

# **AIMS JOURNAL**

## **PANDEMIC BIRTH: WOMEN'S OWN STORIES DURING COVID-19**

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# AIMS

The Association for Improvements in the Maternity Services

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## Contents

### Editorial

Covid-19 and the UK's Maternity Services 4

by Emma Ashworth

### Articles

The importance of home birth during Covid-19 6

by Briony Cobb

A positive induction during Covid-19 8

by Frances Colquhoun

Positive hospital birth during Covid-19 10

by Lois Hubbard

When unassisted birth may be the safest option 11

by Louise Day

Preparing for birth in lockdown 13

by Lorraine Noble

When fear becomes reality 14

by Rosie West

High risk and high and dry 16

Anonymous

My birth, my way 17

by Joanna

When fear becomes reality 18

by Rosie West

A time of worry and uncertainty 20

by Felicity Miller

Balancing the trade-offs 21

by Isla Wallace

The impact of Covid-19 on Tabitha's birth 23

by Hannah Kemlo

When partners are banned from birth 24

by Lucy Castelino

Homebirth to Midwife Led Unit transfer 26

by Leanne Sumner

When support stops 29

by Polly Warr

Anxious in a pandemic 30

by Louisa Powell

Preparing for freebirth during Covid-19 32

by Hannah-Beth Hyde

Birth in a pandemic after a pregnancy loss 33

by Clare Hardy

Doula-ing from a distance: better than nothing 35

by Hilary Pengelly

Managing a doula team in the Covid-19 crisis 37

by Michelle Bromley-Hesketh

Incentives for Continuity of Carer in NHS Resolution Scheme & 39

What has the AIMS Campaigns team been doing? 40

by the AIMS Campaigns Team

The CQC 2019 survey of women's experiences of maternity care 41

by Nadia Higson

# Covid-19 and the UK's Maternity Services

by Emma Ashworth



The first Journal of 2020 was published just a few weeks before the UK went into lockdown. Even that close to the lockdown, little did we know just how much it would change the birth options for pregnant women and people who were giving birth from March onwards.

This edition of the AIMS Journal has focused mainly on collating these stories, provided to us by women who are pregnant or giving birth at this time. We felt the strong need to try to capture some of these experiences for the historical record, and as such they have been only very lightly edited for points of clarity with the aim of publishing each woman's individual voice. Every woman who provided us with a story before the publishing deadline has been included, and, sadly, due to the overwhelming numbers, those offered after the deadline had to be turned away.

In addition to this collation of stories for historical interest, we are hopeful that publishing the ways that the changes to maternity services have affected these women and their families can help to inform those who are making decisions about their hospital's birth options as they continue to try to navigate the ongoing challenges of Covid-19.

A worrying and persistent theme has been the removal of a variety of service options, which is often referred to as being for the safety of women. The safety of midwives and other health care providers is imperative, and we fully support measures to protect our carers. However, the hospitals must be honest about what is happening. Forcing women into hospital to give birth by stopping midwives from attending home births is not the safest thing for women, their partners or their babies. Attending hospital is far more likely to lead to women and families contracting Covid-19 than from one or two midwives attending them at home, and midwives who work in hospital are probably more likely to contract Covid-19 than in the community. The Royal College of Obstetricians and Gynaecologists agrees:

“The importance of deployment of outreach services, community clinics and home care rather than the centralisation of services has been identified. It may be of benefit for midwifery services to keep community midwifery staffing as separate as possible from hospital midwifery staffing for as long as this is feasible to reduce the risk of transmission between staff.”<sup>1</sup>

Some hospitals have closed their home birth service citing concerns about availability of ambulances while neighbouring hospitals under the same ambulance service continue to support birth at home! Some trusts have been shining lights, continuing to support their community services, home births and MLU births and in some cases increasing this provision. Others, as you will see in these documented experiences, have not. While we appreciate that Trusts have been thrown into a situation that required rapid changes, it seems that the way that Trusts have addressed making those changes has reflected the way that Trusts have responded to maternity improvement initiatives such as Better Births, with some being truly women centred in their approach, and others – not.

Some women have decided that the safest way for them to birth is at home, without a midwife present if the NHS refuses to attend them. AIMS does not consider this to be a 'freebirth', but instead we consider that these are examples of women who have been abandoned to birth without a midwife. Freebirths are also happening during the Covid-19 pandemic: Pregnant women and people who make the decision that they want to birth without a medical attendant, even when the offer of attendance is there, is a Freebirth. We are pleased that the Royal College of Midwives (RCM) have published guidance which reminds healthcare providers that the decision to birth without a midwife is a legal right and must be supported without coercion<sup>2</sup>. Despite this, we are experiencing a high number of calls to our Helpline from women who are being threatened and coerced, sometimes with the threat of a referral to Children's Services if they do not comply with the instruction to attend hospital for their birth. In their guidance, the RCM themselves refer to information from Birthrights which states that this is absolutely unacceptable:

- *It is not illegal for a woman to give birth unattended by a midwife or healthcare professional. Women are not obliged to accept any medical or midwifery care or treatment during childbirth and cannot be compelled to accept care unless they lack mental capacity to make decision for themselves (Birthrights, 2017).*
- *It is not appropriate for healthcare professionals to refer a woman to social services with concerns about the unborn baby, solely on the basis that she has declined medical support, as she is legally entitled to do (Birthrights, 2017).*

And in the RCM's own words:

*"Respect, support and document a person's right to accept or refuse care and treatment."*

As some hospitals are starting to re-instate their home birth services, the next round of challenges appears to include some hospitals trying to deny home births to those birthing for the first time, or only supporting women who are 'low risk' to birth at home. It is important for maternity staff to remember that they are not in a legal position to be able to 'sign off' and agree to home births. The only person who can, in law, decide where to give birth, is the person giving birth.

AIMS has been working to support women and families who are struggling to find appropriate care during the Covid-19 crisis through our Helpline<sup>3</sup>, and by publishing articles in our Birth Information pages<sup>4</sup>. We are campaigning behind the scenes and updates on some of our work can be seen on the Campaigns section of our website<sup>5</sup>. We also have a section of the Journal dedicated to the Campaigns Team where we are publishing updates on their work. Huge thanks to all of the volunteers on the Helpline and Campaigns teams who continue to tirelessly work towards better maternity services for all.

This Journal has been an emotional rollercoaster for me to work on. I have been delighted to read the positive stories, the incredible care shown by many midwives and doctors and the commitment to creating as close to a 'normal' environment as possible. I have also been deeply saddened by the terrible stories that some women have shared. As always, AIMS' support is there for those who would like to access it.

This is the last AIMS Journal with me as the editor, as I'm now stepping down from the role, opening it up to someone new. I have been hugely proud and honoured to have been a part of the history of AIMS, and gratefully pass on the baton to the next wonderful editor, whoever that may be... we will be welcoming applications very soon!

Stay safe and well,

Emma Ashworth,  
AIMS Journal Editor

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- 2) [www.rcm.org.uk/media/3904/freebirth\\_draft\\_23-april-v5-002-mrd-1.pdf](http://www.rcm.org.uk/media/3904/freebirth_draft_23-april-v5-002-mrd-1.pdf)
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# The importance of home birth during Covid-19

by Briony Cobb



My lockdown experience so far hasn't been too bad. I'm fortunate to live in a rural town in the South West, which is the region which has taken the least hit. I put this down in part to the attitude of the people, most of whom have been pretty good at following the lockdown. We're fortunate enough also to have a nice big garden and already live the kind of lifestyle where we grow our own and cook from scratch as much as possible, so always have well-stocked cupboards, and we keep chickens so have always had a consistent supply of eggs. So the food shortages in the supermarket and everyone's panic buying didn't worry us too much.

The weather has been kind, which means my husband and I have been spending a lot of time in the garden, which has certainly been incredibly good for our mental health. To be honest we are both home birds anyway, so the reality of being cooped up together for weeks on end has actually

mostly been quite pleasant. We were also lucky to have got married in a very small ceremony the weekend before Covid-19 hit the UK so we were able to see our three best friends and closest family all together, which has made the absence a lot easier – not that it's been easy, we are used to seeing my husband's parents almost every weekend, so he in particular has been finding it very tough.

The thing I was most worried about at the start of lockdown was missing out on those third trimester 'rites of passage' such as antenatal classes. Fortunately, my NCT classes and my pregnancy yoga have been moved online so we are still able to make those social connections, if only virtually. Medically, the quantity of my midwife appointments has reduced as I'm considered 'low risk' and have so far had a very textbook pregnancy. My midwife decided this was the right course of action for our safety, and I'm grateful for that. Although there are some days when I have a bit of a 'wobble' and I wish I had the reassurance of more regular appointments.

I've always planned a home birth as I believe very firmly that 'birth isn't a medical emergency unless it is' and know without doubt that I will labour most efficiently in my little nest. I'm no fan of hospitals and as I mentioned earlier, I'm a home bird through and through. I'm in an NHS trust that is very supportive of home birth and have been lucky enough to have the same midwife since my 8-week booking appointment – she has been fully behind my home birth plan from Day 1. Where some trusts around the country have been suspending home birth services and closing MLUs, mine has been fighting tooth and nail to keep these services open for their mothers. For me, this means that even if the situation worsens in the next few weeks and a home birth isn't possible, I should still be able to access the 'next best thing' of the freestanding MLU – still a far better alternative than hospital for me.

I was already scared of birthing in hospital yet given the situation the prospect scares me even more. Firstly, the fear

of contracting Covid-19 whilst in hospital, and secondly, the fear of birthing without my husband's support if my trust had stopped partners being with women. We are a very close couple and I know it would break his heart as well as mine for him to miss the birth or be told he needs to leave right after (especially as I feel I would need him for emotional support 100 times more in a hospital setting). We've been working really hard using hypnobirthing techniques to keep positive and calm as we know that's what is best for me and baby. I know a lot of women have considered freebirthing where home birth has been suspended and, admittedly, the thought crossed my mind briefly, before I realised that the 'what ifs' would make me almost as anxious as having to go to hospital. Perhaps if this weren't my first baby the option may have seemed more appealing. Fortunately, at the moment, home birth with a midwife is still very much on the cards. I know that, were I to be told I wasn't 'allowed' a home birth or I had to go to hospital, my mental state would be a lot more fragile than it currently is – I'm so scared of hospitals that I know my adrenaline would be far too high to have the physiological, natural birth that is so important to me.

When this all started there was a period of uncertainty for a few weeks where labour went from being something I was really looking forward to, to something I was terrified of. Being told my home birth should be able to proceed meant I am now able to look forward to it again. I feel very fortunate that I've never had to justify my home birth plan to my midwife – she knows it's right for me, she knows it's important, and I know she will do everything in her power to make it happen. I see so many women who are having to fight their healthcare providers who don't value home birth and I know this is potluck of living in an area with a very pro-home birth hospital trust.

There is no doubt my mental health has taken a hit from this – I think I'd be mad if it hadn't. Being heavily pregnant for the first time is scary enough – being heavily pregnant when it feels the world is falling apart is just that little bit scarier. I'm very sad that our parents won't get to meet their first grandchild for no idea how long, and I'm anxious about the world we are bringing our son into, but so far I'm managing to remain relatively positive despite the huge number and weight of uncertainties.

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# A positive induction during Covid-19

by Frances Colquhoun



My last week of work as a teacher before starting maternity leave was spent working from home as that same week vulnerable people, including pregnant women, were advised to start social distancing due to coronavirus. Luckily, my colleagues and boss had already advised me to work at home as much as possible the week before to avoid schools and offices where I'd be in contact with large numbers of people. It was unfortunate that I didn't get to say goodbye to colleagues (I wouldn't be returning to this role after maternity leave) and we couldn't have a final team lunch but I knew it was the sensible option.

My first week of maternity leave was when lockdown was announced. I often felt frustrated as I couldn't leave the house to pick up the last bits and pieces we needed for baby arriving, but almost relieved that the decision had been made for me. Luckily, very kind family and friends chipped in and we were well stocked up on all the essentials. My husband, Stuart, was still working on a large building site and we were becoming increasingly worried about him being at risk and bringing it home. He decided that week to stop work and his boss kindly allowed him to self isolate knowing I was getting induced the following week. That was a big load off our minds.

I was booked in to be induced at 39 weeks for medical reasons. I always hoped to avoid induction but as the date drew closer we decided that it was actually better to know the time and date and be prepared due to the current situation. We knew no partners were allowed until active labour and no visitors to the ward afterwards so we had been mentally preparing for that. I really hoped my induction would be fast so I wouldn't be by myself for too long, but I knew that Stuart would be there for me as soon as I really needed him, plus lots of friends had advised how partners can sometimes get in the way and annoy you anyway!

In terms of visitors afterwards I was never very keen on anyone other than Stuart and our parents so although he wouldn't be there I wasn't too concerned about it. I also kept thinking, I've never done this before so really I won't know any better!

I arrived at hospital at 2pm on the 31st, had my first pessary at 6pm, mild contractions started at 9pm and when examined at midnight was told I was ready to go to the Labour Suite! I was so relieved because I had been very nervous that my induction would be a long-drawn-out affair and I'd have to go it alone. I phoned Stuart at 1am on my way down and he was there 20 minutes later. Despite the swift induction, labour was a bit more stop-start and further complicated when I spiked a temperature and I was advised to have IV antibiotics (subsequently it was found that I did have an infection). Emma was eventually successfully delivered by forceps at 4:11pm. We knew we had some time together as a family before Stuart would be asked to leave but luckily we had much longer than we thought we would get! Emma had to go and get antibiotics too so that extended our time a bit and then we were just waiting for a bed on the ward, which didn't happen until midnight! We were both shattered but delighted to get all that time together before Stuart had to leave.

The staff on the ward were fantastic. I didn't know what to expect but it was genuinely 24-hour non-stop care of the



very best kind. You could see the extra work that changing PPE between each birthing person was adding to their workload but everything was done with a smile ... you may not be able to see them behind the masks but you could see it in their eyes and hear it in their voices.

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Because there were no visitors, the ward had a lovely, calm atmosphere and all the ladies were sitting up in the day, curtains open and chatting away. I can't imagine how it would be with visitors coming and going all the time. We were all helping one another out, fetching things from bags for those who had had an epidural or caesareans or shushing babies while mums went to the loo or for a shower. There were tears and cuddles and lots of solidarity, mums looking out for each other, sharing stories, drying tears, having laughs!

