

AIMS JOURNAL

Picturing Birth

Volume 34, Number 4,
2022



AIMS

The Association for Improvements in the Maternity Services
Registered Charity No: 1157845 2018

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Vol:34 No4

AIMS Journal (Online)

ISSN 2516-5852

Journal Editors

Alex Smith

Tamsyn Markham

Journal Production Team

Danielle Gilmour

Joanna Rana

Alison Melvin

Debbie Chippington-Derrick

Nadia Higson

Jamie Klair

Dorothy Brassington

Anne Glover

Caroline Mayers

Jo Dagustun

Rachel Boldero

Josey Smith

Katherine Revell

Salli Ward

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Association for Improvements in the Maternity Services

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Birth: it wasn't a pretty picture

Alex Smith



The theme of this December edition of the AIMS journal is the expression of birth experience through the medium of art. The finished issue is not exactly as I envisioned it - bursting with the warmth and colour of deeply personal and reflective birth art images. Despite a widely offered invitation to contribute, it appears that for most people, the experience of birth was not a pretty picture, and my invitation was met, largely, by a very telling silence. Accordingly, we have just two wonderful images to illustrate my original intention – although these are amply supported by some equally wonderful birth poetry – and the absence of the expected flood of pictures, the very silence, the fear ‘to go there’, the what is not in this issue – is equally powerful and, to me at least, spoke volumes.

If you are interested in exploring your experience of birth through the medium of art, you may be interested to read ‘Maternal Journal’ by Laura Godfrey-Isaacs and Samantha McGowan, a book AIMS reviewed earlier this year.¹

AIMS as an organisation listens to women’s lived experience of birth and campaigns for change within the maternity services. With the old adage in mind, *a picture is worth a thousand words*, my intention was to present a really powerful visual reflection of those experiences. I imagined each image being accompanied by the voice of the artist-mother saying what they had learned from the process of undertaking the artwork, and concluding with a thought on what change within the services they would like to see.

What we offer you instead is a gentler, but nevertheless, interesting and very touching issue that we trust you will enjoy.

2



[Mary Nolan](#) opens this issue by introducing us to six pieces of birth art that resonate powerfully with her own thinking and her personal experiences of being pregnant and giving birth, as well as those of the many women she has met during the course of her career. Mary’s piece is followed by a poem by [Lizzy Lister](#). If you are interested in trying out some personal birth art but are not sure where to begin, you may enjoy my article on [how to draw a labyrinth](#). This is followed with a poem by [Danielle Gilmour](#).

In her interesting article, [Gemma McKenzie](#) explains how images, accompanied by just a few words, can convey powerful and challenging messages about current issues within maternity care. [Mary Nolan](#) shares her beautiful and moving birth art story, while [Salli Ward](#) reviews Natalie Lennard’s birth art collection called ‘Birth Undisturbed’, [Hannah Wood](#) shares her birth art story and [Jo Dagustun](#) offers the lyrics to her song, ‘Give Birth a Chance’ (to be sung to the tune of, ‘Give Peace a Chance’). This is followed by [Rosie Burridge](#) commentating on behalf of AIMS, on the 2022 UK Government publication of the ‘Women’s Health Strategy for England’.

This issue also includes two book reviews. [Charlotte Tonkin Edun](#) tells us about Jodie Miller’s ‘What Does it Feel Like Being Born? A memoir of maternity activism’, a comprehensive account of a decade campaigning for humanised maternity care in Queensland, Australia, and

[Mary Newburn](#) reviews 'The Birthkeeper of Bethlehem: A Midwife's Tale' by Bridget Supple, a novel retelling the birth of Jesus. These are followed by an obituary for the late Elizabeth Cockerell in which [Beverley Beech](#) reflects on the time in the 1980s when Elizabeth was the secretary for AIMS.

Finally, we have the [AIMS critique of the Ockenden report](#), and the usual news round up of the work of the [AIMS Campaigns team](#).

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition especially benefited from the help of Tamsyn Markham, who joined me as a superb co-editor for this issue, Anne Glover, Caroline Mayers, Rachel Boldero, Jo Dagustun, Salli Ward, Danielle Gilmour, Joanna Rana, Hannah Wood, Katherine Revell and Josey Smith.

We really hope you will enjoy this issue. In our next Journal coming in March we will be exploring what is meant by physiological birth.

END NOTES

1 'Maternal Journal' by Laura Godfrey-Isaacs and Samantha McGowan, reviewed by Keren Williams. <https://www.aims.org.uk/journal/item/maternal-journal-review>

2 I occasionally 'journal' the doodles I make while on phone calls. This one dates from 2009, doodled just before my daughter announced her very long-awaited pregnancy.

~*~

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AIMS Journal articles from 1998 to the present day are available on this page of the AIMS website - www.aims.org.uk/journal.

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Article

Representations of Birth in Art

by *Mary Nolan*



It's interesting that there have been remarkably few representations of birth in art over the centuries. There are many paintings that feature pregnant women, and also women who have just given birth (the vast majority painted by men), but there is little art that tackles the transformative experience of giving birth in all its earthiness, sacredness, and complexity. In an excellent article on 'The Art of Birth' by Carmen Winant (2016)¹, Winant writes that 'there are some bodily experiences that overwhelm language' and we would expect that where language proves inadequate, art will do its duty and step in. Yet Winant goes on to ask, 'Where are the images of the birthing process?' She wonders whether the fact that the physical action 'is distinctly lacking from the folios of art history' is because labour is 'too grotesque? Too much a woman's issue? Not romantic enough (or at all?)'.

I suspect that the reasons for the lack of portrayal of birth in art probably go to the heart of women's subjugation down the millennia. I have recently been reading Janina Ramirez's book 'Femina', in which she asks why women who were hugely influential in the medieval era have been written out

of its history. Her book aims to reinstate the women whose courage, learning and leadership were pivotal in shaping the course of European history. Yet, the women of whom she writes have had to wait until the 21st century to have their contributions acknowledged.

Not being an art historian, I would not presume to try and answer the question of why birth art is largely missing from the vast human output of artistic work since the dawn of time. I have approached Alex Smith's kind invitation to write about representations of birth in art with enthusiasm but a great deal of caution, not to mention humility. Having given the matter much thought, I have decided to concentrate on six pieces of art which I have been familiar with for many years and that I have referred to in lectures and discussed with students preparing to work with women and their families across the transition to parenthood. These are works that resonate powerfully with my own thinking and my personal experiences of being pregnant and giving birth, as well as those of the many women whom I have met during the course of my career.



mymodernmet.com

My first choice is the so-called 'Venus of Willendorf', a four and a half inch figure discovered in Austria in 1908 that is thought to have been carved up to thirty thousand years before the birth of Christ. For me, this wonderful Venus captures with throbbing immediacy the roundness, the voluptuousness, and the generosity of the heavily pregnant woman who is ready to give birth. The figurine suggests a powerful connection with the earth, mediated through the colour of the limestone, a connection that I know so many women feel when the moment comes for them to bring their

babies into the world. The head of the Venus has no face; it is covered in what appear to be thick braids of hair – a symbol of her rich fertility. She is not an individual; she is 'woman' and her 'woman-ness' is exuberant.



© *Dumbarton Oaks, Pre-Columbian Collection, Washington, DC*

My second choice is the 'Dunbarton Oaks Birthing Figure', labelled after the museum where she is now on display in Washington. This figure presents problems of both dating and authenticity for scholars. While she has characteristics of Aztec art and might be considered an Aztec deity, she is unlike other Aztec works because of her nudity and lack of adornment. And while the figurine appears to be very old, when it was examined under a microscope in the 1970s, evidence of the use of rotary tools in its carving was found, suggesting that it is far more recent than the Aztec period of the 13th to 15th centuries. Scholars now believe that it is indeed centuries old but was re-carved in the 19th century.

Whatever the truth about its age, the figure is instantly recognisable as portraying the immensity and contradiction of emotions that characterise labour and birth. Is the figure experiencing the most intense agony imaginable, or is she in an ecstatic state as she fights to bring her child into the world? Surely she is experiencing both agony and ecstasy, even at the same time. Her body shares the rich roundedness of the Venus of Willendorf, but her connection to all women is signified not by her having no face but by the unseeing stare and stretched mouth of the birthing woman. The deep squat captures the power of the woman who is drawing on all her strength to bear down and expel her baby, the arms

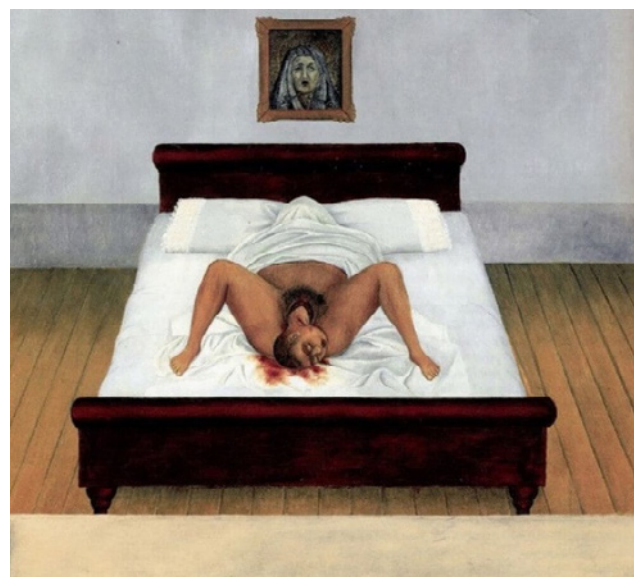
clasped behind her increasing the downwards thrust. The power of the figure is simply remarkable.



Picture taken by author

My third choice can be found in the 15th century Lady Chapel in Gloucester Cathedral. It is a work of art that captures with immense poignancy the sometimes tragic outcome of childbirth. Here is a memorial to Elizabeth Williams who died giving birth in 1622 at the age of just seventeen. Her stillborn baby lies beside her wrapped in the white covering that the child would have been baptised in. Elizabeth was the daughter of Bishop Miles Smith who worked on the King James Version of the Bible. Elizabeth's sister also died in childbirth.

While the Jacobean memorial is stiff and highly formalised, it still conveys an immense sorrow. The young mother rests her face on her hand and looks down at the little bundle beside her; the baby does not return her gaze but is forever separate from her even though newly emerged from her body. The relationship that should have been between the two is denied. The memorial captures the harsh reality of the death of so many birthing women and so many babies down the centuries. Yet there is no anger in this memorial; I find the calm resignation of the mother is the ultimate sadness.



Fridakahlo.org

This shocking portrayal of birth by the Mexican artist, Frida Kahlo, is well known. Frida (1907–1954) was influenced by indigenous Mexican artwork as well as European surrealism and realism. Her painting is entitled 'My birth' but the title is multi-layered. The painting may depict Frida's recent experience of miscarriage; or it could depict Frida's mother as the head emerging from the woman's body appears to be Frida's own. Frida's mother had died shortly before this painting was made and it may, therefore, represent a daughter's acknowledgement of her mother's pain and sacrifice in giving life to her. It may also be that the painting refers to the Virgin Mary as on the wall behind the bed is a depiction of the Virgin of Sorrows. The Virgin shared the experience of pain and suffering of all mothers when she gave birth to Christ.

