



Pregnancy
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Centre

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of Dublin



Trinity College



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The Birth Project Group and Its First Weekend Workshop: An Evaluation



EXECUTIVE SUMMARY

Compiled by the Birth Project Group
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Table of Contents

Executive Summary	
Introduction	1
Evaluation	5
Renewing understandings of what it means to be a midwife	5
Working collectively	5
Discovering perspectives from other birth support people	6
Differences between Scotland and Ireland	6
What aspect of the weekend was most meaningful	7
What people learned about doing things differently	7
What people gained from listening to and working with others	8
How the weekend helped people in their work	8
The value of bringing together all the groups	9
Making political changes within and outwith maternity services	9
What people felt needed more attention	10
Organisational issues	10
Final comments	11
Conclusion	12

Photographs:

Front cover	Big sister Hannah and her baby sister, Sophie
Page 64	Postnatal yoga group, PPC
Page i	Singalong for parents and toddlers, PPC
Page ii	Midwife Karla Napier and the breastfeeding support group, PPC
	Nearly New Sale mums outside the PPC with PPC logo
	Photographs courtesy of Pregnancy and Parents Centre, Edinburgh
Back cover	Stills by Ruth Barrie from the Stropky Women conference day

Executive Summary

Introduction

The Birth Project Group has been meeting since 2007 to reflect on what contributes to good birth experiences for women, their babies and their families. We recognise the inestimable value to individuals and the wider community of good birth in establishing confident, peaceful and loving contexts for new motherhood and new parenthood.

We have come together to form the Group because we share the key insight that good birthing is consistently achieved only when a wider community is committed to safeguarding a newly pregnant woman in many different ways. In turn, members of that wider community also need support in order to work at their optimum to truly be with women and their families at this crucial time.

Group members work with pregnant women as coordinators of groups for pregnant and new mothers, birth education teachers, midwives in practice, senior academic midwives responsible for midwifery education and research, and writers on the social theory of birth. The Group includes an independent documentary film maker who is eager to extend public understanding of good birth and to record our work as the Project develops. The Group is cross-national with people from Ireland and the UK.

The elements that make up good birthing encompass most importantly listening to a woman as she finds herself travelling through pregnancy and new motherhood, making sense of what this experience means. It entails giving her space and time; providing her with access to the best of education and midwifery skills; and securing a setting for labour and birth itself that is protective of the entwined physical and emotional needs of the mother, baby and family.

The Group is acutely aware that the vast majority of women giving birth in Britain and Ireland are not currently experiencing good birth in this holistic sense. Instead, they are subject to deeply fragmented and under-resourced systems of care, where increasing rates of unnecessary interventions which damage the birth process and consequently, the mother, baby and family, have become the norm. We know from extensive research that midwives and doctors are under pressure in quasi-factory conditions to process women through as quickly as possible.

The factors below unfortunately weave their way through women's experiences with adverse consequences for all:

- poor understanding and poor provision of relevant antenatal preparation and birth education
- antenatal care in hospitals with insufficient scope for women to include all dimensions of decision-making on birth
- lack of midwifery-run community antenatal clinics where women might be given the time and context to begin to explore their needs
- poor understanding of best quality evidence and skill to support physiological birth
- the absence of caseloading in both hospital and community settings which makes it impossible for women to get to know and trust their midwife
- the restrictions on availability of community midwives to support home births
- the widespread lack of support at institutional and professional levels from obstetricians and senior midwives for birthing centres and midwifery-led units
- the lack of state support to properly ringfence funding to develop proven approaches to midwifery-led care
- high levels of invasive and potentially harmful interventions
- the acute lack of support for women in the postnatal period, including lack of effective support for breastfeeding
- the interpretation of data on live births and mortality data as the most appropriate measurement of 'outcomes'

Under these conditions, there are increasing concerns about 'near misses', about the levels of obstetric morbidity and mortality linked to obstetric interventions, and less than optimum care (Waterstone, Bewley and Wolfe, 2001; Healthcare Commission, 2006). The King's Fund in an independent inquiry in 2008 reported that an estimated 62,746 safety 'incidents' were recorded in English maternity units in a twelve-month period between June, 2006 and May, 2007, with low harm to mothers and babies in 21% of cases, moderate harm in 11% of cases, severe harm in 1.5% of cases and death in 0.5% (O'Neill et al., 2008).

