

# AIMS JOURNAL

## Listen with Grandmother

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## Journal Vol. 37, No. Listen with Grandmother

### **Editorial: Silencing the grandmothers? Not AIMS!**

By Alex Smith

### **Why grandmothers deserve education and support – they are worth it!**

By Mary Nolan

### **Becoming a grandparent**

By Anne Glover

### **Being a grandmother**

By Alex Chislett

### **Grandmother's Day**

By *Maddie McMahon*

### **Being Nana**

By Salli Ward

### **Transition to Grandmothering**

By Anne Hemsley

### **Reflections on becoming a grandmother**

By Petra Wood

### **The vital role of grandmothers in the perinatal period: A personal journey of connection and care**

By Ruksana Beigi

### **Nature and nurture: a brief look at epigenetics and transgenerational trauma.**

By Alex Smith

### **Transgenerational trauma: a story of one Jewish family**

By Naomi Glass

### **Birth trauma: When birth feels like rape**

By *Jacqueline Edwards*

### **An interview with Sarah Odling Smee**

Interview by Leslie Altic

### **What's going on in Scotland, Wales & Northern Ireland**

By the AIMS Campaigns Team

### **AIMS Physiology-Informed Maternity Services (PIMS) - March 2025**

By the PIMS Team

### **Birth Activists Briefing - The latest UK Maternity Statistics: where to find them and what they can tell you**

By The AIMS Campaigns Team

### **What has the AIMS Campaigns Team been up to this quarter?**

By the AIMS Campaigns Team

## Editorial: Silencing the grandmothers? Not AIMS!

by Alex Smith



Welcome to the March 2025 edition of the AIMS journal. This issue is about grandparents, and about grandmothers in particular. As a great grandmother now, I am proud to say that I have been reading the AIMS journal for many decades. AIMS was there for me as a young mother, and still there for my daughters and granddaughters when they were navigating the maternity services. How amazing is that!

What I particularly valued, what we all did and still do, is that AIMS provides grassroots (ordinary folk helping ordinary folk), non-judgemental, politically aware, evidence-based information, and then confirms and supports my right to make my own decisions. This is a rare and valuable commodity and one that feels so refreshing. When people call the AIMS helpline, their relief at being offered these things is often tangible; people who thought they were going crazy suddenly feel sane again. In many ways, AIMS is an extension of the wise grandmother we may previously have turned to for support. That's how I feel anyway.

Grandmothers (and I include the Aunties in this term) like the midwives of yore, have not always had a good press. After the Midwifery Act of 1902, lay midwifery in the UK was regarded as inferior (by *the system* - not by the mothers) and was gradually phased out. And yet, the maternal mortality rate rose during the first two decades of care being given by officially qualified midwives.<sup>1</sup> The exact same thing happened in the States at the same time. As the Granny Midwives were replaced by doctors, maternal mortality in America rose too.<sup>2</sup> The disparaging of the old ways to justify the new was echoed again when birth moved from home to hospital, with the assumption that this is safer for everyone - even though it isn't<sup>3</sup>; and yet again, at this present time, as vaginal birth is

increasingly being replaced by caesarean birth with the assumption that this is automatically safer - even though it isn't. In fact, maternal and neonatal mortality has increased.<sup>4</sup> When women share non-medical wisdom with each other in support of the old ways, or simply out of interest, it is dismissed as 'old wives tales' as if the old wives, the grandmothers, were automatically wrong, but they weren't; they knew a thing or two. The great grandmothers, their stories remembered in the AIMS journal issue [Once Upon a Birth](#), even knew how to successfully care for the tiniest premature babies at home.<sup>5</sup>



Three Generations - Francisco Zuniga

The concept of authoritative knowledge in childbirth, and who holds this, was introduced by Brigitte Jordan in 1978 in her book, *Birth in Four Cultures*,<sup>6</sup> and expanded upon by Robbie E. Davis Floyd in her book, *Childbirth and Authoritative Knowledge*.<sup>7</sup> If knowledge is power, then people with a vested (perhaps financial) interest in attaining and retaining a position of power, need to claim that their knowledge is more authoritative than other people's.<sup>8</sup> A hierarchy of power develops that is only justified by the belief that those in the higher levels hold higher quality knowledge. To maintain this belief, lay knowledge, and even midwifery knowledge, has to be presented as inferior or even dangerous - even when it isn't.<sup>9</sup> The prevailing hegemony (otherwise known as common sense)<sup>10</sup> is that 'doctor knows best' and this is sustained when the new generation of parents dismiss the lived experience of elders out of hand, a situation not helped by the dispersal of the extended family.

This silencing of the grandmothers is insidious. It is applauded as progress, and new grandmothers are told by grandmother academics that if they are wise, they will keep quiet.<sup>11</sup> The author to whom I refer dismisses an earlier generation of grandmothers as little more than uneducated domestic chattel with strong opinions and no ability to listen. This is disappointing. It is an example of how women are kept in their place by other women - an example of Foucault's 'governmentality', whereby sovereign power is not only exercised vertically but also horizontally.<sup>12</sup>

But researchers may be coming to the rescue. The authoritative knowledge of the grandmothers is finally being acknowledged in numerous recent studies. To give just a few examples: one review presented extensive evidence of grandmothers' involvement across the life cycle of women and children in many cultures, and of their role in health promotion and healing.<sup>13</sup> Another review found that grandmothers promote maternal perinatal mental health and child development.<sup>14</sup> And an interesting study showed that (in ideal circumstances at least) grandmothers are neurologically hard-wired to bond with grandchildren to everyone's evident benefit,<sup>15</sup> and this probably explains why grandmothers have been shown to have a positive influence on their granddaughters' high achievements.<sup>16</sup> In this issue of the journal, [Mary Nolan](#) takes a deeper look at the research and confirms the worth of the grandmother, the world round.

What about the grandfathers? It turns out that they have been marginalised as well. As the mother of a son who is a grandfather himself, I was surprised to find that there is very little research into grandfathers. What research there is often finds them to be formal and distant,<sup>17,18</sup> but a book published in 2016 notes that times are changing and there might be a 'new niche' for grandfather involvement.<sup>19</sup> Perhaps it is time to honour the grandfathers too.



'The grandfather' - A wall in Bisenti, Italy

So with that brief but warm nod to the grandfathers, we hear from the grandmothers. The 'Listen with Grandmother' issue includes six personal accounts of what it is to be a grandmother. Having supported hundreds of pregnant women over the years, Doula and AIMS volunteer [Anne Glover](#) was proud to be able to offer support when her first grandchild was born last year, and [Alex Chislett](#) describes how watching her daughter take to motherhood in such a natural and selfless way, has been one of the very best experiences in her life so far. Retired nurse and midwife [Anne Hemsley](#) felt as if she had won the lottery in becoming a grandmother, despite the wide range of emotions that

came with her new status. [Salli Ward](#), Nana to three, found that the love that grandmotherhood brings is accompanied by at least an equal weighting of worry.

Homoeopath, [Petra Ward](#), reflects on her strong sense of being ‘shunted’ towards the ancestors; a feeling she experienced on the announcement that her first grandchild was on the way, and Doula and author [Maddie McMahon](#) echoes this when she describes how she became the matriarch of the family. Maddie notes how grandmotherhood is as invisible as motherhood and wonders why we don’t seem to value grandparents very much in the UK, especially now that grandmothers and grandfathers are needed more than ever. The importance of the grandmother is beautifully affirmed by AIMS trustee [Ruksana Beigi](#), who found that the support of her own mother when she had her baby during the pandemic, was invaluable.

This issue also considers how the experiences of the past can be carried from one generation to the next, and so, following the grandmother stories, I reflect on [transgenerational trauma and epigenetics](#). This is illustrated by two deeply emotional accounts of trauma. [Naomi Glass](#) tells us about her grandmothers, both of whom survived Nazi occupied Europe, and [Jacqueline Edwards](#) describes her experience of obstetric violence, articulating not just her own story but the untold stories of many thousands of other women that will undoubtedly form a collective trauma that will shape the way that future generations experience childbirth.

Moving on from the themed section we have a [Birth Activists’ Briefing](#) on the latest UK Maternity Statistics, where to find them and what they can tell you.

Our [PIMS](#) (Physiology-Informed Maternity Services) team talks us through the latest water birth research. Leslie Altic interviews Continuity of Carer midwife [Sarah Odling Smee](#). And the AIMS Campaigns Team tell us [What’s going on in Scotland, Wales and Northern Ireland](#), before sharing [what they have been up to](#) since December.

<sup>1</sup> Leap N., Hunter B. (1993) *The Midwife's Tale: An Oral History from Handywoman to Professional Midwife*. London. Scarlet Press

<sup>2</sup> The National Museum of African American History & Culture (no date) *The Historical Significance of Doulas and Midwives*. <https://nmaahc.si.edu/explore/stories/historical-significance-doulas-and-midwives>

<sup>3</sup> Kelly K. (2023) Safety and the place of birth: parts one and two. AIMS journal. [www.aims.org.uk/journal/item/birthplace-safety-low-risk](http://www.aims.org.uk/journal/item/birthplace-safety-low-risk), and [www.aims.org.uk/journal/item/birthplace-safety-high-risk](http://www.aims.org.uk/journal/item/birthplace-safety-high-risk)

- 4 Downe S., Kingdon C. (2025) Caesareans are rising fast in the UK – but giving birth is getting worse for women. *The Conversation*. <https://theconversation.com/caesareans-are-rising-fast-in-the-uk-but-giving-birth-is-getting-worse-for-women-246211>
- 5 AIMS (2022) Once Upon a Birth. [www.aims.org.uk/journal/index/34/3](http://www.aims.org.uk/journal/index/34/3)
- 6 Jordan, B. (1978). *Birth in four cultures: A cross cultural investigation of childbirth in Yucatan, Holland, Sweden and the United States*. Montreal: Eden Press.
- 7 Davis-Floyd, R., & Sargent, C. F. (1997). *Childbirth and authoritative knowledge: cross-cultural perspectives*. Berkeley, University of California Press
- 8 Shariati M.S.. *Hegemony and the U.S. Health Care Crisis: Structural Determinants and Obstacles to a National Health Insurance Program*  
[www.kckcc.edu/files/docs/ejournal/volume-four/number-one-march-2010/hegemony-and-the-u-s-health-care-crisis--structural-determinants-and-obstacles-to-a-national-health-insurance-program.pdf](http://www.kckcc.edu/files/docs/ejournal/volume-four/number-one-march-2010/hegemony-and-the-u-s-health-care-crisis--structural-determinants-and-obstacles-to-a-national-health-insurance-program.pdf)
- 9 Edwards N., Murphy-Lawless J., Kirkham M., Davies S. (2011) Attacks on Midwives, Attacks on Women's Choices. *AIMS journal*. [www.aims.org.uk/journal/item/attacks-midwives-womens-choices](http://www.aims.org.uk/journal/item/attacks-midwives-womens-choices)
- 10 Hegemony definition: [www.britannica.com/topic/hegemony](http://www.britannica.com/topic/hegemony)
- 11 Stassen Berger K. (2020) Grandmother Know-It-All? Today's grandmothers know much more than their own grandmothers did. [www.psychologytoday.com/intl/blog/grandmothering/202002/grandmother-know-it-all](http://www.psychologytoday.com/intl/blog/grandmothering/202002/grandmother-know-it-all)
- 12 Huff R. (no date) Governmentality - political science  
[www.britannica.com/topic/governmentality](http://www.britannica.com/topic/governmentality)
- 13 Aubel J. (2024) Grandmothers – a cultural resource for women and children's health and well-being across the life cycle. *Global Health Promotion*. 31(2):23-33. <https://journals.sagepub.com/doi/10.1177/17579759231191494>
- 14 Riem MME, van der Straaten M. (2024) Grandmothers matter: how grandmothers promote maternal perinatal mental health and child development. *Front Psychol*. 2024 Nov 25;15:1521335. doi: 10.3389/fpsyg.1521335. <https://pubmed.ncbi.nlm.nih.gov/39654933/>
- 15 Rilling JK, Gonzalez A, Lee M. (2021) The neural correlates of grandmaternal caregiving. *Proc Biol Sci*. 2021 Nov 24;288(1963):20211997. doi: 10.1098/rspb.1997. Epub 2021 Nov 17. <https://royalsocietypublishing.org/doi/10.1098/rspb.2021.1997>
- 16 Asante, S. E. (2015). *Grandmothers' Leadership Roles as Reflected in the Lives of High-Achieving Women: A Qualitative Study of the Impact of Grandmothers on Granddaughters During Their Formative Years*.  
<https://aura.antioch.edu/etds/210>
- 17 Mann R. (2007) Out of the shadows?: Grandfatherhood, age and masculinities, *Journal of Aging Studies*, Volume 21, Issue 4, Pages 281-291, ISSN 0890-4065, <https://doi.org/10.1016/j.jaging.2007.05.008>.
- 18 Mann R., Khan H.T.A., Leeson G.W. (2009) Age and gender differences in grandchildren's relations with their maternal grandfathers and grandmothers.  
[www.ageing.ox.ac.uk/files/Workingpaper209.pdf](http://www.ageing.ox.ac.uk/files/Workingpaper209.pdf)
- 19 Coall, D. A., Hilbrand, S., Sear, R., & Hertwig, R. (2016). A new niche? The theory of grandfather involvement. In A. Buchanan, & A. Rotkirch (Eds.), *Grandfathers: Global perspectives* (pp. 21-44). London: Palgrave Macmillan.

## Why grandmothers deserve education and support – they are worth it!

by *Mary Nolan*



**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.

Quite a long time ago, I was at a lecture given by a senior obstetrician whom I had worked under as a student nurse and was a figure of awe and trepidation in the hospital! In the course of his lecture, he uttered the memorable statement that 'nature abhors an infertile female'. This particular consultant had never presented himself as having much respect for the 'females' whom he treated, and his utterance was both slightly vindictive and, as I later discovered, based on no evidence at all.

What he said both worried and intrigued me for many years, especially as I headed towards my own menopause. After all, I was about to become one of those abhorrent infertile females! Thus it was with relief and huge interest that I came across the work of Sarah Hrdy and Edmund Wilson and read their amazing books, 'Mothers and Others' (2011)<sup>[1]</sup> and 'The Social Conquest of Earth' (2012).<sup>[2]</sup> Wilson describes every human being as 'a compulsive group-seeker' and Hrdy explains that parenting alone or even with a partner is not species-specific behaviour for human beings. The 'grandmother hypothesis' attempts to answer the question of why human females often survive many years after their childbearing days are over. Anthropologists propose that the care provided by grandmothers to their grandchildren enables daughters to enjoy healthier pregnancies and less risky childbirths owing to the reduction in fatigue and stress resulting from having their mothers' help. In addition, grandmaternal help may have

been critical to the success of the human species because being able to delegate care of children who are dependent for far longer than any other mammalian children, frees mothers for further pregnancies. The short inter-birth interval of human females - two to three years - is very different from that of our closest primate relatives. Chimpanzees and orangutans typically give birth every five to ten years to a single highly dependent baby for which the mother has sole responsibility over its prolonged childhood and adolescence.

Anthropologists describe grandmothers as ‘alloparents’ or non-parent parents. Thousands of years ago, grandmother care would have been primarily practical – helping to feed children and keep them warm/cool and safe. As immediate threats from the environment diminished over centuries, grandmother care continued to be valuable in freeing the mother for economically productive work, and in offering her emotional support. Today, of course, in addition to providing practical and emotional support, grandmothers and grandfathers are often playing a key role in financial support of their sons, daughters and grandchildren!

### **Grandmothers in the Global South**

We should remember that the nuclear family is not the species-specific norm for human animals; approximately 88% of all human societies are fundamentally collectivist (Henrich, 2010).<sup>[3]</sup> Our western idea of what grandparents can contribute and of the boundaries of their input are often very different from the roles that grandparents in the Global South fulfil. If we look at settings in Africa, Asia and Latin America, we find grandmothers occupying a highly influential position within collectivist cultures where the mother is deeply embedded not just within a multi-generational family system, but also within community and cultural systems. Hierarchies based on age and experience mean that grandmothers are very influential; seniors are the educators of young people and especially of new parents. Interdependency is valued over autonomy and young mothers do not expect to make unilateral decisions regarding the care and upbringing of their babies and young children. Instead, grandmothers play a significant role in the reproductive cycle, advising their daughters/daughters-in-law from pregnancy through to the postnatal period, and involving themselves in the day to day care of newborns and infants. While their care practices may be culturally specific, their role as wise women, respected for their direct knowledge of childbirth and child rearing, is significant within all collectivist systems.

Such committed support for new mothers is enviable unless, of course, grandmother and mother don't get on, or grandmother's advice is harmful to her grandchildren's welfare. Grandmothers can indeed hold beliefs that are hostile to the wellbeing of

babies, such as that colostrum is ‘dirty’ and that a variety of herbal drinks can be used to satisfy babies who are unsettled. Western researchers have often seen grandmothers in developing low- and middle-income countries (LMICs) as barriers to change (although, of course, grandmothers in ‘weird’ [western, educated, rich, post-industrial, democratic] countries may be equally resistant to up-to-date information and practices!) However, Judi Aibel, who has dedicated her career to understanding and maximising the positive impact of grandmothers in the Global South, urges: *Given their proximity, authority and commitment to newborn survival, [grandmothers] should be explicitly involved in newborn interventions in order to optimise this abundant local resource for newborn health and survival. (Aibel, 2021:1)<sup>[4]</sup>*

Aibel is highly critical of research and health policies which focus narrowly on biological parents, ignoring the fact that in many parts of the world, there is *collective* responsibility for the welfare of childbearing mothers and their babies. She attributes this to lack of commitment to maximising community assets, bias against senior women and a Eurocentric assumption that mothers are autonomous caregivers, so failing to recognise the implications of multi-generational caregiving.

### **Grandmothers in WEIRD countries**

Some excellent recent research into the role of grandmothers in western countries has been undertaken by Madelon Riem at Radboud University in the Netherlands. Most strikingly, her recommendation that grandmothers should be the focus of policy, research and education exactly mirrors that made by Judi Aibel with reference to LMICs. Riem writes:

*Recognizing grandmothers as collaborators in maternal and child health may afford more effective perinatal health programs and clinical practice, thereby reducing the risk of adaptational and developmental problems. (Riem & van der Straaten, 2024)<sup>[5]</sup>*

In the western world, postnatal support is often thought of as care delivered by health care professionals and by peer support groups such as parent and baby groups or groups of women who met at antenatal classes. Fathers/partners have also been increasingly considered and valued for their role in helping mothers adapt to new parenthood – although it is also now recognised that they, too, have a life-changing transition to negotiate and may be in need of as much support as their partners. It is surprising that grandparents have generally been overlooked as key figures in postnatal support given that they are now providing significant amounts of childcare to enable their sons and daughters to return to work and avoid prohibitive childcare costs. Yet social support, of which grandparents form a significant part, has been shown to be

highly influential in preventing postnatal depression (PND) which currently affects an estimated 10-15% of women in the western world (Pop et al, 2019).<sup>[6]</sup>

### **Grandmothers' influence on perinatal wellbeing**

What does research tell us about whether and how grandmothers promote maternal perinatal health and child development? The first important point is to note that the studies which have been carried out to date focus pretty much exclusively on grandmothers and on maternal rather than paternal grandmothers. (There is an almost total absence of research on grandfathers.) It's fairly obvious, and the research makes this clear, that the quality of the relationship between the new mother and her mother is crucial in determining the effectiveness of grandmother interventions. Not all grandmother support is welcome or helpful in reducing stress and improving the wellbeing of new mothers. Conflict with grandparents, and especially conflict with the paternal grandmother, has been shown to be detrimental to mothers' mental health and the quality of their parenting (Lau & Wong, 2008).<sup>[7]</sup> A recent meta-analysis, however, of 11 studies which included 3381 participants, found that involved grandparents - in particular mothers' own mothers - constitute a protective factor against the development of postpartum mental health problems (Riem et al., 2023)<sup>[8]</sup> and at least one study has found a positive effect of supportive grandmothers on maternal cortisol levels during pregnancy (Fox et al., 2023),<sup>[9]</sup> thereby influencing the wellbeing of the baby in the womb.

