

BIRTHPLACE MATTERS

SEPTEMBER 2015

Babies matter

Mothers matter

Fathers matter

Siblings matter

Midwives matter

Choice matters

Dignity matters

Rights matter

MISSION STATEMENT:

Birthplace Matters is committed to restoring confidence in homebirthing and feel it is every woman's human right to give birth at home.

Every woman should be able to choose the setting of her baby's entry into the world.

Wherever women are told their birthplace choices are not important, wherever women are belittled or sacrificed at the altar of short-term birthplace policy, we will help.

Women should not be at the mercy of a postcode lottery when we all pay the same taxes, and we will fight any trust that takes away its homebirth service until it is reinstated.

Our focus at this time is the Queen Elizabeth Hospital, King's Lynn, Norfolk.

Where next?

QUEEN ELIZABETH HOSPITAL'S 10 POINT 'DIGNITY IN CARE' CHALLENGE

"We have committed to the 10 point dignity challenge, this means that we will strive to make sure we:

- 1) *Have a zero tolerance of all forms of abuse*
- 2) *Respect people's right to privacy*
- 3) *Support people with the same respect you would want for yourself*
- 4) *Treat each person as an individual*
- 5) *Enable people to maintain the maximum possible level of independence, choice and control*
- 6) *Listen and support people to express their needs and wants*
- 7) *Ensure people feel able to complain without the fear of retribution*
- 8) *Engage family members and carers as care partners*
- 9) *Assist people to maintain confidence and a positive self-esteem*
- 10) *Act to alleviate people's loneliness and isolation “*
- 11) *“*



Queen Elizabeth Hospital Website <http://www.gehkl.nhs.uk/dignity.asp??s=advice&p=dignity>

QE HOSPITAL ON TWITTER



@QEHKingsLynnNHS

"We are a forward-thinking acute hospital serving the communities of West Norfolk, South Lincolnshire and North East Cambridgeshire"

IS THIS AN EXAMPLE OF DIGNIFIED CARE?



"Been up all night. Shattered. Started properly at 1am, left for hospital at 1.30am. Had her at 4.35am. They're so so busy here. Not even had time to weigh her. No bed for me either so I'm on a foam couch.

Hubby went to car to get something and when he came back they gave him a heart attack telling him the baby's heart rate has dropped and I'd gone for an emergency c/section but I'd already had her - they got wrong daddy.

Tried to give me arm bands with wrong name. I have been very lucky again as short labour but feel lacked care this time. Hubby had to really step up. The midwife was clearly stressed the whole time. Didn't really talk to me. Had brilliant ones before... Was only able to have gas and air.....I don't think there was anyone about to authorize pethidine.

But main thing is we are both ok and it could have been so much worse"

Text received by Birthplace Matters team on 29th August 2015.

Shared here with permission from the mother who will be filing a complaint against the Queen Elizabeth Hospital in due course. Right now, she is basking in the glory of her newborn – at home.

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BIRTHPLACE MATTERS SEPTEMBER 2015

INTRODUCTION

Some people might wonder why Birthplace Matters is of importance beyond this little area of Norfolk. These reports perhaps seem to you to be the ravings of a few fringe lunatics –representative of a tiny minority. For myself, Anna and Jeanette, Birthplace Matters August 2015 reflects our commitment and determination in pursuing this cause, which started as a way to help us do something constructive with our own personal frustration, hurt and anger at the removal of the homebirth service at the QE hospital, but has now become so much more than the sum of a few women's experiences.

As time has rolled on, many angry voices have spoken out and demanded to be heard alongside ours. It seems our frustrations reflect a wider, deeper ocean of frustration felt by both mothers, fathers, and birth professionals alike: the frustration when maternity care and policy is not driven by evidence-based, woman-centred principles, but by staffing issues, budgets, hospital-rotas and short sighted management and policy makers.

This edition of Birthplace matters contains all-new material and ought to act as a cloth to clean the lenses of those glasses.

It ought to be a wakeup call, when such well-known, respected and international figures from the birthing profession as Michel Odent, Sheena Byrom OBE, Soo Downe OBE, Janet Balaskas, Beverley Beech, Tracey Cooper, Francoise Freedman, Hannah Dahlen, Gowri Motha, Virginia Howes and many others, step up to the plinth to speak directly to you and say: *Your service is not serving women as it should.*

I have already presented to you many personal stories from parents who cherished their homebirths, and parents who had experienced poor care at the QE hospital or in hospitals per se.

I have already presented to you the reasons why so many of us feel not only safer and more comfortable giving birth at home, but also that our hospital experiences made us feel like there was a race against the clock for our bodies to 'perform' and as such, sometimes felt coerced into interventions we felt were not needed – leaving some of us with long-lasting trauma as a result.

I will not repeat the reason why homebirth is considered by some of us to be the only place to guarantee a gentle birth, with the people we choose to be at what is a most sacred, pivotal and momentous time in all of our lives.

Instead, I now present you with an evidence based report which, the recommendations of which, if you act upon them, will have many happy side effects for women and their babies.

I propose that in order to be able to fund a homebirth service, you stop wasting money on the non-evidence based practices which are not making birth any safer for women in your care.

For example, the WHO recommends a Caesarean rate which does not exceed 15% - and yet 1 in 4 women at the QE are still having Caesareans. This may be a similar number of women compared to

other hospitals in the UK – this does not make it any less worrying, and if anything it shows that ALL hospitals are failing women in this respect.

If you reduced the number of inductions, this too might just cut down the number of Caesareans you are performing – leaving women scarred for life, and putting them at risk of infection.

Scans have not been clearly proven to save babies lives either. Why perform so many if this is the case? These are costly, and reducing them would free up funds to better support homebirthing women.

Electric Fetal Monitoring – is another piece of expensive equipment which not only reduces mothers mobility in labour, but means she is flat on her back, which every birth expert in the land will tell you reduces blood flow and oxygen to babies, causing them to have to work harder in order to be born. Sometimes this means babies are more likely to be born distressed and in need of oxygen and ‘saving’.

If you facilitated a greater number of women to have upright births using active birth positions, women would feel better able to manage the pain, since again, they would not be flat on their backs, ‘purple pushing’ their babies out. Keeping mobile and being supported continuously would enable them to find resources within themselves to cope with pain better, therefore reducing the need for costly epidurals and other costly drugs, which come with their own risks and side effects.

Making the birthpool more available and actively promoting and encouraging women to use the water as pain relief would also reduce the need for analgesics, again, saving more for a homebirth budget. I was shocked by how few women were using the pool when I acted as doula at the birth of Anna Culy, and was told by midwives that such a negligible amount of women wanted to use it. I find this quite astonishing given the testimonials from women who have used birth pools and the many clear benefits of using a pool. Perhaps the QE staff need to work harder to really promote this? Again, it would encourage normal birth outcomes, so why on earth isn’t it being used more often?

The phenomenon of hypnobirthing is testament to the power of the mind and women’s ability to cope with the intensity of birth without the need for expensive drugs. If you were to invest more in this as a concept per se, and even go so far as to offer hypnobirthing on the NHS, the long term benefits for women would be amazing. Given that there are also no negative side effects, this can only be a good thing?

I have also included in this edition, some explanation and links to the value of doulas and why women in hospital would benefit from having more doula-attended births. The evidence is clear that women have the continuous support of another woman at her birth, someone who has typically given birth herself and experienced it as a life-affirming process, they have a tendency to ask less frequently for pain relief, adopt active birth positions, feel more empowered to dig deep into their own resources, and more likely to experience birth as a positive experience. Even if birth complications arise, having a doula present can help the mother to anchor herself emotionally, whilst all around her might seem like chaos.

When talking to people about Birthplace Matters it has always been THEIR experiences I have wanted to focus upon and record - their voices and their story. And so I have been hesitant in this campaign to make any mention of the fact that I am a doula, for fear of being labelled as a troublemaker who understands nothing of the real world of how hospitals function, and for fear of creating unpleasant atmospheres for any future clients I may have there.

I have felt a great deal of private anguish about the fact that I am campaigning whilst at the same time being someone who intends to support women at the very place I am exposing. If I were a regular mum who did not hope to work there in future in support of women, there would be much less to lose by speaking out and standing up for women's rights. As it stands – I am now left in a position where I feel that my words have the potential to be a burning bridge. This feels me with a deep sadness. As such, I can only say that I hope very dearly, that the midwives will forgive me in due course for speaking out not against them as individuals, but the system in which they are entrenched, some of the attitudes and ideas that are embedded in that system, and the problems that arise due to understaffing, and I hope that other doulas will not suffer as a result of my campaign. I know the midwives are working extremely hard and making some excellent changes in the unit, and most are, I am sure, very dedicated and caring.

I can imagine the hospitals needs only too well. I may not have felt the triumph and pride of having performed a life-saving caesarean, nor suffered the anguish of watching a woman in the throes of a very serious PPH. I do not have a midwives hard-earned skills or knowledge. I do not have to juggle rotas, or budgets, or manage large volumes of women coming through the doors. I admire and respect those who do this day-in, day-out. This is not a crusade against personal individuals at the QE hospital.

What I do have however are my own birth experiences and those of women all around me to draw on. I hear their heartbreaking stories and their triumphant ones, and tuck them all into my heart. I listen and read and watch with interest what local mothers are saying, and also what the 'movers and shakers' in the birthing world have to say about what is happening in hospitals. By reading their words, by watching them speak, and sometimes shedding a little tear or two in the process. I am part of a broader conversation on the status of birth in the UK and beyond, by being connected via the wonders of the internet, via Facebook and Twitter.

When the QE hospital lives up to its 'Dignity' promises, when it lives up to its Twitter description as 'A forward thinking acute hospital serving the communities of West Norfolk, South Lincolnshire and North East Cambridgeshire' and this term is reflected by truly becoming WOMAN-CENTRED and not making policies which are self-serving, I will no longer have to fight this campaign, which I can assure you, I will be most happy about. Perhaps this latest report will finally convince you how you can bring back the much needed homebirth service, and become truly forward thinking. It is all so possible.

I might be just one mother. But when we all join together, we become many.

Can you see clearly yet? And can you hear the ROAR behind the silence?

Paula Cleary

On behalf of the Birthplace Matters Team

September 2015

IS THIS AN EXAMPLE OF DIGNIFIED CARE?

King's Lynn mother Suzie Hayes talks about her experience of accidentally giving birth at her home in December 2014 and being forced to walk outside to an ambulance down the street with her newborn still attached via umbilical cord to the placenta....

"My daughter's birth 9 months ago was a very interesting day. My pregnancy had been pretty straight forward and I felt fully prepared for the birth. Uniquely I actually went into labour on the afternoon of her due date. Unbeknown to me my labour progressed very quickly and with very irregular contractions. Following a conversation with the hospital I decided to remain at home and have a bath while in the early stages. Whilst in the bath, and only after about 3 hours of labour, things obviously progressed very quickly. So much so that when I got out of the bath and decided we should head to the hospital it was too late. My beautiful baby girl was born on our living room floor.

When we realized it was too late we phoned the delivery suite but were told we would have to phone for an ambulance which we did. They walked in the room as our baby was born. A relatively easy and stress-free labour for me but obviously the last 30 minutes were quite stressful for my partner who delivered our baby singlehandedly. The paramedics were excellent and able to see that everything had gone very smoothly.

*What followed though unfortunately was as a result of there being no home birth service in our area. Due to there being no midwives able to come out in to the community I had to be admitted to hospital where both myself and my baby were checked over. Possibly the most bizarre moment and one which I genuinely feel needs to be looked at was the fact I was asked to walk out to the ambulance with my baby still attached to the placenta inside me. I did question this at the time and the paramedics informed me that they weren't allowed to cut the cord and it had to be done by a midwife. Walking out in to the road, on a cold December evening, with everything still attached feels like a very **undignified** thing to do.*

I cannot fault the care we received in the Delivery Suite; however... I was offered very little postnatal care at the hospital and basically spent several hours just sitting around waiting to be discharged.

I would really have liked it if I could have remained at home. Although a unique birth experience I will treasure every moment and not hesitate in having another baby at home – hopefully next time with a midwife present. At no point did I feel scared or confused. It felt a totally natural process and being at home helped me to remain relaxed at all times. I was surrounded by familiar things.

I am not sure whether I would have opted for a home birth initially – this choice was taken away at my very first midwife appointment, when I was told there was no home birth service in our area. This is such a shame. Everyone should have a choice to birth in the way they choose. This is the case all over the country and we should not be different just because of where we live."

BIRTH EXPERTS HAVE THEIR SAY ON THE CURRENT SITUATION AT THE QUEEN ELIZABETH HOSPITAL

SHEENA BYROM (OBE)

Freelance Midwifery Consultant, former Head of Midwifery, Board member of Royal College of Midwives and RCM's 'Better Births' initiative, Patron of StudentMidwife.Net, Chair of the Iolanthe Midwifery Trust, and Author of 'The Roar Behind the Silence: Why kindness, compassion and respect matter in maternity care'

"In England, the Birthplace study and recent NICE guidance on intrapartum care provides the evidence of the human and financial benefits of out of hospital maternity care, for healthy pregnant women who aren't experiencing or expecting any complications.

