 'managed birth', 'supervised birth' which at a linguistic level more precisely define the ways in mainstream assumptions of 'birth' (as with a healthcare professional) may be more accurately described.

The sensations of birth

The absence of a healthcare professional acting as documenter and scribe compiling a legal, formal, publicly owned maternity care record of the birth event shifts a freebirth from a public event into a family's private sphere with a first-person birth story and memory as the primary, only, and privileged source of knowledge. This is a significant paradigm shift from the objectification of a third person, formal, technical, systems-owned document to whatever the birthing agent chooses to disclose. The participant's account and description of their birth experiences did not mirror a set of chronological formal notes of the sequence of physiological events, but rather described vivid memories of sensations, thoughts, and feelings.

> *[2] 'I was just in a completely different world, but I had a real awareness of what was going on, it's like I had both parts of my brain engaged… I knew I was fully dilated, and I just knew it, and there was nothing I could do about it… I can remember so vividly, it was honestly, I could feel the shape of his body more than something incredibly uncomfortable coming out… I was just on another planet, and it was amazing that I could do that.'*

> *[4] 'the labour was very private… I spent most of it just on the toilet, sitting in the bathroom on my own, my husband wasn't even there, I just really wanted to be alone… and I have to say his birth was painless, it was pleasurable… it was ecstatic and it was so life-affirming, and I don't know, I can't really express it, but just empowering, it was like the best climax ever. And whenever I've*

mentioned this, people don't really believe me.'

[6] 'I wasn't able to do anything else, I was completely in the zone as you would say. I wasn't interested in anything else, I just wanted to sort of hide within myself and I would come out of my little thing just to have a bit of water, and ask for a bowl to throw up into, and that was it… I would say my births are very intense… my second stage was very quick anyway, it was just one push… the waters broke during the push and she just sort of slipped out [laughs].'

[8] 'I wasn't reflecting on anything like that, I just didn't care and I just totally went with it and didn't care what happened… primal, yeah, as though I was a cave girl and whatever would have happened then, I felt like I was doing that in a modern environment, but doing whatever my body wanted to.'

[9] 'you're blown open, you're blown open. I've got this sense of dilated pupils, dilated eardrums, aware of everything, so words that are chosen that are not helpful go right in, you're exposed… then diving through that [vulnerability] into golden kind of uplifting birth, just that feeling, when [x] came out of me… just one long expletive of like – WOW.'

[10] 'ok, I mean there was pain, and especially towards the end really, no maybe towards the end when it was pushing stage, not so much pain, but just really really intense, like not break between the rushes or contractions, and yeah, then after, just amazing to feel that you'd done that, and done it all by yourself…'

These accounts describe intense sensations of birth which are unanimously positive and convey a high level of personal fulfilment and well-being. Physical sensation is experienced as an intense activity, and the event of birth as an embodied mental and emotional act, something both 'primal', 'in the zone', 'on another planet' and at the same time a sense of achievement, 'wow', 'life-affirming', 'amazing'. What they disclose is not the chronology of the event, but sapiential insight into the activity of birth and the self-awareness of the birthing agent.

Choice, inclusion, and exclusion

Freebirth is often presented in the literature as an intentional choice[1] This study finds that the concept of freebirth as a free choice is flawed as the unfolding events of participants' complex interactions with the healthcare system were more haphazard and less planned than the concept of 'choice' assumes. Some participants chose to freebirth after a long process of frustrated engagement with antenatal services:

[1] I've had enough of being told what I can't do. If you can't provide me with a service that makes me feel safe then I'll do it without you, because what you did last time was categorically not safe. Um, I knew in my head really that I was planning a born before arrival, but I didn't know that people completely stepped outside the system at this point and birthed their babies by themselves, or I would have made it as a positive choice. So we went all round jumping through

their pointless hoops, going through their assessment procedures – all those things, pretending that we're booking a homebirth, knowing absolutely that what I really intended on doing was calling them afterwards… it's not just about the choice to give birth without a midwife, it's about the choice to have my baby with me in the driving seat.'

Some participants did not birth 'outside' the system, they were intricately woven into the healthcare system in ways that they were unable to disentangle themselves, for some this involved the pretence of planning a homebirth (with the intention of not calling the midwife). For one participant a deep inner paradox took place between the desire to be alone, and the need to inform caregivers that she was in labour. The uncertainty of her 'choice' and intentions were a thread running into her experience of labouring and birthing, the description of birth as an unfolding event, the role of intuition and knowing, the openness to asking for help should the need arise – this participant describes only being able to let go and birth (alone) once she had called the midwife, despite knowing the midwife would not arrive in time:

[8] I guess it's just going with the flow whilst in labour, because I probably have the intention of ringing the midwife every time, but in labour it just becomes less important, and certainly with the fourth one… I just didn't feel to call, I don't think I really believed I was in labour at all… it's funny, after all I've said, it sounds that I'm this bold woman, but actually I think there was this fear of again not wanting to waste their time, not knowing, not 100% sure if I'm in labour… it's just such a funny funny funny thing… the minute she'd [doula] called [the midwife] my waters broke in a massive contraction, and then three minutes later when the midwife called back [doula] left the room again, and she was born. So it was perhaps psychologically the knowledge that now everyone who needed to know knew, but also funnily enough, for the first time, when even my good friend left the room, there was something about me that needed to be alone this time. And it was actually when she left the room that all the action happened.

For some participants the decision to birth without midwives was the direct result of homebirth service provision staffing failures, the family decided (in labour) when told no staff were available that they would continue to birth at home rather than transfer into a hospital setting:

[5] 'you know that whole thing where they say that their staffing levels mean that you can't have your homebirth, well you've got into your space, you've worked out how it's all going to be – to have the rug pulled out from you at the last minute – it's their fault, because you haven't considered your birth plan and how it would go in hospital. Because it wasn't an emergency, it was just a baby.'

Some participants had negative experiences with healthcare services that fed into their decision-making processes; several participants expressed a sadness, a process of disillusionment, or caution towards healthcare professionals that suggests a passive 'happening' rather than an active choice, events unfolded in such a way as to leave participants with a feeling of no choice, limited choice as a reactive self-protective measure, or a feeling of being excluded.

> *[7] In a way I was having to withdraw regretfully really, I'm not anti-midwife, I'm not even particularly pro-freebirth.'*

> *[9] whilst I've not thought to birth without a midwife I have progressively throughout my four births realised that it's a sacred dance really, and it's my dance and that whoever I'm going to invite into that dance needs to be someone who knows me, and so each time, this time was obvious, the fourth one was obvious, that I just was putting off ringing, but if I look back the feeling was there the whole time… why would I ring someone I don't know, and why would I ring someone I don't know who is the face of a whole story of things that I don't agree with. Why would I want to put myself into the situation where I may be unsafe right now, when actually it's a life/death, it's not only sacred, there's just too much at stake during labour to dance with that.'*

The concept of 'safety' was a key pivot around which decisions were often made; what factors made participants feel safe or unsafe, and how they could self-determine their birth environment to maximise their personal safety. The kind of discourse that took place between participants and healthcare professionals was a major factor in decision making, the dominant theme of healthcare discourse was described by participants as being focused on the concept of risk, and an associated mood of fear. This theme is explored in depth in a previous article, (Plested and Kirkham, 2016).