In addition, maternal grandmothers who have a good relationship with their daughters have been shown to have a positive impact on young children's socio-emotional and cognitive development (Sadruddin et al., 2019).<sup>[10]</sup> If the mother is depressed, the attentive care of her own mother may provide the stimulation and security that newborns need, thereby mitigating the negative impact of poor maternal mental health on the mother's relationship with her baby. Support from grandmothers can also lead to improved mother-infant bonding (McNamara et al., 2019).<sup>[11]</sup> Grandmothers' positive impact on their grandchildren's development may be accounted for indirectly in terms of the support they offer to their daughters reducing their stress and enabling them to parent more effectively; and directly in terms of the grandmothers acting as secondary care providers to their grandchildren. Not surprisingly, mothers in need of a high level of support, such as those with pre-term babies, seem to benefit particularly from grandmothers' emotional and instrumental support (Noy et al., 2015).<sup>[12]</sup>

From an anthropological viewpoint, these findings are predictable. Down the ages, human mothers have typically shared the care of infants with other family members. Grandmother cooperation in the care of children meant that considerable amounts of

time and care could be devoted to exceptionally helpless infants in addition to that provided by mothers. Grandchildren were the beneficiaries of the cumulative wisdom of their grandparents and their freedom from the demands of reproduction (Hrdy, 2011).<sup>1</sup>

### **Co-resident grandmothers**

Even in the West, many grandmothers do not live separately from their daughters and grandchildren, offering periodic help, but in the same house as their children and their grandchildren. Under such circumstances, the relationship between grandmother and daughter becomes critical in determining whether grandmothers' impact on their daughters' wellbeing is positive or detrimental. A study of co-resident grandmothers living with at-risk teenage daughters found that six months postpartum, the young mothers had fewer symptoms of depression than other adolescents not enjoying the support of their mothers (Kalil et al., 1998).<sup>[13]</sup> However, the authors flagged up that mothers who lived with grandmothers experienced fewer depressive symptoms only when there was positive family cohesion.

At present, there is insufficient research into 'multi-generational families' (where grandparents, children and grandchildren co-habit) and 'skipped-generation families' (where grandparents live with their grandchildren in the absence of the children's parents) to be able to determine what kinds of help, under what circumstances and in what contexts, might yield positive outcomes for grandchildren. Multiple factors are likely to be at play including the age of the children being looked after, the health of the grandmothers, the socioeconomic status of the families, and whether grandparents are stepping in owing to parental incarceration or migration or conflict (Sadruddin et al., 2019).<sup>10</sup> Until studies have been undertaken which take account of these factors, it is unwise to make claims for the effectiveness of grandmother interventions in complex families even when initial research is generally positive about the potential for grandmothers to make a difference.

### **My own experience!**

As the mother of three daughters and five grandchildren aged from 19 years down to 6 months, I have had a variety of grandmothing experience. I have been heavily involved in the care of two of my grandchildren, less so in the case of two others and very little in the case of the oldest. From this experience, and that of friends, I am convinced that where there is a positive, loving and sensitive relationship between grandmother and daughter, the impact of the grandmother is highly beneficial in terms of preventing postnatal depression and enhancing the enjoyment of parenthood.

Being a grandmother is to walk a very narrow path – avoiding giving too much support and advice and thereby disempowering the mother, but stepping in to challenge misinformation which flourishes in whatsapp groups and on the net. It's about accepting that I have to comply with parents' rules and practices in order to maintain family harmony and also to ensure that I will be allowed to go on caring for my grandchildren! The extraordinarily strong desire to indulge my grandchildren has to be tempered by the recognition that their parents will have to pick up the pieces of my crossing the boundaries which they have put in place.

Given the ubiquity of grandmaternal support, and the huge amount of effort that the grandmothers I know put into helping with babies and very young children, it might be thought that there would be a place for antenatal classes for grandparents-to-be. Interestingly a colleague of mine, living in London, tried to set up such classes but, despite advertising and employing word-of-mouth over a substantial network, the classes never took off. Presumably, the idea was too novel and perhaps revealed a conviction on the part of grandparents that, having 'been there before', they weren't in need of education.

### **Policy, research and practice**

Grandparents are only now coming to the fore in terms of global policy making with calls for a shift away from an exclusive focus on parents, and a move towards recognising the need for 'parents, *caregivers and families*, to be supported in providing nurturing care and protection in order for young children to achieve their developmental potential' (Britto et al., 2017:91).<sup>[14]</sup> Principle among caregivers are grandmothers.

Research to date, like policy, has mainly focused on parents and has overlooked the contributions, positive and negative, made by grandparents and especially maternal grandmothers. A recent study has urged the need for better research to determine 'whether stimulating high-quality support from grandparents is a fruitful avenue for enhancing maternal postpartum mental health' (Riem et al., 2023:25).<sup>8</sup> Research is also in its infancy in terms of exploring other impacts of grandparental care such as how grandparents' beliefs about infant feeding might affect the eating behaviours of young children left in their care while parents are at work:

*Grandparents' social role in the complex psychosocial space of child feeding warrants serious recognition and deeper understanding to engage them fully as stakeholders in children's nutritional health. (Rogers et al., 2019:300)<sup>[15]</sup>*

As far as practice is concerned, there is, I would argue, already sufficient evidence to warrant paying more attention to the role of grandparents and especially maternal grandmothers in the care of young children. Perhaps all of us engaged in the education and nurturance of new families need to recognise and utilise that body of devoted and unpaid workers who, with a little support and some education, might be able to make an (even more) substantial contribution to the welfare of new mothers and their babies.

- [1] Hrdy, S. (2011) *Mothers & Others: The evolutionary origins of mutual understanding*. Harvard University Press.
- [2] Wilson, E. (2012) *The Social Conquest of Earth*. New York: W.W. Norton.
- [3] Henrich, J., Heine, S.J., Norenzayan, A. (2010) The weirdest people in the world? *Behavioral and Brain Sciences*: 33(2–3):61–83.
- [4] Aubel, J. (2021) Grandmothers - a neglected family resource for saving newborn lives. *BMJ Global Health*, 6(2):e003808.
- [5] Riem, M.M. & van der Straaten, M. (2024) Grandmothers matter: How grandmothers promote maternal perinatal mental health and child development. *Frontiers in Psychology*, 15:1521335.
- [6] Pop, V., Van Son, M., Wijnen, H., Spek, V., Denollet, J. (2019) Increase of depressive symptomatology during pregnancy over 25 years' time in four population-based cohorts. *Journal of Affective Disorders*, 259:175-179.
- [7] Lau, Y., Wong, D.F.K. (2008) the role of social support in helping Chinese women with perinatal depressive symptoms cope with family conflict. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 37(5):556-571.
- [8] Riem, M.M., Bakermans-Kranenburg, M.J., Cima, M., van IJendoorn, M.H. (2023) Grandparental support and maternal postpartum mental health: A review and meta-analysis. *Human Nature*, 34(1):25-45.
- [9] Fox, M.M., Knorr, D.A., Kwon, D., Wiley, K.S., Parrish, M.H. (2023) How prenatal cortisol levels relate to grandmother-mother relationships among a cohort of Latina women. *American Journal of Human Biology*, 35(7):e23883.
- [10] Sadruddin, A.F., Ponguta, L.A., Zonderman, A.L., Wiley, K.S., Grimshaw, A. et al. (2019) How do grandparents influence child health and development? A systematic review. *Social Science & Medicine*, 239:112476
- [11] McNamara, J., Townsend, M.L., Herbert, J.S. (2019) A systematic review of maternal wellbeing and its relationship with maternal fetal attachment and early postpartum bonding. *Plos One*, 14:e0220032.
- [12] Noy, A., Taubman-Ben-Ari, O., Kuint, J. (2015) Well-being and personal growth in mothers of full-term and pre-term singletons and twins. *Stress and Health*, 31(5):365-372.
- [13] Kalil, A., Spencer, M.S., Spieker, S.J., Gilchrist, L.D. (1998) Effects of grandmother coresidence and quality of family relationships on depressive symptoms in adolescent mothers. *Family Relations*, 47(4):433-431.
- [14] Britto, P.R., Lye, S.J., Proulx, K., Yousafzai, A.K., Matthews, S.G. et al. (2017) Nurturing care promoting early childhood development. *The Lancet*, 389:91-102.
- [15] Rogers, E., Bell, L., Mehta, K. (2019) Exploring the role of grandparents in the feeding of grandchildren aged 1-5 years. *Journal of Nutrition Education and Behavior*, 51(3):300-306.

## Becoming a grandparent *by Anne Glover*



**Author Bio:** Anne has been working as a doula for 10 years in Northern Ireland and has supported 100s of women at some stage in their birthing journey. She currently volunteers on the AIMS Campaigns Team.

*‘If I’d known how wonderful it would be to have grandchildren, I’d have them first.’*

Lois Wyse

### **Expectation**

Many of us are familiar with this cliché and probably have all laughed at it, until we experience this milestone for ourselves. Often being grandparents is not something we give too much thought to, until you’re the only person in your group of friends who hasn’t become one yet! It doesn’t really matter at what stage in your life you enter grandparenthood as most people embrace the wonderment of the beginning of a new generation. It’s rather special to see your grandchild, a little bit of you, join your family circle, and I feel the powerful emotional attachment, deep within my heart, when I whisper in my darling granddaughter’s ear: “it’s ok, granny’s here”.

### **Joy**

When it was my time to become a grandparent, I had already attended and supported 125 births as a doula, and I’d also taught HypnoBirthing to many couples for a long time. I know from many years of experience that the best hypnobirthing outcomes are from those couples who decide for themselves that they want to have hypnobirthing skills

and techniques to prepare for labour and birth, and also to invest time in taking the course and putting in the practice. So I was feeling a wee bit of apprehension not knowing if my son and his partner would want to do hypnobirthing and if they would want me to be their teacher. Then there was the issue about having a doula. I never asked them outright if they were thinking about having a doula, even though I knew they would benefit immensely from having a doula. Funnily enough family and friends kept hinting at how lucky they were to have a doula in the family! I always felt it was important they decided for themselves to have a doula, as not everyone wants their mother or mother-in-law in their intimate sacred birthing space. Then the time came when they casually asked me when we would be starting the hypnobirthing course, and from there we started to prepare. Of course there was the usual talk about perineums, vulvas, vaginas, penises, and I proudly used my vulva, uterus and breast models to demonstrate the birthing process and breastfeeding, which caused a few giggles. Then there were the abundance of videos showing all types of birth as we progressed through the course. I remember watching my son as he became embroiled in a little part of my life as he realised what my work is really like!

### **Blessed**

It was also a big learning curve for me as I had to be very mindful of my boundaries as a doula, mother and grandmother. I never took it for granted that I would be at the birth of my first grandchild and during labour and birth I couldn't help but feel immensely proud of my son and his partner. They embraced labour and birth with their newly found knowledge, and with me by their side for reassurance and encouragement. There really are no words to describe the immense relief and joy and love that I felt for them when their daughter was born. Such a cocktail of emotions all round! I'm so glad of my doula training and experience which provided deep guidance and knowingness to my son and his partner, and for that I will forever be grateful. I honestly felt truly blessed to be present at my granddaughter's birth, to hear her first cry, see her open her eyes and stare at her mummy, and to tie the cord tie, lovingly made by myself. Dreams really do come true! My son said to me at the birth of his daughter that nothing could ever prepare you for the intensity of birth, but as a doula, I know how his experience could so easily have been very different.

### **Falling in love**

Postnatally, it has been the icing on the cake to be able to offer support as they grow into their own wee family unit, getting to know their baby, and adapting as parents. Again I'm very grateful for my doula training and experience as it keeps me up to date with all the advancements in newborn physiology, and also reminds me to be mindful of

my boundaries. I absolutely relish in guiding my own wee family and cherish every moment I spend with them and their darling baby, who has fitted into our family as if she has always been there! It really is very precious to see your own son falling in love with his daughter, growing into his version of being a dad, being protective of his own wee family and seeing his newfound role flourishing. When he watches me with his daughter, he often says how crazy it is to think I did the same for him as a baby. That's what makes being a grandparent so special.

### **Legacy**

We want the very best that life can offer for our children and that feeling digs deeper when it comes to our grandchildren. It's the wonderment of looking into the big deeply intelligent eyes of our granddaughter, seeing her grow so quickly, missing her if we don't see her for a day and feeling joy in her every sound and move. There is an excitement about the future and always feeling truly blessed to have this wee bundle of pure blissful joy in our lives. We want to be patient, kind and loving with her, and anticipate the future having fun and doing silly things whilst indulging her too. But as we build deep family roots, we also have a responsibility to share our wisdom and our life's experiences, to be a fabulous teacher and guide. There is also an expectation in society today to take on some sort of childcare role to support young families as they continue to build up their own legacy for their children. It feels such an honour to be included and involved as grandparents, and provide some form of stability. It's time now to just enjoy and cherish every single moment!

## Being a grandmother

*by Alex Chislett*



**Author Bio: Alex Chislett is a mother of two now very grown-up children, and grandmother to one baby girl. She trained as a primary school teacher but has worked with young adults with physical and learning disabilities for the past 40 years - focusing on ability rather than disability. Widowed young, she counts herself incredibly lucky that she knew unconditional love for 30 years and will treasure that forever.**

*Editor's note: In writing this delightful account of being a grandmother, Alex's little granddaughter has added a few lines all by herself to illustrate the very point her grandmother was making!*

What a privilege and a deep, deep joy!

I am doubly lucky, because with an unexpected pregnancy, my daughter moved back home to me, and her own daughter was then born just over a year ago. To watch one's own child take to motherhood in such a natural and selfless way, is one of the very best experiences in my life so far, and to see my granddaughter develop and grow on a daily basis, is the greatest gift of all. I have heard my daughter say of my granddaughter, "She only seems to have her temper outbursts when it's just me and her, and she can stop them abruptly if she clocks anyone else in the house". That was a very familiar feeling, and one my daughter and I can now laugh about with a much deeper understanding. My daughter and I have watched a video of when she was about the same age as my granddaughter, which she never showed the slightest interest in before. To be able to share those moments and delight in them has been incredibly healing.

We have delighted in every milestone. Not necessarily even the big ones, but the beautiful idiosyncratic ones: my granddaughter's obsession with a certain picture in our house, her giggles when tickled under her arms but not on her tummy, her utter dislike of getting dressed, her pride at discovering she can blow down a straw and make

bubbles. But those are incidentals. The best thing about being a grandmother is having time. When I was a young mother I cared more about what other people thought, I was anxious not to miss out on anything, I worried constantly, and I was always rushing. With the gift of hindsight, I care less what other people think, I don't mind missing out on things, and I have no need to rush. What matters is...

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...what's best for my granddaughter at any moment. (That was her taking over the keyboard while sitting on my knee!)

I do still worry, however! What will the road ahead be like for her? What if someone is unkind to her? What if she doesn't make friends easily? What if she struggles to find her place in the world? But with a greater security within myself, and more time to give, I can only hope that she is receiving the very best foundation for her life growing up.

And with my daughter as her mother, who shows infinitely more patience than I ever did, who is more laid back than I ever was, and who is hugely more fun than I can ever hope to be, I am not only bursting with pride, but also excited about all of our futures.

## Grandmother's Day

by Maddie McMahon



**Author Bio:** After careers in teaching and publishing, Maddie McMahon became a doula and lactation specialist two decades ago. She is the founder of the doula training organisation, Developing Doulas, founder trustee of two breastfeeding support charities and has published two books in the Pinter & Martin *Why It Matters* series.

I am writing this on Grandmother's Day: January 21st. But sadly, no one is marking it. No chocolates or phone calls from grandchildren for me. That's because this auspicious day only seems to be celebrated in a couple of countries - Finland and France. We have grandparents' Day apparently. Google tells me it's the 5th of October. Did you know that? No, I didn't either.

We don't seem to value grandparents very much in the UK. Beyond the practical support we can be with childcare, we don't really seem to be on the political agenda. What I've realised since becoming a grandparent is that, just like motherhood, the immensity of the transition is often ignored and forgotten.

I became a grandmother by accident. My biological children haven't had babies yet, but my beloved stepson, who I brought up from the age of 10, had his first baby three years ago and a second daughter two years later. Biological Grandma didn't want the title, so it was offered to me and I accepted with glee. Grandmotherhood is an honour and immensely pleasurable but not without its complicated emotions.

As a doula of over two decades I have always wondered how it would feel when my babies started having babies. Would I be able to maintain that emotional tightrope of empathic connection with just the perfect amount of impartiality? Or would I break the doula code and start heaping unwanted advice upon the unsuspecting couple? As it

was, I was able to maintain a certain distance and wait for them to ask me for support. I am honoured that they did.

What I don't know is if there is a difference in being a *step* grandma. Does biology play a part in the way one feels as new members of the family appear? I suspect there is no easy answer to that and it will depend on the individuals concerned and the relationship you have with your step child. All I know is that when these little girls were born my heart nearly burst out of my chest.

Over the years I've had the pleasure of meeting many grandmas and discussing my clients' relationships with many more. It is common to have to explain why a grandma might be being overbearing or opinionated about the way my clients are choosing to give birth or feed and care for the baby. I find it can help to paint a picture of the time in history when these grandmothers gave birth - a time when choice and personalisation in maternity care quite literally did not exist and tacit consent was assumed to have been given by women merely walking through the hospital doors. I often find myself explaining that breastfeeding knowledge was sorely lacking in comparison to today and formula milk was often seen as a scientific advance on nature. And I remind my clients that older generations were often brought up to blindly do as they were told by teachers, doctors and policemen. Things really have changed so much in so many ways.

It can feel very discombobulating when your baby has a baby. For a start every mother-fibre of your being wants everything to be easy and pain free. If you see suffering, you may wish to fix it by offering up how you did things in your day. It can hurt when your advice is rebuffed and sometimes, somewhere deep inside, it can feel insulting that the younger generation are doing things differently. I have had opportunities to help new mothers and their mothers or mothers-in-law untangle some of these complex feelings but many families don't have that kind of support and muddle through, mostly successfully, in the end I'm sure.

I know I am privileged in so many ways, not least that, armed with the tools that my doulaing and breastfeeding counselling experience has given me, I could effectively support my daughter in law through two births and two very different feeding experiences. That relationship was only possible because of the close bond I have with my stepson. What has been interesting is the support I've needed for myself from other grandmothers - the highs are high and the lows are terrifying! It has made me sad to think that many grandparents don't have the kind of support that would help them identify how to effectively support their children through birth and beyond - without judgement and unwanted opinions.

What I didn't count on was what a transition becoming a grandmother would be. With the sad passing of the older generation, suddenly I am the matriarch of the family. Entering the crone years and being seen as the glue that ties the family together is a transformation much like stepping in motherhood was all those years ago. There are similar feelings of loss mixed with joy, uncertainty, fear and a growing realisation that a whole new sense of identity needs to emerge.

What I am realising is that grandmotherhood is as invisible as motherhood. The role we play is a vital, albeit shadowy one. Today's grandmothers were raised by mothers who inhabited a very different world, one in which the patriarchy ruled, when women were seen as 'the weaker sex' and may have been expected to stay at home with the children. Our sons and daughters are having babies in a whole new world in which many of the challenges and juggles are different and hard for us to understand. Even younger grandmothers may struggle, not realising that the support they got from the NHS through birth and postpartum has, in many ways, been whittled down to almost nothing and the financial pressures to return to work are ever-increasing.

And so it is that we now need grandmothers and grandfathers more than ever. With ever decreasing psycho-social support coming from the state, the family has to step up. My hope is that we can support grandparents to learn how to be the very best grandparents - not just to spoil their grandkids but to nurture their parents by praising their efforts, acting as a sounding board when needed and providing non-judgemental, unconditional positive regard as much as they possibly can.

Grandmas are the story-keepers. Hopefully we have stories of the old days to pass down. We can tell our grandchildren stories about when their mummies or daddies were little. We spin the threads of the ancestors and pass that thread on, to be woven down the generations. Thinking about all this is helping me accept that my younger years are over and I am stepping into a new era. Women are told that once we are no longer young and beautiful that we are no longer of value. Becoming a grandmother is teaching me how untrue that is, and how beautiful old age can be.

As the wonderful Naomi Stadlen says in *Why Grandmothers Matter*:

*"There is a beauty to old age. As a grandmother, many years have been given to her. We can see in a lined face, in worn hands, in an unsteady gait, signs of a life well used"*

## Being Nana *by Salli Ward*



**Author Bio:** Salli is a charity fundraiser and consultant, a boat-dweller, a BSL-user and Deaf ally, a fan of natural birth and breastfeeding, and a believer in freedom, fairness and feminism. Also known as Nana.

I chose to be Nana because I never had a Nana. I had Ordinary Grandma and Other Grandma but no Nana. My husband's mum was Nana to all but his kids (my stepchildren) so I did it partly to honour her. It's one of those things you get to decide on becoming a grandparent. The rest just happens.

We have eight children/stepchildren, so there was always a fair chance we would end up Nana and Gramps (we chose that for him) to a few. The first, now aged nearly four, came via our eldest, my daughter. I was proud that pregnancy (during the pandemic) involved hypnobirthing classes and plans to go into a natural birthing centre, but it didn't work out. On one of the longest most traumatising nights of my life, my daughter gave birth in hospital with interventions forced on her and leaving her permanently damaged. I didn't know that at the time, of course, but I knew she had gone into labour and that many hours later there was still no baby. My son-in-law probably thought he was keeping us in touch but he had other things on his mind and is very much not a worrier and so not driven by a desire to calm his mother-in-law's anxiety.

