AIMS For a better birth...

Editorial: What is there to learn? Different perspectives on preparing for birth

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By Alex Smith

Welcome to the March edition of the AIMS journal. This issue explores the question of antenatal education. Antenatal education is a maternity service for parents - but one that clearly needs improvements. Judging by the rising tide of unwanted birth interventions and perinatal trauma, it is clear that women (even those who have attended a course of antenatal education) are left navigating their experience of maternity care ill-equipped to shape events in any meaningful way.

Some years ago I was running a workshop for antenatal teachers. As we worked we could hear the music from a ballroom dancing group downstairs. When they played a favourite song of mine,*Yellow Bird*, my own feet started to tap. During the lunch break I mingled with the dancers and struck up a conversation with an elderly man. I said how tempted I had been to come and join them. He asked why I hadn't and I explained that I was working. He wanted to know what I was working on and I explained that I was training antenatal educators. Met with a very puzzled face I went on to say that my students would be helping parents-to-be to learn about giving birth. At that point he burst out laughing and said, *'What is there to learn? There is only one way out!'*



Yellow Bird artist Bimala Griffiths

'*What is there to learn?*' is an important question for any antenatal educator. This gentleman was of a generation when caesarean section would have been very unusual and home birth very common. He was much older than me, and the caesarean rate in the 1970s when I had my first babies was only 5% (compared with 45% last year) - it would have been under 3% in his day. Labour was indeed a force of nature that started one day and swept through you bringing the baby in its wake. What we needed to learn, so that we weren't frightened, is beautifully described in Caitlin Moran's autobiographical book, 'How to be a Woman'.[1]

> Now I know how birth works — now I've been talked through labour, by that quiet-voiced woman — I feel I've finally been told what my task is. It's simple — so simple I'm amazed I didn't know it before. One morning I am going to wake up, and before I sleep again, I will have to tick off a long list of contractions, one by one. And when I get to the last one, I will have my girl. Each one of these will be a job in itself — a minute-long experience which would alarm anyone suddenly struck by it, without warning — but I know the one fact that makes it easy: there is nothing awry. Everything is as it should be. Unlike all other pain on Earth, these don't signal something going wrong but something going right.
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> This is what I did not realise the first time, when I prayed wildly for the pains to stop. I didn't know then that these pains were the answer, and that their every alternative was much worse. Now I know what they are, and what they're for, I greet each one with calm cheer: 60 seconds to breathe through, as limp as a sleeping child, so that there is nowhere for this wash of sensation to snag — no tensed muscle it can get caught on. I am a clear glass of water; leaf-smoke blown sideways in the wind; empty space, for a moon to sail through.
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> By the time I get to the hospital, I'm contracting so hard I dramatically drop to my knees in the doorway, and clutch at the nearest object — a lifesize statue of the Virgin Mary. Four nurses have to run to stop it toppling and crushing me.
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> For this birth, I don't lie on a bed, helpless — waiting for a baby to be delivered, by room service. I've been told to walk, and I do — I pace miles and miles, like I'm on my way to Bethlehem. I use the hospital corridors like the world's slowest, fattest race track. I walk for four hours, non-stop. Oh Nancy! I walk from St Paul's to Hammersmith for you, barefoot, quietly sighing, from Angel to Oval, the Palace to the Heath. Your head is like

stone against bone — a quiet pressure I can't stop now, and neither can you. Gravity is the magic I couldn't find before, strapped to the bed, two years ago. Gravity was the spell I should have invoked. I was looking in all the wrong grimoires.

After four hours of pacing, everything changes, and I know I have walked far enough. I climb into the pool, and push Nancy out in five, short bursts. As her face appears — a purple Shar Pei puppy, with a lard-slicked 'fro — even I can see it's too late to go wrong now.

"That was easy!" I shout, the first words out of my mouth, before she has even left the water; as the midwives stand by with towels, waiting to wrap her. 'That was easy! Why doesn't anyone tell you it's so easy!"



Antenatal education in 1975

In the antenatal classes I attended in the 1970s - conducted in the practitioner's home with us seated around the room on special floor cushions - we learned how to relax and breathe and not to be afraid. We learned how to ride the waves of this natural process, thoroughly equipped with practical knowledge and confidence in a vast array of the comfort measures that women have always used to get through these hours. An A to Z list of just some of these measures was compiled by one group of parents over 40 years ago - *and they still work!*

The majority of each session was dedicated to practising this plus some yoga-type exercises, and each session ended with a birth story from a mother from a previous course. All of the stories, each with a baby at the end, imprinted in us the certainty that the baby would emerge eventually and that we knew exactly what to do. In between each weekly session, a mother from a previous course opened her home for the mums-to-be to meet for coffee. We saw her handling and feeding her baby, we all discussed baby care, and the breastfeeding counsellor would pop in. The course lasted for 8-9 weeks - so, 16-18 meet-ups during which we naturally and effortlessly absorbed the information we needed as we were inducted into the world of motherhood. Once all the babies had arrived, the meet-ups moved to our own homes and often continued for years.