The birthing self

An important consequence of the experience of risk discourse for participants was an existential awareness which led some participants to a genuine engagement with concepts of their own mortality, personal agency and responsibility (Plested and Kirkham, 2016). Participants described the impact of the experience of birth on the self, personal identity, and the transition to being a parent.

> *[2] 'giving birth completely shapes who you are as a parent, completely shapes you as a person, it's not just a set of choices that you make, it's part of the floor of the life that you lead.'*

> *[8] it was completely life-changing, I was a bit, I hadn't really thought, before birth, I was the kind of person who would question everything already and not really just go along with the crowd and that was just massively intensified after giving birth.'*

One participant described birth as a liminal sacred and spiritual experience which deeply impacts

identity.

> *[9] Sacred, it's very much part of safe, um, because safety is not just physically, it's mental, emotional, and spiritual as well… because where labour and birth touches, in my experience, touches me as a woman, it just takes you to the edge, takes you to the edge of all reality, and so it's just not to be messed with I guess, that's the sanctity of it.'*

Some participants described a process of personal growth and self-knowledge gained over multiple births, this self-knowledge, and 'know-how' was part of their identity as an experienced mother.

> *[4] I've had six babies and so, I feel like I've had, caesarean aside which I haven't had, I've had a pretty full spectrum of birth from my own experience.'*

> *[5] I've worked it out, I've had six kids so I've learned the hard way that's all, I've had six different kinds of birth.*

> *[9] I did an enormous amount of work with all four of them. I think every single birth brought up massive amounts of self-exploration and development…'*

Birth choices were part of a personal journey through a variety of experiences of birth, and being an experienced mother uniquely formed a subjectivity and first-hand expertise of self where the 'I' carries a special knowledge of knowing what is right for 'me'. This is different to third-person lay versus professional categories of a birth companion/doula versus midwife/doctor; or categorization of birthing people as amateur or non-professionals, it concerns the unique first-person perspective of this being 'my' birth, 'my life', what I know about 'myself', the kind of knowledge that only I can have about myself and my body as I experience it. Participants described an intuitive self-knowledge during the experience of birth that was utterly unique to being the agent of birth.

> *[2] I didn't make those choices because I wanted to challenge anybody, because I wanted to reject the system, because I wanted to be different or because I'm irresponsible or uninformed or didn't want to engage with maternity services or any other label that anyone would like to try and put on me. I made this choice because it's my life and those are the choices I see fit to make for me and you know I'm sure that every experience I've ever had prior to this led me to make the decision I did.'*

Discussion

The phenomenon of freebirth offers more than a list of maternity service failings in need of address; it produces an alternative perspective and birth discourse to obstetric and midwifery understandings of birth and offers new meanings and conceptualizations of birth as a first-person lived experience. While

there is a rich and extensive body of qualitative literature exploring women's experiences of multiple aspects of pregnancy, birth, and parenting they are all founded on women's experiences as service-users. The voices and experience of freebirthing women has a resistant, transgressive, grass-roots disruptive quality which challenges professional definitions and dominant discourses around birth. The phenomenon of freebirth raises wide-ranging philosophical issues and questions and demands an examination of the broad biomedical, institutional, and cultural frameworks in which birth takes place.

The French philosopher Foucault's concepts of biopower and subjectivity offer a framework to understand ways in which healthcare systems operate and ways in which freebirth seeks to reclaim biopower and make space for further subjectivities by enacting birth practices (the act of freebirth).[4], [5], [6] The concept of biopower, which is the control of human populations through technologies of power and disciplinary institutions (such as healthcare systems) cannot, due to the absence of a universal authorised truth, completely regulate bodies and behaviour – it is never totalizing as it always produces resistance.[7] It is this resistance that marks the human capacity for freedom, this freedom is different to a neoliberal conception of normative agency, it is rather a freedom to transgress socially imposed limits. [8] This freedom opens dialogue where totalizing dominant discourse seeks to close it. Foucault's ideas of stigmatisation and freedom to transgress are a better articulation of the experience of the participants of this study than the conceptualization of freebirth as a positive choice.

DeSouza (2013)[9] uses the Foucauldian conception of subjectivity to critique neoliberal individualism which casts women as 'autonomous social actors who are fully in control and knowledgeable about their bodies and 'free' to make and justify choices.' She frames this individualisation as a form of biopolitics of the state, and argues that the self-disciplining, self-regulating maternal subject has been championed by the nursing institution in its concept of 'individualised care' which promotes choice and autonomy as valid concepts. DeSouza observes that a mechanistic understanding of birthing and mothering practices necessitates supervision (the health care professional, obstetrician or midwife with their accompanying discourses) which in turn produces a new maternal subject which has lost confidence in her innate ability to birth and mother. This observation shows a nuanced understanding of Foucault's descriptions of how subjectivity, and new forms of subjectivity are produced by discourses, and how objects (or subjects) are disclosed by our practices. Risk discourse functions as a behaviour control technology with specific disciplinary procedures deployed to effect compliance, and what claims to be evidence based practice is selectively utilised as a form of social control. The practice of freebirth sidesteps hierarchical observation at the moment of birth by avoiding documentation, surveillance, and supervision. The absence of public maternity birth records transfers the event of freebirth into the private domain of those who birth in this way.

In addition to Foucault's writing there are many other philosophers whose ideas richly contribute to the analysis and understanding of this phenomenon. Using Merleau-Ponty's emphasis on the body as the locus of knowledge of the world, and Gadamer's ideas on bodily experience and the limits of objectification the embodied act of birth can be understood as an act of subjectivity – of the birthing 'self'. [10], [11], [12], [13], [14] Freebirth integrates physical and mental health concerns in a way which upholds

the primacy of the lived experience and the birthing body as a site of knowledge. Giving birth as a physical 'act' by a birthing subject is a primordially embodied activity, which transcends the physiological process of birth as bodily mechanisms and involves a psycho-somatic subjective depth. The simple formula of 'having a baby' or 'just birth' (rather than freebirth or unassisted birth) centres the birthing self in the definition of birth, to birth is to be a birthing person, as opposed to birth being a bodily process abstracted from a specific person. First-person knowledge of birth will be of an entirely different quality to knowledge about the process of birth. Participants' descriptions of the sensation of birth speak of this quality of knowledge which forms self-identity and subjectivity. Wellness around birth commonly falls into a binary dichotomy of physical and mental health; the kind of bodily knowledge alluded to by Merleau-Ponty's work suggests a psycho-somatic whole not well accounted for and poorly understood by the scientific community, such as what it means to experience childbirth, what it means to experience from a first-person perspective, what it means to have a body which 'I' experience as 'mine'.