Eventually, beautiful, lovely grandchild 1 was born, healthy and unaware of her mother's – or my – trauma. I've loved babies from being a little girl myself and at first my love for her was not that much greater than for any baby – but my love, respect and concern for my own daughter loomed over me like a cloud of grey. Within days I loved my granddaughter fiercely too, but still I worried about her mum more. That thing we all do – checking a baby is breathing – I did it because I feared for my daughter more than for

that tiny baby. Now, of course, she's chatting about my fat tummy, asking why Gramps hasn't got hair and saying, 'Don't speak to me' if I won't let her have a third ice cream (no problem with the first two of course). We sneak ice creams together, bake together, bounce together, admire tractors together, and watch Frozen together – and my love for her is beyond measure. I miss her when I don't see her, though the day we look after her once a week exhausts us both.

Three years later we received grandchild number 2 and grandchild number 3 within weeks of each other. Number 2 is my stepson's son and is an adorable little smiler – he's enthusiastically taken to being weaned, is sitting up but not trying to crawl, and reaches for everything. I love my stepson and his wife but the absence of the umbilical tie between us seems to cushion me from the same level of anxiety. Grandchild 3 is my other daughter's – sweet, calm and discriminating in the distribution of smiles. Those two babies being so close in age means I get to calm myself with, 'If this was my grandson, would I be as worried?' No, which means it's not logical, it's too much, I'm being silly.

But the anxiety isn't just a niggling worry or an extra phone call to check, it reminds me of the depression of an addict – I can't rest or concentrate or look forward to anything until I've got my fix – that is, knowing for now that the baby is ok. Every phone call from one of the parent-children, as we are prone to call then, I answer with, 'Are you ok?', a dark hollow in my middle like the hole after something has been dug out.

My children joke that I didn't really want them because I once said I would choose not to have children if I did it again. They really are joking – they know how much I love them, and that the anxiety is what I would be rid of. With each grandchild it tightens its hold, and I pledge to get it sorted out. I worry about them tripping over, not liking school, getting bullied, getting ill, getting tired, getting too much - or not enough - ice cream; I worry about their lives in a Trump world, in a world of climate change, in a world where they will get anxious or depressed or just sad. Like Nana. But here they are – and more will follow.

My ambition now is to live until the youngest (as yet unborn) grandchild can remember me and process the grief – about 10? That means I have to bear this for possibly another 20 years. That's a lot of ice cream.

## Transition to Grandmothering

*By Anne Hemsley*



**Author Bio Anne Hemsley is a nurse, midwife, lactation consultant, mother, wife and proud and grateful grandmother x 4.**

I love being a grandmother, I simply cannot believe that I have been awarded this privileged position in life.

Becoming a mother was, as it is for many women, a pivotal moment in my life. In my younger days as a midwife, there were times during some of the births I was involved with that I imagined giving birth myself and, I admit, I almost ached to nurture a baby of my own.

And then, in due course, I was privileged to become the mother of two wonderful boys. Throughout their adult life, I often pondered on who might become a life partner to each of them, but I didn't extend these thoughts to becoming a grandmother. Having listened to many stories from women, who had not especially warmed to their own offspring's life partner choices, I was delighted to welcome into our family the women who had become our sons' girlfriends, fiancées and eventually their wives. How fortunate we were to become an international family with daughters-in-law from Finland and Moldova.

To many people who know me in our local community, I was often perceived as a grandmotherly type. It was generally thought that I was yearning to be a grandmother, as I run a weekly breastfeeding support group in our local library in Beverley, East Yorkshire and have offers to hold or cuddle several babies each week. I would receive many compliments of the nature of, how good I would be as a grandmother and how fortunate any grandchildren would be to have me in their lives. I took this with the kindness and generosity with which it was delivered and still felt content, quietly waiting in the wings.

I certainly didn't want to add to the many inquiries made to our boys and their wives about when they might produce some children. It was far too personal a topic for me to ask outright. I hate prying and at the back of my mind I am aware of the heartache that so many couples endure in pregnancy loss and infertility. It didn't sit comfortably with me to ask our own couples if they were trying to conceive. So, I quietly waited, and my patience was rewarded.

**Since emerging into the most welcome role of grandmother, it feels like I have won a lottery. Both of my daughters-in-law are unique and exceptional in their approach to life and most importantly, to be by their side as an invited guest as they faced the many challenges of adapting to motherhood is a valued addition to our relationship with each other.**

WOW, what a life changer, and what a tremendous feeling of joy, tears of joy and butterflies in my tummy. If I were an artist, I would draw my heart, singing. When our eldest son and his then fiancée (now wife) informed my husband and I that they were expecting a baby, I was so overwhelmed that I accidentally knocked the celebratory glass of Champagne off the garden table. We all hugged and laughed and chatted with so much joy in our conversations. Of course, we asked the usual questions, would they like to know the baby's sex, how far along was the pregnancy etc... All that really mattered was that both our daughter in law and our future grandchild would be healthy in pregnancy and that they would have a safe birth.

Thinking of becoming a grandmother at this stage in my life, and with my midwifery background, I found myself counting each week of gestation as a bonus, this beautiful little human had survived another week of intrauterine life. As we learned that Monday was the day of the week that our future grandchild turned another week towards the 40 week goal, I offered prayers before I went to sleep that he/she would grow and stay inside her beautiful Mamma's uterus until at least 37 weeks. Of course, I knew far too much of the risks of pregnancy and made a determined effort to close my eyes each week to sleep with positive images of our grandchild thriving and both her and her Mamma not succumbing to any of the complications of pregnancy,

One Sunday morning in early February 2021 when our grandchild-to-be had reached approximately 34 weeks' gestation, I noticed that I had missed a call from our eldest son, I quickly called him back. He calmly told me that their baby had been born, so I asked him if this was some sort of joke. He reassured me that it was not. In an extremely calm manner, (despite the traumatic birth he had just witnessed) he informed me that

his partner Johanna had given birth by C-section. Their baby needed a little help with breathing and was in NICU at the tender age of 34 weeks. Our granddaughter had arrived. Johanna, our Granddaughter's äiti (Finnish word for mother) was recovering both physically and mentally from the unexpected early arrival, but in good shape. I simply couldn't absorb this news, not only was it amazing, but it also took me completely by surprise.

With tears of joy running down my face, I informed my husband of the news, and we went around in a haze of joy, concern, amazement, more joy and more concern. As the reality kicked in, we were concerned about the parents dealing with all the restrictions of the pandemic and of our tiny granddaughter facing the invasion of tubes and prodding by medical hands. Medical hands that were sustaining her unexpected entry into the world, but nonetheless, not the loving hands of her parents. I couldn't sleep at night, imagining this tiny baby in her incubator, facing blue light therapy and I could almost feel the discomfort of her nasogastric tube. I had intense feelings of protection for our tiny granddaughter, I wanted to stand guard next to her incubator to surround her with peace, love and calm, blotting out the necessary but noisy environment of a NICU (neonatal intensive care unit)

After two intensive weeks Astrid was allowed to return to their home in Peckham. Naturally, I wanted to rush down to London to help. But this was our third 'lockdown' and only essential travel was permitted. As soon as Astrid was able to travel, the new family came up from London to Beverley, to 'bubble' with us. I often think of how magical this time together was. We had the relatively calm world of lockdown to observe her every day, guard her and support the very tired and emotionally exhausted parents.

**On the night of our granddaughter's arrival at our home, my husband had driven to one of the nearby rail stations to meet the new family of three. Memories will forever stay with me. a 'Welcome Astrid' bunting depicting the united colours of both the British flag and the Finnish flag. Our beautiful granddaughter Astrid is half Finnish and half British. I bought balloons and each breath to inflate them suddenly felt effortless.**

I was so excited, my heart was racing. During the time that my husband was driving to the railway station, I took a video on my phone of the preparations made to welcome Astrid to our home and the feelings in my stomach and heart were as profound as if I was going on a first date. What would she look like in the flesh? What would she feel like? Would she like me? Was she safe with us? Had the journey been too arduous for her? How were her parents feeling? Would I be allowed to hold her? What if she became unwell? I was almost sick with anticipation and excitement.

The new family arrived, Astrid was so alert and calm. She looked perfect, tiny of course at 4 pounds 11 ounces, but alert taking in her new surroundings. My husband and I gazed at her in awe, we couldn't take our eyes away from this perfectly formed little girl. I still don't think I can do justice to this feeling, another generation has been born, and we are a part of this baby. We have the honour to be called grandparents. We took on our role eagerly, nothing was too much for this special gift.

When I first held Astrid, I was struck that despite her size, this was a strong girl. After all she has an ancestry of strong Finnish women in her genetic make-up. Astrid's grandmother is called Nuppu, her name as a grandparent is Mummu, a warm and loving lady who comes from a strong line of Finnish women.

I wasn't at all sure about my own grandmothering name. My husband's mother is still with us and has, for many years, been called Grandma Jac. I felt that it wasn't my right to claim the title Grandma, and it sounded possibly a little 'old' for me to wear. Astrid's full name is Astrid Elsa; it's absolutely nothing to do with the well-known Disney film, Frozen. The Elsa part of her name originates from Astrid's great great-grandmother called Elsa adding her roots to Astrid's deeply established family tree. Elsa lived to the age of 110 years and faced many challenges in her lifetime. No wonder I felt the strength in our tiny granddaughter.

As the months passed, we enjoyed observing Astrid's personality develop, from baby to toddler, from crying to babbling in two languages, English and Finnish. When Astrid was around the age of two years, I was sleeping in her bedroom and trying to gain an extra five minutes sleep. A delightful voice called my name, Grandma, Grandma, Grandma, I opened my eyes and despite the early hour, I started our day of play and fun together.

The sweet way Astrid says Grandma is enough to melt my heart. I thoroughly claimed my name and I wear it with immense pride and honour.

**Becoming a grandmother made me reflect on my own mortality. I felt overwhelmed by a desire to be fit and healthy, to eat the best diet, to build up my arm muscles to carry this baby and hopefully to carry any other grandchildren that we might be gifted with. I wanted to be immortal. I didn't want to miss a second of this role in life as a grandmother.**

Just when I had thought life was good, life became even better, we received the joyful and exciting news that our younger son and his wife Irina were expecting a baby. We were overjoyed for them. The wonderful, exciting feelings were equally as powerful as when my eldest son and his soon-to-be wife had announced their pregnancy.

Our daughter-in-law felt well, barely any of the common side effects of pregnancy. Imagine our absolute amazement when their ultrasound scan revealed not one baby but two. I couldn't believe it, there is no history of twins in our family. However, there are twins in my daughter-in-law's family. Double joy, double emotions and double concerns to protect these tiny growing babies.

As the months rolled by, our future twin grandchildren, two non-identical boys, thrived and grew. Their Mother sailed through her pregnancy. The twins gained a week of gestation each Sunday, and so my Sunday night prayers were now directed to the boys. "Please stay inside your `Mamma's uterus and don't think of making an early appearance.

It seems these two boys listened, and they made an appearance at 37 weeks. That day, just as when our first grandchild was born, was a day to remember forever. We knew that an elective c section was planned, but it was Easter Sunday, and the junior doctors were on strike. This was a long, long day of false starts, anticipation and clock watching.

By good fortune Astrid, now aged 2 years, and her parents were staying with us for the Easter weekend. While we all shared the anxiety, anticipation and clock watching, Astrid's parents also shared the wonderful news that Astrid was to have a baby sister or a baby brother in July. Once again, we experienced those ferocious and overwhelming feelings of anticipation, joy, tears of joy and strong feelings of protection for our developing fourth grandchild. What an exciting and joyful day.

Continuing to wait for news of the twins, Astrid went to bed, and we kept our vigil with our mobile phones, a definite ping! A beautiful photo of our son posing with his boys. Followed by our daughter-in-law holding the boys. We became grandparents to three amazing little people. Joy, overflowing joy, a chorus of singing in my heart and I am sure in my husband's heart. Tears, fears and awe. We simply couldn't take this news in.

As soon as we could, we drove to London to greet our grandsons. We arrived to welcome the new family home from the hospital and our brave, non-complaining daughter in law met us at the door of their apartment. I was offered a baby to hold immediately. My common sense delayed this first hold by a short moment, I wanted to protect these time babies and wash away the grime of travel.

I felt like my arms were the branches of this family tree, arms like branches had grown in strength since Astrid's arrival, and I hope that I had grown in wisdom. So many thoughts racing through my head. How could I help? How was my daughter in law? Babushka Tatiana,<sup>[1]</sup> the boys' Ukrainian grandmother, and I hugged in joyful unison at the union of our two families.

These early days evolved into teamwork, fuelled by our mutual love of being grandmothers. The history of our joint ancestries bringing so much to the baby boys' lives. I learned that Babushka Tatiana's mother was Anna. Two strong women from a Ukrainian village in Moldova bringing all their ancestry to this moment of greeting and sustaining the incredible boys.

Our first grandson Roman had made his appearance, followed 7 minutes later by his brother Harvey. We felt almost immediately the presence of their unique personalities. Two very special little humans, healthy and serene in their newborn state. Hard to capture our emotions as we gazed in wonder at the two babies who shared their uterine space and now happily transitioned into sharing a crib. Joy, joy and more joy.

Naturally, we each brought to the welcome different ways of love, protection, practicalities and knowledge. One thing I noted from Babushka Tatiana was the tiny bracelets made from coloured woven thread given to each boy and their Mamma. I learnt that they were to protect the boys from 'the bad eye'. Newborns wear these bracelets until they get baptised. I was more than happy to see these little boys being protected in any shape or form.

Just when life was busy, and our lives were brimming with enjoying our grandparent roles our 4th grandchild made her appearance. We didn't at this point know if this baby was a boy or a girl. A healthy, beautiful baby girl arrived at term in late July, avoiding both Aunt Irina's birthday and her Daddy's birthday by one day either side.

With great timing we were driving down from our home in the North of England to their home in Hove when our daughter in law was admitted to hospital in early labour.

We had the comfort of knowing that we could take care of Astrid during the time that the parents were at the hospital. Long hours of labour and long hours of waiting for all concerned. At last, a wonderful message arrived, 'the magic ping' of my mobile phone with the wonderful news of the safe arrival of a beautiful full term baby girl. Our most welcome and loved granddaughter Rumi entered our world. We could not have been

more relieved, once again I experienced the fantastic, effervescent feeling of joyful bubbles flowing through my body and heart.

It's now 18 months since our 4<sup>th</sup> grandchild made her appearance. Just like her sister and her cousins, we observe her emerging personality, her mischievous nature. My heart has grown to accommodate the love it holds for 4 amazing little humans.

My arms are stronger. My quest to live for as long as possible is driving me to be fitter, healthier. I had been told of the special feelings of being a grandmother, but nothing can match the reality of the role. I am very fortunate to experience the feeling of joy but have been blown away by being asked on occasions for any wisdom that I might hold to support situations in health, feeding and nurturing.

Our 4<sup>th</sup> grandchild is named Rumi Edith; this is a truly beautiful way of connecting us to my own mother, Edith who sadly never had the joy of meeting my children (her grandchildren) but is and has been connected to our four amazing grandchildren with this strong foundation.



<sup>11</sup> Babushka is a slavic word for Grandmother.

## Reflections on becoming a grandmother

*by Petra Wood*



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My first grandson will be three years old next month. My son and my daughter-in-law decided to marry while they were still very young by today's standards and it was on their wedding weekend that they told us that she was pregnant. It was amazing! I remember thinking, 'Oh my god I'm far too young to be a grandmother', but also, 'You know, why not?'

From the beginning it has been a journey of mixed emotion - of holding two almost opposing thoughts or feelings and of having to navigate a route between them. There was this incredibly important new human being coming into the world, a human being that would ensure my eternity; the next generation of my line - my grandchildren, my great grandchildren, my great great grandchildren and so on. It felt incredibly important and emotional. But it was my daughter-in-law who was pregnant, not my own daughter, and I am not her go-to person. Her go-to person is her mother, and so it should be. I was afraid of not being needed, of not even being wanted around.

Also, I remember so clearly how much I hated unsolicited advice as a young mother myself and I wanted to never overpower my son and his wife or tell them what to do. But also, I am a homoeopath and have been for 20 years, whilst my daughter-in-law is a children's nurse and fully immersed in the medical system. I knew I had to be true to myself and raise certain issues that I felt strongly about, but I also knew that ultimately I had to accept their choices.

Happily, three years on, it is clear that I am a very important person in their life. At the same time, being one step removed has been a hard thing to get to grips with. I was aware that I held a lot of knowledge and experience but that I wasn't in charge. As a grandmother I felt that my grand baby was naturally going to be one of the most important people on the planet but I was not the mother. I was not in charge, I shouldn't be in charge, but I am a person who is usually in charge when things touch my life, so it was a really rocky journey to explore. What I found was a belief that it was going to be okay, and so it was.

**Being a practicing Buddhist also helped me to navigate the uncertainties and lack of control encountered on my journey into grandmotherhood. The philosophy helps me to work for the betterment of myself, my environment and the people around me, but at the same time it teaches me acceptance and appreciation of what is, rather than just wishing for something else.**

For example, as a nurse, my daughter-in-law had a covid vaccination when she was pregnant. Whatever happened to the idea that pregnant women avoided all vaccines! I just had to believe that it would be okay, that it's the way it's meant to be. My faith was a rock to cling to at times like that.

When there were complications in the pregnancy I wanted my daughter-in-law to see a homoeopath, which she didn't do. I offered some 'acute' treatments but I didn't want to be their homoeopath. I am the mother, the mother-in-law and the grandmother; these are separate roles from being a homoeopath and I knew that, and yet I had these tools that I knew would help. Towards the end, my daughter-in-law was in hospital with preeclampsia and, even then, I repeated my mantra, 'It's okay, it's okay'. My grandson was born by c-section at 37 weeks. They sent me the first photograph and I fell totally in love with that most gorgeous baby ever born. The connection felt absolutely remarkable.

I found that there is something about being a grandmother that requires you to surrender. I had to allow things to be as they were. Simply on a geographical level, they live in Bristol and I live in West Wales. Then there is my daughter-in-law's family to be respected. I have learned to park any feeling that I wasn't having enough time with my grandson because it wasn't benefiting me.

I have a great relationship with my son and with my daughter-in-law as well. A while ago I was talking with them about the fact that as my son's parents back then, his father and

I were in charge, just the two of us to synchronise our approach, but as grandparents there are four (plus a step grandparent) so there is a huge potential for conflicting grandparent guidance. It is really strange to change position from being the primary carer to not even being a secondary carer because I share that role with all these other people who are equally important. When I first saw my grandson I was overwhelmed by the feeling of him being a precious little human being, my very own flesh and blood, who needs to be looked after, but then I realised I had to step back and learn to share that role - the cake isn't all mine.

**I remember that with the announcement of my daughter-in-law's pregnancy, I realised I was being shunted up a generation and it felt like a shunt because it wasn't of my doing.**

My son and daughter-in-law, in deciding to create the next generation, had pushed me up towards the older generation, towards the ancestral side. I remember very vividly asking myself if I was ready for that, but it wasn't a matter of whether I was ready or not because I was not in control. When I became pregnant with my son 28 years ago, it was of my choosing. I decided I was ready to be a mother and then he chose to come along. Becoming a grandmother was different. They hadn't said that they were planning to have children so quickly, not to me anyway, so it was literally a shunt up into the next generation - you're going to be a grandmother ready or not, hold on to your horses.

I had never spoken to my mother about her transition into grandmotherhood but she was there when my daughter-in-law's pregnancy was announced. I vividly remember the whole family sitting around the table talking about it. I said, "I can't believe I'm going to be a grandmother at the age of 54, that's far too young", and my mom looked at me quizzically and I suddenly remembered that she was 54 when she became a grandma too. To me, she had been an old woman at that age and definitely grandmother material. People are coming to parenthood much later than in previous generations and naturally, coming to grandparenthood later too. It would be interesting to ask her how she felt at that time.

Whenever there is a health problem my homoeopath head kicks in big style. I do offer suggestions and they often ask me for remedies. They even have remedies in the house, but I know they also give calpol and antibiotics. That has been a challenge for me. What I have realised about grandmotherhood is that I may be given challenges at any time and basically these are opportunities to decide and demonstrate my values as a grandmother, to decide and show what sort of grandmother I want to be.

One of the biggest challenges for everyone came in my daughter-in-law's second pregnancy. They told us early because we were visiting and I would have spotted my daughter-in-law's morning sickness. Some weeks later they had a dating scan and found that she was expecting identical twins who were sharing one placenta. It was such a wonderful surprise. Sadly, the smaller twin started to struggle and as time went by, he was hardly growing at all. There followed a time of very frequent monitoring, waiting and worry.

I conferred with a colleague of mine and we put homoeopathic remedies in that my daughter-in-law very happily took, but nothing seemed to make a difference. After another three weeks it became really clear that the little twin's problems were too big and that he was not going to live.