In the course of 2007, two of the members carried out workshop sessions with student midwives and with birth teachers. We noted that people in both groups expressed similar experiences of feeling they had failed women:

- student midwives feel this because they are as yet students and cannot intervene when aspects of care are done against the woman's wishes and/or against best practice evidence which they themselves are only gradually learning
- birth teachers and teachers in training feel the burden of disappointment and damage when women have worked hard to prepare themselves for birth, but have their hopes and wishes for normal birth undone by existing systems of care that are deeply flawed

What was clear was that student midwives, birth activists and women, learn about normal birth in the universities, at the Pregnancy and Parents Centre, through the Birth Teachers Course, and other settings as well. Then they must go into hospitals in their placements, to give birth, and to support women giving birth only to find that normal birth is rare, interventions high and examples of midwifery skills to support physiological birth few.

We felt there was potential for building a more collective approach by bringing together each of these groups to hear the experiences of the other people working to support good birthing. The group planned a workshop weekend that would bring together:

- birth teachers who had trained with the Scottish Birth Teachers Association
- doulas and other birth support people working in the Pregnancy and Parents Centre Edinburgh
- first, second and third year midwifery students from Napier University, Edinburgh
- third year midwifery degree students from the School of Nursing and Midwifery, Trinity College Dublin

We also built in a one day study day that could be open to a wider audience of midwives and other interested people. We were especially keen to attract midwives in practice in current clinical settings. We invited a group of speakers who had considerable knowledge about making changes in the mainstream maternity services or developing alternatives to these services. They have all contributed extensively in Britain and Ireland through clinical practice, research and activism to contesting and changing the negative practices that have come to dominate birthing in conventional hospital settings.

Our final schedule comprised

- a session on Friday evening bringing together all the groups listed above and discussing the work for the weekend
- an all day study day on Saturday also open to a wider group
- a workshop on Sunday drawing on the presentations from the previous day and discussing these three themes:

As a birth teacher or as a midwife or as a birth support person

1. How do I support women in unsupportable circumstances?
2. How do I develop confidence in myself to inspire women to believe in their bodies during pregnancy, in labour and birth, and beyond
3. How can I help women to identify what knowledge they have and what knowledge they need?

The weekend as a whole was entitled 'Stroppy Women: Thinking creatively about good birthing: A Weekend Workshop' and was held on the 16th-18th January 2009 in Edinburgh.

Eighty-two people attended the study day on the Saturday, while almost fifty people attended the Friday night session and over forty people attended the Sunday session.

Those participants who attended a combination of two of the three days or all three days of the weekend included people from the Scottish Birth Teachers Association, the Pregnancy and Parenting Centre (formerly the Birth Resource Centre); Napier University midwifery students, Trinity College Dublin midwifery students; Midwifery lecturers from Trinity College Dublin; Other midwives, midwifery lecturer, and birth support workers.

Nine members of the Birth Project Group also attended.

All the costs for the weekend were met by the attendance fees.

Evaluation

Evaluation forms were drawn up using a series of broad general questions and circulated to the thirty-six people who attended the entire weekend. We wanted to know how the weekend had helped participants to gain a greater understanding of the following:

- what constitutes good birthing
- and what needs to be done to sustain them in their work to help women achieve good birthing from whatever position they occupy along the spectrum of birth workers

Twenty-three evaluation forms were returned and clear themes emerged from the perusal of this data. Some of the perspectives within each theme are set out below; these are commented on more fully within the main report which develops the context. Many of the responses pick up on how concerns with contemporary maternity care provision laid out above are experienced by midwives and birth workers and how the weekend helped them to have a different focus about these concerns.

Renewing understandings of what it means to be a midwife and birth worker

'It has rekindled my flame to make a difference for the women I am with, even if I can't change the system.'