Facilitating a woman's choice in where she gives birth to her baby is integral to providing dignified care, where women are treated as individuals, with respect and compassion. In a letter to the NHS Maternity Review team, Birthrights and a group of childbirth experts outlined to the Review panel that 'safe maternity care is contingent on respectful care and that a rights-based approach offers the best means of improving maternity services in the UK'. The letter also stresses that 'choices are available and visible'.

What other aspect of maternity care that is evidence-based, affordable and highly valued by service users, withheld? By withdrawing their home birth services, and according to the Birthplace findings, maternity services are potentially contributing to low-risk women receiving unnecessary medical intervention in childbirth. This, I believe, is unaffordable, potentially harmful and unacceptable"

DR MICHEL ODENT

World-renowned childbirth expert, speaker, and author of 14 books in 22 languages, as well as the first articles about the initiation of breastfeeding during the hour following birth, the first article about the use of birthing pools during labour, and the first article applying the "Gate Control Theory of Pain" to obstetrics. He is the Founder of the Primal Health Research Centre in London, and creator of the Primal Health Research database (www.primalhealthresearch.com) and the website www.wombecology.com. He is the author (or co-author) of 92 articles listed in www.pubmed.com.

"If I were an immunologist, aware of the easy transfer of the antibodies IgG through the human placenta, this is what I would write: there is a place in Norfolk, England, where newborn babies are not authorised to start educating their immune system in a familiar, therefore friendly, bacteriological environment."

DR. GOWRI MOTHA

Founder of The Gentle Birth Method, Holistic Obstetrician, Speaker, Author of several books, including 'The Gentle Birth Method' and 'Gentle First Year'

"The NHS studies have recently concluded that home birth is several times safer than a hospital birth leading to less intervention. There were several programmes on national TV interviewing leaders of the NHS and Royal College of Midwives.

I firmly believe that home birth is safer than a hospital birth if the mothers are physically and mentally prepared for this event. The preparation programme I promote is outlined in the Gentle Birth Method book and we have many mothers write back to us from all over the world that they have experienced a gentle birth whether in hospital or at home by simply following the guidelines set out in the book."

<http://www.gentlebirthmethod.com/birth/birthstories/>

DR. TRACEY COOPER

Consultant Midwife, Lancashire Teaching Hospitals Trust and a member of the 2014 NICE Intrapartum guideline group

"I urge providers of maternity care in Norfolk to rethink their current strategy for not providing a Homebirth service. NICE recommendations (NICE 2014) in relation to place of birth for low risk women are:

- Explain to both multiparous and nulliparous women that they may choose any birth setting (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit), and support them in their choice of setting wherever they choose to give birth:*
- Advise low-risk multiparous women that planning to give birth at home or in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.*
- Advise low-risk nulliparous women that planning to give birth in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. Explain that if they plan birth at home there is a small increase in the risk of an adverse outcome for the baby. [New 2014]*
- Commissioners and providers [1] should ensure that all 4 birth settings are available to all women (in the local area or in a neighboring area). [New 2014]*

- Providers, senior staff and all healthcare professionals should ensure that in all birth settings there is a culture of respect for each woman as an individual undergoing a significant and emotionally intense life experience, so that the woman is in control, is listened to and is cared for with compassion, and that appropriate informed consent is sought. [New 2014]

- Senior staff should demonstrate, through their own words and behavior, appropriate ways of relating to and talking about women and their birth companion(s), and of talking about birth and the choices to be made when giving birth. [New 2014]

Using tables 1 and 2, explain to low-risk multiparous women that:

-planning birth at home or in a freestanding midwifery unit is associated with a higher rate of spontaneous vaginal birth than planning birth in an alongside midwifery unit, and these 3 settings are associated with higher rates of spontaneous vaginal birth than planning birth in an obstetric unit

-planning birth in an obstetric unit is associated with a higher rate of interventions, such as instrumental vaginal birth, caesarean section and episiotomy, compared with planning birth in other settings

-there are no differences in outcomes for the baby associated with planning birth in any setting. [New 2014]

Using tables 3 and 4, explain to low-risk nulliparous women that:

-planning birth at home or in a freestanding midwifery unit is associated with a higher rate of spontaneous vaginal birth than planning birth in an alongside midwifery unit, and these 3 settings are associated with higher rates of spontaneous vaginal birth than planning birth in an obstetric unit

-planning birth in an obstetric unit is associated with a higher rate of interventions, such as instrumental vaginal birth, caesarean section and episiotomy, compared with planning birth in other settings

*-there are no differences in outcomes for the baby associated with planning birth in an alongside midwifery unit, a freestanding midwifery unit or an obstetric unit
planning birth at home is associated with an overall small increase (about 4 more per 1000 births) in the risk of a baby having a serious medical problem compared with planning birth in other settings. [New 2014]*

Please see <http://www.nice.org.uk/guidance/cg190/evidence/cg190-intrapartum-care-full-guideline3> for recommendations and the tables mentioned above. There is also a decision aid tool in the tools section of the website for use to discuss place of birth options with women.

It is sad and upsetting that women in Norfolk are not able to have their choices of place of birth met. Providers have to provide evidence based care to ensure the care their users are getting is based on the best outcomes and experience possible. It appears that the women and families of Norfolk are not being given this by the provider. Commissioners should be ensuring evidence based care is given by providers and ensuring women have the 4 choices recommended by NICE for place of birth.

The guidance also recommends that women are given the details of the evidence using the tables to enable them to make their choice of place of birth.

If women were given this information it is fairly likely the numbers for Homebirth would be higher than they currently are in this geographical area, as Homebirth would be promoted as the best option in terms of outcomes, experience and cost effectiveness for multigravida women. With the option of Homebirth taken away women will have no choice but to birth in the Obstetric Unit, when we know outcomes and experience are better in midwifery led settings for low risk women and these settings are cheaper.

Please rethink who the actions you are taking are best for- the organisation or the women? If you look at the evidence and NICE guidance it is clear that midwifery led settings for low risk women are safer, provide a better experience for women and their families and are cheaper for providers. It's a 'no brainer'! A 'win win'!!"

DR HANNAH DAHLEN

Professor of Midwifery at the University of Western Sydney with extensive career spanning 25years in midwifery. Executive member of the Australian College of Midwives. Hannah has written more than 100 papers and been published in international journals which include BJOG, Midwifery (UK), Journal of Midwifery and Women's Health (US), Journal of Obstetric, Gynecological & Neonatal Nursing and Birth (US), BMJ Open and BMC Pregnancy and Childbirth

"Homebirth is about more than birth at home; it is about women's agency, trust in birth, optimization of physiology, midwifery autonomy and the absence of the obstetric gaze. This threatens well established, deeply held beliefs in society. At the end of the day what the homebirth debate exposes is those who essentially fear birth and need to control it in an environment they feel in control (hospital)."

<http://www.hannahdahlen.com.au/>

FRANCOISE FREEDMAN

Founder of Birthlight, internationally acclaimed charity and teacher-training organisation focusing on the holistic approach to pregnancy, birth and babyhood

"All the evidence supports an NHS home birth service as important for normalising birth, for women's quality of birth experience and ultimately cost effective long term with a cascade of benefits for babies and new families."

<http://www.birthlight.co.uk/>

MADDIE MCMAHON

Author of 'Why Doula's Matter' (Pinter and Martin), Founder of Developing Doulas, Doula UK mentor, Breastfeeding counsellor with the Association of Breastfeeding Mothers, creator of The Birth Hub website, and Mother

"When women are free to choose, I mean totally free and supported to birth where they feel safest and free to change their minds, even in labour, around half birth at home.

Most doulas and IMs can tell you that.

Women want it. It's proven to be an appropriate, low risk choice for most women. It saves money. It promotes good physical and psychological maternal and infant health. We no longer have any excuses not to make it available. The world has turned on its axis since the Peel Report. Time to catch up."

<http://thebirthhub.co.uk/>

DR CHRISTIANNE NORTHRUP

OB/GYN physician for 25 years, also as assistant clinical professor of OB/GYN at Maine Medical Center for 20 years and now an internationally respected writer and speaker. Her books have been translated into 24 languages.

When we asked her to comment on the erosion of confidence in women to give birth physiologically at home, she told Birthplace Matters via private message:

"My mission is to shine a light on everything that can go RIGHT with your body and inspire you to use your own power to truly flourish".

<http://www.drnorthrup.com/about/#sthash.OBaZ8P5Q.dpuf>

SALLY LOMAS

Director of Training at Birthlight – the internationally acclaimed charity and teacher-training organisation focusing on a holistic approach to pregnancy, birth and babyhood

"When thinking of home birth I always remember the birth of one of the women who attended my classes many years ago. She really wanted to have her baby at home but her husband was very unsure. Through gaining knowledge of the natural process of labour, feeling the support of her midwife and also learning of the safe statistics around homebirth, she decided to plan for home. Her husband was still not too keen and although he agreed he stayed upstairs asleep as she gave birth to their little one. He came down in the morning to a beautiful scene. Everyone was drinking tea and eating

toast and honey, mum happy and a lovely relaxed baby. They never looked back and 3 home births later he is our biggest promoter of a planned home birth experience.

I believe it's a wonderful choice for women to be able to make, my own experience is something I will always remember with joy.

I fully support the campaign for homebirth to be available for all."

KATI EDWARDS

Founder of The Birth You in Love Project, mother-of-two, and homebirther from the BBC TV Programme 'Childbirth: All or Nothing'

"Surely babies should be born where their mother chooses? Surely it is a mother's right to birth at home if she wants to and the NHS should be supporting them to do this. It is absurd for the NHS not to support and encourage women to birth at home. Perhaps you are afraid we would become too strong?"

VANESSA BROOKS

Founder of Da-a-Luz Midwifery Training School, Spain, which specializes in keeping alive traditional and ancient midwifery skills, Spain

"It is a human right to birth where one wants with whom one wishes"

KICKI HANSARD

Mother, Doula (Voted Doula of the year in 2009 by Pregnancy and Birth Magazine and Doula UK) and Social Scientist

"All babies need confident mothers who can follow their intuition and love and nurture their babies their chosen way. To deny mothers the right to choose where to birth their baby and withdraw support during this vulnerable time has an impact on the mother and baby dyad, which not only affects the family but also society in general."

LUCY PEARCE

Author of several books including 'Moods of Motherhood', Creator of 'The Happy Womb' website – a treasure trove of resources for pregnant and birthing women, former sub-editor of Juno Magazine, homebirth campaigner in Ireland, Blogger and Mother of three

"Home birth gives babies the most gentle and loving entry into the world. It supports a woman's diverse physical, emotional and spiritual needs and sets the stage for a positive parenting adventure.

Home is the natural space for a natural birth. Feeling safe at home, in the birth space you have created is the most natural of things.... In a home environment your hormones of love – oxytocin and prolactin – are most likely to function as they should, and stress levels, which produce cortisol and inhibit labour, are kept low. My first birth was an ecstatic birth for just this reason. My third was a wonderful water birth. All were quick and easy – the longest being 6 hours from start to finish....

Birth at home becomes a family affair in which her a woman's other children, and perhaps mother and sisters, are a valued and integral part of her birth, rather than being pushed aside and she doesn't have to be away from them for nights on end, worrying about childcare or their resenting the new baby.

Home birth requires a woman to research, prepare and dig deep into her deepest resources and courage. It requires that she engages fully with her pregnancy. It demands that she navigates the depths of the ocean of birth in full awareness. It is scary to have courage in the face of so much opposition and negativity. But its rewards are priceless and permanent."

SAM SHEPPARD

Hypnobirthing trainer, IAIM- Baby Massage Instructor, Birth and Postnatal doula

"It's a right, if nothing else, that women get to choose where they birth and where they feel the most comfortable, most supported and most safe. They trust their instincts and know when things are right or going slightly awry. Instead of dictating we need to listen and trust."

AVERILLE MORGAN, MSC

Natural health practitioner, Heacham, Norfolk

"I have had three children at home and the experience has enabled a deep sense of continuation and bonding not only for myself and my baby but as a whole family. I have observed that when people are included in the birth of their siblings it has the effect of making them more aware, sensitive and responsive to the needs of others around them and to the wider community in turn.

My experience of women who have had a homebirth is that it empowers them by enabling them to be at the very heart of the experience"

C-WALKER-SMITH

Hypnobirthing Instructor, Mother-of-six

"Homebirth should not be a privilege or a matter of a postcode lottery. It should be available to any woman to whom this would be the best birth choice. (Arguably a large proportion of women although many women don't have enough information to enable them to make this decision)"

S. O'DONOGHUE

Midwife

"I'm sad that some women in the UK are not being given access to homebirth – it's not a privilege, it's a right"

HOW COULD THE QE HOSPITAL SAVE MONEY TO HELP FUND THE HOMEBIRTH SERVICE AND STILL PROVIDE EXCELLENT CARE TO WOMEN IN HOSPITAL?