Because of my infection I was on IV antibiotics and Emma was also being treated. In the end we stayed for four nights. I phoned and messaged, sent photos and videos to friends and family and really I think it was worse for Stuart and our families who were worrying about us, than myself and Emma who were being so well looked after. I think our time together in hospital helped me get to grips with being a new mum really quickly. We settled in to our little bay and the hospital routine quickly. There were always staff on hand to help out, and we were constantly reminded to buzz should we need anything. My sole focus was Emma, and with no visitors to help out I had to just trust my instincts and care for my baby. All those 'firsts' are a bit daunting, the nappy, the changing, the feeding, the crying in the middle of the night, but we just got on with it and I never doubted what I was doing. Another plus was being served 3 meals a day in bed! So no need to cook or clean, wash dirty clothes or tidy the house, just feed, nappy, sleep and repeat. I tried to sleep as much as possible when she did, and on a quiet ward, without visitors, that was quite easy!

We came home on the evening of 5th April and had a relatively stress free first night! The first week I really felt a

sense of loss not being able to share her with my parents and my sisters. Every time we finished a video call I would have a wee cry. Again, because it was just us without any interruptions, we got into a routine fairly quickly. By the second week we were getting out each day for a walk in the sunshine and were able to pass by my parents' house and they could have a wee peek over their fence down into the pram, still 2 metres apart! Even though we were phoning daily, it was nice to see them in person and catch up (as well as drop off washing and collect dinners!). A few friends and family members who live locally would include us in their daily exercise route and drop gifts off and have a peek through the window to 'meet' Emma. By this point we couldn't imagine fitting visitors into our day ... where would we find the time?

We usually weren't organised enough to be out for a walk before 4pm! Emma was also feeding every 2 hours and I don't know how that would have worked if we had had any interruptions. We had three midwife visits in the first week as Emma had jaundice and continued to lose some weight, so again we felt the aftercare was still there as much as you needed it. By the second week we were signed off and our health visitor came after an initial phone call. She arranged to revisit the following week to check Emma's jaundice and weight again. Unfortunately by the end of the second week I had developed mastitis and have had a high fever the last few days. Again our health visitor has been fantastic, and came to see us as soon as I phoned for advice. Services may be reduced and look different to the norm, but I can confidently say that my experience was that support was most definitely there when I needed it, lockdown or not.

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# Positive hospital birth during Covid-19

by Lois Hubbard



My pregnancy journey had been uncomplicated and low risk all the way through and as it was my 3rd baby I really wanted to have a home birth which was nice and relaxed with my family around me. This was all arranged and we purchased a pool. I was really excited and looking forward to welcoming our little girl at home.

I'd had a couple of growth scans towards the end as my bump measurements were a bit off. These seemed to be ok so I was still on track for birthing at home until the Covid-19 pandemic hit.

Shortly afterwards all home births in my area were cancelled. I was absolutely devastated by this news and spent a good few days crying and mourning the loss of the birth I had planned. Things were changing rapidly and talk of no birth partners and visitors in hospital was really concerning and I felt very vulnerable during this time. Anxiety, fear and

anger took over and I felt robbed of all my choices and of the last few weeks of my pregnancy.

I finally pulled myself together with the help of my hypnobirthing teachers and techniques I had learnt on the course, and refocused on planning for a birth at my local birthing centre. I felt I also had to plan for a labour ward birth as potentially the birth centre could close too. I was so glad I'd taken the course as it was a great source of support through this tough time.

I reached the 40 week mark and opted for a stretch & sweep, but this caused quite a bleed and my bump measurement had dropped again, so I ended up on the labour ward on my due date wondering whether I would need to be induced. I wanted to avoid induction if at all possible due to a previous experience being quite traumatic.

This was another tough time as my husband could not be with me in the hospital and after checkups on me and baby came back looking ok but indicating her growth had stopped, I was still feeling pressured into taking the induction.

**I finally pulled myself together with the help of my hypnobirthing teachers and techniques I had learnt on the course ... it was a great source of support through this tough time.**

I found the confidence to push back and go with my instincts, so I agreed to return the next day for monitoring.

Again I was pushed to take the induction but my contractions had started up so, after a scan which showed more positive measurements, I returned home to let nature do its thing.

I had a great afternoon at home walking and relaxing while my contractions built steadily. By midnight they were getting less manageable so we headed into hospital. I was checked on arrival and was already 6cm dilated so my husband was allowed in with me. The doctor had

recommended I be monitored continually because of the bleed I'd had, so this meant labour ward was my only option. I was really disappointed at this as the birth centre looked so nice and would've been closer to the home birth experience we planned.

Luckily we had a brilliant midwife who understood immediately how I felt and fought to get us up to the birth centre as long as baby was coping ok with labour. So after a short period of monitoring all looked good and we got moved to a lovely room with a pool all ready for us.

I got straight in the pool and stayed there for the rest of my labour. Using hypnobirthing and gas & air I coped with the contractions well and I felt in control throughout. In between them we chatted to our midwife and put the world to rights. I couldn't believe I was actually really enjoying my labour!

After around 4 1/2 hours I was fully dilated and feeling pressure to start pushing. This coincided with a shift change of midwives but our lovely midwife chose to work late and be with us till the end, which shows just how dedicated the staff can be.

I was encouraged throughout to listen to my body and follow the cues to push and our beautiful baby girl was born in the water at 7:22am still intact in her amniotic sac! Apparently this is a rare occurrence and considered very lucky. Her membranes were broken and she was brought straight up to me for skin to skin.

I felt like Superwoman at this point and I was over the moon to have had the relaxed, hands off birth I always wanted. After a rollercoaster of emotions in the last few weeks I couldn't have asked for a better, more empowering and positive birth.

After a few hours resting and establishing breastfeeding we had all our checks and were off home to introduce our new daughter to her big sisters!

Huge thanks to the staff at Northampton General Hospital and The Barratt Birth centre for going above and beyond and listening to us to provide the best experience possible. And huge thanks to my amazing hypnobirthing course and all the support and guidance that came with it.

My labour and birth were the incredible experience that I thought I'd never achieve during the pandemic and I will treasure that forever.

## Article

# When unassisted birth may be the safest option

by Louise Day



Never in my wildest dreams did I expect to be pregnant during a worldwide pandemic. My journey started in 2019 when I found out I was expecting another baby. I instantly knew I wanted a home birth. I had planned a home birth with my first child in 2017 and had a non-emergency transfer to hospital. I had a water birth on the labour ward a few hours after arriving in hospital. I was disappointed that I hadn't stayed at home but at the time felt quite happy that I'd had most of my birth preferences met.

This time I knew the chances of me transferring were much lower. I was confident. I had done this before. I didn't want to experience the car journey to the hospital again with intense contractions. My belief is that birth is best when a woman feels safe, in a familiar environment and is

undisturbed. I began preparing for this birth – buying the birth pool, re-engaging with online home birth groups. My midwife was very supportive of my choice. Things were going well – I could relax, I didn't need to worry, this was going to all work out!

Then the unexpected happened – coronavirus hit the U.K. The UK began social distancing measures before going into lockdown. I saw some online social media posts about home births being suspended. Still I kept positive – I was only 30 weeks. I had time. All this could be over in 10 weeks. Then, when my phone rang and I saw it was my midwife my heart sank. My midwife was apologetic and devastated to deliver the news. She was uncertain how long the suspension would last. She gave the reasons of a shortage of midwives, a potential lack of oxygen canisters and no guarantee an ambulance transfer could be provided. In my head, even though the midwife had told me my home birth was essentially cancelled I was thinking 'I can still birth at home'. I didn't say this to her at the time. She suggested that I considered the birth centre – a local midwife-led unit attached to the hospital.

**I'd heard about free birthing but never considered it... I began reading about it and joined a free birth Facebook group. To me, nothing had changed. I hadn't developed any complications, baby was well and I was prepared for a home birth so why would I change my mind, especially given the threat of coronavirus when going into hospital.**

I'd heard about free birthing but never considered it. I'd always felt happy with midwives attending my birth and had good support from them in the process of planning a home birth. I began reading about it and joined a free birth Facebook group. To me, nothing had changed. I hadn't developed any complications, baby was well and I was prepared for a home birth so why would I change my mind, especially given the threat of coronavirus when going into

hospital. My husband was very positive about the idea of continuing our plan to birth at home. We both felt anxious about further measures put in place at the hospital around birth partners only being present during active labour and having to leave soon after the baby was born and not visit on the ward. At this uncertain time I knew I needed my husband. I had many questions about free birth such as: what to do with the cord and what to do if something went wrong. I have researched these and am reassured negative outcomes are rare. We are 5 minutes' drive away from the hospital, so I feel reassured by that. I have become more open to things I didn't think would appeal to me such as a lotus birth (leaving baby attached to the placenta).

At the time of writing, home births are still suspended. I have written to the chief midwife, the First Minister and the Health Minister in Scotland. The replies acknowledged my situation and they have apologised, but sadly didn't provide much hope or any solutions. I felt angry. This was my right as a woman. Surely it was safer for me to stay at home? I felt I was forced into making the choice to free birth rather than naturally coming to this decision. I began to get anxious and doubt myself. Could I do this? What would people think of me if something went wrong? Was I being selfish and just being stubborn about getting my home birth? My feelings have been up and down but I have decided to not get too attached to one idea of birth. I have made plans but in the moment, or on the day, if I decide to go to hospital I can.

I was anxious about communicating my choice to my midwife and my family and friends. Generally, it's been well received. My midwife said I wasn't alone in this choice and she respected it. I've found great support from a Zoom group set up by local doulas who have discussed free birth and women's rights in labour. It's good to know there are other people out there fighting your corner – writing to decision makers to try to improve the situation for women. I have missed out on face to face contact, hugs and seeing my friends and family in person but have made the most of technology.

I am keen for stress and anxiety not to take over and affect my pregnancy. I have been trying to regularly practice mindfulness, meditation and yoga. At the end of this I will have birthed a baby in a pandemic. This will go down in history.

## Article

# Preparing for birth in lockdown

by *Lorraine Noble*

I don't remember the first time I heard about Coronavirus. I do know that I had no idea at the time of the impact it would have on all our lives.

Things got real for me in late February when I was at work and several colleagues left the office due to having symptoms and/or having travelled through Italy, which was a hot spot at the time. That was the day I realised how serious the situation could be and with being 30 weeks pregnant I didn't have only myself to think about. All babies are precious and after many years of trying for a baby, two losses and a long journey through infertility treatment my husband, Paul and I were very protective of our "little button", who was conceived with the help of IVF.

When things stepped up a gear and there was talk about how we were only a matter of weeks behind Italy my employer trialled an emergency office closure to see if it was possible for us to work from home. It worked well and the trial instantly turned into a permanent way of working with talk of it lasting for at least 3 months. I was thankful for how seriously my employer was taking the situation but also a bit panicked by the reality of it. Around the same time the Government released guidance for vulnerable people, which included pregnant women, and I started to feel a bit scared. Paul was still expected to work from a busy office and I was worried about him bringing the virus home. I became a bit obsessed with washing hands, surfaces and disinfecting door handles and light switches. I found myself awake during the night on Google looking for answers on how the virus could affect unborn babies, pregnancy, giving birth and newborns. There never seemed to be a clear answer. With the virus being so new it was all a bit grey and I just wanted some black and white guidance on what I should and shouldn't be doing but it was difficult to find. Should we be having visitors over for my husband's birthday? Is it ok to have our nephews overnight? Can I go out for a walk with my Mum on Mother's Day? There were so many different opinions. I didn't want to be seen as overreacting but at the same time I didn't want to not react. I just wanted Boris Johnson to

announce lockdown so we would all know where we stood and what we were to do.

**I found myself awake during the night on Google looking for answers on how the virus could affect unborn babies, pregnancy, giving birth and newborns. There never seemed to be a clear answer.**

There were loads of scare stories on social media and as much as I tried it was hard not to get sucked in and I found myself panic buying nappies and formula milk in case by the time our baby arrived these were impossible to buy. Thankfully we were pretty much organised with everything else we would need for the baby so that was one less thing on my mind.

When lockdown was announced on the 5pm update I felt very emotional. I don't know if it was relief or if the reality of the situation hit home that night but after getting my head around it I took it as a positive. Now we had official guidance. Paul was now lucky enough to be able to work from home and I felt safer knowing that we could be in our own protective bubble, just us and our unborn, working from opposite sides of the dining table. It helped ease my biggest fear, which was of catching Coronavirus and passing it to our baby and the possibility of not being able to see our newborn if either of us had the virus around the time of giving birth if the baby was unwell and needed special care. I've now finished up for maternity leave and while Paul works I've been able to use this time at home to get prepared for our little one's arrival. I've watched online birthing classes, picked up my first book in years and even got round to choosing our wedding photos (almost a year since we got married)! The nice weather has meant being able to get out into the garden, which I think has kept us both sane and it's allowed us to spend some nice chilled time together just us two before life changes forever.

Of course I've been nervous about leaving the house for midwife appointments and I'm worried about what giving birth is going to look like. I may have to do part of it on the ward alone but as it stands right now, at my hospital, Paul will be able to be with me as soon as I'm in established labour and for up to six hours afterwards. If all is good we will be heading home with him after the six hours and that quite suits me as I feel that the longer we spend in hospital the more we're at risk.

I'm sad that we probably won't be able to let our family and friends meet our baby straight away and that they'll possibly miss out on the first few weeks (maybe more) but at the same time we need to put a positive spin on things and appreciate the time alone as a new family to get to know our baby and have him/her all to ourselves. I will 100% miss the help of our parents and the reassurance of visitors to know that we're doing ok as new parents but at the same time maybe we're better off finding our feet by ourselves and learning as we go and in our own time. There'll be no pressure to have a tidy house and the tea on and biscuits in and it'll give me more time and space to recover from labour while focusing on just us three and adapting to our new life. Although my Mum jokes she'll have her nose pressed to the window every morning before we even have the blinds open!

I pictured maternity leave being spent meeting other mums and trying out all the baby classes but that's also unknown right now. We'll just need to wait and see how the rest of the year plays out. I'm trying to take a day at a time rather than get caught up in trying to guess what the next few months will look like because no one really knows.

I've written this today while I'm feeling strong and in a good place, feeling ready to become a mum and take on whatever the future holds but I do have days where I'm worried and sad about the current situation but that's not going to change anything and we just need to do what we need to do. There's loads of time to make up for missed get togethers, showing our baby off and loads of saved up baby cuddles and not everyone will be able to tell their child that they were born in the middle of a worldwide pandemic.

2020 will be a year that we'll remember for so many reasons and I don't want to look back on it and remember feeling scared so I'll continue to get on with it while focusing on the positives and the nice memories that we are able to make just now.

