

Doulaing

A NEWSLETTER PUBLISHED FOR DOULAS BY DOULAS



in this issue
ORGASMIC BIRTH
HOME BREECH BIRTHS
BLESSINGWAY
SCOLIOSIS IN PREGNANCY

SUMMER 2008 ISSUE 14

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Credits and Acknowledgements:

Cover photo courtesy of Jada Shapiro.

Newsletter Team:

Thank-you to our wonderful newsletter team for layout and pictures and to our authors and everyone who contributed their time to this Summer edition. Please note that OPINIONS expressed in Doulaing are not necessarily those of Doula UK as a whole.

Dear Doulaing ... Letters:

If you would like to respond to any of the articles in this newsletter or previous newsletters, please send them to them to newsletter@doula.org.uk.

Tips and Tricks:

Had something that worked for you that you want to share with other doulas? Please email them to newsletter@doula.org.uk.

Next Edition:

If you have any doula stories and experiences that you would like to share with us, please can you send them to newsletter@doula.org.uk.

Deadline for next newsletter: October 2008

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Other volunteers: We have many other volunteers who donate their time to Doula UK, helping us with mailings, PR, the newsletter, gift vouchers, study days, banner, merchandise etc... as well as our assessors and regional reps.

Editorial

Letter from The Editors:

As with most things that relate to volunteering for Doula UK, I find myself uncontrollably raising my hand and jumping up and down like the nerdy kid at school shouting "Me! Me! Pick me!" whilst a little voice inside me squeaks "have you really got time for this? You haven't even asked what it involves?" So, thus, I find myself with the illustrious title of 'Co-editor' for the newsletter, having asked not once what my job would actually be! It transpires that co-editing the newsletter includes getting a first glance at some amazing stories and getting further proof of what a rich, varied and empowered bunch of women our doula's really are. It also involves reading those articles a million times over, deep into the night, to try and sprinkle comma's, apostrophes and correct spelling over it. Apologies for this, it was probably all just perfect before I started! Other doulas that have stood with their hands in the air shouting "me! me!" over the summer are Bev and Rachel, who produced the amazing e-newsletter (not to be confused with our not-'e'-newsletter!). Also Geraldine Watson who has whipped our telephone line back into shape (whilst at the same time getting an article in her local newspaper!). Not to mention all the amazing doulas who have shared their stories and contributed to this newsletter. Yours truly, along with some other starlets, will be taking part in a Channel 4 programme about Sex Education (my mum is already so proud, she NEVER thought she'd see the day!). And last but not least, my Co-editor and committee partner-in-crime (also known as 'my wife'), Emma Gunn, is going to be speaking at *The Westminster Health Forum Keynote Seminar: Maternity and New Born Care* in September, representing Doula UK, alongside some seriously heavyweight names within the maternity care sector. All that and more that I'm sure should be mentioned and hasn't been. Talking of which, if you'd like to share an idea, story or success you have had so that it does get mentioned in the e-newsletter or newsletter, please get in touch at newsletter@doula.org.uk. Personally, I can't wait to get started on the next one (if I'm invited back after my terrible crimes against punctuation!).

Trudi Dawson

About the Editors



Trudi Dawson

Trudi has been Doula UK's secretary for around a year - she can't really remember when she started as it's all melted into a blur of furious activity. She is a Recognised birth doula. Trudi lives on the borders of Kent and SE London with her husband and 3-year-old son.



Emma Gunn

Emma has been a Doula UK volunteer since her very first DUK meeting and is a recognised birth doula. She is Chair and PR spokesperson for DUK and lives in Chiswick with her husband Duncan and her two children aged 15 and 4. She is also a Reiki and Natal Hypnotherapy Practitioner and teacher.

Hello campers (well it is the camping season). I am feeling unusually buoyed up by all the wonderful doulas who have been such a great support to me in the last couple of months. I have once again come away from this newsletter feeling freshly inspired and touched by the stories and the work that we do, it certainly helps to put things in perspective. I hope you will enjoy reading it as much as I did. The interview with Debra was very moving, as was her film, (those of you who have seen it will know what I mean), if you haven't yet, highly recommend. See photos of the UK Orgasmic Birth premiere in our DUK photo gallery, along with the photos from our first Red Tent Days and Angela's mouth-watering brownies recipe from the London RTD. We look at how to take care of the body during pregnancy with Claire's piece on pregnancy massage and how scoliosis affects pregnancy. Whilst Carly's book review had me howling over my keyboard, it doesn't take much at the moment. Once again we have looked into birthing traditions with Selina's story of a Blessingway she organised and Stacia's and Marcia's accounts of their doulaing work are an inspiration. We have attached a copy of the mini-survey that Valerie put together for the Westminster Maternity Forum on the back page, for those of you who have been unable to fill it in online, so you can just tear it off. I hope you will all take the time over the summer to fill in your surveys and send them off to Valerie, so we can wow them with our Doula statistics in September. I would like to say a big THANK YOU to all our newsletter contributors and our volunteers. Have a lovely summer everyone.

Emma Gunn

ORGASMIC BIRTH:

An Interview with Director/Producer Debra Pascali-Bonaro

EMMA GUNN

I first had the pleasure of meeting Debra at an informal doula get together at Bridget Baker's house, nearly a year ago. I was much impressed by her presence, her vast knowledge and above all her humility, a quality I much admire in doulas. Her CV is impressive and her achievements even more so. A DONA approved Doula and trainer, she has spoken about doulaing at the White House, been instrumental in helping to develop community-based doula programs in the U.S. and as far afield as Brazil. She is also Co-Chair of the International MotherBaby Childbirth Initiative, which works in collaboration with global leaders and groups to reduce maternal and infant mortality and improve care for mothers, babies and families. She serves on the Board of Directors for Childbirth Connection. Has co-authored *Nurturing Beginnings: Mother Love's Guide to Postpartum Home Care for Doulas and Outreach Workers* and received the Lamaze International Elizabeth Bing Award in 2002. She is also the mother of three sons and two stepchildren.

What inspired you to make the film?

As a childbirth educator and doula for 20 years, I have seen how important having information to make an informed decision is in the way a woman experiences and remembers her birth. A saying I have often sited is "if you don't know your options you don't have any". I wanted to make a film that would show women and men all that is possible in birth to encourage people to know their options.

Penny Simkin and Phyllis Klaus authors of *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*, were my teachers and mentors. Their work has taught me how important the care a survivor of sexual, physical or emotional abuse is during labour and birth.

When I knew we were making a film, which would be discussing birth as part of your sexual life, I knew I had to include a survivor; because for some women, this aspect of birth is difficult to take on board. For those who don't get support and sensitive care it can be a real trauma. So it is very much because of them that I knew a survivor's story had to be a part of *Orgasmic Birth*.

Who was this film originally aimed at?

When I made this film I wanted to show it to young people, long before they were going to go through the experience. I never really thought that it could be for midwives and physicians, so they could see what was possible.

How did you choose the title?

I was invited to a pitch session with several U.S. networks. I had a few minutes to share our title and ideas for the film. Our working title was first *An Ordinary Miracle: Global Models of Care* and then *Ecstatic Birth's*. When I said these names they told me to sit down, they were not even interested in hearing more. I then said *Orgasmic Birth* and with that title, everyone laughed and said tell me more... if you can make that movie you will have interest.

What kind of reactions have the title received?

Depends on whom you ask. From young people, our target audience, a great reaction - interest, smiles and curiosity to see and learn more. From physicians and midwives, especially those who are older, a bit more conservative response, being a bit shy or for some concerned to be putting the words *orgasmic* and *birth* together, and yet all who have seen the film have said after that this was the right title - it is so much more than I had envisioned.

Where has it been shown?

The film is getting daily screenings all around the world from Texas to Taiwan.

How long did it take to bring to fruition?

It was five years in the making. As someone who never made a film before and who just had a vision, it was always hard to imagine what the end product would be and having worked in birth for so many years, I know that seeing is believing. As an educator we can often see how couples shift during the course, but in general people don't have time to attend a course and so the power of this film is that it can have that effect in a short space of time.

