



# AIMS

## Freedom of choice

**When women really get to choose**

Free, ecstatic and undisturbed birth

The legal position on unassisted childbirth

[www.aims.org.uk](http://www.aims.org.uk)

# Diary

## AIMS Meetings

Friday 21 March 2014

Cardiff

May 2014 – planned meeting in Bristol, date and location to be confirmed.

All AIMS members are warmly invited to join us. For further details, to let us know you are attending or to send apologies please email [secretary@aims.org.uk](mailto:secretary@aims.org.uk)

## AIMS Talks

*Sara Wickham*

### Induction of Labour

May 2014, date to be confirmed, Bristol

If you are interested in attending please email [talks@aims.org.uk](mailto:talks@aims.org.uk)

## The Association of Radical Midwives Conference

14 March 2014

Nottingham

[amandagarside3@aol.com](mailto:amandagarside3@aol.com)

### Chichester Home Birth

### Home Birth: Choice or Challenge?

22 March 2014

Chichester

Professionals £50, Students £45, Groups one free place with every 10 bookings.

Mandy Hawke 023 9246 2786

[www.chichesterhomebirth.org.uk](http://www.chichesterhomebirth.org.uk)

### Birthrights and the OU

## Birthing and Motherhood Seminars

29 January 2014

26 February 2014

26 March 2014

30 April 2014

28 May 2014

25 June 2014

Open University Camden Centre, Room 1, 1-11 Hawley Crescent, Camden Town, London NW1 8NP

Seminars are free to attend

Contact Deborah Talbot for further information and to register email [deborah.talbot@open.ac.uk](mailto:deborah.talbot@open.ac.uk)

## Midwifery Today

26 – 30 May 2014

Culford School

Bury St Edmunds

Speakers include:

Sara Wickham,

Jane Evans,

Michel Odent,

Robbie Davis-Floyd

Beverley Beech

Topics include drugs in pregnancy and labour and ultrasound

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A group has been established to review research for the Journal. If you are interested in joining the team, please email [research@aims.org.uk](mailto:research@aims.org.uk)

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founded in 1960

by

**Sally Willington 1931 – 2008**

# AIMS

campaigning for better maternity services for over 50 years

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**Cover Picture:**

© Hannah Robertson. The moment Oren was born – read the story of his birth on page 18.

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# Free from Choice

Vicki Williams takes a journey to primal birthing

**T**his issue of the AIMS Journal is a journey into a place far from mainstream maternity services. Freebirth is not a choice that everyone will want, but the reality is that it is a valid decision, it is an option for which safety cannot be disproved, and for some it is the ultimate expression of their birthing autonomy.

AIMS does not tell women how to birth, what AIMS does do is campaign for care that is safe, effective and emotionally responsive as well as being evidence based. AIMS supports women in making decisions about their birth and in making those decisions a reality. My aim for this issue is to share the words of women who have decided to birth unassisted and to open up the concept of truly woman-centred choice. The concept of making decisions about one's body as opposed to making choices from a limited menu offered so often causes confusion amongst women and professionals alike.

Contrary to popular media perception, women who freebirth are not 'knit-your-own-granola hippies', nor 'hopeless dreamers, basking in blissful ignorance', both quotes levelled against real women during the recent media freebirth-frenzy. From discussions on freebirth groups and forums, of which there are many, one of the big reasons freebirthers keep quiet is the sensationalist, 'freak-show' commentary that so often comes their way. It is important that those who support birth support all women, regardless of their agreement with individual decisions. It is vital that women are acknowledged as being the owners of their minds and bodies and that we understand whose body is at stake... Who carries the can when intervention goes wrong? If it is not the one

performing or recommending the intervention then their advice should respect the views and autonomy of the recipient. They might think their reputation, job or insurance is at risk, but it is not their body that carries the scars. When people make their own informed decisions they rarely blame their care, but when they are encouraged to make a particular choice and it goes wrong they complain, and bitterly.

I make no apology for the fact that this issue is very personal, it is, after all, my story too. It is a very intimate issue and I am honoured that so many women agreed to share their very private experiences so that others can understand a little more about freebirth on a personal level. The result is their story in their words, and whatever your feelings about the rights and wrongs of birthing without a medical attendant, for some women it is the right and first decision, not just the only option left. On page 6 Joanna Joy explores some of the reasons women made their decision to freebirth.

The most common criticism levelled against freebirthing mothers is that it is dangerous, and that they are putting their life and the life of their child at risk. This is only true if you subscribe to the belief that birth is inherently unsafe and the belief that women's bodies do not know how to give birth to a baby without assistance. In reality there are not enough statistics on healthy women who plan unattended birth to make a statement either way.

As a freebirthing mother, I am not convinced by the inherent danger argument. Were the theory that birth is dangerous true, the human race would not be so prolific in the 21st Century. For millenia women have birthed babies in sufficient numbers for the species to thrive, and populate, some would say over-populate, our planet.

Healthy women usually birth healthy babies, and the biggest influence on the health of mothers and babies comes not from birth itself but from the impact of poverty in all its guises. Poor living conditions, including for those living in poverty in high-income nations, and lack of access to good support and back up services if needed, are linked to worse outcomes for women and children. It is important to remember that poverty is not limited to the developing world and that not only the under-fed have poor nutrition, the modern age is also dealing with the health issues for those whose calorie intake is substantially higher than their requirements, and those who eat sufficient, or even too many, calories, but are chronically deficient in other nutrients and micro-nutrients. Addressing the combined issues of poverty and inadequate nutrition on a global scale would have an enormous impact on the health of women and children, and not just during pregnancy and birth.

So, would nature make birth dangerous? If it really was so we would lay 1000 eggs, not birth single babies only

## AIMS Campaign Network

Where are maternity services going in 2014?

This year we are going to be asking for your help to find out what impact the new commissioning arrangements are having in your area.

We all know that maternity provision is a postcode lottery and we suspect that commissioning changes may be adding to this. We hope to gather information about potential opportunities and local good practice as well as about local and national concerns. We want to be able to share this information with AIMS members and others around the country, enabling AIMS to better focus our campaigning efforts and support those of you working to improve things.

We plan to give simple guidance on who to ask and what to ask, and we intend to make it simple in order to get good involvement and answers from around the whole of the UK.

*Debbie Chippington Derrick*

every few years. Why would we bleed to death and leave our offspring abandoned? We've evolved with babies who are very dependent, we're not free to leave them at birth. Why would they get regularly stuck? Nature would have done something about that, made us bigger or our babies smaller, perhaps given us pouches. Occasionally there are unpreventable problems, but those are the rare exceptions, not the rule.

Why would the healthy baby of a healthy woman die in labour? It makes no sense. Perhaps labour is tough on a sick baby, that would fit the theory of evolution, but most babies of well-nourished women living in good conditions are not sick, not even remotely. Could it be that the danger and fear are largely man-made, and the modern methods of containing that danger result in a self-fulfilling prophecy? It seems clear that the three enemies of the birthing woman are poverty, poor nutrition, and the introduction and promotion of fear.

On page 8 Dr Sarah Buckley explores the physiology of undisturbed birth, the ultimate desire of freebirthing women – to birth as undisturbed as possible, because that is what feels safest to them.

The consequences for many women in making this decision are more often societal than of physical safety. On page 12 Melissa Thomas bravely shares her story of a beautiful unassisted birth where her intimate babymoon afterwards was shattered by an untimely, unwarranted and possibly law-flouting investigation by Social Services. In fact, contrary to information frequently given by professionals and lay persons alike, unassisted birthing is not only legal, but is protected by the codes of conduct of all the medical professionals who have a duty to be involved if a woman asks it of them. Birthrights has an excellent series of fact sheets on the subject and is a great place to go for legal advice. A summary of the legal situation is on page 13.

The concept of care in pregnancy is briefly touched on on page 11, where I explore some of the evidence, or lack thereof, supporting antenatal testing and screening, especially when that replaces emotional care and nurturing of a pregnant woman.

Our bodies know how to give birth. For a very long time what we have asked from our support is someone to protect our nest, our birth space, someone we can trust completely to repel observers and predators. Under those conditions birth and breastfeeding is as safe for humans as for any other mammal. As we became a verbal and tool-using society, the 'birth attendant' stepped in. Someone who went some way towards protecting the intimate space, but who also could step in to try and help minimise or relieve the effects of disturbance or fear stemming from the stories of others' disturbance. We called her Mid-Wife and we loved her for her calm, reassuring presence, her authority that kept others away from the protected birthing space, for her skills in situations where disturbance or deprivation disrupted the birth process. As society progressed there were those who resented her skills, who did not understand her value, who felt better able to 'fix' those 'problems' with ever-increasing use of tools and medications, they called

Mid-Wife 'Witch', they persecuted her and claimed birth for themselves, and it became less and less emotionally and physically safe.

Somehow, in relatively recent history, some of those protectors of the space also changed their judgement, others were swallowed by the system, and rather than allowing the process to unfold in a protected space, they began to perceive childbirth as painful and hard. The more they observed and 'helped' the more painful and hard it became, the harder it became, the more they tried to help. The more disturbed the birthspace became, the harder and more dangerous birth got, until we have reached the point where one in every four pregnancies will end with major surgery. Fewer than one in ten births now unfold without drugs or instruments to speed progress or relieve fear and pain, and midwives who truly protect the space or support women to make decisions outside of the system are regularly taken to task.

*'If they are suppressed (women), she struggles upward. If women are free, she is free. Fortunately, no matter how many times she is pushed down, she bounds up again. No matter how many times she is forbidden, quelled, cut back, diluted, tortured, touted as unsafe, dangerous, mad and other derogations, she emanates upwards in women, so that even the most quiet, even the most restrained woman keeps a secret place for Wild Woman. Even the most repressed woman has a secret life, with secret thoughts and secret feelings which are lush and wild, that is, natural. Even the most captured woman guards the place of the wildish self, for she knows intuitively that someday there will be a loophole, an aperture, a chance, and she will hightail it to escape.'*

**Dr Clarissa Pinkola Estes**

*extracted from Women Who Run With the Wolves:  
Myths and Stories of the Wild Woman Archetype*

Women deserve to reclaim their power, and reclaim their birth-right and their birth space, whatever their environment decision, because no one knows better what is right for her or most likely to help her feel safe and undisturbed than the woman herself. Women need midwives, supporters of the woman, whether they attend her or not. They rarely need or want obstetric nursing, they want a supporter of their nest, and on page 9 Rachel Reed, looks at some of the issues around nesting in a hospital and the mixed messages given about safety.

The stories of Joanna Joy (page 15), Hannah Robertson (page 18), Sarah Holdway (page 20) and of my own 6th child Ted (page 21) illustrate some of what undisturbed birth really looks and feels like. Some will have seen births like that regularly, others will rarely, if ever, have seen a birth which comes even close, and I hope that those stories can inspire. It does not hope to cover the issues facing those women who are desperately seeking support but cannot find care that matches their requirements. Nor does it discuss the issues facing those who called for support that never came. The abandoned women in our maternity care system deserve a whole issue to themselves and their stories, if you would like to share your story or thoughts, please contact AIMS.

**Vicki Williams**

# Free to Birth

*Joanna Joy* looks at why women choose to freebirth

**F**reebirthing – the decision to birth without medical assistance – has been getting much coverage of late. From broadsheet and tabloid articles questioning the safety and sanity of this decision, to institutional attempts to monitor and intervene with those choosing to birth outside the accepted medical model, many Health Care Professionals (HCPs) are up in arms about this ‘increasingly popular birth trend’. As a freebirther myself, I conducted a small survey of my freebirthing sisters to discover the many reasons that women choose this lesser trodden path to birth. From the 220 women in the UK group, this is what I found....

There are multiple reasons why women elect to freebirth, stemming from their own experiences, beliefs and lifestyle decisions. Many women choose to freebirth as a direct response to the excessive medicalisation and intervention that characterise birth in our modern culture. Trauma and dis-empowerment from previous medically managed births are often cited as primary reasons for women choosing to freebirth.

Many do not wish to birth in a medical setting, as it does not feel safe or comfortable for them. This may be the cold, clinical environment of a hospital labour ward, or it may include the medical equipment brought with, laid out and used by midwives in a home birth setting.

While initially, this may be seen as a decision that comes from a place of fear, many women who have experienced medical birth trauma find great healing in a subsequently empowering birth. Many women find, as they journey through pregnancy, preparing themselves practically, emotionally and mentally, that they come to their birth not afraid, but confident and empowered, informed and prepared. Freebirthers understand that they are taking responsibility for their own health and safety, as well as that of their child, so are often incredibly thorough in their research and preparation for birth.

One of the most common reasons given for wanting to freebirth is the mother’s desire and need for total privacy during labour; to not have the intensely intimate process of birth disturbed by strangers coming in and out, observing, commenting, suggesting, directing, coercing or enforcing a certain birth scenario.

It has been many a woman’s experience that HCPs themselves can bring an energy of panic, fear or disrespect into a birth space, due to their own anxieties, lack of trust, or disregard for the dignity of the mother and the natural process of birth. This can have an incredibly detrimental knock-on effect upon the psyche of the birthing mother, which can then stall her labour and prompt the need for medical interventions.