The birthing mother's head is covered with a cloth – perhaps a shroud? Is Frida suggesting that both mother and child stand on a threshold between life and death during labour and birth? It is not unusual for women to describe how they felt they were going to die when labour was at its most intense.

Frida's painting is without comfort; the birthing woman lies unattended in a bleak room with only the sorrowing Virgin for company, and she gives birth to a strange version of herself. It is a highly realistic portrayal of birth, while also surreal. It represents the act of giving birth as spiritually problematic and physically brutal.



<https://kahimyang.com/kauswagan/articles/898/today-in-philippine-history-january-26-1930-napoleon-abueva-was-born-in-tagbilaran-bohol>

This sculpture, entitled 'Childbirth', is the work of the Philippine artist, Napoleon Abueva (1930–2018).¹ He was the youngest person ever to receive the prize for National Artist of the Philippines for Visual Arts. Whilst well-known in the Philippines, I was unfamiliar with his work until this particular sculpture was brought to my attention by a colleague antenatal teacher.

When Abueva was in his early twenties, studying for a Bachelor of Fine Arts in Sculpture, he was strongly influenced by the work of the ancient Greek sculptors and admired the beauty of their depiction of the human form and their belief in humanity's capacity for the heroic. This sense of the monumental is very apparent in 'Childbirth'. I really love this sculpture for its portrayal of the magnificence of the female body in the act of giving birth. Here is a tribute to a woman's strength, her body revelling in the challenge of birth and ecstatic in her ability to bring forth new life. She is an immensely powerful figure, unconfined. She is balanced (literally!) on the threshold of motherhood as the artist depicts a liminal moment in a woman's life. She and her baby are transforming each other and being transformed. The woman herself takes her baby in her own hand directly from her body.

This is a celebratory work of art. For me, Abueva's sculpture is inspirational and offers strength on days when the task of achieving a joyous birth for all women seems overwhelming.



<https://twincitiesmidwifery.com/birth-art-and-inspirational-images>

Original source: *Spiritual Midwifery*.³

If you put 'Birth Art' into Google Images, you will find many truly beautiful images of pregnancy, birth and motherhood that aren't – at least as yet – considered major works of art. However, they represent facets of so many women's experiences and understanding of giving birth that they deserve a call-out in this article. I love this image of the baby's head emerging from the centre of a flower – an image of the cervix opening to bring forth a new life. This is a wonderful motif for women in labour to focus on, visualising the birth of their child as a blossoming rather than a stretching and tearing of the vagina.

Finally...

Works of art are created when artists grapple with their own humanity and try to understand it better. In the best art, we who are not artists can find echoes of our own experiences that both enrich them and enable us to integrate them ever more profoundly into our sense of self. It seems to me that the art works I have discussed in this article offer amazing insights into that most profound of human experiences, giving birth.

Author Bio: Mary Nolan is Emerita Professor of Perinatal Education at the University of Worcester, UK.

END NOTES

- 1 Winant, C. (2014) The Art of Birth. <https://contemporaryartreview.la/the-art-of-birth>
- 2 Capili, J.W. (2003) In focus: An interview with national artist for sculpture, Napoleon Abueva. <https://ncca.gov.ph/about-culture-and-arts/in-focus/an-interview-with-national-artist-for-sculpture-napoleon-abueva>
- 3 Gaskin I. M. (1975) *Spiritual Midwifery*. Summertown TN, The Book Publishing Company

Article

This is his head, says the midwife

By Lizzy Lister



This is his head, says the midwife
placing an orange upon her ample bosom
and she seems like she could have fed
twelve children all until they were at least five
not like this baby with his me-me mouth
and arms like frantic wings, and every time I
try to feed him I think of oranges and the midwife
earlier, and earlier still, saying *can you feel the baby moving*
down?
before he was born. Louis Armstrong playing. My mother
who had just called in to say hello chiming on each contraction
Would you like some tea? Would you like some honey?
Would you like your hair brushed, your back rubbed,
some nuts? And then there's Pulp on the record player
and gas and air and I'm at the cinema and it's intermission time
now's the time for ice cream, for orange juice, and the baby's
been born and I missed it, but not really for I'm still here
screaming while outside the twelve o'clock train hums
on the platform. And then there's the doctor, and then the
second midwife all asking *can you feel it moving*
and Mum's on the phone *yes do pop in for a cup of tea*
Elizabeth won't mind and I'm screaming *No, No,*
And here's the two o'clock train, and the four-fifteen
and *do you want tea, honey, nuts?* The midwives
are talking about baby's names. *Can we break your waters?*
Can you feel it moving down? Imagine a lotus flower,
Imagine a mountain peak, imagine the sea...
I'm jumping up and down *no don't make me lie down*
I can't lie down, I can't lie down, and then it winds me -

a sledge hammer just below my ribs and they're shouting
push push it'll soon be here. Can't you push any harder?
All of them *one two three push* and *I can see it I can see it*
you can do it, one two three push it's nearly here
it's nearly here and I can feel it burning, burning,
with a halo of fire around its enormous head. *Hold it*
hold it gently gently gently and it's slithering out
like a gigantic purple fish and it's so big and *stop pulling*
stop pulling the cord's too short, and then there's the midwives
with a torch staring between my legs like they're looking
for rabbits.

Louis Armstrong on the record player.

The eight o'clock train gently hums outside.

Author Bio: *Lizzy Lister is a poet, musician, artist, gardener, mother, eco-warrior, cyclist and sea swimmer who lives with her family in a railway station beside the Cornish mainline and for a hobby adds live soundtracks to silent films with the band Wurlitza.*

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# Drawing a labyrinth

by Alex Smith



The twists and turns of the labyrinthine pathway have often been borrowed as a metaphor for the journey into parenthood, and more particularly, for childbirth itself.<sup>1</sup> In this article I offer a brief introduction to the history of the labyrinth, give directions for creating your own, and show how the metaphor can provide reassurance and strength when the journey proves longer and more convoluted than expected.

The word labyrinth, according to many accounts, was first used to refer to the complex underground structure built on Crete by Daedalus, the father of Icarus who flew too near the sun. It was commissioned by King Minos as a home and confinement for the dreaded minotaur<sup>2</sup>, a creature who was half man and half bull. However, the classical design of the labyrinth predates those times and may be as old as 4000 years or more.<sup>3</sup> It is believed that the earliest labyrinths were intended to trap evil spirits, and the story of the minotaur may represent the inner demon. However some stone labyrinths have been found near fishing communities, and one (challenged) theory suggests that these may have been fish traps.<sup>4</sup> In later times, the labyrinth is widely understood as a symbol of our journey in life<sup>5</sup> or of a particular spiritual challenge we have to face; not so far removed perhaps from its original meaning. Whatever, their first intended purpose though, it is interesting that it is an archetypal image found in diverse cultures around the world and even adopted by the Christian church.<sup>6</sup>



The Mogor labyrinth in Spain (about 2000 years old)<sup>7</sup>, and Chartres Cathedral (13th century).<sup>8</sup>

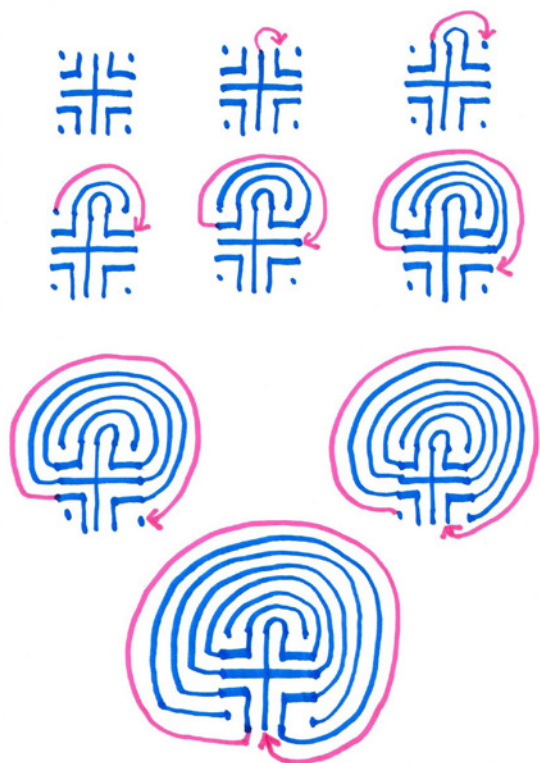
The broad distinction between a maze and a labyrinth is that the former is multicursal or has many paths, and the latter unicursal being made with a single, albeit convoluted, path. Unlike a maze, it is not possible to become lost in a labyrinth. This single path has been thought to represent a pilgrimage and walking along the path has been used to assist prayer and meditation.<sup>2</sup> In modern times, labyrinths have been incorporated into a range of therapeutic settings because walking the labyrinth is known to be calming and a good way of lowering the symptoms of stress.<sup>10</sup>

To make a labyrinth of your own, you could follow the directions below and mow a labyrinth pathway into your lawn or mark one out on a beach. If your living circumstances are more confined, the benefits are even found by tracing the pathway with your finger. A home-tracing labyrinth could be made in clay with an indented pathway, embroidered, knitted, painted or carved into wood, but a humble pencil, crayon or felt-tip creation is perfect too.

This is how to draw a labyrinth:



- Allow ample paper so that your labyrinth has paths that are at least a finger-width wide.
- Place the initial cross about two thirds of the way down the paper, leaving plenty of room above and at the sides.
- Draw the foundation pattern leaving nice clear pathways between the lines.



- The foundation pattern provides the pairs of points that need to be connected to form the pathway. When the last pair has been connected there will only be one entrance into the labyrinth.
- Using your finger, or a different colour pencil, trace the route of the labyrinth path.

The metaphorical meaning of the labyrinth is created as you trace its path. In approaching the threshold of a new adventure (marriage, childbirth, parenthood, a course of study, a new job) people often experience a sense of liminality.<sup>11</sup> This is the feeling you get when you are on the precipice of something new. You haven't embarked yet, but there is no turning back. Liminality is often an unpleasant feeling ranging from simple 'butterflies' to utter terror. It may involve regret for the things being left behind and uncertainty or fear for the future. These feelings are often mixed with ones of excitement and possibility, making this a confusing and unsettling time for many.

- As you focus on the entrance to your labyrinth, hold your particular life journey in mind. What did you or will you leave behind? You could write or draw representations of these things outside of the labyrinth. Perhaps you are leaving behind your status or income, friendships or freedom.



The centre of the labyrinth is not the destination. It is the turning point where you find and gather up what it is you need for the next phase of your life. If the labyrinth represents a course of study for example, the certificate may lay at the centre, but this is not, in itself, the bright future you anticipate. What else do you need to make a go of it? In a person's journey into parenthood, the labyrinth may represent the labour undertaken to bring the baby into the world. What else will you need as you continue to move forwards as the mother or father you want to be?