There are a number of things the QE need to step up in order to meet NICE guidelines, including, ultimately the return of the homebirth service. Until that time, what can be done? The QE seems committed to moving with the times and catching up with other modern hospitals. But it can do more.

‘Uncertainty and inconsistency of care has been identified in a number of areas, such as choosing place of birth, care during the latent first stage of labour, fetal assessment and monitoring during labour (particularly cardiotocography compared with intermittent auscultation) and management of the third stage of labour.’

-NICE guidelines

<https://www.nice.org.uk/guidance/cg190/chapter/Introduction>

In the light of NICE recommendations, the QE would do well to examine its use of non-evidence based processes and interventions. All these measures would lead to a more meaningful shift towards a more woman-centered and woman-empowering version of ‘normality’ and without a doubt lead to a reduction in the number of C-sections – which alone must cost the QE a considerable amount. Given that the QE’s own Cesarean rate exceeds the WHO recommendation of no more than 10-15% of women having them, these should in theory be welcomed as part of any ‘forward thinking’ hospital – not to mention the improved benefits for mothers and their babies in terms of encouraging better breastfeeding rates, and facilitate bonding and a quicker recovery from birth.

If using fewer interventions = normalizing birth = empowering women= reaching NICE goals = saving money = more money for homebirth service, this can only be a win-win situation!

“Attention should be paid to providing a comfortable and supportive environment to all women during labour to help them relax and feel secure. When it is possible to use fewer medical procedures in labour, with the woman’s agreement and without jeopardising safety, this should be the objective.”

- Maternity Care Working Party Report

SHEILA KITZINGER

"All that is needed for the majority of labors to go well is a healthy, pregnant woman who has loving support in labor, self-confidence , and attendants with infinite patience."

LAO ZU, 'TAO TE CHING', 6TH CENTURY BC

"You are a midwife, assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge. When the baby is born, the mother will rightly say, "We did it ourselves!"

EVIDENCE-BASED SUGGESTIONS FOR FORWARD-THINKING, WOMAN-CENTRED CARE *WHICH WOULD BE CHEAPER FOR THE QE HOSPITAL IN THE LONG-TERM*

- ✓ Reduce the number of ultrasounds suggested to women (since they are not proven to change birth outcomes, and if anything, potentially carry *more* risks than benefits to mother and baby)
- ✓ Reduce the amount of Electronic Fetal Monitoring, which, again is not proven to increase good outcomes for baby and mother)
- ✓ Increase the number of active births by facilitating more women to have them and invest in more active birth training and/or equipment
- ✓ Invest more in water birth facilities and *actively* promote and educating women on the benefits of water as pain relief to mothers
- ✓ More actively encourage and promote hypnobirthing which is demonstrably having a positive effect on mothers all over the world
- ✓ More actively encourage, promote and enable the use of and benefits of doulas within the hospital setting, who can offer continuous support in labour which evidence shows reduces need for pain relief and decreases likelihood of other interventions

SAFETY AND EFFECTIVENESS OF ULTRASOUND

There have been many studies which cast doubt about the safety and effectiveness and misuse, or *overuse* of ultrasound. Are repeated, multiple scans really making that much difference to healthy outcomes – given their risks, and what of the financial cost to QE hospital?

‘Ultrasound: more harm than good?’ Wagner M. *Midwifery Today Int Midwife* 1999(50):28-30.’

‘Specificity of antenatal ultrasound in the Yorkshire Region: a prospective study of 2261 ultrasound detected anomalies ACOG Committee Opinion’. Brand IR, et al. Number 297, August 2004

‘Ultrasound for fetal assessment in early pregnancy’. Neilson JP. *Cochrane Database Syst Rev* 2000(2):CD000182.

‘Randomized prospective trial comparing ultrasonography and pelvic examination for preterm labor surveillance’ Lorenz RP et al. *Am J Obstet Gynecol*, 1990; 162 (6): 1603-10

‘Ultrasound screening and perinatal mortality: controlled trial of systematic one-stage screening in pregnancy’. Saari-Kemppainen et al. *Lancet*, 1990; 336 (8712): 387-91

‘Randomised controlled Doppler ultrasound screening of placental perfusion during pregnancy’. Davies JA et al. *Lancet*, 1992; ii: 1299-303

‘Which Tests for my Unborn Baby?- Ultrasound and other prenatal tests’. de Crespigny L, Dredge R. 2nd ed. Melbourne: Oxford University Press, 1996.

‘Diagnostic ultrasound induces change within numbers of cryptal mitotic and apoptotic cells in small intestine’. Stanton MT, et al. *Life Sci* 2001;68(13):1471-5.

‘The history of ultrasonography in obstetrics’. Oakley A. *Birth* 1986;13(1):8-13.

‘Ultrasound unsound?’ Beech BL. Talk at Mercy Hospital, Melbourne, April 1993.

'The safety of diagnostic ultrasound'. Meire HB. Br J Obstet Gynaecol 1987;94(12):1121-2.

'Routine ultrasound dating has not been shown to be more accurate than the calendar method'. Olsen O, Aaroe Clausen J. Br J Obstet Gynaecol 1997;104(11):1221-2.

'Comparison of ultrasonic measurement of biparietal diameter and last menstrual period as a predictor of day of delivery in women with regular 28 day-cycles'. Kieler H, et al. Acta Obstet Gynecol Scand 1993;72(5):347-9.

'Effect of prenatal ultrasound screening on perinatal outcome'. Ewigman BG, et al. RADIUS Study Group. N Engl J Med 1993;329(12):821-7.

'Value of routine ultrasound scanning at 19 weeks: a four year study of 8849 deliveries'. Luck CA. Br Med J 1992;304(6840):1474-8.

'Ultrasound screening and perinatal mortality: controlled trial of systematic one-stage screening in pregnancy.' Saari-Kemppainen A, et al. The Helsinki Ultrasound Trial. Lancet 1990;336(8712):387-91.

'The relationship of obstetric ultrasound to parent and infant behavior'. Sparling JW, et al. Obstet Gynecol 1988;72(6):902-7.

'Women's experience of routine prenatal ultrasound'. Brookes A. Healthsharing Women: The Newsletter of Healthsharing Women's Health Resource Service 1994/5;5(3-4):1-5.

'Routine ultrasound in low-risk pregnancy'. American College of Obstetricians and Gynecologists. ACOG practice patterns. Number 5, August 1997. Int J Gynaecol Obstet 1997;59(3):273-8.

'Diagnostic levels of ultrasound may disrupt myelination'. Ellisman MH, et al. Exp Neurol 1987;98(1):78-92.

'Randomized prospective trial comparing ultrasonography and pelvic examination for preterm labor surveillance'. Lorenz RP, et al. Am J Obstet Gynecol 1990;162(6):1603-7; discussion 1607-10.

'Effects of frequent ultrasound during pregnancy: a randomised controlled trial'. Newnham JP, et al. Lancet 1993;342(8876):887-91.

'Routine obstetric ultrasound examinations in South Africa: cost and effect on perinatal outcome—a prospective randomised controlled trial. Geerts LT, et al. Br J Obstet Gynaecol 1996;103(6):501-7.

'Doppler flow velocity waveform analysis in high risk pregnancies: a randomized controlled trial'. Newnham JP, et al. Br J Obstet Gynaecol 1991;98(10):956-63.

'Randomised controlled trial of Doppler ultrasound screening of placental perfusion during pregnancy'. Davies JA, et al. Lancet 1992;340(8831):1299-303.

'Short- and long-term risks after exposure to diagnostic ultrasound in utero'. Stark CR, et al. Obstet Gynecol 1984;63(2):194-200.

'Case-control study of prenatal ultrasonography exposure in children with delayed speech'. Campbell JD, et al. Can Med Assoc J 1993;149(10):1435-40.

'Ultrasound during pregnancy and subsequent childhood non-right handedness: a meta-analysis'. Salvesen KA, Eik-Nes SH. Ultrasound Obstet Gynecol 1999;13(4):241-6.

'Sinistrality—a side-effect of prenatal sonography: a comparative study of young men'. Kieler H, et al. Epidemiology 2001;12(6):618-23.

'Where does handedness come from? Handedness from a primal health research perspective'. Odent M. Primal Health Research 1998;6(1):1-6.

'Routine ultrasound screening in pregnancy and the children's subsequent neurologic development'. Kieler H, et al. Obstet Gynecol 1998;91(5 Pt 1):750-6.

'Routine ultrasonography in utero and school performance at age 8-9 years'. Salvesen KA, et al. Lancet 1992;339(8785):85-9.

'Routine ultrasonography in utero and subsequent growth during childhood'. Salvesen KA, et al. *Ultrasound Obstet Gynecol* 1993;3(1):6-10.

'A prudent approach to ultrasound imaging of the fetus and newborn'. Taylor KJ. *Birth* 1990;17(4):218-21, 223; discussion 221-2.

'The safety of prenatal ultrasound exposure in human studies'. Marinac-Dabic D, et al. *Epidemiology* 2002;13(3 Suppl):S19-22.

SAFETY AND EFFECTIVENESS OF ELECTRIC FETAL MONITORING

It is no secret that Electric Fetal Monitoring mostly enables staff at a busy hospital unit to rotate around several mothers on the ward. This makes life easier for staff to monitor from afar and intermittently, but disempowers the mother since it is more difficult for her to be in active birth positions. It seems it is so often used instead of good, solid, one-to-one continuous care. It is not uncommon for inaccurate readings to give everyone a fright, and the machine can tend to dominate the attention and focus in the birth room, which ought to be on the mother.

“Overall, there was no difference in the number of babies who died during or shortly after labour (about one in 300). Fits (neonatal seizures) in babies were rare (about one in 500 births), but they occurred significantly less often when continuous CTG was used to monitor the fetal heart rate. There was no difference in the incidence of cerebral palsy, however, other possible long-term effects have not been fully assessed and need further study. Continuous monitoring was associated with a significant increase in caesarean section and instrumental vaginal births. Both procedures are known to carry the risks for mothers although the specific adverse outcomes were not assessed in the included studies.”

Source:

‘Comparing continuous electronic fetal monitoring in labour (cardiotocography, CTG) with intermittent listening (intermittent auscultation, IA)’,

This review included 13 trials involving over 37,000 women that compared continuous CTG monitoring with intermittent auscultation (listening)

http://www.cochrane.org/CD006066/PREG_comparing-continuous-electronic-fetal-monitoring-in-labour-cardiotocography-ctg-with-intermittent-listening-intermittent-auscultation-ia

‘No Benefit for Fetal ECG Monitoring During Childbirth: Randomized, controlled trial included more than 11,000 women’, Miner, J. Medpage Today

<http://www.medpagetoday.com/OBGYN/Pregnancy/53044>

‘ROUNDTABLE DISCUSSION: CONTROVERSIES IN ELECTRONIC FETAL MONITORING’

Electronic Fetal Heart Rate Monitoring During labor: Information from Randomized Trials

James P. Neilson BSc, MD, MRCOG

<http://onlinelibrary.wiley.com/doi/10.1111/j.1523-536X.1994.tb00242.x/abstract>

“Despite its ubiquity and acceptance in daily clinical obstetrical practice, there are and always have been some important, esoteric EFM secrets: its scientific foundation is feeble; inter-observer/intra-observer reliability is poor; the false-positive prediction of fetal distress rate is greater than 99%; it has substantially increased the cesarean section rate with attendant mortality and morbidity; and it failed completely in its initial stated promise—reducing by half the incidence of cerebral palsy (CP), mental retardation (MR), and perinatal mortality. Any other medical procedure with such an abysmal pedigree would have gone the way of bleeding by medieval barbers. But rather than abandon EFM, medicine elevated it to rockstar status. And in the last four decades more babies and mothers have probably suffered harm from EFM than have been helped.”

Source:

Journal of Legal Medicine, September 19, 2012. Thomas P. Sartwelle

<http://www.bmpllp.com/publications/376-electronic-fetal-monitoring-bridge-far%22>

‘The most common childbirth practice in America is unnecessary and dangerous’, Berlatsky N.

<http://www.newrepublic.com/article/122532/most-common-childbirth-practice-us-unnecessary-dangerous>

QUESTION MARKS ABOUT OVERUSE OF EPIDURALS

It is very difficult for mothers to remain active or upright when they cannot feel their legs, and epidurals do carry risks which are not associated with natural, non-interventionist forms of pain relief. By putting mothers on their backs, mothers are just a short-step away from all the other interventions that can ultimately lead to C-section.

Royal College of Midwives consider epidurals to be over-used and point out that even first time mothers are giving birth entirely drug-free:

“The evidence is indisputable that epidurals undermine childbirth physiology. That rates are double what they were 20 years ago says more about the context of childbirth and childbirth professionals’ attitudes, than it does about the current generation of women’s ability to adjust to labour pain....

