AIMS For a better birth...

Birthplace dreams, instincts and lived experience

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Sleeping bear cub
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By Alex Smith

Welcome to the June issue of the AIMS journal. The theme for this quarter is birthplace.

Just for a moment I invite you to imagine this - imagine it even if, for a zillion reasons, it is just not possible - imagine that you are about to give birth to a baby. Everything feels just right. You feel warm, safe, and calm. You feel strong, grounded and capable. Everything is as you would wish. You could close your eyes now, just for that moment, and notice where you are. Where is this good place? What can you see, hear, touch, smell or taste? What are you doing? Is anyone with you? If so, what are they doing?

The images and feelings that emerge in that moment are important. They tell us something about the natural conditions for human birth. They speak of our primal mammalian instincts, and, despite all of our cultural conditioning and the deeply entrenched medical paradigm of birth, those instincts creep into our hopes and dreams regardless. As the birth approaches many women, even (and perhaps especially) those who have not consciously questioned the appropriateness of giving birth in a hospital, begin to feel an undefined sense of disquiet and may express this by saying that they just wish they could hide away somewhere until after the birth. Sometimes women have very clear images of nature that come to mind when they have this feeling. One mother who spoke to me described with real poignancy her longing to give birth surrounded by the safety and tranquillity of her childhood garden.

> "I am gently wading through long grass which discreetly peaks at eye level. I am surrounded by the sounds of buzzing bees, flitting cabbage whites and red admirals and the occasional chirrup from the robin. I envisage myself in this serene and secure existence and I would naturally be at one with the land and bring forth life."

Another mother, Deborah Maw, writing in this issue, felt this pull so strongly that she bought a car and, with only a month to go, drove to friends in West Cork, where, on one warm summer afternoon (the garden was 'lush'), she gave birth to her first baby.

> "...using tree trunks to pull against as I pushed... just after midday, my daughter was born, beneath a tree."

Other women have an instinct to move more closely to their mother at this time; they experience a

strong 'homing instinct'. My own daughter had no sense of 'rightness' when she considered the birthplace options for her first baby, not until she was in labour, and then she packed a bag and came to my house. After her baby was born she said that she knew that everything was all right because she could hear her father watering the tomatoes on the coal bunker - a sound of her childhood. Another woman I met told me that, quite early in her pregnancy, she had relocated from England to Wales to be near her mother as this was the only arrangement that gave her a sense of safety.

Sometimes the homing instinct is more related to the geographical place of the woman's own birth or childhood. In the Welsh language the word 'hiraeth' describes the sense of longing and yearning a Welsh person may have for their homeland[1] - a longing to be where your spirit lives - but nuanced with a sense of irretrievable loss and grief. Cornwall (hireth), Brittany (hiraezh) and Ireland (síreacht)have similar words - all roughly conveying a deep and sad longing for home. I feel certain that the deep instinctive pull towards a place of familiarity and safety that women approaching birth describe, is related to hiraeth, especially when it is accompanied by a feeling that, for whatever reason, this possibility has been lost to them. It puts me in mind of the way that salmon travel thousands of miles using their acute sense of smell to return to their own birth-river when they are ready to spawn. Perhaps the smell of home in human birth is more important than we realise, and that if her 'river' is blocked, it can stir deep, unfathomable emotions in a woman approaching her time. This is certainly true for many women who approach the AIMS helpline. In this issue of the journal, Katherine Revell explains that when a Trust suspends their home birth service it leaves women feeling angry, let down and scared, but doulaSue Boughton describes how she proved to be an alternative place of safety for a massage client who couldn't 'swim home'.

