

Creating change in improbable places: the Birth Project Group



Jo Murphy-Lawless describes an inspirational weekend workshop and hears a variety of perspectives on the event

SUMMARY

The Birth Project Group, a collaborative initiative based in Edinburgh and Dublin and comprising practising midwives, academics and birth advocates, held its second weekend workshop in April 2010. This brought together those involved in working to sustain and strengthen changes to the contemporary birth culture so as to promote normality. This article reports on the feedback from some of the attendees, which included parents, midwives and student midwives.

Keywords Support needs, networks, birth stories, creating contexts for change

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The Birth Project Group held its first workshop in Edinburgh in January 2009 (Mander et al 2009, 2010). As activists and advocates for changing the contemporary culture of birthing, we aimed to bring together mothers, midwifery students in training, newly qualified midwives, birth support people and doulas, all of who seek a broad coalition for change to regain birth as a normal event. An important element threaded through our first workshop was how stories and accounts centre on support issues. New mothers need the best support and care, and yet very often feel isolated. Students, newly qualified midwives, doulas and birth group coordinators also experience isolation in their work. This happens because the contexts in which many of us work are stubbornly resistant to change, no matter how vital that change may be for securing normal birth.

Inspiration

That observation was the inspiration for our second workshop, *Creating Change in Improbable Places* held in the School of Nursing and Midwifery, Trinity College Dublin in April 2010. We wanted to explore how change happens in different ways to challenge organisational strictures and bring about badly needed reforms in existing maternity services. The workshop attracted

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approximately 140 people over the two days, which included students, clinical midwives and midwifery educators from all over Ireland.

Impressions of the weekend

Third Year BScM Students Eileen Devlin, Julie Horgan and Carmel O'Sullivan

When we heard about the Birth Project Group Weekend Workshop, we were excited and optimistic. We hoped that this would resurrect our belief that we could become the kind of midwives we really want to be.

The driving force that led us to pursue

midwifery was a strongly held conviction that we could make a genuine difference. We would work hard to translate our passion into competent, skilled and caring support for childbearing women. Within the environment of our lecture rooms, we continued to believe in these ideals. Out on placement, we were less sure! Our aspirations became clouded within highly medicalised systems. How would we develop and maintain the skills and experience we knew we needed? We saw too many interventions, we saw their effects and we saw women succumbing to these systems. We wondered how they could find their voices and whether we could ever use ours. We needed this workshop more than we realised.

The dedication of those who spoke was inspiring and we heard some magnificent birth stories. We heard about the ongoing struggle to achieve better maternity services in Ireland and in the UK. We learned how many people from the fields of midwifery, obstetrics, doula organisations, parent groups and management and financial sectors are all united in identifying what maternity services are needed.

Working together for change

There was a clear message that obstetric and midwifery-led care are both needed – but

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the expertise of both professions working in collaboration must be properly utilised. Patricia Hughes from the Coombe Hospital spoke with passionate commitment about promoting the role of the midwife. Her certainty that services are changing for the better within that hospital was most encouraging. As students we know we cannot change everything at once. However we can be motivated by the research findings of Declan Devane, Cecily Begley and others (Begley et al 2009). Sheena Byrom stressed the importance and significance of really listening to women as an essential aspect of our care. We realised that it is the women we serve who make us better practitioners.

Midwifery led care

It was remarkable to hear how progress has been made in Ireland. What we have is hard won, as Pat Kinder, Chairperson of the Kinder Maternity Services Task Force and Roisin Maguire, programme manager in the Health Services Executive (HSE), indicated in their insightful accounts of the background to setting up midwifery-led units in Drogheda and Cavan. While the scale is small, the overwhelming *thumbs up* from the women of Ireland sends the message to the HSE and the Department of Health and Children that midwifery-led care must expand. Sarah Davies explained how midwifery-led care in the UK has been

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successful for women, above all with the Albany Practice in London, but it was upsetting to see how services are constantly under threat of closure, as has happened with the Albany. It is clear that any improvement in maternity services in Ireland is not set in stone and so the struggle must continue.

Support

Many dedicated people are working tirelessly to extend support for us, so that we in turn can support women. They are encouraging women to seek better maternity services. They continuously lobby those with purse strings to make changes

which will have long-term positive effects on health and social good for all. We must validate their belief in us by aiming to qualify and practise as the midwives we are being trained to become. The weekend was a real boost for us at a time when we needed it most. We were inspired.