## Article

# When fear becomes reality

by Rosie West



My first birth ended up being quite traumatic. We had planned a home birth which I was very much looking forward to, but a prolonged hind water leak led to an unpleasant night alone on the antenatal ward, accepting an epidural after 36 hours, and a forceps delivery. It also caused my little girl to

get an infection and she had 3 days on the neonatal ward, and we stayed in hospital for a week in total. When I got pregnant this time I was determined to have a calm, relaxed birth, away from the consultant unit. I planned a water birth in a stand alone midwife led unit and was looking forward to it.

I know that so many aspects of birth are unpredictable, and that birth plans often are out of our control, but after a consultant assessment I was classed as low risk, and there was no reason to think that a calm, natural, midwife-led birth was out of reach. I never imagined I would be giving birth in the middle of a global pandemic. One evening after talking with my husband about the pandemic situation, and listening to the news, I had a panic attack, completely out of character for me. I just couldn't believe the situation we were in, and I had no idea how to protect my baby, my little girl, or myself. I cried most of that night, and often over the next few days.

We decided that a home birth would be the best idea, as this meant that I could avoid the hospital (where presumably all the sick people were!) and could maintain some sense of control as we would stay in a familiar and safe, or at least safe-feeling, environment. I immediately felt better. I could make a plan, which of course could change, but it was a start. It would solve any childcare issues as well.

Unfortunately when we went into lockdown our NHS trust suspended all home births, and shortly after that closed all the midwife-led units, so I was left with the consultant ward as my only option. I felt like things were spiralling out of my control all over again, and that I was ending up in the one place I didn't want to be. My birth partner would only be allowed into the delivery ward once I was in active labour, and would have to leave if I was transferred to the postnatal ward. The idea of another night alone on the antenatal ward filled me with panic, and if I did end up on the postnatal ward my little girl wouldn't be allowed to visit. She has never spent a night away from me, so not being able to see her if I did have to stay in again would be especially hard.

My midwives have reassured me that I will still get midwife-led care as I'm classed as low risk, and I can still have a water birth. If I arrive in active labour we'll go straight up to the delivery ward, and I should only have to stay on the antenatal ward if there is something wrong. If everything goes smoothly I could have an early discharge and not have to go onto the postnatal ward and can therefore stay with my husband throughout. But these all seem like big ifs! It also means trying to leave it late enough to get to the hospital already in established labour, which feels like a risk as well – maybe we won't make it to the hospital in time. The most traumatic thing about my last birth though was that night alone on the antenatal ward when my birth partners couldn't be with me until the delivery room, and I desperately want to avoid that again if I can.

I am focusing on hypnobirthing techniques in the run up to things which is helping. I think that the regular meditation, positive affirmations, and the feeling of doing something practical are all helping to make me feel both calmer and more empowered. I do feel positive, I just wish the situation was more static, so that I didn't feel I was heading into the unknown as much. I trust the midwives, and appreciate that the situation is hardly ideal for them either. The pandemic has taken choices away from us all.

The most unnerving thing is all the masks and gowns. I understand these are necessary, but they are still unnerving. I had to wear a mask myself at my antenatal appointments, which was very unsettling. The staff at the labour ward will also be in full PPE, which, again, I understand, but will make it very hard to forget the Covid-19 situation outside. This is where the hypnobirthing tools will come in I think, trying to stay in something of a bubble for myself will be important when everything around us looks so frightening.

Most difficult though has been childcare. I can't take my little girl to my appointments, so my husband has to look after her while he is trying to teach secondary school maths remotely from our spare room. My mum is unlikely to be able to come down (from Yorkshire to Shropshire) to look after her while I am in labour as well, so we have had to ask a friend who she is less familiar with, and if she can't come and visit should I have to stay in that will be traumatic in its own way. That makes it harder to relax and focus on the positives.

There *are* positives. We won't have to share cuddles once the baby is here, and I am getting quality family time which I might have missed if everyone was still at work! We will of course miss family though, and I have missed the company of other mums throughout pregnancy. Facebook groups are not the same, and often are full of unfounded rumours which do not help. But I only have a little over 3 weeks until I am due now, so the positives are where I am choosing to focus.



***Stop Press! Just before we published this journal, we had word from Rosie that her baby daughter had arrived!***

As an update, our little girl was born on 14th May! About a week before my due date the trust restarted home births (although not home water births) and opened the alongside MLU. In the absence

of a plan I booked into the MLU. We took my little girl for a walk on Thursday afternoon when I started feeling crampy, so at about 8:30pm I rang the midwife who advised me to go in. We had to wait for childcare to arrive and then do the 40 minute drive to the MLU, so it was shortly after 10pm when we arrived. The midwife took one look at me at the door and ushered my husband in as well as she was sure I was in active labour already- it turned out I was! I got into the pool at about 10:30pm, and at 11:05pm Eve Rosemary Ellis-West arrived. I had gas and air towards the end, but otherwise just stuck with the hypnobirthing breathing I had learned. Apart from the extra PPE, and my husband having to wait in the carpark when I was moved to the postnatal ward to wait for a doctor to sign off on our newborn check up, it was the birth I had hoped for. So it worked out ok in the end! It's strange now, with the social distancing and different rules about healthcare services, but we're doing ok.

# High risk and high and dry

*Anonymous*

I am currently pregnant with my first child, and have been going to my local hospital for maternity care. The quality of care has mostly been good throughout my pregnancy but, with the Coronavirus, it appears they are prioritising the safety of their staff above that of expectant mothers.

I have **gestational diabetes (GDM)**, which classes my pregnancy as “high risk”. Nevertheless, the hospital wanted to cancel my high risk scans so that I wouldn’t come in – as a measure to protect the staff, not me. They told me I should not only cancel my scans, but then also that I could wait up until week 42 before being induced. This was concerning as **NHS guidance is that women with GDM are to be offered induction or caesarean by week 40 if they have unmanaged gestational diabetes** (which I did, until my late diagnosis at week 34 which only came because of my request for the test as I had signs and symptoms of it, even though they said I definitely didn’t have it) in order to avoid complications, and at the latest by 40 weeks + 6 days if it had been managed.

Further, it would be these scans which would show if there was any abnormal fetal growth and whether earlier induction would be appropriate. I suggested that both cancelling the scans that would indicate if earlier induction was necessary and not planning for an induction by week 40+6 seemed too high risk to me, and that I would prefer to at least plan for one or the other. As a result, they suggested I could still come in for the scan, but that I wouldn’t be able to speak with a doctor in person and that they would call me later, which I said was fine.

After I had the scan, the doctor called me an hour later than scheduled, explaining she was delayed as she had been waiting to get my scan results, but said everything looked fine. I asked if a 13% growth increase in one week for the baby’s abdominal circumference (AC) was normal, as that seemed significant to me, and she said she didn’t actually have my growth charts yet and would need to call me back. The doctor actually called me and told me the growth looked fine without even looking at the growth chart! She then returned my call and said it was fine as the AC was in

the “70s or 80s” for percentile which was fine. I said that was not what my scan report read, which plotted the growth at the far right end of the scale, and the sonographer told me it was at the 90th percentile. I asked if that was incorrect – that it wasn’t actually in the 90th percentile – and the doctor said that was actually correct but still nothing to worry about.

I wasn’t sure if she lied or misread the information, but after having first told me the growth looked fine without actually having looked at the growth chart, I was a bit sceptical. This prompted me to ask if there was ever any AC number that would give them cause for concern, and she basically said no – they just look at total growth – but then, when pressed, did admit that AC alone is a sign of complications arising specifically from GDM but they just didn’t look at it. I finally decided to drop this line of questioning as it was going nowhere, so asked my next question which was how they would know if I was having signs of pre-eclampsia – a possible complication arising from GDM – given that they didn’t take my blood pressure after the scan like they usually do. She said they would normally check it via taking the blood pressure, but aren’t now because coronavirus pressures. She then said that I should be fine because I don’t smoke or have a high BMI. I asked if those are general correlations for pre-eclampsia in normal women, whereas GDM alone is a risk for pre-eclampsia. She said it was but they didn’t think it was worth the risk of having someone take my blood pressure when I was in the hospital, given the virus. So again, as a pregnant woman, they were putting me at higher risk of a complication – this time of pre-eclampsia – as they wanted to reduce services provided to pregnant women to protect their staff.

**As a final point, they said that my husband wouldn’t be able to come with me to triage or the labour ward whenever I do go into labour – that he would have to wait outside until I was in the delivery suite – at which point they would call him. The combination of suboptimal care and not allowing partners in convinced me to go private instead, despite the high cost.**



## Article

# My birth, my way

*by Joanna*

Since becoming pregnant I always intended to have a home birth. Over the past few years I have taken an active interest in birth and have done lots of reading and research into the benefits of birthing in the comfort of my home. Through this knowledge I gained confidence in the natural birthing process.

At 38 weeks pregnant **I received a phone call from my midwife telling me that due to Covid-19 my hospital was unable to provide me with a home birth midwife.**

My immediate reaction was that I would continue with the intention to labour at home, as I wanted an uninterrupted experience. **The concept of having no medical care was a little daunting but I was certain of my choice, which was informed and also intuitive.** My midwife was supportive with this choice to 'free birth', although she informed me of the possible risks involved, and she also assured me that they would be there at the hospital ready for us if at any point we might need their assistance. This is something that my partner and I stayed open to.

It was really important for me that I created a space where I felt safe and comfortable to birth, in the familiarity of my own home. Although I would have gone to hospital in an emergency, Covid-19 gave me even more reason to stay at home as I didn't want to risk contracting the virus. Also, I didn't want to be around unnecessary heightened anxiety which I felt had built up everywhere in the country, which I thought would interfere with my labour. I was also concerned that there would be a limit on how long my partner would be able to be with me during and after labour.

**In preparation for our birth I originally sought out a doula who had offered me much support throughout the pregnancy and lead-up to the birth, but wasn't able to physically be present at the birth due to the restrictions of the pandemic.** We did speak about 'Zooming' in during labour if I needed which was quite a weird concept but I felt perhaps this would be useful as my partner and I were going it alone and we had zero experience of what to really expect when labour started.

During the last three weeks of my pregnancy the country was in total lockdown, and still is as I write this. Although I have missed seeing my friends and family and having the freedom

to leave my apartment, I am ultimately very grateful for this time alone. My partner and I have spent weeks together, nesting at home, getting ready for our new arrival, which is time that we wouldn't have had if he was going to work and we were operating our normal life. It has also given us the chance to rest, really rest.

Leading up to the birth I felt relaxed and confident, although I did have a few moments of anxiety and anticipation which I think is a natural response for a first-time mother. Contractions started at 5pm on Tuesday 21<sup>st</sup> April. I used a variety of different methods during the process such as the birthing pool, rebozo, exercise ball, massage and hypnobirthing techniques. The labour lasted much longer than I expected, and was a lot more intense than I originally anticipated, and as we didn't have anyone present with us we had a few moments of uncertainty of how we were progressing. But we stayed relaxed, grounded and focused as much as possible and I continued to follow my instincts and finally our beautiful daughter was born the following day at 7.30pm.

**Given the circumstances of the pandemic, this gave my partner and me an opportunity to really test our trust and faith in the natural process and ability to birth completely unattended and uninterrupted. My intention had always been to have a natural, gentle and organic birth and this is exactly what we received.** Our birth has been an experience that we may never have had under normal circumstances, and through this process we have gained even more strength, trust, resilience and sovereignty as a new family which will benefit our future and ultimately the future of my daughter.

On reflection, I am grateful that I took the time to listen to my intuition and trust my inner voice. I was focused throughout my pregnancy and labour and I am thankful to have had my partner by my side who kept the same vision and who was able to support me in my decisions throughout. **I'm also grateful that free birthing is a legal right here in this country and that women have total autonomy when it comes to our choices of how and where to birth.** I hope that through our beautiful and powerful story we are able to inspire others to take control of their birthing rights with confidence and knowledge in the natural process of birth.

## Article

# When fear becomes reality

by Rosie West



After having IVF we became pregnant on our fifth cycle. A long and emotional journey came to a happy ending. After an early complication I had all the usual anxieties that can come with being pregnant, not knowing the news that would break later into my pregnancy.

When Covid-19 was first found to be in the UK I was 25 weeks pregnant and understandably anxious. As the situation changed, the government placed pregnant women in the high-risk category. The uncertainty and the unknown nature of this virus were very daunting. My husband and I were both able to work at home from the outset, keeping to all social distancing and self-isolating guidance where possible. A new virus pandemic is worrying for the whole population and being pregnant increased my anxiety levels.

Our first maternity appointment since the Covid-19 outbreak was for our first health visitor appointment. Due to the lockdown this was a telephone consultation. We still found it helpful although not ideal. I still attended all my community midwife appointments but from this stage onwards I had to attend on my own. I found the most upsetting thing about this was the lack of communication prior to the midwife appointment as we were not notified

of the protocol until we attended the surgery. This was the same for my 36-week growth scan. I had read on forums about the partner not being able to attend for scans but we had no communication from our hospital with the plans they had in place until we turned up for the scan and my husband was asked to leave the hospital. Again, not knowing ahead of time caused me to be upset on the day, finding the process very stressful. I do understand the reasoning for all the changes and the importance of safety for myself, my unborn child, the other mothers and staff. With our IVF history we have had a lot of scans, medical interventions and consultations and my husband has been by my side throughout that whole journey. Then for him to miss our final scan after all we have been through together was very upsetting to me. I feel there are ways they could have made the situation easier. Although there is generally a 'no phone' policy in the scan rooms, if I could have filmed the scan due to the current situation this would have allowed my husband to have still had some involvement. Another option I feel they could have offered would be for me to have been able to have my husband on speaker phone so he could still be involved in the scan.

**I had read on forums about the partner not being able to attend for scans but we had no communication from our hospital ... until we turned up for the scan and my husband was asked to leave the hospital ... not knowing ahead of time caused me to be upset on the day, finding the process very stressful. I do understand the reasoning for all the changes ...**

Lack of communication throughout this difficult time between the maternity unit and ourselves has made it harder for me emotionally. Understandably the situation can change fast but I do feel some contact from the unit regarding their updated protocol for appointments, scans and labour would help as we could discuss it as a couple and have been more prepared. I took the opportunity to ask what the current situation is for when I come in for labour but unfortunately the midwife was not able to give me a clear answer. The staff within the unit should be briefed regularly so they are able to fully inform the mothers on what to expect when attending hospital. I am a first-time mum and there is a certain level of apprehension around birth without the added concern of not knowing if my birthing partner can even attend with me.