Limitations and strengths

The use of phenomenology, as the methodology of this study, comes with its own backdrop of philosophical assumptions amid a wider theatre of the epistemological truth claims of modern Western science, both qualitative and quantitative. It can be argued that qualitative healthcare research seeks to present something genuine that can be said of participants' life experience, and achieves this via a complex negotiation between participant voices and researcher representation. This negotiation will always fall short of definitive final facticity due to both the complexities of the social and cultural constructions which are latent in participants' own constructions and the researcher's linguistic representation. The contribution of this phenomenological interpretive negotiation is to an 'ongoing conversation' not the formulation of a totalizing account.[15] The findings of this research project merit in depth extended philosophical analysis beyond the scope of this paper.

Conclusion

There is a growing body of midwifery research which focuses on motivation to 'freebirth' in order to highlight maternity service problems and failures,[16], [17], [18] or even as evidence of a 'broken maternity system'.[19], [20] While the phenomenon of freebirth may well show up systemic failings and health service issues, taking those issues as the limit and framework for investigation is problematic and does not provide a sufficient account of freebirthing experiences. Weaponizing freebirth for midwifery political leverage may overlook fresh and richer understandings of birth that arise out of the experiences and narratives of women who birth in this way.

This is reflected in the very names associated with this phenomenon 'outside', 'free', 'alone', 'without', 'unassisted', all terms which 'other' the subject and set them apart from a dominant discourse which is centred as normative. This study found that participants did not identify with radical tags, but rather saw their birth choices as the pursuit of something essentially simple, legitimate, and uncontroversial, as 'just' birth. The birth practices of the participants of this study are better described as resistance to the

biopolitics of public birth systems than intentional birth choices. The experience and sensation of birth was described by all participants in wholly positive ways. Their disclosure provides a unique insight into their unobserved, undocumented, private experience. The language used to describe this experience is in a completely different register to healthcare terminology, it can be described as sacramental rather than anatomical, as testimony rather than documentary. Participants revealed a knowledge of birth grounded in personal first-hand experience as the responsible agent and actor of birth which opens up new possibilities for the way we talk about and understand what birth is.

Implications for practice and further research

The disciplines of nursing, midwifery, and medical science would greatly benefit from interdisciplinary collaboration with the fields of philosophy and theology to deepen epistemological frameworks and understandings of the meaning of birth beyond the dominant healthcare discourses.

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Author Bio: Mariamni Plested studied Theology at Pembroke College, Oxford followed by Midwifery at Oxford Brookes. After working as a midwife and midwife researcher in the UK she now lives in the US where she is a PhD candidate in Philosophy at Marquette University.

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Perinatal mental health: A preventative approach

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By Mary Nolan

Some Inconvenient Truths

Here are some uncomfortable facts that you may well be familiar with:

In the UK, in any given week,

- *8 in 100 people are living with mixed anxiety and depression*
- *4 in 100 people are living with post-traumatic stress disorder (PTSD)*
- *3 in 100 people are living with depression*[1]

If we look at statistics for Black or Black British people, we find that:

> *23% of Black or Black British people will experience a common mental health problem in any given week. This compares to 17% of White British people.*[2]

Statistics specifically for young women are as follows:

> *Over a quarter (26%) of young women aged between 16–24 years old report having a common*

mental health problem in any given week.[2]

This figure is likely to be higher in 2023 than in 2016 given the impact of COVID on mental health, and especially on young people's. In a 2021 survey of 12,000 adults across England and Wales, MIND[3] found that around a third of adults and young people reported that their mental health has got much worse since March 2020, the start of Lockdown 1.

If we turn to statistics for perinatal mental illness, we find that antenatal and/or postnatal depression, anxiety, obsessive compulsive disorder, postpartum psychosis, eating disorders and post-traumatic stress disorder (PTSD) affect up to 27% of new and expectant mums.[4]

Data for fathers' perinatal mental health is neither as robust or as available as for mothers, but in 2017, the Born and Bred in Yorkshire (BaBY) team[5] reported that:

> *The prevalence of fathers' depression and anxiety in the perinatal period (i.e. from conception to 1 year after birth) is approximately 5–10%, and 5–15%, respectively.*

(Abstract)

What can we deduce from these figures?

Well, we can certainly say that mental health problems are widespread among the British population. In particular, young people and Black or Black British people are too often struggling with loneliness, depression, anxiety and suicidal thoughts. If you are a young woman, you are more likely to be living with mental ill health than if you are an older woman, and if you are a young Black woman, you are even more likely to be living with mental distress. All of this equates to a huge amount of human suffering, and an enormous burden on the NHS.

A significant proportion of people living with mental illness are in the group of those likely to become parents for the first time or to add to their existing family. That is, they are the future mothers and fathers of the next generation of citizens. Parents who are depressed before they become pregnant are likely to be depressed during and after pregnancy. And this matters hugely because their mental health will significantly affect the wellbeing of their babies:

> *If parents experience mental health problems in pregnancy or the first year of a baby's life, this can affect the way they are able to bond with and care for their child. This can have an impact on the child's intellectual, emotional, social and psychological development.*[6]

> *Maternal mental health difficulties can have serious and lasting effects on the health and wellbeing of their baby.*[7]

Interestingly, and importantly, Public Health England[8] acknowledged that parental perinatal mental health affects children beyond babyhood when it named its 2015 Report, 'Mental health in pregnancy,

the postnatal period and babies *and toddlers*'.

All of us working in the field of the transition to parenthood would agree that our aim is to ensure that every baby has the best possible start in life. To achieve this, I think that we have to adjust our sights to *before* pregnancy and explore what can be done to ensure that future mothers and fathers are as prepared as possible, in body and mind, to embark on their parenthood journey.

Pre-conception health, education and care

In 2018, researchers[9] found that, worldwide, up to 50% of pregnancies are unplanned. That is, there has been no opportunity to address lifestyle factors such as smoking, overweight, relationship and mental health problems which increase the risk of adverse perinatal outcomes for mother and baby, including traumatic birth experiences and less likelihood of initiating breastfeeding.[10]

Many of the women and childbearing people who are depressed and anxious during pregnancy have a history of mental ill health *prior* to pregnancy as is evident from the figures quoted in the introduction to this article. In a study from the Institute of Psychiatry in London,[11] the authors examined how to improve outcomes for mothers and babies and concluded that the *preconception* window is the golden opportunity to address the physical and mental health of women thinking of having a baby, and of their partners, and that by so doing, health outcomes could be improved 'across the whole life course' for babies.

Spending money to address serious problems once pregnancy has occurred may well be a case of bolting the proverbial stable door….. Perhaps antenatal classes come far too late in the day; what we should be doing is running pre-pregnancy 'Preparation for Parenthood' courses and making it mandatory for every person between the ages of 16 and 25 who has not yet had a baby to attend (and, yes, I did say *mandatory.* Please send your comments via social media or email; I'd love to hear).

