AIMS For a better birth...

I trust we can change

AIMS Journal, 2024, Vol 36, No 3



By Claire Dunn

I found myself sitting in the waiting room of a prestigious hospital in West London pondering what lay ahead, for I was on my first placement studying as an Adult Nurse. The details given to me by the University had been somewhat scant; however, I trusted that my mentor would soon arrive, explain what was expected and provide me with an outline of the day.

Time was ticking by and I was starting to feel anxious. I left the room and started to enquire if anyone had seen or knew the whereabouts of my mentor, Maia. No success; she seemed elusive, so I settled myself in the staff room and waited patiently. My excitement started to dwindle and I had a feeling that new students on the ward were something of a bind.

This unfortunate beginning was the start of a spiralling downward progression that confirmed my suspicions about the medical world, but it also fueled my passion to help bring about change. Ultimately, we can and must strive for a better future. I was already a Naturopathic Nutritionist[1] and had healed my own issues where doctors had failed. I saw the integration of holistic and modern as the way forward.

The door was suddenly flung open and a flurry of midwives entered the room ready for the 'hand-over'. I had been waiting for nearly two hours and was relieved to finally meet Maia.

"But I have no information about you. I was not told I was to mentor you", she said. It was clear that Maia was not interested in sharing her time with a student. She was very serious and I sensed she was on her

own journey, climbing her own ladder, so to speak, and that I was definitely not on her agenda! I followed diligently behind Maia and was told to “observe”. I took that to mean, “Don’t get in the way!”.

So, finally, we entered a private room on the ward where a lady had been in labour for some time. It was quite bizarre. No words were spoken. Maia took to checking monitors, reading notes and writing down stats. That was it. I felt such compassion for this lady and her husband as, to me, they did not seem to be in a good place. Intuition told me that she was exhausted and in a great deal of pain. I wanted to get a cool flannel for her sweat-beaded brow. I wanted to talk to her anxious husband. I wanted to help her move into a position that felt more comfortable for her. As it was, she was lying on her back on the hospital bed with half a dozen wires and beeping machines hooked up to her, and her ability to move was completely restricted. Is this really what a maternity ward is all about? Surely not, for haven't we progressed as a society to the very best in health care? I pushed this doubt aside and held on to the adage, ‘Trust in the plan’ - this presumably is the best for modern women in childbirth.

I waited and waited, standing in the corner of the room as Maia scurried in and out. Hardly any words were spoken let alone directed to me. It was such a bizarre situation. I had to keep trusting that the very best things were happening in this situation and that this was what was expected of a student nurse. My entire first day consisted of simply standing and watching this poor couple go through their first experience of childbirth with such anxiety, confusion, and exhaustion. The underlying dogma was ‘this is how we always do it and no one is going to stray from the guidelines’ - and God forbid anyone to actually help this woman with a change of position or with other humane and natural efforts. I am afraid to say that her labour continued with the administration of an epidural, after which I could see that not only the mother but the baby as well was getting tired. Finally, the mother was taken for a caesarean later that evening.

I had moved to West London from my home in Wales with the hope that I could bring my knowledge and passion for health and total body healing to the larger audience of our capital. I wanted the opportunity to show how, by merging innate knowledge and wisdom and natural integrative approaches with modern medicine, we could bridge the gap between success or failure in how we approach medicine today. Unfortunately, that was not to be. The events that unfolded over the following week became even more concerning and ultimately led to me walking out of the ward and never returning to nursing. My high hopes were dashed.

To summarise what I observed over the following days - I observed mothers-to-be and their families placing their whole-hearted trust in a system that was creaking and groaning under the weight of a dogmatic management that favoured procedure and checklists over nurturing care - with never a hint of the uplifting and exciting energy that one would expect to accompany the bringing of new life into the world.

“Can anyone help please!” A gentleman stood in front of the reception desk on the ward, wide-eyed and clearly distraught. I waited for a midwife to answer him. Silence!

Again - “Please, anyone. Can you help my wife, she is covered in a rash and it’s driving her mad. What can I

do?" Silence again! I had learned that being behind the reception desk was where midwives could hide away and no one ever wanted to be the first to help out. My mouth opened and I felt desperate to reach out to this man. "What about trying calamine lotion or calendula? That may help with the irritation", I offered. Then an older midwife finally joined in saying, "We have done what we can. Your wife can take some paracetamol. We can't administer any lotion; you will have to go and buy some". My heart sank. So many ideas rushed through my mind on how I could help soothe this poor woman's skin condition - surely these things were common knowledge?