..... In the context of a fragmented model of care, with little continuity and patchy provision of one-to-one support in labour, in a clinical environment with little resemblance to home, it is understandable that epidurals are a welcome relief. But it is important not to confuse system failure with women’s preference. In fact throughout the UK in different birth settings, women are birthing entirely drug free, even with their first baby. This group can be found in midwifery-led units, birth centres and at home. ”

<https://www.rcm.org.uk/learning-and-career/learning-and-research/ebm-articles/pain-and-epidural-use-in-normal-childbirth>

‘Epidural or no epidural anaesthesia: relationships between beliefs about childbirth and pain control choices’. Heinze S, Sleigh M. (2003) Journal of Reproductive and Infant Psychology 21(4): 323-34.

‘Pain and women’s satisfaction with the experience of childbirth: a systematic review’. Hodnett E. (2002) Am J of Obstet Gynecol 186: S160-72.

Has medicalization of childbirth gone too far? Johanson R, Newburn M, Macfarlane A. (2002) British Medical Journal 321: 892-5.

Maternal satisfaction and pain control in women electing natural childbirth. Kannan S, Jamison R, Datta S. (2001) *Regional Anaesthesia and Pain Medicine* **26(5)**: 468-72.

The role of pain in normal birth and the empowerment of women: In: Downe S. (Ed.). Normal childbirth: evidence and debate (second edition). Leap N, Anderson P. (2008) Churchill Livingstone: London.

The nature and management of labour pain. Part 1: non-pharmacological pain relief. Leeman I, Fontaine P, King V, Klein MC, Racliffe S. (2003) American Family Physician 68(6): 1109-12.

Unintended effects of epidural analgesia during labour. Lieberman E, O'Donoghue C. (2002) Am J Obstet Gynecol 186: S31-68.

Women's experience of pain during childbirth. Lundgren I, Dahlberg K. (1998) Midwifery 14: 105-10.

Epidurals for childbirth. May A. (1994) Oxford Medical Publications: Oxford.

An intrapartum intervention scoring system for the comparison of maternity units' intrapartum care of nulliparous women suitable for midwifery-led care. Mead MM, Kornbrot D. (2004) Midwifery 20(1): 15-26.

The use of epidural analgesia for women in labour. Informed choice for professionals. MIDIRS. (2006) MIDIRS: Bristol.

The oxytocin factor. Moberg K. (2004) Perseus Books: New York.

The Observer. (2009) It's good for women to suffer the pain of a natural childbirth, says medical chief. See: www.guardian.co.uk/lifeandstyle/2009/jul/12/pregnancy-pain-natural-birth-yoga (accessed 7 August 2009).

Odent M. (2001) New reasons and new ways to study birth physiology. International Journal of Gynaecology and Obstetrics 75: S39-S45.

'Maternal analgesia during labour disturbs newborn behaviour: effects on breastfeeding, temperature and crying'. Ransjo-Arvidson A, Matthiesen A, Lilja G. (2001) Birth 23(3): 136-43.

'Interface of physical and emotional stress regulation through the endogenous opioid system and mu-opioid receptors'. *Prog Neuropsychopharmacol Biol Psychiatry*. Ribeiro S, Kennedy S, Smith R. (2005) 29(8): 1264-80.

'Vaginal delivery parameters and urinary incontinence: the Norwegian EPINCONT study'. Rortveit G, Daltveit A, Hannestad Y, Hunskaar S. (2003) *Am J Obstet Gynecol* 189: 1268-74.

'Non-pharmacological methods of pain relief during labour'. Simkin P. (1989) In: Chalmers I, Enkin M, Kierse M. (Eds.).

'Maternal brain response to own baby cry is affected by caesarean section delivery'. Swain J, Tasgin E, Mayes L, Feldman R, Constable R, Leckman J. (2008) *Child Psychology and Psychiatry* 49(10): 1042-52.

'Evidence-based care for normal labour and birth: a guide for midwives'. Walsh D. (2007) Routledge: London.

'Anaesthetists' workload'. Wee M, Yentis S, Thomas P. (2002) *Anaesthesia* 57(5): 484-500.

'Making normal labour and birth a reality – developing a multi-disciplinary consensus'. Werkmeister G, Jokinen M, Mahmood T, Newburn M. (2008) *Midwifery* 24: 256-9.

'Epidural analgesia: breastfeeding success and related factors'. *Midwifery* 25(2): e31-e38.

'Labour epidural analgesia and intrapartum maternal hyperthermia'. Yancey M, Zhang J, Schwarz J. (2001) *Obstetrics and Gynecology*

THE BENEFITS OF ACTIVE BIRTH

From RCM Normal Birth Webpage:

“Here are ten tips that you can start today. If you introduce them into your practice as a midwife, you will be able to significantly enhance the birth experiences of the women you work with – and, in all likelihood, improve your job satisfaction too!”

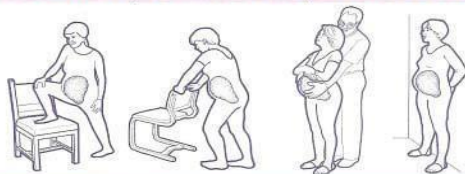
<http://www.rcmnormalbirth.org.uk/ten-top-tips/>

Link to Active Birth Videos for midwives from RCM website:

<http://www.rcmnormalbirth.org.uk/birthing-positions-in-practice/short-videos-for-birthing-postions/>

Positions for Laboring Out of Bed

WALKING, STANDING, AND LEANING



- All may help stimulate effective contractions
- All use gravity to help baby's descent

KNEELING



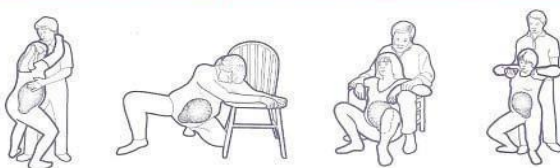
- May relieve back pain
- Helps baby rotate to most favorable position: occiput anterior (OA)
- Relieves hemorrhoids

SITTING



- Uses gravity to help baby's descent
- Allows rest between contractions

SQUATTING



- Uses gravity to help baby's descent
- Opens pelvis to provide more room

52560-0511-0505

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www.ChildbirthGraphics.com



Source:

<http://www.karimums.com.au/Post/0cyrs/active-birth>

In the squatting position the sacrum is free and moves back to widen the pelvic outlet.



In the semisitting position the mother's weight rests on her coccyx and the pelvic capacity is reduced.



In the semireclining position the sacrum is immobile and the pelvic outlet narrows.



Diagram highlighting the pelvic outlet, sacrum, and how pressure is less (on the perineum and other birthing 'parts') when a woman is upright during labor/birth (Balaskas 1992)

EVIDENCE BASED INFO TO SUPPORT UPRIGHT BIRTH FROM 'CUB LEAFLET FOR PROFESSIONALS', WHICH CAN BE DOWNLOADED AT: [HTTP://WWW.CUB-SUPPORT.COM/](http://www.cub-support.com/)

THE BENEFITS OF WATERBIRTH

Dianne Garland, Midwife and Lecturer, talks about the safety and effectiveness of birthing in water from her findings from the UK Collaborative Hospital Audit of Waterbirth (2001):

<https://www.youtube.com/watch?t=97&v=gm9ce3QbsDM>

Barbara Harper, founder of Waterbirth International, discusses 'Waterbirths and hospitals' and 'Fear of infection in Waterbirth':

'Waterbirths and hospitals'

<https://www.youtube.com/watch?t=22&v=gqN6-hK6hZQ>

'Fear of infection in waterbirth'

<https://www.youtube.com/watch?t=22&v=gqN6-hK6hZQ>

Beverley Beech (Chair of AIMS UK) on waterbirth

<http://www.aims.org.uk/choosewater.htm>

Extract from Midwifery Today Magazine, 'Waterbirth basics – From newborn breathing to hospital protocols', Summer 2,000. Harper, Barbara.

"Once a woman has experienced a waterbirth she will more than likely want to repeat the experience. To that end, Waterbirth International gets some pretty interesting referral requests from women all over the world. If circumstances have changed and the mother is no longer living in a place where waterbirth facilities or practitioners are readily available, she will go to almost any length to recreate the opportunity to give birth in water."

Comprehensive set of links relating to a large number of waterbirth studies and articles

<http://www.birthbalance.com/scripts/bib.asp?parent=&bibcat=1&page=1>

A SMALL SELECTION OF QUOTES FROM MOTHERS IN JANET BALASKAS' 'THE WATER BIRTH BOOK'

"The water gave me support, pain relief and privacy to get on with dealing with the pain and concentrating on the contractions. I can't imagine not using the water now – it helped so much. I could really stretch and move about, but be supported and not waste energy on holding myself. In between contractions, it was bliss to lie in the water and refocus. The relief when my daughter came out was incredible and it was wonderful for her to have such a gentle transition into the world" (p33)

"After my daughter was born, I nursed her in the pool. This was a beautiful experience, very relaxing and healing for me.... Being supported in water felt great. My husband thought that seeing me and our baby in the pool was the most moving experience of his life" (p33)

"It was extremely comforting and relaxing to be in the pool. Also great for privacy. When I really wanted to get away from everything I ducked under the water, it was bliss" (p41)

"I was glad not to need any stronger pain relief (I had an epidural for the birth of my first baby) and to give birth naturally feeling totally in control in the pool and in my own home. I liked the fact that being in the pool meant the midwives keep a hands-off approach and leave it up to you with no internal examinations and no breaking of the waters. It was so different from my first experience" (p50)

"There is no other way I would want to give birth to my babies" (p283)

THE BENEFITS OF HYPNOBIRTHING

From Hypnobirthing Mongan Method website:

In 2012 a research study into Australian birth outcomes using the HypnoBirthing®™ the Mongan Method was conducted.

Study background and aim:

HypnoBirthing®™ the Mongan Method is steadily increasing in popularity both in Australia and overseas. It is a set programme consisting of 10–12 hours of instruction for couples approaching the later stages of pregnancy and birth.

A survey was carried out to investigate how Australian participants attending the HypnoBirthing®™ programme between 2007 and 2010 compared to other studies, where hypnosis was used during childbirth.

Results:

The average length for both stages of labour was shorter in the HypnoBirthing®™ group compared to general population figures.

Caesarean section rates were lower, as was the use of gas and epidurals.

51% of participants did not use any pain medication at all and the overall discomfort level for labour and birth was 5.8 out of 10 with 32% of the participants scoring under 5.8, including two participants who recorded zero discomfort.

Conclusion:

Women attending the HypnoBirthing®™ the Mongan Method programme demonstrated similar results to those found in other research in

hypnosis for childbirth. However, the findings also demonstrated some added benefits of HypnoBirthing®™.

The majority of women reported feeling more confident, relaxed, less fearful, focused, and more in control. They also commented on the ease and comfort of labour and birth and the satisfaction of having their partners involved and supportive. The partners found that the HypnoBirthing®™ sessions provided them with confidence and useful strategies on how to work together as a couple, enabling them to be more involved in the birthing experience.

Some women stated that:

The HypnoBirthing®™ programme made them feel more connected and in tune with their body and that learning about the mind-body connection helped on a physical, emotional and spiritual level.

Others found that practising self-hypnosis and the breathing techniques beforehand made them feel more confident and prepared, some women used the techniques they had learnt even though their births took a different path

while others said that they were using self-hypnosis in other areas of their lives—especially when they were experiencing stress.

The majority said that they would do HypnoBirthing®™ again and would highly recommend it to other expectant mothers.

[Study published in British Journal of Midwifery • August 2012 • Vol 20, No 8] [Full paper available here HypnoBirthing®™ Outcomes_Australia 2012] http://www.hypnobirthingmonganmethod.com.au/wp-content/uploads/2013/06/HypnoBirthing-Outcomes_Australia-2012.pdf

‘Hypnosis for pain relief in labour and childbirth: a systematic review’. Br J Anaesth. 2004 Oct;93(4):505-11. Epub 2004 Jul 26. Cyna AM1, McAuliffe GL, Andrew MI.

‘Complementary and alternative therapies for pain management in labour’ Cochrane Database Syst Rev. 2006 Oct 18;(4):CD003521. Smith CA1, Collins CT, Cyna AM, Crowther CA.

THE BENEFITS OF DOULAS

Some expert opinions on how doulas help women:

DR. MICHEL ODENT *explained the role and function of doulas in his book 'The Farmer and the Obstetrician'....*

"More and more young women feel that there is something wrong in the current system. They meet a series of midwives for ante-natal care. They experience one or several shifts of midwives during labour and they usually meet other midwives for post-natal care. They feel the need to rely on one only mother figure before, during and after the birth. For many reasons peculiar to our time many women do not want to or cannot rely on their own mother. On the other hand a certain number of mothers and grand-mothers feel that they can help inexperienced women.

The time is ripe for the emergence of the doula.