Often a freebirthing mother will only want those present whom she loves and trusts. This may include her partner, members of her family, her children, close friends,

and sometimes a doula. She will have taken the time to consider carefully whether the presence of any or all of these people will be of help or hindrance to her in her birth, and in the case of having a doula present for practical and emotional help during birth, they will have taken the time during pregnancy to get to know one another, to come to a place of deep understanding of one another, of mutual trust and respect in supporting the birthing mother to have the type of birth she desires.

Sometimes a freebirther will choose to give birth totally on her own, as she does not want the distraction of any other person around her, even her loved ones.

## **Risk assessing freebirth vs medically managed birth**

Most would agree that no matter how, where and around whom you birth, there are always risks involved. You can never guarantee a 100% safe outcome for any birth. It is then up to each mother-to-be to weigh up the risks of all the options she has to choose from. This decision is an incredibly personal one, influenced greatly by her beliefs and experiences. There is no one-size-fits-all birth that will be the perfect birth for every woman. The best birth will be the one where she feels safest. For some women, this will be under the care of HCPs, but for others, the very presence of these individuals is enough to totally shut down the labour process.

Most freebirthing women have a lack of faith in the medical model of managed birth. They may trust some aspects of it but not others, or they may not subscribe to this philosophy of health and well-being at all.

Common aspects of medically managed birth that freebirthers aim to avoid include non-emergency interventions (vaginal examinations, cervical sweeps, breaking of waters, induction, fetal monitoring, use of forceps/ventouse suction, caesarean section), pharmaceutical drugs, early cord clamping, removal of baby immediately after birth (for weighing, washing, and other interventions that may be needed due to the side effects of a medically managed birth).

Put simply, the freebirther wishes to avoid any cascade of medical interventions that may risk the physical, emotional and mental health of herself and her baby.

For those who have previously had very fast labours, freebirthing may be considered and prepared for, alongside a more conventional birth plan, just in case baby arrives before medical assistance does.

The acknowledged benefits of continuous care through pregnancy with a trusted and befriended midwife who will ultimately end up attending the mother during labour, cannot currently be met within the NHS maternity services in many areas. While some women are lucky enough to get wonderful midwives to attend them during birth, many do not, and for freebirthers, this midwife lottery is simply too great a risk to take.

For some the ideal maternity care would be that offered by Independent Midwives. Unfortunately, this top class service comes with a price tag that is out of financial reach for most, and some women may consider freebirthing as their next favoured option. If we lose Independent Midwifery in the UK, many anticipate an increase in the number of women making the decision to birth alone.

It is also relevant to mention the journey of Unassisted Pregnancy (UP) here. While some freebirthers choose to have ante and postnatal care either with NHS or Independent Midwives, some women choose to have a totally unassisted pregnancy as well as birth. This is mainly due to a desire to totally avoid the detrimental influence of the medical establishment upon the body, emotions, mind and spirit of both mother and unborn baby. It is the belief of many freebirthers that the pathological approach taken by the medical model of maternity care can create a shroud of fear around a pregnant woman. The obsession with testing for deformities and abnormalities creates an assumption or expectation for something to go wrong, or for baby to be imperfect in some way, and this overwhelming idea can plague many a mother-to-be with anxieties and fears throughout pregnancy, which may arguably contribute to her fears then inhibiting her within birth, leading to the possibility of medical intervention and postnatal depression.

While some women choose to freebirth totally under the radar, without informing the medical establishment of their pregnancy and birth until after the birth, others choose to interact with maternity care in varying degrees:

Some merely inform the Head of Midwifery of their pregnancy and intention to freebirth.

Some accept or choose to take up antenatal and/or postnatal care with NHS maternity services and either openly plan to freebirth, or go along with an assisted home birth plan and then do not call the midwives until baby is born. This is sometimes known as a planned BBA (Born Before Arrival).

Some openly plan to freebirth with NHS midwives to be on-call, in case they wish to call in the unlikely event of problems or a simple change of desire.

Some employ an Independent Midwife on a reduced service basis, in order to keep the NHS off their backs and help with official paperwork before and after birth.

### **Viewing birth as a personal and family journey of natural process, trust, belief and empowerment**

Many freebirthers plan this type of birth as they wish to allow the journey of pregnancy, labour and birth to be a natural and intuitive one, where they can fully experience the beauty, joy and power of truly undisturbed birth. Where a woman can listen to her body and her baby, trusting their signals, allowing labour to unfold at its own pace, whilst maintaining total autonomy over her own body and birthing her baby, without the distractions and disruptions of other peoples 'expertise', presence, opinions and agendas.

Freebirthers often have very differing opinions on birth to the mainstream medically promoted perspective, and while each woman will have her own individual ethos, this will be drawn from her own personal philosophies of life, encompassing social, ideological, political and spiritual beliefs and lifestyle decisions.

When a woman comes to a place of trust, in her ancient and instinctive ability to birth without assistance, her body's perfectly orchestrated hormonal journey and the primal process of birth itself can bring us to a deeply intimate, emotional and for some, spiritual experience that flows beautifully and smoothly if the body is allowed to labour in its own good time, unobserved, in a safe, comfortable and familiar environment.

From this perspective, birth is not seen as intrinsically pathological, and does not belong in a medical setting apart from in a tiny minority of true emergency cases. The interference and fear perpetrated by the medical process of maternity care is seen as the primary cause of the vast majority of interventions and alleged 'emergencies'. The pain that may accompany labour is not perceived as overwhelming, and freebirthers will often employ their own preferred methods of natural pain management and relief, such as herbal medicine, hypnobirthing, waterbirthing, reiki, reflexology, homeopathy or acupuncture. Birth is seen as a Rite of Passage, that when experienced positively, will empower the woman into the next chapter of her life as a mother.

### **Official obstacles to freebirthing**

While freebirthing is legal, it has, unfortunately, been the experience of too many women that those who birth outside the accepted system are coerced, harassed and persecuted by various official bodies, from the medical establishment to police and social services. In the vast majority of cases this interference is totally unfounded and actually illegal, but the pressure and persuasive influence can be intimidating and can ruin an otherwise beautiful birth journey. In this situation AIMS (Association for Improvements in Maternity Services) is a freebirther's best friend, providing information and support as they would for any woman whose legal rights become trampled or infringed.

Freebirthing women who choose to take responsibility for their births must also consider these wider implications, even though the law supports the right of women to freebirth, interfering professionals sometimes make it their business to try to enforce their model of 'care' upon mother and/or child. There is plenty of information and support for women who wish to freebirth, and it is only by women standing up for and re-claiming their rights to birth as they choose, that we will ever hope to change these old authoritarian attitudes, and re-claim full autonomy over our own bodies.

Every woman's needs and desires are different. Every freebirther comes to her birth with different experiences and expectations. It is up to each woman to choose which path to take, to decide how much or how little care she wants or needs. This is why freebirth is free.

*Joanna Joy*

# Birth Safely

Sarah Buckley shows how undisturbed birth is safe, ecstatic and our natural state

**O**nly the most astute would notice the signs. There is a gentle glow to her as she moves about the kitchen preparing the evening meal. Every now and then she pauses, drawing inwards as her breathing deepens, and she rolls her pelvis in an intimate dance.

She eats, aware of her hunger and enjoying the soup – her nourishment for the labour ahead. By the time the children are in bed, the waves of labour are strengthening. She is moaning, long and low, hands on her hips. She knows, by instinct and experience that fighting the pain will not help. Her task is to go into it – to surrender herself, allowing the process to flow through her like water.

Together in the bedroom, she and her partner embrace, but even his touch is too much when the next wave comes, soon after the last. She is searching the dimensions for the path that she trusts will be there for her; as it has been for her foremothers during this ancient initiation.

Restless, on and off the toilet, she finds her base at last. She stands on the cool bathroom tiles. An arm's length away is her partner; her lover; the father of her baby. She looks into his eyes; more deeply, it seems, than she ever has. 'I love you,' she says, at first quietly, but as the next wave builds she is louder and louder; 'I love you, I love you, I love you...' peaking and subsiding with the fierce waves in her belly. As she speaks her truth time stops; pain stops; and, holding her focus, she enters the deepest meditation that exists – the space where all is love.

The hours melt too, and although she is totally outside (ec) her usual state (stasis) she is also fully present in her body. She feels her body expand and her baby move down. Soon there is a familiar catch in her voice; an urge and urgency that tells her that the baby will soon be born.

Her helpers are close, watching without watching, realising the exquisite sensitivity of the system – mother, father and baby. Her friend wakes the older children, ushering them in quietly.

The room is quiet, candle-lit. The beauty of it overpowers her as her body pushes. It is work now, and focus; holding her baby, her body and her will in a delicate balance. Time speeds up, and there is a hot, tight feeling as her baby's head crowns. Alpha and omega: all endings and all beginnings here, in this birthing body. And then it is past. Her baby spills out: indescribable joy, relief, pleasure, grief; an ecstatic infusion as the children gather around crying, 'We love you baby, we love you.'

Her helpers keep their place. They sense all is well, without measurement. This is family time. They know, too, that even one outspoken word at this time can have an enormous impact.

With the father's help – never in his life as soft and as strong as he is now – she settles on the bed, babe on belly, dim lights, warm room, skin to naked, newborn skin. The sentience of the new one, wide-eyed and wet, is palpable. There is no disturbance to check anything, not even the baby's sex. Here is the moment, the welcome, the reunion, and it will never happen again. The cord and placenta can wait. There is no clamping or

cutting while the mother and baby drink their fill of each other. There is a blanket and warmth. The ecstasy of this birth, this baby naturally born, will last for a lifetime.

## Natural ease, natural ecstasy

The ease of the birth in this story is not incidental. It is an intrinsic part of Mother Nature's superb design. When labour and birth are not disturbed, our bodies produce high levels of the ecstatic hormones of birth. As well as facilitating the physiological processes of birth, these chemical messengers also have direct, powerful and pre-programmed effects on our emotions, instincts and mothering behaviours.<sup>1,2</sup>

The hormonal process of labour is almost identical to the process of sexuality, and involves the same hormones, with a similar pattern of release.<sup>3</sup> In both situations we need to be able to feel private, safe and undisturbed, so that we can drop our guard and allow our hormones, to flow easily. If we feel unsafe or observed during labour, our hormonal flow can be as compromised as during sexual activity. Ecstatic birth is more likely when supporters understand these basic needs, and respect the woman's decisions.

## Optimising the ecstasy of birth

There are things we can do to increase the chance of an easy, safe and pleasurable birth by optimising our ecstatic hormones. Here are some ideas:

- Take responsibility for your health, healing, and wholeness throughout the childbearing years.
- Pay attention to good nutrition (beginning pre-conception), good physical care, psychological and emotional exploration and support, developing self-trusting and instinctive attitudes and building a loving connection with your baby.
- Choose a model of care that enhances the chance of a natural and undisturbed birth.
- Arrange support according to individual needs; trust, a loving relationship, and continuity of care are important.
- Consider having an advocate at a hospital birth such as a private midwife or doula.
- Take the opportunity to create your birth-nest, especially when birthing in a hospital or other unfamiliar place.
- Ensure an atmosphere where the labouring woman feels safe, unobserved, and free to follow her own instincts
- Reduce stimulation by keeping lighting and noises soft, and reducing words to a minimum.
- Cover the clock and any other technical equipment.
- Avoid drugs and procedures (including obvious observations) unless absolutely necessary.
- Avoid caesarean surgery unless absolutely necessary.
- Don't separate mother and baby for any reason, including resuscitation, which can be done with the cord attached.

*Sarah Buckley*

*Sarah is a former GP, mother of four and author of Gentle Birth, Gentle Mothering. For more information, visit [www.sarahbuckley.com](http://www.sarahbuckley.com).*

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# Mixing the Message

Rachel Reed highlights some of the confusing information given to women

**T**he concept of 'early' or 'latent' labour emerged as a result of the birth process being broken down into stages which rely on clinical assessments of contraction pattern and cervical dilatation. The notion of being able to determine the future progress of labour from such clinical assessments is not supported by research, yet it underpins maternity care.

Labour is the process by which a baby moves from the inside of a woman to the outside. It sounds simple, but it is an incredibly complex interplay of physiological, psychological and emotional factors which women often experience as a sense of separation from the external world, focussing within, and becoming immersed in the act of giving birth. During early labour the woman is beginning to move into this birthing state, regardless of measurable 'progress'. Some midwives use the changes in behaviour as women move through the 'birthing state' to estimate how close the birth is. However, just like clinical assessments, this is not entirely reliable as each labour is unique and anything you do to a woman in the name of assessing her progress or monitoring her baby has the potential to interfere with her labour by stimulating her thinking brain and altering her delicate and unique hormonal and emotional balance.

## Hospital message: early labourers are not welcome

Women admitted to hospital in early labour are more likely to end up experiencing complications and interventions, including caesarean section.<sup>1</sup> There are two opposing explanations for this:

1. These women already have a dysfunctional labour which is why they are coming to hospital in early labour. This explanation is favoured by many hospitals, and their response is to augment women who do not progress according to protocol. The rationale is to avoid a prolonged, complicated labour, and there is a commonly held view that 'women don't want to be in labour for a long time'. I wonder if the women are consenting to these procedures based on adequate information, or just being asked if they want a shorter labour.

2. That exposure to the routine interventions of care in a hospital setting, including monitoring and other forms of listening-in, increase the chance of complications occurring because the longer the woman is in the system, the more opportunity there is to 'do stuff' to her.