The Netherlands

I should be clear that the idea of a preconception programme is *not* my idea! Other countries such as the USA (some states) and The Netherlands have already thought about this. The Netherlands started its 'Ready for a Baby' program in 2008 and now has two online preconception programmes - ZwangerWijzer (Preparing for Pregnancy) and 'Smarter Pregnancy' which is a six months' programme tailored to the needs of prospective parents who are finding it difficult to conceive. Zwangerwijzer invites prospective parents to assess their readiness for pregnancy. The home page[12] asks:

> *Do you want to get pregnant?*
>
> *Then it is important to prepare well…… It helps to give your child a healthy start. Sometimes also to get pregnant faster. With Zwangerwijzer you can test whether there are risks for the pregnancy and your baby.*

Completing the questionnaire takes approximately 15 minutes. If you have a partner, you can complete it together with him or her.

If there are risks, you will receive immediate information and advice. At the end you will get an overview of all your answers. You can take it with you to your doctor or midwife. At the end of the questionnaire, you will also receive information about a coaching program to improve your lifestyle.

These online programmes are part of a nationwide targeted programme called 'Solid Start' which was initiated in 2018 and aims to ensure that more vulnerable parents-to-be are well prepared when they start their pregnancy, and that fewer unplanned and unintended pregnancies occur. Solid Start has been described as 'social obstetrics' which moves maternal mental health beyond the medical sphere and places it at the centre of a complex of issues - poor housing, debt, job insecurity, domestic violence and substance abuse - which require the attention and cooperation of multiple groups because the challenges prospective parents face cannot be dealt with by one agency or professional group alone. A cross-sectoral approach is the most appropriate, involving local coalitions of medical and social professionals, including debt assistance services, youth healthcare services, social welfare teams, general practitioners and midwives.

The United States

In the United States, Michele Stranger Hunter has devised the One Key Question® approach to pre-pregnancy education, health and care. The idea is that every occasion on which a woman or childbearing person presents for medical care, or visits the pharmacist, or sees the occupational health nurse at work, is an opportunity for preconception advice and counselling. The 'key question' is, 'Are you thinking of becoming pregnant in the next year?' Researchers[13] have noted that:

Asking about people's reproductive goals and desires can be a powerful tool to learn more about the context of their lives and build a stronger relationship between practitioner and patient/client

Women and childbearing people may answer the one key question with 'yes', 'no', 'I'm not sure' or 'I don't mind'. If they answer 'no', they are asked whether they are happy with their current contraception or would like to review it. If they give any of the other possible answers, they are offered information, advice and services to help them embark on a future pregnancy in the best possible mental and physical health.

Running a preconception course

Preconception courses could be run by antenatal teachers, midwives, health visitors, social workers or family support workers, and might cover:

- When is the right time for me to have a baby?
- What lifestyle issues do I need to address before conceiving a baby? (Thinking about diet,

exercise, alcohol, smoking, drugs - prescribed, non-prescribed and illegal)

- Do I need some help with my mental health? Where can I get help?
- Are the key relationships in my life supportive?
- What special measures do I need to take before trying to conceive a baby (e.g. starting folic acid supplements)
- Where will my support come from if I have a baby?
- How much does it cost to have a baby? Where can I find financial support?
- Do I have the right contraception in place if I don't want to have a baby in the immediate future?

Where might such courses be delivered? Should they be delivered online or face-to-face?

During the COVID pandemic, many prospective parents were grateful to be able to access antenatal education online, but in the post COVID era, I am regularly told by midwives and health visitors, and by pregnant parents themselves, that they would ideally prefer for antenatal classes to be face to face. It seems to me that the obvious place to offer preconception health, care and education in the UK is in Children's Centres. Unfortunately, the number of these has declined steeply from the heady days of the late 1990s when the Sure Start programme was launched to target parents and children living in the most disadvantaged areas. The worth of Children's Centres as a locus of education, counselling, advice and support was quickly recognised and Children's Centres spread across the country to serve all parents, whatever their circumstances. However, in recent years, more than 1000 Centres have been closed. While there are plans to replace some of these with Family Hubs, it is not clear what exactly these hubs will provide and for whom. Writing only a few months ago, Sally Hogg,[14] Senior Policy Fellow at the University of Cambridge, argued that the new Hubs and Family Centres appear to be 'very different from the 'welcoming, non-stigmatising progressive universal provision which is key to improving outcomes for all children in the earliest years'.

There is also scope for running 'Preparation for Parenthood' courses at colleges and universities, and in the workplace. Let's not forget that another opportunity to maximise positive outcomes occurs*between* pregnancies – before the next baby is conceived. Such an inter-conception programme would enable women, birthing people and couples to reflect on their birth experience and on their experience of caring for a young child. Birth trauma resolution which many NHS Trusts now offer[15] could be incorporated into or added onto a more general 'Preparation for the Next Pregnancy' programme.

A Broad Preventive Focus to Improve Parental Mental Health and Outcomes for Babies

The NHS Long Term Plan,[16] which built on the Five Year Forward View for Mental Health, aimed to transform specialist perinatal mental health services across England so that by 2023/24, at least 66,000 women with moderate to severe difficulties would be able to access care and support in the community. This was an admirable aspiration and specialised mental health services for severely mentally ill childbearing people have improved in many areas.[17] However, there is still very little for women and childbearing people with mental health issues which are sub-clinical or mild to moderate and these are the majority of parents who are struggling. There will never be enough money to fund services for all of

these and while waiting for services, or being considered not sufficiently unwell to receive any, babies' well-being is at stake. How much better – for parents and babies - if we could support people before they start a family.

Reviewing progress in perinatal mental health in 2020 and the challenges facing us, an article[17] in 'World Psychiatry' argues for:

> *An extension of generic psychiatric services to include preconception care, and further investment into public health interventions, in addition to perinatal mental health services, potentially for women and men, to reduce maternal and child morbidity and mortality*(p313).

For many years, those of us working in the early years were arguing for government and services to see 'early years' as commencing *before* children reached the age of three and started attending pre-school or nursery. Now the effort must be to push the moment of intervention back further and recognise that if we are to have an impact on children in the early years, we need to start by supporting the people who are planning on becoming their parents.

Author Bio: Mary Nolan worked as a birth and early parenting educator for 28 years before spending 13 years as Professor of Perinatal Education at the University of Worcester. She has published extensively in academic journals on birth-related issues and is the author of eight books. The most recent, 'Birth and Parent Education for the Critical 1000 Days', was published in 2020.

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Postpartum: A short story

AIMS Journal, 2023, Vol 35, No 4

Editor's note: *This is a fictional account of the state of mind of a mother suffering postnatal illness. As such, it is a powerful and disturbing piece which some people could find triggering, so please consider its likely impact on you before deciding whether to read it. The following are sources of support for anyone affected by postnatal illness: Home – PANDAS Foundation UK, APNI - Association for Post-Natal Illness | Post Natal Depression*

By Lizzy Lister

I know you're reading this Gracie, you nosy cow. I am melting the ice caps on Greenland for you Gracie. Your house will be underwater in no time. Yes Gracie, I'm doing this for you. Watch that sea rising. Just you wait.

I don't know why I hate her so much. Maybe I blame her. Or maybe it's because she represents control.