Who were your team? How did they come about?

I have immense gratitude towards my whole team that includes an award winning editor and fellow producer Kris Liem, John McDowell, composer of the score for the Oscar-winning documentary *Born Into Brothels*, with additional composition by Sabina Sciubba, of the group *Brazilian Girls* and all the different aspects that brought the film together. The amazing families who enabled us to share their intimate moments. When you do the films about birth, it's not like making a Spielberg movie. You have no ways of predicting how things will go, it is the story as it unfolds.

What were the biggest challenges? Greatest rewards, surprises, moments?

One of the biggest challenges was finding a survivor to take part in the film. When I started my search many, many, survivors came and spoke to me, which was a gift to share, but most of them needed their faces to be blacked out. As much as I felt their experiences were important, I also felt as a viewer, we needed to see the person's face. We looked for three years. We got a lot of responses but nothing came to fruition. One or two people said yes, but no longer spoke about their past history and they only insinuated it in their story.

We were two days away from locking up the film, as we were out of money and out of time. I was in the middle of taking a doula workshop and during the break my editor Kris called me and said '*Debra you are going to have to live with the fact that we have to weave this film without this piece.*' I remember I sat in the parking lot and cried but I knew she was right. I went back into my doula workshop and as so



often happens after they finish, people hang back to chat. Someone asked me what I was doing outside of the workshops and I blurted out that I was having a tough day and I explained that I was looking for this one woman for my birth film, a survivor, and I knew that she was out there. Helen was in that workshop and she looked at me and said "it's me!" and she came over to me and put her hands around me and hugged me. She cried and I cried and the whole workshop came up to us and formed a circle around us. We were all quiet standing like that for a long time. Helen told me how she had been waiting many years for this opportunity to share her experience to help others. I told her to take time to think it over and speak to her family as it was a big commitment and it would be shown all over the world. That night she spoke to them and the next day she called me and said that this was something she had been waiting for a long time and her and her family wanted to do it.

After my cameraman and I had filmed her, we had tears in our eyes and were sitting there thinking we needed some footage of her doing something to go over the interview visually. I remembered Helen said she was an artist, I told her we need some images, she said, "I weave, but my loom is broken." I asked her if there was anything else she could do artistically. "I can spin." And so we got this incredible sequence of her spinning and brought it back into the edit room. It was perfect.

What became of the mothers, fathers, babies who took part in your film and what did they take away from being involved in the film (apart from their baby)?

We invited all the families to view the films. Helen saw the film three times before she gave birth to her second child just recently. She said how being part of this project had moved her to this new place, after the transformation from her first birth, she was now prepared to enjoy her birth and find pleasure in it.

We call ourselves the Orgasmic family, and the families have met and we all keep in touch. Piper and Chas are expecting again, any day now. They were the couple who last time went into hospital by ambulance as they were in temporary accommodation at the time of the birth and so did not feel they could birth at home. She was the mother who had a beautiful birth in hospital and was doing so well at home that they thought she was not far along in labour, when she learned she was fully dilated he was nervous about the baby being born in the car, so they called an ambulance. It only took her three pushes before the baby was out. This time they are hoping for a home birth.

Helen, from the survivors, has given birth again. Her story was so powerful. I was honoured to attend her Blessingway, which she only shared with a small intimate group of people in her life. It was a beautiful and welcoming preparation for the birth and a few days later she went into labour, laboured in water, caught her daughter herself and described her birth experience as an incredibly positive and pleasurable experience.

What are the typical reactions after seeing the film?

It has been wonderful to watch the audiences' body language, to see their tears and hear their feelings and to see that they are being touched by different parts of the film. It is always great to hear the comments and the feedback. Many comments come in after the screenings, when people want to talk individually. It has just been incredible, as each person seems to find someone in the film that touches them in a way that opens up a new possibility of something that they have never thought or seen before. Pregnant women who said it had given them a whole new perspective.

What were the impressions/reactions that most stood out for you?

The strongest impressions I have received have been from other survivors. There is usually a line after the screening of



people waiting to talk to me about their reactions to the film and a fair number of them are survivors. Hearing them tell me how being able to share Helen's story and hence their own story with me has opened up a possibility for them and their own birth, is absolutely incredible.

Who have your audiences consisted of?

We have had midwives, doulas, educators, and a share of nurses and physicians as well as many expectant couples and even some young women in their early to mid teens who have shared how powerful the film has been for them too.

How did the medical establishment receive it and have you observed any changes or ripples that it has started to create?

I do have one story that touched me; it was at one of our first screenings in Puerto Rico. It was a husband and wife, who are both great physicians and who helped me with the sponsorship. They both travel and speak a lot in South America, which has a typical C-section rate of between 40-90% in urban areas. They showed the film at a conference made up purely of physicians from several countries and got a wonderful response.

When the credits rolled and lights came up, the audience were very quiet and she looked around and noticed that they were crying. There then followed a one and a half hour discussion on what they could do to recreate normal birth and how they could make changes in their practices. They hope to bring the film to Cuba along with doula workshops. I was really touched and I really do hope this is a film that will open the medical caregivers hearts as well.

This has been the case in Glasgow. I had several midwives and two Directors of Midwifery come up to me to say that they were going back to their hospitals and were going to change some of their practices and protocols, as I had reminded them of what was possible. That they had realised that when you become part of the system you forget and lose some of the practices that are normal. Midwives from other countries have expressed this as well. One midwife in particular really touched me. She called me in the morning after seeing the film to say that she could not sleep that night. That it was so hard to realise why she had gone into midwifery and how rarely they see these types of birth now, because of how medicalised our system is. It gave her renewed power to do something.

What are you focussing on, now that your film has been completed?

Making the film has brought me the highest highs and lowest lows. I am now enjoying the process, it's a normal post-partum reaction. I am just now opening up to making a second film. I went for dinner with my editor Kris Liem and she asked me if I was ready for my next project. We began to visualise and will soon begin to fund raise so that we can begin making our second film in a year or two. We wanted this first film to be inspirational, so we pulled a lot out that was more political, as that was not the objective of the film. I knew that my next film would be more political. I listened to a talk by Penny Simkin recently, who had just turned 70 and presented an overview of her life. She had been married 50 years, 40 of those years were spent in maternity care. She left us with her new vision. This vision was that she felt we need to tie into the green movement, the eco movement and show how birth is a part of that. I was doodling as she talked and came up with the title for my new film project: *The Ecology of Birth – The Greening of Maternity Care*. In the taxi on the way back from the conference, I saw the a bill of rights in the back seat and it occurred to me that women have more rights in a taxi than in the maternity ward.

What are your hopes for how the film might change and improve the treatments and birth outcomes for women?

Getting this incredibly positive feedback so early on from providers, makes me realise that making these kinds of film can be a valuable tool for many providers around the world to reconnect to why they went into midwifery care. I believe that people went into this field with very heartfelt reasons and I feel that our systems and policies are different from what they anticipated. They have got lost in that. I hope it is a film that will be able to open their hearts on any level, wherever they interface within maternity, to extend the positive ripples we are creating with this film and with our work as doulas and to help women and men see all that is possible in birth.

DVD:

Available to buy @ screenings or online in the autumn

UK Screenings:

For further details go to: www.fatherstobe.org/Events.htm

Related Websites:

www.orgasmicbirth.com

www.aest.org.uk Adult Sexual Abuse Survivors organisation Support and information for survivors of childhood and adult sexual abuse or rape.

www.survivorspoetry.com/

Further Reading:

When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women (2004), by Penny Simkin / Phyllis Klaus



Performing a Blessingway

SELINA NYLANDER JULY 2008



From the heart of Earth, by means of yellow pollen
Blessing is extended.
Blessing is extended.
On top of a pollen floor may I there in blessing give birth!
With long life-happiness surrounding me
May I in blessing give birth!
May I quickly give birth!
In blessing may I arise again, in blessing may I recover,
As one who is long life-happiness may I live on!
-Navajo chant from the Blessingway Ceremony

In March this year I organised and facilitated a Blessingway for my friend Vicky. I had read about Blessingways (a traditional Navajo healing ceremony/rite of passage, now used as an alternative to baby showers to celebrate a woman, her pregnancy and transition to motherhood) a few years previously.

