AIMS For a better birth...

Mother as Midwife

by Ann and Heidi

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This unique story is written from two perspectives, the grandmother - who is also a midwife - and the mother.

Grandmother's story

When my daughter discovered that she was pregnant with her first baby she was delighted. She did not hesitate to ask me to provide her maternity care and I was very happy to agree.

Whilst arranging care I was given a copy of the Local Supervising Authority protocol for delivery of care by friends and relative. I was shocked by what I read and by the reaction of the midwifery manager of the local hospital (I do not work at this hospital). There was not one reference to research and the whole protocol is based on very biased assumptions.

A central concern is that relatives and friends of clients' cannot possibly be as objective as midwives who are strangers to the client. I would argue that the notion that anyone can be objective is highly questionable, given that our emotions are part of our biological makeup (Le Drux, 1998) and are in the main unconscious processes. One thing I am very certain about is that the midwife manager's response was far from objective.

Her main concern was that my daughter might sue the health authority if complications arose during the birth. She continuously harassed me throughout the pregnancy. She did this despite the fact that she had explained her rationale to my daughter, and my daughter's assertion that she still wanted myself and my colleague to provide her care and that she still wanted a home birth.

The manager was extremely coercive and continued to be so, even though I was now working independently. She very clearly stated that she was withdrawing all support. She kept sending me letters arguing that another midwife should be responsible for the birth.

My daughter, however, made it clear to me that she did not want another midwife to be responsible for the birth of her baby. Nor did she want another midwife present. When the letters failed to have an impact, the midwifery manager discussed the matter with my Supervisor of Midwives, thus breaking confidentiality.

My supervisor contacted me twice about the matter and I felt that I was being subjected to extreme pressure. I was forced to change my supervisor. However, this was not the end of the matter.

Towards the end of the pregnancy my line manager telephoned to ask if what I planned was a safe and responsible thing to do! I made it very clear to him that this was a private matter and that the midwifery manager had broken confidentiality by speaking to him about it.

I believe that emotional responses are essential to the provision of good care. The dispassionate practitioner acting as a cold rational machine, is not in keeping with the ideology of care and caring. As for the concern with subjectivity, all experience is subjective.

Providing midwifery care for my daughter, with the support of my colleague, proved to be a wonderful and dare I say, very emotional experience. From my point of view I was able to ensure that she and her husband Ben received truly informed choices regarding all aspects of care.

Any loving parent wants the very best for their child and as my daughter's midwife I could make sure that she received the best. The best care I believe can only come from knowing what Heidi and Ben wanted, and I believe that I was in the best position to have or gain this information. After all, I have known my daughter all her life. In many respects I know her medical and social history better than she does.

We also have a very close and trusting relationship. It could be argued that women are less likely to divulge information or censure the questions they ask when the midwife is a stranger.

Some might argue that because my daughter wanted a physiological birth at home, I might be tempted to ignore complications in order to please her. Alternatively, I might become hysterical when complications developed. Such a response however, cannot be assumed.

My colleague and I discussed all the possible complications with my Heidi and Ben, as well as the possible management and outcomes. My children are the centre of my life and I would never knowingly act in any way that threatened their well-being. I was therefore, very conscious of the fact that should complications arise I would ensure that Heidi and her baby received the best and most appropriate care.

My colleague also provided me with practical and emotional support. While sharing the same basic philosophy of care as myself, she nonetheless provided a different point of view, which helped me and the parents to be, to think about events in a more diverse way. As it was, Heidi's pregnancy progressed as expected, without complication.

The one thing that spoiled our joyful anticipation of the new baby was the midwifery manager's constant harassment.

Having to arrange delivery of the birth pool and make preparations for a home birth prior to the expected date of birth had its advantages and disadvantages. The advantages were that we made these arrangements together giving us a sense of partnership.

The disadvantage was the focus on the birth itself. From week 38 of Heidi's pregnancy we were very conscious of waiting for labour to begin. This gave us a distorted sense of time; unfortunately making every day appear longer. It is easy to see why so many women opt for the readily available induction of labour, rather than waiting for nature to take its course.

Heidi found this waiting difficult, but we helped divert her attention by occupying her time with outings and long walks. Heidi was determined to wait for natural labour. She has never had any difficulty in telling me what she wants and how she feels.

Heidi's labour began when she was forty-one weeks and two days pregnant. It was 7 a.m. on a Friday morning, when she and Ben arrived at my home where she planned to give birth. She was in the very early stages of labour, but progressed very quickly. Both Heidi and Ben were very relaxed and excited. This may have contributed to the relatively easy progress of the labour.

My husband, Heidi's father was unsure of what to do while we concentrated on Heidi's labour. He filled his time with helpful tasks, cleaning Heidi's car and filling it with petrol. All the while life continued around us, just like any other day.

I found this interesting and amusing, as it contrasted so strongly with hospital birth, were there is a sense of discontinuity with ordinary life. People telephoned as usual and people passed the house taking their children to and from the local school at the end of our street. This birth occurred within the hub of family life, rather than the dehumanising environment of hospital.

Heidi gave birth to a baby son in a squatting position supported by husband Ben. As her baby was born she took hold of him, lifting him up close to her. Of course I could see the baby emerge, but did not at this stage get a detailed look at him. It was Ben who noticed the sex of the baby. As Heidi held the baby the vital clue to his sex was dangling in front of Ben's face. By now we were all exhausted and ecstatic.