Student midwife

'I gained a real sense of renewed purpose in our efforts to make changes for the better in maternity services. The feeling of being on the front line with student midwives is empowering, and feeling as though we all left the weekend on the same page.'

Birth support person

'I suppose it restored a bit of faith and passion in me. I think as students we really fear becoming like so many other midwives, lacklustre and complacent and it scares me that I may one day dislike my job so much that I would care so little for women.'

Student midwife

Working collectively

'The weekend just put my mind at ease, knowing that the difficulties we meet in practice are known about, not just by our group or in _____, and that there are people willing to join forces and do

all we can to win back the right for women to choose to have their babies, what sort of care they want and let the world know that childbirth is normal.'

Student midwife

'Seeing all the participants of childbirth made me encouraged to "stick on our vision" and convinced that "we can do it".'

Student midwife

Discovering perspectives from other birth support people

'Most study days I do are with antenatal teachers and I wanted a different perspective.'

Birth education teacher

'Spending some time with doulas and other birth teachers gave me an appreciation of exactly what they do and I can see how people from different disciplines can work together for the good of the women we are looking after.'

Student midwife

'I enjoyed meeting birth teachers and doulas as in practice I never get to meet them. I was inspired when I realized that we all want to be there for the women in the same way, that we all want to re-normalize birth. They come up against the same barriers that we do as student midwives and it is about time we all united.'

Student midwife

Differences between Scotland and Ireland

'A great opportunity to meet up with students who are doing the same thing but in a completely different way. It put a lot of our difficulties with course and placement in perspective.'

Student midwife

'I also think after talking to the Trinity College student midwives, I am envious of the way their course is structured (I think the play/presentation they did on where women get their information was brilliant) but also I feel glad that we've not got the problems in the NHS that they face'

Student midwife

'The fact that the problems we have in Ireland are not just confined to this country was important for me to realize. Often it feels like we, as a country, have wronged our women and even though it is awful to discover it's going on in other places too it helped me to realize that the bigger and more

widespread the problems are and the more people that find these problems, the more we can join forces and fight back against them.'

Student midwife

What aspect of the weekend was most meaningful

'Listening to Sally Millar and the midwives from Montrose reaffirmed why I am pursuing this Midwifery course and showed me how to stay strong when faced with obstacles in the hospital.'

Student midwife

'Being inspired by women such as Phyllis Winters, Sally Millar and Nadine Edwards among others, was such a gift to me as a woman and a student of midwifery. Hearing them speak and listening to the confidence, empathy and ease in these amazing and skilled midwives was grounding for me. The weekend has made me challenge myself as to, what my beliefs are surrounding my practice as a student midwife and to question my philosophy and vision encompassing what kind of midwife I will become.'

Student midwife

'Prior to the weekend I was very seriously considering dropping out of the course, however the weekend refreshed my mind as to why I want to be a midwife and to the fact that I don't always have to work in the institution I am training in, that someday I can make a difference to women's lives in the way I want, and need, to.. The entire weekend in general re-energized me to go out there and make any small piece of difference I can to women's experiences.'

Student midwife

What people learned about doing things differently

'Knowledge of best practice for normality re working together... reaffirm my enthusiasm for more networking and look for opportunities for collaboration. Examples of fantastic practice'

Birth education teacher

'As a student we can be so eager to learn how to do and when to do and in this situation, what should we be doing? The art of doing nothing and being with women quietly is something I intend to develop. Listening to the doulas talk made me so aware of the void that is missing sometimes in my practice. Time constraints and workloads may interfere but there is a quality of time that I believe could be of huge benefit to both the midwives and the women.'

Student midwife

'I think for me, it was my philosophy that was highlighted. Although, in the current climate, at times it was difficult to identify, due to pressures in placements. I now am very clear on the type of philosophy & midwife that I want to be.. I am going to value my time as a student, to enable good listening skills to develop. When you are a student you spent a lot of time with women, hopefully, I will be able to carry these skills, when I qualify.'

Student midwife

What people gained from listening to and working with others

'A need to work together. A will to change what is happening to women in labour. That there are different opinions and approaches and they should be explored not disregarded.'

