AIMS For a better birth...

Editorial: Everyone's an individual (I'm not!)

To read or download this Journal in a magazine format on ISSUU, please clickhere

AIMS Journal, 2019, Vol 31, No 2

We're all different, with different colour eyes that see
We're all the same, we all have a heart that beats
We're all different, with different hair colour and smiles
We're all the same, we all love to laugh and sometimes cry
Hold hands together and celebrate
We're all different and we're the same

(from *We're all different and we're all the same* by Jack Hartmann)

Pathways. Guidelines. Protocols. All these words are ways that the health services attempt to ensure that high quality, evidence based care is offered to everyone. If we work out what's best for most people we can treat everyone that way. But what if we don't fit into the picture of "most people"? Who are "most people" anyway? What is the average person? What if we're not the average person? WHO is the average person?

In one way or another, we're all diverse; we're all different. Even identical twins will have different needs and wants, different life experiences, different hopes and different ideas of risk. How does this fit into the picture of "what's the best treatment across a community"?

But if our bodies are not "the average" we are often treated as anomalies, as risk factors and as people who are, if not yet broken, who will be unless we comply. Cultural and social biases leach into healthcare – racism, fat phobia, homophobia, so many phobias. Starting with racism, this edition of the AIMS Journal considers how being a woman of colour giving birth in the UK can lead to a 5 times higher chance of death compared to a white woman. Gemma McKenzie digs deep into the MBRRACE data – analysing what we know and what we don't know – and debunks some of the common women-blaming theories which abound. Beth Whitehead speaks of her personal experience as a Southeast Asian woman navigating the UK's maternity system, with her ethnically normal body type being perceived as abnormal, and treated as such.

Women with obesity are likely to benefit greatly from access to water, as well as the types of facilities which are more often than not limited to Midwife Led Units (eg birth couches, birth chairs and slings which easily enable free movement). Yet they are very commonly denied these services, putting themselves and their babies at increased risk of problems. Is this evidence based?Amber Marshall's article

explores the issues for us.

We've previously explored some of the challenges faced by LGBTQ+ people, but in this edition we have an insight into the ways that non-binary people might find pregnancy and birth particularly hard. AJ Silver, a non-binary person, sensitively addresses the challenges of language which is needed to support all of us, including the essential need to not erase women, as well as outlining some serious legal issues for people who do not identify as women, but who still give birth.

Our non-themed articles start with my report into the coercion we're seeing more and more from Child Services, where women are being forced into interventions that they don't want in order to attempt to protect themselves from being accused of child neglect or worse if they feel that the interventions they're being offered aren't right for them. The two cases I'm exploring mirror a shocking story from Spain with a woman's experience from the UK, both dragged into hospital from a home birth and forced into unwanted interventions. We must ensure that while looking across the pond to the likes of Alabama and Ohio, we don't forget to recognise that closer to home we have our own Gilead brewing away that must be stopped.

On a more positive note, we have an interview in this Journal with our much-loved Shane Ridley, long-time AIMS volunteer, without whom AIMS would simply not exist as it is now. Shane has always described herself as the "back-room girl" and few people outside of the volunteer team will know her name – but we all want to shout about her from the rooftops because she's amazing!

I'm grateful to Nikki Mather, birth and postnatal doula, for her fantastic article on what a postnatal doula actually is. Postnatal doulas offer so much to women and families as they become parents for the first time or the tenth – no matter how experienced a family is at welcoming a new baby, an extra pair of experienced, non-judgemental hands to provide help and support is a real blessing.

We have a beautiful birth story from Jenna (not her real name), and to round off we have two book reviews arranged by our book editor Jo Dagustun.

We have had some amazing feedback about the AIMS Journal this month, which really makes the whole process feel exciting, and inspires all of us to keep going. We really would love to hear from you, what you like, what you don't like or disagree with. You can reach us on journal@aims.org.uk. And if the feedback you have is that you want us to keep going, maybe you might also consider donating to AIMS or becoming a member – we rely entirely on memberships and donations! Either way, thank you so much for reading, sharing articles and all of your contributions.

Until next time,
Emma Ashworth
AIMS Journal Editor