Vicky was pregnant with her first baby and I thought a Blessingway could help her reconnect with the positive and spiritual aspects of birth and to give her a backbone of support and love to call on in her labour.

The main elements that are included in a Blessingway are-

Planning - Some pre-planning is required and you may need help to think about significant people to invite, invitations should be sent explaining the purpose of the Blessingway and what people need to bring with them.

STAGE 1: Beginning

We prepared a sacred space outside in my friend's large garden. We set out a big tarp on the grass and, using a compass, created a circle on the theme of the four directions - East (Air), South (Fire), West (Water) and North (Earth) - with a central altar.

Eventually everyone was gathered and to cleanse and prepare everyone I used a Native American process called 'Smudging'. Smudging is done with herbs (usually Sage) tied in bundles called Smudge Sticks (you can buy these on eBay if you look under 'smudging'). The smoke is "washed" over the person or object with a Feather or by fanning the smoke with one's hand. And as I did so, to each person I said:

"Take a deep breath. Relax, and let the smoke carry away all that is not needed here today."

When everyone had been smudged I asked them to sit in a circle, with Vicky in the North direction and space for me beside her. I then cast a circle, saying:

"I am going to cast a circle to form a safe secure space for us all to welcome the ritual experience and open to spirit. Let us form this circle with clear thoughts, wise heads and kind hearts"

With cornmeal I walked around the circle clockwise and then spoke these words-

"The Blessingway is an ancient Native American ritual so we summon the four directions as part of our ritual. The directions hold powerful, guiding and protective energies, and when called upon, their qualities awaken parts of our inner selves and bring forth the highest and best we have to offer to the circle"

All turn to face each direction as we call. And light each altar candle after each direction is called.

"Blessed be this gathering with the gifts of the East: communication of the heart, mind and body; fresh beginnings with each rising of the sun; the knowledge of the growth found in sharing silences

Blessed be this gathering with the gifts of the South: warmth of hearth and home; the heat of the hearts passion; the light to illuminate the darkest of times.

Blessed be this gathering with the gifts of the West: the lakes deep commitments; the rivers swift excitement; the seas breath of knowing.

Blessed be this gathering with the gifts of the North: Firm foundation on which to build; fertile fields to enrich our lives; a stable home to which we may always return."

STAGE 2: Shifting

I then said: *"We have created a sacred space; all the energies we wish to be present have been summoned so I will now state the intention for the gathering."*

"We've gathered here today to acknowledge, honour, and celebrate Vicky's journey into Motherhood. In this sacred space we will help Vicky clear her path to Motherhood by supporting her as she releases her fears, worries and anything else that might be standing in her way of her fully embracing the coming of her child. By our coming together, we will weave a web of support for Vicky, pledging our care and our willingness to provide for her throughout the weeks to come. I would also like us to send out energy and love to Anstey and Rachele and their unborn babies, new souls to join their families."

A Blessingway is a Sacred, Spirit guided ritual. In light of this we ask that everyone stay mindful, flexible and speak consciously. We also ask that everyone try to stay present during the ritual, focusing your attention on Vicky and sending her your love and support.

A Blessingway has the power to evoke very strong emotion, which is part of the releasing process. Vicky's Blessingway is a no-fault ritual, so do not be concerned if you have never been to one before. In this safe and sacred circle, all contributions will be honoured and don't feel you have to say anything or participate if you don't want to.

Confidentiality is key to creating safety for everyone today. Our circle has been cast and is now closed. If you need to leave the circle to take care of anything please do so but please leave and return quietly. Thank you for joining us."

"I would like us all to go round the circle and introduce ourselves, by telling us your name, your mothers and children's names and how you know Vicky."

After everyone had introduced themselves we moved on to releasing fears (very important as we all know, to a good birth!) and I said:

"Next we will release our fears. The process of letting go of fear is one of the most powerful parts of a Blessingway. Expressing fears helps us let them go, releasing them from our hearts and placing them in the hands of spirit.

Expressing fear does not give energy to that fear, if you deny your fear exists it allows it to grow. If we release our fears, that space can be filled with openness and love.

Please take a minute to write down a couple of worries on the pieces of paper you have been given, these can be about anything (don't have to be about babies etc)

We will then go round the circle and if we feel able, read aloud our fears and then place them and burn them in the bonfire at the bottom of the garden."

People were a little embarrassed but everyone was participating in the ritual and we moved to the fire and said: *"By doing this we release our fears, expectations and distractions to the four winds. May we now be free to focus our minds and hearts on the present moment"* (all repeat).

Having met the demons, a woman is ready to affirm her inherent ability to birth her child.

STAGE 3: Focusing

By this time it had started to rain quite heavily, but this did not put us off! In fact it felt right in some ways!

I said: "Now we begin the work of our gathering. The pathway to birth is a journey of a lifetime. We have gathered together today to help prepare Vicky to make this journey. If everyone will move in closer to Vicky. Vicky we will be adorning you with a crown of flowers to show you have divine attributes. We will take it in turns to decorate you with Mehndi henna to bring luck, protection and good fortune.

We will be massaging your shoulders to help prepare you for bearing the responsibilities of motherhood. We will massage your hands to ready them for the physically hard work of motherhood. And we will bathe your feet to soothe them and clear the way for a peaceful journey."

This was a lovely time, we had a washing up bowl full of hot water and herbs and rose petals which Vicky put her feet in, and we all massaged her, a very sweet loving and laughing time for all of us.

I then asked everyone to reform the circle and we created a

birthing necklace (of beads) for Vicky. The necklace was for Vicky to take to wear or hold during childbirth to serve as a calming focus.

The act of creating the necklace symbolises the strength of our shared experiences as people.

STAGE 4: Completing

I said, *"Before we end this ritual we need to raise the energy in this circle so it can be sent out into the world, we can do this by all holding hands and ... will lead us in a chant"*.

This was difficult as I had no chant prepared but we all hummed a note for quite a while and then asked everyone to stop and place their palms on the floor to ground the returning energy to the Earth.

Next we wove a web, to remind us of our connection to each other and to spirit.

A ball of red yarn was passed round, the yarn wound around each person's wrist several times, and then thrown to another circle member.

When the yarn connects everyone, this symbolises that we are united as one and represents the circle of women and the circle of life.

Everyone stood and pulled back gently to feel the strength of the connections they had just made.

We then cut the Yarn, each person helping their neighbours to tie their bracelets onto their wrists.

After the birth, everyone is free to cut off the bracelet; in the meantime, it is a constant reminder on their wrists of Vicky's upcoming journey. Everyone should wear the bracelet until you receive word that the baby has been born.

I then completed the Blessingway ritual by closing the circle and giving thanks by saying *"Spirit (or Goddess or four directions) we are grateful for your loving and powerful presence here with us today. We release you from this circle with our thanks, asking that you remain with Vicky from now until the birth of her baby"*.

The altar candle was extinguished.

"Today, we have succeeded in forming a beautiful sacred space for Vicky's Blessingway. The strength and energy we have helped Vicky to raise is shining inside her and radiating out for all of us to see. The power of the feminine spirit has been unveiled in each of us today. May we carry the knowledge and gifts we've received on into everything we do from this day on. Let us stay connected to Vicky, creating a cradle of support, as she awaits her birthing day and beyond, as she learns to mother her new baby. This has been a powerful day."

Opening the circle *"let us take care of our children, for they have a long way to go. Let us take care of our elders, for they have come a long way. Let us take care of those of us in between, for we are doing the work (African prayer)"*.