Student midwife

'Networking.. I feel there are a lot of caring professionals happy to answer any questions I might have or indeed on behalf of any woman who needs specific information I don't have at my fingertips'

Birth support person

'In the future perhaps; I was fascinated by the Birth Resource Centre and all it had to offer. The women of Ireland would benefit immensely from similar centres that offered support and birth classes. Very tempted to bring this idea to _____!'

Student midwife

'I had not realized that some midwives are scornful of doulas/ birth plans etc. I will work to be accepted and supportive ... again on behalf of the woman at the centre. I also realized that I am to be more political in that I will now write after each birth to commend/draw attention to bad practice so that I have a voice for change which will not have to be aired while the woman is giving birth.'

Birth support person

How the weekend helped people in their work

'The little changes I would make would be offering women more choice as to how they would like to position themselves for optimum comfort for themselves, ASKING women what they would like, offering suggestions if they were too shy to say what they really want, bringing more laughter and good humour to the delivery suite and in these small ways empowering women in the hope that will spread the word.'

Student midwife

'Hoping it will give me a new confidence to approach more senior midwives in the hope they have the same dream as me – but I won't hold my breath

Student midwife

'I want to try and introduce singing in to my class as a coping in labour tool'

Birth education teacher

The value of bringing together all the groups

'It was important as we are all working towards the same goal (or at least should be) so should work closer together in practice.'

Student midwife

'I felt very privileged to hear the experiences of all the different groups, it was great to understand the problems we face from different angles and to draw solutions from different angles'

Birth support person

'We need to build up a closer connection each other. I also felt the urgent needs and importance of doula (there are still only a few compared with other care givers). Because at the weekend, I've felt and heard of the limitations of being a midwife nowadays.'

Doula

'I think it was useful, helpful and supportive to meet all the other women at the conference. It was reassuring to share similar stories, and learn how to offer different care that could benefit the birth experiences of the other women.'

Student midwife

Making political changes within and outwith maternity services

A broader understanding is the first step to making political changes and there were some comments that centred on this possibility:

'It [the weekend] has made me wonder if we will be making it easier for the subsequent midwifery students if we can stay focused and true to our philosophy and how long it will take to change things for the better for women and the midwives who work with them.'

Student midwife

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Birth support person

'I am now bringing into question my role in medicalised birth and how if at all do I contribute negatively or positively to the women I care for. A need for action towards normality is so urgently needed, and after this weekend I no longer want to be an accomplice to a machine that squeezes the ketchup bottle harder to extract what's inside.'

Student midwife

What people felt needed more attention

'I would personally have liked more time in the workshops, I think a lot can be learnt from small group interactions.'

Student midwife

'I didn't feel other birth professionals were represented. I felt that more acknowledgement could have been given to the non-midwifery birth professionals who were present, and more space for their voices in the programme.'

Birth support person

'The drama was very powerful and it would have been great to have debriefed in some way after it'

Birth support person

Organisational issues

'The weekend was well put together. If I had any criticism it would be that in my opinion I felt three days was slightly too much for really good work to be done on the Sunday.'

Student midwife

'The only comment I feel I have to make is regarding the Sunday session with regard to singing and dancing. This is not for everyone and it can make people feel uncomfortable (myself included).'

Student midwife

'More time!!! Another couple of days to really get to know each other!!! Other than that I feel that it ran really smoothly...

Student midwife

Final comments

'I would just like to say how much I enjoyed the weekend and how positive I am coming away from it. The weekend really grounded me again. So, thanks to everyone involved, the content was so relevant and well planned.'

Student midwife

'It was great and exciting and felt so fabulous to have the BRC full of buzzing energy and people from diverse places coming and experiencing it. I feel the BRC could have had more of a presence on the Saturday - it would have been a great opportunity to showcase it a bit. I also think it's sad how few Edinburgh based midwives and other staff were there, and would love to see this change over time.'

Birth support person

'Although I really enjoyed the week-end I have to own up to it not being quite what I thought I was coming to!

Student midwife

'It was inspiring to hear so many women speak with such vast knowledge behind them - it was very humbling. I am really pleased that the time and effort was made to make it all happen - it was much appreciated.'

