



Being a birth activist: An interview with Virginia Hatton

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Virginia Hatton (currently an AIMS trustee) has been active in national birth campaigning since 2012 when she started volunteering for AIMS. Virginia has also volunteered locally with the York Home Birth Support Group, Healthwatch and the Treasure Chest Breastfeeding Group. In this interview we have asked Virginia about her life as a childbirth activist and her role as a childminder supporting her local birthworker community.

1. When did you get involved in birth issues, and why?

I am American, and I've always been interested in birth and women's health, particularly throughout history. At university I took a class on 'Gender Science and Culture' where we read Robbie Davis Floyd's "Birth as an American Rite of Passage". I also interviewed my mother about her birth experiences. My MA research was on archaeological evidence for maternal mortality in the past, and I concluded that our modern bias towards the medical model of childbirth colours how we interpret birth history.

I had my first child 6 years ago, in the UK, and it was my first experience of the NHS. Though I was delighted that home birth and midwives were part of the system rather than on the fringes as they sometimes are in America, I was disappointed that the care on offer still seemed to follow the 'medical model' rather than the 'midwifery model' that I had expected. I had a home birth against medical advice and this started my journey towards birth activism.

2. How did you get involved with AIMS?

I had written to AIMS when I was first planning a home birth and found the response very supportive.

After I watched the documentary 'Freedom for Birth', I knew I wanted to get involved in some kind of birth activism and my doula recommended joining AIMS. I went to my first AIMS meeting in 2012 and the focus on action, instead of complaining how bad things were, was so refreshing. I was hooked!

3. Can you tell me about some of what you've achieved within AIMS?

I have really enjoyed supporting the AIMS publications. When I was pregnant I found the [AIMS book on induction](#) to be extremely helpful and reassuring. When I had the opportunity to help with the rewrite of the book, I was thrilled to help continue to make this resource available to other women.

4. I understand that you are a childminder for birthworkers. Can you tell us a bit more about that?

How did you get into this line of work?

I trained as a doula in 2013. This was excellent preparation for my birth related volunteer work, but unfortunately I was not able to work as a doula due to limitations on childcare that I had at the time. The same year I registered with Ofsted as a childminder. Since I couldn't work as a doula myself, I wanted to offer the kind of childcare to other birth workers that I needed myself. And there turned out to be a great need for it in my area.

5. Can you help us understand how midwives working in a Continuity of Carer model of care might be able to get their childcare needs met, especially with the overnight on calls that are a key part of that care model? What needs to happen in terms of childcare options to facilitate that new way of working?

Having a relationship with the childcare provider is really key. Since I am involved in birth work in my area, local doulas and their families and children know me already. So even if I only look after a particular child occasionally while their parent is at a birth, I'm already a familiar person, and they know me and my children. I make an effort to be available for families to get to know me (for free), by meeting at the park for playdates, etc, and this is mutually beneficial. I am registered with Ofsted to provide overnight care and I have special rates which apply to overnight stays. I have a clear fees policy, but I am happy to work with families to meet their needs during on call periods. At the moment, I do not charge for the time that I am on call, but my fee for if I do look after the children during the on call period is higher than that of an average childminder. I am usually only one of a combination of childcare options that birth workers use, for example I may be on call for them during the week or weekend only, and the other times someone else is on call for them. Communication is really important, as is planning and booking childcare well in advance.

6. What changes have you seen in maternity care - for the better or worse?

In my area, support for home birth by our local trust has increased which is really positive. The number of closures of the service have significantly decreased since we started putting in Freedom of Information Requests on the number of closures every year: (a campaigning tip I learned from AIMS!) However despite the reduction in closures, there are still a lot of issues to resolve in order to make home birth

accessible to everyone in our area who wants one.

7. What has been your biggest frustration in your time as a birth activist?

I had a very challenging experience as a volunteer for our local MSLC. It taught me how much volunteers need to be valued and supported.

8. What do you hope for the future of the UK's maternity services?

In the future I wish we could get rid of the word 'choice' when it comes to maternity care. I think it is tempting to come up with individual solutions to the challenges we face in maternity care, such as being 'informed' or 'prepared'. But in order for all women to have the high quality care they deserve, it is not and should not be down to individual choice or preparation. The problem is the system, not women's choices. We need to work together to create a new system that provides Continuity of Carer to all women.