Women admitted to hospital in early labour cost the institution more because they are in for longer, increasing demands on services and staffing. Great efforts are made to deter women from settling themselves in hospital during early labour. Antenatal classes warn women to stay away from hospital for as long as possible to avoid intervention. When women ring hospital to enquire about coming in they are advised to 'take a paracetamol, have a bath and ring back in an hour.' Women are also

told to only come to hospital when their contractions are coming every five minutes or less, which is concerning because the pattern of contractions is not an indicator of when the baby will be born. Entire services have been devised (phone support/home visits) to support women to stay at home during early labour.<sup>2</sup> When women arrive at hospital they are subjected to invasive clinical assessments to diagnose 'established labour' before they are 'cleared' for admission to labour ward.

If a woman does manage to get admitted in early labour she is considered a burden by staff. She is likely to be put in a room and checked on occasionally and referred to as 'not doing anything', 'niggling', 'she should go home'. The midwife who admits her will be questioned and ridiculed at handover. The midwife allocated to her will most likely also be caring for a woman in 'real labour', and that woman will take priority. From a cost/staffing perspective early labouring women are an avoidable burden.

## Seeking reassurance and safety

Findings from qualitative studies suggest that staying away from hospital during early labour can be challenging for women, and the experience of being assessed as 'not in labour' and sent home can be distressing and result in women feeling unsupported<sup>3</sup> and vulnerable. The need to be in hospital is not necessarily about needing pain relief or support, some women want to be in the place where they will give birth during early labour despite feeling that they were coping well at home. Some women feel uncertainty about the safety of their baby and themselves whilst at home and are keen to transfer to hospital in order to hand over the responsibility for safety to midwives early enough.

Women also expressed uncertainty about identifying when established labour begins. Women worry about going to hospital too soon or too late, and can be unsure of how to know if their labour is 'the real thing' without assessment by hospital staff. Women perceive midwives as 'gatekeepers'<sup>3</sup> with whom they have to negotiate in order to gain access to the hospital, and a labour that is not following a prescribed pattern risks the message that 'this is not right' or 'don't trust your body, trust us'.

## Physiology and contradiction

Like all other mammals, labouring women seek a private and safe place where they can avoid distraction and immerse themselves in the act of birthing. During early labour women seek a place to settle and 'nest'. This makes perfect sense because whilst the neocortex is still engaged and can slow contractions (by reducing oxytocin) in response to thinking, a woman can think clearly and do the practical things involved in a physical move. Once the woman is settled and her neocortex is not being stimulated, increased oxytocin release re-establishes contractions. This explains why labour often slows down in response to the move to hospital. However, as labour

progresses the limbic system takes over and it becomes more difficult – and dangerous from an evolutionary perspective – to move from place to place. The neocortex is suppressed and the woman is deeply in an altered state of consciousness. Simply asking if you can listen or check can be enough to engage a woman's thinking brain, especially if she wishes to decline, and can disrupt the pattern of her labour. A woman who arrives at hospital already 'separated' from the external world does not stop her contractions, and she is often unaware of those around her until after the birth. The need to settle into the birth place during early labour is a normal response to the physiology of the birth process. It is also common for women to call on the support of other women during labour – women they know and who they feel safe with – relatives, friends, midwives, doulas, and early labour is a woman's signal to get settled somewhere safe and to gather her 'women-folk' around her.

What is considered a 'safe place' is influenced by the culture in which the birth is taking place. Western women are urged to birth in hospital because the cultural concepts of 'safe' involve medicine and technology. The experts in birth being the people who know how to use the medicine and technology and who can carry out assessments to determine wellness and progress. This message begins in pregnancy as women undergo routine clinical assessments with an emphasis on professional experts providing reassurance of wellbeing and continues through practices such as monitoring baby and altering the monitoring frequency in line with 'progress'. Women are also bombarded with fear-based media about the dangers of birth so it is not surprising that women head for the 'safety' of the hospital in early labour. Our culture has replaced the home/birth hut and well known women-folk with the hospital and unknown medical staff.

The emphasis on hospital as a place of safety whilst also encouraging women to stay away results in some very contradictory messages for example:

*'We are the experts in your labour progress, only our clinical assessments can determine what is happening ... but we'd rather you do not come in to be assessed, and instead stay at home not knowing what is going on.'*

*'Trust us – we want you to have a good birth experience ... but if you come in too early we are likely to create complications which will require intervention ... so keep away as long as you can.'*

*'We are the experts in your labour progress, our clinical assessments can predict your future labour progress and we will send you home if you are found to be in early labour ... but if you then birth your baby in the car park it is not our fault as birth is unpredictable.'*

*'This is a safe place to labour .... but you can only access this safety when you reach a particular point in your labour, preferably close to the end of your labour, you should do most of it on your own, away from our definition of safety.'*

These contradictions result in a very annoying double standard: A woman who labours at home and comes into hospital 'fully and pushing' is praised – 'she did a great job'. However, she laboured (perhaps for many hours) without professional attendance or any monitoring. On

the other hand, a woman who plans a home birth with a midwife is considered to be doing something unsafe, despite the constant attendance and monitoring of her midwife, and one who remains at home to complete the birth without attendance is often treated with horror.

### Suggestions

Rather than considering how to prevent women in early labour being admitted to hospital, it may be better to explore how women's needs during early labour can be accommodated by the maternity system. I believe:

- Antenatal care should centre on building self-trust and reinforcing the woman's expertise in birthing her baby. If she relies on herself to determine wellbeing and progress she may be less likely to head to hospital early for reassurance. First time mothers who manage to remain at home during early labour express a sense of power. Maintaining power is often the central focus and involves a sense of authority over their own body.<sup>4</sup>
- We should give early labour respect. It is an important part of the birth process and women deserve recognition for it. The terms 'latent' or 'not established' are not helpful. The woman has begun the birth process. She has her signal to seek a safe place – if she calls on you, help her do this.
- Women's access to their birth space should not rely on them meeting arbitrary measurements which involve invasive clinical assessments. They should be able to use early labour to get to their 'safe place' and settle for birth.
- If women are planning to head to hospital while deeply in the altered state of labour it might be useful to take along a doula who can advocate and use her neocortex while the woman's is suppressed.

Of course for a woman birthing at home it is a different kettle of fish. She doesn't need to concern herself with 'when to go to hospital' – and her support should attend based on if and when the woman needs her, not when she meets particular criteria. However, not all women want to birth at home, or have the support to, therefore, the systems in which they birth need to change.

The essential problem is that maternity care has developed in response to the needs of institutions, not the needs of women. Unfortunately the woman-centred, continuity of care that women want is the exact opposite of the hospital-based, fragmented care that is already deeply embedded in our society.

**Rachel Reed**

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# Antenatal Care

Vicki Williams asks if it is care that improves pregnancy outcomes rather than check-ups

**It is considered known that antenatal care is linked to improved pregnancy outcomes, but is it really? There is much debate over what constitutes effective care in both high and low-income nations, and considerable academic speculation over what impact interventions are actually having on maternal and infant health.**

It seems that 'care' has become confused with the practice of goal-orientated visits for testing, screening and treatment, and it does not take much searching of the literature to bring up reports and reviews which look critically at the issue. It may just be that being cared for, nurtured and supported has a much greater impact on the health of a mother and her child than the constant medical search for what might be 'wrong', where the basic assumption is that something must be, if only you search hard enough to find it. All the perceived benefit of current antenatal practice stems from the belief that you need to screen a largely healthy population to detect early signs of and risk factors for disease, and follow it up with timely intervention.

The usefulness of any screening programme can be evaluated using the Wilson and Jungner principles,<sup>1</sup> which look at interventions and desired outcomes in the light of their impact on public health, effectiveness of screening tests and predictability of the disease, and compares the effectiveness of prevention or early treatment with expectant management (waiting to see what happens) and treating the disease at the point where it occurs in a way that causes problems. It is far from clear that antenatal screening fits the criteria for an effective programme.

Antenatal care as currently provided follows the model which began in early 20th century Europe and appeared to make large improvements in the health of women and babies. When it was hypothesised that medical visits in pregnancy were a good thing, more were added to the schedule, and in some areas women may have as many as 16 routine appointments, with more and more added if anything is 'found' that 'worries' the 'care' team, yet in other areas women struggle to get an appointment with a midwife. A review of the evidence for antenatal appointments found that *'the number, timing and content of antenatal visits appear to be more a matter of ritual than evidence-based health care.'*<sup>2</sup> The pattern of this medical activity remains largely unchanged, with new technologies, tests and interventions being added as they become available, without evaluation of their benefit and old ones remaining long after their usefulness has been disproved. A prime example of this is ultrasound, thoroughly explored in the AIMS book *Ultrasound? Unsound!*<sup>3</sup>

Late 20th Century trials of antenatal appointment schedules found that there were no differences in the physical outcomes regardless of visit frequency. The review concluded that in countries with well-established obstetric services the number of appointments could be reduced without risking the health of the mother or her child.<sup>2,4</sup> A further review<sup>5</sup> evaluated these changes, and generated more questions than answers. It appears that there is little difference in outcomes for women, but in low-income countries there is a small but statistically significant increase in fetal death where there is little antenatal care.

However, the reviewers failed to identify, or even speculate on, a cause and suggest that it may still be a chance finding, or related to factors outside the scope of the studies. It also seems that it is difficult to evaluate 'quality versus quantity' in antenatal care, fewer visits with higher quality information for women may be as effective as an increased number of medically-led visits.

The 2001 review<sup>2</sup> also compared the effectiveness of routine antenatal care provided by midwives and GPs with care led by obstetric teams. Results from both groups were similar, and there was no difference in perinatal outcomes.

It is also worth noting that many women value social and emotional support and find that the current frequency and structure of appointments does not meet those needs. Research by Judith Rooks suggested that social support from midwives, such as that provided by caseloading midwives and models such as the Albany, was the only thing to impact on outcomes.<sup>5</sup>

Maternal and fetal health is important for overall public health and it is possible to identify early signs or risk factors for at least some of the major causes of ill-health. However, there is less evidence that antenatal interventions fulfill the remaining criteria. There also appears to be a gap in the consideration of the effectiveness of antenatal screening alongside the more general improvements in the health of a population. It is also very much the case that all currently evaluated measures place the physical outcomes high on the agenda, but pay scant regard to the emotional wellbeing of women and children. In addition, one of the biggest issues presenting a thorn in the side of the evaluators of effective care is not women who mindfully opt out of the system preferring self-care, it is that those women at highest risk of problems (such as those with low education, low socio-economic status, low residential stability, very young mothers) are also least likely to engage with intervention programmes designed to help in those very situations.<sup>7</sup>

Is it perhaps time to not only assess the effectiveness of current antenatal activities, but to reassess the whole ethos of antenatal care so it empowers, informs and emotionally supports all women so they can better care for themselves?

Vicki Williams

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# Freebirth and Social Services

*Melissa Thomas* describes her experience of a babymoon shattered by intervention

**M**y first experience of birth was truly empowering. After a reflective pregnancy I was afraid of labour, but during the process I managed to let go and embrace my instincts. I had a wonderful, natural water birth in hospital. It was the beginning of a healing journey that was a rite of passage. I learned a great deal about myself and life in this time and when I discovered I was pregnant again I knew it would bring a new path to walk.

For my second pregnancy I opted to have minimum contact with maternity services and I began to consider freebirth. What appealed to me about not having midwives present is the freedom and control it gives back to women and birth. I could imagine nothing more peaceful than allowing birth to take over with no interference. The more I thought about having midwives attend, the more I felt it would be detrimental to my birthing experience.

## **I don't believe that all women automatically need care in such a systematic way**

I don't have a personal issue with midwives, or hospitals. I think they do an excellent job under great pressure but I don't believe that all women automatically need care in such a systematic way and particularly against a medical setting. There is a place for these services and it's great that they are available for true emergencies. However, more often than not this power can be abused and many women end up with a birth experience they find difficult to process.

Birth should not be feared but embraced. I believe in a woman's ability to birth successfully, provided she is surrounded by the right, supportive environment that she is able to make an informed decision about. Our bodies are designed to give life and this can be a powerful, emotional and spiritual experience. I have developed strong opinions about birth through research, a passionate interest in the subject and the issues around it. However, I did not want my own experience to be caught up with this political aspect. By opting to freebirth I wasn't rejecting the system or trying to work against the grain, I just followed my instincts and trusted my decisions.

I discussed my decision to freebirth with my local Supervisor of Midwives (SoM) as at 30 weeks pregnant, I decided to opt out of antenatal care. My pregnancy was

going well, I was able to source my own information effectively and I did not feel I was benefiting from attending appointments with a midwife. The SoM was very thorough in questioning me about my decision to ensure I was not choosing freebirth out of fear, which I assured her was not the case. She appeared supportive, even though she did not seem to understand. I was aware that the Nursing and Midwifery Council guidelines regarding freebirth detailed that a midwife should support a woman in her decisions even if she does not agree and this knowledge made me feel relieved that the SoM would support my family and me.

However, shortly after receiving a supportive letter from the SoM, including a copy of the NMC freebirth guidelines, I received a letter from Social Services. They requested an appointment with me, at my home to discuss if they could 'offer any help', even though they had not detailed the reason for their concern. I was unable to make contact with anyone at their office and so decided to write a letter explaining my decision to freebirth, using quotes from health professionals guidelines and the Human Rights Law Article 8, the right to privacy and family life; all of which support and protect my decision and freedom to do so.