The forces of control, the forces of control are gathering… around our heads. That's going in the book. It's an Au-Pairs lyric, one from my inner juke-box. *They're tapping our phones, tapping our phones, you can be sure that… they've seen us.*

Write all your thoughts in the book, says Gracie, it will be just for you. *No-one else will read it.* Like I'd believe that.

Sometimes I write things specially in the book for Gracie. *I take a scalpel and peel away the lemon curd of her eyelids.* It pleases me to imagine her sneakily looking and shuddering as she reads. Power to the people.

Because let's face it, there's not much power otherwise. Except there is for me. I control the world.

*

July 13th. The day I discovered my gift. I'd burned my hand, held it over a gas ring. It smarted satisfactorily. I rubbed it with Vaseline and tea-tree oil, giving it a ruby gloss. I was admiring the result when Gav comes in with his phone. "It's sixty degrees in Spain" he says. "Look, here's the thermal satellite image. See that little white spot. That's Madrid."

That map. Why is it so familiar? I look down at my burned palm; the contours, the lines, in the centre a little blister; Madrid on the map. A burning blister, tiny and white. I grab a pin, try to pop it. It doesn't work. A blob of blood rises, lava-like. I wipe it off, compare my hand against his phone. Definitely the same.

"Are you okay?" Gav asks. "What have you done to your hand?" I don't know. Am I okay?

Gav hasn't been the same since *the incident.* We don't talk about that. Just outside things; Ukraine, train strikes, the cost of pears in Lidl.

Am I okay? I don't know. "I need the toilet." A sudden urge to retch.

I sit in the bathroom for a while. I don't want to come out. I don't know what to say. I pretend it isn't happening, like it's *not really* me that made the heatwave. Like it's *something* else, something *out of my jurisdiction.*

When I was little, I had a host of tiny workers inside me. They organised everything; moving my jaw, sorting my thoughts into neatly laundered piles, pushing food about with tiny spades, whisking eggs in my grumbling tummy. Tiny bearded men in little leather aprons and green felt caps.

They came back again after Fay was born. They came back with thick book-binding thread to tie my insides back together. It was like heavy rope to them. They pulled so hard I had to bite my lip, stay silent, wait for it to be over.

It's been hard for Gav. I don't know why he stays. He bangs on the bathroom door.

"Pip are you okay?"
"I'm fine. Leave me alone."

I will be fine. I just need to think. I wash my hands. The water runs clear, stinging the burn. A notification pings on my phone. *Thirty-six die in small boats crossing the channel.* Thirty-six bodies floating down the plug hole, into sewers, into the sea.

I should have seen it coming; in the bucket, after the birth, that great pool of bloody urine lit up like a burning sunset. All the while clouds of smoke smothering France, Siberia, Scotland, Canada. I was oblivious to it all.

Oblivious. I don't know why. Exhausted I guess. The perfect home-birth, all nineteen hours, so much gas and air the midwives couldn't keep up. Hallucinating she'd been born; kaleidoscopes of greens and

browns, a voice saying *would you like some honey?* Gav, pleading *Can't someone do something?*

It keeps me awake at night. My power over the world. Silent power. I can't tell anyone. They already think I'm mad.

*

Sometimes Gav looks at me like he can see everything.
"I just wish I knew how to make things better."
It's not him. It's me.

After the incident everyone avoided us. None of my friends called. No-one knew what to say. *Congratulations. A baby girl...* My parents responded with radio silence. Only my sister Kate insisted on visiting. I pushed her away but she kept coming. Held onto my flailing arms. Whispered "It's okay. It'll be alright. It'll all work out. It'll be okay."

I don't know why she still calls, but she does. "I was just passing." It's hardly on her way from work. I think she comes to see Gav. I hear them whispering in the kitchen. I know they are talking about me.

*

Gav is going to work. His blue overalls stink of engine oil. I recoil from him. I don't want his pollution near me, tarnishing everything. He looks hurt. "I'll call at lunchtime to make sure you're okay. Don't forget Gracie is coming in today."

There are too many people in the world. I get a pin. Every jab will be one less. Jab jab jab; aids, hepatitis, ebola. It's easy to kill people you don't know. I can do two hundred a minute. A big patch of stinging red is forming on my thigh. I make it into the shape of Africa.

My wrist is aching and my thigh gloriously sore when the doorbell goes. I slip my skirt down over the raw patch. Don't want Nosy Parker asking questions. That's one good thing about NHS cuts. Less visits. Suits me.

"How are you feeling today?" Blah blah blah. What if she had to talk for a change? Her perfect life must be so boring.

I stare at her wedding ring. Her knuckles are swollen with arthritis. How old is she? Fifty-five? Sixty? Her ankles are thick above navy brogues, her brown curls flecked with grey. I wonder if she is someone's mother.

"Come on Pip. Give me an answer. How are you feeling today?"
"Fine."
"No more self harming?"
"No."
"Have you been keeping your journal?"

"Yes."
"Is there anything you would like to share?"

Would I like to share? *Yes. Today I killed four-thousand six-hundred people in Africa, then I created a tsunami in Japan by brushing my teeth. Later I intend to drown more innocent people seeking a better life, then as a diversion am considering starting a wildfire in Italy.*

"No."

I hear Gracie sigh. I know she is trying to hide her frustration from me. Trying her best to*Be Professional.*

"Pip, we do need you to help yourself."
"I am."
Another sigh.
"Have you eaten?"
"Yes."

Yesterday Gav made risotto. Mouthfuls of paddy fields drowning in rising seas, Bangladesh under water. I try not to swallow but I know he is looking at me. He is watching with that worried look he wears. I stretch each mouthful for as long as I can. Try not to cry. Apologise over and over in my head.*I'm sorry. I'm sorry.* My throat is unyielding. I force myself to swallow. Under the table I curl and uncurl my toes.

"Yes, I have."

I twist the skin of my wrists. Every twist makes a tank in Israel. It's a game I like to play with Gracie. My secret. She thinks we are innocently talking, while I am making war. Twist, another tank, twist, another tank. Little bruises moving through the desert, wiping out everything in their wake.

I know when Gracie leaves she'll get into her car and light a fag. Turn on the radio. Move on to the next visit. Probably open a bottle of wine when she gets home. I hope she does. I hope I stress her out.

*

Gav has returned. I hear him clanking around but I pretend he is not there. I am hiding under the duvet. I feel so tired. Killing people is hard work.

"I'm just making a cheese sandwich; would you like one?" he calls. He is whistling. I stay silent. If he thinks I'm asleep he might not disturb me.

He still insists on sharing our bed. Even though I shrink from him. Even though he knows what I am capable of. We do not talk about it. I hum a song to keep him away. It grows into a curtain of semiquavers and minims.

He is still there, persistent.

“Come on Pip. I know you’re awake. You need to eat. You’ve got to come out of this sometime.”

*

It wasn’t like they said it would be. *After the birth you will have a rush of endorphins, filling you with love.* All I felt was exhaustion. They put her to my breasts. I didn’t know what to do, how to feel. Just watched her, flailing her arms about.