It was really hard to know how my son and my daughter-in-law would cope. With the first pregnancy they hadn't wanted to know whether it was a boy or a girl until the baby was born. However, when it came to the point that they knew the little twin wouldn't live in this second pregnancy, they did ask, and I found it so reassuring and comforting to honour this tiny human being, who had become part of their lives, our lives, with a name: Griffin.

My son and his wife had a lot of support from the charity Bliss. They continued being monitored and my daughter-in-law gave birth to both twins on Good Friday. They were born together, back to back, at the very same time. In many ways it was a timely and beautiful arrival into the world. In the hospital they had a special room for parents of stillborn babies where the parents can stay with their baby. They stayed there with little Griffin (who was just two or three inches in length) while the bigger twin, who weighed a kilogram, was around the corner in NICU (neonatal intensive care unit). And because of Easter they were able to stay longer than anticipated.

While this was all happening, my first grandson was on a holiday with his maternal grandparents and we had gone to see my parents in Germany. We flew back on Easter Monday and my son invited us to stay at their house in Bristol and to come and meet my new grandson. So my partner, my daughter, and I went in and we all saw little Griffin too. It was strange because he wasn't there - we saw a little body but he wasn't there, he had moved on. I found that reassuring.

After that I went into the intensive care unit to meet my new grandson. This scared me witless. I am not a fan of hospitals because I don't come from the technological medical model in my personal and professional philosophy of health; I have a very different view. I felt extremely hesitant but my daughter had been very insightful; she said, "Mum, what are you scared of?". I was scared to see my little grandson wired up and separated from his mother. As soon as I realised that, I thought, "It's okay, this is a fear to be overcome." So I had to face the fear, and I went in. It was a very weird environment, he was bruised

black and blue as his passage through the birth canal had been a rough one. Everything was beeping and my son said straight away, “Don't worry Mum, there's good beeps, and there's bad beeps, these are all good beeps”. My daughter-in-law, in her training as a children's nurse, had actually been on the ward in one of her placements, and so, whilst I was looking in alarm at all the concoctions that were being pumped into my little grandson's body, she was able to keep control, hide her fears, and look at ease in that environment and it was so good to see.

My little grandson was in hospital until early June. Things happened, but nothing untoward. With every complication the consultants said, “It's not because he's poorly, it's just because he is premature”. It was reassuring that they were expecting things like that to happen and they were nothing extraordinary. He always picked up, everything went well.

**What I learned as a grandmother during this time was that my grandsons' parents were perfectly able to deal with things, and that I didn't have to. I learned that it wasn't my job to make decisions.**

I was just there to check in, and hear the news, and provide childcare for my older grandson as needed. At times, I felt worried that I didn't know enough, that they didn't tell me enough about what was going on, but as soon as I clocked that this was my desire to be in charge, I was able to step away again and know that it would be fine.

They all came home on the eve of Father's Day. I happened to stay overnight, and my son and I were the last ones still up before going to bed. What I realised that evening was that he had become the most amazing father anybody could wish for. He was looking after his family, financially, practically, and emotionally, and making good decisions. He was a wonderful father, and I saw that. I realised that ‘me not being in charge’ needed to happen in order to fully enable him to become the most amazing father, one who can take care of his family in every way. I had to be shunted up a position so that he could step up. I shared that with him as we spoke. I told him about the times when I was longing to know more, times when I was worried about everything, but I said that, with hindsight now, I wouldn't have wanted him to need me to make his decisions. I felt so proud seeing him as a fully fledged adult and father.

As we spoke about this, I had the insight that his ability to father came truly from within him, it wasn't something that he was just copying, that he was used to. This felt so profound. It was a very special moment.

The idea that the ability to parent can be found deep inside ourselves makes sense as it must be a biological imperative for all mammals to know how to care for their young. Being shunted into grandmotherhood must also be the natural way of human beings, maybe of all mammals too, so that we are there for our children as they become parents. When I had my son, my first child, I started to rely emotionally on my mum much more than I had done for the previous decade, needing some information from her, just checking things out with her, or needing her as a sounding board. I realised then that, as grandparents, we give forward to the next generation. It's not so much about what we get back. If we get something back it is a bonus. It is the way we become eternal. What I truly understand now is that motherhood too, is about enabling the next generation to become the most amazing people that they can be so that then the next generation can become even more amazing, and so on. We are all paying forward to the next generation. I realise now that the people who came before me, my mum, my grandma, my ancestors, they are to be honoured for what they passed down.

Both my grandmothers are dead now. One died when I was six, but my maternal grandmother was around for a long time. I have always felt a really strong connection with her, even though we didn't spend much time together. In the course of my work as a homoeopath I came across the fact that when a woman is pregnant with her daughter, the daughter in utero already has all the eggs for the next generation. When I learned that, it was just mind-boggling. The thought that, as a woman, as a mother-to-be, I was already holding two generations, just as my grandmother held my mother and me, is a wonderful thought.

# The vital role of grandmothers in the perinatal period: A personal journey of connection and care

*By Ruksana Beigi*



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## ***A Grandmother's Embrace***

*In softest whispers, she awaits,*

*A tender heart that gently waits.*

*Through sleepless nights and joys unknown,*

*She guides the path, though not alone.*

*Her hands, with wisdom, cradle life,*

*A calming touch amidst the strife.*

*A grandmother's love, so deep, so pure,*

*A steady bond, forever sure.*

*In every breath, her hope is found,*

*A legacy of love unbound.*

*Through every change, she's by your side,*

*A constant in the shifting tide.*

## **Introduction**

My personal experience of pregnancy and motherhood during the Covid-19 pandemic highlighted the importance of the grandmother for me, in profound ways. Faced with the isolation of lockdowns and the uncertainties of first-time motherhood, my mother became an anchor, offering unwavering support, guidance, and care. Her presence not only lightened the physical and emotional load of becoming a mother<sup>1</sup> but also demonstrated the timeless importance of intergenerational bonds in fostering resilience and wellbeing. This article reflects on the critical role grandmothers play during the perinatal period, drawing on both personal experiences and broader insights. It explores the practical, emotional, and cultural contributions of these significant others, emphasising how their involvement not only enriches the lives of parents and their grandchildren but also creates lasting connections that span generations.

## **The role of grandparents in family life**

In modern societies, where life expectancy is rising alongside increases in single motherhood and female workforce participation, grandparents occupy a unique and cherished role within the family structure. Often serving as pillars of wisdom, stability, and support, their active involvement in caregiving enriches not only the lives of their grandchildren but also strengthens the overall family dynamic. Beyond their supportive role to parents, they are the 'significant others' in children's lives,<sup>2</sup> offering a special kind of unconditional love, mentorship, and connection that is distinct from parental relationships. This bond fosters emotional security, resilience, and a sense of belonging in grandchildren, leaving a lasting impact on their development.<sup>3</sup> In today's fast-paced world, where the challenges and demands of modern parenting can often feel overwhelming, the role of grandparents becomes even more vital.<sup>4</sup> As life expectancy increases, grandparents have the opportunity to be actively involved in their grandchildren's lives for longer periods, nurturing strong intergenerational bonds that support families in profound ways.

For single mothers, who may lack consistent partner support, grandparents often provide an essential safety net, offering practical caregiving, emotional stability, and mentorship that eases the pressures of parenting alone. Likewise, as more women re-enter the workforce or juggle demanding careers, grandparents frequently step in to fill childcare gaps, providing reliable, cost-effective, and trusted care in an era when formal childcare can be both logistically and financially challenging. However, grandparents' involvement extends far beyond practical caregiving. With their wealth of experience gained through years of raising children, they are uniquely positioned to offer invaluable guidance and emotional reassurance during the transformative life stage of pregnancy and the postpartum period.<sup>5</sup>

## **Reflecting on personal lived experience**

### **Isolation and connection during pregnancy.**

When I became pregnant with my first child, the world was in the grip of the Covid-19 pandemic. Lockdowns and social distancing kept families apart, while my mother, a vulnerable adult, had to shield herself for her safety. The separation during such a pivotal life event was deeply isolating, amplifying feelings of vulnerability and fear. However, technology bridged the physical distance, and through daily video calls, my mother became my virtual guide and confidante. During this time, my mother's wisdom became a compass for navigating pregnancy. When my appetite waned, and I struggled to eat, she offered practical, compassionate advice, encouraging small, nutrient-rich meals and consistent hydration. When I experienced swollen feet and fluctuating blood pressure, she provided simple yet effective solutions, such as elevating my legs and staying hydrated. These gestures, though seemingly minor, made me feel cared for and empowered, offering a sense of control during an otherwise unpredictable period. As my pregnancy progressed and physical tasks became more challenging, my mother encouraged my husband to step in as an active partner in caregiving. She provided him with practical advice, like assisting with foot care and learning how to help me relax after long days. This guidance strengthened our partnership and prepared us to share parenting responsibilities more equitably after our baby's arrival.

### **Postpartum recovery: a grandmother's wisdom.**

After my daughter was born, restrictions eased, allowing me to stay with my mother for the first four weeks postpartum. Those weeks were a transformative experience, not only for me as a new mother but also for my family as a whole. My mother's support extended beyond caring for my baby; she cared for me in ways that I didn't even realise I needed. She prepared nourishing meals tailored to support my recovery and facilitated breastfeeding, ensuring I had the energy to meet the demands of early motherhood. Her expertise with breastfeeding was particularly invaluable. When I struggled with latching issues, she guided me with patience, taught me effective techniques, and massaged my breasts to stimulate milk flow. Her reassurance during moments of frustration eased my anxiety and bolstered my confidence. Her practical knowledge enriched my experience as a mother. I will always remember how she gave my daughter her first bath with calm assurance, turning an intimidating task into a moment of joy and connection. Her gentle hands trimmed my baby's tiny nails when I was too nervous to attempt it. These acts, small yet profoundly meaningful, underscored the unique value of experience and wisdom that grandmothers bring.

### **Emotional and physical support for new mothers.**

One of the most profound aspects of my mother's involvement during the perinatal period was her unwavering focus on my physical and emotional wellbeing as a new mother. Her attentiveness went beyond simple acts of kindness; it was a comprehensive form of care that allowed me to prioritise recovery and bond with my baby. Recognising the toll that childbirth had taken on my body, she regularly massaged my back and abdomen to alleviate postpartum aches, improve circulation, and promote healing. These gestures, infused with love and care, provided both physical relief and emotional comfort, reminding me that I was not alone in navigating the challenges of recovery. Equally important was her constant encouragement for me to rest. Like many new mothers, I felt a sense of responsibility to juggle everything—feeding, nappy changes, and adjusting to sleepless nights—often at the expense of my own rest. My mother gently reminded me of the importance of prioritising my health, reassuring me that taking time to recharge would make me a better, more present mother. Her insistence that I pause and care for myself alleviated the pressure I felt and gave me permission to lean on others for support. Emotionally, her presence was invaluable. She listened without judgment as I shared my fears, insecurities, and moments of doubt, creating a safe space where I felt heard and validated. Postpartum emotions can be overwhelming, ranging from sheer joy to exhaustion and, at times, self-doubt.<sup>6</sup> My mother's calm demeanour and open heart helped me process these feelings without shame or guilt. She offered reassurance drawn from her own experiences, which helped me feel understood and empowered to embrace my new role as a mother.

### **Empowering partners and building a team to strengthen family bonds.**

Beyond her care for me, my mother played a pivotal role in nurturing my husband's confidence as a father. Recognising that fatherhood was as new to him as motherhood was to me, she actively involved him in caregiving tasks, guiding us both through practical skills such as bathing, dressing, and soothing our baby. Under her gentle guidance, we learned to bathe our child together—a task that initially seemed daunting but quickly became a cherished ritual of teamwork and connection. Her mentorship fostered a deeper sense of partnership between my husband and me, reinforcing that parenting is a shared journey. These shared experiences not only strengthened our bond as a couple but also equipped us with the confidence and skills to tackle challenges as a team. By creating an environment of support and collaboration, my mother ensured that we both felt capable and empowered in our respective roles as new parents. Ultimately, her holistic approach to care—attending to my physical recovery, nurturing my emotional resilience, and fostering my husband's involvement—transformed what could have been an overwhelming time into a period of growth, connection, and shared joy. It underscored the vital role she played in easing the transition into parenthood,

offering a sense of stability and strength during one of our lives most significant changes.

### **Lessons learned: fostering intergenerational bonds**

My experience has highlighted the importance of fostering intergenerational bonds, not just for my child but for my entire family. The wisdom and care of a grandmother enriches lives and my own experience brings forth important lessons learned.

- *The value of patience and perspective.* One of the most profound lessons I learned from my mother during this period was the importance of patience. Her calm demeanour and measured approach to caregiving taught me that not every challenge requires an immediate solution. Babies, much like new parents, thrive when their environment is calm and supportive. This perspective has helped me navigate parenting with greater confidence and less stress.
- *Collaboration builds confidence.* My mother's ability to involve my husband in caregiving not only strengthened their bond but also made our family unit more cohesive. Her guidance in simple tasks, such as bathing and feeding, showed me that parenting is a team effort. Watching my husband grow into his role as a father under her mentorship reminded me that support doesn't just benefit the mother—it empowers the entire family.
- *Cultural heritage as a source of strength.* During my postpartum period, my mother shared family traditions and cultural practices that added richness to my experience of motherhood. From preparing traditional meals for my recovery to singing lullabies that had been passed down for generations, these moments deepened my connection to my roots and gave me a sense of belonging that I now hope to pass on to my child.
- *The importance of vulnerability.* My experience also taught me that leaning on others is not a sign of weakness but of strength. Allowing my mother to care for me and share her wisdom created a deeper bond between us. It also showed me the value of opening up to those who care for you, fostering a sense of mutual trust and support.
- *Empowering future generations.* Observing my mother's nurturing influence on my child inspired me to think about how I can support my child when they become a parent someday. Grandparents not only provide care in the moment but also model behaviors and values that shape future generations. Their legacy is a gift that continues to give long after the perinatal period has passed.
- *Resilience through community.* My mother's support reminded me that parenting is not meant to be done in isolation. The involvement of grandparents and extended family creates a supportive network that strengthens resilience in

times of stress or difficulty. This lesson has inspired me to nurture connections with other family members and friends, ensuring that my child grows up surrounded by a community of love and care.

- *Adaptability in modern parenting.* While my mother's advice often stemmed from her own experiences, she was also open to adapting to the unique challenges of modern parenting. For instance, she embraced the use of technology to stay connected during pregnancy and learned about current guidelines on safe sleep and breastfeeding. Her willingness to learn and adapt reinforced the idea that parenting is a continuous journey of growth and evolution.
- *A shared sense of purpose.* Finally, I learned that the role of grandparents is not limited to helping during the perinatal period; it extends to creating a shared sense of purpose within the family. Watching my mother form a bond with my child was one of the most fulfilling aspects of my postpartum experience. It reinforced the idea that families are strongest when their members support and uplift one another.

### **Why grandmothers are vital in the perinatal period**

Although both grandparents contribute to their grandchildren's lives, grandmothers have a unique role and provide crucial contributions to the well-being of their daughters and grandchildren<sup>7</sup> and are more likely to provide care due to their reproductive experience and expertise.<sup>8</sup> Support provided during pregnancy is invaluable and studies have suggested that this not only supports the mother but may beneficially impact foetal development.<sup>5</sup> A grandmother's presence can also help ease the steep learning curve that many new mothers face. From soothing a colicky baby to navigating the complexities of feeding and sleep schedules, grandmothers often have a wealth of knowledge earned through lived experience.<sup>9</sup> These funds of knowledge not only reduce the trial-and-error burden for mothers but also provide reassurance during moments of self-doubt or insecurity. Grandmothers often embody a sense of calm and patience that can balance anxieties of parenthood. For mothers, this steady presence can be grounding, offering reassurance that challenges, no matter how daunting, are surmountable.

Further, grandmothers often serve as cultural custodians, passing down traditions, rituals, and family values that enrich the baby's sense of identity. Whether it's preparing family recipes, teaching lullabies from their childhood, or sharing stories about the baby's heritage, they create a sense of continuity that connects past, present, and future generations.<sup>10</sup> Their presence also supports the baby's emotional development where studies have shown that babies thrive in environments where they receive love and attention from multiple caregivers.<sup>11</sup> This provides an additional layer of security and attachment, fostering emotional resilience and a sense of belonging in the child.

For new mothers, especially those recovering from childbirth, the physical and emotional toll of postpartum recovery can be overwhelming. Grandmothers provide essential relief by taking on caregiving tasks, allowing mothers to focus on healing and bonding with their babies. Moreover, grandmothers often serve as emotional anchors during challenging moments, such as postpartum depression<sup>12</sup> or breastfeeding struggles.<sup>13</sup> They go on to create a safe space for mothers to express their fears and frustrations without judgment. However, despite the critical and multifaceted role grandmothers often play in supporting mothers, perinatal health research has largely neglected the influence of them on maternal mental health. This oversight fails to account for the ways in which their emotional, practical, and cultural support can alleviate stress, foster resilience, and improve maternal wellbeing during one of the most vulnerable periods in a woman's life.

### **Acknowledging the absence of grandparent support**

I know that not everyone has access to the kind of support that I was fortunate to receive during the perinatal period. Whether due to physical distance, family dynamics, health challenges, or other circumstances, many new parents navigate pregnancy and early parenthood without this unique form of care. The absence of a grandparent's guidance and nurturing presence can be especially challenging during moments of exhaustion, self-doubt, or overwhelming uncertainty. While this kind of support is irreplaceable in many ways, the core elements that grandparents provide—wisdom, emotional reassurance, and practical care—can sometimes be cultivated through other means. Community networks, close friends, colleagues or peers with children, and even virtual resources, can offer valuable support, helping to bridge the gap for families without access to grandparent involvement. For example, parent support groups, lactation consultants, or trusted friends with parenting experience can provide guidance and empathy when it's needed most. This is a 'more-than-parental' intergenerational approach that recognises the roles and influence of all members of a child's close family, friends, and networks.<sup>14, 15</sup> This awareness has deepened my appreciation for the importance of building inclusive communities that ensure no parent feels isolated or unsupported. Whether through fostering stronger social connections or advocating for accessible resources for new parents, we can work toward creating a culture that embraces the principles of care, wisdom, and resilience that grandparents so often bring to families. No one should feel they must face the perinatal journey alone, and finding ways to fill these gaps can make all the difference.

### **Final thoughts: a timeless role reimaged**

Grandparents occupy a timeless and essential role in the family structure but the demands and opportunities of modern parenting have reimaged their contributions. Today, grandparents serve as bridges between tradition and innovation, offering wisdom

from their own experiences while adapting to the changing needs of their children and grandchildren. As I reflect on my journey, I am profoundly grateful for my mother's presence. Her care, wisdom, and unconditional love not only shaped my experience of early motherhood but also enriched the bond between our generations. Grandparents are not merely caregivers; they are nurturers of connection, continuity, and resilience—a role that remains as vital as ever in today's fast-paced, often isolating world.



- 1 Aubel, J. (2021). Grandmothers — a neglected family resource for saving newborn lives. *BMJ Global Health*. 2021;6:e003808. doi:10.1136/bmjgh-2020-003808
- 2 Ward, U. (2013) *Working with Parents in Early Years Settings*. Exeter: Learning Matters.
- 3 Riem, MME. and van der Straaten, M. (2024) Grandmothers matter: how grandmothers promote maternal perinatal mental health and child development. *Front. Psychol.* 15:1521335.doi: 10.3389/fpsyg.2024.152133
- 4 Silva, T. (2023) Ed. *Parenting in Modern Societies*. London: IntechOpen.
- 5 Coall, D. A., Hilbrand, S., Sear, R., and Hertwig, R. (2018). Interdisciplinary perspectives on grandparental investment: a journey towards causality. *Contemp. Soc. Sci.* 13, 159–174. doi: 10.1080/21582041.2018.1433317
- 6 Modak, A., Ronghe, V., Gomase, KP., Mahakalkar, MG. and Taksande, V. A. (2023) Comprehensive Review of Motherhood and Mental Health: Postpartum Mood Disorders. *Focus. Cureus*. 15(9).
- 7 Scelza, B. A., and Hinde, K. (2019). Crucial contributions: a biocultural study of grandmothing during the perinatal period. *Hum. Nat.* 30, 371–397. doi: 10.1007/s12110-019-09356-2
- 8 Knorr, D. A., and Fox, M. (2023). An evolutionary perspective on the association between grandmother-mother relationships and maternal mental health among a cohort of pregnant Latina women. *Ethol. Sociobiol.* 44, 30–38. doi: 10.1016/j.evolhumbehav.2022.10.005
- 9 Mangione, D.A., Luff, P. and Kanyal, M. (2023) 'Towards a new pedagogy of grandparenting: proposing a participatory project', *Rivista Italiana di Educazione Familiare*, 22(1), pp. 17–28.
- 10 Dunning, A. (2006) 'Grandparents-an intergenerational resource for families: a UK perspective', *Journal of Intergenerational Relationships*, 4(1), pp. 127–135.
- 11 Hawkes, K. (2004). The grandmother effect. *Nature* 428, 128–129. doi: 10.1038/428128a
- 12 Jackson, D. B., Testa, A., and Vaughn, M. G. (2023). Parental incarceration and children's living arrangements in the United States. *Child Adolesc. Soc. Work J.* 40, 695–711. doi: 10.1007/s10560-021-00794-5
- 13 Negin, J., Coffman, J., Vizintin, P. et al. (2016) The influence of grandmothers on breastfeeding rates: a systematic review. *BMC Pregnancy Childbirth* 16, 91. <https://doi.org/10.1186/s12884-016-0880-5>
- 14 Sadownik, A.R. and Višnjić Jevtić, A. (2023) '(Re)theorising more-than-parental involvement in early childhood education and care', in A.R. Sadownik and A. Višnjić Jevtić (eds) *International Perspectives on Early Childhood Education and Development*. Volume 40. Cham, Switzerland: Springer, pp. 191–203.
- 15 Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.