Student midwife

'Can we do it again please?!'

Student midwife

Conclusion

Lessons from the Weekend and Where Next

Midwifery students formed the majority of the attendees and contributors to the evaluation. Reading the evaluation forms, we concluded that the study day on Saturday should have included people drawn from the wider range of birth support work. This might have changed the focus of many of the discussions, to move beyond the structures of current midwifery service provision, to explore in concrete terms what needs to be created beyond those structures as part of a collaborative effort to challenge and change those services which are proving so discouraging for women, midwives, birth education teachers, doulas, and birth support workers.

It seemed very important for the midwifery students to connect back to the realities of women's support needs. Additional dimensions on support would have made a valuable contribution, emphasising in a different way the nature of this collaborative work. By having a doula as a speaker, more scope would have been given, for example, to explore how a doula works to create holistic support in the context of a very busy maternity unit.

Women coming in to birth and student midwives coming in to learn need the benefit of staff who feel confident, who have inspiring leadership and who in turn can act as leaders on a day to day basis on collaboration with their colleagues.

The notion of broader collaborative efforts between midwives and birth support workers emerged specifically in two talks. However that broader constituency of support is rarely found in conventional maternity settings where the issues of professional boundaries and a perceived divide between lay public and expert professional practitioner actively prevent vital collaboration.

This can leave the burden of change on the shoulders of the midwives alone working from within and too often leads to burnout out due to lack of support institutionally for what they are doing.

Overall the evaluations speak strongly about a system

- that is medicalised
- where women and midwives have lost their faith in normal birth
- where midwives have lost their passion for the work

The perspectives from the evaluation challenge the literature which says that an incremental process of change will gradually spread throughout to change the climate of midwifery. We now have the strongest possible evidence about what comprises good birth with the latest Cochrane review (Hattem, et al, 2009) and in Britain at least well-articulated national policies on women's choice and the importance of normal birth.

We also have useful professional advances such as the development of Advanced Midwifery Practitioners and consultant midwives' roles in normal birth and pockets of rigorous and reliable practices to sustain best quality midwifery and good birthing.

The statistics on intervention in birth are rising steadily in Britain and Ireland.

We conclude that these changes are too thinly spread and unable to impact on the powerful and negative cultures of large maternity units to change the climate in general.

The central questions of the weekend were:

- Is this how midwifery will always be: fragmented and disconnected?
- If so, how will I stay the course?
- How will we make change happen from outside?

For the midwifery students in particular, the juxtaposition of their passion for midwifery and the extent to which they are floundering within medicalised birth makes painful reading.

What stands out is the need for a training that supports midwives in a deep knowledge of genuine skill as distinct from the painfully split and diminished contexts they currently encounter.

Our challenge is how to move beyond the problem of midwives trapped in and unable to get past structures which are inimical to good midwifery that responds to women's needs.

Much current literature confirms that too often midwives are expected to be 'with institution' and 'with paperwork', even 'with client' rather than 'with woman' (Kirkham, 2000; Hunter, 2004), while doulas are more enabled to embody being 'with woman' and her experience in a more holistic way.

While the weekend offered inspiration, reassurance, this was insufficient. In order to be able to develop fully as midwives, students' need for political activity and agency in how they might create sustainable lasting structural changes must be acknowledged and nurtured.

The thoughtful and generous feedback we received suggested that collectivity at all levels is essential for change to occur and that in being encouraged to listen to each other, we develop better ways to listen to women.

The Birth Project Group is now organising its second workshop to be held in Trinity College Dublin in April, 2009.

We are working on the possibility of a documentary, extending the filmed material we already have.

In relation to our original objectives, the weekend has helped us to clarify how critical it will be to work on a specific series of supports for these groups of midwives when they qualify.

In the Birth Resource Centre, Edinburgh, now renamed the Pregnancy and Parenting Centre, we are working towards offering antenatal midwifery care on site.

In Dublin, we are beginning to explore the possibility of antenatal care for socially vulnerable women within the community in north inner city Dublin.







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