While some women who have spoken with me describe a longed-for birthplace in rich detail, others only experience fleeting moments of wanting to hide away - so fleeting that they are gone before clear mental images of the 'hideout' can be formed. Commonly, a sense of being alone and private and undisturbed is expressed, but this 'confession' is often followed by a dismissive explanation that they are being daft or suffering from 'anxiety' or 'hormones'. These feelings should not be dismissed too quickly as unsafe fantasies. In her two-part article Kathryn Kelly (part 1, part 2) revisits the research showing that birth outside of the hospital can be safe for most mothers and babies, and that planning for such reduces the rate of medical intervention. Indeed, bringing birthplace dreams out into the light and paying respectful attention to them may help shape the birth experience in positive ways. The results of a recent study[2] found that:

> "The birth-related mindset assessed during pregnancy predicted labour and birth: Women with a more natural mindset had a higher probability of having a low-intervention birth. This in turn had a positive effect on the birth experience, which led to greater general emotional and physical well-being in the first 6 weeks after birth. Breastfeeding and the well-being and (perceived) behaviour of the infant were also positively affected. These short-term positive effects in turn predicted longer-term psychological well-being up to 6 months after the birth, operationalized as [reduction in] postpartum depression, post-traumatic stress symptoms, and [better]bonding with the infant."

In another recent study[3] aiming to explore both mothers' and fathers' lived experiences of the birth environment, three main themes emerged from the data: 'the home–hospital gap', 'midwifery care' and 'movement in labour'. While both partners shared many views and regarded the midwife as being more important than the physical environment, the researchers found that:

> "Mothers and fathers felt differently about personalizing the birth space. This was more important and achievable for mothers, while fathers felt that the space was more about functionality."

> "Mothers and fathers differed in that fathers observed closely how the midwives worked, which put them at ease. On the other hand, for mothers it was more about how the midwife made them feel, in what was considered to be a sacred time for the mother as she focused on her labor and trusted her midwife."

This shows that it may only be the person who is actually giving birth that experiences the need for a birth 'den' or 'nest' that aligns with their instinctive sense of comfort and safety. For anyone else, the away-from-home setting is seen as a place where midwives are carrying out *their* work. However, some midwives also describe a strong calling that is only fully satisfied through practice in the home setting. In our June issue, James Bourton remembers that as a child he would dream about being in the birthing space of women even before he knew how babies were born. He is now a Midwifery Team lead and clinical midwife who specialises in home birth.

Even though some fantastic work is going into the design of hospital birth environments with results confirming the importance of a calm atmosphere, greater intimacy, a spacious and adaptable birth room, clarity of service points, clarity in finding midwives, sufficient space for labour, noise and privacy,[4,5] birth outcomes in modified hospital birth rooms compared with the standard hospital rooms are often little different. One study from Sweden[6] compared an 'Institutional' room, where birth was approached as a critical event, designating birthing women as passive with a 'Personal' room, where birth was approached as a physiological event in which women's agency was facilitated. They found that behaviours were similar in both rooms[7], concluding that:

> "Institutional authority permeated the atmosphere within the birth environment, irrespective of the design of the room. A power imbalance between institutional demands and birthing women's needs was identified, emphasising the vital role the birth philosophy plays in creating safe birth environments that increase women's sense of agency."

This very much echoes the research findings of Florence Darling, writing in this issue. In her PhD study, in which midwives were primed to offer a physiological approach to care in an obstetric unit, Florence observed that:

> "Most midwives did not regard themselves as autonomous decision-makers and sought

> permission to implement a physiological approach. They were predominantly observed not to challenge routine clinical intervention use."

When institutional authority 'permeates the atmosphere' and when midwives are unable or unwilling to challenge it, it can be traumatising; traumatising for the mothers and their supporters*and* also for the midwives themselves. Doulas Grace Hall and Shellie Poulter each address the effects of stress and trauma in the birthplace in this issue of the journal.

There are many complex reasons why a woman's own home may not be where she wants to give birth, and why she may not be able to 'swim home' to her mother instead. Away-from-home birth settings should provide a safe alternative. One mother I met told me of her dream since childhood that one beautiful day she would give birth to a baby in a hospital. In her dream she was surrounded by radiant angel-like midwives all attending her with gentleness and kindness. Sadly, her lived experience was bitterly disappointing. Every woman in today's world should be able to expect to feel safe and private and respected throughout their labour in hospital - to be attended with gentleness and kindness. They should certainly not feel that the likelihood of experiencing a smooth and safe physiological birth is sabotaged the moment that they walk through the doors. This is why AIMS is campaigning for physiology-Informed maternity services.[8] In the meantime, Anne Glover, opens this issue by setting out AIMS position on choice of birthplace, and our belief that it should indeed be a genuine choice.

