AIMS For a better birth...

Why I am taking a break

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



Nicola Mahdiyyah Goodall

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

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

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

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

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

Birthrights[1] informed us our health Trust was the worst hit in the country in 2020. Half of our midwives were sheltering at home and not working at all. The other half were right at the edge of a strike. We understand how, after years of being worked to the bone, you decide you would rather not risk your life for your employer. Our GP service was almost inaccessible. These families were experiencing dangerous unusual complications from Covid yet were only offered phone calls at best. I supported many midwife sisters at breaking point.

No midwifery care for pregnancy and postpartum. They decided to prescribe giant bottles of Oramorph[2] to mothers post surgery locally. Mothers throughout Leith were literally swigging on liquid heroin all day long. Almost all had surgery, inductions and surgical interventions and that has not abated. I've changed my language and altered obstetricians to obstetric surgeons….labour ward to surgical ward…VE's vaginally penetrative exam. Let's call a spade a spade. It had the dystopian feel of "lets keep them quiet". It seemed that there had been no dosing instructions. As a high heroin use area this is unheard of. Due to Scotland's issues with opiates, having access to them previously was usually a big process involving many staff and locks and keys. We've changed our mind here that off-prescription opiate use is a health issue not a legal one any more. The news now is full of talk of legalising all drugs for personal use. Acknowledging that most are medicating their trauma. I have no doubt this was happening here with these mothers.

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

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

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

Folk were birthing free[3] by choice or by being pushed into a corner, so we began a Friday hour where people could come along to ask questions and seek some support. This was also without charge. I received a very angry and offensive email in 'all caps' from a midwife during this time. So angry and offensive I considered reporting her to the NMC but felt too overwhelmed to bring this forward. It was no time for trolling. For the record I have zero desire to be a clinical midwife in this system. Zero. I was also bereaved yet still working and just low on energy to deal with it at all.

The ambulance service was suspended and if an ambulance couldn't be found in time we sent armed police. That's right armed police. They drive faster and have more first aid training. Armed police are not safe for all families and they know little about childbirth and newborns. Murder investigations were started at BBA's[4] when there were Covid complications. Police were also traumatised from not being trained to help in these situations.

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

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

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

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

Following the traditional midwifery model of being earthkeeper and activist as well as birthkeeper we began making old plague remedies. Thieves oil and fire cider[7] and sending every third one out for free to a carer or NHS worker. Alongside care boxes for our midwife and doctor loved ones. We were very busy with herbal remedies during the whole pandemic. Much of what we observed going on seemed to respond very well to herbal medicine.

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

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

Race consciousness became the focus for a while for the world. Has that moment passed? Looking at America right now and our Tory government - seems to have long gone from many minds. We were all so busy consuming, supporting, experiencing, learning. We were exhausted. We joined together with Abuela Doulas and the formidable Mars Lord[10] to gather heartbreaking stories and begin organising. Abuelas Red Tent joint ventures was born. There is too much work to be done to have competitive spirit. We organised workshops. Trying to affect change and understanding. In Islamic law we have a law called wajib kefahi - it means something becomes compulsory on everyone (a collective obligation). This work is wajib kefahi. Women are dying. The mini pandemic MMBRACE report[11] made sobering reading. Maternal mortality rose with Black and Asian women still much more likely to die during birthing than their white counterparts over the pandemic. The Invisible report[12] came out during these years also highlighting the struggles of Muslim women birthing. Throw a headscarf on that black mother and her outcomes are shocking. We received many calls from women unprepared to go into a health system that they felt put theirs and their babies lives at risk. We listened. We learned from Nova Reid[13], Resmaa Menakem[14] and Layla Sa'ad[15]. We started teaching the history of the system and all the racism woven into its very foundations.

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

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

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

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

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

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

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

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

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

enough. Those still working have a huge load.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12MWNUK (2022) INVISIBLE - Maternity Experiences of Muslim Women (SUMMARY REPORT)

https://www.mwnuk.co.uk/resourcesDetail.php?id=257

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

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

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

16 Gabor Mate explains on this YouTube video: http://laylafsaad.com/