AIMS For a better birth...

An invitation to contemplate the meaning of trust

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By Bernadett Kasza

When I began my midwifery training, I was beaming with hope, eager to be 'with woman' and fulfil my lifelong call. Coming from a world where I believed in the ethos of the Hippocratic Oath: "I will do no harm or injustice to them." I still get goosebumps when I read the translation ofthis ancient Greek text.

Although taking this oath today is rarely required, I feel it should be basic moral guidance for all medical professionals - the foundation on which trust can flourish between families and maternity staff, and among colleagues working together to support women, birthing people, and families, during one of the most pivotal life events: birth.

Trust feels like a hollow word only mentioned briefly during university lectures and, in reality, has faded into the realm of some long-forgotten ancient kingdom.

It's almost as if the tapestry of maternity care provision had been ripped, and the threads were disintegrating between midwives and policymakers, healthcare practitioners and families but most importantly between policymakers and women's bodies.

This rupture was so great that it pushed me to leave midwifery to carve a path to support women and

families in the way that is best for them. I aim to stay true to the deepest meaning of the word: trust. According to the Oxford Dictionary of English, 'trust' is, " A firm belief in the reliability, truth, or ability of someone or something".[1]

When it comes to pregnancy, birth, and early parenthood, it seems that trust is an extremely complex and fragile phenomenon. In this modern, busy, overwhelming, and loud world, it has become difficult for women to trust themselves, trust in their own body and trust in their deep instincts. The widespread feeling of mistrust in one's ability to conceive, to grow a baby, and to meet the baby's needs in the womb is experienced at a visceral level, and when the ability to trust in one's capabilities is damaged, birth suffers. This loss of trust has become an avalanche that affects everything we hold as precious, rolling onto early parenthood and its questions, concerns, and worries. Of course, I cannot speak for everyone, as I am limited to my own professional experience, and there are always notable examples of women whose body confidence is greatly intact, however, I cannot dislodge the sadness from my heart when I think of how women's trust in their body's natural abilities is bleeding from a thousand wounds.

Could the loss of trust be a symptom of our modern ways of living? Can patriarchy be blamed for spreading its power and robbing women of their unwavering and proud trust in themselves across millennia? This issue, like many others, is not simple but multifaceted; however, it could be of great benefit if women were fully aware of their worth, and could say no without concerns, feelings of guilt, and second thoughts.

Which trust was lost first? Women's confidence in their capabilities of growing and birthing a child - or the 'medical men's' loss of trust in women's bodies and their need to date, sedate, medicalise, proceduralise, and un-naturalise the process because there is a perceived danger in the female body that cannot be trusted? I trust you know the answer.

Medical trial and error, the obstetric dilemma, one-size-fits-all care, and the constantly reaffirming messages implying that women's bodies are failing. Expressions like failure to progress, prolonged pregnancy, trial of labour, incompetent cervix, poor maternal effort, and so on, send the message that women's bodies, and thus women per se, cannot be trusted.

If women are not supposed to trust their bodies, who can they trust then? Doctors, midwives, doulas, antenatal teachers, sisters, their mother or mother-in-law, social media groups, friends, or their neighbours? Research? Guidelines? Old wives' tales? Superstition? Google? Logic? Physiology? All of them? None of them? Some of them?

Why do I feel like there is a lack of an expecting family's 'firm belief in the reliability, truth, or ability' of maternity care providers? Is it a Herculean task to anchor our trust in medical professionals? I have seen it in my practice. I have worked mostly with second-time mums as a doula, and their choice of working with a doula was fuelled by the general wish of not wanting to have the same birth experience they had before. They were looking for someone they could trust, a person from outside the system who would represent their wishes and keep them safe. That's when I could see that those women and families lost their trust in midwives and doctors.

Let me share another very personal experience. Back in the days when I had my uniform on, I felt an omnipresent barrier between me and the women, whether it was on a ward or at the antenatal clinic. Generally speaking, women were a lot more withdrawn. This could have been for a plethora of reasons of course, but it made me wonder whether not feeling so at ease in the presence of a uniformed healthcare practitioner could have a negative impact on women's birth experiences, or if that distance was a sign of an already inherent mistrust that I picked up on. When I meet an expecting couple for the first time as a doula, they are relaxed. Understandably, we aren't meeting in a hospital or a birth centre, so that might be partly adding to the general mood of the meeting.

I am aware, there is a long list of reasons for both of the above, however, I can't help but think that some of those reasons are rooted in the loss of trust in healthcare practitioners. How can trust be restored; in whom can a pregnant person trust?

Maybe women are looking for answers from outside as opposed to searching from within. Restoring an individual's self-trust, both in their intuition or instinct, and in their ability to interpret appropriate, quality information, may lead to them making better choices about who they would choose to support them during birth and what they want and don't want to happen during pregnancy and birth and postpartum.

Wouldn't it be amazing if women could tell poor-quality information apart from good-quality information? But that isn't necessarily their job. Of course, like every hero or heroine in global folklore, women and families could go through the arduous task of sorting out the seeds of information and meticulously separating them. It is a laborious task, one that is rooted in mistrust and feeling the need to arm themselves with information and research in anticipation of their consultant appointment.

How can professionals enhance their trustworthiness? Good intentions are not enough. Do you know the saying about good intentions and how the road to hell is paved with them? I think that professional dedication and loyalty to the birthing families can be a good starting point, but this does not mean just working a shift. It is my belief that to be with women during childbirth is a calling, not a 'workload'.

A driven and eager midwife may always find the best way to acquire new knowledge to integrate into their practice to enhance women's and birthing people's experiences. Listening is gold but most professionals do that. The real concern is that listening does not equate with respecting, believing and trusting what is heard. During my years of working in the field of birth support, the problem I heard the

most started with, “They didn’t believe me when I said…”. This issue could be easily solved by simply trusting what women say is happening in their bodies. The simple notion of giving credit to women may enhance their trust in their healthcare providers.

I will leave you with a few questions:

> What can be done about outdated protocols, low-quality research, and decades of ‘cultural conditioning’?
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> What can be done about the low morale and backstabbing culture among staff of some maternity units?
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> What can be done about long-embedded notions of medicalised, ‘high-risk label’, trigger-happy maternity care?
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> What can be done about the litigation culture so that midwives and doctors are not fully preoccupied with continuously watching their backs?
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> How can education increase the level of mutual trust between women and healthcare practitioners?
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> What can be done to build trustworthy maternity services?

Perhaps we already have the answers and we simply need to trust them.

Author Bio: Bernadett Kasza is a birth professional who works independently with women, birthing people, and families. She specialises in getting her Doula clients the birth they wish to have and has been doing it with a 100% success rate.

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1 Stevenson, Angus. Oxford Dictionary of English. 3rd ed., Oxford, Oxford University Press, 2010.