- As your finger traces across the threshold and enters the labyrinth, the journey begins. Imagine the purpose of this journey for you. What lies at the centre of your labyrinth? What gift do you hope to find that you may need in your near future? You could write or draw this in the centre of your labyrinth, or simply remain open to what you will find along the way.

Immediately on entering the labyrinth it appears that the centre is straight ahead; almost within reach. Initial feelings of confidence are soon tempered, however, by the twists and turns of the pathway. Doubt, even despair may start to creep in. The journey seems so much longer and more convoluted than expected. The path seems to be leading in the wrong direction, the centre moving further away with every step. Can I do this? Am I doing the right thing? Must I face my inner demons?

- As you continue to trace your finger around the labyrinth, smoothly, calmly and at a speed of your choice, notice your feelings and allow them.

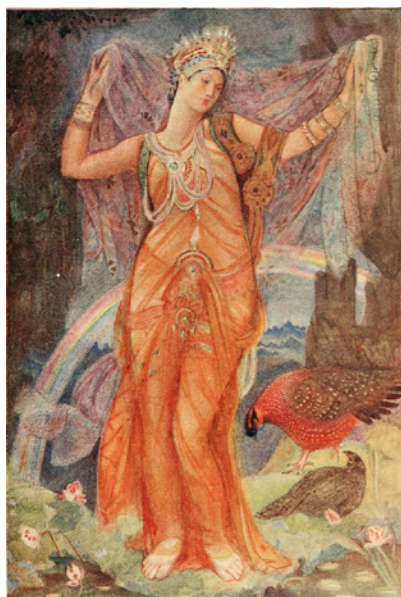
The great thing about the labyrinth is that this single pathway does take you to the centre. Sometimes it may feel impossibly narrow, sometimes it is wider and easier to navigate, but either way, it does take you there. You cannot get lost. All you need to do, one step at a time, in your own time, is to keep moving forwards; and just when you feel that it may never end, you turn the corner and there you are!

If your journey is into parenthood, when the centre is reached and the baby gathered up, there is barely time for a few deep breaths before the journey back out of the labyrinth has to be faced. This phase expresses the twists and turns of the early weeks and months of motherhood or fatherhood before the eventual reemergence into a new normality - restored and stronger in the process. Apart from your baby (new qualification, job contract or other turning-point achievement), what else would you hope to find on the return journey?

- Before you turn around, spend a moment being at the centre. What are your feelings? If you have a past or future journey in mind, what colour is the centre, what images or music might represent this turning point for you? Perhaps you could decorate your labyrinth accordingly. Now, when you are ready, begin to trace your return journey.
- As you emerge from the labyrinth, what are your thoughts and feelings, what did you learn? Just notice all of these without judgement. Imagine a similar journey in the future, or imagine if you could take that one again, what would you 'pack' to take with you? Where would you find those resources? Perhaps you could draw a metaphorical backpack full of what you would need...or perhaps you could list these things along the pathway of your labyrinth.
- Alternatively, you may prefer to honour the actual feelings experienced during the remembered journey. You could write an account of this, highlight the most significant words and place these along the labyrinthine pathway - to be framed or ceremoniously burned as you wish.

For anyone interested in making connections with ancient mythology, the journey into and back out of the labyrinth has parallels with Inanna's descent into the underworld, possibly the oldest epic poem known to us. Inanna was the Sumerian queen of heaven and earth, but even with all of her privilege and power, her journey changes everything.<sup>12</sup> The fact that her story, expressed through poetry, has survived from the earliest times and resonates with us still, speaks of the power of art to capture the essence of our human experience.





Inanna-Ishtar's descent into the Underworld taken from Lewis Spence's *Myths and Legends of Babylonia and Assyria* (1916).<sup>13</sup>

You may find that drawing a tracing-labyrinth proves to be a few minutes of simple fun, or it may form the basis of a rich and enlightening mind-map or piece of personal artwork. Either way - please enjoy!

## ENDNOTES

1 England P. (2010) *Labyrinth of Birth: Creating a Map, Meditations and Rituals for Your Childbearing Year*. Birthing from Within Books; Illustrated edition.

2 Britannica, T. Editors of Encyclopaedia. Minotaur. Encyclopedia Britannica. [www.britannica.com/topic/Minotaur](http://www.britannica.com/topic/Minotaur)

3 *Labyrinthos* (2008) [www.labyrinthos.net/photopage01.html](http://www.labyrinthos.net/photopage01.html)

4 Tolkechev V., Tolkechev M. (2019) *Secrets of the Solovetsky Labyrinths: Who? Why? When?* Dorrance Publishing Co.

5 AIMS volunteer Danielle Gilmour wrote, "There is a huge park in Calgary called Nose Hill Park and in it we found a labyrinth. At the time, it did indeed make me think about how it represents so many journeys in life - that sometimes it can feel like you're getting further away from where you want to be but if you just put your head down and stick at it you'll get there in the end. Sometimes you have to move away to get to the core."

6 Edkins J. (2008) Chartres and other church mazes, [www.theedkins.co.uk/jo/maze/chartres/index.htm#chartres](http://www.theedkins.co.uk/jo/maze/chartres/index.htm#chartres)

7 Image from: <https://turismoriasbaixas.com/en/recursopan1?content=280379871>

8 Image from: <https://www.cathedrale-chartres.org/en/cathedrale/monument/the-labyrinth>

9 AIMS volunteer Nadia Higson wrote, "Many years ago I walked an ancient turf labyrinth at Breamore in the New Forest, and can testify to what a profound and mystical experience it was. One of my favourite memories!"

10 Gersbach J. Labyrinths Find Their Way onto Hospital Grounds as Paths to Healing. *Perm J*. 2008 Fall;12(4):77–80. doi: 10.7812/TPP/08-045. PMID: 21339929; PMCID: PMC3037149.

11 Editor's note: Limen is another word for threshold.

12 Tearle O. (2022) *The First Epic Poem: The Descent of Inanna*. Interesting Literature website, <https://interestingliterature.com/2018/05/the-first-epic-poem-the-descent-of-inanna>

13 A modern illustration depicting Inanna-Ishtar's descent into the Underworld taken from Lewis Spence's *Myths and Legends of Babylonia and Assyria* (1916). Internet Archive Book Images, No restrictions, via Wikimedia Commons.

# Birth Weights

by Danielle Gilmour



7,7; 8,4; 9,5 - These are numbers  
I must have given a hundred times  
but I've often wondered how I'd score  
the weights of things I know to my core:

The strange intangible weight of two little lines on a  
pregnancy test  
The sublime gravity of a warm, slippery baby to an  
exhausted chest,  
as every care that came before becomes hot air  
and floats away like balloons

The improbable weight of car seats is owed  
to the mass of a human soul  
squeezed into a fragile lump of pink flesh and soft bones,  
wrapped up and buckled in

The unconquerable weight of eyelids that wish to remain  
shut  
The light that's cast on bits of me yet to grow up  
The reserves that emerge from nowhere  
and expand like bubbles rising up from the deep  
The heaviness of choices that steal you from sleep

Space is weighted when it occupies  
a newly vacated alien belly

The heavy ache of breasts full of milk  
The featherweight of giggles soft as silk,  
or butterfly kisses as day begins

The intolerable lightness of their very existence  
that could be whisked away on a whim of the winds

There isn't a number in kilos or pounds  
that could conjure the sound when they hit the floor  
The weight of new hazards not considered before; the door,  
a cup of tea, my phone

The absurdity of loneliness – the heaviest of things to be  
made of absence  
and from never really being alone

Or the burdens I'd shoulder if I could buy  
just one minute longer of our allotted time

If you could give these weights a number,  
it's they that herald the birth of a mother

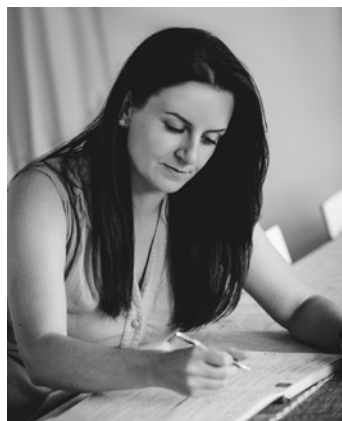
*Danielle Gilmour* lives in South Gloucestershire with her husband, three children, unruly dog, and brood of barren chickens. She has been self-medicating with poetry since becoming an exhausted mother and her work features the pushes and pulls of family life.

Her work has appeared in '[Alluvian](#)', '[The Wee Sparrow Poetry Press](#)' and will feature in the upcoming publication by '[The Gress](#)' later this year. You can find her on instagram [@mummy\\_juice\\_writes](#)

## Article

# Feminism, Graphic Zines and Maternity Rights

by Gemma McKenzie



“I don’t care if you want to hear from me, I’m saying it anyway.”

These are the words of Andi Zeisler in her co-authored book with Alison Piepmeier entitled, *Girl Zines: Making Media, Doing Feminism*.<sup>1</sup> The book explores what they describe as “grrrl zines”; “self-produced and anti-corporate” (p.2) pamphlets written by women and girls. In their pre-internet 90s’ heyday, the authors describe zines as handmade, messy, containing photocopied images, and often sprinkled with stickers and glitter. They were:

“...sites for the articulation of a vernacular third wave feminist theory. Grrrl zines offer idiosyncratic, surprising, yet savvy and complex responses to the late twentieth-century incarnations of sexism, racism and homophobia.” (p.4).

In a world in which women’s voices and experiences are often silenced, zines provided the opportunity to challenge, provoke, and share ideas. Originating from the punk scene, they stem from a long history of women producing and distributing ‘underground’ texts that both inform and critique. Examples of this include literature on sex and women’s health created in the early twentieth century by activists such as [Margaret Sanger](#),<sup>2</sup> [Mary Ware Dennett](#),<sup>3</sup> and the [Boston Women’s Health Book Collective](#).<sup>4</sup>

I had no idea of the rebellious, feminist history of zines when I stumbled across the artwork of Michelle Freeman on social media. She was just completing her award-winning graphic novel, *Room of Stars*, and had posted striking examples from the book online. I was captivated. Michelle’s work was magical, ethereal, haunting – almost ‘cosily spooky.’ Her images portrayed both vulnerability and strength, and captured the essence of solitude, unease, beauty, and even fear that often accompanies life as a girl and woman in contemporary society. I knew I wanted to work with her but had no idea what the format could take.