They gave me a dose of oxytocin to reduce the bleeding. Then they filled in paperwork, quietly dismantled the baby resuscitation apparatus they’d set up. *Just as a precaution. It’s been a long tough labour for both of you.* It had been a long day for them too. *Placenta delivered. Tick. Vital checks. Tick.* I was glad when they left. Finally I could go to bed. Gav’s Mum was last to go. She leaned over. Kissed my forehead.

“Well done, Pip. You’ve made a little miracle. Make sure you get plenty of rest and Gav looks after you. You hear that Gav. Make sure Pip is well looked after.”

I think Gav was as relieved as I was that we were alone. A family at last. Gav doesn’t show much, but as he held Fay I could tell he was fighting back tears. We’d waited long enough for her. It had certainly been a journey.

A few minutes after they all left I collapsed. Gav carried me back to bed, brought over a bucket. All night the need to pass water was overwhelming, Water flushed with blood. Gallons of it. Gav slumbering in the chair, Fay nuzzling into his elbows.

They were busy in the days after. The little men. Pumping breastmilk all over my clothes. Sticking pins and needles into my flesh. Turning my breasts hard as pears. The feeding wasn’t working. My breasts were sore and my tummy covered in a red-raw rash. The Doctor said it might be scabies. I should stop feeding Fay, smear my body in a anti-parasitic lotion. Avoid holding her for twenty-four hours afterwards.

The midwife was furious. *It doesn’t look anything like scabies. How ridiculous. It’s a postpartum rash.*

After four days Gav went back to work. His Mum offered to come and help, but I didn’t want to put her out.

*

The moths are back again. They are whispering in my ear. Since I stopped doing housework they have been carving labyrinths in our carpet. I trace my hand along the hessian underlay. *Round and round the garden, like a teddy bear.*

I run a lighter across the hairs on the back of my arm. I like the smell. Keratin. Today I am burning forests to the accompaniment of Manuel De Falla's Ritual Fire Dance on Spotify. I hum along as the music gathers pace; clarinet trills, dense strings, soaring piano, pounding timpani. My hair frizzes, crumbles into dust. *After forest fires the land grows back a chartreuse green. Some plants thrive on burnt soil. Pioneer plants. It's all part of a natural cycle.*

Natural cycle. Birth, marriage, death. Death. I no longer have any fear of it. It liberates me. I could do anything. It wouldn't bother me any more. I could die now. Quite happily.

Gav would be better off without me. He and my sister Kate. They'd be good together.

*

On the morning of *the incident* my mother phoned.

"How are you? Sorry I haven't called, but I'm flat out with parish council stuff. I'll try and get over next week, all being well. Did you get the flowers I sent? I was expecting a call to say they'd arrived."

"I did. Thank you. They're beautiful."

Actually I found the scent of lilies cloying. There were so many smells, it was one too many. The midwifes gave Fay a quick wipe-down after she was born, but I still hadn't managed to give her a bath. Her scalp was sticky. I buried my head into her downy crown. She had her own special aroma, sort of salty, like wet clothing left too long in the machine. Cracked waxy scales of cradle-cap were forming. I carefully picked them off. She was tiny in my arms.

Everything I do and say to her now will form who she becomes. Everything. I hear my mother's voice. It's up to you not to screw it up.

I was desperate for a cup of tea, but didn't want to risk scalding Fay. My stomach itched, my breasts ached and a sore was forming on my right nipple that was getting more and more painful. Fay wouldn't stop crying. I tried to get her to latch on, but it wasn't working. Spikes of pain with each futile effort. Breast is Best. Radio 2 was playing in the background. Climate change. Jeremy Vine. A woman on the end of the line passionately advocating turning to Jesus. God, I so wanted to sleep.

Fay was still wailing when I picked her up and went into the kitchen. I sat at the table, ineffectively attempting to feed her. Why does breastfeeding make you so thirsty? Awkwardly clasping her to my shoulder I grabbed my empty glass and shuffled to the sink.

What will happen to her? What happens when war in Ukraine spreads? When food supplies collapse? When fires burn, reservoirs run dry? How could we bring a child into This?

Gav had been pretty good looking after me, but domestic chores weren't really his thing. Unwashed plates languished carelessly in the sink, and on the top lay a black-handled knife, a Kitchen Devil,

remnants of cucumber flecking the blade's edge.

A sharp knife. A Kitchen Devil.
I don't know why. I don't know why it happened. It was calling.

Now! Use me! Now!
She won't suffer.
Quick! Quick!
Close your eyes
It's what she needs.
What she needs.
Strike!
Strike!
Strike!

When Gav returned three hours later she was still screaming, lying on her back in the Moses basket, the washed knife hidden in a drawer. He was shouting my name. "Pip!" Pip!" Louder and louder, closer and closer, his voice slow and stretched like he was swimming through thick, jellied water, empty boxes of paracetamol and fluoxetine littering the carpet with their promise of sleep, blissful, dreamless sleep.

*

Gav is putting his foot down. He's not used to it; he always relied on me making the decisions. Poor, easy-going Gav. Not so easy-going for him of late.

"Come on Pip. I know it's been tough, but we can't continue like this. It's been nearly three months. And we can't let our tenth pass without any kind of celebration. I've asked Kate so you've got some support. Just a couple of days. We could both do with a break. It's a beautiful lodge, right on the beach. Please don't resist Pip."

I let him do the packing. Sit watching from the arm of the settee. Decisions are all made for me these days. He packs my pills, the box helpfully printed with days of the week. *Monday Tuesday Wednesday.* A card *To My Darling Wife On Our Anniversary.*

*

Kate is burying me in sand. I am holding my breath, rigid with fear, attempting to save the world. In Syria, Afghanistan, Egypt, Libya, sand-storms are rising, eyes smarting, lungs thick, mouths crammed with grit. In my head I am singing a protection charm. I close my eyes. Try not to scream. Sand-hoppers jump in and out of my hair. Tickle my scalp. I hear Kate laughing.

"Look Pip. The sea is almost at your toes."

I don't want them to, but they lever me out of my sand grave, straddle an arm over each shoulder, rush

me into the sea before I have time to scream.

This is it. This is the moment it ends. Our watery death.

The surf is cool. The shock of the cold water catching my breath. Gav and Kate are laughing. Go Pip. I can't speak, my whole body is shaking. A swell lifts my feet off the ground. I try to sink, finish it all. But I can't. I'm floating.

A jellyfish drifts past, a gigantic bloodshot eye, watching me. My foot scrapes against sharp rock teeth. Sunlight is playing tricks. Towards the cliff the sea shimmers like glass, to the harbour, nothing but grey.

Kate has picked up a piece of long thin seaweed.

"Look. Spaghetti. You can eat it."

She puts a piece in her mouth. She is far away, in another world. I tread water. Pockets of sun-warmed thermals melt the chill of deeper currents. I am an iceberg, slowly thawing.

I'm pushing back to shore, but as I get there the undertow catches me, drags me under, spits me out like a floundering sprat.

I wait for the tide to rise, to drown us, but nothing happens. The cliffs above. The village beyond. Nothing.