## Nature and nurture: a brief look at epigenetics and transgenerational trauma.

*by Alex Smith*



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### [Image Source](#)

Epigenetics is a fairly new science, but not a newly observed phenomenon. It studies the way in which information can be passed from one generation to the next over and above the genetic blueprint inherited from our ancestors. It is a process that may have been recognised in the biblical reference to “visiting the iniquity of the fathers upon the sons to the third and fourth generation” (Numbers 14:18), and echoed by Shakespeare in *The Merchant of Venice*, “The sins of the father are to be laid upon the children” (Act 3, scene 5).

Iniquity (wrongdoing, unethical behaviour, violence of any kind that results in, or is experienced as, trauma), whether one is the perpetrator or the victim, leaves its mark. This mark can be passed to the children through the way in which a traumatised parent nurtures their child. The attitudes and behaviours of traumatised parents, the conditions they endure, and the stories they share, create a family environment that shapes the attitudes and behaviours of their child in a way that may be carried into adulthood and passed on - even to the third and fourth generation. This is referred to as intergenerational or transgenerational trauma (the passage of emotional pain from one generation to the next),<sup>1</sup> eloquently summed up by Philip Larkin in his poem, ‘This Be the Verse’<sup>2</sup>:

### ***This Be the Verse***

*They fuck you up, your mum and dad.*

*They may not mean to, but they do.*

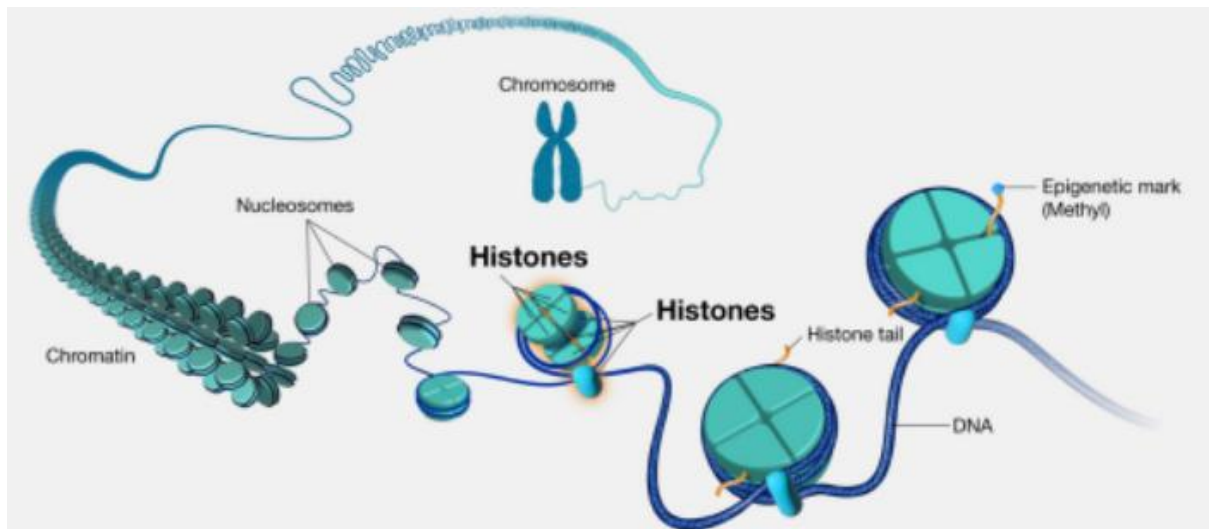
*They fill you with the faults they had  
And add some extra, just for you.*

*But they were fucked up in their turn  
By fools in old-style hats and coats,  
Who half the time were soppo-stern  
And half at one another's throats.*

*Man hands on misery to man.  
It deepens like a coastal shelf.  
Get out as early as you can,  
And don't have any kids yourself.*

Being filled with the faults of our parents and grandparents (faults often born from painful experiences) may also be explained through epigenetics. The epigenome ('epi' being the Greek word for over or above and 'genome' being the entire set of DNA instructions found in a cell.)<sup>3</sup> is a collection of chemical compounds that attach to and overlay (cover) the DNA sequence in order to direct gene expression.<sup>4</sup> Epigenetic marks do not alter the DNA sequence but instead they are like 'on and off' switches or 'open and closed' signs that allow or silence individual gene activity. Some have likened the DNA sequence to the words of a Shakespeare play that remain the same in every performance, and the epigenome to the director's notes that modify the expression of each performance.

If you are not quite sure where this is happening in your body, it is happening in every cell. As a general rule, the nucleus of every cell contains 23 pairs of chromosomes. One pair from each parent. The chromosomes each consist of one two-stranded (double helix) molecule of DNA that contains the genetic code unique to every individual (the genome). This strand of DNA is about six feet in length but it winds itself around little 'spools' made of eight [histone](#) proteins that magically (don't ask me how) allow the strand to pack itself into a miniscule space. Each 'spool', wrapped in its loop of DNA, is called a nucleosome. Together the nucleosomes look like tiny beads on a fine thread. This 'thread of beads' coils (or condenses) into a thicker strand called a chromatin, and this single chromatin further condenses itself to form a single chromosome. The chemical compounds that form the epigenome are attached to the histones and to the DNA itself in a number of ways, the most notable of which is [DNA methylation](#).



These chemical markers can be acquired through environmental factors (nurture) or, though still controversially, may even be inherited (nature).

Nurture for an individual begins in the womb. The ways in which the child's development is affected by his intrauterine and early childhood experiences are referred to as environmental factors. For example, maternal stress in pregnancy affects the intrauterine environment and is known to affect the baby's development.<sup>5</sup> Intermittent mild to moderate stress, otherwise known as 'normal life', appears to advance the baby's neural development and in doing so, better prepares the baby for normal life. Severe and/or chronic stress, on the other hand, is associated with higher risks for adverse perinatal outcomes and long-term adverse effects on offspring. Maternal trauma, expressed as anxiety, depression or PTSD postnatally, can also be transmitted to the baby. It affects the maternal-infant bond, which has consequences for the child's future development.<sup>6, 7</sup> That this early and often forgotten unhappiness can come back to haunt a person in their adult life has been referred to as 'the ghosts in the nursery'.<sup>8</sup>

As well as the psychological effects of trauma affecting the way a baby is nurtured before and after birth, the physical effects may also be passed on. For example, we can assume that when a woman is pregnant during a period of famine her baby's physical development is likely to be adversely affected,<sup>9</sup> but now there is growing evidence that epigenetics can modify the baby's gene expression enabling the mother's lived experience to be passed to her child as a form of natural inherited memory.<sup>10</sup> The baby's body holds the memory that famine is possible and has been 'programmed' accordingly. It was always believed that DNA methylation is completely erased from the genes that a new baby inherits from each parent, but apparently, this is not always the case.

Epigenetic changes associated with a preconception trauma in parents (including the assault upon the body from smoking, alcohol or medication) may overlay the DNA in the gametes (the eggs and sperm) and continue to direct gene expression in a future baby, even when environmental stressors no longer exist.<sup>11, 12, 13</sup> For example, it had long been observed that the children of fathers who smoked before they (the children) were conceived, have an increased risk of experiencing asthma, low lung function and obesity. This is particularly true if the fathers smoked during puberty, but it wasn't understood why. Recently, research has shown that the father's earlier smoking is associated with methylation of blood DNA in his offspring,<sup>14</sup> the 'instruction' for which must have been carried epigenetically in his sperm.

Continuing with the famine example, when women are pregnant during times of famine, their offspring have a higher likelihood of being overweight and experiencing reduced glucose tolerance later in life - with effects also noted in the grandchildren.<sup>15</sup> The famine-exposed babies appear to have had a gene epigenetically 'turned on' that enabled them to adapt to a resource-poor environment, but after birth, when times turned out to be good and food plentiful, they gained weight very easily and experienced higher rates of obesity and diabetes. This is known as the 'thrifty-phenotype theory'.<sup>16</sup> Studies have also shown that when times continue to be hard and food scarce, this epigenetic modification improves the well being of a person as they are better adapted to the situation.<sup>17</sup> Overall though, early exposure to famine conditions seems to impair immunity. One example of this is where prenatal and early-life exposure to the Great Chinese Famine (1958-1962) increased the risk of tuberculosis in adulthood across two generations.<sup>18</sup>

Other examples of intergenerational trauma that have been studied include those arising from slavery, the holocaust, forced migration, and violent colonisation with the displacement and marginalisation of indigenous people.<sup>19</sup> A more recent collective trauma is that of the Covid-19 pandemic. The AIMS Helpline witnessed the sometimes harrowing experiences of women who were pregnant and gave birth during this time.<sup>20</sup> This is not to mention the many thousands of women each year, in the UK alone, who develop PTSD after their experience of perinatal trauma.<sup>21</sup>

Research suggests that epigenetics may also be critical in various diseases, from cardiovascular disease and cancer to neurodevelopmental and neurodegenerative disorders,<sup>22</sup> as well as a tendency to aggressive and dysfunctional behaviours.<sup>23</sup> If genes can be epigenetically 'turned on' in a way that may harm future generations, is it possible to create conditions or treatments that 'turn them off' again and allow healing from the inherited trauma or from chronic disease? Modern medicine is developing epigenetic interventions, one example are new drugs for treating cancer that aim to 'turn

back on' genes that suppress cancer tumours,<sup>24</sup> however, these interventions are being developed with great caution because of the potential risks associated with them, including unintended consequences like adverse drug reactions, developmental abnormalities, and cancer itself.<sup>21</sup>

Homeopathy may offer another approach to epigenetic treatment. Before our understanding of germ theory and long before our knowledge of epigenetics, Hahnemann, the founder of homoeopathy, observed that the effects of an acute disease can remain in the body even after treatment and that those effects can be present in future generations who have not been exposed to the acute illness (inherited miasms); this trans-generational effect manifested in the form of 'disease predispositions'. He called these effects 'miasms', miasma being Greek for pollute, taint or stain.<sup>25</sup> Two promising studies have shown some success with homoeopathic treatment in apparently modulating 'tainted' gene expression over and above the placebo effect.<sup>26</sup> Practitioners of integrative medicine, an approach that combines complementary and alternative approaches with allopathic approaches (drugs and surgery), are also interested in this field and offer evidence that their work may modify the 'epigenetic landscape' in a positive way as well.<sup>27</sup>

Returning to 'the ghosts in the nursery', in 1975, Selma Fraiberg, an American child psychoanalyst, wrote about intergenerational trauma using this evocative metaphor:<sup>8</sup>

*“In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under favorable circumstances, these unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves reenacting a moment or a scene from another time with another set of characters. In still other families there may be more troublesome events in the nursery caused by intruders from the past. There are, it appears, a number of transient ghosts who take up residence in the nursery on a selective basis. Ghosts who have established their residence privileges for three or more generations may not, in fact, be identified as representatives of the parental past.”*

Forty years after her death, Fraiberg and her work with children experiencing the effects of intergenerational trauma, are still highly regarded. She features in the Shalvi/Hyman Encyclopedia of Jewish Women, along with a bibliography of her work,<sup>28</sup> and her life's work has recently been written about in the Journal of Psychoanalytic Social Work.<sup>29</sup> More recent studies confirm that of both positive and negative parenting

behaviour can, consciously and unconsciously, cross generations,<sup>30</sup> but to what extent this is a baton passed from parent to child as Philip Larkin describes, or whether in part, the epigenome is the subterranean dwelling place where the ghosts of our ancestors wait to haunt us, is undecided.

Either way, thirty years after Fraiberg's ghosts, 'the angels in the nursery' have been written about too.<sup>31</sup> The authors (Alicia F. Lieberman et al) argue that:

*“Uncovering angels as growth-promoting forces in the lives of traumatized parents is as vital to the work of psychotherapy as is the interpretation and exorcizing of ghosts. Using clinical case material, we demonstrate the ways in which early benevolent experiences with caregivers can protect against even overwhelming trauma, and examine the reemergence of these benevolent figures in consciousness as an instrument of therapeutic change.”*

Supporting Lieberman's hopes for psychotherapy, some early and tentative research suggests that it (psychotherapy) may have a positive effect on the epigenetic mechanisms associated with the stress response. However, these epigenetic changes were only observed in patients with early trauma.<sup>32</sup>

The potential effects on the epigenome of babies born to mothers who experienced perinatal trauma has not yet been studied. This invites the thought that prevention would be better than cure - the thought at the very heart of our work at AIMS in campaigning for improvements in the maternity services. An emerging policy of trauma-informed health care recognises that patients may come to healthcare with a previous history of trauma. The approach seeks to prevent re-traumatisation by understanding, building trust and supporting choice.<sup>33</sup> However, discussions about trauma-informed care often overlook the fact that the previous trauma may have been the result of iatrogenic harm; harm caused by medical treatment - including the trauma caused from obstetric violence.<sup>34</sup>

As a result of her personal experience, one health practitioner in the States, Chrystal L. Lewis, has developed the BITTEN model of trauma-informed care,<sup>35, 36</sup> with the B standing for 'Betrayal history by health-related institutions'. This refreshing recognition, that healthcare may have been the first trauma, is vital if the healthcare system, including maternity care, is to improve. The iniquity of non-consensual maternity care traumatises all involved, with ill effects that are surely becoming a collective transgenerational trauma - reflected in the growing climate of fear around birth.

As a grandmother and great grandmother, I weep when I hear story after story of events attending a birth that can only be described as cruelty, neglect or unwitting ignorance. This is not a trauma we want to pass to our daughters and granddaughters if there is anything at all that can be done.

The AIMS campaign for physiology-informed maternity services [position paper](#).<sup>37</sup>

[1](#) Marschall A (2024) Understanding Intergenerational Trauma and Its Effects on Mental Health [www.verywellmind.com/what-is-intergenerational-trauma-5211898](http://www.verywellmind.com/what-is-intergenerational-trauma-5211898)

[2](#) Philip Larkin (1971) This Be the Verse. [www.poetryfoundation.org/poems/48419/this-be-the-verse](http://www.poetryfoundation.org/poems/48419/this-be-the-verse)

[3](#) National Human Genome Research Institute (2020) What is the epigenome? [www.genome.gov/about-genomics/fact-sheets/Epigenomics-Fact-Sheet](http://www.genome.gov/about-genomics/fact-sheets/Epigenomics-Fact-Sheet)

[4](#) Note: Gene expression is the process by which the information encoded in a gene is turned into a function.

[5](#) Wu, Y., De Asis-Cruz, J. & Limperopoulos, C. Brain structural and functional outcomes in the offspring of women experiencing psychological distress during pregnancy. *Mol Psychiatry* **29**, 2223–2240 (2024). <https://doi.org/10.1038/s41380-024-02449-0>

[6](#) Dozio E, Feldman M, Bizouerne C, Drain E, Laroche Joubert M, Mansouri M, Moro MR, Ouss L. The Transgenerational Transmission of Trauma: The Effects of Maternal PTSD in Mother-Infant Interactions. *Front Psychiatry*. 2020 Nov 30;11:480690. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7733963/>

[7](#) Doris D'Hooghe (2023) Traumatic Childbirth and the Impact on Mother-Child Bonding [www.researchgate.net/publication/373301699\\_Traumatic\\_Childbirth\\_and\\_the\\_Impact\\_on\\_Mother-Child\\_Bonding](http://www.researchgate.net/publication/373301699_Traumatic_Childbirth_and_the_Impact_on_Mother-Child_Bonding)

[8](#) Fraiberg, Selma, Adelson, Edna and Shapiro, Vivian. (1975). "Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships." *Journal of American Academy of Child Psychiatry*, 14(3): 387-421.

[9](#) Wu G, Bazer FW, Cudd TA, Meininger CJ, Spencer TE. Maternal nutrition and fetal development. *J Nutr*. 2004 Sep;134(9):2169-72. doi: 10.1093/jn/134.9.2169. PMID: 15333699.

[10](#) Critchlow H. (2024) The big idea: can you inherit memories from your ancestors? [www.theguardian.com/books/article/2024/jun/17/the-big-idea-can-you-inherit-memories-from-your-ancestors?CMP=share\\_btn\\_url](http://www.theguardian.com/books/article/2024/jun/17/the-big-idea-can-you-inherit-memories-from-your-ancestors?CMP=share_btn_url)

[11](#) Yehuda, Rachel et al. (2016) Holocaust Exposure Induced Intergenerational Effects on *FKBP5* Methylation. *Biological Psychiatry*, Volume 80, Issue 5, 372 -

380. [www.biologicalpsychiatryholocaust.com/article/S0006-3223\(15\)00652-6/fulltext](http://www.biologicalpsychiatryholocaust.com/article/S0006-3223(15)00652-6/fulltext)
- 12 Yehuda R, Lehrner A. Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World Psychiatry*. 2018 Oct;17(3):243-257. doi: 10.1002/wps.20568. PMID: 30192087; PMCID: PMC6127768. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6127768/>
- 13 Erdelyi K M (2022) Can Trauma Be Passed Down From One Generation to the Next? Healthline. [www.healthcentral.com/condition/post-traumatic-stress-disorder/epigenetics-trauma](http://www.healthcentral.com/condition/post-traumatic-stress-disorder/epigenetics-trauma)
- 14 Kitaba, N.T., Knudsen, G.T.M., Johannessen, A. *et al.* Fathers' preconception smoking and offspring DNA methylation. *Clin Epigenet* **15**, 131 (2023). <https://doi.org/10.1186/s13148-023-01540-7>
- 15 Tolkunova, K., Usoltsev, D., Moguchaia, E. *et al.* Transgenerational and intergenerational effects of early childhood famine exposure in the cohort of offspring of Leningrad Siege survivors. *Sci Rep* **13**, 11188 (2023). <https://doi.org/10.1038/s41598-023-37119-8>
- 16 Vaiserman A, Lushchak O. Prenatal famine exposure and adult health outcomes: an epigenetic link. *Environ Epigenet*. 2021 Nov 24;7(1):dvap 013. doi: 10.1093/eep/dvab013. PMID: 34881050; PMCID: PMC8648067. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8648067/>
- 17 Ciancio A, Behrman J, Kämpfen F, Kohler IV, Maurer J, Mwapasa V, Kohler HP. Barker's Hypothesis Among the Global Poor: Positive Long-Term Cardiovascular Effects of in Utero Famine Exposure. *Demography*. 2023 Dec 1;60(6):1747-1766. doi: 10.1215/00703370-11052790. PMID: 37937904; PMCID: PMC10875974. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10875974/>
- 18 Cheng Q, Trangucci R, Nelson KN, Fu W, Collender PA, Head JR, Hoover CM, Skaff NK, Li T, Li X, You Y, Fang L, Liang S, Yang C, He J, Zelner JL, Remais JV. Prenatal and early-life exposure to the Great Chinese Famine increased the risk of tuberculosis in adulthood across two generations. *Proc Natl Acad Sci U S A*. 2020 Nov 3;117(44):27549-27555. [www.pnas.org/doi/10.1073/pnas.2008336117](http://www.pnas.org/doi/10.1073/pnas.2008336117)
- 19 Fortuna, L. R., Tobón, A. L., Anglero, Y. L., Postlethwaite, A., Porche, M. V., & Rothe, E. M. (2022). Focusing on racial, historical and intergenerational trauma, and resilience: A paradigm to better serving children and families. *Child and Adolescent Psychiatric Clinics of North America*, 31(2), 237–250. <https://doi.org/10.1016/j.chc.2021.11.004>
- 20 İsbir, G.G., Turner, J. & Gabbianelli, R. Psychological traumatic perinatal experiences during the Covid-19 pandemic, epigenetic hypothesis and protective suggestions. *Curr Psychol* **43**, 18863–18873 (2024). <https://link.springer.com/article/10.1007/s12144-023-04878-6>
- 21 Khsim IEF, Rodríguez MM, Riquelme Gallego B, Caparros-Gonzalez RA, Amezcua-Prieto C. Risk Factors for Post-Traumatic Stress Disorder after Childbirth: A Systematic Review. *Diagnostics (Basel)*. 2022 Oct 26;12(11):2598. doi: 10.3390/diagnostics12112598. PMID: 36359442; PMCID: PMC9689389. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9689389>
- 22 Farsetti A, Illi B, Gaetano C. How epigenetics impacts on human diseases. *Eur J Intern Med*. 2023 Aug;114:15-22. doi: 10.1016/j.ejim.2023.05.036. Epub 2023 Jun 3. PMID: 37277249. <https://pubmed.ncbi.nlm.nih.gov/37277249>
- 23 Palumbo S, Mariotti V, Iofrida C, Pellegrini S. Genes and Aggressive Behavior: Epigenetic Mechanisms Underlying Individual Susceptibility to Aversive Environments. *Front Behav Neurosci*. 2018 Jun 13;12:117. doi: 10.3389/fnbeh.2018.00117. PMID: 29950977; PMCID: PMC6008527. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6008527>
- 24 McCray A (2024) Epigenetics and Cancer Treatment [www.webmd.com/cancer/cancer-treatment-epigenetics](http://www.webmd.com/cancer/cancer-treatment-epigenetics)
- 25 Bhatia M (2006) Miasms: A New Look Through Epigenetics – I. <https://hpathy.com/scientific-research/miasms-a-new-look-through-epigenetics-i/#comments>
- 26 Micheal J., Suchiang E. (2019) Epigenetics and homoeopathy: A brief overview of the scientific studies and reflection of the concept in homoeopathic