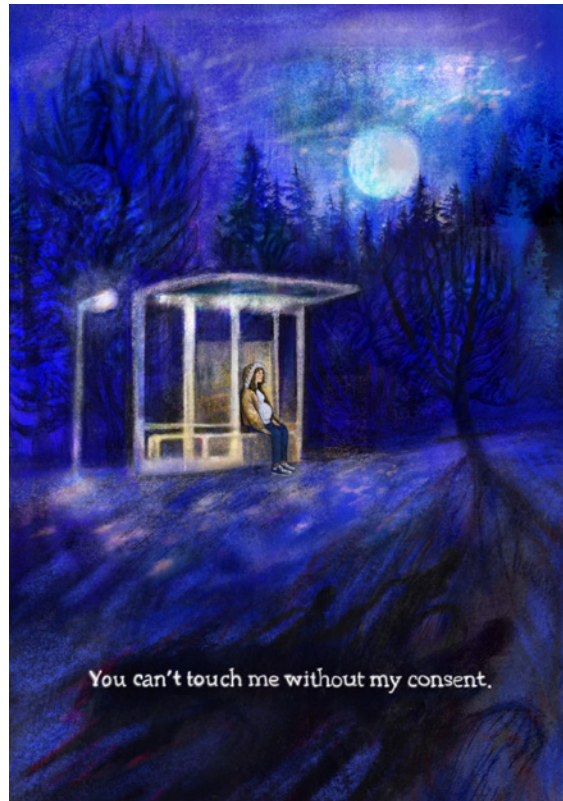
We spoke one evening and Michelle introduced me to the world of graphic zines. I was just writing up my PhD on women’s experiences of freebirthing in the UK.<sup>5</sup> Through interviews with sixteen women who had intentionally given birth without doctors or midwives present, I had learned of an underbelly of maternity provision in which women were subjected to violations of their human rights and even cut and penetrated without consent. Such abuse is known as obstetric violence<sup>6</sup>. Interviewees spoke of wanting to be listened to, respected, treated as individuals and acknowledged as adults who had autonomy and bodily integrity.

With funding from Wellcome, ESRC<sup>8</sup> and King’s College London,<sup>9</sup> I created a small team to help me bring my idea to fruition. I wanted to combine the results of the study with Michelle’s art and the wisdom and knowledge of service users and birth activists. Alongside Michelle and myself, our team consisted of Emma Ashworth and Anne Glover, both of whom are experienced doulas,<sup>10</sup> activists and volunteers at AIMS. In addition, my long-term friend Alice Spencer contributed her experiences of birth and obstetric violence.

Our aim was to bring to life women’s experiences of maternity care - both good and bad - and to emphasise women’s human rights in childbirth. We did not want the zine to be text-heavy, nor for it to reflect the type of mainstream leaflets that appear within the NHS. This was going to be something different, something eye-catching, something that encouraged the reader to engage and think.

Reproductive rights and obstetric violence are indicative of much wider gender-based issues in society. We wanted the

zine to capture this broader battle to eradicate discrimination, oppression, and violence against women. One page, for example, includes the text 'You can't touch me without my consent.' A lone pregnant woman sits at a solitary and darkened bus stop. In one respect the image simply depicts her returning home from a hospital appointment, daydreaming perhaps; a woman with full human rights, telling the world that she is free, confident, and in possession of bodily autonomy. But from another perspective, she is in a precarious situation - perhaps unsafe even - vulnerable to the unknown. Indeed, looking carefully at the image, the shadows of darkened tree branches creep towards her in the moonlight.

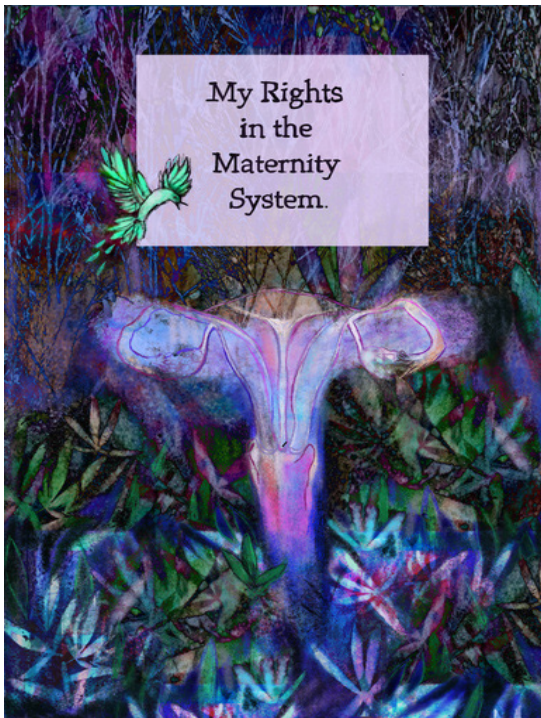


As the debate over a woman's right to abortion in the US intensified, we felt a greater urgency to depict women as real people - not fetal containers - but as multi-dimensional individuals who experience nuanced and complex lives, have relationships, commitments, and hopes. Michelle drew women experiencing their daily life, and then juxtaposed this with an image of a naked woman in a specimen jar. The idea was to emphasise the point that, even when pregnant, a woman has other facets to her life: we are workers, business women, mothers, partners; and when we are disrespected, abused, or dehumanised – it hurts, and it impacts our lives.

Inevitably, not everyone will like our zine. After all, its aim is to challenge and provoke. Yet, like all the feminist creators of 'underground' texts, our goal is to raise an issue that is not being adequately addressed in the mainstream. Obstetric violence during pregnancy and birth does exist; it is an uncomfortable truth. This form of abuse is just one of many that exists under patriarchy. Resisting an urge to be silent and to brush these abuses under the carpet we are using this zine to speak up. Regardless of whether people are ready to listen, like the writers of the "grrrl zines", we are going to say it anyway.

A short video of the images from the zine is available at: [www.youtube.com/shorts/fw6lvDn2fzw](https://www.youtube.com/shorts/fw6lvDn2fzw) and here is the link to the e-book: [www.lulu.com/shop/gemma-mckenzie-and-michelle-freeman/my-rights-in-the-maternity-system/ebook/product-2p2nwe.html?q=My+rights+in+the+maternity+system&page=1&pageSize=4](https://www.lulu.com/shop/gemma-mckenzie-and-michelle-freeman/my-rights-in-the-maternity-system/ebook/product-2p2nwe.html?q=My+rights+in+the+maternity+system&page=1&pageSize=4)





*Author Bio:* Gemma McKenzie has just completed her PhD exploring women's experiences of freebirthing in the UK. She is about to embark on new research projects with King's College London, Durham University and the Faculty of Forensic and Legal Medicine.

#### END NOTES

- 1 Piepmeier A. (2009) *Girl Zines: Making Media, Doing Feminism*. New York University Press
- 2 Michals D. (2017) Margaret Sanger. National Women's History Museum. Online: [www.womenshistory.org/education-resources/biographies/margaret-sanger](http://www.womenshistory.org/education-resources/biographies/margaret-sanger)
- 3 Craig, J. M. (1995). "The Sex Side of Life": The Obscenity Case of Mary Ware Dennett. *Frontiers: A Journal of Women Studies*, 15(3), 145–166. <https://doi.org/10.2307/3346796>
- 4 Boston Women's Health Book Collective. [www.ourbodiesourselves.org](http://www.ourbodiesourselves.org)
- 5 McKenzie G. The Freebirth Study. [www.gemmamckenzie.co.uk/the-freebirth-study](http://www.gemmamckenzie.co.uk/the-freebirth-study)
- 6 Durham University. Obstetric Violence Blog. Editors: Camilla Pickles and Olivia Verity. [www.durham.ac.uk/research/institutes-and-centres/ethics-law-life-sciences/about-us/news/obstetric-violence-blog](http://www.durham.ac.uk/research/institutes-and-centres/ethics-law-life-sciences/about-us/news/obstetric-violence-blog)
- 7 AIMS journal (2022) [www.aims.org.uk/journal/index/34/2](http://www.aims.org.uk/journal/index/34/2)
- 8 Economic and Social Research Council (ESRC) [www.ukri.org/councils/esrc](http://www.ukri.org/councils/esrc)
- 9 King's College London. Public Engagement Small Grants. [www.kcl.ac.uk/study-legacy/doctoral-studies/doctoral-training/training-themes/communication-and-impact/pe-small-grants](http://www.kcl.ac.uk/study-legacy/doctoral-studies/doctoral-training/training-themes/communication-and-impact/pe-small-grants)
- 10 Editor's note: Doulas are people who attend births to support the family. <https://doula.org.uk>
- [11] The video of the images from the zine is available at: [www.youtube.com/shorts/fw6lvDn2fzw](http://www.youtube.com/shorts/fw6lvDn2fzw). The link to the e-book: <https://www.lulu.com/shop/gemma-mckenzie-and-michelle-freeman/my-rights-in-the-maternity-system/ebook/product-2p2nwe.html?q=My+rights+in+the+maternity+system&page=1&pageSize=4>

## The AIMS Guide to

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# Birth Art

by Mary Nolan



My birth art relates to my second pregnancy in 1986. In many ways, 1986 seems a very long time ago, but I recall one particular moment in my labour with such vividness that it is as if I can see, hear, feel and experience the moment just as it was then. The famous American childbirth educator, Penny Simkin, wrote two wonderful papers based on her research into what women recall of their labours and discovered – which will surprise none of us – that even women well into their later years remember in minute detail what happened to them during labour, the midwives and doctors they met, the things people said, and what was done to them. I also remember my second labour in this kind of detail, but the one moment I have tried to capture in my birth art was so surreal that I think of it regularly whereas I revisit the rest of my labour only occasionally now – 36 years on!

I used tissue paper, felt tips and confetti stars for my birth art. Not being a very creative person, I didn't expect that doing the artwork would lead me into a deeper understanding of my labour. I was therefore surprised to find that every aspect of making the picture, from choosing to use tissue paper, which worked well to capture the fragility and transience of the moment I wanted to describe, to deciding how prominent to make the tree, to choosing whether or not to depict the bath as opposed to just the

water in the bath, to deciding where to place myself and the baby, did, in fact, draw me into my experience in a way that renewed it for me.

My first labour ended in a BBA – Born Before Arrival – as I gave birth to my daughter on the bed in which she was conceived with no-one in attendance. She and I were both fine and I felt a great smugness that I had 'done the deed' without any help whatsoever. The labour had lasted about eight hours, so fairly quick for a first baby, and I imagined that the second would be similarly speedy.

But it wasn't. It unfolded at a much slower pace and I found myself in the afternoon of the second day of labour lying in a warm bath, having regular, fairly strong contractions, looking out of the window at a tree which was just starting to show its Autumn colours, but remained predominantly green.

I felt an immense calm. Totally untroubled by the contractions. Warm and comforted by the water around me, and supported by it. The tree's branches seemed to be both outside the window and inside it, hanging down over the bath and enfolding me in their leaves. A wonderful golden light shimmered in the branches and around me. The baby inside me was peaceful and she and I seemed absorbed into the light and movement of the tree.

Just as the tree was in a liminal moment between its summer foliage and its autumn, so the baby and I were on a threshold, hers between her life in the womb and her new life outside, and mine between living the last moments of my final pregnancy and life with my new and completed family.

It was a moment of the most total wellbeing I have ever experienced. I felt completely at one with the tree and the light, with my own body, with my womanhood and motherhood. The words of Julian of Norwich were the mantra that I used to ride the contractions: 'all shall be well...and all shall be well...and all manner of thing shall be well'.

My birth art tries to capture this moment out of time. The tree with its glancing light is central. The water is also a

key part – unconfined by the bath I was lying in but a part of the flow of nature. I and my big belly are small but at the heart of the picture. The stars depict the magic of that sense of being both deeply inside myself and an integral part of a universe beyond.