I am currently 37 weeks pregnant and have been booked for an induction at 39 weeks. Following a telephone consultation with a consultant we have been advised that my husband will only be able to attend once I am in active labour, therefore I will be without my birthing partner from the start of induction with my husband only being allowed in once I am in active labour in the delivery suite. Following the birth, the baby and I will be taken to a postnatal ward where again my husband will not be allowed to be with us until we're ready to be discharged. The safety of mothers and new-borns is understandably paramount, but it still leaves me feeling upset and anxious that we cannot experience the entire labour, birth and post-birth period as a couple as we had planned.

Some couples' birthing plans are affected now by only being able to have one birthing partner and no visitors. This is not something that has affected us hugely as we planned for it to just be the two of us. This still leaves us in an unknown situation of when family and friends will be able to meet our new-born due to the current lockdown guidance and virus outbreak.

I usually work on the front line as a paramedic but due to my pregnancy I am not currently in that role. I understand the situation is new and changing rapidly, putting all the services under pressure. However, as I've already said, if the communication could have been better it would have allowed us to have been prepared for each appointment, and been aware ahead of time of the latest guidance during birth which would ease some of the anxiety.

## The AIMS Guide to

# Induction of Labour

**What happens when you have an induction of labour?**

**What are the reasons why you might be offered an induction?**

**What does the evidence show about the risks and benefits of having an induction?**

**What methods are commonly used?**

**Are there other options?**

**The AIMS Guide to Induction guides you through your rights and gives you suggestions of things to consider and questions you may want to ask your doctor or midwife, as well as ideas for how to prepare and encourage an induction to work.**

[www.aims.org.uk/shop](http://www.aims.org.uk/shop)

# Induction of Labour

## Article

# A time of worry and uncertainty

by *Felicity Miller*



I am currently 36 weeks pregnant with my third baby. I have had a straightforward, low-risk pregnancy and I am booked in with the Leicestershire Homebirth Team.

I was 32 weeks pregnant when the UK went into lockdown at the end of March, and

the following weeks were really stressful, and I felt quite anxious and upset.

My initial concern was of the virus itself and what this could mean for the health and safety of my baby, as well as for myself and the rest of my family. The information and guidance was changing by the day, and pregnant women were considered high-risk and advised to self-isolate, but very little was known about the virus at this point and the impact on pregnant women and newborns was unknown.

I was glad I had already booked a homebirth, as keeping away from the hospital and limiting contact with other people at this time seemed like the safest option - not just for me and the baby, but also for my partner and other children.

In the weeks that followed, many NHS trusts started to suspend their homebirth services and midwife-led birth centres also appeared to be in jeopardy. I felt extremely concerned and anxious about this, and worried that it was only a matter of time before homebirth provision in my area would also be pulled. It seemed like quite a knee-jerk reaction to suspend all but the very basic maternity services,

putting pregnant women and babies at risk of reduced care provision, when birth is not something that can be rescheduled.

I emailed my local Head of Midwifery to express my concerns, asking her not to suspend homebirths, and to ensure all other options were considered to keep the service running - such as using independent midwives to help support staffing levels, and making alternative arrangements for hospital transfers in case the ambulance service was overstretched. I received a very quick response to reassure me that homebirth provision was continuing at the moment, and it would be reviewed as the situation progressed, and alternative arrangements were being considered to support this.

The following day it was announced that the midwife-led birth centres at both the Leicester hospitals had closed until further notice, and that the birth pools would be unavailable at the hospitals. I was very distressed to hear this, as it meant that if the homebirth service was suspended or I was unable to have a homebirth for any reason, my only option would be to go to the hospital labour ward to have my baby. At this time, there were also concerns being raised about birth partners being restricted and women facing giving birth alone.

**I am keen to stay away from hospital as much as possible, so the thought of having no choice but to go to hospital to give birth during the pandemic is very frightening. It seems to go against everything we had currently been advised ...**

I am keen to stay away from hospital as much as possible, so the thought of having no choice but to go to hospital to

give birth during the pandemic is very frightening. It seems to go against everything we had currently been advised, and I was concerned that low-risk women would be forced into a high-risk environment, not just of the virus itself, but also if all women had to go to the labour ward, there may be capacity and staffing issues which could inadvertently impact on the care provided.

This also brought up other logistical issues around social distancing - if I had to go to hospital to give birth, then who would look after our other children, as we are not able to call upon friends and family as normal? Our parents are all over 70 or have health issues that put them in a higher risk category so would be unable to help. If my partner had to stay home to look after our other children, would I have to give birth on my own? How would I get to hospital - would my partner have to drive me there with our other children in the car and drop me off at the door? I felt very worried about who would look after me and my baby. My partner is asthmatic, so he is more vulnerable and at higher risk from the virus, so it would not be ideal for him to be in a hospital environment either. I also have my other children to consider, and would be concerned that by being in hospital I may risk bringing the virus home to them.

Due to these concerns, I have considered the possibility of unassisted birth (freebirth) and although I would not be totally comfortable with this, I would have to consider the risks of freebirth against the risks of being in hospital during this time.

Fortunately, my local homebirth service is currently still available and I have been advised that as it is a large team with a large caseload, they would be very reluctant to suspend this and any reduction of service would be reviewed on a weekly basis.

The changes to maternity services have had a significant impact on my pregnancy, causing a lot of stress and anxiety at an already emotionally vulnerable time. I have rescheduled appointments over fears of going to hospital clinics, and several appointments have now also been conducted over the phone. When I have gone to hospital-based clinics, I have felt very nervous and vulnerable, despite taking all safety precautions and NHS staff reassurances.

**What would usually be a happy, exciting time has been overshadowed by worry and uncertainty.**

## Article

# Balancing the trade-offs

*by Isla Wallace*



I was 36 weeks pregnant when the UK Government announced that pregnant women were to be classed as a 'vulnerable group', at high risk from coronavirus. This created a great deal of uncertainty, and the changes made by my local maternity services impacted on my experiences both before and after birth. Some of these experiences were challenging, but I also found a number of unexpected positives.

I was being closely monitored during pregnancy because I had been diagnosed with pre-eclampsia with my first child. My community midwifery team continued to provide care during the pandemic, undertaking home visits to monitor my blood pressure and proteinuria. They kept me up to date as protocols changed, and called before attending to check no one in the household had symptoms. When I was asked to attend the Day Assessment Unit at our local maternity hospital, I found the approach of both teams to be compassionate and flexible, as they worked with me to ensure I was able to fit appointments around childcare commitments in light of nurseries being closed.

In terms of antenatal care in the hospital, I worried about the impact of having to attend on my own, especially when I needed to make important decisions about my care. Doing this without my partner to support me was challenging. However, the hospital was much quieter than usual and staff went out of their way to make me feel at ease. This meant that overall I found this part of pregnancy more relaxed and less stressful than I had otherwise anticipated. Compassionate care went a long way to offsetting the challenge of attending without my birthing partner. For example, a midwife asking if there was anything I wanted to discuss after the medical team had set out options for next steps gave me an extra opportunity to talk things through and to reach a decision about my care that felt right for me.

**I also found the joined up approach between the hospital and community midwifery teams very reassuring. Ensuring this continuity of care as I moved between services helped to offset the potential for anxiety in a changing landscape.**

My experiences of labour itself were also much more positive than I had anticipated, although not exclusively so. A key concern for me had been the new rules about visiting, which would mean I would have to labour in triage without my partner while I was assessed. In practice, this meant a couple of hours when I was in the hospital while my husband waited in the car park, and during this time I was started on medication to lower my blood pressure. This scenario was something I had discussed with my husband in advance, and we had agreed that his role would be to ask questions and help me reach an informed decision if needed. As he was not there, I did not have anyone to advocate on my behalf, and it was only later that I regretted not asking about alternatives. It may be that I still would have opted to take the medication - but what has stuck with me is a sense that my decision was uninformed: while trying to manage my contractions I was not in a good position to ask questions, clearly articulate my views, or weigh up alternatives at what felt like a very intense time.

Despite this, the rest of my labour was incredibly positive. With my partner alongside me I successfully managed a calm and fulfilling VBAC birth. This had been my key aim, and despite the changes to services as a result of Covid-19, it laid to rest many of the difficult memories I had been carrying with me from my experience of an emergency caesarean first time round.

In terms of postnatal care, it was difficult having to say goodbye to my husband just a couple of hours after the birth. However, as we knew to expect this I was prepared. Perhaps the greatest impact of Covid-19 for me was when my baby needed to be admitted to the neonatal unit for a short period in the early hours after his birth. New visiting rules meant parents were only allowed on the neonatal unit for an hour a day. This was hugely challenging emotionally, given that I was not allowed any visitors - including my husband and 3 year old son - on the postnatal ward, and was very limited in the time I could spend with my newborn. Fortunately this experience was short - just 24 hours - during which I was able to hand express and have an hour of skin to skin time. **However, I would have found it incredibly difficult to be separated for any longer and I worried about the impact on establishing breastfeeding. This was one element of care where I struggled to fully understand the trade-off being made in terms of risks and benefits - understanding the need to minimise any transmission of the virus to a very vulnerable group of babies, versus the longer term impact on bonding, breastfeeding and mental health and wellbeing for parents.**

Again, the care I received from the midwives postnatally was important in shaping my response and helping me to cope. This was a consistent theme throughout my care. Despite the unexpected circumstances and additional challenges presented by the pandemic, **I think it was this network of support across maternity services that made the key difference to ensuring that my experience was ultimately a positive one.**

Article

# The impact of Covid-19 on Tabitha's birth

by Hannah Kemlo



In the weeks leading up to Tabitha's birth I was too busy to keep up to date with the news. We had a new kitchen fitted in January, my last doula client had a lovely homebirth at the end of January and then nursery started in February for my first daughter, Morven ... oh and Morven decided that now would be a good time to potty train too!

I had suffered from a little postnatal depression in the year following Morven's birth, triggered by work and childcare stress and exacerbated by miserable news stories, so I deliberately avoided the news when I felt it might be better for my mental health, and also because I knew I needed more of the happy hormone oxytocin for labour.

As my due date came and went, the Coronavirus came to the forefront of the UK news and was harder to avoid. My daughter, as all the best toddlers do, brought a cold home from nursery.

At 41+5 my lovely midwife Caroline did all the usual checks and we joked at the end that baby was 'self isolating' for as long as possible, or at least until 'Aunty Anne', the midwife who had attended my first birth, was on call at the weekend. Caroline was on call until 8pm Friday night and on Saturday she was due to fly to Lanzarote for a holiday.... I suspected the combined stresses of nursery starting and the pandemic were holding things up either way.

That afternoon, my Mum, who has been a doula for 20 years, had come to stay for the whole of March (I am so incredibly lucky to have a doula for a mother!) and she helped me to clean the whole house. We even disinfected the door handles.

On Friday morning I got up and took Morven to nursery at 9am. As we left the flat I felt my first contraction. I had a 7½ hour labour with Morven with no latent phase so I wasn't at all surprised that by the time we got to nursery the contractions were regular, 3 in 10. I went home to my TENS machine while [my husband?partner? who is Tom?] Tom filled the pool and I soon had to ramp up the TENS machine. I checked my own cervix at midday and was gutted to find zero dilation – really no change from 3 weeks ago. At that point I realised I needed to stop thinking and surrender to the process so I stopped clockwatching and called maternity assessment anyway as, regardless of dilation, things were really quite intense now.

I was hanging off Tom's neck, swaying and singing 'Hickory Dickory Dock' when Caroline arrived. The things you do when you have a toddler! Secretly knowing my lack of dilation I delayed getting in the pool as long as possible but at 1:45 I gave in. It was lovely!

Mum was up in the park with Morven who was really keen to be present. We had prepped her with lots of 'Call the Midwife' and a children's book about homebirth. She knew that I would probably 'moo like a cow' and that there might be blood so at 2:15 when I started pushing and asked for the Entonox we asked Mum to bring her home. They arrived at 2:25 and just 2 minutes later 'a ball came out of Mummy's bum'! It was a little balloon of sac, moments later the head arrived, quickly followed by a hand, all still inside the sac. With one more push, out popped Tabitha 'en caul'. The sac burst as Caroline lifted her up to me and I saw for myself that we had another daughter!

We tandem fed on the sofa wrapped in towels and Morven was absolutely brilliant at sharing boobies. Our

Article contd.

bubble of happiness lasted all weekend and into the following week.

By Friday Coronavirus had taken hold of the UK and flooded the media. Suddenly it WAS happening to us and the country couldn't pretend we were somehow immune any longer. On Friday they closed the pubs, but some areas, especially in London where half of my family live, people were ignoring the advice. This was getting real. My perfect homebirth postnatal bubble was popping. On Sunday we had our last midwife visit. NHS Greater Glasgow and Clyde had just announced that the homebirth team was to be disbanded for 6 months; the midwives and women were heartbroken. Anne told us that 20% of all the midwives in Glasgow were already self isolating, not to mention the strain on the ambulance service. I could understand it, but that is no consolation to a pregnant woman facing the choice between birthing on a labour ward attached to a very large hospital with Covid-19 patients and no birth partner as he has to stay home with the kids, and no access to a birth pool, or a birth at home without a midwife, and potentially no ambulance should things go wrong. I was heartbroken for everybody and I thank my lucky stars or God or whoever that Tabitha arrived before I had to make that choice.

The Glasgow homebirth team are absolutely amazing. They are the gold standard for midwifery as far as I'm concerned. My three midwives are all very different characters but they complement each other perfectly. They provide the best possible care and above all they make me feel SAFE. I hate being discharged! I am a perfectly capable mother with a wonderful loving and supportive family and friends but now I feel alone. No midwives are checking up on me and now with social distancing it's harder to access my support network. I never expected this to be easy but keeping the tears at bay now is a daily struggle. The health visitor came the other day. She weighed and measured Tabitha and then left to do the rest of the appointment over the phone. Makes sense. She asked me how I am feeling and I was honest. I'm scared, for myself, my girls and my family, especially my Mum who will be working in a London hospital, aged 69, when she leaves us. Oh and I'm financially screwed. My Health Visitor tells me that given all that's happening she'd be more worried if I said I was ok.

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## Article

# When partners are banned from birth

by *Lucy Castelino*



After four years of pregnancies ending in heartbreak, I couldn't wait for the day we got to meet our miracle rainbow twins. They were conceived naturally and came out of the blue during a very early scan! My maternity care throughout had been great. However, towards the end of my pregnancy, appointments started to change. New rules were put in place to protect women and other patients, and staff and hospital appointments were to be attended alone. I had to make some hard decisions about my care without my partner, Aaron, being able to be there in person to support me and, as we drew closer and closer to my babies' birth, so the coronavirus got closer to us. Suddenly life became very uncertain.