- literature. [www.researchgate.net/publication/358376349](http://www.researchgate.net/publication/358376349) Epigenetics and homoeopathy A brief overview of the scientific studies and reflection of the concept in homoeopathic literature
- [27](#) Riya R. Kanherkar, Susan E. Stair, Naina Bhatia-Dey, Paul J. Mills, Deepak Chopra, Antonei B. Csoka (2017) Epigenetic Mechanisms of Integrative Medicine. Evidence-Based Complementary and Alternative Medicine <https://doi.org/10.1155/2017/4365429>
- [28](#) Brown, Constance W.. "Selma Fraiberg." *Shalvi/Hyman Encyclopedia of Jewish Women*. 27 February 2009. Jewish Women's Archive. <https://jwa.org/encyclopedia/article/fraiberg-selma>
- [29](#) Kanter, J. (2020). Selma Fraiberg: A Life Journey in Psychoanalytic Social Work. *Psychoanalytic Social Work*, 27(2), 119–138. <https://doi.org/10.1080/15228878.2020.1819830> [www.researchgate.net/publication/346423458](http://www.researchgate.net/publication/346423458) *Selma Fraiberg A Life Journey in Psychoanalytic Social Work*
- [30](#) Madden V, Domoney J, Aumayer K, Sethna V, Iles J, Hubbard I, Giannakakis A, Psychogiou L, Ramchandani P. Intergenerational transmission of parenting: findings from a UK longitudinal study. *Eur J Public Health*. 2015 Dec;25(6):1030-5. doi: 10.1093/eurpub/ckv093. Epub 2015 Jun 1. PMID: 26037954; PMCID: PMC4668327. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4668327>
- [31](#) Angels in the Nursery: The Intergenerational Transmission of Benevolent Parental Influences. *Infant Mental Health Journal*, Vol. 26(6), 504– 520 (2005) <https://ittakesanohana.org/wp-content/uploads/2011/01/Angels-in-the-Nursery.pdf>
- [32](#) Quevedo Y, Booi L, Herrera L, Hernández C, Jiménez JP. Potential epigenetic mechanisms in psychotherapy: a pilot study on DNA methylation and mentalization change in borderline personality disorder. *Front Hum Neurosci*. 2022 Sep 12;16:955005. doi: 10.3389/fnhum.2022.955005. PMID: 36171872; PMCID: PMC9510615.
- [33](#) GovUK (2022) Working definition of trauma-informed practice [www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice](http://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice)
- [34](#) AIMS (2022) The Sound Of Violence. [www.aims.org.uk/journal/index/34/2](http://www.aims.org.uk/journal/index/34/2)
- [35](#) Lewis CL, Langhinrichsen-Rohling J, Selwyn CN, Lathan EC. Once BITTEN, Twice Shy: An Applied Trauma-Informed Healthcare Model. *Nurs Sci Q*. 2019 Oct;32(4):291-298. doi: 10.1177/0894318419864344. PMID: 31514618. <https://pubmed.ncbi.nlm.nih.gov/31514618/>
- [36](#) Lewis C (2019) BITTEN: An Applied Trauma-Informed Healthcare Model. <https://nursology.net/nurse-theories/bitten-an-applied-trauma-informed-healthcare-model/>
- [37](#) AIMS (2024) AIMS Physiology-Informed Maternity Services (PIMS) - April 2024 [www.aims.org.uk/journal/item/aims-pims-campaign](http://www.aims.org.uk/journal/item/aims-pims-campaign)

## Transgenerational trauma: a story of one Jewish family

*By Naomi Glass*



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### **My maternal grandmother, Herta, and my paternal grandmother, Mina**

We are all born into a family story. And I certainly was.

How might my grandparents and particularly my grandmothers' experiences (as women and mothers, like me,) have been carried through the family, through our bodies, through our psyches, through our DNA?

The weight of my grandparents' stories have hung heavy in my life since before I can even remember. Their stories were always there as pain and fear, as shadows and ghosts.

In life, as in my work, I look back and can now see that all the threads so far have been - out of necessity - about acknowledging the pain of the ancestors. Each twist of my life has been driven towards understanding the limiting self-beliefs that keep us in our traumas, about deeply questioning the status quo, and about working in all manner of ways to free myself and others from the chains of the stories that lock us in our suffering.

Both of my grandmothers were of Jewish European heritage. My maternal grandmother, Herta Juliana Heymans, was born in 1926 in Germany, to a German mother and a Dutch father. In 1936, when Hitler rose to power, her family emigrated to Holland, where they hoped it would be safer to live as Jews. However, by 1943, it became apparent that it was far from safe to be a Jew in Holland. Herta, her younger sister Doris, and her parents, Wilhelmina and Karl, split up so as to be less visible all together and sought safety in hiding through the underground movement. They were hidden in the houses of

several selfless gentile families, who put their and their family's lives on the line to save mine, until the war ended.

Herta's younger sister, Doris (along with many other of Herta's wider family members), was found, aged twelve, and killed in a Nazi concentration camp. Herta and her parents were reunited when the war ended in 1945. Herta could never reconcile with herself that she had been the sibling who had survived.

In time, Herta was introduced by the hands of fate to Rudolf Rosenberg, who was a Berlin born Jew, and had sought safety with family in the UK before the war, ending up fighting as a soldier for the British army. They married in 1950, and eventually settled in Cardiff in the UK in 1954, along with their three children - twins called Michael and Monica, and Yvonne (who is my mother).

My paternal grandmother, Mina Caroline Sternlicht (which means 'starlight'), was born in Poland in 1922, to Polish Jews called Henryk and Karolina. They, too, could not foresee the extent of the dangers coming their way until it was too late and the Nazis had taken control of their country. By 1939, the safest option Mina's family could find for her in their attempts to ensure she survived the Nazis' orders to round up and kill the Jews (and other marginalised peoples), was to pay the underground movement for false identity papers for her and her sister Franja; they moved to a different city, far away in Poland, where no-one would recognise them. Both of the sisters were blue eyed, fair haired and had small noses, so weren't typically 'Jewish' in appearance. Mina and Franja lived during these war years under the guise of Christian citizens, working as nannies caring for the children of wealthy Polish families in cahoots with Nazi ideology.

Miraculously, Mina's entire nuclear family survived the war and were reunited in their flat in Krakow after the Nazi regime fell in 1945. The story Mina would tell again and again of this reunion, of finding her mother, her father and her sisters all alive and well, under the pink light of the hallway in the entrance to their flat, where they had vowed to gather if they survived the war, still brings me to tears today.

Soon after the war, in Krakow, in 1947, Mina met and married another Polish Jewish survivor, Abraham Glass. Abraham had spent the war years with his father in a Russian labour camp in Siberia, whilst unbeknownst to him, the women of his family, who had naively been left behind in Poland, presuming they would be safe, were murdered in Nazi concentration camps. Abraham and Mina found they couldn't bear to remain in a country they felt utterly betrayed by and could no longer trust. So, in 1949, they managed to find work and residence in London, UK, with thanks to Abraham's distant cousin. Here, in London, they raised their son David (my father) and their daughter, Susie.

Even after surviving these horrors, women like my grandmothers, found themselves as 1950s wives in post war UK, within an oppressive, patriarchal, industrial capitalist system that didn't value women, particularly within the working world, and increasingly not also within the role of the mother. And which still condoned husbands to be entirely in charge of their wives' lives.

**At this time, women were also giving birth to their children in an increasingly medicalised culture that either drugged them as they gave birth and pulled their children from their bodies with forceps, or didn't drug them, and did the very same thing.**

What's more, women like my grandmothers were bringing their children into the world miles and miles away from their own mothers and grandmothers, having been driven to start life again in new countries following the war. My parents, and so many people in their generation, began life with unresourced, repeatedly traumatised mothers, who had little to no support from the women and matriarchs in their families. There was nobody there to support them in becoming mothers, or to take the strain from constant childcare, housework and from supporting their husbands to sustain a livelihood for their families. This was not an easy time to be a woman, let alone a new mother, a wife and a recent immigrant, having just survived a genocide.

So, shunting forwards to me, to us; to their grandchildren. These tales of malignance and trauma were, as you might imagine, woven into the very fabric of our lives. Our grandparents' histories were only told implicitly to begin with; for even my parents had no idea of the details of their parent's war stories until much later on, when their parents became old and could self-silence no more. That my grandparents' previous lives had been full of fear and tragedy wasn't spoken in words - but seen in the weight of their actions. In the ways that they steadfastly kept to the Jewish traditions as a matter of urgency, teaching their children that keeping to these traditions was paramount, that being Jewish was the centrepiece of their lives, that 'marrying out' would be a tragedy and would never work, as being Jewish was the most important part of all that we were. A hint of their tragic pasts could be seen in the too many locks and chains on the doors of their houses, of the small squat yahrzeit candles they lit often for their dead loved ones that we had never known, of their bookshelves covered in Holocaust literature and in the way that they trusted very few people beyond the Jewish communities they cushioned themselves amongst, and sometimes not even them.

My grandparents' stories only began to be shared explicitly as their years ended, when finally, they could repress their memories no more and they would tell their stories on repeat to anyone who would listen. Which is where my generation stepped in; as the receptors of these tragic tales. Acting as cauldrons of our ancestors' pasts and the potentiality of a different kind of future, we found that these unprocessed traumas were living as toxic loads in us all; showing up repeatedly over the years in all of our systems, in all of the generations, as addictions, eating disorders, insomnia, anxiety, depression, disfunction.

As a generation mercifully living in times of 'democracy' and of peace and material wealth, we finally had the space, the freedom and the cultural thumbs up to begin processing and healing the traumas of the past that were showing up in us. Only with the advantage of sufficient time having passed since the traumas themselves, of not being first generation immigrant children (whose task ultimately was to raise the economic status of their parents' and to reassure their parents that what had happened to them would never be forgotten), and the liberation of living in a country without war, in a class and an era which valued personal development, have we been able to give light to these stories. And so we work towards changing the trauma response behaviours that become ingrained when these stories remain locked in the family system.

So what did I encounter in my two grandmothers, Herta and Mina, as women, as mothers and as grandmothers? As a child, I saw two immaculately dressed women, one dark and one fair, one tall and one short, both of whom, although very serious on the surface, could melt into laughter in the particular sweetness that is a grandchild to a grandparent.

**As a young woman, when they began to share their war stories with me, I began to see their wounds and their hearts, which in parts, had hardened with too much to bear.**

I saw proud, tired women who had raised their children hundreds of miles away from the surviving members of their blood families, who had worked incredibly hard in order to start again in new lands, so that the next generations could graduate from 'survive', to 'thrive'. I saw women who felt they had no choice until the end but to live in deference to their husbands' decisions, which meant not getting to pursue careers of their own, for example. My grandmothers were tough, bright, dark, bitter and sometimes, like a crack in the cloud, light and so, so soft.

Now, as a mother to two daughters myself, I think often of Herta and Mina and their sisters. And as mine quarrel, I feel a pain so deep in my heart, in the knowing that life can change into tragedy in a hair's breadth. I also see that I, too, moved far away from my blood family just before I birthed my own children, trying to gain distance from a culture whose ethics frightened me, to raise a family in a brave new world, with strong values distinct from the one in which I had come from, hoping to call in a kinder future.

When I put my fingers in the soil to join in with the magic of new life, of working the earth to grow nourishing food, I think of Herta, who was never happier than when gardening.

When I watch my daughters becoming accomplished young artists, colouring pencils between fingers and thumbs, I feel Mina through them, drawing beautiful clothes for my paper dolls on the Sabbath afternoon.

When I look in the mirror, from rural Wales, I see the faces of my grandmothers, and their mothers too, with dark eyes and hair, a small nose, and an Eastern European flair.

When I walk with a woman and her family in her journey through pregnancy and into motherhood, I see a different world available for women today, despite a medicalised culture that can seek to undermine and intervene too often. I see women beginning to be conscious and activated by their wild, powerful strengths, by the magic of their wombs and starting to trust their own inner authorities once again, as well as the outer authorities that speak so loud. I see women rebuilding connection and community and speaking out against injustice, sexism, self-silencing and a culture that neither supports stay at home or working mothers enough.

Finally, I see young girls, such as my daughters, approaching menstruation in celebration of this rite of passage. I see them eyes-opened, informed and empowered, knowing they are going to respect and trust the women they are soon to meet, the women they will soon become, in the inner seasons of their menstrual cycles - each with their own unique medicines and powers.<sup>1</sup>

Herein lies the healing.



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### **Between my grandmother's clavicles**

She was all bone.

Between her clavicles was a cave.

And when she lay down, her Star of David curled up in there.

We stayed often at their far away house  
In that distant city that smelt of hops,  
With the houseplant in the sunlit porch  
That looked like peas threaded on strings  
(Good enough to eat).

Downstairs was where marmalade  
And lemon curd got transferred  
Into polished filigreed vessels,  
With matching silver spoons.

Downstairs was where leftovers  
Were wrapped in plastic shower caps  
And where kitchen stools  
Wore soft, hand-spun hats.

Downstairs was where there was  
A mahogany sideboard,  
(with a tiny key),  
Keeping sweets in their wrappers  
Safe, until after tea.

Downstairs was where dinner got passed  
Through a hatch in the wall,  
And was always about to be  
"Slugs and snails".

Downstairs was where  
There was always knitting to do,  
For the many and the few,  
And for meals to be cooked and  
For chicken soup to stew  
And for portions to ladle out  
And for phone calls to be made

And for cleaning to do.

Downstairs, in the living room,  
Was where the walls were decked  
In plates and spoons,  
Carved and shaped by many hands,  
From those trying to make a penny in foreign lands

Downstairs was where these empty utensils,  
Hung up and unused, were  
There to prove how far they had come;  
From the point of a gun, then on the run,  
From dying, death and destruction....

...To the new wife, in the new land,  
Speaking a guttural tongue,  
To the mother of daughters,  
To the mother of a son;  
To the couple on safari,  
Working hard, so they can have fun.

She was hard as bone,  
And soft as a grandmother's love.  
And although she carried tragic tales  
In her armored heart  
(a very serious woman)  
She made me laugh every single time  
She jumped me out of the bath.

(Long ago, far from here,  
She was hidden in the cellar downstairs,  
Under the floorboards upstairs  
and in the attic up there).

Upstairs was where there were  
Clues of children now grown,  
Memories hidden in the faded fabrics  
of the single duvet covers.

Upstairs was where her locked jewellery box lived,  
The key hidden up high above  
The tense but smiling wedding photo;

(She had survived, Now she will thrive).  
And every now and then she would  
Let me finger through her jewels,  
Gem by shining gem, each telling its pretty tale.

Upstairs was there were strange objects  
In her ornate dressing table;  
Curlers, hairnets, hairspray, which  
All smelt like perfume and glue.  
And it was here, everywhere,  
Where everything smelt so different  
And so good  
And so wrong  
And so strong.

Upstairs was where the sweep of the hallway curtains  
Resounded with a crunch and scrape  
As they were swept open in the morning,  
Signalling to us, that we could come in and lie with them,  
Softly under the warm duvet  
If we were very quiet,  
while they read their newspapers.

She was all bone.  
And between her clavicles was a cave.  
And when she lay down,  
Her Star of David curled up in there.



[1 The Inner Seasons of the Menstrual Cycle. www.redschool.net/blog/the-inner-seasons-of-the-menstrual-cycle](http://www.redschool.net/blog/the-inner-seasons-of-the-menstrual-cycle)

## Birth trauma: When birth feels like rape

*By Jacqueline Edwards*



**Author Bio:** Jacqueline is a mother to 5 children and one grandchild. She practices attachment parenting and home educates. Jacqueline is passionate about the benefits of breastfeeding and used to work as a breastfeeding support worker; she is also passionate about helping to improve women's experience of instrumental birth and is keen to hear from others who feel the same. [jacquiedwards2006@yahoo.co.uk](mailto:jacquiedwards2006@yahoo.co.uk)

I'm lying on the bed, legs spread wide, bright lights shining on my genitals while surrounded by a group of strangers. A sheet has been placed over my abdomen and thighs but the most private parts of my body are still on display to anyone at the end of the room. There's already one man standing between my legs when I notice another at the opposite wall staring at me. No one has told me why he's there or why he's looking in my direction but I already know. Unfortunately for me this is the third time I've birthed a baby in this way, and although no one has explained the reason for his presence, I know that he has a role here. I wonder what a first time mum would be thinking about him being here or what I thought during my first birth? He seems embarrassed, like I've caught him looking at me and turns his head away. Logically I know that he's not looking at 'me' he's preparing to help my baby when she's born, should she need it. But in my heightened state of awareness that labour caused, I'm hypersensitive to everything that's happening in the room, including people's feelings, including the paediatrician's embarrassment.

The next thing I'm aware of is throwing my head back in agony and screaming, really screaming out with the pain. There are midwives either side of me but it's the one on my right hand side that I notice the most. She's wearing a dark blue top and has dark hair.

Her mouth is so close to my ear that I can feel her breath as she repeats my name over and over. She's telling me to stop screaming, that I have to listen to the doctor's instructions. I feel like I'm being told off for making such a fuss. But it really, really hurts, I tell her. In my fear and pain I've grabbed hold of the neck of her uniform, like a person

drowning would grab at anything near enough to save them. At that point it feels like she is more 'with doctor' than 'with woman'. In the months and years that follow, while in the depths of PTSD and PND,<sup>1</sup> this exact scene will play over and over in my mind. No matter how much I try to rationalise it my body has experienced this part of my birth in particular as a rape. It contains all the elements that, in any other setting, would be considered a sexual assault. I am almost tethered to a bed with a belt round my middle and my legs up in stirrups. Birth workers call this 'lithotomy'; maybe this helps them to sanitise and detach from how it feels to the women who are experiencing it. Most women just tell it how it is; our legs are in stirrups. In theory I could rip the belt off me and take my legs out of the stirrups, even walk out of the room. But everyone knows that's not going to happen. I've consented to this happening even though most of us don't have a clue what we are consenting to at the time.

Hands and instruments are placed inside my vagina, I'm cut to open me further. The pain is excruciating, far worse than anything that came before up to this point. People are watching, encouraging and allowing this process to happen. After my baby is born, another attempt is made to cut me/us - this time my baby's cord, but thankfully I have the wherewithal to stop the doctor just in time. One of the midwives also speaks out to stop the doctor; finally it feels like someone is trying to protect me.

**The mood in the room lightens now that my baby has been born. The midwife who shouted at me to be quiet apologises and I tell her it's ok, more to make her feel better; but it's not ok, it never will be. I've never felt so betrayed by a woman who was supposed to be my advocate. But the assault is not over even now.**

The doctor, in his rush to complete the 'process' pulls too hard on my baby's cord and snaps it, leaving the placenta inside me. More pain follows in the attempts to get it out but at least someone had handed me the Entonox at this point, unlike earlier when I needed it just as much, probably more. Thankfully, by the time this man has his hand inside my uterus I'm unconscious. But my body knows, my body experienced it, even if my conscious mind didn't, and it really does keep the score.

To those of you who are birth workers, most of you will have experienced this birth from the other side of the bed. Some of you, hopefully not many, from my side. But watching

and participating in this type of birth and experiencing it personally are completely different.