Over the forty years that I have worked in childbirth education, so many women and men have told me their birth stories. It saddens me that many were stories of distress, of an experience that was far from the joyous one that should herald the arrival of a new baby. My experience in this particular moment in this second pregnancy was, for a second or two, one of profound connection with an everlasting renewal; it was a moment of the most profound and spiritual fulfilment that I would like more women to experience and more women who have enjoyed it, to talk about.

*Author Bio:* Mary Nolan is Emerita Professor of Perinatal Education at the University of Worcester, UK.

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Birth undisturbed

Collection by Natalie Lennard

S&P Gallery, London

Review by Salli Ward, AIMS Journal co-editor



'Royal Blood'. Picture by kind permission of the artist, Natalie Lennard

Birth Undisturbed is an award-winning narrative series by British photographer Natalie Lennard. Travelling through the world and history to depict birth from ancient to modern and squalid to famous, the collection shows women real and imagined in different contexts and different times.

In the guidebook that viewers are handed in the small gallery, the artist says that the collection, “is my labour of love for five years; it is my ode to the simple glory of the wild birthing woman”. The series features, for example, Mary’s birth of Christ, Calamity Jane giving birth in the Wild West and birth in the confines of a narrowboat (something that resonated with me as a boat-dweller, though my children were all born in a conventional house). In the notes, Natalie Lennard mentions Michel Odent, Grantly Dick-Read and Ina May Gaskin, and it feels like she comes from a similar place, on the side of birthing women.

I came across the exhibition because I know the model posing as Prince Phillip in Lennard’s depiction of the birth of Prince Edward in 1964. I asked my young friend, not yet a father himself, what it was like: he was treated like a king, he said, but the actual pictures produced are ‘gruesome’ and ‘graphic’ (although he was also interested and proud); I imagine his view is fairly

common amongst younger people who have not experienced or witnessed birth. To me, the pictures are beautiful. As well as what they show, they are exquisitely set up and, fascinatingly, accompanied by short films that show a little of the process. The guide says that, “Natalie Lennard has spoken at art and midwifery conventions where her images bridge the gap between art and birth” – a gap that needed bridging when you consider more common ideas about birth portrayed in art. I hope very much that these works are part of a movement towards normalising and celebrating birth and that my young friend helps spread the word.

The exhibition has closed now but will open elsewhere and a lot can be seen (and bought!) here from the gallery site¹. You can also find information on the artist’s own site, including her backstory about the birth of her first child, Evan, who she triumphantly carried to term knowing he had a fatal condition incompatible with life outside the womb: www.birthundisturbed.com/the-series.

Author Bio: Salli has helped raise 8 children – all born at home, though only 3 from her own womb –and is now an overly proud Nana. She is passionate about birth rights and rites, and about punctuation including the Oxford comma. Until recently these interests were useful to her as co-editor of the AIMS Journal, but she is now employed as fundraiser for the British Deaf Association and freelances as a copywriter.

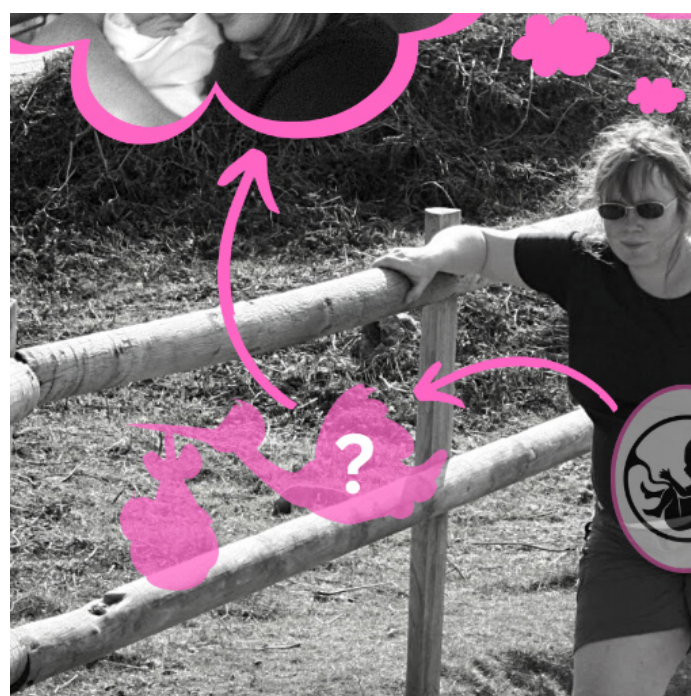
ENDNOTES

1 Natalie Lennard collection. <https://spgallery.co.uk/collections/natalie-lennard>

Article

My Instagram Birth Art

by Hannah Wood



This is a picture of a pregnant me walking up a hill in the Gower a few weeks before my daughter was born. Drawing and painting aren’t really my skills, so I used digital art techniques instead. It was fine to size it to an Instagram (IG) template as I’ve just started using IG myself as part of my creative life.

It’s a picture of me doing outdoors stuff – I had a really easy pregnancy and kept active right up until the end, although it helped having my daughter arrive early. I’d never considered that as a possibility as they always tell you that first babies are likely to be later than expected.

So while I definitely enjoyed being pregnant and I felt bonded to my child, I also felt that I had a science experiment going on in my tummy which made me use the diagram for my unborn child, remembering school biology. And I was aware that the science felt interesting to me – that feeling of excitement and wonder and not knowing how it’s going to turn out. But it did also feel like a lot of

people wanted to make observations, take readings, and have opinions about something that was very personal and part of me.

The other strong and 'real' element of this picture is the photo of me cradling B, and I'm walking towards this. For me, pregnant and looking ahead, it would be science that would turn the nebulous concept of a child inside me into something more concrete, but something that I also knew very little about.

Again and again when I was making this piece of art, I tried to balance the two contrasts of knowing and not knowing, strong and soft, and both of them playing out together as I gave birth.

I think that not knowing was a lot less comfortable when I translated it into thinking about the birth. There seemed to be so many variables in it, and so much conflicting information. I felt that it could be a very rational experience with medical methods and statistics and a birth plan, and that was how I was leaning in my head. I wanted it to be my way, but my way by all the scientific guidance. This is the route that comes from my head, with thought clouds and a clipboard and how I thought it would be before I gave birth.

The second route comes from my heart, as I look back on giving birth now and a lot of the time the process was being managed by my instincts, from somewhere inside me that just felt its way through. I think if I'd known this when I was pregnant, I'd have taken much more care of that part of me. Trusted it more, and advocated for it more assertively.

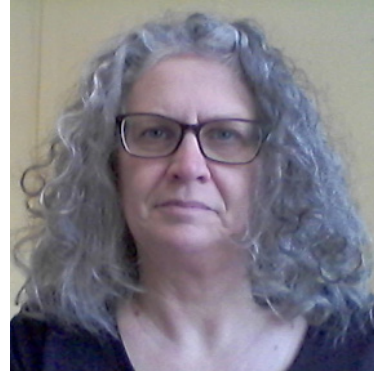
And I think now I've come back to working for AIMS, that this is what I want championed in maternity services – the balance between evidence-based processes around physiology with the support and cherishing of the parts of birth that can't easily be put into words and numbers. This picture tries to encompass that, and it's made me think of the times since that I've slowly learned to take notice of my instincts and ask for those things too.

Author Bio: Hannah is a mum to a teenage daughter and a rescue tabby all living in a muddy house in the West Country. She loves gardening and making things and is always working to make more time for both.



Give birth a chance

Lyrics by Jo Dagustun, with thanks to John Lennon for the inspiration!



To the tune of 'Give Peace a Chance'

Intro: a 1, a 2, a 1234...

Verse 1

Everybody's talking 'bout:
See your midwife, check your blood
Test your pee, anti-D
SPD, PGP
How's the size, how's the lie?
Screen to check it's what we want
2, 3 or 4-D scan?
See your little man...

Chorus

All we are saying, is give birth a chance...
All we are saying, is give birth a chance...

Verse 2

Everybody's talking 'bout:
When's the birth, must be soon?
EDD? You're overdue!
Just a little sweep, thank you
Fresh pineapple, curry, sex,
Take a walk. Your time has come
Water's gone? infection!
Placenta failure coming on
You will need an induction...

Verse 3

Everybody's talking 'bout:
Waters breaking
Ringing up
Come on in for monitoring
Contractions stop
Not in labour, that's a fact
Go back home, manage on your own
Wait until it's very late
Ignore the lights -

“I don't care, I really need to get there
I think I'll need a wheelchair...”

Verse 4

Everybody's talking 'bout:
Tens machines
Pethidine,
Diamorphine
“Where's the pool?”
Paracetamol
Gas and air, epidural, spinal
“Just knock-me-out...”

Verse 5

Everybody's talking 'bout:
Labour's stalled, mum's exhausted
EFM, augmentation
Decelerations, mum can't cope
Baby's stressed, what a mess
“Just get my baby out!”
Get her prepped...

Verse 6

Everybody's talking 'bout:
Hold it there, don't push dear
A little snip, breathe this way
Want to push? Well now's ok
Give a great big push now dear
The baby's here!
A little jab now, placenta out
Some clinical waste there to chuck out...

Verse 7

Everybody's talking 'bout:
Baby's blue, what to do?
Cut the cord, give it here,
Get it breathing, special care,
“Skin-to skin?” Not right now
You just rest and you just trust in us my dear...

Verse 8

Everybody's talking 'bout:
Sore nipples, poor latch
Tongue tie, infected breasts
Cannot cope with nipple thrush
Hungry baby, anxious mum
“How d'you know they're getting some?”
This is rough
Go and buy the fake stuff...

Verse 9

Everybody's talking 'bout:
Won't sleep, cries all night
Put him down, he fights and fights
“I need a break” - I leave to cry
Can't bear to hear
Don't worry dear
It really is a good idea
No co-sleeping here...

Final chorus, repeated until done...

These lyrics are possibly one of the most authentic outputs of my PhD. I don't claim to have any talent for song writing, but with a little work I think they could well be a useful addition to the birth activist rally song book. If my lyrics resonate with others, it would be great to hear them sung. It's such a great tune, if nothing else.

I recall that the lyrics were fairly easy to write; they developed in my mind as a result of sitting with women, one to one, and listening to their telling of their birth experiences. I was hearing things that I hadn't been expecting or looking for, and it was impossible to ignore it. Once I started to put pen to paper, the words flowed. Later, I tried to do some work to ensure they 'scanned' ok, but even with the help of a friend I found this tricky.

Whilst it might not always have been notable to the story teller, what I heard very powerfully as I worked on my PhD, was repeated stories of a maternity system that is unable to support women to have a straightforward birth. As I have continued my work in the maternity service improvement community, I see that this isn't a historic issue. I think these lyrics represent that truth, in a way that I hope will speak to many.

I think we can do better. As service users, I strongly believe that we should expect a taxpayer-funded maternity service that both supports us well when pathology rears its head, but also works hard to ensure that the system doesn't divert us from a straightforward birth, where that is our choice. Is it really too much to expect, where it is our decision based on access to good information and support, to expect the system to be constructed in a way that gives the physiological process of birth a chance?