It was two weeks before I heard from Social Services again and in this time my second baby, Oliver Ellis Thomas, was born unassisted, at home in the bath. It was a quick labour and an overwhelmingly beautiful experience that was profound. Undisturbed in birth I felt I had experienced a true moment of clarity and freedom, that was to become a solid grounding for me to return to over the coming weeks' subsequently stressful events.

Six days after Oliver's birth I received a phone call from a social worker. She informed me that she would like to visit me at my home the following day to discuss our plans to freebirth. I declined her offer, once again explaining my reasons for choosing the birth I wanted and how the law protected me in this decision. She was reluctant to listen to what I had to say and rapidly adopted an aggressive tone, repeatedly raising her voice and talking over me. Being only six days postnatal I found it very difficult to remain composed and informed her that I was hanging up the phone. At this stage I did not feel in a position to inform her of Oliver's birth as I had not received any official documentation with regards to why Social Services wanted to speak with me or what my rights were. The next morning I promptly contacted AIMS for advice about the position I was in and how to proceed as I was concerned that Social Services may visit my home regardless of the fact that I had asked them not to.

That afternoon two social workers arrived, unannounced, at our home. I requested the referral notes for my case, which they did not have. However,

after answering the door, and noticeably not being pregnant any more, Social Services were clearly now aware that my baby had been born. When they returned with the appropriate documentation they informed our family that 'head office' had decided it had become necessary to issue a Section 47 under the Child Protection Law against our family. This was an incredibly scary accusation. We were not fully aware of what this actually meant and the words 'Child Protection', 'law' and 'Social Services' carry a lot of weight. We were extremely afraid that they potentially had the power to take our children away from us and this was a distressing prospect. Social Services wanted to carry out an assessment of our children and family but as we still had not been given a reason for their interference we refused to allow them entry to our home. They handed over the referral notes and left on the grounds that we would contact them to make an appointment.

When we eventually looked through the notes, we discovered that the original referral had been made by a local community midwife, one I had not met before, with the support of the SoM. The contents were brief and appeared to be centred around the concern that, *'Melissa has continued to refuse to engage with midwifery services and wishes to self deliver at home. This would mean she would have no medical assistance.'* The letter also stated that my family were not registered with a GP, even though this was not the case. Upon reading these words I felt incredibly angry at the misrepresentation of the actual circumstances. I would not describe my behaviour as a 'refusal to engage'. I had made an informed decision to no longer seek care from midwifery services, which for me, was not an issue, I was enjoying a healthy pregnancy with no complications much the same as when I was pregnant with my first child. It was the right decision for my family and I had hoped that our wishes would be respected, after all, I was under the impression that maternity services were optional rather than mandatory.

After processing this information I was concerned that Social Services had felt it appropriate to investigate our family in the manner in which events unfolded. Rather than considering the points I raised within my letter, listening to what I had to say or even contacting the SoM to encourage communication through midwifery they decided to call at our home unannounced for the third time in one day escorted by the police. Seeing two uniformed officers at my door filled me with panic. After initially being hesitant, we answered the door and the police requested to see our children on our doorstep, which I found to be a completely humiliating experience. Naturally, I was distraught and, being only seven days post natal, I was highly emotional. I found it difficult to communicate with the social worker and withdrew from further conversation. I took my son upstairs while my husband allowed them access to our home where he was questioned for almost an hour about our parenting.

Once they had left we were in a state of shock. We felt as though we were being persecuted for our decisions and beliefs as well as our rights and privacy being intruded upon. We felt helpless and bullied by their

## The Law

Freebirth is perfectly legal, and all the relevant professional bodies have clear guidance on consent to treatment and a person's absolute right to decline. The NMC also has clear guidance supporting a woman's right to birth her baby without a midwife in attendance. The Human Rights Act (last updated 2012) is very clear. Every person, pregnant or otherwise, has the right to make decisions about their body for themselves. This is known as the principle of autonomy. It is protected under the common law of England and Wales and Article 8 of the European Convention on Human Rights.

You cannot face legal action for giving birth without a medical presence. However, some healthcare professionals may believe that your decision raises a 'child protection' or 'safeguarding' issue and may threaten to make a referral to social services.

Healthcare professionals should not refer a woman to social services solely on the basis that she has declined medical care, as she is legally entitled to do so. Social services referrals should be based on an assessment of whether there is 'a significant risk' of harm coming to your child after they are born.

It is also perfectly legal for you to have the support of others, partners, family, friends and doulas, so long as at no point do they offer medical care (other than basic first aid or under the instruction of medical personnel) nor offer midwifery care such as monitoring your baby or the progress of labour.

More information on your rights in childbirth are available from Birthrights [www.birthrights.org.uk](http://www.birthrights.org.uk)

actions and our emotions ranged from anger to misery towards what was happening. The beautiful birth of our son was becoming a distant memory and the minimal two weeks paternity leave was quickly disappearing.

We had been in constant contact with AIMS throughout the day and the support from Beverley, alongside my trust in the fact that our actions were protected and within our rights helped us through this difficult time. Two days following the incident with the police, the SoM and a community midwife were sent to our home upon the request of Social Services. Despite the fact that we did not want any checks carrying out we felt unable to turn them away because of the position Social Services had placed us in. We felt backed into a corner by everyone involved. The midwives carried out newborn checks on my son as well as a post natal check upon myself. During our appointment with the midwives I was extremely upset and tearful. I tried to understand why this was happening to us but I could not get any satisfactory answers. When the midwives left I felt at my lowest. My spirit and post birth elation had been crushed. I was absolutely drained and I felt violated by those who were supposed to care for, support and protect my family, my decisions and my rights. At no point did I feel I had given

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## Report

consent for what took place. My wishes had been ignored, undermined and I was treated as though I was ignorant and irresponsible.

It was only once the checks and procedures that Social Services deemed appropriate were carried out that the case against us was closed. However, we were not informed of this closure, we had to contact the office to have this information confirmed. At no point did Social Services express any regret over their heavy handed tactics, nor did they issue an apology to our family.

### **violated by those who were supposed to care**

When we eventually received the final assessment it was clear that Social Services felt they had acted within reason, despite the fact that they quoted information that was not based upon fact or law and violated our rights under the Human Rights Act. The final assessment detailed that their entire investigation was based upon their research into our contact with midwifery, GP's and health visitors, all of which are not a legal requirement, as well as Social Services opinion of what they considered was in the best interest of our children.

We are currently in the process of making a formal complaint against Social Services and an independent

investigation is being carried out by the Local Supervising Authority Midwifery Officer (LSAMO) into the conduct of the midwives. We should have the full report in the new year and we are hoping for stronger guidelines to be implemented regarding freebirth, particularly with respect to referrals, and that midwives are up to date with relevant policies.

Of course, I understand that Social Services do have a certain amount of duty to follow up particular cases where a child is potentially at risk and that women don't always choose freebirth for positive reasons, I cannot speak for these women and how they have come to make their decisions. I also appreciate the fact that our case is not likely to be something Social Services come across regularly and so they felt unsure about how to proceed.

While it is all too easy to say that Social Services feel a certain amount of pressure with cases involving babies after the much publicised 'baby P', this does not justify their over reaction and bullying behaviour. Social Services had a number of options available, and should have made themselves aware of the appropriate laws and guidelines before they took the case out of proportion. This kind of action only serves to further isolate women and families from services or professionals that they may need to access, but now may feel they have no option. The underlying fact is, that when it comes to being pregnant and giving birth it is a woman's decision as to how, where and with whom this happens. It is her right and this is protected by law.

*Melissa Thomas*

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## **Birth, Babies, Breastfeeding and Bonding**

An AIMS talk by Dr Sarah Buckley – Friday 9th August 2014, Bristol

It was an average conference room, close to the riverside; the Watershed in Bristol. AIMS members, part of the committee and others, milled about and talked with others attending the talk. A common goal of a better world of midwifery united the crowd; mothers, midwives, doulas, and lay persons alike.

Visiting lecturer Dr Sarah Buckley stood before us all, introduced by AIMS chair, Beverley Lawrence Beech. She started by helping us to see that Birth, Babies, Breastfeeding and Bonding should be looked at collectively; that by separating them we fail to see the full picture.

Women are naturally built to be able to bring new life into this world, with a careful balance of hormones and bodily reactions within both the mother and child, so complex that we would be fools to think we could meddle without consequences.

The audience took part in a practical demonstration of how the hormone oxytocin can quickly give a positive emotional experience and Dr Buckley explained in detail how it was essential to many aspects of pregnancy and parenthood. That is not the only hormone in action; others such as beta endorphins and prolactin also have large roles to play. No matter how much we attempt to simulate, replicate or manipulate their levels we can't compensate for the numerous effects and linked processes of a natural birth.

The modern expectation for births to be observed and monitored also conflicts with the way the process has evolved over the millennia and surely can cause problems of its own. Sometimes if a mother feels threatened it can trigger the releases of fight or flight hormones which interfere with other hormones including oxytocin and can halt labour.

Over all it seems clear that we live in a medicalised world where we meddle too readily and often in systems we cannot hope to be able to comprehend completely. Perhaps if we were to show the natural processes the respect they deserve and trust that, as women, we are made to become mothers, that it is far rarer than we have been led to believe that we need the modern world to interfere, then many more of us might be able to have the positive birth experiences Dr Buckley described having herself.

*Pipa Derrick*

### **Future AIMS Talks**

In the new year we hope to offer talks with Nicky Leap, Sara Wickham and Kathryn Gutteridge in various locations. Please email [talks@aims.org.uk](mailto:talks@aims.org.uk) to register for updates on AIMS talks, or if you are interested in helping organise an AIMS evening talk.

# Family Birth

*Hannah Robertson* describes the beautiful birth of her third child

**T**he other day I went to introduce my baby boy Oren at a home birth group. He is my second baby born at home. My first child, Tom, was the unlucky one to bear the brunt of my lack of knowledge and thus had a highly intervened with hospital birth which I believe resulted in a non stop crying baby and a stressed out mum unable to tap into her own inner wisdom as mother.

My second baby had a lovely home birth supported by a fab team of NHS midwives who I could not fault. Six days after my waters went, and table tennis avoidance of induction, Daisy was born on a Saturday morning before a glorious dawn. Her birth gave me new confidence and I felt like I could take on the world. I have never been so happy and more in tune with my needs and as a result my children's needs. My third child, Oren was born at home without medical presence, a freebirth, unassisted birth, UC (unassisted childbirth), born free. Not by accident, it was a beautiful, normal, simple non-dramatic, safe, life changing, empowering, affirming and planned experience.

The home birth group made me realise more about my reasoning behind my decision. There are many reasons why women choose to freebirth. I have been a birth partner for a few women who have chosen this path to birth from a belief in the natural process, a lack of trust for an unknown community midwife attending and because some women feel most comfortable with privacy. As a doula, I have been present when a few women have birthed their babies before midwives have arrived; and although these women never planned a UC openly, through reflection it is clear that unconsciously this was pre-thought. Unconsciously planned BBA's (born before arrival) is a subject worth researching in terms of why women need to keep their wishes so secret. After discussions with a friend, I believe a big reason is fear of what others think. There seems to be a stigma attached to UC, in that lack of medics on hand equals lack of care and responsibility as a parent. This is simply not the case.

Childbirth is the most intimate and intense experience a woman will ever have and it affects not only the mother and baby but her story passes down through generations of women. It is understandable that some women put so much time in to the decisions of who will be there and where their baby/ies will be born. I did not choose this birth as a statement to prove a point, I chose to birth my baby myself because I believe childbirth is easier and more straightforward when the mum is most relaxed. For me, having a midwife there for a 'just in case scenario' may have felt like I needed to rely on her expertise and reassurance that I did not need. I have noticed that in scenarios with professionals I tend to ask most questions outwardly rather than listening and asking internally. I believe as women our intuition is a powerful tool that guides us through life and as a pregnant and labouring

woman this instinct is heightened to it's sharpest, so that the mother can sense danger. For this reason I felt that should a problem arise in the labour, I would know to seek help. A mother will do ANYTHING to protect her young and that is most certainly how I felt.

So back to the group ... as I was telling my story, the silence around me was more than a 'holding the space' to listen, instead it felt like a tense confusion at what I chose to do. This is perhaps to do with personal perception of risk. In 2008, 2,538 people died on Britain's roads, yet I am not unusual in accepting the risk of driving a car. Between 2006 and 2008, 107 UK women died of complications of pregnancy or birth (the biggest cause was infection) which led me to feel that childbirth is really relatively safe, and since staying at home appears to have fewer risks associated than birthing in a hospital, my decisions felt safer to me than any of the other options available. Had any maternal deaths occurred during or after childbirth at home, with or without a midwife, the media would have ensured the story made history.

So I decided to birth my baby with only family and a friend present. I want full responsibility over mine and my child's health. I will call my birth a family birth, as I really don't like being told I am brave when I feel I did nothing out of the ordinary, and only what most female mammals do in their life cycle.

## My story

After an unscanned and peaceful pregnancy with no blood tests, urine samples or arbitrary tick boxes, I felt good. I replaced all of that with reflexology, massage, osteopathy, homoeopathic tissue salts programme, a good support network, my doula and an independent midwife (for minimum antenatal) who respected my wishes.