It doesn't matter how much I try to rationalise or sanitise the experience as being a legitimate medical procedure that I consented to, on a cellular level my body experienced it as a violent, sexual attack. That might be hard for some to hear but unfortunately for me, and countless other women, it's our reality. And I won't sugar-coat it to make it sound more palatable to others. In the months afterwards, on several occasions, my fingers hover over the phone numbers of rape support organisations. But in the end I just couldn't do it. I felt like it would be taking time and resources away from women who had experienced a 'real' rape.

I'm single at the time of the birth and have been since, but the thought of being sexually intimate with a man is still, well, unthinkable. I know from talking to other women who were in established relationships at the time of the birth, that the relationship broke down as a result. Partners often don't understand why the woman can't just get over it and why sex is such a huge issue afterwards. And I am one of the lucky ones who was 'only' left with emotional wounds. It's unbearable hearing stories from women damaged by instruments used during birth in the support groups; often permanent, life-changing damage.

The first smear that I needed after my first baby was born this way didn't happen. My body tensed up so much that the nurse couldn't insert the speculum. I never had any issues with smears prior to my first birth experience; now I have to go to a hospital and be sedated to get through one.

**So I guess the question is what can be done about it?  
What could have been different about my birth  
experience so that it didn't traumatise and leave me  
feeling like I had been assaulted?**

And the honest answer is that I really don't know. A few things come to mind that could have softened it, but I think that it's the intrinsic nature of this type of birth that causes women to experience it as I did.

Of course it goes without saying that instruments should only be used to assist a baby's birth when absolutely necessary and no other option exists. But we all know that obstetrics is a highly defensive area of medicine and interventions are common, often

done on a just-in-case basis. This is what happened to me with my last baby's birth which makes it all the harder to accept and process.

I strongly feel that if appropriate pain relief had been in place at the time of my baby's birth that this would have mitigated some of the damage. The part of my story where I was screaming out with the pain was when the doctor was attaching the suction cup to my baby's head. Everyone in that room would have known how painful that experience can be for a woman, yet no one spoke out. It wasn't until I had started screaming and had been told to be quiet that I was handed the Entonox which did help a little. But by then the trauma had already happened, the damage caused and the scene imprinted in my memory forever.

I have since gone over and over both the RCOG and NICE<sup>2</sup> guidelines and have even shown my notes to a consultant obstetrician. Because of the position of my baby I should have been offered a spinal anaesthetic or at the very least a pudendal block. I was offered nothing. Without going into details, my baby was not in distress and there would have been time to allow appropriate pain relief to be in place. A doula once said to me that the only time she sees women scream in labour is during instrumental births done without any pain relief. It's barbaric and unimaginable in any other area of medicine in the 21<sup>st</sup> century, yet some obstetricians think it's ok, obviously.

Maybe if the lighting in the room had been different so that I could have felt more of a sense of privacy and dignity, which I felt was totally lacking. Was it not possible to just have bright lights at the end of the bed, enough so that the doctor can see what they are doing, but low lighting in the rest of the room? Or at least have the lights lowered at the time of birth as I believe sometimes happens during a C-section. And/or after the birth if, like in my case, baby is fine and doesn't need any attention. The doctor could still use a spotlight if any suturing is needed. Maybe there are good reasons why this is not possible, or is it that no one has thought about how the lighting affects women birthing like that?

Could the resuscitaire and paediatrician have been at the side of the room, out of my view, instead of directly opposite my open legs? Close enough to have immediate access to the baby if needed but in a place that affords the birthing woman a bit more dignity. This one at least I know is possible because I've heard that in some units this is the case. At least somewhere, someone has thought of the birthing woman.

Could the midwife have reflected on her practice and found a way to help women in extreme pain to calm down without resorting to shouting at them? Could the other midwives in the room have found the courage to challenge the doctor when he didn't

provide any form of pain relief, not even gas and air, against all national guidelines, before commencing an extremely painful medical procedure?

**Given that I was birthing alone amongst strangers, could someone have comforted me, held my hand and shown me some compassion?**

Could they have protected my emotional safety by telling me that the doctor couldn't do this alone, that I was the one that was birthing my baby and how amazing I'd done to get that far. The intense feelings of failure and worthlessness might not have felt quite so bad if those words had been spoken to me at the time.

If only the mentality of the staff working on the labour ward was different. If it shifted from a place of control to cooperation. On my notes a midwife had written "Jacqui is 'refusing' a VE".<sup>3</sup> What I was actually doing was not consenting to something that was being offered. But the fact that it's written in that way says it all. And I don't actually blame the midwife; she's as much shaped by the system as the families accessing it.

On notes from a previous birth the doctor has written "She pushed my arm away!! Is being very uncooperative." This was written after I had to push his hand out of my body during an extremely painful vaginal exam that he wouldn't stop doing. This is another example of maternity staff believing that they have complete control over a woman's body simply because she has entered their territory, and it's terrifying. The doctor really did put those exclamation marks in his notes after he had stormed out of the room. It's like he couldn't believe that a woman in labour had said no to him, that it wasn't ok to put his hand in my vagina and cause me so much pain. This controlling attitude is real and practitioners are not even trying to hide it when it's blatantly written in our notes. So is it any wonder that some of us experience birth as a rape when maternity staff believe that they have the right to unfettered access to our vaginas? Even when we say no.

And lastly, if only there was a system in place afterwards that cared for women who had experienced a traumatic birth. If I was given as much care in the 9 months afterwards as I was before. It felt like, as long as the end result was a live baby and mother then that was it, job done, boxes ticked. During the birth it felt like the focus was disproportionately on my baby's wellbeing and that this justified doing anything and everything to me, no matter what the consequences and how devastating the results. A midwife friend told me that the baby's wellbeing will always be put before the woman's during labour. But there was no need for her to tell me that, I already knew. So at the

very least the system should try to compensate for this after the event by looking after the mother, because we really do matter a lot too.

And how would I be feeling now if these things had happened? Of course I can't answer that question because I simply don't know. But I suspect that they would have helped to mitigate the pain, both physical and emotional, that I experienced.

Although the physical act of a vaginal birth is the same in every case in that a baby moves down the birth canal and is born through the vagina, the individual experience of it can vary hugely. It's like the difference between making love and being raped. While the mechanics of the act are the same, the experiences are worlds apart. Unfortunately for me, my experience was the latter.

My reasons for writing this are varied. Partly it's in the hope of helping me to heal and move on, something that I've not been able to do so far despite years of therapy of various kinds. While I'm no longer so distressed and depressed that I don't want to be alive, I still think about aspects of my last birth every day, more than four years on. Not all day every day, but still every day.

But probably the main reason is because I hope that, by sharing my experiences, positive changes can be made to improve things for those coming after me. I believe that it's so important that healthcare professionals understand their impact on the whole person, not just the bits they are tasked with treating. I feel that obstetricians in particular need to see us as a whole person with feelings, dignity and a memory and not just a vagina and a womb. We are not just a vessel in which the baby resides; we are a person and we matter too. As much as you may think you understand how something feels, unless you have experienced it yourself, you really don't. I can appreciate that it must be difficult to remain compassionate while working on a labour ward and witnessing women in extreme pain on a daily basis, over many years, but it's so important that birth workers don't become immune to women's suffering, don't become desensitised to their pain and develop compassion fatigue. If they do, then it's probably time for them to leave the profession.

I wish that there was something like restorative justice in maternity services. A space where a woman could share with those who were present at her birth how their words and actions affected her both, at the time and in the longer term.

In my case I would tell them how the room set up had made me feel totally exposed and taken away my dignity. How performing a non-emergency medical procedure without any form of pain relief, and the subsequent extreme pain which that caused, had

contributed to PTSD and PND in the weeks, months and years that followed. How being shouted at by a midwife for screaming out with the pain that this procedure caused, left me feeling ashamed, weak, like I was making a fuss over nothing. How, even though all the national guidelines said that I should have had a spinal anaesthetic in place for this procedure, and the doctor had failed in his duty of care, it was somehow my fault for vocalising his failings.

I would tell the doctor that what I needed most was a bit of time, in a low lit room, for my body to re-establish labour after stalling during the ambulance ride to the hospital. That my body works a bit slower than the average woman's during the second stage and to have a bit more patience. That I didn't need interventions at that stage but would have accepted them, even been thankful for them, if they had become necessary. I would tell him to familiarise himself and follow the RCOG guidelines on pain relief for instrumental births. That his failure to follow guidelines caused me immense, unnecessary suffering, both at the time and in the years that followed when I revisited the pain in my mind, over and over again. To think beyond my body as being a problem to be solved and to see me as a whole person with feelings, both physical and emotional. I would tell him how I wished that all obstetricians were trained in trauma informed care and cared about a woman's mental health as much as her physical health. I would tell him to imagine how that birth would feel to his wife, his sister or daughter.

I would tell the health care professionals how even going to my local supermarket caused me intense anxiety because the staff were wearing uniforms and any uniform reminded me of the hospital staff. That even now, many years later, the sight and sound of an ambulance causes my stomach to knot. The ambulance itself isn't the issue, but it reminds me of the vehicle that took me to them, to the people and place that caused my trauma.

**I would tell them how this just-in-case intervention  
which was not based on clinical need had left me  
feeling like a failure and that someone else had birthed  
my baby for me.**

That no amount of rationalising about the fact that I had actually done 90+% of the work could take away the feeling that I had failed to birth my baby.

I would tell them that, even after years of therapy of various kinds, the trauma still lives on in me. How something that, in their eyes, was nothing, just a normal part of their

working day, almost destroyed me totally. That even though I might not remember their names, I will never forget their words and how they affected me. That I will probably remember this birth as an old lady, even if I develop dementia and forget almost everything else.

I would tell the staff that I spoke with afterwards, during birth debriefs, that although I am not medically trained, I knew when they were lying to me. That this wasn't my first birth experience and that I had learned a lot over the years. That getting access to our notes is easy, as is getting someone independent to read through them and explain what happened. That the process which is supposed to help women understand what was done to them and why, is little more than an arse-covering exercise for their colleagues and themselves. That in their intense fear of admitting that someone might have made a mistake, their refusal to say sorry compounds and prolongs our suffering, traumatising us again. I would tell them how I now distrust all maternity staff even though I have friends who are midwives.

I feel like the hospital system of birth in general, but obstetrics in particular, has the potential to cause a huge amount of damage to women. It feels to me like the fear of litigation is making interventions more and more likely to happen when they are not medically necessary, as happened in my case. So many women have said to me that they felt like a slab of meat on a table when they were in labour and that the excuse of things being in their baby's best interests was used over and over as justification for interventions that were not necessary.

Obstetrics seems to have little to no understanding of women's emotional safety, and even their physical safety comes after their baby's. While it goes without saying that we all want a live, healthy baby, that shouldn't mean that we have to suffer anything and everything to achieve that. Mother's physical and mental health is so important given that we are the ones who are going to be providing most of the care for these babies afterwards. Our babies are precious but so are we.

I know that there are some fantastic midwives and doctors out there often working under incredibly challenging circumstances and they are often as powerless to change things as the families accessing their services. It's the system in general that's the issue. The medicalised hospital birthing model that is so terrified of litigation that it often intervenes at the drop of a hat, with no thought of the damage this is causing to women, as long as a live baby is removed from her as quickly as possible.

I was never afraid of birth; I don't think that birth is inherently frightening or traumatising. It's what's done to women during the process that often terrifies us. I'd

always planned to have home births, even before I was pregnant with my first baby as I instinctively knew that hospitals aren't a good place for most women to give birth. I was often told how 'brave' I was for wanting to birth at home but honestly, after knowing and experiencing what is often done to women birthing in hospitals, the ones who choose to go there are truly the 'brave' ones.

At a time when [1 in 3 women](#) describe their births as traumatic and suicide is the biggest killer of women in the 12 months after they have given birth, something needs to change. When women are choosing major surgery, sometimes during their first pregnancies, rather than risking the potential horrors inflicted on them during a vaginal birth, something needs to change. And possibly saddest of all, when women don't even trust midwives with their bodies during home births and are increasingly turning to freebirthing as a result, something needs to change. Things have gone horribly wrong in a system that was designed to serve women and babies.

I don't know what the answer is or how to put it right. I don't work in that system; I am just another woman, one of countless, who was unlucky enough to have been caught up in the brutality of it. I wish that more women would speak out about their birth experiences yet at the same time totally understand why they don't. Most are too traumatised to revisit their birth experience, or are told that everything that was done to them was necessary to ensure their baby was born alive and healthy. Sometimes that's true; often it's not. So I suppose now is the time for me to finish my story and hand it out to the world. Hopefully, even if only in a tiny way, it will help to change something, somewhere for someone.



[1](#) PTSD stands for Post Traumatic Stress Disorder. PND stands for Postnatal Depression

[2](#) RCOG stands for the Royal College of Obstetricians and Gynaecologists. NICE stands for the National Institute of Health and Care Excellence.

[3](#) VE stands for Vaginal Examination

## An interview with Sarah Odling Smee

*Interview by Leslie Altic*



**Author Bio:** AIMS volunteer Leslie Altic is involved with shaping maternity services in Northern Ireland through local Maternity Service Liaison Committees, regional policy working groups and campaigning charities.

**Sarah Odling Smee** is a Continuity of Midwifery Carer (CoMC) midwife with Team Origin, Belfast Health and Social Care Trust.

**What first attracted you to being a midwife, tell us a bit about your journey and how you got to where you are today?**

I have to be honest and say that I am not one of those people who *always* knew that they wanted to be a midwife. My whole life, my career pathway has been a series of happenstance and opportunities that came my way. That is until I turned 33 and became pregnant with my daughter and received the most excellent midwifery care. At that time, I was one of the few women receiving caseload care delivered by two named midwives. This included my booking interview, all my antenatal appointments and attendance of the birth of my precious daughter. I still feel emotional and have a heart full of love when I think of those midwives and the care they afforded me.

During my maternity leave, I had a period of reflection looking back at my varied careers and wondered what would come next now that I was a parent. The transition to parenthood fundamentally changes a person and now I needed more from a job. Whatever I chose to do was going to require retraining and actively pursuing a goal. I knew it would have to be soul-nourishing, worthwhile, and positively contribute to society in order to motivate me to make a drastic change. My recent experience of being in receipt of midwifery care, and how safe and supported I felt throughout it, fitted all of my criteria, and so I had what I call my 'Midwife Crisis'. I was going to be a midwife, but how? Having left school at 16 without a portfolio of exam certificates, and leaving home at 17, university was never a reality for me.

I talked endlessly to my husband, friends and family about wanting to pursue midwifery. To my husband it was a no brainer, 'OK then, do it. Find out what you need to do, and I will support you in every way'. Little did we know that it would involve two years of night classes to obtain my access to university certificate, followed by three subsequent years applying, before I was successful in gaining a place at Queen's University Belfast.

Then came three years of full-time education learning my skills whilst living on a bursary and the support of friends and family. I was 34 years old (2010) when I had my daughter and decided to pursue a career in midwifery, and 40 years old when I eventually began the degree. I qualified in 2019 and commenced my post as a newly qualified midwife in The Royal Jubilee Maternity Hospital as soon as I became a registered midwife. I had to constantly remind myself throughout this journey of the end goal and the positive role model I was being to my young daughter, that it was 'never too late' to get an education and that sacrifice with such an end goal was worthwhile. I eventually joined the Continuity of Midwifery Carer (CoMC) team in January 2024 and finally feel like the care that I give resembles that which I received as a first-time expectant parent.

### **What are you most proud of in your career to date?**

I am proud of so many elements of being a midwife, it is hard to highlight only one, but really the most rewarding experience is realising that I have been the midwife for those women in my care that my midwives had been for me. Pregnancy and childbirth is a wild experience and is not always a smooth and joyous time for everyone. Giving holistic care, being able to empathise with women and support them through the emotions of childbirth and transition to parenthood with confidence is to me, hugely rewarding.

### **As a midwife working in the CoMC team, can you tell us about your role and what you enjoy about working in this way?**

CoMC describes a model of care that provides women with care from the same midwife or small team of midwives during the pregnancy, birth and the early postnatal period with referral to specialist obstetric care as needed. My role within this model of care involves primarily the coordination and provision of care built on a relationship developed over time. I am the named midwife for a mixed risk caseload of women who are receiving universal and additional care across the pregnancy continuum. This caseload will include between 30-33 women and will be reduced based on acuity<sup>[1]</sup> and complexity.

I work as a CoMC midwife within Team Origin which is a mixed-risk geographical based team in North Belfast. Team Origin prioritises women likely to experience poor outcomes within pregnancy; the team is based in an area of high social deprivation,

preterm birth and stillbirth. There are eight midwives within my team and one maternity support worker. Each midwife will book 36 women per annum which is equivalent to three new women joining our caseloads each month. The CoMC team will provide around the clock availability for a birth to women within the entire team's caseloads.

A typical working week will include meeting new pregnant mothers at their antenatal booking appointments, undertaking antenatal appointments within the community and the hospital, and facilitating postnatal visits within the mother's own home. I also undertake two periods of birth availability where I am available to support women in labour and birth. I work 37.5 hours per week and the birth availability periods last for 12 hours. I arrange my own diary and working week.

Within Team Origin we arrange regular 'Meet the Midwife' sessions where women within the entire CoMC team's caseload have the opportunity to meet other midwives within the team. These sessions are very beneficial as women not only meet the other midwives, but they also meet women within their own locality. Occasionally, if multiple women are in labour at one time, our core maternity midwives provide care until I or another member of my team is able to take over. The team also undertakes antenatal education for women within our caseloads to include birth preparation and infant feeding sessions. Some midwives within my team also provide complementary therapies such as reflexology for women within our caseloads.

I enjoy the variety of care that I get to provide in all elements of midwifery. Previously I worked on a postnatal ward for four years where I felt like I had developed an expertise but had become fearful of antenatal and intrapartum care as my skills in these areas had lapsed. In a CoMC model, all our skills are maintained and continually developed. I prefer the pace of work having autonomy of my own diary which allows me time to really be with women and accommodate their needs. I enjoy developing meaningful relationships with women and seeing their whole journey play out. Having a small team of eight midwives creates an environment for meaningful and trusting relationships to develop between us as individuals. This enables good and effective communication within the team to ensure we have insight into each other's caseloads.

**What are the practicalities of working in a Continuity of Carer team and how do you make it work successfully?**

There has definitely been a learning curve for me in dealing with the practicalities of the CoMC model. Sometimes it can feel a little lonely as you are often a sole worker and, as a sociable person, that can sometimes be a challenge. The interactions with women are always rewarding but having a colleague to share your day with always results in a

learning opportunity where we can share our skills and approaches to different situations and/or challenges. However, as our team has recently expanded, these days are few and far between. We have an amazingly supportive team who have made me feel valued and safe and we are a constant support for each other. We also have a linked obstetrician who supports us with any concerns, leading to quicker escalation and a reduction in unnecessary appointments. This is reassuring and a great support branch to have access to.

It is essential to have good support at home, especially if you have children. Obviously, practicalities include maintaining a vehicle and being confident in navigating areas you may not be familiar with, but I find getting daylight and fresh air, even if it is just to and from the car, has made a huge difference to my wellbeing. Hospital wards often have very little daylight especially at work stations and the temperature can be stifling which can leave me feeling exhausted.

Being on birth availability overnight takes time to adjust to. There is a certain level of anxiety about not hearing the phone ring or struggling to maintain a deep sleep but I am slowly getting better at this. If not called into the birthing suite during the night, we use the following day flexibly to catch up on administrative work, this can include following up on referrals, checking blood results, and responding to queries women may have messaged me with. It is also a fantastic chance to keep up to date with mandatory training and CPD which often lapses in other clinical areas due to time pressures and service demands. Sometimes it is difficult to predict the postnatal workload as often many babies arrive within quick succession and then we have a lull within the team's postnatal caseload. In this case, flexible days can be used to support your colleague assisting with postnatal home visits.

As a team, we meet each month to discuss any concerns, changes in practice, clinical updates and to discuss any complex cases. We have a CoMC secure Microsoft Team's channel that is updated daily regarding women within each midwife's caseload. We also have constant communication within the CoMC Trust WhatsApp group for support and information sharing regarding needing advice or handover. Up and coming births are communicated via this digital platform and now that the Belfast Trust has gone fully digital within the implementation of Encompass,<sup>[2]</sup> we now have the ability to access records instantly.

**What do you see as the advantages of the Continuity of Carer model of care for your clients?**

CoMC clients are very forthcoming with their praise for this model. It has so many advantages. Women appreciate not having to explain their story at every interaction.

They trust us and feel well supported because we know them and their situation and understand their care needs. They have a point of contact for their reassurance and advice without having to wait for their next scheduled appointment. Appointments are not hurried and they are welcome to bring children to their appointments, which I love too, especially when they become my little helpers. You can see the bonding occurring as they listen to their sibling's heartbeat and stroke their mother's tummy. Women feel like individuals and not just clients. I struggle to identify any disadvantages.