President of the Community Midwives Association, Bridget Sheeran *Inspiring speakers*

Declan Devane's work on the abuse of ritual and routine cardiotography (CTG) by midwives (Alfirevic et al 2007, Devane et al 2007) was a great presentation with useful imagery of how human behaviour can change. Declan identified how the tipping point to genuine change can be reached by supporting the midwife who dares to leave membranes intact and by praising the midwife who dares to inform women of the research into routine use of CTG. The realism of Patricia Hughes (director of Midwifery at the Coombe maternity hospital), combined with her calm approach to change, yet determination for women to access midwifery-led care, gives genuine hope to students that they will be able to qualify and work in a radically changed environment.

Sheena Byrom, head of Midwifery Services for Blackburn and Burnley, gave a down to earth and inspiring talk about women, babies and birth from a midwifery perspective. There were no barriers to prevent students understanding her expertise, and there was an amazing generosity in her passing on her 'baton' to them as they become ready to be the future of midwifery.

I perceived real connections and equality between representatives from different countries and counties, Midwifery education, Midwifery services, Midwifery research, Midwifery practitioners in hospitals and community, AIMS, Home Birth Association, Doulas and expectant parents.

Workshop

I jointly facilitated a workshop with another independent community midwife and 17 students and women. We summarised how pain and progress in labour are perceived by mothers and midwives as 'Look', 'Listen' and 'Nurture'. This means delve into our



Gazebo of the Keeping Mum Project on women's perceptions of good birthing

This is very exciting: with support, they have the power to create change by just being who they are, by staying true to themselves and their strength within

own experiences of pain, emotions and body language; explore our own suffering to examine the difference between suffering and pain; know when our judgement about pain reflects our personal beliefs and not what is actually happening for others; nurture ourselves so that we can nurture whatever is happening in the moment, whatever the type of birth, and nurture the possibility of spontaneous change in the moment. This was exciting for me because facilitating the workshop felt similar (but not the same) as 'being with women'.

The students used the language of the previous day's conference and showed their motivation to contribute to the pockets of opportunity for change. The talking continued well after the conference, students seeking confirmation about their approaches and recognising how their experiences are giving them an excellent sense of advocacy and autonomy. This is very exciting: with support, they have the power to create change by just being who they are, by staying true to themselves and their strength within.

Expectant first-time parents Mary O'Sullivan and Mark Ryan

In respect of midwifery, we are complete lay-people. Before the workshop we knew very little about what is involved in pregnancy, let alone labour and childbirth! At the time of the conference we were approximately 16 weeks pregnant with our first baby. What we would love for our baby and ourselves is the most natural and loving birth possible, to minimise the potential negative impacts and maximise the positive ones for all of us. We had begun to look into

homebirth as the means to achieving our ideal; we were extremely fortunate that this led us to the Birth Project Group weekend workshop. We went with completely open minds, hoping that we would learn something that would be useful and perhaps meet midwives who could tell us more about the possibilities of homebirth.

Passion, enthusiasm, pride and joy

Firstly, we were overwhelmed by the passion, enthusiasm and sincerity of all the people we met. Their belief in the power of a positive physiological birth and their concern that maternity care in the hospital system is becoming increasingly and unnecessarily medicalised were very evident. We remember vividly Sheena Byrom's presentation with inspirational photographs and anecdotes of birth centre deliveries and homebirths in the UK, emphasising the sheer joy and pride on the faces of the mothers. Secondly, we learned many things that make perfect sense and 'sit right' with us.: the woman should be encouraged to eat and drink during labour; to move around; and to adopt whatever position is comfortable and helps her to give birth, which is often on all fours or leaning forward and not lying on her back on a bed. We were surprised to learn in Declan Devane's presentation that Electronic Fetal Monitoring does not improve the outcome for the baby but doubles the risk of Caesarean section. The sketch 'A Tale of Two Midwives' was a memorable and clear way of emphasising the two extremes of midwifery. Personally I would much prefer to have a midwife who encourages and reassures me in my ability to give birth, who stays with us as much as possible, understands and respects my desire to wait till the cord stops pulsating before cutting, to have skin-to-skin contact with my baby immediately and to allow him/her to breastfeed while their instinct to do so is at its sharpest.

We came away from the weekend far richer in knowledge, resources and enthusiasm for natural birth where possible. We would like to see the Birth Project Group begin to influence hospital policies in terms of homebirth, and midwifery-led care options being widely available.

Conclusion

This workshop challenged the Birth Project Group to think very hard as to how all of us involved in the work of achieving normal birth can have our voices heard and our contributions valued equally. Normal birth as an ongoing reality for the vast majority of women requires a revolution in thinking and in commitment, not least because within our current organisation of mainstream maternity services, a genuine partnership between woman and midwife is uncommon rather than a core value. Women as mothers, fledgling midwives and birth support people in many different roles have real strength as a collective entity and we hope the weekend helped to further the growth of this collectivity. **TPM**

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Further information

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