AIMS For a better birth...

Working together

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Hannah Robertson shares her experiences of meetings between midwives and doulas

In the last four years the community of doulas in York has grown considerably from a small number of four to around 11 doulas. The doula community is thriving with a fairly cohesive support network. Naturally, with the growth of doulas in our small city the volume of doula attended births started to grow.

In 2012 there was a huge increase in the number of women being visited by supervisors of midwives (SoM) during pregnancy if they planned to have a doula supporting them during labour. I think there are several reasons for this, one being that women who have experienced an inappropriately risk-based and/or unsupportive approach during their pregnancies have been more likely to hire doulas. When the SoMs started to realise that the women they were being asked (by the community midwives) to visit had booked doulas, the doulas started to get invited to midwifery meetings set up by the SoMs to discuss care of women who were making decisions outside existing guidelines. Part of the aim of having doulas at these meetings was to put faces to our names and I think to assess how we work as doulas.

One of our community of doulas had a complaint made against her after a homebirth in 2012. The complaint (made by a midwife) was dismissed after the SoM met with the mother and the doula post birth. The complaint was made because the doula, following the mother's wishes, had presented the midwife with a birth plan when she (the midwife) entered the mother's home. The midwife felt this stopped her doing her job and obstructed her from speaking to the mother directly. At the post birth meeting the complaint was raised and the SoM listened to the mother who told her that it was her idea that the doula greet the midwife. The midwife had also raised another concern with the SoM - that she had been called too late to the birth (the baby was born 40 minutes after the midwife's arrival) and the mother told the SoM that this had also been her decision as she felt she did not need the support of the midwife until they called her. After this meeting the SoM thought it would be helpful to meet with the local doulas so that we could discuss our role and boundaries.

In 2013, the first meetings were planned and in 2014 we met four times. We started off by discussing what was felt by the midwives to be a contentious issue: whose decision it is to decide when to call a midwife during labour at home. The SoM initially asked us to share with women that the midwives were all very lovely and to urge them to call the midwives out earlier rather than later in labour. The doulas explained this was not their role or responsibility and that doulas can only facilitate the wishes of the mother, and provide information rather than advise. This was understood and accepted by the midwives.



Doulas and midwives, meeting and working together in York

We moved on to discuss advocacy, birth preferences and not speaking for women but encouraging them to find their own voices and speak up when their words have not been listened to.

After the first couple of meetings we started getting into the nitty gritty of feeding back our thoughts and experiences after births. For example, basic birth etiquette can sometimes be lost in the NHS system. Women need quiet and privacy, as we all know, but not all of the midwives attending births have recognised this.

We have fed all this back to the SoMs, requesting that midwives' mobile phones be on silent, suggesting that most women need darkness, silence and a mimimum of language to be used. Since we started our discussions, I have definitely seen an improvement in the birth etiquette of midwives. Our discussions have now moved to; the need for midwifery training to support women having vaginal breech births; the use and impact of language; and women's mental health in the perinatal period. The SoMs are feeding back the main points of our discussions to the doctors this month, and will also talk to them about the effect of using the 'dead baby card' on women and will discuss how to present risk in a way which excludes manipulation. All we can hope for is to chip, chip, chip away at this system.

Changes are afoot, slowly. Midwives meeting us at births are becoming warmer, which is huge progress from earlier hostile encounters. I feel very lucky that we have this regular forum with midwives to discuss what women want, as ultimately this increases safe, good care for women and their babies and families.

Hannah Robertson is a mother, doula and antenatal advocacy worker