**AIMS continues to campaign for continuity of carer and physiological informed maternity services in the UK. How do you see Northern Ireland's role in pushing this forward and helping to ensure improved maternity services for all?**

As CoMC is a regional implementation plan within Northern Ireland and is supported by both the department of health policy and Public Health Agency. There is a drive and commitment to transform maternity services to enable CoMC to become the standard model of care offered to all women within Northern Ireland. All health and social care organisations in Northern Ireland have commitment to the implementation of CoMC using a gradual phased implementation plan of growth and spread of further teams across the region. The CoMC team and the lead midwife work hard to gather both quantitative and qualitative data of the benefits of CoMC care. Improved maternity services are evident in the areas receiving this model, including a reduction in preterm births and an increase in breast feeding rates as early intervention has always been a key factor in health promotion and wellbeing. The feedback from women on discharge from CoMC has been overwhelmingly positive, often with women returning to this model of care in subsequent pregnancies. Midwives really value having autonomy, flexibility and self-management of their caseload which should hopefully boost retention of midwives in the workforce as their job satisfaction increases. My team and I will continue to advocate for further access to CoMC across the Belfast Trust as additional teams are implemented. We will keep our voices loud when campaigning for better resources, as CoMC works for both midwives, families and society as a whole.

<sup>[1]</sup> In medical terms, acuity is synonymous with the level and intensity of care a patient requires.

<sup>[2]</sup> <https://dhcni.hscni.net/digital-portfolio/encompass>

## What's going on in Scotland, Wales and Northern Ireland

*By the AIMS Campaigns Team*

### **Scotland Maternity & Midwifery Festival 26th November 2024**

This online event was a good opportunity to discover more about the Scottish maternity services, particularly directly from the government.

**Neil Gray MSP**, Cabinet Secretary for Health and Social Care, Scottish Government presented an update on how, since 2017, they are working towards the 76 recommendations from the Best Start Vision<sup>[1]</sup>, and how a vast majority of them are now complete. It was reassuring to be reminded that Continuity of Carer is one of the two cornerstone recommendations of Best Start, (the other cornerstone is Neonatal Intensive Care). He also made clear that NHS Boards<sup>[2]</sup> have been asked to prioritise underprivileged and minority ethnic groups, and that all NHS Boards have been given guidance on how to work with an anti-racism approach. He told us that Healthcare Improvement in Scotland (HIS)<sup>[3]</sup> have been commissioned to develop standards for maternity services. Also from January 2025, all [maternity units](#) will be assessed by HIS Inspections for safety and quality. He mentioned the Scottish Patient Safety Perinatal Programme<sup>[4]</sup>, intended to improve outcomes, to provide safe perinatal care for all, and to support frontline staff to make decisions that are right for their locality. He stated that the Scottish government was committed to providing Placental Growth Factor testing<sup>[5]</sup> (for preeclampsia) to all women who need it. He went on to say that the Scottish government are funding and supporting [SANDS](#)<sup>[6]</sup> to develop national bereavement care pathways, and that all 14 boards are committed to its delivery. He also mentioned that individualised care and support must be provided to anyone who experiences loss during pregnancy and baby loss, by developing individual care plans following a miscarriage, plus separate rooms to be available in units. The Miscarriage Care Delivery Framework will shortly be delivered to drive focus and progress where improvement is required.

We have written to Neil Gray to ask about the progress of Continuity of Carer implementation and how progress will be monitored.

### **Transforming Maternity Services Stakeholders Engagement Workshop in Ballymena, Northern Ireland 10th December 2024**

This is the second interactive workshop that AIMS has attended as stakeholders in transforming maternity services in Northern Ireland, part of the preparatory phase of the

five year plan for the action and implementation of the recommendations from the Renfrew report: "Enabling Safe Quality Midwifery Services and Care in Northern Ireland."<sup>[7]</sup> Two AIMS volunteers were invited to attend this event, which was attended by other service users, service user advocates and officials and representatives of organisations involved in the regional improvement plan. Professor Mary Renfrew presented on the key messages of her recently published report, and there was a progress update from a Department of Health official. Since the report was published on 9th November 2024, there has been quite a flurry in the Northern Ireland maternity world and it was good to see the report mentioned positively at the Scotland Maternity & Midwifery Festival.

Everyone was invited to participate in two breakout sessions, one on Northern Ireland's Key Maternity and Neonatal Priorities, and the other on The Role of Women's Voices in Maternity Services. It was a good opportunity to address the key priorities identified from the previous stakeholder engagement event, and compare them to the recommendations from the Renfrew report. It also gave us an open opportunity to discuss the barriers to service user involvement, for example, how to engage mothers with young babies and keep their enthusiasm in improving maternity services. As with any interactive event, it was all a bit manic as so many people had so much to say! We were assured that this work will be the first step to building the regional maternity improvement plan which will be the blueprint for maternity and neonatal services over the next five years.

It feels like an achievement for AIMS to be involved in this work, especially as the Renfrew Report is impressing maternity services across the UK and beyond. AIMS looks forward to being part of the implementation group as a new maternity strategy is developed for Northern Ireland.

### **A new quality statement for maternity and neonatal services in Wales, 11th February**

AIMS is pleased to see the publication of a new quality statement for maternity and neonatal services<sup>[8]</sup> in Wales, presented to the Welsh Senedd on February 11, 2025. Whilst just a brief document, it indicates key areas of focus and offers opportunities for further engagement. We were particularly pleased to see the focus on choice of place of birth, and look forward to discussing in more detail the Welsh Government's ideas around implementing a full pathway continuity of carer model of care for all. [The Senedd discussion](#)<sup>[9]</sup> suggested a desire for this, although the statement itself seems to be more limited. Watch this space!

- <sup>[1]</sup> Scottish Government (2017) The best start: five-year plan for maternity and neonatal care [www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland](http://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland)
- <sup>[2]</sup> Editor's note: To understand more about the health board structure in Scotland, this page may be useful: [www.scot.nhs.uk/organisations](http://www.scot.nhs.uk/organisations)
- <sup>[3]</sup> Healthcare Improvement Scotland [www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)
- <sup>[4]</sup> Scottish Patient Safety Programme (SPSP) Perinatal Programme. (2023) Supporting improved outcomes for women, birthing people and babies in Scotland. <https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-perinatal-programme>
- <sup>[5]</sup> ["target=" blank">BMJ Awards 2020 - New Testing for Pre-Eclampsia](#)
- <sup>[6]</sup> Sands [www.sands.org.uk](http://www.sands.org.uk)
- <sup>[7]</sup> Renfrew M. (2024) Enabling Safe Quality Midwifery Services and Care in Northern Ireland. [www.health-ni.gov.uk/sites/default/files/publications/health/doh-midwifery-renfrew-report-oct-2024\\_0.pdf](http://www.health-ni.gov.uk/sites/default/files/publications/health/doh-midwifery-renfrew-report-oct-2024_0.pdf)
- <sup>[8]</sup> Llywodraeth Cymru-Welsh Government (2025) Quality statement for maternity and neonatal services. [www.gov.wales/quality-statement-maternity-and-neonatal-services-html](http://www.gov.wales/quality-statement-maternity-and-neonatal-services-html)
- <sup>[9]</sup> Welsh Senedd Maternity and Neonatal Quality Statement (2025) [www.senedd.tv/Meeting/Clip/839302f0-a336-464e-86da-842fb8b8c9e](http://www.senedd.tv/Meeting/Clip/839302f0-a336-464e-86da-842fb8b8c9e)

## AIMS Physiology-Informed Maternity Services (PIMS) - March 2025

*Latest update from the PIMS team!*



The [NIHR](#) (National Institute for Health and Care Research) recently asked the Campaigns team to provide our views on the research, conclusions and the potential implications of the June 2024 waterbirth research study:

[Maternal and neonatal outcomes among spontaneous vaginal births occurring in or out of water following intrapartum water immersion: The POOL cohort study<sup>\[1\]</sup>](#)

This large-scale UK study adds to this [2022 review](#) on the evidence for the safety of waterbirths,<sup>[2]</sup> and to this [March 2024 study](#);<sup>[3]</sup> it found no increase in rates of adverse outcomes for women or babies. This is important given that the [NICE guideline](#) currently states that there is insufficient high-quality evidence to either support or discourage giving birth in water.<sup>[4]</sup>

We are concerned by the professional reticence to offering waterbirth in obstetric units. This has been a longstanding issue for callers to our helpline. [Research has found<sup>\[5\]</sup>](#) a lack of equity of access to waterbirths for Black and Asian women and those from deprived areas.

**AIMS calls for all maternity units to offer access to waterbirth to all women who want it.**

<sup>[1]</sup> Sanders J, Barlow C, Brocklehurst P, Cannings-John R, Channon S, Cutter J, et al. (2024) Maternal and neonatal outcomes among spontaneous vaginal births occurring in or out of water following intrapartum water immersion: The POOL cohort study. *BJOG*; 131(12): 1650–1659. <https://doi.org/10.1111/1471-0528.17878>

<sup>[2]</sup> Burns E, Feeley C, Hall PJ, et al. (2022) Systematic review and meta-analysis to examine intrapartum interventions, and maternal and neonatal outcomes following immersion in water during labour and waterbirth. *BMJ Open*;12:e056517. <https://bmjopen.bmj.com/content/12/7/e056517>

<sup>[3]</sup> McKinney, Jordan A. et al. (2024) Water birth: a systematic review and meta-analysis of maternal and neonatal outcomes. *American Journal of Obstetrics & Gynecology*, Volume 230, Issue 3, S961-S979.e33 [https://www.ajog.org/article/S0002-9378\(23\)00604-X/fulltext](https://www.ajog.org/article/S0002-9378(23)00604-X/fulltext)

<sup>[4]</sup> NICE (2023) Intrapartum care. Water birth  
1.9.24 [www.nice.org.uk/guidance/ng235/chapter/Recommendations#pain-relief-during-labour](http://www.nice.org.uk/guidance/ng235/chapter/Recommendations#pain-relief-during-labour)

<sup>[5]</sup> Aughey, H., Jardine, J., Moitt, N. et al. Waterbirth: a national retrospective cohort study of factors associated with its use among women in England. *BMC Pregnancy Childbirth* **21**, 256 (2021). <https://doi.org/10.1186/s12884-021-03724-6>

## **Birth Activists Briefing - The latest UK Maternity Statistics: where to find them and what they can tell you**

*By the AIMS Campaigns Team*

In this article we will summarise some of the key points of data about the maternity services that have been published in recent months, and discuss some of the findings.

We hope this provides some useful background for birth activists and birth supporters, but encourage you to also dig into the data yourselves, including that for your local services.

National statistics are published for England, Wales and Scotland. They vary in which measures they include. Unfortunately no such data is currently published for Northern Ireland.

### **NHS Maternity Statistics for England**

[NHS Maternity Statistics - NHS England Digital](#)

This is the annual summary that covers maternity activity in NHS hospitals in England. The latest report, published in December 2024, includes births in the twelve months ending March 2024.

The report draws on two different sources: the Hospital Episode Statistics (HES) database that contains records of all admissions to NHS hospitals in England, and the Maternity Services Data Set (MSDS). The MSDS collects more comprehensive data about each stage of the maternity service care pathway in NHS-funded maternity services, and includes some important measures not recorded in HES. With both these data sets there can be cases where data is missing or things have been misrecorded so there can be discrepancies between the two.

As well as the summary of key points published on the main webpage, there are links to a number of tables that give more detailed statistics and sometimes historical data. The [Summary Report tables](#) use data from both the HES and MSDS. They show some historical trends in the national data from 2013-14 to 2023-24, such as the changes in the proportion of labours that are induced, as well as a number of interesting breakdowns, such as the mode of birth by mother's age in 2023-24.

The [HES NHS Maternity Statistics tables](#) contains only data from HES but includes some useful further analysis such as the figures for type of birth by method of onset, and method of birth by ethnic group, age of mother and level of social deprivation.

The [HES Provider level analysis](#) presents the data at commissioning region and provider (i.e. NHS Trust) level for a selection of measures including method of onset, method of birth and place of birth.

However, you may find it easier to look for your local data in the [interactive dashboard](#) that allows you to see a wide range of figures at national, commissioning region or Trust level. This dashboard has been made somewhat easier to use this year though you still have to search through drop-down menus to find the measure and area you are interested in, and the different measures are not presented in a very logical order. The pages of most interest are numbers 2 (MSDS data) and 3 (HES data). Here you can find:

- Maternal characteristics such as the breakdown within an area of ages at booking, ethnic categories, levels of social deprivation, smoking status and presence of 'complex social factors'.
- Features of pregnancy and birth such as lengths of gestation at birth, methods of onset, methods of birth and places of birth.
- Measures relating to babies' health and wellbeing such as Apgar scores, birth weights (for term babies), the type of first feed each baby had (e.g. breast or formula), and how many had immediate skin-to-skin.
- 

Many Trusts also publish monthly infographics showing data from the dashboard. Check your Trust's website or ask your local MNVP.

### **Key points from the national data for England**

The number of births to all age groups has fallen since 2013-14, but much more so for those under 30.

Overall the percentage of labours that started spontaneously has fallen from 62% in 2013-14 to 42% in 2023-24 - so only two in five women are going into labour unaided. The induction rate has risen from 25% in 2013-14 to 33% in 2023-24, but appears to have levelled off over the last few years. (Note that this is the average figure for England. Some Trusts have much higher, but others lower induction rates.)

The percentage of pre-labour caesareans has been increasing since 2013-14, but rose more sharply over the last two years. Overall it has almost doubled from 13% in 2013-14 to 25% in 2023-24.

Although overall the most common type of birth was a spontaneous vaginal birth, only 46% of mothers experienced this. Those aged between 30 and 39 were equally likely to

have a spontaneous vaginal or a caesarean birth (45% each), and of those aged 40 or over, 58% had a caesarean birth.

A particularly interesting table is one that shows the breakdown of methods of birth for different types of onset. According to this, over two thirds of births with a spontaneous onset resulted in a spontaneous vaginal birth, 14% an instrumental birth and 14% an unplanned caesarean. For labours that were induced the spontaneous birth rate was only 56% and the caesarean rate 27% - almost double the rate for spontaneous labours.

### **Maternity and birth statistics for Wales: 2023**

[Maternity and birth statistics: 2023 - gov.wales](#)

The latest report for Wales was published in July 2024 and covers the calendar year 2023. It includes figures from the Maternity Indicators dataset (MIDS) and the National Community Child Health Database [NCCHD], as well as birth registration data from the Office for National Statistics. The MIDS combines a child's birth record with their mother's initial assessment record (where possible).

The report gives figures for each NHS Board (where available) and for Wales as a whole. It includes links to various individual data tables that are located on the StatsWales website [here](#).

The report includes some indicators that are not included in the English data, such as the percentage of women who self-reported mental health issues at their first antenatal appointment or had a BMI over 30.

Many trends are very similar to those for England. For example the number of live births has fallen to its lowest level since 1929 and the trend over the last ten years for a decreasing proportion of births being to women under 30 has continued.

Overall the percentage of labours that started spontaneously has fallen from 54% in 2016 to only 45% in 2023 and the induction rate has risen from 31% to 35% over the same period. The rate of pre-labour caesareans is up from 15% to 20%.

The proportion of spontaneous vaginal births has been decreasing, but remains higher than for England, at 54%. 37% were caesarean births, which is the highest it has ever been. In 2016 the figure was 26%.

### **Births in Scotland: 2024**

[Births in Scotland Year ending 31 March 2024 - Public Health Scotland](#)

This report, for the twelve months ending March 2024, was published in November 2024. The data in it mostly comes from the rather unfortunately named “[Scottish Morbidity Record 02](#)”. These are the records submitted by maternity hospitals to Public Health Scotland whenever a woman is discharged after maternity care.

The webpage includes a summary, a full report, and links to a number of data files that give figures for the whole of Scotland and each NHS Board. These include maternities, live births, BMI, diabetes, induction (but not spontaneous onset or pre-labour caesareans), method of birth, gestation at birth, birthweight and admissions to neonatal care.

Again the trends are very similar to the other countries, with a continuing decline in births and increase in average maternal age, with around a quarter of births being to women aged 35 years or older.

The percentage of labours that were induced has been increasing since around 2008/09 and has now reached 36% of live singleton births. However, the rate of increase has slowed in the last few years. It’s interesting to note that induction rates vary widely between Boards, being almost 43% in NHS Forth Valley but only 29% in NHS Grampian. Caesarean births have risen over the last twenty years and more steeply since 2013/14, now accounting for 42% of live singleton babies. Both planned (elective) and unplanned (emergency) caesarean rates have been increasing and now account for 20.1% and 21.7% of live singleton births respectively.

## What has the AIMS Campaigns Team been up to this quarter?

*By the AIMS Campaigns Team*

### Written outputs:

- Presentation for All Volunteers Meeting workshop on NHS Change: [www.aims.org.uk/campaigning/item/change-nhs-workshop](http://www.aims.org.uk/campaigning/item/change-nhs-workshop)
- AIMS organisational response to the Change NHS survey: [AIMS suggestions for the maternity services in the Government's 10-year Health Plan](#)
- Written response to [NIHR](#) (National Institute for Health & Care Research) Alert on [Maternal and neonatal outcomes among spontaneous vaginal births occurring in or out of water following intrapartum water immersion: The POOL cohort study](#)
- AIMS' Personal and Public Involvement (PPI) partner comments on the draft [Plan-A decision aid](#), infographic and website
- AIMS Campaign Team's comments towards stakeholders draft questions for the [RCM Research prioritisation project](#)
- AIMS' PPI Comments on the [Aberdeen Centre for Women's Health Research Centre](#) i6 group research topic priorities
- Stakeholder comments on NMPA (National Maternity and Perinatal Audit) 'State of the Nation' report
- Summary on latest MBRRACE report

### Conferences and meetings attended:

- 6th November: Maternity Continuity Network meeting
- 7th November: [Care Opinion](#) online conference
- 7th November: NHS-E Stakeholder Council
- 7th November: Plan-A meeting
- 7th November: [Strengthening Midwifery Services: Rebuilding NHS Midwifery Services Under a new Labour Government and Ensuring Quality Care for All](#)
- 16th November: ARM national conference '[Hands up for Midwifery](#)'
- 26th November: [Scotland Maternity & Midwifery Conference online](#)
- 26th November: <https://maternityandmidwifery.co.uk/events>
- 27th November: Sharing and Learning from our North-East and Yorkshire Midwifery Unit Self-assessment Project (MUSA) Conference
- 30th November: AIMS All Volunteers Meeting presentation on position papers
- 2nd December: RCM Research prioritisation review of extra draft survey questions
- 3rd December: Celebration of pregnancy and parenting circles, plus policy workshop, City St George's University of London
- 5th December: Plan-A meeting

- 10th December: Transforming Maternity Services Stakeholders Engagement Workshop in Northern Ireland
- 12th December: Virtual conference presenting the [MBRRACE-UK Perinatal report 2024](#)
- 12th December: Plan-A meeting
- 6th January: Plan-A workshop planning
- 9th, 16th and 23th January: Series of NHS-England Stakeholder Council meetings to discuss the “10 Year Plan” and “the three shifts”
- 10th January: RCM Research prioritisation steering group meeting
- 16th January: i6 PPI consultation
- 23rd January: Plan-A meeting
- 24th January: MBRRACE/PMRT stakeholders meeting
- 28th & 30th January: Plan-A workshops
- 29th January: AIMS-led Change NHS community engagement workshop
- 31st January: MINI (Maternity Inequalities Northern Ireland) Research Group Stakeholders Event in Belfast, as part of [www.nihr.ac.uk/news/nihr-challenge-maternity-disparities-consortium-members-announced](http://www.nihr.ac.uk/news/nihr-challenge-maternity-disparities-consortium-members-announced)

#### **Who we have been corresponding with:**

- January: Neil Gray, Cabinet Secretary for Health and Social Care, Scottish Government to ask about the progress of continuity of carer in Scotland, as a follow up to the Scotland Maternity & Midwifery Festival in November 2024
- Networking and collaborating with [Birthrights](#)

#### **What else we have been reading:**

- Maternity and Newborn Safety Investigations 2023-2024 report [MNSI Annual report 2023/24](#)

#### **What have we been watching and listening to:**

- A video about spotting acute illness, which may look 'atypical' in a pregnant or postpartum woman

[">Prehospital Maternity Decision Tool - video for ambulance clinicians](#)

- Attendance at [The Maternity and Midwifery Hour](#), every Wednesday at 7pm, including

[">series 15 episode 2](#) looking at Professor Mary Renfrew’s recent work in Northern Ireland

Thanks to all the AIMS Campaigns Volunteers who have made this work possible. We are very keen to expand our campaigns team work, so please do get in touch with [campaigns@aims.org.uk](mailto:campaigns@aims.org.uk) if you’d like to help!