The doula phenomenon is thought-provoking because it appears as a resurgence of "authentic" midwifery, via lay women belonging to several generations. It is the unexpected expression of the most deep-rooted needs of pregnant women, labouring women and lactating mothers. Interestingly the doula movement started in the USA, which is a country where the midwives had almost completely disappeared. It is now reaching other countries where the midwives survived, but their role was dramatically altered by the protocols and regulations associated with the industrialisation of childbirth.

The reason for doulas – and for authentic midwives in general – can be interpreted from the perspective of physiologists.

In the language of these scientists who study the body functions it is easy to explain how certain situations can inhibit the birth process. This is the case when a labouring woman feels observed, a situation which tends to activate the part of her brain (the "neocortex") that should be at rest during labour. In other words, privacy appears as a basic need.

This is also the case in any situation associated with a release of hormones of the adrenaline family. This means that feeling secure is another basic need of pregnant women. The physiological perspective helps understanding why all over the world and through the ages women always had a tendency to give birth close to their mother or close to an experienced mother or grand-mother. It helps understanding the role of the doula as a mother figure."

SHEILA KITZINGER ON DOULAS:

“ There is evidence that continuous support is one of the best ways to have a positive experience and a natural birth..... A birth companion, whether a doula or midwife who gives good support, helps you tackle pain yourself so that you are less likely to need drugs. She responds to and understand how you are feeling, encourages and praises you, and uses touch to comfort, relieve pain and help you relax and work with your body instead of resisting the power of the contractions. This is not a matter of using techniques as much as the kind of person she is... Women who have this kind of care use fewer drugs for pain relief and are more likely to have a spontaneous vaginal birth”

Kitzinger, S. Birth Crisis, Routledge. ISBN-10: 0415372666 (Quote is from page 160)

LINKS TO STUDIES ON THE BENEFITS OF DOULAS FROM DOULA UK WEBSITE:

Doula uk website: <http://doula.org.uk/>

Doula support and your rights: Short video <https://vimeo.com/58769487>

Analyses/Reviews

‘Continuous support for women during childbirth’ Hodnett ED, Gates S, Hofmeyr G, Sakala C. Cochrane Database of Systematic Reviews 2013. Available here

‘Continuous support for women during childbirth Cochrane Database of Systematic Reviews’ 2007, Issue 3. Hodnett, ED., Gates, S., Hofmeyr, GJ. & Sakala, C. Download paper (PDF) from: <http://apps.who.int/rhl/reviews/CD003766.pdf>

‘Benefits of massage therapy and use of a doula during labor and childbirth Alternative Therapies in Health & Medicine’ Jan 2000, 6(1), pp.66-74. Keenan, P. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/10631824>

Supporting women in labor: analysis of different types of caregivers Journal of Midwifery & Women’s Health’. Jan-Feb 2004, Vol 49(1), pp.24-31. Rosen, P. Abstract available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1542-2011.2004.tb04404.x/abstract>

'Support in Labour: a literature review' Yogev, S. MIDIRS Midwifery Digest 2004, 14(4), pp.486-492

Birth & Postnatal related

MIDIRS Midwifery Digest, Brigstocke S. vol 24, no 2, 2014, pp 157-160

'Effect of a collaborative interdisciplinary maternity care program on perinatal outcomes'. Harris SJ1, Janssen PA, Saxell L, Carty EA, MacRae GS, Petersen KL. CMAJ. 2012 Nov 20;184(17):1885-92. doi: 10.1503/cmaj.111753. Epub 2012 Sep 10. Abstract available here.

MIDIRS Midwifery Digest, Goedkoop V., vol 19, no 2, June 2009, pp 217-218

Birth related

'Potential benefits of increased access to doula support during childbirth'. The American Journal of Managed Care. Kozhimannil KB1, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. 2014 Aug 1;20(8):e340-52. Abstract here.

'The effects of decreasing maternal anxiety on fetal oxygenation and nucleated red blood cells count in the cord blood'. Masoudi Z1, Akbarzadeh M2, Vaziri F1, Zare N3, Ramzi M4. Iranian Journal of Pediatrics. 2014 Jun;24(3):285-92. Abstract here

'How birth doulas help clients adapt to changes in circumstances, clinical care, and client preferences during labor'. Amram NL, Klein MC, Mok H, Simkin P, Lindstrom K, Grant J. The Journal of Perinatal Education . 2014 Spring;23(2):96-103. doi: 10.1891/1058-1243.23.2.96. Abstract here

'Complementary roles to provide optimal maternity care Journal of Obstetric, Gynecologic, and Neonatal Nursing' 2006, 35, pp.304–311

'Nurses and doulas'. Ballen, LE. & Fulcher, AJ. Abstract available from:
<http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2006.00041.x/abstract>

'Swedish women's experiences of doula support during childbirth' Midwifery Berg, M. & Terstad, A. 2006, 22(4), pp.330-338

'Female Relatives or Friends Trained as Labor Doulas: Outcomes at 6 to 8 Weeks Postpartum'. Campbell, D., Scott, KD., Klaus, MH. & Falk, M. Birth Sept 2007, Vol 34(3), pp.220–227. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/17718872>

'A randomized control trial of continuous support in labor by a lay doula' Journal of Obstetric, Gynecologic & Neonatal Nursing Campbell, DA., Lake, MF., Falk, M. & Backstrand, JR. 2006, 35, pp.456–464. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/16881989>

Support in the first stage of labour from a female relative: the first step in improving the quality of maternity services Khreisheh, R. Midwifery 2009 (Article in Press). Abstract available from: <http://www.midwiferyjournal.com/article/S0266-6138%2808%2900109-5/abstract>

'Swedish women's experiences of doula support during childbirth' Lundgren, I. Midwifery April 2010, Vol 26(2), pp.173-180

'Benefits of a Doula Present at the Birth of a Child Pediatrics' Martin, T., Stein, JH., Kennell, JH. & Fulcher, A. 2004, 114(5), pp.1488-1491. Download paper (PDF) from: http://pediatrics.aappublications.org/content/114/Supplement_6/1488.full.pdf+html

'Support by Doulas During Labor' Journal of Perinatal Education Spring 2000, Trueba, G., Contreras, C., Velazco, MT., Lara, EG. & Martínez, HB. Alternative Strategy to Decrease Cesarean Section: 9(2), pp.8-13. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/17273201>

Postnatal related

'Postpartum doula and peer telephone support for postpartum depression: a pilot randomized controlled trial'. Gjerdingen DK1, McGovern P, Pratt R, Johnson L, Crow S. J Prim Care Community Health. 2013 Jan;4(1):36-43. doi: 10.1177/2150131912451598. Epub 2012 Jun 20. Abstract available here.

'Domains of Postpartum Doula Care and Maternal Responsiveness and Competence' McComish, JF. & Visger, JM. Journal of Obstetric, Gynaecologic & Neonatal Nursing Mar/Apr 2009, Vol 38(2), pp.148-156. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/19323711>

'Bridging the gap between medicalized birth and social support' Goldbort, J. Postpartum depression: International Journal of Childbirth Education December 2002. Abstract available from: <http://www.highbeam.com/doc/1P3-324969471.html>

Breastfeeding related

'Breastfeeding and complementary food: randomized trial of community doula home visiting'. Edwards RC1, Thullen MJ, Korfmacher J, Lantos JD, Henson LG, Hans SL. Pediatrics. 2013 Nov;132 Suppl 2:S160-6. doi: 10.1542/peds.2013-1021P. Abstract here.

'Doula care supports near-universal breastfeeding initiation among diverse, low-income women'. Kozhimannil KB1, Attanasio LB, Hardeman RR, O'Brien M. J Midwifery Womens Health. 2013 Jul-Aug;58(4):378-82. doi: 10.1111/jmwh.12065. Epub 2013 Jul 9. Abstract available here.

'A hospital-based doula program and childbirth outcomes in an urban, multicultural setting' Mottl-Santiago, J., Walker, C., Ewan, J., Vragovic, O., Winder, S. & Stubblefield, P. Maternal and Child Health Journal May 2008, Vol 12(3), pp.372-377. Abstract available from: <http://www.ncbi.nlm.nih.gov/pubmed/17610053>

Fathers/partners & family related

'Father participation in a community-doula home-visiting intervention with young, african american mothers'. Thullen MJ1, McMillin SE, Korfmacher J, Humphries ML, Bellamy J, Henson L, Hans S. Infant Ment Health J. 2014 Sep;35(5):422-34. doi: 10.1002/imhj.21463. Epub 2014 Aug 25. Abstract here

EVIDENCE-BASED INFORMATION ON CESAREAN BIRTH

World Health Organisation in April 2015:

“Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10-15%. Since then, caesarean sections have become increasingly common in both developed and developing countries. When medically necessary, a caesarean section can effectively prevent maternal and newborn mortality. Two new HRP studies show that when caesarean section rates rise towards 10% across a population, the number of maternal and newborn deaths decreases. When the rate goes above 10%, there is no evidence that mortality rates improve.”

Source:

http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/

‘The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage’

<http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf>

From the NHS website as listed below:

“Rising caesarean rates are a global concern. In the UK, C-section rates have increased from 12% in 1990 to 24% in 2008 with no improvement in outcomes for the baby.”

http://www.institute.nhs.uk/quality_and_value/high_volume_care/focus_on%3A_caesarean_section.html

“Those women who had spontaneous vaginal deliveries were most likely to experience a marked improvement in mood and an elevation in self-esteem across the late pregnancy to early postpartum interval. In contrast, women who had Caesarean deliveries were significantly more likely to experience a deterioration in mood and a diminution in self-esteem. The group who experienced instrumental intervention in vaginal deliveries fell midway between the other two groups, reporting neither an improvement nor a deterioration in mood and self-esteem.”

Source: ‘Adverse psychological impact of operative obstetric interventions: A prospective longitudinal study’ Australian and New Zealand Journal of Psychiatry, 1997, Vol. 31, No. 5 : Pages 728-738 Jane Fisher, Jill Astbury, Anthony Smith (doi: 10.3109/00048679709062687)

<http://www.informahealthcare.com/doi/pdf/10.3109/00048679709062687>

‘The rise of Unnecessary Cesareans’

<http://www.ican-online.org/blog/2010/11/rise-of-unnecessary-cesareans/>

World Health Organization. Neonatal and Perinatal Mortality, 2006.

http://www.who.int/making_pregnancy_safer/publications/neonatal.pdf.

‘Variations in the rate of Operative Delivery in the United States’

Clark SL, Belfort MA, Hankins GDV, Meyers JA, Houser FM. Am J Obstet Gynecol 2007;196:526-7.

‘Comparison of a trial of labor with an elective second cesarean section’.

McMahon MJ, Luther ER, Bowes WA, Olshan AF, Bowes WF Jr. N Eng J Med 1996;335:689-95.

‘Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery’

Landon MB, Hauth JC, Leveno KJ, et al. N Eng J Med 2004;351:2581-9.

‘Elective prophylactic cesarean delivery’

Hale RW, Harer WB. ACOG Clin Rev 2005;10:1-15.

‘Term neonatal asphyxial seizures and peripartum deaths: Lack of correlation with a rising cesarean delivery rate.’

Foley ME, Alarab M, Daly L, et al. Am J Obstet Gynecol 2005;192:102-8.

‘Rising cesarean section rates: a cause for concern?’

Matthews TG, Crowley P, Chong A, McKenna P, McGary C, O’Regan M. BJOG 2003;110:346-9.

‘Can a 29% cesarean delivery rate possibly be justified?’

Resnik R. Obstet Gynecol 2006; 107:752-4.

NEW VOICES SPEAK OUT ABOUT WHY BIRTHPLACE MATTERS

JANE KERR REEVE, WHO GAVE BIRTH TO A DAUGHTER IN JULY AT THE QE HOSPITAL THIS YEAR WANTED US TO INCLUDE THESE RECOMMENDATIONS

Birth Place Choice

- ✓ Implement the promised Midwife Led Birthing Unit and encourage all women with low risk pregnancies to use it and re-instate the home birth service and encourage women with second and subsequent low risk pregnancies to have their babies at home
- ✓ The above steps would significantly reduce the cost of maternity provision for the Trust, it is well documented, in the Birthplace Cohort study, that births outside an obstetric unit cost the NHS significantly less because they result in less intervention, especially in the case of home births. Professor Jane Sandall's research has also shown that personalised midwifery care, where the woman has continuity of care from an individual midwife for the duration of her pregnancy and birth result in benefits for both mother and baby with far fewer interventions
- ✓ In the meantime Independent Midwives should be commissioned to provide this service.