Prelabour started after my blessingway, but nothing I would say significant until 37 weeks when I felt my bump drop. Not long after that I experienced a small gush of fluid and I am still no wiser as to whether it was amniotic fluid or mucus plug. Anyway, after that Braxton Hicks were stronger and more regular but they never felt like labour, although I had woozy days, which felt like it was soon approaching.

For the first time in my three pregnancies, my due date came and went. This was Easter weekend and on Easter Monday, I had an intense reflexology session. I should add here that over the bank holiday weekend the rash around my eldest's mouth started to scab and I knew he had impetigo. Not what you want around with a newborn.

## 2nd April 2013

I woke through the night with sensations that pretty much felt like what I had experienced over the last two weeks. My partner, awoke at 4.45 and, after a couple of tightenings, I went downstairs to have porridge. I was tired but not enough to get back to sleep. I tidied up and

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## Readers' forum

went back to lie down until Tom bounced in at 6.45. I made him breakfast and sent him to play, as I knew things were starting to happen. The sensations were in my back but short lived and sporadic. I called the GP (desperate to get rid of this impetigo) and we could go in 30 mins so I quickly woke up and dressed a snoozy girl and off we went. I remember thinking in the car – please don't have a contraction in the doctor's – I didn't really want to be there whilst in labour. We were in and out so quick that the chemist had not even opened. So we went back home and I got Daisy some breakfast. We got ready and the kids set off on scooters whilst I waddled to the chemist on foot. It was lovely to be out on a spring-like day after such a cold start to spring. I noticed on the way that more daffodils had opened and were showing their beautiful heads. This was what I had been waiting for.

After a phone call to Calum (my partner) to encourage him home, the kids and I set up the pool. We gaffa taped the hose down and together put the liner in the pool. While it was filling Tom and Daisy were bouncing the walls with excitement. I put music on to give me some sense of my own world, as Tom and Daisy were still needing me to be present with them.

We had sat down as a family ten days prior and talked about their roles and what I would need to give birth. Tom was given the role of telling us the gender and Daisy was going to have the first skin to skin cuddle when I needed to get dry and clothed. I explained how important silence was to me and how questions were banned from me during labour.

The turn of events after this point are hazy. I think the pool took a good hour to fill enough for me to get in and I reckon I got in at 12ish. I lit candles and put clary sage and lavender on my oil burner. I put on my blessingway necklace to connect me to the strength and blessings of the wonderful women I knew would be supporting me. I remember worrying about feeling the surges in my back and flipped out thinking what if he is posterior and cannot turn or what if the head is asynclitic – at this point I got out Penny Simkins labour progress handbook and leant over the birth ball. I then disappeared to the shed to get a rebozo. Not sure how I was ever going to facilitate that? The kids sifting me?<sup>1</sup>

At this freak out moment I told myself to 'shut up and switch off'. My internal sensors were saying OK, this is painful but all is well – breathe. So I tried to work the breath more consciously and used ujjayi breathing (a yoga breath technique and mindfulness tool). Tom (aged 7) knew every time I had a surge and would massage me or tell me to breathe, the YouTube clips had definitely paid off. I was in and out of the pool – going to the loo – clearout! Adjusting the temperature of the pool – eating a banana I think. I had my bottle of water filled and at one point it looked empty and then Daisy (aged 5) came to me saying 'look mum I have filled this'.

The first part of the morning Daisy was bringing Easter eggs and all sugary treats to have as snacks and I suggested fruit/crackers – further into my labour the same chocolate was brought out and I caved and said whatever. After noon I sent the kids off to make

sandwiches. I think Tom had three bites before leaving it on a shelf. At this point I knew I needed another adult. Calum called, but I got Tom to speak because I couldn't.

After a morning thinking I wasn't progressing, I had a feel of my cervix after a tiny amount of show came out. I could feel a head behind a tiny amount of waters. I didn't feel I was fully dilated or that anything was imminent. I texted my friend Claire to invite her over. It felt like the right time for her to come but I didn't feel ready to birth.

I then had some powerful surges and I kept saying in my head 'open, release'. As a surge reached it's peak I had an uncontrollable urge to bite – not cool with an inflatable pool so I remember almost sucking the side of the pool. In between I read my wall of blessings and they were so reassuring, keeping me feeling light. Tom come in to tell me he was sitting on the stairs with his insect book, if I needed him I could call. He must have noticed things were more intense with my loud ujjayi breath and he was telling me to breathe. Claire got to me and I remember a smiley conversation (post surge) but no idea what it was about. This was a difference to Daisy's birth where I was in an altered state of consciousness. I felt during my family birth that I was fully with it; maybe I had no need to protect myself, as everything around me was so normal. My friend there, her baby breastfeeding and my kids pottering about on a normal holiday day.

Five minutes after Claire arrived I had the most powerful surge I have ever experienced that was like vomiting from my yoni. I had no control as my body took over and my waters broke and his head came right down to my perineum. The surge seemed to last for minutes and it stung as his head stretched and bounced on my perineum. After that the kids were in the room as I had wanted birth plan wise, but it had been so intense that I asked for them to wait outside the room. I was half wanting and half not wanting the next surge to come on. When it did, I felt I needed my hand on my perineum as my baby's head passed through; I had never experienced anything that fast. The next surge I longed for as I stroked my baby's head in the water. As soon as it came, my hands were there, waiting to lift my baby out of the water. I tried pulling when the shoulders were out but I had to wait until the surge had squeezed him all out first.

Then we met! The kids came in and Tom announced he had a brother. I was not disappointed as I thought I might be, having been convinced we were having a daughter. I fell totally in love. We lotus birthed and the cord separated at seven days postpartum. This was a great way to stay in bed and ward off the visitors, and keep my room scented with frankincense.

I write this while holding his hot little body on my lap two weeks after he exploded into our lives. He is very sweet and pretty good at communicating his needs. Oren's Daddy arrived five minutes after Oren Isaac Phoenix was born. Oren's birth was all I had expected and dreamed.

*Hannah Robertson*

### References

1. [spinningbabies.com/more-info/for-pregnancy/weekly-activities](http://spinningbabies.com/more-info/for-pregnancy/weekly-activities)



# Grace

*Sarah Holdway* shares the unassisted birth of her fourth child

**G**race is my fourth child – my previous babies have all arrived before the 37 week mark so we were all prepped and ready.

The weeks ticked by with several starts to labour. I was feeling a little low in spirit, some of the starts were real enough and I was confused as to why they weren't following through. I visited the osteopath – not to induce labour but to make sure I was aligned and for some chill time.

Eventually at 41 weeks and 6 days labour became established enough that I felt confident in saying the baby is coming! I'd been to the Ina May film the night before and met some wonderful women – that oxytocin blast was clearly all we needed!

All night I twinged gently, luckily I was able to sleep through most of it waking just once or twice to pace and breathe, see the moon and enjoy that peace time.

Around 8am the kids all awoke and the clattering that fills our home began, when the contractions carried on I knew this was the real deal.

Mark sorted the breakfasts and told them that the baby was coming and they were all welcome to come up or do as they wished. Three heads peeped round the door.

We straightened the bedroom out, getting the towels and blankets and moving the quilts. I was happily breathing and busying myself upstairs – I just knew that despite my best plans and hopes (a night time birth with candles and oils and the moon reflecting on us) that I was going to have to go with the flow on this.

Mark helped me to the toilet where blood emerged – quite a lot – more than other births and no show, which I found odd, but also decided there was plenty of time for all these things.

A few hours passed and I was feeling very primal. I was crawling over two double mattresses, roaring and mooing and it felt like nothing was happening. Contractions squeezed me but no downward movements. I was feeling pretty irritated and started shouting at Mark and crying – a release of a lot of energy, I told myself off and refocused on what was needed – my quiet brain.

I began chanting open, open, open, open and began to visualise my baby moving down. I retreated within, I was passing fresh, bright red blood by this time.

I knelt up put my hand between my legs to see what I could feel. I was opening so that was reassuring. I gently pushed down to see how that felt.

The contractions were now intense, my waters still intact and not feeling much progress, I again retreated within. Having just seen the Ina May film and recalling some of her words I started rocking on all fours and hanging off the end of the mattresses.

Breathing, 'out baby, out baby,' I started to cry, I didn't really know what to make of it all.

The kids popped in and out but were mainly watching a film and playing games together. Mark was kneeling in the room quietly, respecting my space and just murmuring.

The mood changed. It had been hours with no real sign of anything progressing and a fair bit of blood, I went to the toilet again, hoping to help by sitting on it. I knew we were safe, I knew we had to just sit tight. I felt afraid but not enough to feel I needed help. Very deep within I knew we were safe and that calling anyone would disturb us and not be helpful.

I looked at Mark and said, 'we're OK,' then I decided I had to bear down and give her a little shift. Back on the bed, I roared and pushed down and felt her descend – that lifted everything.

Blood dripped out, red and thick, followed by a chunk of placenta.

I understood then.

I continued to gently push down – Mark took some photos, at my request.

Out of the blue her head was there – with a crown of placenta!

In the next push she flew out, breaking her waters as she came, and, despite Mark's attempt to catch her, she was like a tiny eel and plopped on the bed with a very lusty cry!

I scooped her up, so tiny, and sat on the end of the bed baby gazing – my two younger boys trooped in to examine their sister and request lunch!

The placenta began to come away in chunks, then I felt another urge to push so crouched down and birthed the rest into a bowl.

She weighed a dainty 5lb 4 oz, we left her cord intact until that evening.

We sat skin-to-skin for three days, barely parted, when we decided to call the midwife to let them know she had been born. Remarkably they were excellent and followed our desires and wishes. I didn't want screening and I do know that screening would have done very little except possibly land me with a section and Grace in NICU owing to her size.

I don't regret my decision for a single minute, her birth was hard and in a weird way I knew something was up but didn't want anyone in there. I'm VERY glad we were at home, glad beyond anything, more than I can put into words. I suspect that if we were anywhere else I'd have been cut open quicker than I could say, 'Not tonight Josephine...'

*Sarah Holdway*

# Welcome to the World

Vicki Williams shares the story of her sixth child, a home birth after two sections

**I like best to call the birth of my sixth child 'free', because that is the closest word the English language has to describe it.**

In medical/legal speak it was unassisted, I had no medical assistance, yet there are a number of people who assisted me, directly and indirectly, by giving help with practical tasks such as preparing my birth space, preparing meals for my children, teaching me, writing about their own births and about the process of mammalian birth. In medical/legal speak it was also unattended, as I was not attended by a medical professional, yet I was attended by the most loving companions I could hope for, Patrick, my life partner, who is both husband to me and father of our baby, and my daughter, who was 12 at the time. In early labour I was also attended by my own mother, who nurtured and nourished us all as best she could, who soothed my other children and helped me to clean my nest before gracefully granting us peace to rest and then get on with the task of bringing a new life Earthside. My birth was free, it cost us nothing, there was no financial or emotional price, yet it was worth everything I had and ever will have. The word perfect simply does not even come close.

Journeys start long before you set out. This story starts a long time before I got pregnant. My story begins with two well-supported midwife-led births, empowering and enlightening and joyous, then with a move to a new place and a cascade of intervention which led to an unwanted and totally preventable caesarean. The experience of losing my part in the process of making decisions about my body left me feeling traumatised and violated, and with a huge loss of trust in those who were supposed to have our welfare at heart. I have no doubt that they thought they were doing the right thing, and that they were scared when I tried to decline to follow policy, but that is little excuse for the bullying to make me comply with care plans which paid scant regard to best evidence.

After that followed a planned born before arrival VBAC (vaginal birth after caesarean), and baby number four arrived peacefully at home, on his due date, totally against medical advice. The story was published in AIMS Journal Vol:17 No:3.

After that things got more complicated. I had a late miscarriage, which was induced with misoprostol (cytotec in the US), which may be a significant factor in what was to happen next, one of the most dangerous complications of previous caesarean surgery, a pregnancy with placenta accreta.

When I found that I was pregnant again we were delighted, but from the outset it was difficult. I had regular and heavy bleeding throughout, no cause was found, but the placenta was low-lying and on the front wall of my uterus. Right over the most likely location for

a previous caesarean scar. Our baby held out until 33 weeks and a day, when I had a massive bleed and called 999. It didn't really stop and it was clear that the only safe option was an emergency caesarean, where it was discovered that my scar had separated and the placenta was in my abdominal cavity and also wrapped round and embedded into my scar. It was a mess and I lost more than 3 litres of blood. We were lucky to survive, many mums and babies are not as fortunate, placenta accreta kills and has a very high hysterectomy rate!

Baby Bob was fine, I recovered, and I was lucky that the surgeons had the time and the skill to repair my uterus. The surgery was scary, but less traumatic than the first time as I felt that I was well informed and in the best hands possible in the situation. The after-care and the NICU experience were less positive, and again we were faced with professionals who had only a limited grasp of evidence-based care. I desperately grieved for both my birth and for the pregnancy, I felt that all the chance to prepare for my baby and to enjoy that special growing time was snatched away from me.

## I desperately grieved for both my birth and for the pregnancy

In my follow-up visit the consultant (not the one who did the surgery, sadly) was very clear, she started with 'No more babies.' I asked why and she said that I could have another, but I would have to have another section or I would die. I didn't bother to pursue that line of conversation any further. At that point I was happy with five children and not planning another in any case.

