



Conference Report: Doula UK 2018 Conference, London, March 2018

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By Jo Dagustun

Wow – what another great conference put on by the team at Doula UK! I was keen to get to this annual conference again, having been highly impressed by their conference in Manchester last year. And it surely lived up to my expectations. From founder member Hilary Lewin’s opening welcome to her closing address, this was a day jam-packed with brilliant speakers, a lovely ‘bazaar’ to browse (including a popular stall run by AIMS volunteers), and a fantastic space for networking. Indeed, the professionalism and care (and catering planning) that had gone into the event epitomises for me the very best care and support that doulas can offer.

Seventeen years ago, Doula UK was founded by a group of women who had recently completed doula training by Michel Odent. Doula UK now has around 700 members, and provides an important role in supporting its member doulas to, in turn, provide support to women and families. As an important part of their mission, Doula UK has provided free doula care to families in emotional or financial hardship for over ten years, and the Access Fund (previously the Hardship Fund) is now being transformed into a standalone charity, so that it can support even more families. The organisation’s latest annual conference left participants in no doubt about the maturity of the organisation, and the fantastic contribution that excellent doulas can make to the care of women, babies and families. A screening of a short but fascinating film (from Emma Arran), exploring the difference that doulas can make worldwide for women in particularly challenging circumstances (e.g. where their own social support networks are weak or absent), for me really grounded the day; for at heart, doulaing is all about women delivering justice to other women, achieved by walking by her side: justice for women who would otherwise be left unsupported by mainstream services.

This year, the theme of the conference was how doulas (and others) can support women who have previously experienced trauma and abuse. To open a discussion of this theme, experienced doula Kicki Hansard gave a very comprehensive presentation about the issues that doulas should be aware of around this topic, including signs to look out for and practical tips about supporting such women through the challenges that they can face when pregnant, giving birth and in the postnatal period. I hope that all relevant healthcare professionals receive such detailed briefing on this issue: I can imagine that the topic

is well-covered in initial training, but I wonder how well the issue is addressed in ongoing professional development.

More excellent and informative presentations followed. I would highlight in particular Bridget Supple's wonderful presentation which was wide-ranging and research-based, at the same time as being incredibly clear and highly engaging; if any AIMS members haven't yet seen Bridget in action, do look out for an opportunity. Bridget has many areas of interest (including her work on the microbiome), but her focus for this presentation was the impact of women's stress in pregnancy and the postnatal period, exploring in particular how this affects the development of the baby's brain, and making clear the key importance of this as a public health issue and for the maternity care system. If Better Births is successful in introducing a fundamental shift towards a relational model of care for all women, it is possible to see how the NHS could support all women effectively in this area. But while we are waiting for that, Bridget rightly highlighted the role of doulas in providing such support for women, where local NHS maternity services are either too fragmented or too pressed for time to provide the (variable) level of support that each woman needs, according to her individual circumstances.

Another highlight for me was Maddie McMahon's thought-provoking presentation on breastfeeding. Maddie suggested that we need a paradigm-shift, to focus not on how women can best endure breastfeeding but to think about how a woman might sustain – and even exult in – a successful breastfeeding relationship with her baby: an approach to breastfeeding in which mother, baby and family thrives, rather than simply survives. In light of this suggested approach, the UK's traditional measures of breastfeeding success (rates of women initiating breastfeeding and then continuing to breastfeed at 6–8 weeks) look feeble indeed, and unlikely to drive the huge improvement necessary in postnatal support. This has parallels with discussions around birth measures, of course, where technical outcome measures focussed on spontaneous vaginal birth (or normal birth) tell us very little about the quality of women's birth experiences and the impact these have on short- and longer-term physical and mental health outcomes for mother and baby.

There was so much else to this very well-organised conference. Members of Doula UK should be proud indeed of their organisation, and all UK birth activists would be well-advised to see what a future Doula UK conference could offer them. Reduced conference rates are available to Friends of Doula UK!