I walked around the circle anti clockwise and said, *"Our circle is now open, but remains unbroken. I'm glad you were all here to share this special day."*

We finally moved on to everyone's favourite part, feasting! And moved inside for tea and cake. It was a very special and powerful day and people still talk about it now, months on. For myself I found it very useful and I hope to do more Blessingways and encourage others to perform them as they are a fantastic way to prepare women for Motherhood joyfully.

Vicky went on to birth a nearly 10lb persistently posterior baby on all fours, triumphantly!

Further reading:

Mother Rising: The Blessingway Journey into Motherhood by Yana Cortlund, Barb Lucke, and Donna Miller Watelet.

Alaina's Home Breech Birth

STACIA SMALES-HILL

Each birth teaches us, humbles us and helps us find something in ourselves we never knew existed before. I had had a difficult period where each birth I attended had ended with serious interventions and a baby damaged in the process. My faith was waning. There were times when I wondered if we actually could do it on our own. And other times when I wondered if we would ever be free of a restrictive and controlling medical system. So Alaina's first call was the start of a healing journey.

Alaina is one of those beautiful women who simply trust her body to do the right thing. Slender, early-30's with a warm personality, strong opinions and a ready laugh, the last thing she expected was to find herself at odds with the NHS. She originally trained as a nurse, and had had a very straight forward first birth at home in New Zealand. Now 18 months later she was in the UK and pregnant again, and was told by her less-than-warm midwife a homebirth would be impossible - the hospital was far too busy. In desperation she rang me looking for a doula to support her in hospital. After our long conversation about how to handle hospitals and midwives, her rights within the NHS and general emotional support, Alaina was back on track, and shortly thereafter had her homebirth booked, with me as her doula.

Then at 35 weeks the midwife told her the baby was breech and suggested weekly scans and a date for a caesarean. Alaina panicked. She had only agreed to one scan during pregnancy and none of the tests; this was far from her view of what pregnancy and birth should be. We talked about why babies might choose to be breech, the likelihood of this baby turning, what she could do to try to help turn the baby and what hospital protocols she would encounter. She decided to have one confirming scan at 37 weeks, and an ECV at 38 weeks. If the baby refused to turn, she wanted a vaginal birth.

The hospital refused to consider anything other than caesarean. Alaina and I discussed the difficulty of getting someone with experience of vaginal breech birth in hospital anyway. I suggested that she talk to Mary Cronk to get her own confidence in vaginal breech birth back, and to see if Mary could recommend some independent midwives with breech birth experience. Mary was great, and Alaina was inspired. She engaged Brenda van der Kooy as her primary midwife with Jane Evans as the backup. On the morning of her scheduled ECV (the attempt to manually turn the baby to head down) Alaina rang the hospital to say that she was not coming in for the ECV, in fact she wasn't coming in again at all. She was going to have this breech baby at home. She related to me with some glee how suddenly her phone did not stop ringing. The head of midwifery was the last to ring. She offered to "allow" Alaina to "attempt" a vaginal breech birth, which she would personally attend. "Can I do it in the Birthing Centre?" Alaina asked - just wanting to see what she could get. "Of course you can start out there," was the reply. "No thank you," Alaina said politely, and rang off.

Trust your body and trust your baby. These are the two things I repeat over and over to women, but with my recent experiences, I was finding it hard to do the same. Although I never said anything to Alaina, I admit to feeling fear. Then I started reading. The literature out there is compelling. Breech babies should be able to be born without difficulty provided the midwives allow the baby the same freedom to manoeuvre that we give to head first babies. The problems with breech babies arise when we interfere unnecessarily. This baby was in an extended breech position (the legs were straight up with the feet beside the head) with the back on the left - an ideal position. My own confidence began to build.

The days ticked by. Alaina had been early with her first baby, but now she was one week past her due date. Brenda advised against a sweep. We all waited. At 41 plus 5 days Alaina rang me in the morning to say that mild contractions had started, but nothing significant. Based on her last labour, she expected it would take some time to get going, so she would ring me later. At 3:30pm the phone rang again. Labour was starting to build and she wanted me there.

Alaina's partner is a builder, and was in the middle of renovating their house. A wooden plank covered the mud leading to the front door. Bare plasterboard walls rose from a beautifully finished pine floor, while parts of stairwell for the unfinished loft and bits of skirting littered the tiny hallway. When I arrived you could feel the excitement in the air, but it felt wrong. The little front room was too crowded. Alaina stood near the wall, her hands on her hips, swaying, the midwives seated on either side watching her, her partner and son playing noisily at her feet, and me in the corner. Instead of increasing, the contractions were becoming farther and farther apart and less intense. After about 30 minutes, she looked around the room and asked everyone to leave, but me.



We were going to watch a film, she decided. There were no curtains on the windows, so we put up blankets and plunged the room into darkness. We chatted quietly and I made her laugh. The contractions returned, and she started to withdraw into herself. The film was forgotten. I left her alone and went into the kitchen, just coming to the door to listen occasionally. A half hour later, her partner and son returned and Alaina disappeared into the bathroom to continue being alone. We could hear the shower. A few minutes later, she called for Ramon to bring her the birth ball. There was 'That Transition Tone' in her voice, so I waited until Ramon had left and went up to see what was happening. Each contraction was strong and full, with 5-6 minutes between. The Rhombus of Michaleus was just visible. I listened to a few more contractions and then asked her if we could call the midwives back. She felt it was too soon, but I assured her it was time.

Brenda and Jane arrived 15 minutes later, and very shortly Alaina felt the baby moving down. With that wonderful ponderous choreography required to move a women starting to bear down, we supported her, guided her, and encouraged her as she made the short walk to the bedroom where she wanted to birth. She fell to her knees on a pile of towels and blankets on the floor and leaned onto the bed. The pushing began with deep-throated calling. Ten minutes later, a small portion of the buttocks could be seen and it began to extrude meconium like a play dough factory. This is normal in a breech birth as the gut is being massaged and each squeeze of the vagina squeezed out more of the black stuff onto the Inco pad. Slowly the buttocks could be seen to rotate and little labia appeared. We all held our breath. Alaina knew we would all see the sex of the baby before she did, so had made us take a solemn oath not to say anything until she saw the baby herself. Alaina called and screeched, it was uncomfortable she said. "Is anything happening?", she asked. Ramon comforted her, and then left with Luca who was frightened by the noises coming from his mother and had begun to cry. Now the buttocks slowly, slowly began to make their way out of the vagina, the legs extended in front of the body. It seemed to take forever as this baby eased her way out. Everyone watched but Alaina who was left grabbing onto the duvet until Ramon returned. Brenda reassured her that the bottom had come out and now the legs were coming. "It will feel like they are coming forever," she said. The baby's body hung below Alaina's body, the contractions further apart and gentler now. Alaina breathed and gave little grunts, but otherwise the room had become strangely quiet. In the background, Mama Cass was singing "Dream a Little Dream For Me." It seemed incongruous as still these long legs and this long body hung in the air, the gradual movement into the world almost imperceptible. Alaina screeched again as she felt the feet pushing against her perineum.

Then suddenly it was over. One leg flopped out, then the next, one arm, and another arm and then the head and the baby flopped over her legs onto the pile of towels. The midwives quickly gathered her up, turned her over on her back and helped Alaina to reach her. The baby's legs reverted to their usual position up by her ears, and Alaina hesitated as she tried to figure out how to pick up this oddly configured baby.

There was a release of energy into the room as midwives peered at the baby, Luca was called, and a friend came in to greet the new baby. There were a few minutes when everyone seemed to have forgotten Alaina, sitting now on her heels, exhausted, huddled with this baby against her chest. She asked for help a few times before we all took notice and helped her to get off her knees and to sit properly. Then she smiled. "I did it, I did a breech birth at home!" She threw her head back and laughed.