Later, I followed 'Sue' into a private room where a very young new mother of around 17 years was waiting to see us. Sue had told me that she was going to help the young mother in getting her baby to latch on to the breast. We must have been in there for a whole eight minutes; it definitely was under ten! Sue had a brief conversation with the mother, saying, "Ahh, is the baby not feeding properly?" The young woman looked very upset and in discomfort. Apparently her nipples were sore, but the baby was strong and healthy and eager to feed. Sue immediately said, "Well, sometimes it's just not to be. Better on the whole if we start with the bottle. Don't worry, it happens all the time"! Sue then reported to the sister on the ward saying, "Yes, I've spent some time with the mother showing her how to latch the baby on correctly; there doesn't seem to be any more we can do". Case closed - the mother was to bottle feed.

I couldn't believe what had just happened. It was utter nonsense. We had spent no time at all with the young mother let alone made any efforts to help her and her baby try different positions - no offer of extra pillows - nothing. I felt saddened. I knew only too well the importance of breastfeeding for the baby and for the mother, and she received no skilled support at all. This was definitely not my idea of care. The mother was alone and had complete trust in the midwives; a trust that was very much betrayed. It was nearly the end of the shift and I had the feeling that I just couldn't accept the methods and practices that were being used. I would either get into trouble or get thrown off the ward if I spoke about everything I had observed.

Two midwives came to the desk. "Well, I'm not having another late one so we've managed to stretch her", said one. Apparently, I learned, this practice was all part of a system where the mother needed to be at a certain dilation (of the cervix) before she could be moved to the active labour ward. I couldn't believe my ears when I was told that in the process of trying to speed things up they had accidentally ruptured the mother's membranes as well,[2] and then "overdosed" her.[3] "Well, we will keep that quiet", said one of the midwives, and this incident wasn't recorded. I was in utter disbelief. Three midwives were huddled in a corner with a clipboard; the incident was kept quiet, and I suspect that the mother was unaware of what had happened. This was the final straw. I had seen enough and couldn't cope with this experience any longer. It was a far cry from what you would expect on a maternity ward. I gathered my belongings and left.

I left not with a heavy heart or broken morale - the experience fuelled my belief that, even if it was to be in a small way, I could still forge ahead in sharing knowledge, information and better practice in helping others embark on a more nurturing and empowering journey of self-healing. When it comes to caring for ourselves and others, how have we become so far removed from our deep, innate, intuitive and inherited

wisdom - wisdom that has stood the test of time. It was not so long ago that midwives made daily visits, patiently offering all of their knowledge and support on a one-to-one basis in the calm, familiar and caring space of the mother's own home. Why did we let that go so easily?

This account is not intended to be a criticism of the NHS and all of its employees. In many cases we are indebted to their help, support and intervention. But, I believe we must stand in our sovereignty and authenticity when speaking the truth. Just because a system has evolved in a way where standard practices have become entrenched, it doesn't mean that those practices are good practice; it doesn't mean that things cannot be changed. The willingness to change is a practice we should all embrace. We should not be afraid to return to older ways now that, with hindsight, we can appreciate their value - or to merge these older ways with modern skills in a new integrative approach.

I know there is a movement, a shift within society where people are becoming more conscious of a desire to explore and delve deeper into their intuitive knowledge of self-help, and a desire to return to a more natural way of living and all that that encompasses.[4] I truly believe that, one by one, little by little, if we all speak out for what we know is the truth, the collective consciousness would support this shift. There are better practices, there is greater knowledge and this older wisdom could work seamlessly alongside the true advances in modern medicine. But there has to be a desire from all of us as individuals to push the powers that be to hear the voice of those who speak out and speak in truth. I trust that we can do this. I have faith.

Author Bio: Claire Dunn lives in a magical area of West Wales. She has been a naturopathic nutritionist, laser therapist, energy worker and lover of the natural sciences for over 20 years. Her passion and vision is that of sharing her knowledge for all those who seek the transition of their everyday lives into a healthy harmony with themselves and with Mother Earth.

---

1 College of Naturopathic Medicine - What is Naturopathic Nutrition?www.naturopathy-uk.com/home/home-what-is-naturopathic-nutrition

2 Editor's note: This is at best, 'meddlesome midwifery', and without the fully informed consent of the mother, it qualifies as obstetric violence.

3 Editor's note: I imagine that the mother was given a large dose of pethidine to sedate her.

4 Editor's note: Perhaps an undercurrent shift away from the pathogenic and toward the salutogenic? See - 'Salutogenesis: Putting the health back into healthcare.'www.aims.org.uk/journal/index/33/1