Heidi then breastfed her baby and delivered the placenta herself. I did not relish the idea of suturing my daughter's perineum, but I made sure that it was the nicest, neatest stitching I have ever done. Heidi kept us amused with jokes about my sewing.

That night Heidi and I were so excited we could not sleep. We spent the whole night together on the settee with Ethan between us, taking about him and our amazing experience. Heidi has not shown any signs of baby blues or postnatal depression and I believe that this is because she was empowered and supported during her birthing experience. I am very proud of her.

Mother's Story

I discovered that I was pregnant some time between Christmas and New Year. As result, Millennium night was somewhat different than I expected, alcohol free. The day I had the pregnancy test was the day I was due to start my period, so it was very early.

We were excited though and didn't want to wait to tell people. So off we went to inform our close relatives. I was certain then that I wanted my mother to be my midwife, so when she said she would be I was confident about the future.

While I waited desperately and excitedly for some sign that I really was pregnant, my mother was organising my care. I asked a colleague of my mother's to be the supporting midwife. I knew her and felt confident in her approach to midwifery.

My mother spoke to the midwifery manager at the hospital and informed her that I would be booked at that hospital, that I wanted a home birth and that I wanted my mother's colleague as the supporting midwife.

The midwifery manager was not satisfied with this, although both midwives were keen. At first I could not understand why this would cause difficulties, however, such naiveté did not last. The midwife manager requested that I attend a meeting with her, with my mother present to discuss my choices.

I wondered why I should have to discuss this with her. I knew what I wanted and I didn't want someone telling me what they thought I should do. However, I decided that I would go along and see what she had to say.

I had been led to believe that as a midwife you are supposed to support women in making informed choices. It was not apparent that this midwife manager was aware of this.

During my meeting with her she attempted to coerce and persuade me. She did not support my choice, even when I made it perfectly clear that these were informed choices. There were two main issues she was unhappy with: my mother being the named midwife and my having a home birth.

According to the midwife manager my mother was unsuitable as she would not be able to maintain a professional, objective approach. I would argue that objectivity is an impossible state of mind. That aside, however, I would question how appropriate it is to be objective at such an emotional time.

A great deal of midwifery literature considers the importance of the relationship between the mother and the midwife. I could not have had a midwife that I could be more at ease with or trust more than my own mother and felt lucky to be able to have her as my midwife. I knew with absolute certainty that mine and my baby's health and well-being would be her first priority. I felt that I was safe in my mother's care. I felt so strongly about this that I was not going to change my midwife ...whatever.

The midwife manager expressed concern about my having a home birth, on the grounds that my baby's health and mine would be at risk. I suggested that the evidence showed home births to be safer (Tew,

1998). She changed the subject. It became clear during the meeting that the manager's concern was that I would sue her should complications arise.

Her concern was not for me, or my baby, but for the possibility of litigation against the health authority. It seemed to me that as hospital births are in many respects more risky (Thomas, 2000) for women and babies, she was willing to put well-being at risk so that she could reduce litigation costs.

After this meeting I said that I still wanted my mother and her colleague as my midwives and I still wanted a home birth. Even so, during the entire pregnancy the midwife manager did everything she could to stop me giving birth the way I wanted.

She put my mother under a great deal of strain, continually suggesting that she was not competent, although she had no evidence for this. I felt angry that my mother was going through this, but glad that she was supporting me. I also felt angry that I was being treated as if I was incapable of educating myself. I was an adult being treated as a child who needed to be told what was best for her.

Regardless of the continuous harassment trying to stop us we carried on as we had planned. I went into labour on 15th September 2000 at about 7am. Myself and my husband went to my mother's house where we had planned to have the baby. Whilst I was in the early stages of labour my husband went to sleep, whilst my mother had me sending emails!

As the pain got worse I took control. I told my husband to come downstairs (I was damned if he was going to sleep while I was in agony!). My mother suggested I try the gas and air for pain relief, which I did. It was a godsend, I could look and move around now, I could even make jokes. Once I had got in the pool time seemed to fly past (though I wasn't having fun!).

During the labour life around us carried on as normal. My dad kept popping his head through the door telling jokes (Is this new labour or old labour?). When I started to push I felt the need to scream, really loud. I was amazed at how much the screaming relieved that pain.

During this second stage I know longer wanted the pool or the gas and air. I knelt down leant over a pile of cushions with the dog lay beside me. I coped with the pain. I racked my brains for some other way of doing this, some way that the baby could appear beside me without me having to push him out (surely he'd never fit anyway). I could hear my mother and the supporting midwife discussing ways of getting me more upright - "I know your game," I told them.

When I finally admitted to myself that I was going to have to push this baby out I gained the courage to stand up and crouch during contractions, gripping on to my husband's jeans for support. When I pushed the head out I felt a burning sensation, which I was later to learn, was my perineum tearing, yet it didn't hurt!

When I finally held my baby in my arms I was stood up with my midwives at the side of me, my husband sat in front of me and my father stood opposite by the door. "It's a boy!" my husband shouted.

My mother was trying to provoke him into crying for reassurance that everything was OK. Ethan Anthony was perfect. He weighed 9lb and I was very proud that I had given birth to him. Despite the pain my birth experience was wonderful. I had supportive midwives, a relaxing and comfortable environment and life carried on around me.

References

LeDoux, J. (1999) The Emotional Brain. Phoenix: London.
Thomas, P. (2000) Hospital Aquired Infections, Turning Birth into Illness. AIMS Journal, vol. 12, no. 3 Autumn 2000.
Tew, M. (1998) Safer Childbirth? A Critical History of Maternity Care. Free Association Books: London.

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