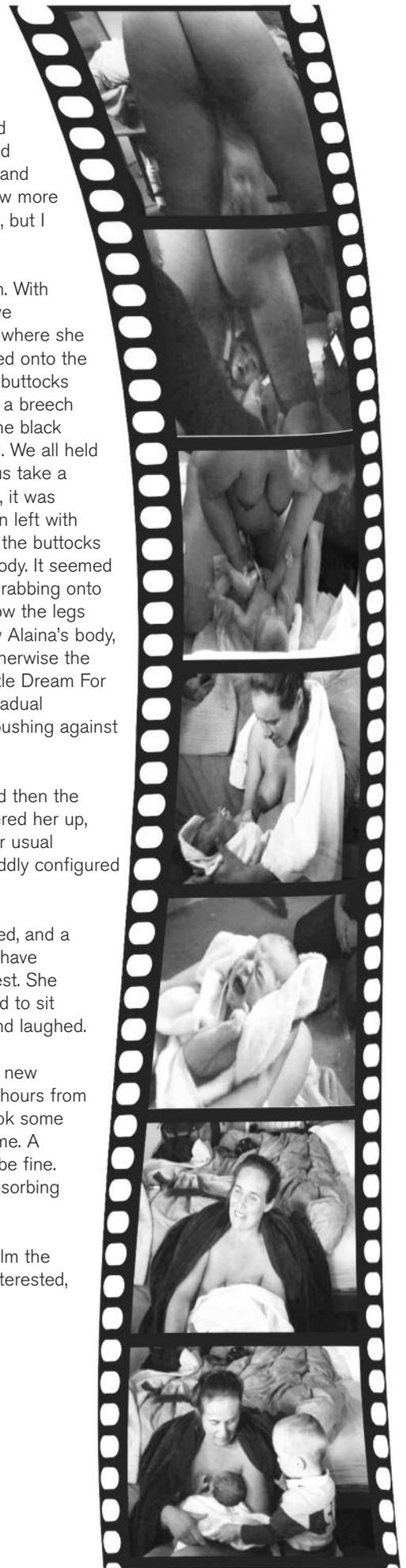
We all stayed for some time, sitting in the kitchen and chatting quietly. Ramon had taken his new daughter to give Alaina time to gather her boundaries again. It was a quick birth: only a few hours from the time I arrived, and Alaina was exhausted. The baby was obviously uncomfortable, and took some time to settle – perhaps because of the extension of her legs meeting gravity for the first time. A common side effect of this birth position is hip problems, but in fact her hips were found to be fine. Soon she too succumbed to sleep. It was now dark, and the house began to settle down, absorbing easily this new life into its warmth.

Alaina felt it was important to prove that a home breech birth is possible, and asked me to film the birth so it could be used to educate and inform women, midwives and doulas. If anyone is interested, please do contact me for more information.

Suggested reading:

Breech Birth – what are my options, by Jane Evans, published 2005 by AIMS (available from www.aims.org.uk)
Breech Birth by Benna Waites (available through Amazon)
Breech Birth: Woman-Wise by Maggie Banks (out of print so you will have to look for it) www.breechbabies.com

Jane Evans, Mary Cronk and Brenda van der Kooy run "A Day at the Breech" workshops for midwives and others. For more information, contact them through admin@sharingtheskills.co.uk or visit the website www.sharingtheskills.co.uk



The Benefits of Pregnancy Massage

CLAIRE MORROW-GOODMAN

A friend recently asked me if her sister would be able to book a massage, even though she was only 20 weeks pregnant. *"Of course! There is really no better time"*, I replied.

Pregnancy massage is a wonderful way for mummies-to-be to relax, rejuvenate, and release some of the stress. Not only does it feel fantastic, but there are many other benefits. The benefits of pregnancy massage (also known as prenatal massage) include, but are not limited to:

- Encouraging muscle relaxation and tension relief;
- Reducing heart rate and blood pressure;
- Increasing blood circulation and lymphatic flow, therefore encouraging the body to release stagnant wastes held in the tissue;
- Promoting deeper breathing and an overall sense of well being;
- Fostering faster repair and healing of stretched or strained muscular tissue;
- Strengthening the immune system by encouraging the body to maintain or return to homeostasis (optimal balance in which the body best fights injury or illness); and
- Satisfying the need for a nurturing touch.

Other reported benefits from women who have experienced massage during pregnancy include:

- Fewer obstetric and postpartum complications;
- Reduced premature birth rates;
- Shorter or less painful deliveries and less days spent in the hospital;
- Reduced swelling in the hands and feet;
- Less lower back and sciatic pain; and
- Decreased instances of postpartum depression and anxiety (due to fewer stress hormones in the blood).

While any healthy, pregnant woman is able to receive massage, there are some precautions the massage practitioner must observe to ensure that their client is safe during and after the massage. Since the woman's body is in a state of such physical and hormonal change, massage is limited to the second and third trimesters.

As with any massage, the massage practitioner should be alerted to any

health issues; this is especially important during pregnancy. Pregnancy massage should not be performed if your clients have high blood pressure, diabetes, fever, unusual abdominal pain or vomiting, or any malignant condition. Varicose veins and swelling are other conditions the practitioner should be made aware of prior to the massage, though the treatment can still be safely performed in spite of these. The practitioner will be cautious and will avoid any deep pressure and heat so as not to take blood away from the fetus. The practitioner will avoid certain pressure points on the body and feet since they are connected with the promotion of early contractions and labour. While taking precautions before, during, and after is important, most clients will have no problems; they can relax and enjoy the massage free from worries.

Pregnancy massage can accommodate the expectant mother at any stage during the second and third trimester. The practitioner prepares the treatment room specifically for the client. Using elevated pillows to support the client when lying on her back in a reclined position and some practitioners use specially designed massage cushions for the client to lie on their stomach, no matter how far along they are; for the expectant mother, this in itself is a luxury. Other practitioners use a birth ball during the 2nd and 3rd trimester, rather than ask their clients to lie on their stomachs or sides. This gives them unrestricted access to massage the clients back and pelvic area. The practitioner can promote the benefits of using a birth ball during pregnancy and labour. Once they have massaged the back and pelvic area they can, using pillows, ensure that their clients are comfortable and supported on the massage couch. Once the massage is in progress, the practitioner will pay special attention to any areas of tension or discomfort developed during or even before the pregnancy. This is the perfect time to take a deep breath, enjoy the feeling of nurturing touch, and let the stress melt away. Often, soft music, dim lighting, and warm towels help the client to unwind and relax.

It's important to remember that what some women love during pregnancy, they may not like in labour. So as doulas we may meet clients who love to be touched and nurtured but others who don't want

to be touched. I like to encourage the partner to learn some basic massage techniques that can be used during pregnancy and when mum is in labour. They are skills that they can use that are safe but nurturing; it also gives the partner something to do! Some clients ask if they can still be massaged if they are using a birth pool. Of course they can; your partner, doula or midwife can massage your shoulders or the lower part of your back while you are in the pool. It's probably best to dry your skin first and then use a little oil or balm on their hands to be able to massage your skin effectively. The combination of warm water and massage can be very powerful.

As a massage practitioner I am asked about the use of essential oils; as I am not a qualified Aromatherapist I tend to refer them to a local practitioner who may be able to make them a specific blend. As with everything in pregnancy, I always explain that they should be cautious. With the majority of my pregnancy massage clients I use Tui balms. They are a blend of natural, organic beeswax and high quality vegetable oils. It can be smoothly applied and reapplied without disrupting the flow of the massage. I love these products as I know that they have no essential oils that are going to stimulate contractions and always patch test my clients whilst I take their case history. If they do have a reaction, I use good, old organic sunflower oil.

So, why do I love pregnancy massage? Well, I wish I had been able to detach my own hands when I was pregnant, but that's entirely another story! I love the bond I nurture with my clients; that they come to relax and unwind. Some use the sessions as informal antenatal classes, they feel relaxed enough to ask questions (I always reassure them that there are no silly questions and that to be informed is to be empowered). I try to keep it factual and evidence based; clients have felt so positive about their upcoming birth and the majority go on to have positive birth experiences. I love going to our treatment space and have a renewed energy with every appointment; I find it very rewarding and nurturing. As one of my clients has said, "She has magic hands!"