However, nature did not seem to view the situation with the same prophecy of doom, and I fell pregnant before I even knew my cycle had returned. Right from that very first moment, I knew that this pregnancy was going to be fine. There was none of the regular bleeding, cramping, spotting and dragging exhaustion that I had felt before, I was tired but felt well. I knew that all would be OK. I also knew that no amount of searching would provide me with medical evidence of that, and I would struggle to find any medical professional who believed in my body, and in the health of my baby, the way I could feel it from within.

There was no way I wanted to come out of birth feeling like I'd been part of a train wreck again.

We had booked a summer holiday, a road-trip across Europe, with five children and a caravan just before I

realised I was pregnant. We survived the holiday, and I figured that if I could manage travelling thousands of miles with young children, unpredictable food, strange water and morning sickness I could survive most things.

I had no accurate measure of how pregnant I was, but made an educated guess based on the date of a positive test, and the day I could feel my uterus above my pubic bone I counted as week 12.

By about 20 weeks I had begun to feel regular movements and there was no sign of any bleeding. I began to feel more confident that my pregnancy was going to be uneventful and that my baby and I were in a good place. I began to plan for the birth I wanted.

## I began to plan for the birth I wanted

As a doula I am a frequent visitor to my local maternity units and to antenatal appointments with the women I support. I knew the drill. No, you can't VBAC after two sections; No, we can't support HBAC; No, you can't use water if you come in... If I'd asked for a midwife who would support all of that, would I have got one who was confident and happy looking after me? If I did, how hard would the supervisor have been breathing down her neck?

I couldn't help but feel that no support is far and away better than fearful support, and I believed in my body way more than anyone else I spoke to. I was ready to take full ownership of the health and safety of my child. I'd also been in the position of having a birthing emergency and needing to call 999, where no amount of planning for the time of birth would have made the slightest bit of difference, and I knew that if I needed to take that route again I could do it.

I knew that I could only birth with those I trusted and loved around me, and that the only way I would feel, and be, safe was to take full responsibility for our health and the birth myself. I had to trust my deep instincts, because there is no way of gaining that knowledge from the outside. I knew that it was vital that I had privacy and space to labour and birth as was right for my body and my unborn child, and that any fear or disturbance brought into my birthspace would bring more danger to us both than it would relieve. I explored the option of Independent Midwifery, but that did not make me feel any safer, it still felt like inviting a stranger and an intruder into my innermost soul. It simply did not feel right for me. I talked to Patrick, who agreed that I should dance our dance alone, and only call on others if and when I needed their advice. The sense of relief and release that decision brought me was immense. Like a weight was lifted. I felt no need for antenatal testing, as no matter what was found, it would not alter our plans to love our baby whomever we were sent. I was happy to listen to

my body and my baby, and only seek help if something felt wrong. The birth we wanted was one where only peace and love had a place. Nothing to draw my attention from the job I had to do, and nothing to prevent me hearing my body and my baby.

My pregnancy passed uneventfully, and with a serenity that comes from a deep sense that all is and will be well. There was no external fear, no undermining of that inner wisdom, no pressure to make decisions that were not mine.

And so the dance began.

I planned my blessingway for the Saturday after Patrick finished pantomime, his commitment was finished and mine was to begin. I knew I would not birth before I had his support, and I hoped that I would have several weeks of his help to get my nest in order. The day was wonderful, a much needed reclaiming of my sacred feminine space, both outside and within. I was wonderfully nurtured by a group of very special women, all of whom I knew I could trust to support my plans to birth my baby alone without fear or question. This was not a time to be explaining my plans or my motives, or to be trying to allay any fears that were not my own. I was blessed and blissed, the female energy and the love I felt was amazing, and I can't say strongly enough what a difference it made.

Eventually everyone headed home, and being the wonderful and in-tune women they are, they left without leaving a trace, well, to be fair, they left the place cleaner than it started and they left my body coursing with a massive, loved-up oxytocin glow. I was tired and happy, and I went to bed early. During the night I woke with a slight, but unmistakable, pop and a trickle of fluid. That had been some oxytocin rush!

## As is normal for me, I had no contractions

As is normal for me, I had no contractions, and I decided it was probably a 'wet show' and went back to bed. I slept late. During the morning it became obvious that this was more than a trickle of cervical fluid, it was water, and it leaked every time my baby moved more than a little kick. A hindwater leak then. I could feel my baby very low in my pelvis and I was not worried about infection as I had no intention of having any internal examinations.

I decided to get my pool ready, just in case, and my eldest son was in his element pumping air, arranging hosepipes and moving furniture. The room was ready, the pool was up, the liner was in, I'd already admired the view from within and decided I was happy with it, and so, well, why not put in a little water, just to see how quickly it filled... Quite quickly. Well, since it was full of deliciously



warm water, and the room was ready, why not get in and have a float... It was bliss. Absolute bliss. I stayed in the pool for most of the evening, and when I got out to go to bed I pulled over the cover and hoped that I would be using it for labour very soon.

Monday dawned. The children went to school, my baby was very low in my pelvis, the trickling was all but stopped, and I went about my day. By evening I was tired and so we topped up the pool and I floated until I was relaxed enough to sleep. I slept all night.

Tuesday I did not want to leave the house, I was feeling very insular and nesty, I wanted to only see those I love deeply and I wanted to clean every last inch of my home. I did venture out briefly to the local jacuzzi dealer to buy some water cleaner as I wanted to leave the pool ready and waiting. My parents and my brother and his lovely wife-to-be came to dinner, I was very spaced out and not really able to follow a conversation, but not contracting either. Again I spent the evening in the pool, and again I slept all night.

Wednesday brought no change, but during the night I started to feel contractions that died away as the sun began to rise.

On Thursday I had a visit from my lovely AIMS colleagues bearing lunch, and we had a planning meeting round my kitchen table. I felt far happier doing that than I would have felt travelling any further than the end of my driveway. I still wanted to stay in my nest and avoid strangers. My baby was dropping ever lower and that evening Patrick and I made a belly cast. I look at it now and I can see just how very, very low my bump was by that point. Again I had irregular contractions all night, and again they left with the dawn.

By Friday I was weepy. I was beginning to question myself. My early labour was a dark and desperate fight with my internal demons. A long talk to a doula sister was what I needed, and then another float in my pool. After a night of more meaningful contractions I was beginning to get tired and I was more than a little low-spirited when they once again stopped at the first rays of daylight.

Saturday was hormonal melt-down day. I was irritable and short-tempered. I was craving space and sleep, the children were craving attention. I ended up with a strop and a cry, and then I did manage to get chance to sleep during the afternoon, which helped enormously, but it brought me no more contractions until the middle of the night. Again, by dawn they stopped.

On Sunday I needed to rest, I was very tired. Patrick amused the children and I slept. Then I meditated, I asked my baby what was needed, but I didn't feel that I had a clear answer. All I could hear was time, I didn't understand, but I did know that everything was OK, and so I waited. It was now eight days since I started leaking waters, and I have to admit that I was more than a little tired of the 'wet nappy' sensation. My mum cooked dinner, I tried to help but I was next to useless in the kitchen, I could not concentrate on anything much. My baby was so low in my pelvis that I could not sit properly on a chair, and so I ate half perched on the edge, half leaning and kneeling. I was not feeling contractions but I knew there were now waves of energy flowing through my body at regular intervals. I was hopeful but resigned to another night of the same.

Mum helped put the children to bed, Bob, our just two-year-old would not settle, so he sat on Daddy's lap, the others went slowly to bed, my mum left and I felt a deep need to be back in the water. I put some music on my phone and stretched out in the water. It felt so good. The waves of energy were still there, but there was no pain or pressure, just a dull ache in my lower back. I decided that I would get out of the pool, change my earrings (I have no idea why that was important, but it was) and watch a little of the Oscars before bed. I sat down to watch and Bob crawled onto my lap to feed himself to sleep. That was when I was belted by the only contraction I can describe as painful, and boy did it hurt. Enough, I shot up like a scalded cat and literally ran and dived back into the pool.

Back to bliss, the music was still playing and I was back to feeling calm, relaxed and not really in labour, although the waves now had much more energy and were coming about every song and a half. Gradually the energy built, I was talking to my baby, 'Are you ready little one? Let's do this thing.' I was aware that the energy was rather like a pressure cooker, I was making noises at the height of each wave because that was an effective way of releasing the 'spare' energy, but I honestly cannot describe it as pain.

I felt my baby plummet, and deep within my pelvis everything changed. I knew that this time things would not be stopping and I was close to meeting our baby. I called for Patrick. Bob had just gone to sleep, the timing could not have been more perfect, or perhaps my body's response to what was happening could not have been more finely tuned. Patrick called Libby, she wanted to be with us, and she came straight down. I was aware and at the same time in another world, I was between worlds, my baby and I, straddling the gap between now and eternity, dancing our own special dance, watched only with love and awe.

We danced a while, I have no idea how long, and then the urge to push came, my whole being pushed, with no pain but a great sense of opening my body and my mind. I could feel a head, now barely contained within my body. Then came a change of song, and The Waterboys, The Stolen Child, started to play and then crowning began. I wanted to say so much, about what I could feel, what was happening within my body, that I wanted my husband and daughter to witness this amazing event, to tell them all the wonders I was experiencing, but all I could manage to actually say was, 'This is the bit that hurts the most.' With that my baby's beautiful, moulded head slid out, rapidly followed by the rest of his body. My baby, a boy, a son, a brother, a grandson, a nephew. I scooped him from the water and sat on the pool seat with him in my arms. He took a deep breath, let out what sounded like a contented sigh and opened his eyes. The wisdom of ages was in those eyes, and they were only for me. He sought my face, and then my nipple. His little blue body turned pink as he searched and then latched, he didn't cry, it was warm, dark, peaceful and there was simply no need.

I looked, for the first time in days, at the clock. 11.55, a Sunday baby, just. My other boys came down, I am not sure if they woke or were woken. Grandparents were called with the news, the champagne was opened, the cake cut and the new baby admired by his family.

Some time afterwards the placenta was born, with little effort or mess, and I admired it in all its glory. We continued to enjoy the warmth of the water and the space yet privacy of the pool, but eventually it started to cool, and I decided that I wanted a bath and to go to bed. I had planned a lotus birth, but I had a very strong sense that I didn't want to go to the effort of preserving my placenta when I had a baby to gaze at instead, and I really and truly felt that its job was done. The surface of the cord was starting to dry, and it had been white and floppy for a long time. I was ready, and so we cut the placenta free, it is now buried in our garden, returned to the earth.

Bath and bed, more milk and a lot of love, what more does a baby need to start his life as a free man?

I felt so utterly amazing, like I could climb Everest. We called him Edmund, it seemed to fit.

*Vicki Williams*



## Imagine a woman...

Imagine a woman who believes it is right and good she is a woman.

A woman who honors her experience and tells her stories.

Who refuses to carry the sins of others within her body and life.

Imagine a woman who trusts and respects herself.

A woman who listens to her needs and desires. Who meets them with tenderness and grace.

Imagine a woman who acknowledges the past's influence on the present.

A woman who has walked through her past. Who has healed into the present.

Imagine a woman who authors her own life.

A woman who exerts, initiates, and moves on her own behalf.

Who refuses to surrender except to her truest self and wisest voice.

Imagine a woman who names her own gods.

A woman who imagines the divine in her image and likeness.

Who designs a personal spirituality to inform her daily life.

Imagine a woman in love with her own body.

A woman who believes her body is enough, just as it is.

Who celebrates its rhythms and cycles as an exquisite resource.

Imagine a woman who honors the body of the Goddess in her changing body.

A woman who celebrates the accumulation of her years and her wisdom. Who refuses to use her life-energy disguising the changes in her body and life.

Imagine a woman who values the women in her life.

A woman who sits in circles of women.

Who is reminded of the truth about herself when she forgets.

Imagine yourself as this woman.

*Patricia Lynn Reilly*

# My Birth Story

*Joanna Joy* shares her birth story

**H**olly Elfin was born at 6.55am on Saturday the 11th of August 2012.

If you follow the astrological significance of birth, this means she is a Leo, born in the Chinese year of the Water Dragon. She was due at the Full Moon, on her father's birthday, but was a week and two days late, and so was born on her grandfather's birthday instead on a waning moon in Pisces.

She was delivered by me into the waiting hands of her father, Dan, on our boat, with the support and loving presence of our friends Lisa and Sara. We were moored up in a small wooded copse, in a beautiful wilderness valley in Yorkshire, where the foxes howl, the owls screech and a panther prowls its realm.

On the bank, within the Aspen trees was a firepit, and an alter to the beauty and power of woman, motherhood and birth. My firekeeper and guardian of the outside birth space was Lee, Sara's husband, who lit and tended the fire each night for us, for the three nights that I laboured before the night I actually gave birth.

