



Ilana, a midwife's story

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Selina Blackmore gives her perspective as the on-call midwife

As the on-call midwife, I was asked to assess Ilana at home as she had planned a homebirth and was in labour. Following a conversation with Ilana it was apparent that her labour seemed to be progressing, and that I should make my way over to her house. She had consented to the presence of a student midwife, and we arrived together at about midnight. We were met at the door by Ly, her doula, who introduced herself. Ly had been supporting Ilana and her partner, Aaron, at home prior to our arrival. The environment was calm and relaxed, the lighting dimmed and the music softly playing in the background, all known to facilitate a normal birth. There were positive affirmations displayed around the house. We were aware that this environment was important to maintain and we were keen for our presence not to alter it.

After a while, I asked Ilana if I could examine her, so that I could make a full assessment of her progress in labour and prepare for the birth.

Ilana and Aaron were happy for the examination, but only if I agreed not to share my findings as Ilana felt positive and in control, and didn't want this sense of empowerment altered in any way. Ilana was happy for me to share my findings with Ly.

Fundal height measured appropriately for term, longitudinal lie, cephalic position. On vaginal examination the cervix was 6cm dilated, presenting part at the spinesROP (right occiput posterior) position. She was contracting strongly, 2-3:10 (2 to 3 contractions every 10 minutes). So, contracting and dilating well with the baby's head low in the pelvis, with the baby in a back-to-back position.

Prior to this point it felt as though we had been supporting Ilana and Aaron for a normal birth, by encouraging them to remain mobile and relaxed, but I felt we now needed to be more proactive to help facilitate rotation of the baby.

Ilana was keen to stay as mobile as possible, the energy remained really positive and both Ly and I suggested different positions to aid rotation. Ilana was encouraged to walk up and down stairs, and to continue with pelvic rotation whilst elevating a leg on a chair.

The contractions remained strong and frequent and Ilana managed beautifully with the support of her partner and breathing techniques to have a normal birth of a lovely baby girl in the OA (occiput anterior) position.

The whole experience was a delightful one for me. Picking up on the positivity of the energy in the house, the supportive relationship that Ilana had with Aaron, and indeed the relationship they had both built with Ly.

Ly and I worked together really well and I believe it was because we kept Ilana as our focus. We remained open with each other and receptive to ideas each other had. Our roles were well defined, I had ultimate responsibility for Ilana's care, and Ly was there as a support, and, to a degree, a critical friend. We need to remain open and respectful of each other if we are to move away from the idea that one role somehow interferes with the other.

I left the birth feeling uplifted, excited and delighted for Ilana and Aaron. A really positive experience for all of us.