Author Bio: Ex civil servant, social geographer and mum of four, Jo Dagustun maintains her interest in health policy and practice via her roles as a volunteer in the AIMS campaigns team, a tutor for The Brilliant Club and a public co-investigator on an NIHR funded study.

You can find her PhD thesis here https://etheses.whiterose.ac.uk/18031/1/Dagustun_J_Geography_PhD_2017.pdf and get in touch with her here: jo.dagustun@aims.org.uk

Women's Health Strategy 2022: An AIMS comment

by Rosie Burridge



In July 2022, the UK Government published the 'Women's Health Strategy for England', which is a 10 year strategic plan to combat the magnitude of health disparities suffered by women throughout their life-course. The report started with a call for evidence in March 2021 from the Department of Health and Social Care (DHSC), which found among a number of horrifying statistics that 84% of respondents felt that they were not listened to by healthcare professionals. Consistently, the report refers to similar statistics that also show the negative experiences of many women in health care settings. However, it falls flat in providing clear, actionable solutions to these problems. Throughout, the report refers to solutions and 'actions' that have already taken place and haven't had the desired effect instead of suggesting or planning for new actions. It would appear that any suggested actions in this report are deliberately vague, with no clear metrics or any possibility of accountability over the course of this 10 year strategy.

It would appear that any suggested actions in this report are deliberately vague, with no clear metrics or any possibility of accountability over the course of this 10 year strategy.

The results from the call for evidence were promising, in that it highlighted a number of disparities to which the government hadn't previously given much attention. The report also references several issues that are particularly important to AIMS, including 'Continuity of Carer', birth trauma, and the effects of substandard postnatal care. 55% of those who submitted evidence wanted fertility, pregnancy, pregnancy loss and postnatal support to be a focus for this strategy with more information and education around pregnancy and fertility. It's also immediately obvious that the report makes no effort to include trans women or non-binary people, who will be affected by this strategy and who also experience huge disparities in care outcomes.

The strategy talks about the release of 'plans for sexual and reproductive health' due to come out later this year, although that seems to have been postponed. There are promises to improve fertility information provision along with the reform of the 'Human Fertilisation and Embryology Act 2008', which is due at the end of 2022². One of the biggest things to come out of the strategy is the promise to remove inequalities of access to fertility treatment, including fairer funding for same sex couples. This is a huge deal for the equality movement and could actually have a significant positive impact on the lives of people throughout the UK.

The few new funding offers that have been made are relatively small and are not likely to be able to create substantial change.

There are no new significant funding increases mentioned in the report and the referenced 'new' funding has often already been delivered and is yet to show significant impact or results. The few new funding offers that have been made are relatively small and are not likely to be able to create substantial change. For example, the report announces there

will be £50 million for establishing better breastfeeding support services. This number means that there would be approximately £73 per new mother, which is nowhere near enough to support each new mother with breastfeeding.

AIMS has been campaigning for implementation of Continuity of Carer (CofCer) for a long time. [There is a new resource³](#) on our website that details the path of implementation of CofCer. The report references the Ockenden report action that “midwifery continuity of carer should only continue where staffing meets safe minimum requirements on all shifts”, which is very important. However, even with this national scrutiny on healthcare staffing levels and how those staffing issues will affect the roll out of CofCer, there aren't any actionable and target driven plans to improve the NHS staffing crisis in this report.

The report places a lot of emphasis on their new, iDecide tool, which has been created to help service users make informed decisions about their health and care. There's no consideration in the report about how using a digital tool will reduce accessibility for areas of the population who don't have easy digital access.

Despite the worldwide scrutiny and pressure around abortion and miscarriage services and legislation, there are only three sentences on abortion in this report. This is particularly concerning when in July, the UK government removed sections of a paper that resulted from a UK-hosted conference on freedom of religion and belief, which included a commitment to the repeal of any laws that “allow harmful practices, or restrict women's and girls' ... sexual and reproductive health and rights, bodily autonomy.”⁴

Throughout the report there are no mentions of many issues that AIMS holds to be very important, including obstetric violence (see the AIMS position paper on obstetric violence here) and tackling birth trauma⁵, despite citing that this was mentioned regularly in the call for evidence. There are a few mentions of perinatal mental health, but no new measures of how to address the issues in this area. Although AIMS is a maternity charity and that is our focus, it is important to note that the report conflated all women's health to reproductive health alone throughout the actions section of the report, despite a promising mention of a life course approach to health earlier in the report.

Despite 84% of the people who submitted evidence saying they didn't feel listened to by healthcare professionals,

“boosting the representation of women's voices and experiences in policy making” is the only action in the strategy that refers to improving listening. [A comment in the Lancet⁶](#) was published in early August and, as the writers of this comment rightly point out, representation and merely involving women is rarely enough to make a difference, although it may feel radical when compared with what we're used to. We cannot make substantial change without addressing the systemic misogyny which is the root cause of many of these health disparities.

The dramatic changes that need to take place to improve the gender health disparities we see in the UK require a large-scale, significant increase in the funding of maternity services.

The report has promised that NHS England will develop a refreshed delivery plan for maternity and neonatal services but there are no clear timelines to this promise. The dramatic changes that need to take place to improve the gender health disparities we see in the UK require a large-scale, significant increase in the funding of maternity services. We also need to see a plan to improve the recruitment and retention of maternity healthcare professionals with clear actionable steps and not the vague and unclear language we see throughout this report. The call for evidence has collected some really useful data and is a beneficial starting point for improving women's health and maternity health within that. It has confirmed what AIMS so often hears from enquiries to our Helpline about service users not feeling listened to and the disturbing prevalence of birth trauma. However, the rest of the report does not accurately reflect the evidence found and fails to address many of the issues raised by the call to evidence at all. Although there are a few positive and promising assurances in terms of fertility treatments, at least we now have a strategy for Women's Health and staff in place to ensure its roll out. Overall, the report falls far below the mark in providing actionable goals and targets that can be monitored which, as the report states itself in the final section, are “imperative for a successful strategy implementation”.

END NOTES

1 Department of Health and Social Care (2022) Women's Health Strategy for England. www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

2 UK Public General Acts (2008) Human Fertilisation and Embryology Act 2008. www.legislation.gov.uk/ukpga/2008/22/contents

3 AIMS (2022) Implementing Continuity of Carer in England. www.aims.org.uk/campaigning/item/implementing-coc

4 Guardian (2022) UK under international pressure over deletion of abortion commitments www.theguardian.com/global-development/2022/jul/22/european-countries-pressurise-uk-over-removal-of-abortion-commitments-liz-truss

5 See AIMS journal The Sound of Violence. www.aims.org.uk/journal/index/34/2

6 Bagenal J., Khanna R., Hawkes S. (2022) Not misogynistic but myopic: the new women's health strategy in England. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01486-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01486-6/fulltext)

Author Bio: Rosie has a MSc in Global Health and Development specialising in respectful maternity care and women's health, she also has a particular interest in trauma-informed practice. Rosie currently works for a sexual health charity in London advising organisations about relationships and sex education.

Book Review

What does it feel like being born? - A Memoir of Pregnancy, Birth, and Bureaucracy

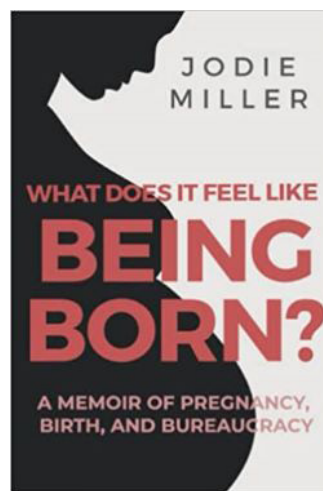
By Jodie Miller

Independently published (28 Aug. 2022)

ISBN: 979-8848738261

295 pages

£11.21



Reviewed by Charlotte Tonkin Edun

Jodie Miller's comprehensive account of a decade campaigning for humanised maternity care in Queensland, Australia, is a lovely read, but it's also a book with a subtle sting in its tail. On the surface, it's a fast-paced, enthusiastic rollick, testimony to what women can achieve when they set their minds to it. However, it is also a tragedy, underlining how conditional and short-lived the victories described in this caper really can be.

This book brought to mind a colleague's assertion that if we could harness the energy of all the mothers across the country between the hours of 6.30–8.30am, we would power the nation. Miller captures this energy beautifully. She describes scenes many of us are familiar with; meetings at kitchen tables with children in tow, informal and last-minute childcare arrangements, grasping uninterrupted moments to think and write. There's joy here, and the satisfaction that comes from community and shared endeavour. The whole book is played out against this backdrop, without fanfare

or celebration. The mental acuity, emotional gymnastics, commitment and patience required to get bodies up and out of bed, breakfasts consumed, lunches prepared, bags packed, shoes on, bickering averted, teeth brushed, clothes on, hair straightened and the thousand other tasks that make up the daily domestic duties, is neither judged nor lauded. It just is. This is a memoir of women getting on with it. The coming together of the private and public; mothers making change while simultaneously holding the world together. This is grassroots activism, the trope of the 'Indefatigable Mothers', seeing what needs to be done to determine better maternity care provision, organising themselves, and getting the job done. To have it recorded for posterity is a wonderful thing.

Miller does not, though, write through rose-tinted glasses. She is clear that these domestic pragmatics are only part of the work carried out by women. Miller pulls no punches in her authentic depiction of the essential 'and/also' nature of motherhood, and the intense reality of the mental load. She straightforwardly and unashamedly tells how her own maternal joy and pride could be quickly superseded by frustration and irritation; that gratitude for health and well-being was juxtaposed against resentment at the limitations children impose; her ambiguous feelings roused by a possible pregnancy, bringing with it the potential of both a precious child, and also more grinding drudgery that limits and restrains. This is a secret truth for many women, that we rarely find honestly and confidently expressed.

While this is a memoir evidently germinated from Miller's transformationally positive birth experiences, and her inclination towards physiological birth is clear, she is not blind to the possibilities outside her own experience. Miller acknowledges the personal situations and structural conditions that influence the choices she and other women make in their own births, and their ability to engage with, and be heard in, maternity activism. Miller offers the slightest acknowledgement that her position as a white, middle-class mother affords her the time and voice to push for change, but her focus is on telling her own story. Those interested in issues of equity, power and hegemony in maternity services may observe how even this relative privilege is patronised and frustrated, and reflect on how much steeper the mountain may be to climb for women in more marginalised communities.

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It might be possible for this book to be critiqued as falling for the 'naturalistic fallacy' that everything natural is better (thereby fanning the flames of the Birth Wars, and further diverting from the real issues at play); however, I don't think that this is the change that Miller's activism demands. What Miller is really driving towards is that not all women, not all births, are the same. This truism should be the basis for maternity services that offer women appropriate, attainable, and realistic choice. Not the wholesale replacement of one service with another, but a woman's right to choose.