I was under the mental health team of midwives. The impending birth of the twins, and the world they were being born into, was all-consuming. I was constantly promised and reassured by midwives and nurses alike that although they couldn't guarantee my partner would be allowed to stay for the duration of my time in hospital, as he would have done in normal circumstances, he would be there for the birth and at least four hours after. Such a short time would have been hard enough to digest normally but given our history and how long we had waited for this moment, it felt cruel. As the



delivery day approached, I tracked the ever-changing rules, searching through social media and forums for other people's experiences: it appeared that what midwives had described as 'worst case scenario' was about to become my reality.

We arrived at hospital early on the 25th of March for a planned caesarean. Initially we were told Aaron could stay with me until after birth but, upon arrival, he was sent outside and told they would call him back to join me just before I was taken to surgery. Two hours later that became a very different story. I was visited by the manager of the ward who couldn't stop apologising before quickly telling me that, following a 'big meeting' that morning, the rules had just changed and I should prepare myself as I was about to be going through birth and major surgery alone.

**... [I] was visited by the manager of the ward who couldn't stop apologising before quickly telling me that, following a 'big meeting' that morning, the rules had just changed and I should prepare myself as I was about to be going through birth and major surgery alone.**

Prepare myself?! In what time and world can someone prepare themselves for that? I'd been handed Aaron's theatre scrubs, we were fit and well, no Covid-19 symptoms, we had even self isolated previously... we should have been safe! I felt numb. Then the bad news continued: Aaron wouldn't be allowed to be at hospital at all for the duration of my stay. I was so confused and felt completely isolated. My friend had given birth a few days previously in a nearby hospital and was still there with her newborn and partner. Why was I about to have that right unwillingly removed from me? I was about to become the first mother in my hospital to go through a caesarean without my partner because of Covid-19.

Suddenly, what should have been one of the happiest days of my life turned into one of the worst. I tearfully soldiered through the day having no other choice. I spent the day searching for comfort and guidance in strangers when it should have been Aaron, spending the minutes clock-watching, hoping the day would be over with and I

would wake up from the nightmare which didn't seem to end. But it didn't end - I gave birth alone.

**I was about to become the first mother in my hospital to go through a caesarean without my partner because of Covid-19. Suddenly, what should have been one of the happiest days of my life turned into one of the worst.**

I then spent the next 5 days alone. Travelling slowly between the ward and SCBU, where one of my twins was being cared for, was the most painful experience, both mentally and physically, that I have ever had to live through. Those five days in hospital were a blur. Instead of enjoying my newborn twins and their precious first moments, I spent it alone, in pain and pushing myself to do more than I was capable of as there was nobody else to help, all whilst dealing with the added anxiety of protecting myself and my newborns from an invisible deadly virus. I willed myself and my boys out of hospital, counting down the seconds until I could be back home, safe and supported again.

Day five came around and I couldn't take any more. I completely broke down in the early hours of the morning and couldn't function enough to string a sentence together. A young midwife, recognising my desperation, finally sent me and my boys home.

Sheer desperation for the day to end got me through my twins' birth during Covid-19. **I'm so angry that neither I, nor Aaron, will ever get that day back. I will never be able to correct it or make it a better experience. I feel completely cheated out of a day that should have been amazing.** We were robbed of the experience of watching our boys enter the world together and when I look back it hurts and upsets me instead of bringing me joy. My whole birth experience was a surreal nightmare. I haven't stopped feeling guilty for how I felt during those five days, how I struggled to bond with my gorgeous newborns and how I wished the first five days of their tiny little lives away. I doubt these feelings will ever subside and whilst I recognise it certainly will be a tale to tell the boys when they are older, I wish, with all my heart, it wasn't a story any mother had to tell.

## Homebirth to Midwife Led Unit transfer

by Leanne Sumner



Due to Covid-19 we weren't sure whether our homebirth would be going ahead. **During all the worry and uncertainty, my husband Jamie and I intensified our hypnobirthing practice to deal with the anxiety of the unknown after having a positive hypnobirthing experience with our first baby.** I am very lucky that Jamie was involved in every aspect and took his birth partner role very seriously as he was such an immense source of support.

We had been continuously checking Sheffield's Jessops Maternity Wing website for updates. Thankfully, birth partners were encouraged to attend births during the active labour stage but would not be allowed up to the post-natal wards if our homebirth could not go ahead due to staffing issues. I went through a period of a few days of distress at the prospect of not being able to birth at home, however we processed the situation as best we could and made alternative plans.

We revisited our birth preferences and discussed every possible outcome so Jamie was aware of my choices and he could advocate for me where necessary. All I needed to do was concentrate on a calm birth for myself and our daughter. On 7th April at 40 +4 weeks, we decided to go

ahead with a sweep. Our community midwife, who was part of the homebirth team, was very supportive and listened to all our concerns and answered our questions as best she could with the up-to-date information she had available to her. Twenty four hours later at 1:30pm, I began feeling my usual intense Braxton Hicks but radiating through my back. After a couple of hours we were sure they were real surges and began to prepare our birth space at home until we knew otherwise. Jamie set up candles, oils, made it dark and warm and began to time the surges while we watched films. I bounced on my ball and had a bath whilst listening to some guided meditations. It was so lovely and calm and at 8:30pm we called the midwife. Thankfully homebirth midwives were available and one was on her way to us, and we were advised to begin filling up the pool.

Our midwife arrived at 9:30pm and observed me breathing and swaying through my surges and was unobtrusive and quiet as she checked through our birth preferences. She asked if I'd like an examination and I agreed as I was curious as to where I was. I was 3cm and she suggested some gentle walking up the stairs or labouring on the loo. We did both and I rocked and breathed through my surges on the toilet when we heard an audible pop. My waters had gone and my midwife asked to check the colour, my waters were a green/brown colour telling us that meconium was present. She chatted through what this meant, that potentially baby's gut was mature as she was over 40 weeks or that she was in some distress. **If the meconium was minimal and thin and I was progressing then our homebirth could continue. However, if the meconium was thick and I still had a long way to go, then it would be best to transfer to hospital.** We knew about meconium from our previous birth research and Jamie discussed everything with our midwife using the BRAIN acronym<sup>1</sup>.

I was offered an examination and I agreed. I was still 3cm and when I stood up, lots of meconium came out and it was thick and dark. We immediately opted for a hospital transfer

as we felt that this that was safest for our baby and our midwife phoned for an ambulance. It arrived quickly and the paramedics were respectful and quietly supportive. I was offered gas and air and, as I was to be sitting and strapped in rather than the mobile positions I had been labouring in so far, I decided to try it. I didn't like it during my first birth as it made me nauseous and woozy but this time it had no real affect and I could use it to support my up breathing<sup>2</sup> on the uncomfortable, if short journey.

When we arrived at the Jessops Maternity Wing at 11pm we were transferred to a room. Our plan B was a water birth, but we were told that this was not a safe option due to the meconium, so it was plan C which was to make our hospital birth as much like a land homebirth as possible. Jamie had followed in his car and struggled to actually get into the hospital as it was on lockdown due to Covid-19, but he arrived relatively soon after and set about making the room on the Midwife Led Unit (MLU) comfortable, dimming the lights, setting up LED candles, oils and swapped the radio for our chosen guided meditations. We said goodbye to our homebirth midwife and met our new midwife, who was wearing PPE and explained why. She read our birth preferences and set me up to be monitored while she watched and assessed me. Unfortunately, there was no wireless monitoring available so the continuous monitor with cables was placed around my tummy. This did not hinder my birth at all, I stood leaning on the bed swaying and rocking, and using the gas and air to up breathe throughout my surges which were quickly increasing in intensity while Jamie used soft touch massage and rubbed my back.

**... set about making the room on the Midwife Led Unit (MLU) comfortable, dimming the lights, setting up LED candles, oils and swapped the radio for our chosen guided meditations. We said goodbye to our homebirth midwife and met our new midwife, who was wearing PPE and explained why.**

It was at this point that our midwife told us we would need to move to the labour ward to be under obstetric care. Initially, we were told that it was due to our baby's heart rate not fluctuating enough and we were shown on the monitor what this looked like. Jamie asked our midwife to discuss this outside so I could labour quietly, and she agreed but was very clear that any final consent needed would have to come from me. When they returned, I was told that everything was fine and that baby's heart rate had begun to fluctuate normally. As I had settled in our room we would continue to labour on the Midwife Led Unit and assess my progress in an hour.

An hour later and I was labouring on the loo again and finding the surges increasingly difficult to up breathe through. When we were alone it was then that Jamie told me that we had initially been asked to move to the obstetric unit so baby's heart rate could be closely monitored by the doctor on the ward. Jamie used BRAIN again to consider whether moving me was in my best interests, if my monitoring would be any different and also asked about possible exposure to Covid-19. Jamie had asked if there were any cases on the MLU and was told there were not, however when he enquired as to whether there were any cases on the obstetric labour ward he was told that they were not at liberty to discuss it. It then transpired that we had accidentally been placed in the MLU in the first place and we should have been taken straight to the obstetric unit! Jamie is unsure as to whether the lack of heart-rate fluctuations were exaggerated in order to encourage us to move as at this point as I had only been continuously monitored for around five minutes. This did turn out to be a very happy accident, however. The only real difference between continuing on the MLU as opposed to the labour ward was that the doctors would be closer on the labour ward, but Jamie also knew that I did not want anyone else in my birthing space unless absolutely medically necessary and so he refused to move me and they agreed to continue.

I was so happy and proud of Jamie for advocating so brilliantly for us and our baby and how involved he had been in our hypnobirthing process. I then suddenly had a big wobble, I told Jamie that actually I wanted pain relief and a caesarean and I would go there now. Jamie told me to

think about our birth preferences and repeated my favourite affirmations to me, telling me how strong and capable I was and that he thought I was going through transition. He mentioned this to our midwife who asked if I'd like to be examined and I agreed. She said I was 4cm but that second babies liked to surprise us and asked if I was feeling pressure in my bottom. I was and it was coming quickly. My surges did not fit with what my cervix was apparently doing so I went back to my standing position at the bed.

I soon felt the urge to bear down and was becoming increasingly loud and primal. Our midwife suggested I get on all fours on the bed and she rang for a second midwife. I clambered on the bed and leaned up against the head of it. My body completely took over, it was the most intense yet amazing feeling. One big surge and I could feel our baby crowning, I switched quickly to down breathing<sup>2</sup> using the gas and air to help me through the ring of fire sensation which thankfully lasted a few seconds. Another big surge and her head was born. I could hear our midwife telling me to trust my body and go with what it was telling me to do, she was completely hands off and let me do it myself which is what I had wanted from a homebirth and I loved how much my birth preferences were respected. Jamie kept popping up to tell me details about our daughter's hair and face and encouraging me, I honestly felt like I had a dream team cheering me on. Another big surge and I could feel baby getting ready, I slowed my breathing, one more big surge and baby Ida Grey was born at 1:10am on the 9th April. I quickly removed my top and baby was passed through my legs and up to my chest. I have never felt so strong and elated in all my life and couldn't believe how I had gone from 4cm to birth in one hour.

**I could hear our midwife telling me to trust my body and go with what it was telling me to do, she was completely hands off and let me do it myself which is what I had wanted from a homebirth and I loved how much my birth preferences were respected.**

We had skin to skin, and baby latched within ten minutes and didn't come off for almost three hours. I had opted for a physiological third stage and birthed the placenta 50 minutes after Ida was born whilst sat on the loo, breastfeeding. Jamie was allowed to stay with us until 6am when Ida and I would be moved upstairs. We were given lots of time to bond and be alone before I was checked over. I had a small first degree tear and graze that required no stitches. We all got some rest and the next morning I was moved to a private room upstairs which I was very lucky to have. I spent the day snuggling Ida and snoozing, with staff members coming to check on me or Ida and do all the health checks before Jamie collected us in the afternoon. Our midwife came to see me before her shift ended and we had a lovely chat about how wonderful and positive our birth was and how grateful we were to her for respecting our wishes and taking our birth choices seriously.

All the staff who took care of us were so reassuring and wonderful and put so much effort into making us feel safe and secure, I really can't praise the Sheffield Jessops Wing staff enough.

**We may not have had the homebirth or water birth we had originally hoped for but we feel we could not have had a more empowering and positive birth.**

## AIMS Comment

1. The 'BRAIN' acronym is a way to help with decision making. It stands for:
  - What are the **B**enefits (of this course of action)
  - What are the **R**isks
  - What are the **A**lternatives
  - What does my **I**ntuition say?
  - What if we did **N**othing?
2. Leanne explains what 'Up' and 'Down' breathing means to her. *"The up and down breathing are hypnobirthing breathing techniques that I used to support my birth. Up breathing during the earlier stages of labour means using a longer, slower exhale to stay calm and reduce adrenaline in the body and down breathing entails shorter inhales and exhales - like blowing out candles - during the pushing or baby ejection reflex stage. I found they really helped me to focus, remain calm and were effective pain relief techniques."*

## Article

# When support stops

by Polly Warr



My daughter, Everly, was born on Monday the 23rd of March at 7.57pm in the midwife led unit at the Norfolk and Norwich hospital.

This was the day that lockdown was announced for the whole of the country. Everyone had to stay home and no one was allowed in your home, which meant that our friends and family wouldn't be able to meet her, give her a cuddle or smell that new-born smell she had.

I was lucky enough to have had a low risk pregnancy and although we had a very long latent phase, active labour was fairly straight forward with Everly being born in the birthing pool and just needing a little help when she was born with her breathing. Luckily, the fantastic midwives were perfect and we quickly heard that heart-warming cry that all parents long to hear.

I cannot fault our care whilst at the Norfolk and Norwich hospital. Luckily, Covid-19 had not really affected my care. Apart from the extra bit of cleaning and PPE there were no staff shortages and we had excellent care throughout. Even with the pandemic going on around us the midwives made us feel safe and did everything they could to ensure everything was as normal as possible.

After Everly was born, the midwife suggested we stay a little longer after the birth to ensure that we could start to establish breastfeeding before going home. I realise now why she suggested this, and I'm glad we stayed those extra few hours. Everly didn't take to breastfeeding and found it hard to latch on properly, and although we had support from several midwives with breastfeeding expertise in the hospital at the time, I knew that when we left, the support would be gone. It would just be me, my husband and Everly.

Over the next few days, we continued to struggle with feeding, and it all became very painful both physically and mentally. In normal circumstances I would have called over my Mum for support, to let me know I could get through this difficult time and everything would be OK. Due to Covid-19 I couldn't do any of those things and in the end we had to call on the already stretched midwives for support as we were worried that Everly wasn't getting enough to eat.

