AIMS For a better birth...

Time to stop fighting

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Vicki Williams asks us to think about doing something really radical

I am not asking anyone to roll over, play dead, or accept the path of least resistance; I'm proposing an alternative way of getting what you want. This issue of the importance of continuity highlights a paradox at the heart of our work in AIMS, which is our awareness that encouraging women to fight for the birth they want especially late in pregnancy, means that the resulting stress hormones can potentially not only delay and disrupt the birth process but lead to the very outcome they wish to avoid. In our journal, our website and our helpline we try to help women to access the information they need to make the decisions which will give them the best chance of a healthy pregnancy, a birth that they will remember with feelings of joy for the rest of their days, and a sense of accomplishment and empowerment that will give them the optimal start to motherhood.

Government policy expects women to be offered a choice of place of birth and confirms the right for a woman to make informed decisions on how where and with whom she will have her baby, but often this gets lost in the service that is actually offered. Within AIMS we are very conscious of the need to fight for women's rights but also of the importance of creating the right environment for pregnancy and birth. I am advocating that we continue to fight for rights and high-quality, evidence-based care at an organisational level in the public arena so that women don't have to fight these battles as individuals. At the same time we need to forcefully draw attention to the importance of continuity, so that ideally the carer can become the woman's advocate.

Sarah Buckley[1], Kirstin Moberg and Michel Odent, along with many others, point out that adrenaline (our fight or flight hormone) and its stress counterpart, cortisol, are the antithesis of oxytocin, the hormone of love, healing, growing, calming and social connection. If that is the case, then anyone supporting pregnant women has a moral duty to help her reduce her stress levels and boost her love levels. That includes helping her to get the care that she needs without her having to fight for it or embark on the kind of research project worthy of a PhD, and in doing so spend her pregnancy in fight or flight mode instead of growing and healing.

Pregnancy should be a time of joy, expectation, planning, preparation, but for so many women it is anything but. There is plenty of evidence, mainstream allopathic, holistic, spiritual, for us to be able to say with confidence that stress in pregnancy is neither good for babies nor their mothers, and for that matter maternal well-being is likely to have an impact on other children within the family, the mother's intimate relationships, her relationships with her wider family and community. Put simply, pregnancy is not the

time for fighting for what you want, and perhaps it is time that everyone, but especially the birth activists and care providers, actively supported women to stop the fight. The evidence is clear, all the articles in this issue reflect that what women are asking for is a birth where they are well-supported by carers of their choice, where they are able to determine what happens to them and their baby, where interventions are kept to a minimum and where social, emotional and hormonal disturbance is avoided. This kind of care is safe for babies and safer for th mothers who will care for them.

As it is very difficult to support emotional health for a child when you yourself feel battered, I would argue strongly, despite the fact that there is a dearth of studies looking at emotional health, and particularly the levels of postnatal depression and post-traumatic stress, that in the long-term an empowering, woman-led birth experience is also safer for children. Whilst it is becoming very clear that birth in a midwife-led unit is safer for babies and women[2], it is vitally important that we also consider those women and babies for whom intervention or planned surgery is going to improve their chances of life or quality of life, and make sure that those women also decide what is and is not done to them.

With that in mind, I favour sharing Mary Cronk's assertive stuck record approach[3] rather than encouraging women to engage in battle. Teaching women how to calmly repeat their intentions and how to deflect negativity are arguably the most important tools we have. When coupled with techniques for improving women's confidence in their bodies and trust in the process, whether that is by education, techniques such as hypnotherapy or NLP (neurolinguistic programming), or something else, assertiveness is more powerful than arguing your case or trying to present enough evidence to professionals who really ought to have read it for themselves. It is up to everyone to press hard for change, to educate, to ask questions and highlight research so that those who are pregnant simply don't have to.

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References

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