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Also in this issue:

Mary Nolan reviews 'Squaring the Circle: Normal birth research, theory and practice in a technological age'. Edited by Soo Downe and Sheena Byrom, this book is all about how to support safe, personalised and equitable care. Mary concludes by saying that if every person walking beside childbearing women and people read and acted on this book, the experience of bringing a baby into the world would unquestionably be transformed for the better.

On the same note of quality improvement (because surely that is the underlying principle on which every NICE guideline is based) Nadia Higson and Debbie Chippington Derrick outline the important role of the stakeholder in helping to shape and update the NICE guidance related to maternity care, ensuring that it always remembers and upholds the rights of service users.

Laura Scarlett's article is one I have been very eager to read. Laura Scarlett introduces the latest Lancet series on breastfeeding - three articles that explain how formula milk companies exploit parents' emotions and manipulate scientific information to generate sales at the expense of the health and rights of families, women, and children.

Holding a very important place in this issue - and forever in our hearts - we remember Beverley Beech. Debbie Chippington Derrick reflects on Beverley's legacy, and goes on to share the memories of some of

those who knew her through her AIMS work.

And last but not least, the AIMS Campaigns Team share what they have been up to since March.

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

The theme for the September issue of the AIMS journal is *Being a Birth Companion*. If you have been with a family member as they gave birth, if you have made it your business to support people at this time as a doula, or if you are with birthing people 'in spirit' because they have 'taken your voice with them' as their childbirth educator or advocate - I would love to hear from you. Please email:alex.smith@aims.org.uk

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1 Editor's note: Homeland, in relation to hiraeth, can be a real, an imagined or a 'felt' place.

2 Hoffmann, L., Hilger, N., & Banse, R. (2023). The mindset of birth predicts birth outcomes: Evidence from a prospective longitudinal study. *European Journal of Social Psychology*, 00, 1– 15.

3 Mizzi, R., and Pace Parascandalo, R. (2022). First-time couples' shared experiences of the birth environment. *European Journal of Midwifery*, 6(October), pp.1-9.

4Setola N, Iannuzzi L, Santini M, Cocina GG, Naldi E, Branchini L, Morano S, Escuriet Peiró R, Downe S. Optimal settings for childbirth. Minerva Ginecol. 2018 Dec;70(6):687-699. doi: 10.23736/S0026-4784.18.04327-7. Epub 2018 Oct 5. PMID: 30299042. http://clok.uclan.ac.uk/24584/1/Minerva%20Ginecol-4327_Bozza%20in%20PDF_V1_2018-10-11%20nicoletta%20optimal%20settings.pdf

5Nicoletta S, Eletta N, Cardinali P, Migliorini L. A Broad Study to Develop Maternity Units Design Knowledge Combining Spatial Analysis and Mothers' and Midwives' Perception of the Birth Environment. *HERD: Health Environments Research & Design Journal*. 2022;15(4):204-232.

6Goldkuhl L, Dellenborg L, Berg M, Wijk H, Nilsson C. The influence and meaning of the birth environment for nulliparous women at a hospital-based labour ward in Sweden: An ethnographic study. Women Birth. 2022 Jul;35(4):e337-e347. doi: 10.1016/j.wombi.2021.07.005. Epub 2021 Jul 26. PMID: 34321183.

7"It [behaviour] was dependent on the care providers' permissive approach that enabled the women's agency as well as the women's readiness to take ownership over the room…the care providers shaped

the environment regardless of the room's spatial design."

8AIMS (2023) Physiology-informed Maternity Services https://www.aims.org.uk/assets/media/730/aims-position-paper-physiology-informed-maternity-care.pdf