AIMS For a better birth...

Aims Editorial December 2021: What just happened?

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Alex Smith

The title of the editorial for this issue of the journal is, 'What just happened?' I feel a little bit like 'baby bear' from Goldilocks when I want to add, '*..and still is!...*' – I imagine the pandemic is here to stay for a while – but the very happy thing that has just happened for the AIMS journal, is the warmly welcomed addition of two new co-editors. Gemma Reece joined me just in time to start work on this December issue. She is a mother, a Hypnobirthing practitioner, and has professional experience as an editor. Gemma opens this issue by setting our journal articles into the wider context of what is known about the impact of the pandemic on people's pregnancy and birth experiences. Salli then joined us in October and together our editorial team of three has been restored. Salli also has professional experience as an editor. She is a new grandmother and lives on a boat. Like me, Salli has a particular interest in the Deaf community and has studied British Sign Language to level 3 (whereas I am only level 2). Salli follows Gemma's editorial by introducing the very interesting range of articles for this quarter's issue of the AIMS journal.



Gemma Reece

There is no doubt that we have all just lived through a peculiar and difficult part of history, and, as we all come blinking into the light, many conversations with friends I haven't seen for a while seem to run along the lines of, 'What just happened?!'

Making sense of the Covid pandemic (if that's ever possible) will take some time for us all. The December issue of the AIMS journal looks at some of the effects of the pandemic on experiences of pregnancy and birth. Little by little, as we begin to unravel the threads of what took place, we can start to build a clearer picture of the impact of the whole thing on our lives at this time. As studies start to be published, we can be hopeful that lessons learned from the pandemic can be used to inform practice in the future to make sure all maternity service users have better care in pregnancy and birth.

At a time in their life when pregnant women and people should feel –*need* to feel – at their most secure and safe, we now know that the pandemic meant they could not even be sure if they would be able to have a birth partner with them during labour[1]. The uncertainty and stress involved in this was likely to have led to fewer healthy pregnancies, more interventions and more complicated births. One study reports that the rate of intrapartum stillbirth saw a significant rise after the start of the pandemic, pointing to factors such as poor communication, triage by telephone rather than in-person, and hospital scans being temporarily paused[2].

Some research reflects upon how pre-existing issues with our hospital maternity protocols were magnified by policies hastily ushered in due to the pandemic. For instance, to limit the numbers of people present in the wards, at times, birthing women and their partners were only permitted onto the labour ward once established labour could be 'proven' by the woman consenting to a vaginal examination (VE)[3]. Women who would be otherwise denied the support of their partner then felt coerced into having a vaginal examination. We already know that VEs are not the only way that labour can be established, but in these instances, where more was at stake for the birthing person, consenting to the procedure would have felt like the only option.

The possibility of having midwife support for a home birth was also cut off to many people during this time – even outside of a pandemic we know that home can be one of the safest places to give birth, so this consequence is particularly hard to process[4]. For those women who wanted to give birth at home, and who may have had increased anxiety about the hospital environment because of previous experiences or simply given the risks of COVID, the decision to remove support for home birth, will have taken a huge toll on their mental and physical health as we know from the many calls to the AIMS helpline. One study reports that this may have given rise to a larger number of people considering freebirth[5].

It is clear that the cost of the pandemic to women's experiences of childbirth and pregnancy has been huge, with reports of trauma and distress painting a bleak picture[6], with "studies including systematic reviews and meta-analyses [finding] a 3 to 5 fold increase in perinatal depression and anxiety during the COVID-19 pandemic compared to non-pandemic times".[7] Yet there are also interesting aspects to the huge shifts in practice we saw during this chaotic time. One study shows that a significantly higher rate of non-surgical management of ectopic pregnancies was brought about by the first wave of Covid, and asks whether this might be routinely adopted for future practice[8]. For all the women feeling isolated by lack of contact with extended family and support networks, there may have been a great many others who were hugely relieved to have their partners working from home while they were dealing with a newborn, rather than out of the house for hours each day. Perhaps they felt more able to take good care of themselves in the later stages of pregnancy, if their work or social commitments were lessened.