Claire trained with the London College of Massage and specialised in pregnancy and labour massage. She also teaches Baby Massage and trained with Peter Walker.

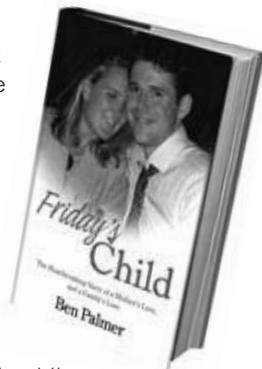
Book Review:

Friday's Child by Ben Palmer

reviewed by Carly Poyser

Having suggested this topic and book for the newsletter I was asked to write a book review.

After saying yes, I realised I had to try and sum up what this book is about. How can you sum up something that means so much to so many people? Something which is written from the heart and I expect through tears.



I read this book in just under 5 hours one Sunday evening, I could not put it down, I didn't want to do anything else apart from sit in silence and take in the magnitude of the words laid in front of me.

I read and re-read making sure I was taking it all in. I cried. I got angry. I mourned. I felt a sense of loss for the author, for his children and his family. This book touched my heart and mind in ways I cannot explain.

Ben Palmer wrote this book in 2004 after his wife Jessica gave birth to their second child, a much-wanted daughter and sister for their 3yr old son Harry. I am sure at the time the last thing he thought he would be doing is writing a book. Telling the story of how his wife was taken from him, their son and 6-day-old daughter. I imagine he had never wanted to write a book – although he says that Jessica did, and she said that 'everyone had one book in them'. Sadly Jessica is the inspiration for this book – I wish she had never been. But sadly there will always be someone out there going through this with 18 deaths between 2003-2005 attributed to 'childbed fever' (also known as puerperal fever or sepsis).

Ben gives background to their story with details on how they met, and includes emails from friends, clients and family from before Emily was born to months after Jessica's death. We learn how Ben had to cope with 2 children during Jessica's time in hospital, how Jessica's health deteriorated rapidly and this could (and should) have been picked up earlier. As little as just a few hours before Jessica's hospital admission, she could have been saved, with something as simple as antibiotics.

You feel the excitement in the lead up to their daughter's arrival, the thrill of welcoming a new baby into this world, and then suddenly, you feel the crash. "STOP!" "NO!" I found myself shouting, literally trying to rewrite history, and wishing I were not reading this book because I wish there wasn't this story to tell.

You literally 'live' through Ben's story, you feel every emotion possible – happiness, joy, excitement – all the emotions we feel as doulas at an impending birth. You feel every emotion that we hope we never have to as doulas, when something starts to go wrong – sadness, crying, anger, frustration and helplessness.

After Jessica's death, their daughter has to be tested and family has to rally round. Jessica is then buried and Ben attempts to come to terms with what they are all going through. A legal battle begins to establish responsibility for Jessica's death and to secure the children's future.

This book is a rollercoaster. You want to know everything is OK – but will it ever be? For Ben, Emily and Harry their mother and wife was taken away. For Jessica, she never gets to see her children grow up or feel her husbands' arms around her.

We only have to read this book and then we can walk away – but this will happen again, another mother will die – we have to support the trust that Ben has set up in honour of his wife.

A Doula's Guide to Childbed Fever

Childbed fever is an infection of the womb in new mothers, which can lead to septicemia. If left untreated, infection will cause organ failure and death - even in young, fit mothers.

Possible symptoms of childbed fever

- Headache, feeling generally unwell
- Sore throat
- Raised temperature (over 38°C is a fever)
- Fast pulse (over 100 beats per minute)
- Fast breathing
- Offensive vaginal discharge
- Rash
- Vomiting and/or diarrhoea
- Abdominal/leg pains

Childbed fever can strike down any new mother, irrespective of age, fitness or health. Fever is an obvious sign of infection, but not everyone who develops septicemia has a temperature, so it is important to look at all of the symptoms as a whole. N.B. If you have two or more of these symptoms, especially if they are getting worse, or if you are in any doubt, please call your GP or midwife, or go to hospital immediately. Remember, the infection can get worse in hours, not days.



www.jessicatrust.org.uk The Aims: "We would like every parent and every midwife and doctor to know that childbed fever is still a very real threat to a mother's life".

Take a look at <http://www.jessicatrust.org.uk/whats-the-aim/awareness-survey/> and complete the survey.

Buy the book:

<http://www.amazon.co.uk/gp/product/1905264283?ie=UTF8&tag=jessicatrust21&linkCode=as2&camp=1634&creative=6738&creativeASIN=1905264283> And we can make sure every client, midwife, friend and family member know about this.

Ben is currently waiting for charitable status and then we can donate to help support the trust in raising awareness about childbed fever.

You can download leaflets from the site here:

<http://www.jessicatrust.org.uk/childbed-fever/documents/>

Postnatal work with twins

MARCIA LORD

Do you ever wonder how life got like this? It is a familiar cry amongst the mums of multiples. I mean, what happened? We'd all started out wanting to have a baby and somewhere along the line our request had been put in twice and, for some of us, three times. I'm still waiting to meet the poor suckers that had their application filled times four! It's not that any of us minded having more than one baby. It's just that our plan was to have them one at a time, rather than as a job lot.

We would get together and trade comments that had come our way each day and the smart aleck comment we made or wished we'd made:

'Are they twins?'

'No, they are triplets and we left the baby we don't like in the car.'

'Which is the evil twin?'

'The one with the horns and tail'

'You look tired...'

'Thanks for pointing out that I look like crap because I haven't been able to get to a mirror in centuries...
By the way did I mention how fat you look in those trousers?'

I mean where do people feel they get the right to comment on our sex lives, family history and family planning? We laugh so that we don't scream with frustration. It's especially hard when people continually tell us how hard it must be and how they couldn't do it. Well no one asked them to and we think we're not doing too badly. In fact, we open bottles of champagne each year to celebrate the fact that we've survived another year of multiple mum-hood. We delight in our children even as we complain about the relentless pace of parenting them, but never to the mothers of singletons.

It's not easy being a new mum of twins. Far too many people will be told that they will need to have a caesarean and that they'll never be able to breastfeed. You only need to look at the TAMBA message board to see the many negative words and experiences that abound. Lots of these potential clients are on a negative spiral before we, as doulas, get to them. So our work really starts before those babies are born (unless of course the booking happens after the birth).

One of the things that I do as a postnatal doula to twins is talk through the mother's birth choices etc. This may well impact the level and duration of care expected. We also talk about how she is hoping to feed. Most want to breastfeed but are already worried that it will never happen. I talk to them about how breastfeeding works and the relentlessness of breastfeeding and how important it is that they set things up so that they can rest and feed. I remind them that, despite seeming like forever, it is really only a short space of time. Then I suggest strategies that may make the experience



easier (I try not to tell them that I sacked my own mw who clearly didn't have a clue about the ins and outs of breastfeeding). One of my tips is that they sort the latch and feeding of the twins individually. This means feeding one twin before the other. As they establish the latch they should then attempt to tandem feed (both babies at the same time). Some women find the inflatable breastfeeding pillow helpful, others use an ordinary V shaped pillow. Twin babies will often be held in the rugby/football position, cross cradle or combination hold.

Breastfeeding Positions

Football Hold



Cradle Hold



Combination Hold



We also talk about the importance of starting to breastfeed early and frequently to establish the milk supply.

A fair number of the twin mums that I meet have had routine gurus recommended to them. Having been told to expect



chaos, routine (of some kind) will seem like and can often be a lifesaver. Whatever you're feeling on the matter, you need to establish with your client what type of help she wants from you. Remember that this client (almost above any other) is going to be completely and totally exhausted. She has two babies to wake her through the night and there will be many days, if not weeks, when if she's not feeding she's changing nappies times two! This mum is going to want the same from you as a singleton mum. Help feeding her babies, sleep, help around the house. Sometimes she'll already have a toddler. It is vitally important to her that in the middle of the madness that is twin babies, she has time for her first born.