I'm laughing. I'm laughing so hard I can't stop, my whole body shakes. Then I'm crying, crying all the pain, the suffering, the drowning, the burning, the famine, the wars, Gav and Kate taking me by my arms and rushing me off the beach.

I must have slept for hours because when I wake it is dark. Gav is beside me, holding my hand. I do not shake him off. He strokes my forehead. I let him.

*

"You can stay in the car if you want. But as we're passing it would be rude not to call. They'd be hurt if we didn't."

Gav. Making decisions again. We pull up outside his parent's house.*I'm not ready.* I say. *You go.*

There's a tap on the window. Gav's Mum is there. She's holding a bundle of blankets. I screw my eyes shut. Pretend to sleep.

"Oh Pip. I can't let you be so close without seeing your daughter. Isn't she beautiful." It's too late. She's opening the door. Should have locked it.

"Look Fay. Here's Mummy. Look Pip. She's smiling at you."

I open my eyes a little. She is beautiful. Not red and screwed up and screaming any more. Her skin is pink and soft. She's looking at me, smiling. Making gurgling noises.

"I'm not going to make you hold her Pip, but just put out your finger. Feel her grip. She's getting lovely and strong."

Fay takes my finger, bobs it up and down. She is looking at me curiously, trying to catch my hair with her other hand. Gav's Mum is squatting beside me. She whispers "Yes, sweetie. It's your Mummy." I can feel the tears welling again. I am a failure. Gav's Mum hasn't finished.

"Pip you mustn't be hard on yourself. It was our fault for not insisting we came over to help. I know it frightened you, thinking you were going to hurt Fay, but you didn't, did you? You made sure she was safe. And she is safe. Look at her."

She wipes a tear from my cheek with her thumb.

"Pip we're delighted to have her. She can stay as long as it takes, but she's your daughter. Don't be a stranger. You know where we are. And then when you're ready…"

She tails off. I know she doesn't want to push it. I uncurl Fay's fingers. She goes to pull my hair again. She's blurred, but I sense she's still smiling.

*

Gav stands in the door. His overalls are freshly laundered, smell of lemons. Before he leaves he squeezes my shoulders. "I'll call at lunchtime. Don't forget Gracie."

Gracie arrives just after eleven. The journal is on my lap; I'm writing Leonard Cohen lyrics. *The birds they sang at the break of day. Start again, they seem to say.*

She looks tired. Her last visit must have been a tough one. I don't know why, but I suddenly feel sorry for her. It's not her fault her job is shit.

"Hello Pip. Can I come in? How are you feeling today?"
I don't know. How am I feeling today?

"I think I feel okay." I feel nervous, like I'm welcoming a playdate without really knowing how to entertain them. She follows me into the kitchen.

"Would you like a cup of tea?" I ask.

I'm surprised to notice Gracie is fighting back tears. I feel an overwhelming urge to put my arm around her, but stop myself just in time. She gives me her best professional-front smile.

“Yes please. Thank you Pip. That would be lovely.”

END

Author Bio: Lizzy Lister is a poet, musician, artist, gardener, mother, eco-warrior, cyclist and sea swimmer who lives with her family in a railway station beside the Cornish mainline and for a hobby adds live soundtracks to silent films with the band Wurlitza.

The Emotional Weather of Postnatal Life

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By Alex Smith

I often hear new parents saying that they wish they had known what life with a new baby was really like, that they wish they had been prepared. As an antenatal teacher who tries to help parents prepare and equip themselves for 'the most challenging new job ever', for this 'uncertain adventure', for this 'seismic shift in their lives', I sometimes feel I am being accused of glossing over the realities, or worse still, not even addressing them. I have come to two realisations. One is that it is almost impossible to describe a colour to someone who has never seen it (or a similar one) before. The other is that the ability to block out the potential reality of what is to come, may be a biological necessity and, in a way, an expression of perennial courage and hope. Whatever strategies we use to help parents prepare, we must take care not to undermine courage and hope but to focus instead on resourcefulness and resilience. Using the medium of story and metaphor may help. What follows is a run through some of the different manifestations of emotional and mental upheaval that can be experienced during the perinatal period, using the weather as a metaphor.[1]

Third day blues

About three days after a baby is born, many women have a day of 'light showers'; of feeling very tearful. This is a normal response to a sudden drop in levels of endorphins. All that is required is kindness, cocoa and plenty of tissues! The early weeks of parenthood can feel a bit like a strange and endless blur, but soon enough things come into focus and the rhythm of the day starts to take shape.

Emotional ups and downs

It is normal for new mothers and fathers to experience emotional ups and downs as they adjust to their new life.

The emotional weather is naturally changeable with darker days and brighter days. This may be more intense at first, but as the weeks and months go by, the weather changes from wintry patterns, through spring, and then to summer, when it is still normal to have occasional blustery spells but generally it feels warm and pleasant. Use all the strategies you have available to lower stress levels during this time - for you, your partner and for the baby. Try everything that you normally find relaxing: warm showers; music; singing; dancing; phone calls with old friends; a meet-up with new baby friends; light reading; knitting; a brisk or gentle walk; a nap; a warm drink; funny TV; some yoga stretches; a massage; calm breathing. Things that can be fitted around the unpredictability of a baby, or even better, done*with* the baby are helpful. A gentle but flexible routine with even just two or three very simple pleasures that can be fitted into a few minutes here and another few there*every* day, makes all the difference. Many parents find it helps to 'tag-team' to ensure that both get 30 minutes to themselves each day, and people who live at a distance from friends and family may consider engaging the support of a postnatal doula in the early weeks.[2]

Depression and anxiety

It is also normal for new parents to feel down in the dumps occasionally. Mild depression that comes and goes, like grey clouds floating overhead, can serve to prevent a new parent from taking on extra commitments when they are already fully occupied with navigating the huge changes that come with the arrival of a baby. Some parents feel anxious rather than depressed, and similarly, waves of mild anxiety can serve to keep the novice parent alert and attentive to the needs of the baby. In this way, depression and anxiety, like waves of labour pain, can be reframed as having a positive purpose -*at least for a while.* Regard and prioritise the stress-reducing practices in the section above as important 'treatment' that is effective when taken regularly. Be kind and patient with yourself and with each other.

It is not usual for the postnatal-life barometer to be set to gloomy or stormy all of the time.

If days and weeks go by without any calm and sunny spells, or if these are becoming fewer and fewer, this could be a sign of clinical depression or anxiety. If all of the joy and pleasure of life seems to have disappeared behind a constant threatening cloud, this is when extra support or treatment of some kind or another could be very helpful. The first port of call is usually the health visitor, GP or practice nurse, but other people may prefer to approach their homoeopath or a private therapist.

Puerperal psychosis and Post Traumatic Stress Disorder

Neither of these two different conditions are depression. This distinction is important.

Puerperal psychosis is very uncommon but very serious and needs prompt recognition and treatment - usually in hospital or, ideally, in a mother and baby unit.[3] It often starts within a few days of the birth with the mother suddenly starting to behave very oddly. She may find it hard to sleep and will be saying very strange things. It is scary for her loved ones. This is the only time you call the doctor behind her back.