**In normal circumstances I would have called over my Mum for support, to let me know I could get through this difficult time and everything would be OK. Due to Covid-19 I couldn't do any of those things and in the end we had to call on the already stretched midwives for support ... the community midwife we spoke to was brilliant and came round to the house that afternoon to offer support to us.**

Luckily the community midwife we spoke to was brilliant and came round to the house that afternoon to offer support to us. It was just what we needed, she watched me feed and realised the positioning of my hands was stopping Everly from moving her head back, meaning her latch was very shallow which was causing the pain. With a simple change of hand position from me, everything seemed to feel better and the breastfeeding journey was able to continue with much less pain and worry.

By the end of the first week we had 4 visits in total from the midwife. Everly was gaining weight and didn't scream

the house down when she had her heel prick test. All was going well. On Everly's fifth day with us, our last visit from the midwife, we were told we were being discharged and we would not have any more visits from anyone. This began a wave of worry. Would I be able to care for Everly without these visits from midwives, health visitors and my family? Could we be the parents Everly needs without the physical support from others? I knew I would be able to phone the midwife and health visitor if there was a problem, but it was the physical contact with a health professional that I knew I would struggle without.

We didn't receive a visit from the health visitor and were told that our 6 week check by the doctor wouldn't take place either. The next contact I would have would be with a nurse when Everly had her 8 week immunisations, and at the time that was 7 weeks away and I wondered how I would get through that time, just myself and my husband. I felt like I needed the reassurance from these people to let me know everything was OK and that Everly was OK. Although I knew deep down that everything was fine, I think hearing those words from a doctor or health visitor would have helped to reduce the number of times I searched for 'what is wrong with my baby' when she was crying.

Everly is now 5 weeks old and Covid-19 is still affecting our everyday lives. My husband and I are still the only two people to hold her. Thankfully, technology has meant that our families can see her every day. **For us as a family, Covid-19 affected us more emotionally during our postnatal time. To not have the support from family, friends and health professionals, that reassuring hug that you're doing a good job and just someone to hold her so you could finally have that well needed shower.**

**I can't wait for the day that our families can hold her, and life begins to go back to normal. Everly has a lot of world left to explore and lots of amazing people to meet.**

**Through our journey of childbirth, the NHS have been brilliant and even with a worldwide pandemic happening around them, they always put me first, no matter what. Thank you.**

## Article

# Anxious in a pandemic

by *Louisa Powell*



My name is Louisa, I am 29 years old and a mother to two girls aged nine and six. I am a part-time teaching assistant and a full-time student, currently in the last year of my studies. As I write this, I am 35 weeks and 6

days pregnant and we are in our 4th week of lockdown during the Covid-19 pandemic!

I remember first hearing about the pandemic in January, although it didn't seem much of a concern for me then. Around about the same time, I had been signed off from work with pregnancy-related anxiety. My anxieties were based around something bad happening to my baby and my children. My midwives were amazing and recommended that I see them every two weeks to put my worries to rest.

The week beginning the 9th of March I was becoming increasingly worried about how this virus would affect my family and my pregnancy. My mum helps a lot with childcare and we are incredibly close. She is my rock and the main person I would go to when my anxieties were taking over in my head. My mum is also classed as one of the 'extremely vulnerable'.

On the 18th of March I had my last routine appointment in the community hospital with my midwife. This was different to others and the feeling in the hospital was quite eerie. However, my midwife was as happy as ever and I felt relaxed once in her company. We discussed my anxieties and,

as ever, she was so reassuring. We agreed that my next visit would be the 15th of April and that would be at my home for my homebirth suitability visit.

As news developed and the virus spread increased, so did my anxieties. I could no longer see my mum as both she and I were isolating. My homebirth plans seemed like they would be ruined; all I kept hearing was how homebirths around the UK were being cancelled. I desperately wanted my nan to be present at the birth; however, that was no longer an option due to her having to isolate. My children were no longer at school and we were isolated in the house. Only my partner would leave for shopping and work. It made me jealous. I have always been so independent and I felt like my life has been stripped away and I had to rely on him for everything. As the country was on a 'lockdown' and I was pregnant, I felt I could not do anything for my family. I had no answers for my children nor myself. I felt incredibly low. This was not how I wanted my pregnancy to be. I felt scared, trapped and alone.

Two days prior to the 6th of April I had noticed a change in my baby's movements. They were not following her usual pattern. On the 6th I reluctantly rang the midwifery unit to notify them. I was advised to go in. I also had a cough (hay fever related but understandably precautions had to be taken). Due to this I could not go to the midwife-led unit but instead had to go to a main hospital. I think it was on this day that I really felt the effects of how this virus was impacting our lives even though we were not infected. I had no-one to have my children. My mum was usually on hand, but most of all I'd have to do this alone. I was potentially facing the prospect of bad news and I could not take my partner with me; suddenly I didn't want my independence back anymore. My brain was screaming at me not to go. We had been so strictly isolating and now I was considering going into a hospital with infectious people in there. In that moment I felt like I was choosing between my baby's life and that of my family. I did not want to go but, as advised, I did. I was angry at the midwives who were urging me to be seen, even though deep down I knew it was for the best.

Once I arrived at the hospital, I rang to say I was outside and a midwife met me in full PPE and handed me a mask. I was very scared. But once again the midwife, who I had not met before, was lovely. Had it not been for the PPE then I would not have known any different. I was in awe at how

she did her job. How comfortable she made me, how she reassured me even though in their eyes I was a potential risk due to my cough. My baby was fine and, after being hooked up to the monitors and she was kicking away, we were sent home. I cannot stress enough how good the care was at that appointment. Again, it was a very scary experience, but the midwife treated it no differently to any other routine appointment. As an expectant mother with anxieties, I couldn't ask for anything more.

**... the midwife, who I had not met before, was lovely. Had it not been for the PPE then I would not have known any different. I was in awe at how she did her job. How comfortable she made me, how she reassured me ...**

On the 15th of April I had my homebirth visit. I had been planning a homebirth since I found out I was pregnant. Even though my original plans can no longer happen, I want a homebirth now more than ever. My midwife arrived all kitted up with her PPE. I felt sad for her that she has to go about like that. It must be incredibly uncomfortable to spend your whole day like that. But once again, I wouldn't have known there was a global pandemic going on and she ensured that I was happy, reassured and comfortable. I was made aware that whilst homebirths at present are still going ahead, that can change. However, I am ok with that. I understand and I want what's best and safest for us all, midwives included!

To sum up my experience with pregnancy and the Covid-19 pandemic so far, I would say it is scary; I am experiencing a type of fear that I have never felt before. The unknown is overwhelming. However, each time I have been in the care of the midwives they take my worries and concerns away, even though they must be feeling fear themselves. They have calmed and reassured me, making things feel 'normal'. I understand I cannot have things the way I originally planned and indeed that does hurt, but the midwives have done their utmost in making sure my pregnancy and birth plans can be followed as closely and as safely as possible. The fears of the virus cannot be taken away, but my midwives have certainly soothed them.

# Preparing for freebirth during Covid-19

by Hannah-Beth Hyde



Today is the 29th of March and my 14th day isolating. Last Thursday I moved into my third trimester at 28 weeks and, I have to be honest, it wasn't how I expected it to be. Two weeks ago tomorrow I was sent home from work after expressing to my manager how concerned I was about the coronavirus. I work in sales for a telecommunications company within a call centre. At the time, we were all sat about a foot apart when the Prime Minister made an announcement on what was to come. As I was listening to Boris tell us all that many more families will 'lose loved ones before their time', maternal instinct kicked in and I had the overwhelming feeling of wanting to be back home and safe.

After speaking to my manager and explaining that I was worried that we just didn't know enough about the virus, they agreed to send me home on full pay for two weeks whilst they waited for further government instruction. As soon as I arrived home, I knew I wouldn't be going back to work for a long time.

The plan after that was to try to work out what the future of my pregnancy was going to look like for me. I spent hours watching the news and trying to piece together what was happening in other countries, how far behind we were

in comparison to them and trying to look at the science and decipher what state the country would be in by my due date of June the 19th.

I felt that my previous birth had too many unnecessary interventions so this time I was hoping for a homebirth. All of my appointments and scans had thankfully gone smoothly and my midwives and consultant agreed that a homebirth would be the best for me when the time came. As the days passed after being sent home from work, I could see that homebirths were being cancelled across various trusts and I felt it was only a matter of time before my plans would have to change. I looked up the pros and cons of going to hospital versus having a freebirth as I felt that those were the two outcomes that I could depend on, and I decided that I wanted to have a freebirth. I joined some groups online, bought a book for my Kindle and started to research freebirth in depth. Once I realised that I wouldn't have any access to medicated pain relief, I also paid for an online hypnobirthing course. I also requested to take holidays and then start my maternity leave earlier than planned with my employer.

**One main concern with freebirthing was that my husband would be very anxious during my labour... I contacted a doula who agreed that she would provide telephone support for him, should he need it when the time came.**

One main concern with freebirthing was that my husband would be very anxious during my labour, and knowing that I wanted to be able to be fully focused on the job in hand (giving birth to another human, which seemed a big enough task in itself) I contacted a doula who spoke with us over the phone and agreed that she would provide



telephone support for James should he need it when the time came (with the understanding that she can't offer medical or midwifery advice).

After this I was starting to feel much more in control of the situation. Possibly a freebirth was the birth that I had wanted all along but I was just a little fearful to look inside for that inner confidence. In some ways Covid-19 pushed me to make a more thoughtful decision. If any silver linings have come out of this experience for me then that's it. Today I have formally cancelled any further antenatal appointments. I have weighed up the pros and cons and decided that it's in my baby's best interest to not be exposed to any risk of me catching the virus versus the benefits of attending the appointments. I had a reply from the head of midwifery who said that they understand my concerns and will have one of the community midwives give me a courtesy call next week just to make sure I have all of the contact details that I would need should I need further assistance.

**Today I have formally cancelled any further antenatal appointments. I have weighed up the pros and cons and decided that it's in my baby's best interest to not be exposed to any risk of me catching the virus versus the benefits of attending the appointments.**

Overall, I am coping very well so far. I have a lot of research and courses to do that will keep me occupied – not to mention I have a home to run and a nearly two-year-old daughter to run around after so I don't have time to get complacent. I have a very strong virtual support network of other mothers online that keep me pepped and feeling strong which I am thankful for.

If I pull this off and have an unassisted, unmedicated birth at home then I think it may well be the most powerful experience I have ever had. I doubt I would have had an experience like this without the coronavirus epidemic and, although it's very unusual and unfortunate circumstances, I guess my freebirth is the light at the end of my tunnel.

## Article

# Birth in a pandemic after a pregnancy loss

*by Clare Hardy*



Whether it be your first or your last, most pregnancies come with some level of anxiety. Mine has been no exception. Following on from an early miscarriage a few years ago, we were thrilled in the summer of 2019 to find out I was pregnant again. After the previous heartache and loss, I found the early months very difficult, but as the pregnancy progressed, I allowed myself to relax a little more with each passing month.

My other daughter turned five in November 2019 and is in full-time education and, working part-time, I made the most of the spare time to look after myself. The baby was due in March 2020, and although we didn't plan a five-year age gap between siblings, I liked the idea of being home on my own with the baby, and being able to nap and recharge while the baby slept and my other daughter was at school.

Fast forward to February 2020. I am in my last trimester, and looking forward to meeting our long-awaited baby but find myself sobbing uncontrollably at the prospect of

the schools closing, possibly until the Autumn term, and home-schooling my daughter as well as looking after a newborn baby. My husband is still working, how on earth will I manage? I won't be able to rely on my parents to help because of social distancing. Not only that but very quickly pregnant women were added to the list of vulnerable people and were advised to self-isolate for 12 weeks. Thank goodness I'm at the end of my pregnancy. The information and advice given out for pregnant women has been at times very vague and confusing.

**Stories trickle into the media about pregnant women contracting the virus and passing it on to their babies, babies becoming ill with the virus and mothers giving birth alone which is a thought that absolutely terrifies me to the point where I struggle to sleep at night.**

Even though I know I shouldn't, I trawl the news every day and focus on any stories about pregnant women and the virus. Stories trickle into the media about pregnant women contracting the virus and passing it on to their babies, babies becoming ill with the virus and mothers giving birth alone which is a thought that absolutely terrifies me to the point where I struggle to sleep at night. This point of my pregnancy was supposed to be filled with excitement, joy and anticipation, not anxiety, confusion and alarm. I'm even starting to panic that all this worry and anxiety will harm my baby in some way and I become stuck in a vicious circle of negative emotion. I'm a person that needs certainty, and the problem with this virus is that nothing is certain. No one knows enough about it, how to cure or even treat it. I start questioning my birthing plan and whether it's too late to change it to a homebirth. Is it safe to give birth in hospital?

My due date was 29<sup>th</sup> March, right slap bang in the middle of the 'peak', where new cases and deaths are supposed to be at their highest. In my mind I think that it would be good to be a bit late and keep baby safely inside. Baby listens and I end up going into labour at 40 weeks

and 10 days, in the early hours of the morning. My labours are extremely quick and I go from labour to birth in 2½ hours. One plus side of the lockdown is that the roads are completely empty so we were able to get to hospital without delay. I noticed very little difference in the birthing unit of the hospital, only that the staff are all just a sea of eyes peering at me due to the face masks they have to wear, but my husband was with me until I was moved to the postnatal ward.

After birth, my hope of being in hospital for only a short while is dashed as my baby needs monitoring due to her getting stressed during the birth and her heart rate dropping. I'm told 24 hours minimum which means an overnight stay which will be a lonely affair because, due to very restricted visiting hours, and I will spend most of the time on my own.

My bed is in the corner of the ward, and my baby is placed in between mine and the next bed along with only a curtain to separate us. I overhear a midwife report that a lady had this morning shown a high temperature and had been put in isolation with three others. The hair on the back of my neck stands up and quickly I move my baby so that she's now between my bed and the wall. I feel so vulnerable and helpless to protect her in our current situation and I long to be home and safe. (It was reported later that all four women tested negative against Covid-19 much to their, mine and everyone else's relief.)

Despite my anxiety, my time on the maternity ward was long but uneventful. I'm in awe of the midwives just going about their daily routines with the normal vim and vigour I've come to expect over the years, the difference now being that they are working on the front line in the face of a global pandemic. Most will have children of their own, some are even pregnant themselves but still have to work. This humbles me and reminds me that whatever struggles I'm likely to face in the coming weeks or even months, my family are safe in the comforting secure bubble of home.

**I'm in awe of the midwives just going about their daily routines with the normal vim and vigour I've come to expect over the years...**

## Article

# Doula-ing from a distance: better than nothing

by Hilary Pengelly



Before the Covid-19 pandemic I never thought about 'doula-ing from a distance'. I use phone, email, text messages and sometimes video as ways to communicate with my clients, but for these forms of communication to become the *only* way we can work together is new for me.

