AIMS For a better birth...

Interview with a Birth Activist: Verina Henchy

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Interview by Rachel Boldero



Verina is a birth doula and homeopath. She volunteers on the AIMS helpline and has just been welcomed to the AIMS Trustee team.

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

I had my first baby when I was 21, in 1981 (39 years ago). I was always quite rebellious and loads of people were saying that I was too young to have a baby… so I went out of my way to be as informed as possible. I read a lot of books like 'Childbirth without Fear', 'Magical Child' etc. My heroes at the time were Michel Odent, Frederick Leboyer, Sheila Kitzinger and Grantly Dick-Reid. I got really excited about the physiology of birth and how this could be a transformational experience for me. I loved the idea that I would be stepping from maiden to mother. It really was the making of me and that is what switched me into birth.

I have two children and I made the decision at the age of 26 that I wouldn't have any more. That was quite liberating for me - I was strong and firm in that decision. It allowed me to really enjoy other children without my own ovaries screaming out! I guess that I became a 'baby whisperer' early on in life, but I

didn't recognise myself as such. But when I look back at how I interacted with young children, I always connected with them and their mothers with ease.

My journey from young mother to birth activist has been a long one. Initially I trained to be a youth worker. I was drawn to helping young people and quickly became the person they came to talk to about their drug misuse. I become an 'expert' in the field of drug misuse and have had some interesting roles and responsibilities over the years. When I was in the position of having influence over commissioning decisions, one of the services that we commissioned involved a midwife who was specifically attached to people who misused drugs. So when I look back at my career, I've always had interaction with women and mothers - e.g. pregnant women experiencing struggles with alcohol and/or drug misuse. It is amazing how when you are at a certain point in your journey you can actually see that the road has been pretty straight, even though I didn't see it at the time.

In 2004 I was coming to the end of my career in the world of drug and alcohol misuse. I felt in conflict with the policy at the time as this had moved from being health focused to becoming more criminal justice focused. Whilst I could see why this was happening, it wasn't me. I therefore decided to do something very different that would bring me back to working with individuals, working with their own agenda. I undertook a 3 year degree course in homeopathy. So in some ways, I moved from social care and mental health policy work and got back into my comfort zone, 1:1 care of individuals. In my role as homeopath, I was asked to accompany another homeopath through her first birth. I supported her and her partner from the onset of labour through to the birth of their baby. When I reflected afterwards with another homeopath, I felt that my presence alone had given her comfort. My colleague said to me, "you were being a doula"…and I said "what's a doula"? That was the start of my journey into becoming a birth worker. I completed a course and became a doula very quickly afterwards. That was the next stage of my journey, which was about 10 years ago.

Did your personal experience of maternity care affect your birth activism?

I certainly didn't come away from my own births thinking I had a bad or traumatic experience. I went to NCT classes, however, and felt cheated as I was left with the impression that birth could be a really pain free and comfortable experience and for me, it was not. I was given an enema which was not pain free at all. I was managing very well until that point but then lost control and the pain was something that I cannot describe… I never really got back in control. This ancient tradition was shown to be ineffective in speeding labour in a 1981 British Study yet the practice continued for many years after this. So, I had an early awareness that policy doesn't always reflect evidence.

I do remember having a really strong sense that I was an 'expert' breastfeeder and this was quite amazing because I'd not really been a 'high achiever' before this but I don't think I really reflected back upon my births until I became a doula (you are encouraged to do so as part of the training). Even though I was involved with pregnant women, I don't think I was a birth activist before this point.

How did you get involved with AIMS?

There were two stages. Firstly, when I trained as a doula I was introduced to AIMS as an organisation and they became a source of reference for me. E.g. if someone wanted to know about the physiological third stage, I would pull out the relevant AIMS book. Then, I arrived quite by accident at one of their meetings! I thought I was going to an ARM (Association of Radical Midwives) meeting and I was confused because the Debbie I thought that I had been liaising with (Deb Hughes) wasn't there. Half an hour into the meeting the penny dropped and I realised where I was. I thought, "I'm in a room with the great and the good!" They were discussing work streams and talking about the need for AIMS volunteers on the helpline and I thought "I could do that, I do that all the time". As a doula, I was giving people information over the phone already and was sure I could offer AIMS some time to do that. I offered my services and haven't looked back.