Induction of Labour

- ✓ Change the current policy on induction of labour and ensure women are correctly educated:
The current policy to induce labour at term plus twelve days, I understand, is not based on any clinical evidence and is not in line with other NHS Trusts and also relies on the dating scan being accurate, which it is not
- ✓ Women need to be correctly educated to be aware of fetal movement as the key indicator of the healthy maintenance of the pregnancy, not relying on thirty minutes of daily fetal monitoring, which again wastes NHS time and money
- ✓ Women should also be educated of the potential risks associated with induction of labour, not just the risks associated with prolonged pregnancy, all of these risks must be backed up with factual statistics

- ✓ Women should be offered the choice to prolong their pregnancy, not assume they will go in to hospital for induction of labour, on a risk assessed basis and the health care professionals must establish detailed risk assessment criteria to confirm which women should be offered CTG monitoring or an umbilical artery doppler scan. I was virtually forced to have the daily CTG monitoring and was never offered the scan which would have been an excellent indicator of the blood oxygen supply to my baby from the placenta (the key concern for the health of the baby in a prolonged pregnancy)

Post Natal Care

- ✓ Keep to appointment times given to patients and give outpatients with specific appointment times priority over hospital patients on the ward especially in this instance where all babies are just having a routine postnatal examination. If we were two and a half hours late for an appointment would we have been seen?
- ✓ If the above cannot be implemented and appointment times cannot be guaranteed an indication of waiting time must be given at the time of the appointment being made
- ✓ Train staff to treat patients and their carers with respect not be totally dismissive of them
- ✓ Ensure all parts of the postnatal ward and equipment are cleaned to the correct standard or replaced if they cannot be cleaned
- ✓ Change all sink taps to be automatically or knee operated from a hygiene perspective
- ✓ Train all midwives to perform the postnatal paediatric baby assessment which would allow the paediatrician to focus on cases where there is a problem
- ✓ This would be more cost effective as midwives, undoubtedly, earn less than paediatricians and could also be done in the community for women choosing to have their babies at home."

LOCAL MOTHER BETH BOOTH, IN SEPTEMBER 2014

"My only child is coming up for 3 and I was down for a home-birth with her, but my waters broke at 35weeks and I was told I had to go to the hospital. I started contractions soon after and 7hrs of laying on my back (as demanded) in agony later and a pretty distressed baby arrived. This was followed by a 5 day stay during which I was belittled for my determination to fill her tummy with breastmilk and trying to encourage them to avoid formula if possible, being told off for feeding her "without permission"- we weren't even in NICU, just on the ward.

If we are blessed with another I will ask and push for a home birth but I fear that 1st baby being born early will have me up against even more of a fight, let alone with this blanket ban on them anyway.

I attend a couple of breastfeeding support groups in Hunstanton and Kings Lynn and have come across many reports of disappointment from mums that they had their birthplace choice taken away from them. I know many felt the help in hospital with breastfeeding was helpful but this is far outweighed by the huge number of women reporting pressure to formula feed in order to get themselves discharged.

The clinical environment is so unnatural and was the last place on earth I wanted my baby to be, hospital has its place, but it should be an opt-in choice, not a must.

Thank you so much for spending the (hundreds of?) hours you have, campaigning for the rights of mothers and babies. I hope it has a huge impact and at least brings some recognition to how important this choice is"

BETH BOOTH IN AUGUST 2015

"It turned out my second birth was awesome compared to the first, no small part of that was due to becoming aware of doula work and doula principles.

I have witnessed several friends this year all yet to give birth who just totally assume that the NHS provides all the info they could possibly need to know and they have no idea how much of their experience should be "owned" by themselves. Made me realize how much our education system is totally corrupt and leads us to feel completely dependent on the state for everything... including something as important as bringing more life into the world!

Sometimes it shocks me how much people have no idea they are being pushed around and how many life choices have been taken from us because we simply don't realize we have a choice"

SARAH RANDALL IN SEPTEMBER 2015

"I had a bleed 4 days before due date and went to the assessment unit at Luton and Dunstable hospital. After about 30 mins my contractions started. A little later they monitored me a little later and they examined me and I was 5cm contractions every min or less. They all panicked rushed me to closest delivery room.

I asked for medication but they didn't have the pain killer my local midwife had recommended and said it was too late as baby was coming. Midwife told me to be quiet because I was stressing the baby although I wasn't being monitored. After about half an hour they all left. My waters broke blood poured all over bed and floor. My partner had to leave me by myself in agony with continuous contractions to get help.

Next team arrived they didn't have time to read my notes. Made me turn over onto my back to examine. I nearly fell off the bed. I wanted to move back to my knees but couldn't as couldn't move well and couldn't speak as contractions continuous. After another hour of pushing eventually midwife realised my legs were almost flat and picked them up and put my feet on her hips. My baby came out in 2 pushes.

I suffered a prolapse from pushing for so long. When they placed my baby in my arms I didn't know what it was! I was so exhausted and thought I would drop her. I went to the bathroom and had to call for help

as nearly fainted. My stitches were really bad, had to be cut out by local midwife 2 weeks after and about 9 months a knot finally worked its way out very painfully!

I've been diagnosed with post traumatic stress disorder because it was so bad. I wrote a complaint and they just said they were short staffed and it was end of the shift"

SARAH K SMITH

"I had 2 home births. I hate the idea that women don't realize they have choices and worse when the choices are removed."

MICHELLE SWIFT WARDWELL

"I had 2 home births and am so glad we did".

REBECCA BUSH

"I birthed my first baby at home in February & had a positive experience with a calm happy baby. I'm absolutely sure our experience was so positive because we chose the birthing environment that was right for us. I'd love to help by supporting your written piece!"

PLINKS THOMAS

"My first child was a hospital birth, the following two were homebirths and so much easier than my hospital experience."

CORAL

"I got to have a beautiful safe gentle peaceful homebirth to bring my second child into this world, and the impact it has had on my life and my identity is profound! Words can't explain. Homebirth needs to be an option for normal women and it would be a huge misdeed to hinder those services. We need more!"

BARBARA WYANT

Natal hypnotherapy instructor

"Birthplace Matters Campaign details shared with Southampton area homebirth group and Positive Birth Portsmouth"

ALEXIS LIYAI

"I had a perfect homebirth with my first child in March 2014 and I'm now planning my second homebirth for this January. Nothing beats spending the most amazing day of your life in a safe, familiar, and calming environment surrounded by as many special people and things as you wish. Hospitals are for sick people, healthy women giving birth to healthy babies shouldn't HAVE to go anywhere."

MIRIAM ALCARAZ-STAPLETON

"Birth is womens' business - where a woman chooses to birth should be up to her. Home birth is a safe, cheap option. Birth is not an illness it is a natural part of womanhood and does not need to be medicalised. Not only should home birth services be protected but more effort, time and money should be put in place to facilitate as many women who choose them to have them including training midwives in the art of home birth attendance."

FI BOON

"I had a home birth for my first in June. None of the other ladies in my antenatal or postnatal groups had even entertained the idea and many seemed very surprised I had one. It was wonderful to have my little girl at home and definitely should be presented more positively as an option, not withdrawn altogether!"

JOANNE ASH

"Have had one hospital (planned home but transferred during labour) and one home birth. Home birthing isn't for everyone but everyone suffers when choice is removed."

ROBYN HALLIDAY

"I had a home vbac. At first a Southampton hospital consultant midwife told me I wasn't allowed one, it would not be supported and I'd have to spend thousands on an independant midwife. Thankfully I was part of a vbac support group who told me this was nonsense. When I later challenged the hospital with this I was met with bullying and scare tactics from various midwives. My consultant obstitrican was the most 'supportive' but still advised against it. Then I found some wonderful midwives in the home birth team and a supervisor of midwives who were very down to earth and supportive.

It was my first proper labour and vaginal birth. I can't imagine how any women gets in a car and drives to hospital in established labour! All I wanted was to stay in my cave (birth room). All the hormones were flowing, I was undisturbed, the midwives were wonderful at decetly monitoring me, I was very into my natal hypnotherapy which was working great (I had no pain relief).

Suddenly my baby was born. We were both fine. Nothing went wrong. I laboured and pushed longer than hospital policy. I had a cervical lip (not a problem they just don't like them). If I had been in hospital my room would've flooded with doctors. I'd have been hasseled and they'd have tried pushing me into another caesarean! I would have got very stressed and upset. Broke my natal hypnotherapy

concentration. Needed pain killers. Labour would've probably stalled and I'd probably have had another caesarean and this led to PND. For NO reason!

Instead I had a lovely straight forward birth and got into my bed with my new baby, my toddler son (who was present at the birth and loved being included in such a special family moment), and husband and we all had a nice snuggle smile emoticon All because I was able to make my own informed choice about the safest best way to labour for my baby and myself and was supported by supportive midwives. Choice matters and home birth for everyone matters."

DEBBI LORIMER

"I had a home vbac 8 weeks ago and I have to say it was the most freeing experience of my life. I've had a bad history with pregnancies and hospitals-from unsympathetic midwives and doctors to kids being born with medical problems and a death of a child too. I feel my homebirth healed me after my traumatic history. I'm so glad I finally got the experience that I've longed for. I had to go against doctors and midwives from my chosen hospital but I'm so glad I had the support of my community midwives who were totally amazing and would tell anyone to go for it. I also had the support from a vbac page on Facebook. Having their support and reading their stories gave me the confidence to make the decision for a vbac and to do it at home and the confidence to stick to my decisions. I would do it again if I was having anymore(which I'm not lol)I think 5 kids is enough.

Women should not be forced to do it at hospital or be scared out of homebirth, doctors tried using scare tactics with me, even had me in tears doubting my decision until I spoke to the wonderful mum's on the vbac page. I think doctors should support mum's in whatever they decide. It's our bodies not theirs, my homebirth was successful, quicker, more relaxed and the best birthing experience ever. I can't wait 'til my daughter grows up and I can tell her she was born at home"

JENNIFER KING

"I had my third baby at home 8 weeks ago. My other two were in hospital. I am an American and I can tell you, the gold star of the NHS is allowing women to CHOOSE their birth preferences. The ability for an organization to be able to support so many different choices is brilliant and empowering to its users. Please don't lose that!"

SARAH MULLEN

"I had a planned homebirth for my second. Midwife didn't make it in time as triage didn't believe me when I said I was likely to have a quick labour after first was fast so didn't send a midwife from the hospital team as short staffed. Dedicated homebirth midwife team might have avoided this situation. Resources for this though probably only likely to be made available if more women are supported to opt for homebirth. My GP tried to discourage me at first appointment. NHS are not consistently applying NICE guidance suggesting home birth for 2nd and subsequents is safer (and cheaper) than hospital birth."

RICHARD GOUGH

"Sarah Mullen (see comment above) and one of her brothers were both born at home (33 and 35 years ago) and it is sad to hear how little things have changed since then. Much pressure was brought to bear by GP and hospital staff to go to hospital, with threats about what might happen if you didn't - but at least then there were still some midwives who were experienced and confident with home deliveries and willing to support mothers' choices. As has been said above, home birth is not for everyone, but the choice should be and oh so very special when it does happen."

MARIA HENRIKSSON-BELL

"Hi, could you inform me of which counties have had home birth services withdrawn? I am struggling to understand the width of the issue. Thank you!"

RACHAEL QUANCE

"My first was born in hospital and the labour was only 4hrs long. I knew my second would be quicker so planned a home birth - he arrived in 45 min! I would never have made it to the hospital even if I wanted to, it was much better to have planned to stay at home and not panic at having to get into hospital."

MICHELLE SWIFT WARDWELL

"My second was 40 mins from first contraction to delivery, pure craziness."

LINDA COOK

"I shared this first thing this morning with Reading homebirth support group & we frequently hear of women being told that the HB service is suspended due to staff shortages and they have to go in to the unit. They are so disappointed when this happens.... Then other times we hear wonderful stories from couples who have had wonderful experiences at home. We're happy to help any way we can to help women continue to have a choice!"

MARION AGER

"I've had 4 babies, 3 homebirths, all births are positive stories. My husband gets frustrated when watching One Born Every Minute because he says none of those births on TV show what a beautiful experience it could be, especially at home!"

DEBORAH PRYN

"I had an amazing homebirth and now teach hypnobirthing to lots of couples who have/want homebirths"

SARAH K SMITH

"I had 2 home births. I hate the idea that women don't realize they have choices and worse when the choices are removed".

PETER STROMBERG-ASHWORTH (AGED 10)

"I'd say to any kid who was wondering whether to be at their mum's home birth that it's really exciting and brilliant to see your new brother or sister"



Picture taken when Peter was 7

CLAIRE GLENNON

"I am utterly shocked that women cannot access what is surely a right, to care from a midwife to enable them to birth at home. Having experienced both hospital and homebirths, I appreciate the need for choice. There is a place and indeed a need for hospital, obstetric care but there is also a need and a right for birth at home. Look at the research – happier babies, empowered mums, higher breastfeeding rates, less incidents of PND. Policy makers, you need to rethink the decision to withdraw care for women who want to birth at home – it is criminal!"

ADAM GLENNON

"Here we go again, upper-crust time-wasters making uninformed decisions on behalf of the people of the UK. You should really consider changing your mind and communicating with the women who this will affect. Maybe if hospitals weren't riddled with bacteria and so male-driven, male-dominated, narrow minded, and money obsessed, women may feel more inclined to use your services. My wife homebirthed and it was the best decision we made together concerning the arrival of our child."