If the situation feels desperate, call 111, or even 999.

PTSD symptoms that persist beyond a couple of months after a birth are increasingly common. This expression of postnatal distress is often related to having felt neglected, unheard, disbelieved, disrespected, and trapped within a system where one or other parent felt they had no control. The mother or father (or other person present) may have bad dreams or flashbacks and cannot stop thinking about what happened. They feel stuck in the events as if they were still happening and may be edgy and on hyper alert all or most of the time. Talking about things, and being treated for depression, can make the symptoms worse. Many people suffering from symptoms of PTSD find Eye Movement Desensitization and Reprocessing treatment (EMDR), or Rewind Therapy, very helpful.

The long-range weather forecast

It is reassuring to know that with appropriate treatment and support people make a full recovery from postnatal distress and illness.

Seeking support and treatment as soon as you realise that the situation is not within the range of the normal ups and downs of life with a new baby, is helpful.

In the meantime, ensure that the baby has plenty of loving and responsive support as well.

It takes a village to raise a child and utilising the support of friends and family is great for everyone involved.

Author Bio: Alex is an editor for the AIMS journal, a grandmother and great grandmother, and witness to some truly wonderful physiological births. She has close to half a century's experience as a childbirth educator.

Notes:

[1] Note: I am not alone in the use of a meteorological metaphor in connection with mental illness. Sulis W. The Continuum Between Temperament and Mental Illness as Dynamical Phases andTransitions. Front Psychiatry. 2021 Jan 18;11:614982. doi: 10.3389/fpsyt.2020.614982. PMID: 33536952; PMCID: PMC7848037.

[2] Editor's note: It is sometimes possible to apply for funding for the support of a doula: https://doula.org.uk/doula-access-fund

[3] Editor's note: There are no mother and baby units in Northern Ireland.

Three Christmas Wishes

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By Katharine Handel

Christmas is traditionally a time for wishes. It's also, somewhat more mundanely, a time for lists. I've got several lists going at the moment, but I'm going to let myself make one more. This one doesn't have things I need to do on it, or things that other people would like; instead, it's a list both for myself and for all women, a list of things I'd like to see in perinatal care and society more broadly based on my five years of experience of supporting new mothers in the transition to motherhood.

I've been part of The Motherkind Café since it launched in 2019, during which time I've met hundreds of mothers who are adjusting to motherhood. The café is an Oxford-based peer support group which provides a space for mothers who are concerned about their mental health. Our peer supporters are local mums who have experience of struggling with some aspect of motherhood or mental health themselves and have come out the other side. Five years since its founding, it's still going strong, and last month we trained a new group of peer supporters so we can go on supporting women in our local area. Through talking with the mums who visit us, I've had many opportunities to consider what I might change to make the transition to motherhood easier. So here's my personal wish list for what I'd like to see in all perinatal care, if a pantomime fairy godmother were to appear and grant me three magic wishes…

Honesty

Honesty is a vital component of perinatal mental and emotional wellbeing, and it is necessary both for the mother and for those who are supporting her. Medical professionals need to be honest with women about their options at all stages of pregnancy and birth, setting realistic expectations without enforcing a particular care pathway. Family, friends and the wider community need to be honest about their own experiences of parenthood, offering a contrast to the idealised view of motherhood on social media or popular culture and also to the often denigrated role to which mothers are often relegated. Additionally, new parents need to be honest about the support they need and about what they're finding difficult, and they also need people to be honest with.[1] There needs to be a culture of open, candid conversations in the perinatal period, and this can be helped by reducing social isolation and increasing connections between new parents. At The Motherkind Café, we try to bring mothers together and create a non-judgemental, confidential space where nothing is taboo and mothers can say how they're really feeling, sometimes for the first time.

Respect

Respect is another important factor in perinatal wellbeing. One of the things that comes up in our conversations at the café is that how a woman feels about her birth experience is more influenced by how much control and choice she had rather than specific details of the experience, something that is supported by academic research.[2] Medical professionals can play a vital role in mediating birth trauma, as it has been shown that if they are respectful and supportive, this can help to improve how a woman views her birth experience.[3,4] Respect includes an awareness of and sensitivity to a woman's medical, cultural and personal history in perinatal care, taking all of these factors into account so that a woman is seen as an individual in need of individual care. It also includes validating a woman's feelings about her perinatal experience rather than attempting to impose a narrative on it.

Dignity

It's often said that you have to 'leave your dignity at the door' when giving birth, in a range of tones that include disparagement, pity and well-meaning advice. While pregnancy and birth certainly can involve being confronted by your body behaving in ways that it has never done before, a loss of dignity shouldn't be a given. Discussing birth in these terms is disempowering and encourages women to feel a sense of resignation and helplessness, to accept poor care or care pathways they do not want instead of advocating for themselves. Another phrase that I would like to abandon forever is 'nothing matters as long as you have a healthy baby.' Of course the baby's health is important, but the mother's health matters too, and the idea that she can and should put up with anything as long as the baby is all right is often used to justify or downplay a mother's negative experiences. At The Motherkind Café, we try to take a more holistic approach, encouraging mothers to value their own wellbeing and empowering them to seek further help and support when they need it.

So there you have it, my three wishes. When I was first asked to write this article, it was suggested to me that I compose it as a letter of wishes for my daughter, who was born last year, and that was how I started

off. But as I was writing it, I realised that I don't want these wishes to be granted so far in the future. Ideally, I'd like them to come true instantaneously! Is this asking too much? Perhaps. However, to quote a very wise editor, this list might feel 'entirely like wishful thinking, but there is no change without imagination.' So, I'm hoping that this might one day come true, sooner rather than later, perhaps with the help of more spaces like The Motherkind Café.

Author Bio: Katharine Handel is a former editor of the AIMS journal. She is one of the coordinators of The Motherkind Café, an Oxford-based postnatal peer support group for women who are concerned about their mental health. She lives in Oxfordshire with her husband and children.

1 Editor's note: These are Christmas wishes and as such Katharine is wishing for the very best. Until her wishes are granted, the idea of honesty rang some alarm bells for our peer reviewer. She commented that it's very difficult to be honest in the current climate, because health visitors are not just there to support women but they also have the power to report and refer them to social services. This makes being honest with them risky. The Motherkind Cafe clearly provides an alternative safe space that any new mother would wish for.

2 Cook K & Loomis C (2012), 'The impact of choice and control on women's childbirth experiences,' *Journal of perinatal education* 21(3):158–68, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3392605/.

3 Baxter J (2020), 'An exploration of reasons why some women may leave the birth experience with emotional distress,' *British journal of midwifery* 28(1), https://www.britishjournalofmidwifery.com/content/research/an-exploration-of-reasons-why-some-women-may-leave-the-birth-experience-with-emotional-distress/

4 Leinweber J et al. (2023), 'Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper,' *Birth: Issues in perinatal care* 50(2):362–83, https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12666.