You may find that doing postnatal work for twins you are more hands on. Sometimes you'll simply be watching them, whilst unloading the dishwasher, so that mum can get an hour's sleep. Your breastfeeding knowledge may be tested to and beyond its limits. Remember we have people like Pam Lacey and Heather Higgins in Doula UK and they are a font of knowledge. Call on them if you need to.

The issues with the babies don't change; it's just that there

are TWO of them (unless it's triplets or quads). You may find that she needs you longer than some singleton clients. I've found though that most of them hit the ground running because they've known for a while that they need to put help and support into place. I often only spend two to three weeks with my twin mums. I do, however, stay available to them on the telephone and via email.

I would never charge an enhanced rate to parents with multiples. Their costs are already high and will remain that way. I do operate a more flexible contract with them as their babies could be born at any time. I love my work with twin mums and would recommend it to anyone. One of my twin mums turned around a negative comment: "You have your hands full!". Her response "God gave me two hands for a reason,.. they are better full than empty".

As doulas we should help these women see just how blessed they are and enable them to enjoy those first days, weeks, months with their new babies.

Mars Lord, mother to five, including 4-year old twins.

A Doula's Guide to Scoliosis:



SHANTA EVERINGTON, A FIRST-TIME MOTHER WITH IDIOPATHIC SCOLIOSIS, EXPLORES ISSUES ABOUT PREGNANCY, CHILDBIRTH AND SCOLIOSIS.

Like most first-time mothers, I approached my antenatal appointment with a mixture of excitement and trepidation. This session was supposed to provide the midwife with the necessary information to plan my antenatal care and labour. She ran quickly through a standard list of questions. 'Are you disabled?' she read out and answered, 'No'. Without even looking up. "Er... well ...", I began. It was a question I always found difficult. As a teenager, I developed idiopathic scoliosis – a progressive curvature of the spine. Now in my 30's, my spine is S-shaped and my ribcage rotated, with twisted vertebrae and uneven muscle development causing chronic muscle fatigue and pain. I hadn't even considered the disability question until suffering severe pain at work several years ago. When I started investigating possible solutions, I came across the government's Access to Work scheme for disabled employees.

I remember spluttering down the phone, "I'm not sure if I count as disabled but ...". On explaining I had scoliosis, I was told "Yep, that counts." It felt strange to start thinking of myself as disabled, but also liberating: I felt entitled to expect society to make adjustments. Yet this midwife was making assumptions about me because I didn't match her ideas about disability. When I explained my scoliosis to her – my anxieties about how this might interact with my pregnancy, and about locating an epidural should this be necessary – she simply said, "Oh I had another mum with scoliosis and she managed a natural birth. You'll be fine." My confidence in her was overshadowed by concern that again she was making assumptions. Just because I shared the same condition with another woman, who could say that our pregnancies would go the same way? I asked about antenatal classes and exercise, and possible additional support. The midwife suggested I seek advice from a scoliosis specialist if I had any worries.

My physiotherapist at the specialist orthopaedic clinic that I attended regularly was nervous about me continuing my daily exercise programme, telling me not to do the exercises lying on my back. She suggested that I consult the maternity unit of my hospital. Back to square one! Like so many other disabled women, I was left to find my own information and support on my pregnancy.

Before my husband and I decided to try for a baby, I obtained a booklet on scoliosis and pregnancy from SAUK. This addressed three main questions: how scoliosis affects pregnancy; the effect of pregnancy on scoliosis; and the likelihood of scoliosis being passed on to the baby.

The research appears to be inconclusive but a review of the literature by SAUK came to the conclusion that women with scoliosis have a good chance of a normal, healthy pregnancy. Although it is widely recognised that there is a genetic predisposition to adolescent idiopathic scoliosis, more research is needed.

The Association also put me in touch with three mothers with

the condition, whose experiences had varied. One found her back pain ceased during pregnancy as the hormones softened her ligaments; another had increased pain caused by carrying the extra weight. One woman's curve had worsened slightly postnatally and the others had remained the same. None of their children had inherited scoliosis.

We decided to go ahead and my pregnancy went smoothly. Luckily, I also experienced reduced pain as my ligaments softened. I discovered a video on Pilates exercises during pregnancy, which I used for a while to replace my physiotherapy exercises. I also found out by chance that, despite the midwife's information, a women's health physiotherapist at the hospital ran an antenatal exercise class, which proved very useful.

In the absence of medical advice, I relied on my common sense about what I could or couldn't do safely. I decided to hire a Transcutaneous Electrical Nerve Stimulation (TENS) machine and wrote 'no epidural' on my birth plan.

Labour was fairly straightforward. Going into labour three weeks early, I contacted the labour unit when I started experiencing contractions as back pain every five minutes. I was told that I could not possibly be in labour if I 'only' had back pain and not to come in until the next morning! They said that true contractions would grip the entire abdomen across the front. When the pains were two minutes apart, I decided to go to hospital. My cervix was already 6cms dilated and our beautiful son Etienne was born six hours later. I didn't experience any contractions across my abdomen. I had planned for an upright birthing position, but found myself flat on my back, legs in stirrups. This caused severe postnatal pain leading, in turn, to breastfeeding problems. I had struggled to get the maternity staff even to acknowledge my scoliosis, or tailor my care accordingly. I appreciate that hospital staff are overworked but feel it is important for midwifery practice to be reviewed in relation to woman with 'hidden' disabilities.

*This article first appeared in the DPPI Journal Spring 2007, issue 57.
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Book:
Pregnancy and Scoliosis by Anita K Simmonds MD FRCP
Available from SAUK priced £1.50

Websites:
www.dppi.org.uk
www.sauk.org.uk

Scoliosis Association (UK)
Helpline: 020 8964 1166
4 Ivelbury Court General
323-327 Latimer Road
LONDON
W10 6RA
Enq: 020 8964 5343

Book Review:

Aqualight by Francoise Barbira-Freedman & Birthlight

Reviewed by Gemma Nun

This book already scored big points with me from the off, with its very practical design. Waterproof, compact, spiral-bound with clear diagrams and not too many words. Designed to take into the birthing room and survive a splash or two, it covers all the practical bases you might possibly need for how to use a birthing pool before, during and after the birth. It is not a substitute for books such as *Water Birth* by Janet Balaskas, but rather acts as a complement to it and to the doula bag.

Written by Francoise Barbira-Freedman, of Birthlight, it is divided into 27 sections. The first sections cover a variety of antenatal exercises for the mother to do in the pool, as well as exercises with a wobble (I'm grateful to Francoise for telling me what these foam sausage like things are called). There are prenatal exercises to help prevent and ease back pain, pelvic floor Aquatone stretches and water massages to help connect with the baby during pregnancy.

It has a chapter devoted to AquaBreathing. Both voiced, which is also recommended before labour and immersed, during labour. Immersed AquaBreathing would have come in handy for me at my last birth, when me and the mum both dozed off during the birth (a 2-dayer) and I dashed to catch her as I heard a little slosh, as her head started sinking under the water. Breathing during the second stage is also featured.

There are some very useful photos demonstrating different positions for the mother to get into during labour. She gives suggestions for the birth attendants; to ease pain such as back pressure; how to give a head massage; or how to support the mother physically in the birth pool.

Dad is nicely involved as well in the photos, getting into the water with the mother and baby. There is a chapter showing how to use the pool in the days after the baby is born. Demonstrating how to cradle the baby, its first swim, which shows step by step guide to how to help immerse the baby in and if you want, under the water - for its first dunk. Again this would have been useful to my husband who inadvertently dunked my son during his first bath - well he is called Duncan after all.

The Birthlight Postnatal Aquatone exercises are nicely demonstrated, with the postnatal pelvic floor aquatone and the postnatal aquastretches. And finally aqua yoga, spinal alignment and water meditation to bring about calm strength after the birth.

I shall definitely be finding a place for it in my bag.