SAMANTHA NORMAN

"What keeps mothers and babies safe is respectful co-operation between at-home and in hospital care providers!"

SEÁNA MCCOY TALBOT

"1) Evidence 2) NICE guidelines 3) Makes financial sense

To reduce home birth services is short-sighted and counter-productive. It also doesn't work as it's a woman's CHOICE if she wants a home birth. They will have to attend her!!!"

KRIS WELLS

"As a 5 times HB mama this makes me so frustrated!"

VICTORIA GREENLY

"I thought the government were increasing resources to encourage home births for low risk pregnancies thus taking the burden off labour wards. Has there been a U turn?"

ELEANOR SCOTT

"Home birth is cheaper, women who have home births are more likely to breastfeed for longer, and even if those things weren't true, women have a right to give birth wherever they like!"

LYNDSEY DAWN KINDRED

"A woman's right to birth in the place of her choosing is a fundamental human right."

STACI SYLVAN

"Home is the only place I would consider giving birth and I believe it's my right to be supported in my choice for most women home is safer and more comfortable I believe home is where birth belongs"

2013 National Maternity Survey Comments For QE Hospital:

<http://www.qehkl.nhs.uk/Documents/2013%20Mat%20Rpt%20Patients%20Comments.pdf>














PETITION

The following petition is the result of an ongoing dialogue with locals and people further afield about the homebirth service. Each person we spoke to was in agreement that women's choices should be upheld. All entries are new and have not appeared in earlier editions of Birthplace Matters.

As you can see, my daughter Poppy had her say on one of the sheets with a red felt tip pen. I am proud that she is already making her mark on the world!

Today (1st September 2015) it is 18months to the day since I gave birth to her at home, without the assistance of my local NHS midwives at QE hospital.















Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
C. B. STAFFORD	HOLING 196 PE12 5UR.	C. P. Beelard	
J. Leun	PE1 3YB		
A. Thomson	PE34 4U7		
S. THURSON	PE34 4U7		
E. LEE	PE27 5W2		
K. Meleod	PE14 8AQ		
J. Tinkler	PE12 9PD.		
V. Bills	PE19 PD		
S. Gardener	NE31 9UH		
P. Tinkler	WAS 888		
P. Jey	PE13 5NA		
R. MAODRAM	PE13 5NF		
D. Scott	PE12 9QT		
N. Kockarusic	PE14 8DZ		

I was born at home, that is
Down to a man.

*By signing this petition, I consent to my comment being added to documents or correspondence for use in the Birthplace Matters cause, which already contains over 30,000 words of support for the reinstitution of a homebirth service here in Norfolk.

Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
Doree Carlton	26 HX'S LANE		
Julia Dudgeon	13, King George PE12 7PL		
Ria Dudgeon	PE21 7RF		
Samira Landon	PE12 7EU		
M. Schepers	IP24 3HD		
E Nicholls	IP30 3EN		
Katie West	PE6 8SL		
Amber Mattheiss	PE14 9AD		
Anne Fletcher	PE32 1RE		
Joie Arundell	NR11 8LT		
Jessica Parnock	NR11 8LT		
Helen Lowley	PE12 7PZ		
Nan Fry	PE12 7LL		
Sarah Youngs	PE13 5LJ		







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Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
Lindberg Hehn	PE21 7RU Elmwood Avenue	Wan	
Sue Sullivan	PE21 9NL LINWOOD	SJS	
Madeline Pemberton	The Farmhouse PE12 8JN	ME	
L. Alder	196 Baulkins Way PE12 0SL	L. Alder	
NORMA WATKINS	54 BOWANE RD, STANDING	N. Alder	
Sacconch attonbers	34 accegate PE12 8JN	S. Alder	
Kirsty Shipston	Flat, South Golf Club LW11 9LS	Kirsty Shipston	
volacelo stabenry	34 Eastgate Eastgate	S	
Timothy-Beatrice-mary Stadenry	34 Eastgate Eastgate	T. Stadenry	
Leset Gort	4, Livingston Hall Cottages TUNEY ALE GRANTS PE34 4SG	Leset Gort	

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Name	First line of address/postcode	Signature	Comments (optional)
A. Gordon	Church Lane PE32 1PA	A. Gordon	
A. Knott	" "	A. J. Knott	
J. Knott	" "		
R. Howard	Creedon		
T. Clark	KILGATE TSS RD		
K. Jones	Woodland Pk OB		
MIKE GREENWOOD	WILKS (H) GS		
Anthony Davies	166 Elm Rd PE15 8PP		

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Name	First line of address/postcode	Signature	Comments (optional)
Louise Keenan Margaret Kennedy Paul Tinsell	4 Main Street PE12 0AS 24 Dukes Place PE30 4QZ 145 Station Road PE14 7LH	Louise Keenan M. Kennedy Paul Tinsell	Women should have the choice















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Name	First line of address/postcode	Signature	Comments (optional)
E. R. SMITH R. Pallard S. Vickers	1 York Road Church Rd. 21 Kestrel Close 113 Fakenham Rd Salisbury Pionys Lane North Wotton King's Lynn Norfolk PE30 3PT	E. R. Smith R. Pallard S. Vickers	Important women should have choices. women have power
Malen G. Brown R. Noble Tadema Noble	12 - - - Kew Green Lynn		Don't take away the power women have fought for!
C. Hawkins R. L. Smith D. C. Hill	26B WATSONS RD PE34 4AR Kestons Road Lynn		Women's Rights

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Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
Kathryn Procter	6 Yoxford Court K. L. Norfolk PE30 5FF		
Samantha Procter	5 Mariner's way N. L. Norfolk PE30 2NG		
Julie Smith	KN4 1QB Sluice rd. Denver		
Nichelle Leayn	88 Rosemary Way PE30 7UB		
Victoria Almond	14 Coulton Close		
INOCEN LUKE	11 NURSERY COURT		
LILY COPPIN	12 CAYLER		
Liam Turner	41 Kings Green		
Michelle Winters	48 COUNTY COURT RD		
DRAGA PUPOLA	9 northstar court		
Emma Bossey	150 Wootton Rd.		
Jane Park	15 BEAUFIELD COURT 562 4100		
S. A. Smalles	61 Queen Mary rd PE30 4QF		
Nicola Baldantyna			










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Name	First line of address/postcode	Signature	Comments (optional)
Steve Caver	56 Railway Rd. PE 30 1NE	Steve	
George Vago	22 Smeadway PE 30 4TN	George	
Jane Hastings	1 Grand Place PE 30 5QJ	Jane	It's important for women to have a choice where they give birth - not all women want hospital intervention.
Ellen Drew	15 Bridge Close Outwell, PE14 8ET	Ellen	We should have the right to choose. We should have the choice women should have a choice.
Flora Dan	53 Red Bunting Drive	Flora	
Kass Lock	8 Braden Way Grimsby	Kass	
Mandy Muller	110a Blacken Rd.	M. Muller	
Jenny Harris	DA15 8SU	Jenny	
Amye Miler	115 Reid Way PE30 2LN Sovereign Way PE14 7TB	Amye	








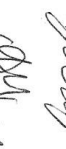

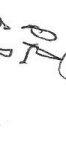


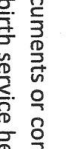
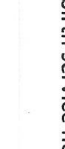
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Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
C. Walker-Swift	E8 (London)		
Isgodias	KR2 7QR		
Maria Hilber	EN12 2RP		
Kathleen Bellamy	SS 7HU		
Adam Allen	124 Underwood Rd		
Sheila Munro	6 Rothamton Ave G15 3BS		
Emma Mills	64, Melody Road TN16 3PJ		
Ashia Mills	64, Melody Road TN16 3PJ		
H. MacInnes-Hurd	TQ11 0FA		Why would you take it away in the first place? 'Carey'! What to have right to choose Women must be able to choose where they wish to birth, recent research support homebirth is as safe as hospital birth for second time mothers. Choice is paramount & should NHS hospital assured should be used for the urgent birth scenarios they are so valuable for.




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Name	First line of address/postcode	Signature	Comments (optional)
Paul Adams	181 WOODMAN RD.		
Harriet Parsons	81 WOODMAN RD.		
Katie Hiney	80 KINGSWAY		
Emma Ghent	48 Seabank way		
Tanya Cooey	5 Burnette Ave	T.M. Cooey	(TRANSLATED from POLISH) "If everything looks healthy, mothers should have the right to give birth at home. If I had any more children, I would choose home next time."
IZABELA LATA	34 Greenland Avenue	Isabel	
22 BRACKENBURY	WILVERDALE RD, SPADINE		
Joanna Stanley	ROCK ROAD		
Emily Turner	8 Buttercup Close		
Wendy Semelky	111 The Halling's		
Adam Thompson	25 Badlach Drive PE30304		
David Radbourne	5 Walpole Court PE30470		
Pat Arrowson	26 Old Hospital Mews		
Sterea Russon	15 W. ST.		
Evelyn Manning	33 North View Kings Lynn		
Rosina O'Neill	145 Station RD South		

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Name	First line of address/postcode	Signature	Comments (optional)
E. LOPEZ	119 HIGHGROVE STREET RG1 5EG		BRING BACK THE SERVICES THAT OUR COMMUNITIES NEED.
K. Edwards	6 Quincey Ave M32 9SN		Swedish women should be "allowed" to birth their babies where they choose to. Swedish they should be supported by the NHS if they choose to have their babies at home. It's absurd for this not to be the case!
C. Glemman	127 Windermere Rd SKI LN		The NHS is in place to serve the needs of its users. Birth is too important to be jeopardised based on statistics - the 1% of women who choose to birth at home should be afforded the right to do with the support of a midwife - forcing birth into a hospital suite surely goes against mothers rights.

These red marks were made by my daughter Poppy clearly, who was born at home unassisted, with no NHS midwives. I wonder what she would say to the NHS about their failure to provide a midwife at her home birth?









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Name	First line of address/postcode	Signature	Comments (optional)
G. REEVE	ELBOW LANE	G. Reeve	
R. Langridge	24 All Saints Close PE15 8US	R. Langridge	
C. Barton	" "	C. Barton	
A. Whitaker	21 Jubilee Close PE12 0ES	A. Whitaker	choice is so important Home birth should be a choice.
V. REEVE	1 Common Way PE15 0JD	V. Reeve	
D. Wheeler	95 Buckton Road PE7 8GB	D. Wheeler	
Teri Star	Sweetburn, Gage, Murroes Angus Scotland	Teri Star	
Reatrice Faulkner	100 Dayless. March.	R. N. Faulkner	
Spike Bridle.	25a Barthill Road, March	S. Bridle	
SAM BLISS	45 Jolly Street, W13 9ND	Sam Bliss	
LUCY NEWMAN	45 Jolly Street, W13 9ND	L. Newman	
MARTIN LEBURN	45 Jolly Street, W13 9ND	M. Leburn	
Jenny Morgan	31 Haverover Norwich NR14	J. Morgan	all women should have what you want & need










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Name	First line of address/postcode	Signature	Comments (optional)
Charlie Morgan	31 Hanover NR14		what is best for mum is the most important.
Hannah Hardy	56 Norwich Road corner NR27CHD		we should always have choice. Support for women to make empowered decisions.
Tina Morgan	23 Crossway, Dorling St James Peters		All mothers should have a choice in how they give birth, — 4 —
Chloe Keeland-Brui	1 St Nicholas Rd, HSM NR12 8DZ		
Mr. Howes	ROMA, LOWGATE THOMAS MARK NR13 5PF.		
Gary Parkinson	13A Double Street Spalding PE11 2RA		
M. Howes	ROMA Lowgate Tydd St Mary unsketch camps PE13 5PF		
C. Markillie	9 Mandian Gate Sq Leeds LS7 4RX		

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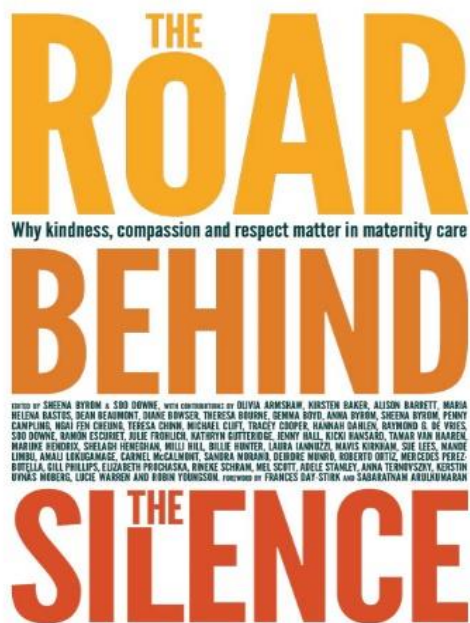
Petition to reinstate the homebirth service at Queen Elizabeth Hospital King's Lynn

Name	First line of address/postcode	Signature	Comments (optional)
 LA. James	PE12 9QT		
LC James	PE30 1GN		
J. THORPE.	PE38 9EQ	Lesley James	
L. Gill	PE11 3BS	Ally	
A. BOWLER	PE12 7HR	Ally Bowler	
J. Macfie	PE38 0BN		
J. Cousins	PE13 2TR	J. Cousins	
A. Weaverson	PE13 5NE		
I. Szucs	PE30 4XZ	Paul Szucs	
	PE14 8NB		
J. RAYNER	PE30 4UL		
Clae Layer	PE30 4UL		every body deserves choice !!
	63 conyngham Rd		Individualised Care!