And this is the depressing bit. Miller gives a good account of 10 years of maternity activism in Australia and the US. So, what Miller perhaps unwittingly gifts us, is an insight over both time and geography that reveals that the same structural and systemic issues are being played out over and over again. Miller's campaigning achieved some successes. However, regardless of the successes of local and regional campaigning, the cycle repeats. Women explain, request, agitate, and demand. Their quite reasonable efforts to effect change are dismissed as stubborn and wilful or nice-to-haves in the shadow of medicalised, paternalistic attitudes to birth and women's bodies, which ultimately hold the power and determine the outcome. All of which - in contrast to those working within the organisations we give birth in - is unpaid labour. In the end it comes to naught. Still we face the same challenges in accessing humanised, physiology-informed maternity care. Still all women's bodies,

all births, are forced through the same narrow funnels of care protocols. Still we have to face down those in power (and holding the purse strings), firm in their belief that they know better than the women who inhabit the bodies that are subject to their services. Still women must gussy up, brace, and push on, regardless of the evidence demonstrating our demands are, more often than not, unequal to the inexorable momentum of the behemoth institution.

Miller's account of coming to and through motherhood is honest and considered, and will resonate with many women who will find their own experiences of motherhood, pregnancy and birth reflected in this book. Miller writes well, and so this is both a thought-provoking and a rewarding read. For campaigners and those working in UK maternity services, this book offers both inspiration and caution. Of the former, there's brio, camaraderie and ideas aplenty. The latter might prompt a step-back to consider why it is that 'what women want' in maternity is so hard for us to access, despite the clarity of feedback from Changing Childbirth to Better Births, and all the activism through the years and across the globe.

ENDNOTES

'According to the most recent surveys, (Charmes, 2019) more than three quarters (76.4%) of unpaid domestic care work worldwide is carried out by women, while 23.6% is carried out by men. In developed countries, the women's share is somewhat lower (65%), while in developing and emerging economies, women perform 80.2% of unpaid care. Thus, according to the data, even in developed countries women perform around two thirds of the unpaid domestic care work. Currently, no country in the world seems to have achieved gender parity with regard to the unpaid care distribution in households (U.N. Women., 2019).' Global Gender Gap in Unpaid Care: Why Domestic Work Still Remains a Woman's Burden. (December, 2021). The Forum for Research on Eastern Europe and Emerging Economies. Accessed: freepolicybriefs.org/2021/12/20/gender-gap-unpaid-care

Also: "The recession shadowing the COVID-19 pandemic has been frequently characterised as a "shecession," implying disproportionately negative effects for women. Yet the crisis might more accurately be called a "momcession," as women's work losses were driven in large part by the outcomes of mothers specifically. The OECD's 2020 Risks that Matter survey presents cross-national evidence that when schools and childcare facilities shut down, mothers took on the brunt of additional unpaid care work – and, correspondingly, they experienced labour market penalties and stress. These findings serve as another reminder that governments must consider inequalities in unpaid work and take a gender-sensitive approach when building their policy responses to the COVID-19 crisis." OECD Policy Responses to Coronavirus (COVID-19) – Caregiving in Crisis: Gender inequality in paid and unpaid work during COVID-19. 13 December 2021

Reviewer Bio: Charlotte Tonkin Edun is an AIMS volunteer, an academic researcher with a special interest in decision-making and continuity of care, and the Chair of the Maidstone and Tunbridge Wells NHS Trust Maternity Voices Partnership. She is also a birth doula and hypnobirthing practitioner in Kent.

Book Review

The Birthkeeper of Bethlehem: A Midwife's Tale

By Bridget Supple

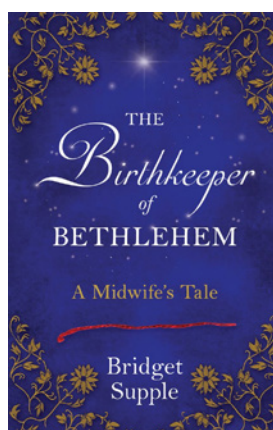
Published by Bridget Supple, 2021

ISBN-13: 978-1916339514

Paperback 265 pages

£9.99 from Amazon

A revised version of this book is also available from [Womancraft Publishing](https://www.womancraftpublishing.com/)



Reviewed by Mary Newburn

How did Mary end up giving birth in a stable? Was it simply that the inn was full, or was it something else? What are the parallels between this much-celebrated birth and contemporary issues around birth and the maternity services?

In this book, antenatal teacher Bridget Supple uses her knowledge of birth to retell the familiar story in cultural context. Bridget's wonderful storytelling skills offer a highly credible retelling from a fictional midwife's perspective, transporting the reader back in time to witness the events as they unfold.

There is much in this book to excite one's interest. The physiology of birth, birth as women's space, and community and neighbourhood support for birth. Bridget weaves these important and sometimes overlooked themes into a well-paced narrative.

A great Christmas read for anyone interested in childbirth. Food for thought for anyone grappling with what makes for safe and personalised maternity care, 2000 years later.

Reviewer Bio: Mary Newburn is a service user researcher and activist, co-founder of the Midwifery Unit Network, and former Head of NCT Research and Information.

Elizabeth Cockerell

9 April 1950 – 25 Aug 2022

by Beverley Lawrence Beech

Baby Robert — Civic Hall star



BABY Robert Cockerell was the only male guest at the "Afternoon at Home" of the Lord Mayor of Leeds, Councillor Christine Thomas. Robert turned up at Leeds Civic Hall, with his mum, Elizabeth, wife of the Rev. David Cockerell, curate of St. Matthew's Church, Chapel-Allerton, Leeds. "I take him almost everywhere," said Elizabeth, of Allerton Crescent, Chapel-Allerton. Robert was just nodding off as his mum entered the banqueting hall and was loudly introduced by sergeant-at-arms Richard Stridwick. "I'm afraid I woke him up," said Richard, who later made amends with Robert.

husband, the Reverend David John Cockerell, now retired. She leaves three children, Robert, Mary and Elspeth, and four grandchildren. She will be sadly missed and fondly remembered by those of us in AIMS who worked with her and the hundreds of women and families she helped.



The AIMS Guide to
Resolution After Birth

Elizabeth acted as Secretary of AIMS from 1980–1983. She did so at a time when the AIMS Journal was printed on a Roneo machine that required each page to be typed onto a waxed sheet which was laid out on a drum rotated by hand. The pile of pages was then collated, also by hand. If one wanted to check on a particular birth intervention it would involve visiting a local university library, or writing to a friendly midwife, or doctor, to gain the information - there was no internet to help.

Elizabeth was the first point of contact for women wanting help or information, and during her time as AIMS Secretary she answered thousands of letters and phone calls, determined to help women get the kind of care they wanted, at a time when the main means of communication was the telephone, faxes or letters. Her letters were always full of information, warmth and encouragement. She regularly contributed to the AIMS Quarterly Journals, highlighting the contacts she was having with often desperate women, as well as reviewing books and commenting on current issues.

Her voluntary work for AIMS was supported by her

This wonderfully thorough book is worth its weight in gold.

Have you had a distressing experience with the maternity services?
 Are you concerned that other people could have a similar experience?
 Do you feel angry about it - or sad - or deeply traumatised?
 Do you know what you can do about it?

Available in paperback (£8) and kindle format from the AIMS shop
www.aims.org.uk/shop

AIMS critique of the Ockenden Report

By *The AIMS Campaigns Team*

The Ockenden review¹ of maternity services at the Shrewsbury and Telford Hospital NHS Trust provided a long overdue opportunity for parents who had suffered the devastating results of sub-standard care to have their stories heard and their concerns taken seriously.

It also identified a range of underlying issues that contributed to these tragic outcomes, including:

- failure by midwives and junior doctors to escalate concerns in a timely manner
- failure of senior obstetricians to respond when concerns were escalated
- a bullying culture, with midwives being reluctant to raise concerns because of previous hostile responses from other midwives or obstetricians
- failure to listen to women
- failure to support informed decision-making.

These issues appeared to be independent of the setting, occurring in both the obstetric unit and midwife-led units.

We have published a detailed critique of Chapter 8 of the final Ockenden report, which covered findings about intrapartum care. In this article we discuss the issues raised by the findings, as well as a number of questions about the report itself: how useful is it as a contribution to the debate and how valid are its recommendations?

Included in the body of the report are a number of ‘Local Actions for Learning’ (LAfLs) which are summarised in Chapter 14. Chapter 15 has a list of ‘Immediate and Essential Actions (IEAs) to improve care and safety in maternity services across England.’ These “complement and expand upon” the IEAs identified in the interim report², published in December 2020.

Concerns about non-evidence based recommendations

As our detailed critique of Chapter 8 shows, it is not always clear how the LAfLs at the end of each section arise from, or would help to address, the issues discussed. There are also several cases where LAfLs would seem appropriate but have

not been made. Similarly, there is a lack of clarity as to how the national IEAs were identified, and how they link to the findings of the review. There is little reference in the report to either the research base or existing guidelines.

A critical reading of the report reveals that in many cases the recommendations for both LAfLs and IEAs are not clearly supported by evidence in the report. In particular, it is bizarre to recommend that the Continuity of Carer (CofCer) model “must be reviewed and suspended until all Trusts demonstrate staffing meets safe minimum requirements on all shifts,” when this model was not in place in the Shrewsbury and Telford NHS Trust and therefore had no bearing on any of the cases reviewed. In making this recommendation the team appear to have exceeded the scope of their remit, and it is a concern that a recommendation that is unsupported by any evidence is being accepted uncritically. Indeed, had CofCer been in place, it would have enabled women to develop a relationship with a trusted midwife, which might have helped to avoid some of the problems that arose from their concerns not being listened to or taken seriously.

Another IEA is that “Centralised CTG monitoring systems should be mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.” This recommendation has been made despite the authors acknowledging that, “FHR (fetal heart rate) abnormalities during labour rarely correlate with fetal compromise because the FHR is highly sensitive to hypoxaemia/hypoxia (both common during labour), but lacks specificity for fetal acidosis, the end point of intrapartum hypoxia.” In other words, as is widely recognised, continuous monitoring is not much help in identifying which babies really are in trouble (see the AIMS Birth Information page '[Monitoring your baby's heartbeat in labour](#)')³.

A move to centralised monitoring and a narrow focus on the monitoring trace could increase the risk that other warning signs may be missed. As described in our detailed critique, the section of Chapter 8 on ‘Failure to recognise

and/or escalate the abnormal CTG in early labour' details a number of cases that seem to relate to failure to act on other concerning signs rather than failure to recognise or escalate an abnormal CTG. The authors have not presented any evidence that centralised CTG monitoring would have helped in these or similar cases.

Another concern with a move to centralised monitoring is that it could - especially in times of severe staff shortage - easily lead to the situation where one midwife monitors a number of labours remotely, rather than providing the one-to-one relational care which we know is so important.