Inside the boat, the wood burner is lit, my alter brightened by candlelight, reminding me of all the candles that my sisters would be lighting for me for my labour and birth. Reminding me of the strength and love that held me, the energy that we had collectively conjured to fuel me through this journey, when we held my Blessing Way Ceremony. My Rite of Passage into Motherhood. Upon the alter, many of their gifts, candles galore, incense, flamingo feathers, beads brought from near and sent from afar, joined into a necklace of power, a bottle of freshly homemade elderflower cordial, a handmade felted mama holding her newborn babe, healing herbs and flowers for my bath, chocolate 'celebrations' in a sheer pink bag, words of affirmation. Gifts of love and symbols of power, from maidens, mothers and crones, this ancient female magic was all the midwife I needed to help me on this journey that I had not made before. To instill within me the confidence of all the women across the ages who had birthed their babes in trust and knowledge that their body was built for this job, and that all would be well.

Dan had been frantically trying to finish building the boat and fitting it out, so that we could move on to our 117 year old Dutch Barge, Cornelia Adriana, before I gave birth. We left our home mooring on the day that I was due and did the five or six hour cruise up to the spot that I had chosen to give birth. Dan did all the heavy work of winding the five locks and pushing the swing bridges, while I got the easy job of sailing the boat at exactly nine moons pregnant! We reached the winding hole that I had decided to commandeer for my birth at about the same time as Sara arrived on their boat Calypso. But shock horror, there were already a gang of

lads camping in my spot that I had so carefully chosen for it's seclusion, inaccessibility, and raw natural power and beauty! So we moored up a little further down and settled into our new spot.

During the following days, I continued to nest and prepare myself for birth. Sara and I hung out and drunk tea and ate cake, and generally reconnected after a summer of them having been off cruising around Yorkshire. At this time, the midwives who I had been having ante-natal checks with came to see where we were just in case I wanted to call them. I had made it clear to them, however, that I would only be calling if I really felt like I needed them for some reason. But that most likely we would be fine, and that we would call them out after birth for post-partum checks.

After two days, the lads were still camped up in my spot! So Sara and I went over to have a natter with them, and find out when they were planning on leaving. When I told them that I had wanted to give birth there, they graciously agreed to pack up and leave the next morning, setting themselves up a little way down the valley instead. And so we moved the two boats over, and set about tidying up and preparing the space for this awesome event. When all leftover rubbish had been bagged up, and the area cleansed with burning herbs and songs of power, Lee rebuilt the fireplace and Sara built us a beautiful alter. Dan and Lee prepared the wood for the fire and we were all set to go.

That night, Lee lit the fire and we had a lovely evening, sitting around the blazing logs, eating curry and re-connecting with our very dear friends who had lived next door to us for several years, but had been off cruising all summer.



That night (which was a Tuesday), Dan and I had some goood loving! We knew it would probably be the last time for a while, and I also think he was trying to induce me, as he didn't want to have to go back in to work, and wanted a holiday after all the hard work he'd been doing on the boat, as well as his full-time job as a ranger! He had a month of paternity leave booked off, and hadn't banked on having to wait past my due date for it!

Well, sure enough, his plan worked, and half an hour after we nestled down in the quilt, bathed in the fuzzy love haze of post-coital bliss, the contractions started. They began at 1.30am and after half an hour of regular contractions, 3-4 every 10 minutes, I woke Dan up and said, 'I think we're on!'

They continued all through the night at that regularity and intensity, finally easing up and stopping into Wednesday morning, about 9am. I had called Lisa, who was going to be supporting me in my birth, in her capacity as a doula, and she warned me that they may stop during the day and pick up again later that night, recommending I get as much rest as possible through the day. Sure enough, as the sun went down and we sat around the fire on Wednesday evening, they started up gently at first. Labouring on my hands and knees, on a sheepskin next to the fire, in a dark wooded copse under the waning moon, who was kissing us with her moonbeams. This is one of my fondest memories of my birth. Then at around 2am, snuggled up in my bed, once again the contractions kicked in again properly, with greater intensity than the night before.

Once again, I laboured through the night, and once again as morning came, they died down and stopped at about 10am on Thursday morning.

Exactly the same happened on Thursday evening, I laboured through the night into Friday morning, except this time the contractions didn't stop, they continued all through Friday and into the evening, gradually building in intensity. I knew that this was it now. Tonight was the night, and if the previous night's patterns were anything to go by, come 1-2am in the morning, we were going to be really cranking it up!

During these three days of labouring at night, and trying to rest during the day, I had been drinking lots of good herbal tea (Mama Tea, as I called it, a mix of raspberry

leaf and nettles, comfrey leaf and catnip, calendula and chamomile, rose petals and elderflowers and lavender), to calm and soothe me, but also energise and strengthen me, assisting and preparing my womb during this warm up for the main event. I was also taking several herbal tinctures for pain relief, as well as to prevent post-partum haemorrhage. I had set up a crystal grid around the boat as well, to help all of us to maintain a calm and focused strength for this birth. I wanted not a single shred of fear to be present that could put me off my course. Not my fear or anyone else's. I was also taking regular doses of Bush Flower essences, to keep me emotionally balanced, and to help me release any unhelpful emotions, quickly and efficiently, that may surface during my labour.

These were my medicines. My spiritual allies. These were the ones I trusted to get me and my babe safely through this momentous event. And all this preparation seemed to me to be an essential part of the whole process of labour. Steadily preparing my body, my mind, my emotions and my spirit, for the relinquishing of my baby into this world. Gently guiding me ever deeper into the depths of my primal self, into my animalistic and instinctual self. Those parts of me that knew exactly how to give birth, as it is imprinted into the very essence of our being, as women.

We had been keeping Lisa updated over these few days, and we finally asked her to come over at about 1.30am on Saturday morning, almost exactly three days after my contractions first started.

By this time I was adopting an on-all-fours position, hanging over the back of the sofa for each contraction. Dan started gently holding me and tickling my big belly during each contraction, and I was amazed that the tickling really reduced the pain of the contractions massively, and shortened them as well, so I summoned him to tickle me for every one after that!

Lisa texted us to say that she had arrived, and Dan and Sara went to meet her at the road, and bring her up the towpath, and ferry her over to the other side of the canal, where our boat was still moored up.

When she arrived, I was just lying down having a little rest on the sofa, and I got this huge wave of love and bliss, a massive oxytocin rush, that was better than any ecstasy pill you could ever get (and I've had a few, so believe me, I know!) That was certainly the emotional peak of my body's naturally produced chemical and hormonal drug cocktail, and it was fab! Bottle that 'n' sell it and you'd make a fortune! I vaguely remember gushing a load of 'I love you's at everyone, and then the contractions ramped up again another notch. I decided to adopt a standing position, and ended up hanging out of the side hatch with a brandy (medicinal you understand!) and then moved again to hang off the central roof beam of the boat. I was just moving around, letting my body be instinctively guided into positions that felt good. Doing a lot of circling of my hips, and walking on the spot motions.

Then, out of no-where, came a huge emotional release, and I felt a deep sadness well up inside me. This grief just



poured out of me as tears started spilling down my cheeks. I let them flow, letting go of this intense sorrow, about what, though, I had no idea. I understood that this was simply a part of the process of labour. An energetic release of emotion that no longer served me and was ready to leave. I can only imagine that this was transition.

### out of no-where, came a huge emotional release

At this point, I felt my energy wane. I felt like I needed a rest. So I got a large piece of amber and held it over my Solar Plexus for a few minutes, in order to re-energise myself for whatever lay ahead.

It was at this point I went back onto my hands and knees over the back of the sofa and my body started pushing. The mooring sounds that I had been making during each contraction now turned into roaring, as I used the sound to channel the pain of the contractions through and out of me. I felt like a lioness! I don't know how long my body was pushing for, but I was acutely aware that I didn't actually need to do anything. I didn't need to push. My body did it for me. Just the right amount and not too fast. I also really didn't want to tear, and so was happy to let this happen gradually and slowly so as not to force this baby through a passageway that was not ready for it. As her head crowned, it rocked in and out over several contractions, slowly easing its way out, until finally on the encouraging cries of 'come on Jo, it's time to push this baby out now', I gave one mighty push and her head was out. The next contraction brought her body quickly and easily into the waiting hands of her father, who swung her straight underneath

me, between my legs, and plopped her onto the sofa below me!

She was so small and slippery, and we were immediately wrapped in a big fluffy towel, placing her on my chest, skin to skin, and she let out a good hearty howl to announce her own arrival!

We spent the next half an hour gazing at and loving our new Little Elf and she nuzzled around until she found what she was looking for, and latched on. I had completely forgotten that I also had a placenta to deliver, until a gentle contraction reminded me there was still a little work left to do. I could feel that I needed to get into a squatting position, and on the next contraction the placenta came straight out and Dan caught it in a bowl.

As we were having a lotus birth, we were not cutting the cord, and so while I had a bath and cleaned up, Dan and Lisa dressed The Elf, and cleaned and prepared and placed the placenta into a pouch that I had made for the occasion.

The last thing I remember is drifting off to sleep with my baby wrapped in my arms, exhausted but happy, as I listened to Dan making all the phone calls to new grandparents, every so often popping his head into the bedroom to look at us with tears of amazement running down his face!

And my greatest heartfelt thanks go to all those beings, physical and metaphysical, present and absent, human, animal, plant and mineral who helped me. You all played your parts beautifully to support me just enough and not too much, to do what I needed to do in order to have as empowered a birth as it is possible to have.

FREEBIRTH

I AM FREE TO BIRTH

*Joanna Joy*

## I have carried you, always

Before you were conceived, I carried a part of you in my soul. When I met your father, I looked into his eyes and saw the other part of you, and knew you, and prayed that you would come to be.

Before you were born, I carried you in my womb. When you were restless I sang to you and soothed you and told you how I loved you.

When you were born, I carried you in my arms. I kissed you and held you and put you to my breast, so that you would know that there is light and warmth and goodness in the world.

Later, I wrapped you in cloth and carried you close to my heart. I held you close so that you could hear that my heart beats like yours; that we are the same, you and I, and that you would never have to cry alone.

After a while, I carried you on my back, so that you could look at the world with confidence and joy and know that you belonged; so that you could share all of the beauty of the world as an equal to all that live in it.

Now, later still, I carry you when you are tired or fearful. So that you know that no matter how weary you become, or what life holds, you can always depend on others for support and comfort.

When you grow older, my darling, and your adventures take you further from my arms, know that even in my last hour I will carry you. I will carry you in my heart, for you are always with me.

I will carry you, always.

*Christine Maguire*



# Reviews

## *Law, Policy and Reproductive Autonomy*

By Erin Nelson

Hart 2013

Publishers recommended price £60.00

## *Health and Human Rights*

By Thérèse Murphy

Hart 2013

Publishers recommended price £45.00

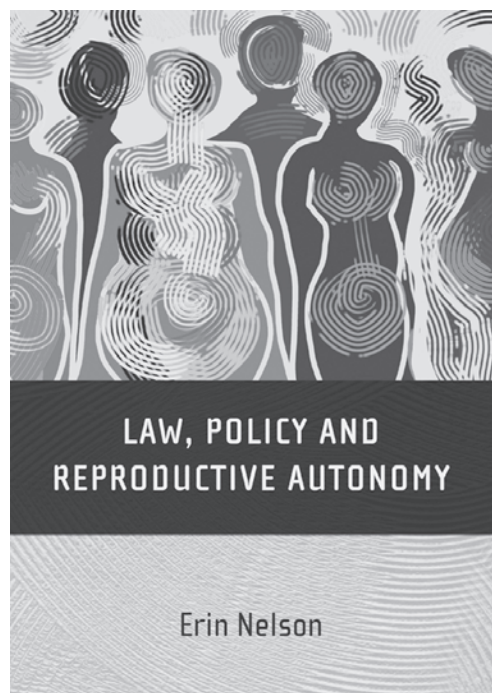
I won't pretend that these are typical of the kind of books AIMS reviews, and I rather hope that they won't be needed by most of our readers. I am also aware that they are very specific, and more than a little dry if your interest in the law is fleeting, and with that in mind, this review is intentionally very brief.

I was sent these books for review, and my first thought was to put them on the shelf to do later... Then I thought that if I did that they may well remain there, unopened, so I flicked through and then read them. Both books look at the law as it stands as well as the history of reproductive laws and policies, and helps put it into context, but they do tend towards the American. Both explore those areas where law, public opinion, medical practice and a woman's individual needs meet, overlap, diverge and conflict. Both are heavily referenced, but I was a little surprised at the lack of midwifery, feminist or autonomy texts used in either book, and the language is sadly more medical than woman-centered – the use of the word 'delivery' rather than 'birth', for example, is pervasive. Having said that, these books are clearly aimed at medics, scholars and lawyers, rather than women, and perhaps that is intentional to make the reader feel comfortable whilst introducing some concepts that will deeply challenge their ways of working.

They are, in all honesty, probably no better for woman making decisions in the UK than the AIMS book 'Am I Allowed?' and they aren't cheap.

However, what I will say is that I think they are a concise and accessible and that they should be on the shelf and used as a reference manual by all managers, supervisors and commissioners of maternity services. I also think that if you are involved in a complaint, campaign or quest for care that is right for you then these two books might well be very useful, not only in exploring your rights, but also (and this, I think, might be one of their most valuable uses) as a starting point for discussions, negotiations and statements of intent.