Aqualight: Make the Best of Your Birthing Pool Before, During and After Birth - Birthlight Booklet Series No. 1

by Francoise Barbira Freedman

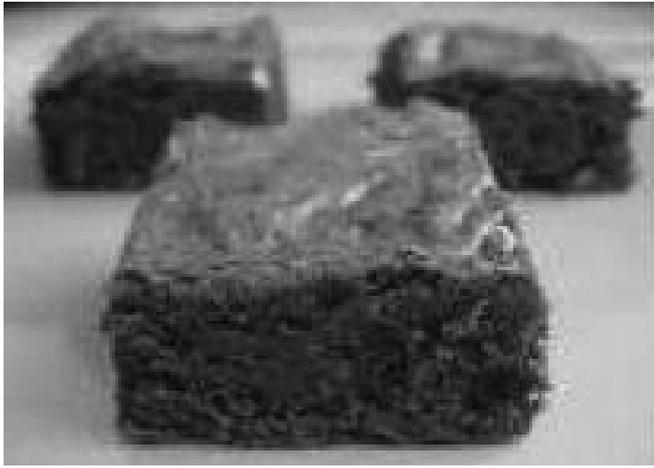
Doula UK Hardship Fund

We are now approaching our sixth year with the hardship fund and already we have reached many families across the UK.

Doula UK has a budget to assist our doulas who wish to work for families, but who do not have the means to employ a doula. This might be because the family's only income is from the State benefits. This assistance is in the form of a small financial contribution towards the cost that the doula incurs during her work for that client, currently set at a maximum of £150 (for a birth doula) or £10 ph (for a post natal doula, up to a maximum of 20 hours) per application. This money will be given to the doula after completion of her work. Parents are welcome, but under no obligations, to pay up to an extra £150 (for a birth doula) or £10 ph (for a post natal doula) to the doula herself.

Doulas are encouraged to donate money to this fund when they can. If clients appreciate the doula support they receive and would like to help others who cannot afford to pay for a doula service, contributions are gratefully received.

For more information or an application form,
contact: Mandy Reid on 01634 713 919



Angela's Red Tent Brownies:

Ingredients:

220g good quality dark chocolate (70 per cent cocoa solids)
220g butter
4 eggs
450g caster sugar
220g self-raising flour
100g chopped pecans (optional) or 100g choc chips or
chopped dark chocolate (I add this rather than nuts)
A 9 x 9 inch square tin of 2-inch depth. Line with foil.

Put the chocolate and butter in a large saucepan and melt over a low heat. Remove from the heat, add eggs, sugar, flour and chocolate chips and mix well. Pour into the prepared tin, smooth over the surface and bake at 180 degrees C for 30 mins. Remove from the oven and let completely cool in the tin (absolutely essential). When cool, lift out the slab of brownies in the foil and cut into small squares. Enjoy!

“A Home Birth Poem”

MARIE O'CONNOR

No rush to get to hospital on time!
No hospital gowns. No identity crisis.
No clocks. No drips. No drugs.
No rush to produce this baby.
No poking or prodding. No stirrups.
Just privacy. And freedom.
No superbugs. No strangers.
No waiting rooms.
No wiring up your womb to a foetal heart monitor.
No screwing electrodes into your baby's scalp.
No false positives, no rush to get the baby out.
No 'emergency' section.
No theatre lights, no high trolleys.
No metal, no Dettol.
Only the peace of your own bed in your own room.
And your own germs.
No amniotomies, no episiotomies.
You want your perfect body intact.
No rush to take your baby away.
No nurseries.
Early labour? Go for a walk. Go for a swim.
Clean out the cutlery drawer.
Call the shots. Call your midwife. Play music.
Make coffee. Sit in the bathroom. Be on your own.
Knowing your midwife is half the battle.
You know your midwife for nine months.
She tells you to take your time.
No rush, no fear.
Lie in a hot bath, or sit in a birth pool.
Water eases the stress of labour.
He holds your hand, makes hot toast,
Massages your back, boils water.
Your midwife listens to the baby's heartbeat.
You trust her, and feel safe.
No pushing, no pulling, no panic.
No rush to get the baby out.
You give birth standing up, or sitting down.
Body wide-open, baby slips out.
You come back from earth.
No rush to cut the cord.
You watch it together, admire its rainbow colours.
Marvel at this pulsating thing which has kept your baby
alive.
Three hearts beat in time.
There is no rush. Only time.

DOULA UK PHOTO GALLERY

Orgasmic Birth, London Premiere



Red Tent Day – Northampton



Red Tent Day – London



TECHNICAL NOTE

Apologies for the quality of these snaps, ideally pics should be at least 200-300dpi for reproduction, these are very small and only 72dpi, contributors should try and set their cameras at the best quality possible please, many thanks.
Ed.

MINI Doula Survey 2007-8

PLEASE RETURN BY 10 September 2008 LATEST

To Valerie Goedkoop
The MINI SURVEY
154 Broadmead
Tunbridge Wells, Kent
TN2 5NN

Or e-mail: info@nurturingbirth.co.uk (more environmentally friendly!)

DATA FOR JULY 2007 to JULY 2008

For all doulas

Are you a

- Recognised/Certified* Birth doula
- Recognised/Certified* Postnatal doula
- Birth doula
- Postnatal doula

Where are you located? Please put a cross in front of your region

- Scotland Wales
- Northwest England : Cheshire, Cumbria, Lancashire
- Yorkshire and Humberside
- East Midlands: Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire
- West Midlands : Gloucestershire, Herefordshire, Shropshire, Staffordshire
- East Anglia : Cambridgeshire, Essex, Norfolk, Suffolk
- Home Counties - North : Berkshire, Buckinghamshire, Hertfordshire, Oxfordshire
- Greater London
- Home Counties - South: Kent, Sussex, Surrey, Hampshire
- West Country: Bristol, Cornwall, Devon, Dorset, Somerset, Wiltshire
- Other, please specify: _____

For birth doulas only: (to the best of your recollection)

- From July 2007 to July 2008** I have supported _____ births (labours) out of which
- forceps deliveries
 - ventouse deliveries
 - ventouse and forceps (in 1 birth) deliveries
 - "emergency" caesarean sections following an induction
 - "emergency" caesarean sections following a non-induced labour
 - caesarean sections for a medical reason (usually elective)
 - inductions
 - epidural
 - pethidine/diamorphine/meptid
 - epidural + pethidine/diamorphine/meptid
 - VBACs
 - nullip (1st baby)
 - twin birth or more!
 - water births (labour and/or delivery in a birth pool)

From July 2007 to July 2008 I attended _____ births where I was the sole birth partner (no husband/partner/mother/sister/best friend,...)

From July 2007 to July 2008 I have attended _____ births as a birth doula (please give us the number of paid and unpaid clients).

_____ number of planned hospital births

_____ number of planned birth centre / midwife led units births

_____ number of home births

_____ number of hospital transfers (planned home birth/birth centre/midwife led unit that transferred in or after labour)

Of all the birth I supported between July 2007 to July 2008, _____ out of _____ breastfed at birth.

Of all the labours **from July 2007 to July 2008** I attended:

_____ labours were under 6 hours

_____ labours were between 6 and 12 hours

_____ labours were between 12 and 18 hours

_____ labours were over 24 hours

Labours = (to the best of your knowledge) when a woman was in "established" labour = 3cm.

I am a birth doula and I currently charge £_____ fee

For postnatal doulas: (to the best of your recollection)

From July 2007 to July 2008 I have attended _____ postnatal families (as a postnatal family – for the purpose of this survey - we look for a doula having supported a family for over 6 sessions of 3hours each or a minimum of 18 hours).

Of all the women I supported postnatally between July 2007 to July 2008, _____ out of _____ breastfed for the first 6 weeks.

Of all the women I supported postnatally between July 2007 to July 2008, _____ out of _____ breastfed for over 3 months. **ONLY COUNT THOSE FOR WHOM YOU KNOW THE ANSWER PLEASE**

I am a postnatal doula and I currently charge £_____ /hour

Thank you