Can you tell me about some of your achievements?

I hate to reinvent wheels and think I'm a natural plagiarist. If someone has already put something into writing, why reinvent that? I asked AIMS if they had a Helpline FAQ crib sheet, and they said "no not really, would you like to do us one? I said "I would love to!" and I spent the first 6 months listing responses that others (more experienced than me) were making in email replies and putting these under headings. We now have a really extensive database of issues raised, e.g. home birth, induction, complaints etc. you name it! All the issues that people phone us up about now have a captured response so any one of us can access the responses at any time. That makes it easier to do the job well. If someone comes in with a new question, I hang back until the question is answered and then we have a new response for our database. I'm proud of how effective and efficient this has been - it makes it easier for new volunteers to pick up the task of responding to queries.

A few years ago I also initiated a pilot project in Peterborough to try and address the needs of vulnerable women who were struggling to navigate the maternity system. We buddied these women up with local doulas who gave their time voluntarily and we journeyed alongside these women from early pregnancy through to early parenting weeks and months. We worked with women who were suffering from e.g. mental health issues, learning disabilities, physical disabilities, women who have been 'looked after' by children's services and women from the local prison. In spite of the proven success of the project, we were unable to secure funding after the pilot phase. A similar project has now been set up in Cambridge (BAM4Change), and funding has been secured, enabling us to build on lessons learnt from Peterborough and create something unique and life changing for the women who are referred into the service. As a doula, I have personally supported more than 50 women and their partners to achieve the right birth on the day for themselves and their babies, knowing that all decisions taken were their own.

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

I'm honestly not sure if the scene has changed or if I have changed but I do have a sense that women are beginning to reclaim their power in what has become a very medicalised and often male dominated

environment.

Another huge change I have observed, or am observing in action, is an increasing focus on technology that is definitely at the expense of investment in low tech, relationship based care. If we look at all that is coming through, e.g. the 'Saving Babies' Lives' care bundle and the increased number of scans, inductions and, for many people, a subsequent increase in interventions, this has a huge associated cost. On the other side of the coin, 'Better Births' is trying to bring back Continuity of Carer but in many areas they simply don't have the resources to deliver this. Not enough midwives to deliver continuity of carer is not always down to funding. I'm referring to resources in every sense, e.g. giving midwives support and empowering them…. not undermining their confidence; that takes resources. Not giving them ridiculous shift patterns. For instance, in some Trusts, if midwives are out all night at a birth then they are expected to run their clinic the next day. This lack of resources impacts on the service user. The culture of being so risk averse really is not helpful either.

What is the biggest challenge for UK birth activists and AIMS going forward?

Change can be painfully slow, which is always a frustration, and an activist will see what needs to be changed with such clarity and yet it is difficult to share this with others because everyone has their own focus. I think we are working in an environment where the politics of health are financially and commercially driven. We therefore end up in a place where dogma often competes with evidence. We know that so much of what is being done is not evidence based. If we present evidence (or highlight a lack of evidence), we can still be told "clinical experience tells me x, y, and z" and that is harder to challenge as it is the entrenched belief (dogma). Some of this becomes a self-fulfilling prophecy which is a frustration. Those who are most disenfranchised (and we know who they are - women from BAME groups are one example, as the risk of a woman of colour losing her life during the childbearing year is five times higher than white British women) are often the groups with the least-heard voices. Those that need changes within the system are probably the last to receive it.

What do you hope for the future?

Trauma in childbirth has to end. Protecting human rights in pregnancy and birth should be the guiding principles of all interventions. I hope that I can work with AIMS to *Support all service users to navigate the system as it is and to campaign for a system that truly meets the needs of all.*