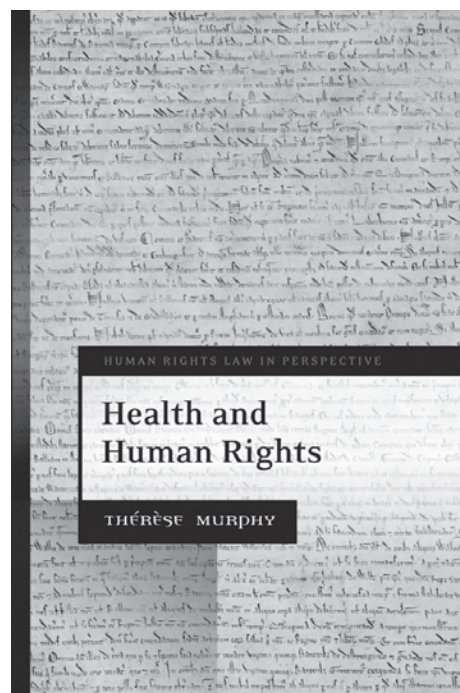
I also suspect that, whilst these books are not ever going to be a substitute for good and experienced legal advice from those who have an in-depth knowledge, they might well be a huge help in asking the right questions to sift out those who do have the right legal expertise for your situation should you find yourself in a position where you want or need it.



My favourite quotes are both from the section on caesarean delivery on maternal request; '*... a longer list of choices may well not be experienced by those making the choice as autonomy-enhancing.*' I agree completely, and the second; '*This is exactly why we need a robust feminist conception of reproductive autonomy – to preserve the space in which each woman can make her reproductive decisions for herself.*'

As a compliment to the support offered by organisations working with AIMS, such as Birthrights and M4M, we should be making sure that those who make the policies know the law, and accessible explanations from multiple angles might help achieve that.

*Vicki Williams*



## My Complaint

I offered the chap who called this afternoon the AIMS manual for complaining, he hung up on me.... The trouble is, most of the system, and half of the general population are scared of birth and so worried that it is dangerous that they are trying to protect themselves from an unknown entity

I'm about to complain that they are interfering where they have not been asked to and they simply don't get it. You can't argue with someone who says, 'But we have a policy and we followed it,' when that policy has some huge and gaping holes in it. Apparently a midwife who rocks up two weeks after the event is more qualified to determine that there is a baby and that the birth details (which, incidentally, we gave her) are correct than if we hand over the details ourselves. You just can't legislate against bureaucratic stupidity.

They want to make sure there is a baby, good plan, but how on earth do they know it is my baby and not one bought in the Baltics, or that the same baby does not have three or four identities? Answer, they don't, and so their 'need to confirm there was a birth to protect against NHS fraud' is based on nothing more than hot air and a desire to put process above common sense.

You simply should not need a lawyer to negotiate with the health care system, but you do. I'm getting more and more cross with the whole thing and less and less inclined to accept any offers of support from them because my level of trust is below rock bottom.

Thank you AIMS for being there with sound common sense and a fantastic book to guide me through the process.

*Kate Wilson*

*Making a Complaint about Maternity Care is available as a free download from [www.aims.org.uk](http://www.aims.org.uk)*

## My decision to freebirth

The year before I birthed my baby was a sad year for many I knew and loved! I saw the story of two friends and two acquaintances unfold as they became parents without their children. All four of them had seemingly (at the time) healthy pregnancies and all went off to hospital, where three laboured and one chose an elective caesarean. Their babies were monitored through EFM machines or with dopplers, used in line with the NICE guidelines, every 15 minutes in the first stage of labour and every five minutes in the second stage. Of these four babies, one died in the early stages of labour, two during the second stage and the baby born by caesarean was too poorly to live after birth. Such a sad, sad time for these parents who did all they could to protect and keep their babies safe.

What struck me was they were all born in hospital and their lives could not be saved. It was transparent that each baby was not meant to live past pregnancy. There was no hospital equipment that saved them. There was no 'super' knowledgeable doctor that knew the answer. Two babies were kept on machines for at least the first hour after birth, but this time of separation from their mothers made no difference to the outcome.

One mother, in her sorrow, shared with me her news. She told me how much she had appreciated a waterbirth in the hospital. Tearfully she described her birth as the most amazing event of her life, one for which she had much gratitude as it formed the short relationship she had with her daughter.

Before I became pregnant I knew I needed to have my baby born free amongst family and friends as no medical practitioner could or can guarantee life. I could share hundreds of stories of how medical practitioners (and not the good ones) caused major complications due to their interference based on their fear of birth.

I knew deep down all through pregnancy that my baby was healthy! I also knew that should my baby not be born healthy that I could call an ambulance or allow my child to not only be born in peace but to die in peace, in my arms, where they were loved.

Sorry, this is dark, but birth and death are so closely linked and freebirthing mothers are not reckless, they love their babies and want them to experience the world as a place of love, what ever the future, that no one can control, holds.

*Lucy Parkin*

## Why?

Why did I freebirth? Because I could. Because I didn't need a midwife or a machine to 'deliver' MY baby. And yes it hurt sooo much but then it would when a 9lb baby comes flying out in under an hour with only a handful of contractions. But I never wanted drugs, just my big dry birth pool!

Where I fell apart and lost control was shedding the placenta. It was a hurdle too far but I'm not ashamed of it. I trusted by body to try but in the end it wasn't the important thing I thought it was (I had injection twice before) instead it was simply being at home with those I loved. End of. I'm proud of my birth and I'll shout it from the rooftops (as long as my mother in law doesn't hear.)

I did it. Me. And my precious child. It was the most empowering, animalistic act I've ever enjoyed. Nothing will top it.

Was I afraid? Worried about dying? Not once. I'm always reminded of a limerick by spike Milligan which ends, it's the hole in the ear; that lets in the fear; that and the absence of light!

NR

# News

## Supporting midwives and women's rights to decide

### The 4th European Midwives Association Education Conference

On 29 and 30 October 2013 in Maastricht, The Netherlands, 209 midwives from 25 countries gathered to discuss midwifery education at the 4th European Midwives Association (EMA) Education Conference. Conference delegates unanimously supported a statement of warning to Dutch Society. Many European countries look upon the Netherlands as a good example of autonomous midwifery. The president of the EMA, Mervi Jokinen calls this 'midwifery at its best'. However the pressure on the autonomous position of midwives in the Netherlands is increasing. Our European colleagues know by experience what the outcome of such pressure can be as they struggle to maintain the human face of childbirth.

During the meeting deep concern and surprise was expressed about the direction of the political debate in Europe regarding the position of midwives. Dutch Midwifery is seen as midwifery at its best and EMA strongly advises Dutch women and their families, the government, health insurance companies and media to support Dutch midwives and to protect their autonomous position.

#### Statement

*Autonomous midwives are the most appropriate caregivers for childbearing women. Midwives enhance the health of women and their families and keep birth normal.*

This statement is endorsed by a vast amount of scientific research and recent outcomes of a Cochrane Review on midwife-led-continuity of care. Please support us by circulating this statement as widely as possible.

**Mervi Jokinen**  
*President of the European Midwives Association*

### Forced Caesareans

The article *Bullying by Court Application* by Jo Murphy-Lawless in AIMS Journal Vol 25 No 1 raised a few eyebrows. The article describes the situation in Ireland in March 2013 where a Court Order was sought to force a woman to undergo a repeat caesarean when she wanted a VBAC, where even a two day delay to wait for her husband to return from a military posting overseas was unacceptable to the obstetric teams. Unfortunately there was no ruling made, as whilst the emergency court was in session (on a Saturday) the woman succumbed to the bullying and the caesarean went ahead. AIMS cannot use the words consented or allowed, because clearly this was not a situation of informed consent or informed decision making.

Practitioners in the UK sucked their teeth and said thankfully that does not happen in England. Sadly they were wrong, as in early December the story broke that in

August 2012 an Italian woman, Allesandra Pacchieri, was indeed forced by Court Order into a repeat caesarean when she wanted a VBAC, this time using the Mental Health Act to argue that she could not understand the issues or the danger of VBAC. This is closely followed by the ruling on 11 December 2013 that a Bangladeshi woman, known as Mrs P, should be induced 'immediately' at 35 - 37 weeks pregnant and should the doctors deem it necessary she should be subjected to a caesarean without her consent. Mrs P is also detained under the mental health act, and is also wishing to have a VBAC.

Regardless of understanding of mental capacity or the law on consent to treatment, in each of these cases the obstetric teams appear to have lied in court about the danger of rupture presented by VBAC. Judges should not need to be experts on obstetric statistics, but if they are not to be used as instruments of oppression they are going to have to open their eyes. Far from the '*risk of death to mother and child*' cited in each of these cases, the figure for maternal death from VBAC rupture is 1 in 2,291,493. (Saving Mothers' Lives, CMACE 2011)

How much longer are Judges going to be taken in by mis-informed, ignorant or lying doctors?

**Beverley Lawrence Beech**

## A final thought

One which is heard from freebirthing women again, and again, and again, that their instinct that is driving their decisions...

*'If your skin is crawling, pay attention. If something doesn't feel right, pay attention. If the hairs on the back of your neck prickle, if your gut clenches up, if a wave of wrongness washes over you, if your heart starts beating faster, pay, pay, pay attention. Do not second-guess yourself or rationalize anything that impedes your safety. Our instincts are the animal inside of our humanness, warning us of danger.'*

**Inga Muscio**

*extracted from Rose: Love in Violent Times*

It was that feeling that ultimately drew me to know what birthing decisions I wanted to make. It was never going to appear rational to anyone other than those who have felt the same instinctive reaction and listened to it. I'm sure you all have done it at some point, for me it was inviting a non-intimate member of my family to my birth. The only ones invited were those who have been invited to share my vagina on other occasions. My husband, with whom I share myself willingly, and my daughter who passed through that way once before...

# Publications

**AIMS Journal:** A quarterly publication spearheading discussions on change and development in the maternity services, and a source of information and support for parents and workers in maternity care. Back issues are available on a variety of topics, including miscarriage, labour pain, antenatal testing, caesarean safety and the normal birthing process. £3.00

**Am I Allowed?** by Beverley Beech: Your rights and options through pregnancy and birth. £8.00

**Birth after Caesarean** by Jenny Lesley: Information regarding decisions, suggestions for ways to make VBAC more likely, and where to go for support; includes real experiences of women. £8.00

**Birthing Autonomy: Women's Experiences of Planning Home Births** by Nadine Pilley Edwards, AIMS Vice Chair: Is home birth dangerous for women and babies? Shouldn't women decide where to have their babies? This book brings some balance to difficult arguments about home birth by focusing on women's views and their experiences of planning to birth at home. Invaluable for expectant mothers and professionals alike. £22.99

**Birthing Your Baby: The Second Stage** by Nadine Edwards and Beverley Beech: Physiology of second stage of labour; advantages of a more relaxed approach to birth. £5.00

**Birthing Your Placenta: The Third Stage** by Nadine Edwards and Sara Wickham: Fully updated (2011) evidence-based guide to birthing your placenta. £8.00

**Breech Birth – What Are My Options?** by Jane Evans: One of the most experienced midwives in breech birth offers advice and information for women deciding upon their options. £8.00

**The Father's Home Birth Handbook** by Leah Hazard: A fantastic source of evidence-based information, risks and responsibilities, and the challenges of home birth. It gives many reassuring stories from other fathers. A must for fathers-to-be or birth partners. £8.99

**Home Birth – A Practical Guide (4th Edition)** by Nicky Wesson: The fully revised and updated edition. It is relevant to everyone who is pregnant, even if they are not planning a home birth. £8.99

**Home Grown Babies DVD:** Five inspirational and heartwarming stories of childbirth covering homebirth, waterbirth, hypnobirth, pain relief in labour, vaginal birth after caesarean (VBAC), caesarean section and gestational diabetes. Essential viewing for those wanting to know more about pregnancy and birth, and the options available to them. Includes pull out information booklet. £14.00

**Induction: Do I Really Need It?** by Sara Wickham: An in-depth look into the options for women whose babies are 'overdue', as well as those who may or may not have gestational diabetes, or whose waters have broken but have not gone into labour. £5.00

**Making a Complaint about Maternity Care** by Beverley Lawrence Beech: The complaints system can appear to many as an impenetrable maze. For anyone thinking of making a complaint about their maternity care this guide gives information about the procedures, the pitfalls and the regulations. £3.00  
pdf available for free download

**Safety in Childbirth** by Marjorie Tew: Updated and extended edition of the research into the safety of home and hospital birth. £5.00

**Ultrasound? Unsound!** by Beverley Beech and Jean Robinson: A review of ultrasound research, including AIMS' concerns over its expanding routine use in pregnancy. £5.00

**Vitamin K and the Newborn** by Sara Wickham: A thoughtful and fully referenced exploration of the issues surrounding the practice of giving vitamin K as a just-in-case treatment. £5.00

**What's Right for Me?** by Sara Wickham: Helping women to make sense of the options in maternity care. £5.00

**Your Birth Rights** by Pat Thomas: A practical guide to women's rights and options in pregnancy and childbirth. £11.50

**A Charter for Ethical Research in Maternity Care:** Written by AIMS and the NCT. Professional guidelines to help women make informed decisions about participating in medical research. £1.00

**AIMS Envelope Labels:** Sticky labels for reusing envelopes 100 for £2.00

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- Induction: Do I Really Need It?
- Safety in Childbirth
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- Birthing Your Baby: The Second Stage
- Induction: Do I Really Need It?
- Safety in Childbirth
- Ultrasound? Unsound!
- Vitamin K and the Newborn
- What's Right for Me?

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## AIMS Members Yahoo Group

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