Another matter of concern to AIMS is the Immediate and Essential Action stating that "DHSC and NHSE&I must now commission a working group independent of the Maternity Transformation Programme (MTP) that has joint RCM and RCOG leadership to make plans to guide the Maternity Transformation Programme around implementation of these IEAs and the recommendations of other reports currently being prepared." (p5) RCM and RCOG have now announced the launch of an Independent Maternity Working Group "to review the MTP's assessment of how it will deliver against the IEAs set out in the Ockenden Review and to advise on how those may be refined."⁴ AIMS is very concerned that this appears to put the future direction of the Maternity Transformation Programme firmly in the hands of the professional bodies, in contrast to the existing Stakeholder Council that includes both professionals and lay representatives. Given that the issues identified in the Ockenden report have arisen in great part from a failure to listen to maternity service users, surely the last thing we need is for the voices of maternity service users and those who represent them to be side-lined in the national debate?

Concerns about recommendations that are absent

In contrast, there is a lack of any recommendation about a number of serious issues raised by the case reviews. The report does not specifically identify the issue of lack of support for informed decision-making, but in many cases it appears that women were not given full information about the risks and benefits of all of their options, or were 'not allowed' to make certain choices. The only reference to this we could find was in discussion of how a care plan should have been determined (paragraph 8.46), which

says that "the family should be involved in a Montgomery compliant manner." (p114) This displays a worrying lack of understanding on the part of the authors of the Montgomery case and the principle of informed consent, since it is not the family but the woman, or birthing person, who has the right to be given information and to make decisions about care, not merely to be 'involved'. AIMS believes that there should have been a recommendation both in the LAfLs and the IEAs for all staff to be educated about the principle of autonomy and how to enable informed decision-making.

Another surprising omission is any recommendation about guidance or training in the use of oxytocin, given that there are examples (paragraphs 8.8, 8.13) of inappropriate use of oxytocin, even in the presence of concerning signs in baby or mother.

Concerns about lack of quantitative information

Details of the individual cases and the large number of cases make for horrifying (and headline-grabbing) reading, but while the report includes a large amount of qualitative information, it is regrettably lacking in quantitative data. We are told that the review heard of "nearly 1600 incidents" dating back to 1972, with approximately 1300 families affected over the period 2000–2019 but there is little information to help the reader set this in context. It would have been helpful to include a breakdown year by year of the number and severity of cases compared with total births per year.

There is one mention that there are around 5000 births per year at the Trust. Assuming an even distribution of cases across the period, this means there were around 65 cases per year i.e. 1.3% of all births. What the report does not tell us is whether cases were evenly distributed through the years or was there evidence of an increase or decrease over time. Neither do we know how this level of incidents compares with other Trusts.

There are some very shocking cases of negligent care and poor care – but how much of the care was like this is unclear. The Review team say they did come across examples of good care. It would also be of great interest to know, year by year, how many cases by severity of outcome were considered to have had poor care and how many had good

care, and how many of the cases investigated gave no cause for concern. It would also have been useful for the review team to look at a random sample of cases to determine what the 'usual' level of care looked like in comparison to those cases with poor outcomes.

In the light of one comment from a member of staff "on the appointment of an individual consultant in 2018 who changed the culture 'in terms of consultant engagement... and was the start of potentially the tide turning with what was quite an old and staid consultant body..." (p128), it would also be interesting to know whether the cases were limited to specific consultants or teams or were more evenly spread.

Governance was clearly an issue, but again it is hard to know whether and how this changed over the period of the review. We would have liked to see an assessment of the quality of governance in segments of 3 or 5 years through the whole period.

Concerns about what the report does not tell us

Given the huge number of cases that the team had to review it is perhaps understandable that the report says little about the wider picture. However, to understand and learn from the issues in Shrewsbury and Telford we need more answers.

What was the problem? Why was the Trust apparently such an unhappy and chaotic place and why were maternity services in particular apparently so dysfunctional? Was it, as one member of staff suggested (paragraph 9.36) due to "an old and staid consultant body"? Did the rurality of Shropshire and the fact that Telford is an unfashionable place to work make recruiting and retaining good staff difficult? What is the demography of the population served, and does it vary much between the Trust sites? There is no mention of the campaigning, going back years, to keep the FMUs open and fully in use as birth settings as well as clinics; nor details of how often these were left under-staffed. What was and is now the situation of the local ambulance service? Are transfers well-supported?

As the NHS Race and Health Observatory have pointed out in their Policy Briefing,⁵ the parents interviewed by the review team were self-selected, and there may have been under-representation of "people from Black, Asian and minority ethnic backgrounds, people who face linguistic or cultural barriers, and undocumented migrants". (p2)

Similarly, they discuss the possibility that "staff from Black and minority ethnic backgrounds were less likely to raise concerns" despite the fact that they report "higher levels of bullying, harassment, and discrimination, and are more likely to be referred to disciplinary processes than White colleagues." (p3) We hope that future reviews will address these important considerations so that the voices of all maternity service users and staff can be heard.

How useful is the report in terms of national service provision?

Overall the report feels like an account of many individual cases of poor care leading to serious outcomes and distress, illustrated with telling anecdotes, rather than an illuminating story detailing what has been the situation over time, and how the picture has changed across the years, if it has. It simply isn't clear how national recommendations can be made from this, without a clear account of the local findings (split by severity and shown year by year), without remit to make such recommendations, and without national evidence to adduce and a rationale for moving from local findings to national evidence to national recommendation.

AIMS notes that similar issues have also been found in other reviews of maternity services. These include the Kirkup review⁶ of the care by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust back in 2015, and the independent review of maternity services at the East Kent Hospitals University NHS Trust that was published in October 2022.⁷ Another review led by Donna Ockenden, this time into the Nottingham University Hospitals NHS Trust, has just been launched. This suggests that, rather than being a feature of a small number of dysfunctional maternity services, the problems identified in the Shrewsbury and Telford review may reflect underlying problems with the culture and organisation of the maternity services generally. As the introduction to the final Ockenden report² says: "At this very moment there may be other maternity services across England which are facing challenges that impact on their ability to provide a safe service as a result of insufficient staffing levels, substandard governance processes, and structures which impede learning." (p18) Indeed, the AIMS Helpline frequently hears from people who feel that they have not been listened to, not given the information and support they needed to make decisions, or not had their

concerns taken seriously. These enquiries concern a wide range of maternity units indicating that these issues are probably widespread.

Repeated reviews of individual Trusts do not seem to be resulting in improvements nationwide. Whilst they may be drivers for change at the local level, we need to ask how useful such piecemeal reviews are in bringing about change at the national level. Meanwhile, NHS England's Maternity Transformation Programme has been in place for six years and, whilst there has been some progress, it has not so far brought about an obvious transformation to the "safer, more personalised, kinder, professional and more family friendly" (p9) care called for in the Better Births' vision.⁸

So, what is needed? AIMS would like to suggest the following:

- Recognition that 'Maternity Transformation' requires a change in the mind-set of all decision-makers, managers and staff, with genuine buy-in to the fundamental changes required of them
- Support and training for implementing changes including cultural changes
- Transparency around how Trusts are implementing recommendations and monitoring of their effectiveness

AIMS recognises that at a time when maternity services are seriously over-stretched, with many staff suffering burn-out, embracing radical change may feel like too much of a challenge – but it is a challenge that must be faced if we are not to see a continuing cycle of reviews and recommendations, but no real change.

Staffing is a fundamental issue, and it must be recognised that it is extremely difficult for midwives or doctors to provide good care - let alone consider taking on new ways of working - when overstretched and dealing with their own stress. An adequate level of investment in maternity staff, whilst essential, is unlikely to provide a complete answer.⁹

The report has done a great service to the parents concerned in enabling their voices to be heard. Hopefully, it will provide the incentive to make the improvements that are needed within the Shrewsbury and Telford NHS Hospital Trust. Whether it will do much to improve maternity services nationwide - or whether we will continue to see yet more reports highlighting similar problems in individual Trusts - seems less certain.

ENDNOTES

- 1 Ockenden Report Final 30 March 2022 [OCKENDEN REPORT - FINAL](#)
- 2 Ockenden First Report December 2020 [OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST](#)
- 3 AIMS (2017) Monitoring your baby's heartbeat in labour. www.aims.org.uk/information/item/monitoring-your-babys-heartbeat-in-labour
- 4 RCOG (2022) New Independent Maternity Working Group to guide the Maternity Transformation Programme in England www.rcog.org.uk/news/new-independent-maternity-working-group-to-guide-the-maternity-transformation-programme-in-england
- 5 NHS Race and Health Observatory [Policy Briefing: The Ockenden review September 2022](#)
- 6 Dr Bill Kirkup CBE The Report of the Morecambe Bay Investigation March 2015 [The Report of the Morecambe Bay Investigation \(publishing.service.gov.uk\)](#)
- 7 Kirkup B. (2022) Reading the signals Maternity and neonatal services in East Kent – the Report of the Independent Investigation. assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1111993/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_web-accessible.pdf
- 8 Better Births www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
- 9 Lisa Common, RM. "A Colossal Failure of Workforce Planning": exploring the 2021 NHS Midwifery Crisis AIMS Journal 33:4 December 2021



What has the AIMS campaign team been doing?

by *The AIMS Campaigns Team*

New campaigns development work:

- Developed a new guide to support the work of AIMS Campaigns Team Volunteers
- Critique of the Ockenden report and detailed critique of chapter on intrapartum care
- Review of Continuity of Carer implementation since the publication of Better Births in England: what can we learn from this period?
- Supported zine project exploring human rights in the maternity system. This project was inspired by research carried out by Gemma McKenzie on the experiences of women freebirthing in the UK

Written outputs:

- Resource list on implementing Continuity of Carer in England on AIMS website
- October 25th Joint letter to Dr Coffey, Secretary of State for DHSC. Letter resent to new Secretary of State in November.
- New page on AIMS website on AIMS campaign update on Continuity of Carer in England

Conferences and meetings attended:

- September 6th Maternity and Neonatal Safety Summit, Wales
- September 7th Meeting of the Continuity of Carer Charities and Service User Network
- September 10th Meeting of the European Network of Childbirth Associations
- September 12-14 - Normal labour and birth conference, Aarhus, Denmark - attended and presented AIMS poster about our campaign for physiology-informed maternity services and co-presenting with Mary Newburn about work of the

Continuity of Carer Network International Normal Labour

- September 22nd RSM conference on Post-pandemic recovery of maternal and child health service
- September 23rd - interview with i-decide evaluation team
- September 29th - Maternity Transformation Programme (MTP) Stakeholder Council
- September 29th/30th - British Intrapartum Care Society (BICS) Conference
- October 12th - MTP Stakeholder Council Engagement Session: Single Delivery Plan
- October 13th - MBBRACE Perinatal Report 2022 virtual launch

What else we have been reading:

- Report of the Independent Review relating to the independent midwifery service One to One Midwives commissioned by NHS England, was published on the 8th September at 10.00am. The report can be accessed through the following link: www.england.nhs.uk/north-west/our-work/publications/ind-investigation-reports/
- We have started to read the lengthy Kirkup report following the independent investigation on East Kent maternity and neonatal services published on 19th October

Thanks to all of the AIMS campaigns Volunteers who have made this work possible. We are very keen to expand our campaigns team work, so please do get in touch with campaigns@aims.org.uk if you'd like to help!



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helpline@aims.org.uk

0300 365 0663