Salli Ward and granddaughter

In this issue of the AIMS journal, NCT-trained practitioner **Frances Attenborough** opens with a discussion regarding the Maternal Mental Health Alliance review of Covid-19's impact. Another perinatal practitioner, **Suzy Alexandra-Troy** gives us an account of her experience delivering support online during the depths – and occasional rewards – of lockdown. There follows a personal story from **Caroline Basden**, who chose homebirth to feel safe and supported during the pandemic, before we hear from **Hannah Lyons** describing her wonderful experience of giving birth at home after a challenging time finding the support and care that she and her partner needed.

Nadia Higson lets us in on the challenges of keeping the AIMS website up-to-date with the latest coronavirus research and maternity care guidelines. Three separate articles follow, exploring specific and often personal responses and stories that will become part of the heritage of our understanding of the Covid-19 years. **Katharine Handel** looks at the effects of that time on menstrual cycles. **Liz Thomas** speaks about giving birth to her premature daughter, before we hear from midwife **Jenny Smith** reflecting on supporting parents during the pandemic.

We share the results of the **AIMS poetry competition**, which give us insights into diverse experiences and perspectives on choice in childbirth and care. The winning entry and runners-up will provoke feelings of anger and sympathy and highlight how much campaign work still needs doing.

Three book reviews explore birthing choices, undisturbed birth, and maternal mental health. **Charlotte Tonkin Edun** reviews Catherine Bell's book about birth plans; **Sue Boughton** looks at Dr Sarah J. Buckley's guide to natural childbirth and parental choices; **Rachel Boldero** lets us know about a new book by Jane Fisher aiming to support young children whose mummies 'have a poorly mind'.

Finally, we return to AIMS and its campaigning activities. Our regular **Birth Activist Briefing** considers pledges made by NHS England with regard to Black, Asian and mixed ethnicity parents and children. **The Campaigns Team** reviews an NMPA look at maternity outcomes for women with a body mass index over 30 kg/m^2, before giving us an update on their campaigning activities over the past few month

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We really hope you will enjoy this issue. In our next Journal coming in March we will be exploring the ever increasing use of induction of labour.

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[1] Aydin, E et al (2021), 'Giving birth in a pandemic: Women's Birth Experiences in England during Covid-19', www.medrxiv.org/content/10.1101/2021.07.05.21260022v1

[2] Healthcare Safety Investigation Branch (2021), 'Intrapartum stillbirth: learning from maternity safety investigations that occurred during the COVID-19 pandemic 1 April to 30 June 2020', www.hsib.org.uk/investigations-and-reports/intrapartum-stillbirth-during-covid-19

[3] Nelson, A (2021), 'Vaginal Examinations During Childbirth: Consent, Coercion and COVID-19', Feminist Legal Studies 29, https://link.springer.com/article/10.1007/s10691-021-09453-7

[4] Romanis, E C & Nelson, A (2020), 'Homebirthing in the United Kingdom during COVID-19', Medical Law International, https://journals.sagepub.com/doi/10.1177/0968533220955224

[5] Greenfield, M et al (2021), 'Between a Rock and a Hard Place: Considering "Freebirth" During Covid-19', Frontiers in Global Women's Health, www.frontiersin.org/articles/10.3389/fgwh.2021.603744/full

[6] Sanders, J & Blaylock, R (2021), ' "Anxious and traumatised": Users' experiences of maternity care in the UK during the COVID-19 pandemic, Elsevier Ltd, www.ncbi.nlm.nih.gov/pmc/articles/PMC8437682

[7] Hunter RM (2021) The Role of Maternity Services in Reducing the Prevalence and Cost of Perinatal Depression and Anxiety during COVID-19 in England. Journal of Quality in Health care & Economics. https://medwinpublishers.com/JQHE/the-role-of-maternity-services-in-reducing-the-prevalence-and-cost-of-perinatal-depression-and-anxiety-during-covid-19-in-england.pdf

[8] Platts, S et al (2021), 'Impact of severe acute respiratory syndrome coronavirus 2 on ectopic pregnancy management in the United Kingdom: a multicentre observational study', BJOG, https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16756