AIMS For a better birth...

A Plurality of Births: Languages, Places, Communities

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Editorial by Luisa Izzi

Disclaimer: The following piece includes personal views and political opinions that are solely my own.

Almost a year ago, I suggested a theme for one of the AIMS Journal issues focusing on how "foreign" women and parents living in the UK experience pregnancy, birth and parenthood. In my mind, we would have offered articles relating to the particular cultural traditions of some communities surrounding pregnancy or birth, or explored the challenges faced by non-English speakers when navigating the maternity services. I thought of the great article published in a previous AIMS Journal issue about the use of Rebozo in an NHS setting[1] and wondered if we could find more examples of similar "non-native" practices. The way in which this issue has eventually shaped itself is somewhat different from what we had originally envisioned. We hope that it offers an interesting cross-section of the complex realities that "foreign" people face when having their children in the UK, and raises questions about how true communities of people are born.

The first question I asked myself was one of terminology. To name things is often to define them and to start a process of understanding, but there is no consensus on what to call people – like myself – who are not UK nationals and live in the UK. Are we migrants or immigrants, foreign-born, foreign nationals, or expats? An interesting briefing by The Migration Observatory at the University of Oxford, titled 'Who Counts as a Migrant? Definitions and their Consequences

”[2], underlines how the use of such a broad terminology can be problematic for collecting data, but also how different words can be differently loaded in the public discourse, often mixing issues of immigration status, race, ethnicity and asylum. Needless to say, the public and political discourse around these issues in recent years has been particularly charged, so our understanding of what these words mean can be particularly important.

Apparently, an immigrant is someone who travels to reside permanently, to settle in a different country, while a migrant moves for a shorter period of time, often to find work. So, in my case, I started as a migrant and turned into an immigrant. But is the UK my home? Do I feel “settled” here? Technically and legally yes, but this first layer of meaning betrays a more profound sense of “feeling at home,” a feeling that many pregnant women and people cannot really share, for a variety of reasons. Do people really feel at home when giving birth in the UK, or has the prevalent model of birth become an unfamiliar and almost foreign land, even for English speakers and UK nationals? As our commissioned articles will show, there are still many stumbling blocks on the road to equality and dignity for all users of maternity services in the UK. This is a country that prides itself on its multicultural diversity, but the feeling I am left with is that multiculturalism and diversity are only truly “allowed” if they can be moulded into a narrow range of predetermined parameters. There is still work to do in order to break the mould and be our unique selves during pregnancy, birth and parenthood.

The birth of a child often kindles in the new parent(s) thoughts about the connections with their own family and native country. For someone who is becoming a parent in a “foreign” land, looking for their own roots and providing new roots for their children can be a challenge. A sense of community, identity, or the shared experiences of childhood can be found in people who come from a similar background, or in new communities. Furthermore, mixed families, who live in the UK and come from two (or more!) different native countries or cultures, might feel an even stronger sense of displacement when having children, as they have to navigate multiple sets of everything: languages, traditions, cultural opinions and advice from families and relatives, etc.

It is really difficult to paint an accurate picture of the situation, one that is not affected by personal experiences and perceptions. At the same time, even I – a white woman with very good English and a higher education, the walking example of privilege – cannot shy away from often being “othered” as the Italian in the room, and I constantly have to decide if I want to embrace the clichés or affirm my individual identity, regardless of the colours of my flag(s). Even though I have been lucky to have never experienced open racism directed at me or my family, Brexit has emphasized in me a sense of not belonging to the country I have been living in since 2006, a feeling of not being fully wanted or accepted. At the same time, there are many reasons why I am grateful for having given birth to my children in the UK as opposed to Italy. A case in point is that in Italy, the option of giving birth at home is limited to four cities that offer a free midwifery service in collaboration with the National Health Service, and four regions and two provinces that offer partial reimbursement for private expenses.[3] In the UK, despite medical support for a homebirth sometimes being hard to come by, it is a legal option for all women and birthing people and recommended as such by NICE guidelines.[4]

How do these musings translate into the June issue of the AIMS Journal that you are about to read? We have gathered a very diverse group of articles that explore how communities – built around culture, countries, languages or even just like-mindedness – can be a powerful place to share experiences of pregnancy, birth and parenthood. The same communities can also be extremely marginalized, and can face huge obstacles in accessing services with equity and equality.

Sophie Davies takes us on an eye-opening journey, exploring the barriers that people from the Gypsy, Roma and Traveller communities face when navigating pregnancy and birth and providing some suggestions on how to facilitate not only better access, but also more dignity in the antenatal and postnatal care within these communities. Siteri Tui Kurewaka offers us a wonderful picture of the experiences and traditional celebrations surrounding her pregnancies, births and motherhood as a proud member of the Fijian community in the UK.

Beth Whitehead's harrowing personal account is a stark reminder of the trauma that can occur when an almost universally intuitive approach to birth and parenthood is denied in favour of a "conveyor belt system," where individual choices are crushed into a one-size-fits-all mould. The lively account by Martine Monksfield leads us through the world of a Deaf Mum navigating three pregnancies, with all the incomprehensible inconsistencies in providing suitable assistance to make her journey more Deaf-friendly/user-friendly, and some positive changes she has seen along the way.

Zori Jeffries's work as an interpreter supporting Bulgarian women during pregnancy and birth is inspiring and fast-paced, and it highlights how language and cultural differences can be problematic when "lost in translation". Emily Carson challenges our perception of another kind of language which is often left unheard or misunderstood, the language of the individual body, which people – especially during pregnancy – can be socially and culturally primed to silence.

The themed articles are followed by the pieces curated by the AIMS Campaigns team. Jenny Chambers's experience began with her medical condition, Intrahepatic Cholestasis of Pregnancy, but developed into a true community of people, a charity, and the scientific validation that comes from involving patients in research on their own condition. This piece is followed by the fascinating interview with Dr Kuldip Bhari, OBE, who has spent over 40 years of her career in midwifery, including roles in education, research and practice. Shane Ridley comments on the 2019 MBRRACE enquiry into stillbirths and neonatal deaths in twin pregnancies, highlighting the standard of care that should be guaranteed to people expecting twins. In 'Where Next for Better Births in England,' the AIMS Campaigns team reflects on the *Better Births Five Years On* event, including the full version of Julia Cumberlege's speech, as she has played such a pivotal role in the whole initiative. The Campaign update on Coronavirus and the maternity services continues to keep us informed on how the Covid-19 pandemic is affecting maternity services.

We have included two film reviews in this issue. *Birth in the 21st Century* is an interesting and touching Spanish documentary, watched and reviewed by Rachel Boldero, while Megan Disley provides a lyrical review of the controversial film *Pieces of a Woman*, which is available on Netflix. To conclude, the Campaigns Steering Group presents a summary of their activities for this quarter.

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We really hope you will enjoy this issue. In our next Journal coming in September we will be exploring an issue central to the AIMS ethos: decision making and consent.

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[1] www.aims.org.uk/journal/item/rebozo-in-an-nhs-setting

[2] migrationobservatory.ox.ac.uk/resources/briefings/who-counts-as-a-migrant-definitions-and-their-consequences

[3] www.nascereacasa.it

[4] www.nice.org.uk/guidance/cg190/ifp/chapter/Choosing-where-to-have-your-baby