Antenatal education in 2026

With notable exceptions,[2] a typical antenatal course today is likely to be very different. Mirroring the move of birth from home to hospital, courses have moved from the home environment to outside venues - unconsciously reinforcing the association of birth with an institutional setting. The course is likely to be much shorter and to have a focus on what the mother is 'realistically' likely to encounter in a hospital birth (high levels of medicalisation); with little time given to the skills required by women (and

their advocates) if they want to 'hold sovereignty' in that situation and truly make their own decisions. Time spent on physiological birth and role-playing assertiveness skills may be considered 'unrealistic' or 'biased', and so, the layered learning of weekly practice is rarely part of the modern curriculum. Instead there is a tick list of topics: caesareans week one tick; inductions and pain relief week two tick; with everything (including a token few minutes on positions and breathing for labour) covered once before moving on. The modern antenatal course reflects the 'conveyor belt' of modern maternity care as if that was an uncontrollable force of nature itself, rather than a series of 'offers' that any of us can calmly and cheerfully accept or decline accordinging to what feels best -*if only we knew*.

If that conveyor belt automatically delivered women from their experience of maternity care feeling triumphant - feeling they had been listened to, respected, cared for, and safe; feeling that every aspect of their care had been consensual - then *what would there be to learn*? But it doesn't. Too many women and their partners 'roll off the belt' feeling traumatised, having felt helpless to shape their experience in any way. This is why, today more than ever, we need highly skilled antenatal educators who are able to design and deliver a course that actively, intentionally and effectively sets out to ensure that women are ready and able to advocate for themselves.



In our March issue of the AIMS journal, experts from within the world of antenatal education share their perspectives on preparing for birth.

We start with Jo Dagustun's recognition that, for many women, education about birth comes in the form of their lived experience in the birth room - and that what they learn is that an expectation of physiological birth is 'unrealistic'. Professor Mary Nolan follows with her review of what the literature shows about the effectiveness (or ineffectiveness) of antenatal education in changing what happens in the birth room. Mary concludes with her belief that, when based on love and empathy, education can and should aspire to help women to challenge the system, and, in this way, to be an act of liberation.

AIMS trustee, Hannah Northern Thakur, reflects on her disappointing experience of attending a course of antenatal classes when she was expecting her first baby, and I offer some thoughts on educational philosophy, asking, 'What is the point of antenatal education?'. We include a conversation with childbirth educator Rachael Bickley about the necessity and importance of teaching parents and care providers about consent in maternity care, while doula and educator Naomi Glass explores the intriguing idea of there being modern and ancient 'maps' that help women find their way to a positive birth experience.

Two experienced antenatal educators, Terri Harman and Rebecca Cumming, offer their views on the contrasting values of online and face-to-face classes - each bearing in mind the needs and preferences of individual parents, and demonstrating the value of flexibility and congruence for the facilitator as well as for the learner. Renowned antenatal teacher and the founder of Active Birth, Janet Balaskas, explains

why she believes that antenatal education should start as early in pregnancy as possible, and I explain why *effective* learning in antenatal education may well prove to be 'uncomfortable learning'. We round up the themed section of this issue with AIMS volunteer Kath Revell's 'imaginary hindsight' (an innovative form of education) in which we are taken into a future where everything is well in the birth world and told the story of how this came about.

In addition to the themed articles we are pleased to include information from Rebecca Jarman about an important new study into heart health in pregnancy. Rebecca is hoping to recruit women who are pregnant or have recently been pregnant to participate in the study. Jo Dagustun shares her poetic reflections on the recent Amos review of the maternity services, and the AIMS Campaigns Team tell us what they have been up to since December.



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 Jo Dagustun, Anne Glover, Jo Williams, Zanna Szlachta, Katherine Revell, Hannah Northern Thakur, Salli Ward, and Josey Smith.

The theme for the June 2026 issue of the AIMS journal explores the idea of *bodily sovereignty* in pregnancy and birth. If you would like to share your thoughts on this, or if you would like to contribute your ideas for future authors and journal themes, please contact Alex at: alex.smith@aims.org.uk

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1 Moran C. (2011) How to be a Woman. Ebury Press

2 Some birth preparation courses involving yoga or exercise in water have a drop-in format and continue through pregnancy.