AIMS For a better birth...

Promoting normality

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Physiological birth: Promoting normality
Royal College of Obstetricians and Gynaecologists, 11 September 2015

Making the transition from an industrial model of maternity care to a social model of care

It was an inspiring and thought provoking day with 14 compelling speakers debating how it is that despite the available evidence we do not have social models of care that support normal/physiological birth.

The theme of the day was listen, listen to women, listen to colleagues, don't undermine or coerce women or each other and build relationships that are meaningful and mutually respectful. Even when birth is 'normal' women can be traumatised by the way midwives and / or obstetricians treat them, and this can have a profound and long-lasting effect.

Lesley Page, President of the RCM, opened the conference comparing Call the Midwife which portrays a 'social model' of care, where compassion and connections are fundamental with One Born Every Minute, showing an 'industrial model' with system-based care.

Deb Pittman, President of the New Zealand College of Midwives and Associate Director at Northland District Health Board, told us about the legislation in New Zealand that underpins and supports women and care givers in '*Partnership, Participation and Protection*': where women have an absolute right to make an informed choice. Tracey Cooper, consultant midwife, shared her PhD work on women's and midwives perceptions of a midwife's role. Tracey described different types of midwives; *'doing' midwives*, '*cyborgs*' who use equipment, technology monitoring and measuring and connect with women and babies through machines, such as ultrasound and cardiotocograph (CTG),and *'being'* midwives, '*goddesses*' who were '*with women'* able to support physiological birth in all areas, and how women felt more supported and empowered by 'being' midwives.

http://clok.uclan.ac.uk/2404/2/CooperTthesis-hardbound_final_collated.pdf

Carolyn Hastie, Senior Lecturer of Midwifery Southern Cross University Australia, discussed bullying in obstetrics and midwifery and the effect this has on physiological birth: she gave some shocking statistics, 50% of midwifery students dropout, and 25.5% of health workers suffer with mental stress. Carolyn suggested that to 'grow' students and midwives who are strong, support each other and are able to be present with women, we should stop 'Turf War', ask who is the most appropriate person to care for the woman, build a sense of self, have courageous conversations and stand up for peers not present.

Sheena Byrom, midwife consultant and author, recommended the the building of virtuous circles by means of social media and gave the example of @hannahtizard and @JennytheM who have had an amazing response on Twitter with their Blood to Baby and Skin to Skin campaigns. Ellie Durant, midwife, who runs www.MidwifeDiaries.com gave us some coping strategies, 'Simple Achievable Solutions': saying 'adrenaline is contagious: we need to be calm and confident'; we need to share positive birth stories; to be aware of the language used with women and each other on the labour wards as it can be disempowering for women and midwives and to be flexible, adaptive and as physically fit as you can be.

Rebecca Schiller, co-chair of birthrights and doula, argued that policy will only change when every clinician and organisation treats each woman as an individual, with compassion and respect.

Kate Brian, author and journalist specialising in infertility, told us how continuity of care with known midwives enabled her to have the birth that she wanted, which is unusual after an IVF pregnancy, when often women have lost faith in their bodies and are frequently labelled as highrisk as their baby is seen as 'precious'. I was so privileged to be Kate's midwife, and it was lovely to hear her talk about how her relationship with her midwives enabled her to have the confidence to birth her babies.

Mark Harris, midwife, talked (very animatedly) about the presence and participation of fathers, what men can do to combat the paternalism in the RCOG and the testosterone-filled birth, by creating connections and communications with their partners.

Emma Jane Sasaru, NHS infant feeding worker and doula who runs Unfold your Wings, raising awareness of Postpartum PTSD and birth trauma, told us powerfully what it felt like to be separated from her baby in NICU. After being told that everyone was too busy to take her to see her baby, she literally dragged herself to see her baby, she missed her meals and when finally someone checked her HB it was 4.1. The feelings of being forgotten, the lack of choice and consent and the use of language, has had a profound and long lasting effect.

Virginia Howes, independent midwife, shared a story of a woman who choose to have her baby at home knowing that her baby would not survive; she talked about how this birth reduced the woman's emotional pain, how she was kept safe and had a positive birth experience. Finally conference organiser Jodette Holly got a standing ovation when she read Hannah Dahlen's Enough which is printed on page 19.

Jackie Moulla

Jackie worked as a caseload midwife for eight years and knows how trusting relationships empower women and midwives. She now spends much of her time with women and their partners talking through

and unpicking their birth