I love how the universe gifts me what I need. My last client before the pandemic was initially based abroad, so for the first couple of months we developed our relationship via video calls. Although we then met, and I attended her labour (and beautiful water birth) in hospital, our postnatal contact was conducted entirely 'online'. We reflected by text message afterwards on what was useful about my support. My client identified how maintaining contact with me – on the phone, and through text messages – during the challenging period two weeks before labour began – was really important for her: 'doula-ing from a distance'. I have had this feedback before from birth clients, and it makes me rethink what I offer as a doula, and how this new 'virtual' way of working impacts that.

I am constantly learning what it means to 'hold space' for someone. This journey is fascinating but challenging. I reflect on the contribution of (my) physical presence in labour (positive and potentially negative), and how I use (my)self in offering birth and postnatal support to clients. I focus on remaining 'embodied' and 'present' with my clients, and I see this as integral to my offering of support. So how does working virtually change this, for me and for them? I started working with a couple who reached out for doula support just before the pandemic changed everything and my offer of support moved from my usual birth package (with face-to-face meetings in the months preceding the birth, and my continual physical presence throughout labour) to a virtual support package. The first difference for me in the antenatal period is more contact with my client and her partner. I video call them, and we spend more time together than with my face-to-face birth support package. I find preparation for online sessions takes more time, as does follow-up communication. We contact each other via messaging and email exchanges, which is similar to my usual way of working, and our relationship is clearly developing even though we have not met (and are not likely to meet). This is an evolving process; it's interesting.

**If we all know that I can't be there in person, we are talking more about what *they* can do, what they offer and what they need from each other, and their midwife. This subtle shift in focus is challenging me to re-imagine empowerment and to critically reflect on how I work with birth clients to promote confidence in their birthing wisdom.**

I am aware of the limitations of what I can offer my clients by way of support. I cannot provide practical support once labour starts, nor can I talk about how I 'hold their birthing space'. It makes me wonder: do I encourage dependency in my clients, a sense they need me to be there in some way for things to go as they hope? I reflect more on my language, on ways to promote their self-belief and self-confidence. They CAN do this! If I can be with them, they imagine being able to 'fall back' on my support. If we all know that I can't be there in person, we are talking more about what *they* can do, what they offer and what they need from each other, and their midwife. This subtle shift in focus is challenging me to re-imagine empowerment and to critically reflect on how I work with birth clients to promote confidence in their birthing wisdom.

**One positive thing to come out of these challenging times is that birth workers are sharing more resources with each other.**

One positive thing to come out of these challenging times is that birth workers are sharing more resources with each other. I explore how to offer video calls, or messaging support to my clients once labour starts, if this is possible with rural internet connections and, should they transfer to hospital, whether maternity staff would agree to it. Having recently offered solely virtual postnatal support, this experience highlights the value of being accessible by message and phone in the early days after the birth, responding promptly to messages whatever the time of day or night. Effective virtual postnatal doula support emphasises the importance of the signposting role that doulas have, particularly for breastfeeding support. I recognise the value of encouraging my clients to find their 'village' (albeit a 'virtual village'), the new parents and experienced others who can provide support and a safe place to share anxious thoughts about new parenting. Given the increased pressures of the times, my signposting role includes awareness of online resources to support perinatal mental health, and I actively share these links with my clients and update information on my online platforms. I do this in my face-to-face work, but now I can't rely on this

contact as an opportunity to assess well-being, or decide what information I need to share.

**I recognise the value of encouraging my clients to find their 'village' (albeit a 'virtual village'), the new parents and experienced others who can provide support and a safe place to share anxious thoughts about new parenting.**

The Covid-19 pandemic is with us for the foreseeable future, and birthing couples want support, so I continue to develop the resources in my virtual doula offer. At the start of this journey I asked myself: is 'doula-ing from a distance' better than nothing? Thus far, I would say 'yes'. I am encouraged by my clients' positive feedback on the support they experience from our virtual contact to date; we learn from each other. Virtual doula-ing will never be my preferred way of working, but it offers interesting challenges, and opportunities for personal and professional growth. My practice is positively changing as a result of working differently.



## Article

# Managing a doula team in the Covid-19 crisis

by Michelle Bromley-Hesketh



I sit here, writing this as we end the sixth week of the Covid-19 school closures and lockdown in the UK.

I am a wife and mother of three children between 15 and 7 plus a stepmother to one more. I am also the director of a doula not-for-profit organisation (funded by various sources including the National Lottery Community Fund and local contracts) and I'm studying a BA (Hons) top-up in counselling and psychotherapy. So my life, at the best of times, is busy and balanced quite precariously. I think anyone with children can relate to this.

I am someone who often reflects and the current pandemic is meaning that I am doing this even more than normal. Reflecting during Covid-19 has been quite difficult. Often while I reflect I find ways to change things I do not particularly want in life, and work out how to change things for the better. However, there are not a lot of options available to change at the moment. This pandemic has taught me that I really just have to accept some things and to pick the battles wisely. My job and life are changing daily at the moment, and in conversations with many other mums and birthworkers it seems I am not alone in learning to accept.

Once the social distancing and lockdown of non-essential services were announced, I had to very quickly adapt my work and home life balance, as I am sure many have. I have had to manage a small team of doulas (six salaried, seven

who work on bank contracts), volunteers, admin staff and five counsellors, who usually work in a therapy room and outreach in people's homes, to now work in different ways, over the phone and being creative in how we support others. This has been challenging as we all learn new skills. It's been hard accepting that the support that we offer must now be limited to only providing remote support unless there's an emergency or crisis. This just doesn't sit well with my ethos, nor that of the organisation, and it raises questions as to what is essential support. Nevertheless, we have to explain to families that this currently has to be the case.

**It's been hard accepting that the support that we offer must now be limited to only providing remote support unless there's an emergency or crisis. This just doesn't sit well with my ethos, nor that of the organisation, and it raises questions as to what is essential support.**

Then came the closure of schools. My workforce is mostly mothers and it's been a struggle. We are a flexible organisation when it comes to childcare and children in the workplace, but there is only so much you can do with a child wanting their mother's constant attention, and so some staff have had to be furloughed in response. This has meant a change in the person supporting families. This furlough option has been amazing, allowing us to support staff to not become overwhelmed and burnt out. However, this has left the workload still needing to be picked up by me and other management staff. This has not been easy. I can't wait to have staff back!

Having home educated in the past, I felt that I could do this. Oh how naïve was I! It turns out this schooling at home is nothing like home educating. We can't go out to museums

and galleries; even the libraries are closed. There are now five of us in one home almost 24/7. The teens are getting bored, the 7-year-old is bouncy, but my husband and I haven't divorced, yet. It also turns out that my A grades in Maths and Science GCSE are 20 years old and I have forgotten everything. Who knew I'd need that information 20 years later because of a global pandemic?!

Having to adapt to working from home was not really something I had anticipated to be difficult. I often work from home as a business owner, and having previously home educated I felt that all would be well. Again, I was naïve. It turns out I've become quite accustomed to working without children around, and them now being around all the time means there is no quiet space. In my work as a counsellor and also as a doula, I often need to take private, quiet calls. Finding space for this is not easy, or even possible sometimes. I have actually had to say to some scheduled calls that I cannot make it as I have a child needing support. I am grateful to the service users for how understanding and happy they are with the need for flexibility of sessions, even if my inner critic thinks I'm letting people down. Flexibility and acceptance have been a large theme in my work as a counsellor lately.

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Studying in all this has been really difficult. It appears that every third-year BA student has been a little bit forgotten about in terms of assessments. We are expected to complete assignments as usual, although we can fill in a few forms for extensions. It may be easy for 21-year-olds with no other commitments, but for those of us with families who were walking a tight line anyway, things have really tipped

over. I am finding this really quite frustrating and I know others are too. Having had a burnout at the beginning of last year, I am reluctant to push myself over that edge again, so, in the theme of acceptance, I carry on doing what I can, hoping someone will allow the extensions I need and the postgraduate course will have some leeway.

As a blended family, my older children are not seeing their dad and my stepdaughter isn't visiting. We have made this decision as a whole family to help to protect us all as much as we can. So, we have video calls and the older ones play online games with their dad. My stepdaughter and our younger child seem to play with each other remotely, which is nice to watch, but their attention spans are limited. I have also found an interesting thing, which is that when I'm sitting in my living room, relaxing of an evening, and my ex's voice comes booming in and I can hear his little nuances, it jolts me into a 'what the f are you doing here?' reaction. But then I realise he isn't actually here. We do have a good relationship now and it's good to see the blended family working well.

We have also had a death in the family due to the pandemic. My grandad wasn't the healthiest anyway but he was definitely a fighter. As a family we have been unable to gather together to do the simple things families do when a member dies. The funeral had about 10 of us, we all had to stay at a distance and it was very quick. Driving home from the crematorium felt very odd; something doesn't feel complete. I know my family feel similar. So, even grieving is on hold.

Life does feel a little bit on hold for me. Usual work is on hold, we've got projects on hold and funding applications. But I have to wonder if things will ever be back to usual? I'm not sure they will. This is a change and returning back to something, I doubt, will be back to how things were. Do we even want things to turn back to how things were?

I think I'd quite like to take on some of the good things of being forced to be at home. We are all in a place of uncertainty and change right now. As a wife, mother, doula, counsellor, manager, daughter, sister, it's easy to get lost in the busy moments that are life. One thing which I will take from this is that slowing down is OK. Taking time is OK, and I and others can adapt, even if that takes time.

Article

# Incentives for Continuity of Carer now included in NHS Resolution Scheme

by the AIMS Campaigns Team

**Trust Boards will now have a strong incentive to make sure that Continuity of Carer is firmly on their agenda, otherwise they will miss out on extra funding.**

In February, the AIMS Campaigns Team was pleased to see that Continuity of Carer had at last been included in the NHS Resolution's updated maternity incentive scheme - year three for 2020.<sup>1</sup> This is a scheme which provides financial incentives on an annual basis for Trusts to demonstrate achievement against 10 discrete 'safety actions', chosen to reflect the current safety agenda.

For the first time, the safety actions called on Trusts to report on their activity around the implementation of Continuity of Carer against nationally agreed targets as set out in the NHS England Long Term Plan.<sup>2</sup> This was really heartening news, as the AIMS Campaigns Team has been calling for Continuity of Carer to be included in every piece of work which aims to address maternity safety. On the one hand, Continuity of Carer was being understood as an important contribution to the safety of mothers and babies, whilst, on the other hand, it has until now been excluded from this high profile NHS Resolution programme designed "to support the delivery of safer maternity care". That just didn't strike us as right.

Whilst it was announced<sup>3</sup> at the end of March that this scheme has now been paused - currently until the end of August to allow for an NHS-wide focus on the coronavirus pandemic - AIMS is pleased to note that it has certainly not been cancelled. This means that Trust Chief Executives will need to demonstrate, when the scheme recommences, how they and their Boards are working effectively to meet the national target for #ContinuityofCarer alongside other maternity safety actions. These actions are usually linked to much-wanted refunds on annual Trust contributions into

the NHS insurance pot (the Clinical Negligence Scheme for Trusts, or CNST for short), although the incentive arrangements will likely be somewhat different this year,

AIMS is particularly pleased to see the heightened level of transparency demanded of Trusts in the 2020 arrangements. Trusts have been asked to develop, for example, written action plans which set out how they will ensure that a minimum of 51% of women are placed onto a Continuity of Carer pathway by March 2021. These action plans were due to be shared with Board safety champions no later than Friday 28 February 2020. AIMS has seen some of these plans and would encourage campaigners to get hold of their local plan. Progress against these local plans were due to be overseen by the local Trust Board at least monthly. Whilst these dates are now subject to change, AIMS believes that these arrangements represent a hugely welcome step-up in accountability and transparency at the local level around Continuity of Carer, just as AIMS has been calling for.<sup>4</sup> For the first time, it means that **local activists will now able to scrutinise how their local Trust is seeking to implement the national ambition, with local Continuity of Carer action plans - and records of Board discussions about the progress in meeting these action plans - all made available as part of the publicly accessible Trust Board documentation.**

AIMS very much welcomes this move. We know that too many Trusts are not being open about their activity around policy implementation in this area. AIMS is hopeful that this initiative will serve to underpin an increasingly robust national implementation strategy, as it will allow barriers to implementation to be systematically identified and supportively resolved, rather than concealed. The time is right for this shift in implementation approach and AIMS

looks forward to all Trusts working constructively towards the national ambition within this new framework.

### **Birth Activists: what you can do to make a difference in your local area**

- **Review your local action plan** Get hold of your Trust's local action plan (which should have been finalised before the end of February 2020) and check that this plan reassures you that your local Trust was on track to meet the national #ContinuityofCarer ambition. No doubt this action plan will need to be updated later this year; your early review of the initial document will put you in a good position to contribute to an updated plan.
- **Keep #Continuityofcarer on the agenda amongst your fellow service user representatives.** Make sure they know about this new scheme and know that they can use it to help coproduce and scrutinise efforts local towards national targets. (The local #ContinuityofCarer action plan should have been co-produced with local service users. Was it?) From September, make sure that this issue is once again on the agenda of your local MVP: MVPs have a key role in supporting the successful implementation of this key plank of the Maternity Transformation Programme.

**Keep AIMS informed about what is happening in your local area** to enable us to identify what further support birth activists might need and to share examples of good practice. You can email us at [campaigns@aims.org.uk](mailto:campaigns@aims.org.uk).

#### References

- 1 NHS Resolution "Maternity incentive scheme – year three" February 2020 [resolution.nhs.uk/wp-content/uploads/2019/12/Maternity-Incentive-Scheme-Year-three.pdf](https://resolution.nhs.uk/wp-content/uploads/2019/12/Maternity-Incentive-Scheme-Year-three.pdf)
- 2 NHS England Long Term Plan [www.england.nhs.uk/long-term-plan/](https://www.england.nhs.uk/long-term-plan/)
- 3 NHS Resolution Announcement March 2020 [resolution.nhs.uk/2020/03/26/pause-in-reporting-procedure-for-the-maternity-incentive-scheme/](https://resolution.nhs.uk/2020/03/26/pause-in-reporting-procedure-for-the-maternity-incentive-scheme/)
- 4 AIMS "Campaign Update: Continuity of Carer and Better Births Implementation" AIMS Journal, 2019, Vol 31, No 4 [www.aims.org.uk/journal/item/coc-campaign-update](https://www.aims.org.uk/journal/item/coc-campaign-update)

## Article

# What has the AIMS Campaigns team been doing?

*by the AIMS Campaigns Team*

- We reviewed the Care Quality Commission's (CQC) 2019 survey of women's experiences of maternity care.<sup>1</sup>
- We wrote a letter to the key stakeholders<sup>2</sup> concerning the importance of maintaining support for homebirths and birth centres during the coronavirus pandemic.
- We reviewed and submitted comments on the NHS "Clinical Guide to Trusts on Maternity Service arrangements during the Coronavirus period".<sup>3</sup>
- We created a new Birth Information page, 'Coronavirus and your maternity care'.<sup>4</sup> We are regularly reviewing guidance from the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists in order to keep the information on this page up-to-date.
- We revised our Birth Information page 'Booking a Home Birth' to include information and a template letter<sup>5</sup> for mothers who have had support for a homebirth refused due to service restrictions resulting from the coronavirus pandemic.
- We have created a set of template letters<sup>6</sup> for those struggling to get their support needs met during the coronavirus pandemic.
- We have also created 2 template letters for Birth Activists. One to send to their Director/Head of Midwifery to query restrictions on homebirth services, and one to send to the MVP chair to check whether decisions about changes to maternity services are being made in accordance with the NHS guidance.<sup>7</sup>



## References

1. 'The CQC 2019 survey of women's experiences of maternity care' [www.aims.org.uk/journal/item/cqc-2019](http://www.aims.org.uk/journal/item/cqc-2019)
2. Letter available on the 'Coronavirus and the Maternity Services' page on the AIMS website [www.aims.org.uk/campaigning/item/coronavirus#post-heading-3](http://www.aims.org.uk/campaigning/item/coronavirus#post-heading-3)
3. 'AIMS Response to the NHS Clinical Guide to Trusts on Maternity Service arrangements during the Coronavirus period' [www.aims.org.uk/campaigning/item/response-clinical-guidance-coronavirus](http://www.aims.org.uk/campaigning/item/response-clinical-guidance-coronavirus)
4. 'Coronavirus and your maternity care' [www.aims.org.uk/information/item/coronavirus](http://www.aims.org.uk/information/item/coronavirus)
5. 'Booking a Home Birth' <https://www.aims.org.uk/information/item/booking-a-home-birth#post-heading-2>
6. Template letters [www.aims.org.uk/information/item/template-letters](http://www.aims.org.uk/information/item/template-letters)
7. 'Template Campaigning Letters about Maternity Services during the pandemic' [www.aims.org.uk/campaigning/item/template-letters](http://www.aims.org.uk/campaigning/item/template-letters)

## Article

# The CQC 2019 survey of women's experiences of maternity care

by Nadia Higson

The Care Quality Commission (CQC) maternity care survey was first run in 2007, and has been conducted annually since 2017. It aims to capture the views of service users, to give 'insight into their experiences and the quality of the care they receive'. This includes looking at key themes from the Maternity Transformation Programme, Safer Maternity Care and the NHS Long-Term Plan including:

- Choice and personalisation
- Continuity of Carer
- Perinatal mental health
- Promoting health and well-being

The findings are used by a range of bodies: the CQC itself, the Department of Health and Social Care, NHS England, NHS Trusts and Clinical Commissioning Groups, and patients, their supporters and representative groups. There are both national results<sup>1</sup> and results for individual NHS Trusts<sup>2</sup>.

## The process

The survey collects quantitative (numerical) data which enables many aspects of maternity care in different trusts to be compared with national data and provides evidence for whether they are improving over time, at both local and national level. By its nature, it gives us little understanding of *why* respondents answered as they did, what lay behind good or bad experiences, or how they think their care could have been improved.

Paper surveys are sent by post to the home addresses of all those in England aged over 16 who gave birth during February 2019 (or, for smaller trusts, all or part of January 2019 as well), excluding those whose babies have died or been taken into care, those still in hospital during the sample period and those who used a private hospital or midwife. Using the post is intended to avoid the results being biased by a desire to please, which might happen if the surveys were completed in the presence of staff or on trust premises.

The survey is sent out in April, to ensure that all respondents will have experienced postnatal care up until at least 6 weeks after the birth. Two reminders are sent to those who have not responded, and assurances about confidentiality and data protection are given. Responses must be submitted by August.

The questions are developed with input from an external advisory group of stakeholders. In 2019, 11 new questions were added, 9 removed and 41 amended. Whilst it is good to keep improving and adapting a survey to changing needs, this will mean that the responses to some questions cannot be compared year on year.

The questions were tested for understanding and relevance with 22 recent mothers from different parts of the country and socio-demographic groups, and with different types of birth experience. There is a freephone language line offering a translation service, and contact details are provided for Mencap who can support those with learning difficulties. Nevertheless, the problem remains that people

with poor literacy skills, those from socially-deprived groups and those for whom English is not their first language are still less likely than other groups to complete a written survey, as they need to have both the ability and the will to access support.

Perhaps in part because of this, those who responded are more likely to be older and to record their ethnicity as white than those who did not respond. It is likely that they are also less often socially deprived, but that data is not given.

With this kind of survey, it is not possible to check how well respondents have understood a question. In some cases, such as the questions about place of birth discussed below, it seems that lack of clear definitions has probably produced a misleading result. Also, with a limited choice of responses it is hard to know what to make of answers such as 'Yes, some of the time' which could mean anything from 5% to 95% of the time. In some cases, adding a definition or using a clearer range of possible responses (e.g. always – usually – rarely – never) would have been helpful.

The sample is substantial – over 17,000 participants across 126 NHS Trusts, representing a response rate of 36.5%. This is very high for a postal survey and is a good-sized sample for statistical analysis. The pooled data for England is weighted to take account of response rates in individual trusts as well as by the socio-demographics of the sample.

Trusts receive information on their scores for different features of their antenatal care, care in labour and birth, and postnatal care, and how each compares to the national picture. However not all trusts provide data on whether respondents received their antenatal or postnatal care elsewhere, so those figures are less reliable than those for care in labour and birth.

## Key findings

### Choice of place of birth

Only 55% of women were offered the option of a birth centre, only 43% homebirth and 12% were not offered any choices – even between hospitals.

Despite this lack of offered choice, apparently 65% said that before their baby was born they planned to give birth in a midwife-led unit / birth centre, and only 21% planned to give birth in a consultant-led unit (4% planned a homebirth and 10% had no plan). Even more surprisingly, the data on

actual place of birth says that only 34% of the sample gave birth in a consultant-led unit and 63% in an MLU or birth centre, which, even allowing for the fact that those numbers exclude women having planned caesareans, is very hard to believe.

It may be that many respondents assumed that if they were cared for only by midwives while in hospital that meant that they were in a midwife-led unit, when in fact it was a consultant-led unit. It would be helpful for the survey to include definitions of what is meant by an MLU / birth centre and a consultant-led unit to make sure that in future these responses reflect the true picture.

61% of women said they 'definitely' received enough information to help them decide where to have their baby. How can this really be the case, when 45% were not even offered an MLU / birth centre and 57% were not offered a homebirth? It would have been better to ask, 'Were you given evidence about the benefits and risks of giving birth at each of the following?'

### Antenatal care

The majority replied 'always' to questions about being given enough time to ask questions or discuss their pregnancy (79%), midwives listening to them (83%), being spoken to in a way they could understand (89%) and being involved in decisions about their antenatal care (82%). We might question whether 'involved' means having a genuine discussion and being supported to make a decision or whether it just meant having the midwife/doctor's decision explained. It would be more useful to ask (a) 'Were you given all the information you wanted on the benefits and risks of all your care options?' and (b) 'Were you supported in the choices you wanted to make about your care?'

Only 37% saw the same midwife at every antenatal check-up. This may partly explain why still only 52% said that their midwives 'always' appeared to be aware of their medical history and 12% that their midwife was not aware of it (though these numbers have improved slightly over time).

It is also a concern that only 75% 'always' got the help they needed when they contacted a midwife. Nearly a fifth (19%) 'sometimes' did, but 3% did not and another 3% said they were unable to contact a midwife when needed. Although the trend is improving slowly, this is still far too many women who are not always getting the help they need.

### Perinatal mental health

Of those reporting a long-term health condition, mental health was the most common problem mentioned. This group represents around 8% of the total sample.

During pregnancy, a majority (67%) were 'definitely' asked about their mental health, 24% were asked about it 'to some extent' but 9% said they were not – which means one in ten mothers said that they were never asked about this important aspect of their health before their baby was born. The figures for postnatal care were better, but one in twenty new mothers said they were not asked after their baby was born.

Only 63% were 'definitely' given information about possible changes to their mental health postnatally, but 12% (one in eight) did not receive such information. Four-fifths (80%) were told who to contact about them, meaning 20% (one in five) were not told who to contact. These figures may be overstating the problem, as some may have been given the information but not remembered it. However, at the very least this means that substantial numbers of women are not getting the information in a form they can retain and use.

Almost a third said that at their 6–8-week check the GP did not spend enough time talking to them about their mental health, while another 30% said the GP did so 'to some extent'. Hopefully the recent announcement of dedicated checks for new mothers, separate from the check on their babies, which should have started at the beginning of April (just after these women would have been seen by their GP), will help to address this.

### Pain relief methods

Most women used the type of pain relief that they had planned to, but 38% used something different.

Interestingly, given the recent debate on women being 'denied' epidurals, 3% of those who did not use their planned method of pain relief (presumably an epidural) were unable to do so because there was no anaesthetist available, rather than that their midwife told them they could not have one. However, the main reasons for not using their planned method were medical reasons (27%), changing their mind (27%), the planned method not working (21%) or that there was no time to use the pain relief originally wanted (19%). Only 6% said 'I did not need to use the pain relief

I originally planned', while another 4% were not told why they could not have it.

### Induction

Labour was induced in 44% of respondents excluding the 13% who had a planned caesarean, which means that around 39% of all respondents had an induction in February 2019. For comparison, the latest National Maternity Statistics say that 33% of labours were induced in the year to March 2019. We can't compare these figures directly, but they imply that induction rates were rising substantially through the year.

Those who had their labours induced were much more likely to have an unplanned caesarean than those who laboured spontaneously (22% vs 11%), to have an assisted delivery (21% vs 14%) and to have an epidural (47% vs 19%) or opiate drugs (31% vs 20%) for pain relief.

### Care & communication in labour

The lack of progress on Continuity of Carer is illustrated by the fact that only 16% were attended in labour by midwives who had been involved in their antenatal care. Even one-to-one care in labour was limited, with only 9% having a member of staff with them at all times.

Although the majority (78%) said they were not left alone in labour 'at a time when it worried them' (and this figure shows improvement over time), there were still many who were worried by being left alone at one or more times. This included 11% (one in ten) during early labour, 6% (about one in sixteen) later in labour, 2% (one in fifty) during the birth and 7% (about one in fifteen) shortly after the birth.

Most (72%) were always able to get help from a member of staff when they needed it, but 16% said only sometimes and 3% said they did not get help when needed.

Overall, this means many women were left alone when they were worried and/or were unable to always get help when they wanted it. Provision of one-to-one care during labour, let alone Continuity of Carer through pregnancy, labour and afterwards, clearly has a long way to go.

Though it has become a bit less common, far too many women still reported that their concerns during labour and birth were not taken seriously (16% overall but 19% of those having their labour induced) or that they did not have the opportunity to ask all the questions they wanted after

the birth (only 56% said 'yes, completely' and 18% 'not at all').

The majority (78%) said that they were 'always' involved in decisions about their care during labour and birth; however, 18% said only 'sometimes' and 4% that they were not. This shows a worryingly frequent lack of informed consent in labour.

### **Birth positions**

There has been little change in the use of helpful birth positions, with 82% giving birth on a bed and 60% lying down (37% in stirrups, 23% lying flat or supported by pillows). Another 14% were 'sitting / sitting supported by pillows.'

Only 18% said they were standing, squatting or kneeling, and that presumably includes the 11% who birthed in a birth pool.

The number birthing in stirrups is actually up from 32% in 2013 to 37% in 2019, even though the percentage of assisted births has shown no corresponding increase (hovering between 14% and 15% over this period). In fact, almost one in four women (24%) who had an unassisted vaginal birth report that they birthed in stirrups. What is going on?

### **Postnatal care in hospital**

The ability to get help from a member of staff postnatally was poorer than during labour, with only 62% able to get this 'always' and 6% saying they did not get help when needed.

There has been some improvement in mothers' ability to get the information or explanations they needed from staff on the postnatal ward, with 66% saying they got it 'always' compared with 58% in 2013. However, that still leaves 27% who said they only got it sometimes and 7% who did not get what they needed.

Almost half the sample (44%) said that their discharge from hospital was delayed, but unfortunately they were not asked for how long. The main reasons were waiting for baby checks (27%) and waiting for medicines (22%).

### **Postnatal care at home**

Again, Continuity of Carer is lacking, with only 28% saying that they saw the same midwife every time postnatally. Also, 23% said that the midwife they saw did not appear to be aware of their or their baby's medical history.

Only 9% had Continuity of Carer throughout the perinatal period, seeing the same midwife postnatally as for their antenatal care and labour. Another 36% saw the same midwife for their postnatal care as for their antenatal care, and 2% saw the same one postnatally as for labour but had not seen them antenatally. More than half (54%) were seen postnatally by midwives that they had never met before.

Most people saw a midwife as often as they wanted, but 25% would have liked to see one more often. This is worse than in previous years (21% in 2017 and 23% in 2018).

Less than half (48%) were offered a choice about where to have their postnatal care, though this was a big improvement on last year (42%).

Only just over half (54%) said they 'definitely' received information about their physical recovery after the birth and 10% (one in ten) said that they were not given this. Only 42% thought their GP spent enough time talking about their physical health at the 6–8-week check. (See also Perinatal mental health.)

## **Conclusions**

The survey provides some interesting – and sometimes worrying – insights into the state of the maternity services, but there is scope for significant improvement in the questions being asked, which would enable a much clearer picture in some areas.

It has just been announced that the 2020 survey will not go ahead due to the coronavirus pandemic. Whilst this is understandable, it is unfortunate that we will miss this opportunity to discover how Trusts' responses to the pandemic impacted on maternity care.

AIMS hopes that the CQC will use the time between now and the 2021 survey to address some of the issues we have highlighted here, and also to explore ways of making the survey more accessible to those groups who are currently under-represented.

## **References**

- 1 National results: [www.cqc.org.uk/publications/surveys/maternity-services-survey-2019](http://www.cqc.org.uk/publications/surveys/maternity-services-survey-2019)
- 2 Results from individual NHS trusts: [www.cqc.org.uk/cqc\\_survey/5](http://www.cqc.org.uk/cqc_survey/5)