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RECOMMENDED READING

'THE ROAR BEHIND THE SILENCE', PUBLISHED FEBRUARY 2015, EDITED BY SHEENA BYROM AND SOO DOWNE.



"The Roar Behind the Silence provides information, inspiration and practical suggestions to support maternity care workers, policy makers, and maternity care funders across the world in their quest to deliver sensitive, compassionate and high quality maternity services. The book highlights examples of good practice, and practical tools for making change happen, using evidence and stories where appropriate.

For many years there has been growing concern about the culture of fear that is penetrating maternity services throughout the world, and that the fear felt by maternity care workers is directly and indirectly being transferred to the women and families they serve.

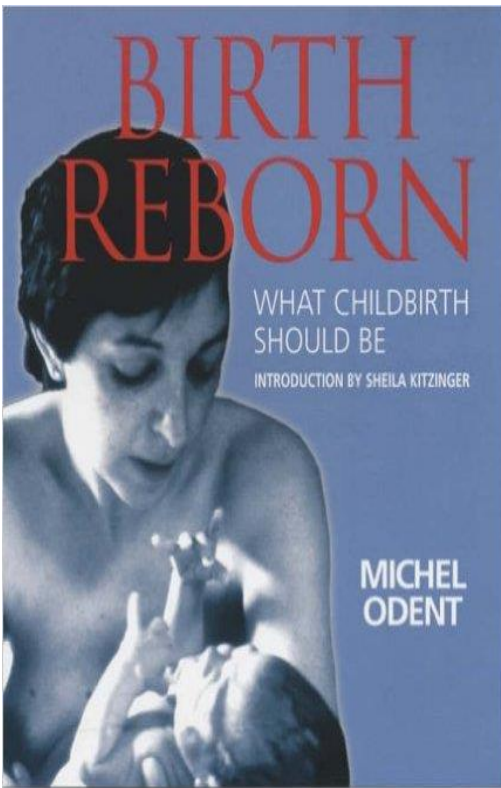
The consequences of fear include increased risk of defensive practice, where the childbearing woman and her family become potential enemies to those providing her care. In addition, the prevailing risk management and 'tick box culture' in maternity services encourages maternity workers to give priority to the records instead of the woman. These factors contribute to the dissatisfaction felt by those using and providing maternity services. There is however increasing evidence that kindness, compassion and mutual respect improve efficiency, effectiveness, experience and staff morale within healthcare settings."

<http://www.sheenabyrom.com/roar/>

**THE
RoAR**
Conference

Compassion in
Maternity Services
12th September 2015

'BIRTH REBORN', BY MICHEL ODENT



"For over 40 years Michel Odent has been the world's leading 'birth guru'. He has pioneered a new philosophy of childbirth, making it a natural experience for women and providing settings that allow a woman to give birth her own way. Women become their own birthing experts, if they follow their instincts they can birth naturally, with the minimal intervention of medical science. Many of the birthing practices that Michel Odent has advocated are now common useage, including the creation of more homely birthing rooms, birthing pools and water births, labour without drugs and ensuring that the mother plays the key role in the experience of birth. Michel Odent has returned birth to how it should be. 'Birth Reborn' gives expectant mothers the confidence and information they need in order to trust themselves to give birth without the drugs and medical procedures that are being increasingly recognised as harmful to the mother and to the baby's future development."

"This is the man who has made childbirth a delightful, natural experience for so many women."

-- 'Nursery World'

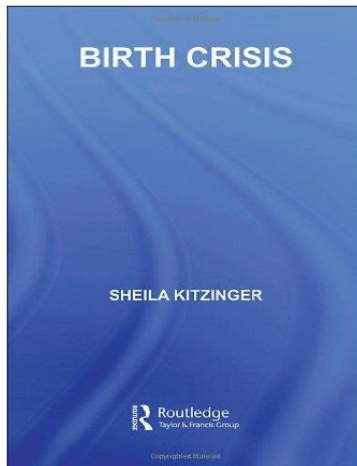
"Combining the roles of romantic, philosopher, surgeon and obstetrician as only a Frenchman could." -- 'The Times'

Reviewer on Amazon.co.uk

"I read this book with a growing sense of anger as I discovered just how unnecessary and damaging modern western childbirth practices are. Why we still blindly do the same unnatural things to women over and over again is beyond me! Forceps, opiates, stirrups, none of these things have a place in childbirth. More women would enjoy giving birth if they read this, and even more if it was compulsory reading for all maternity staff!

It gave me the confidence to insist on doing things my way and as a result I had a beautiful natural homebirth."

'BIRTH CRISIS', PUBLISHED JUNE 2006, SHEILA KITZINGER

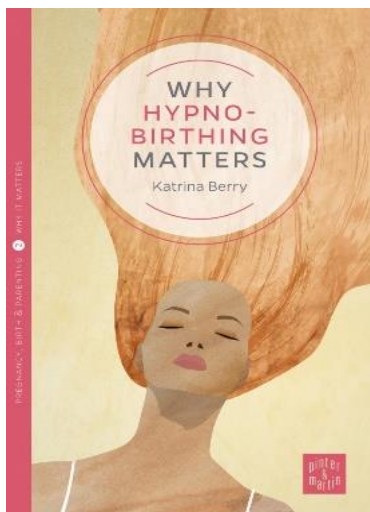


"One new mother in twenty is diagnosed with traumatic stress after childbirth. In Birth Crisis Sheila Kitzinger explores the disempowerment and anxiety experienced by these women. Key topics discussed include:

- *increasing intervention in pregnancy*
- *the shift in emphasis from relationships to technology in childbirth*
- *how family, friends and professional caregivers can reach out to traumatized mothers*
- *how women can work through stress to understand themselves more deeply and grow in emotional maturity*
- *how care and the medical system needs to be changed.*

Birth Crisis draws on mothers' voices and real-life experiences to explore the suffering after childbirth which has, until now, been brushed under the carpet. It is a fascinating and useful resource for student and practising midwives, all health professionals, and women and their families who want to learn how to overcome a traumatic birth."

'WHY HYPNOBIRTHING MATTERS' BY KATRINA BERRY



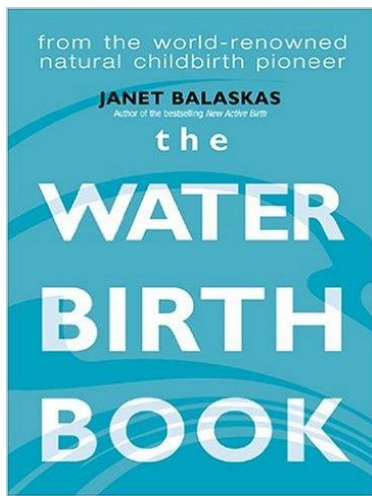
"Hypnobirthing is a method of birth preparation using a series of simple but effective techniques that can facilitate a calm and natural birth. Far from being a modern fad, it is logical, rational and there is a strong evidence base for its use. Many women approach labour with fear because of the negativity surrounding birth and the assumption that it must involve excruciating pain for the mother. Fear has a physiological effect, making contractions less effective and derailing normal labour

Hypnobirthing teaches the mother to relax and believe that her body is perfectly designed to give birth; when the mother is relaxed her body can release natural painkillers that are far more effective than pharmaceutical drugs.

Women using hypnobirthing report needing little or no pain relief during labour and their babies are born calm and alert. Mothers need less medical intervention, and if they do they report feeling much more able to deal with it. Calm and confident parents are empowered to make informed decisions about their care, which can contribute enormously to a positive birth experience.

In Why Hypnobirthing Matters Katrina Berry looks at the origins and rationale for using hypnosis for childbirth, explains what you can expect from hypnobirthing and dispels common misunderstandings in a lively, informative way.”

‘THE WATER BIRTH BOOK’, BY JANET BALASKAS

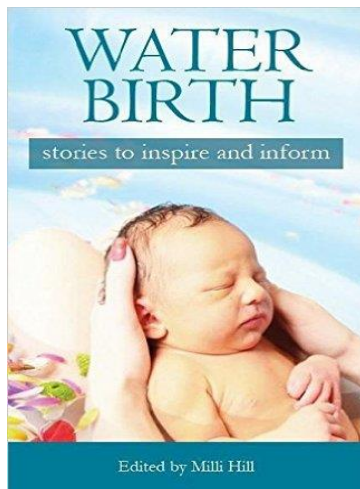


“The Waterbirth Book is a straightforward, detailed and supportive guide for both parents and medical staff, providing all the necessary advice for parents contemplating a waterbirth either at home or in a hospital. It includes:

- the history of birthing in water*
- the benefits of water in labour – pain relief, hormonal effects, speed of labour and more*
- choosing a waterbirth – other birth choices, practical considerations, professional support*
- preparing for a waterbirth – hospital facilities, pool hire, learning to be at ease in the water*
- using the pool in labour – the practicalities, what to expect*

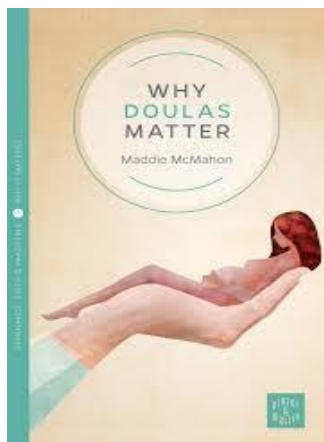
Full of inspiring stories and black and white photographs the book provides a fascinating document of home births with water from the past 15 years.”

‘WATER BIRTH, STORIES TO INFORM AND INSPIRE’, EDITED BY MILLI HILL



“In this inspirational collection of stories, edited and introduced by Positive Birth Movement founder Milli Hill, the reasons more and more women are choosing water birth become clear. The experiences of mums, dads, grandmothers, midwives, doctors, doulas and siblings sit alongside stories from some of the world's leading experts and pioneers in birth in water, including Janet Balaskas and Michel Odent. A must-read book for anyone who wants a water birth, and guaranteed to change the mind of anyone who doesn't!”

‘WHY DOULAS MATTER BY MADDIE MCMAHON’



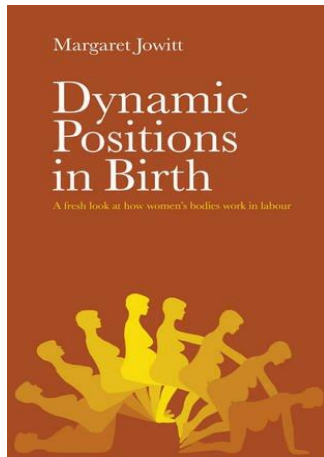
“Many women know, and research confirms, that having an experienced female birth companion, who is neither a health professional nor a part of their social circle, can have a tangible positive effect on their experience of childbirth.

Why Doulas Matter is a comprehensive discussion of how a doula can offer expectant and new parents information and practical and emotional support to improve their experience of birth and early parenting.”

A reviewer on the Pinter and Martin website wrote:

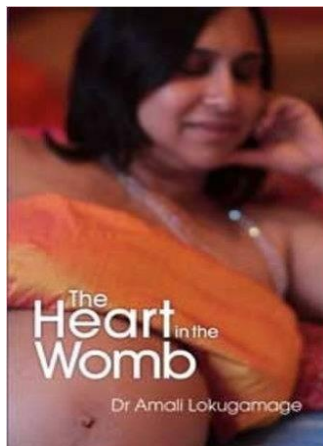
“Anyone who has anything to do with birth or new mothers should read this book! It's a beautiful testament to the work done by doulas, but it's a lot more than that. This book gives an accurate account of the perinatal period for mothers and fathers. It discusses their needs in emotional, biological, and social terms. The book is concerned with exploring why anyone would choose to involve a doula in their experience of becoming a parent. Two of the most interesting points made are the effects having a doula have on the probability of a caesarian and breastfeeding success. If employing a doula can help you to avoid a major operation, with all the risks and inconveniences involved, and enable you to feed your baby in the way that is healthiest for both of you, what on earth could you argue against!”

‘DYNAMIC POSITIONS IN BIRTH’, BY MARGARET JOWITT



“Most women give birth in hospitals, institutions modelled around the needs of the people who work there. The delivery room is designed around the obstetric bed which was designed for the benefit of the obstetrician rather than the woman giving birth. Despite research showing the benefit of upright positions in labour and birth, most women in the UK still give birth in the semi-reclined position, pushing their baby out against the forces of gravity. The author argues that unnatural positions make labour and birth more painful and difficult for modern women than it was for their ancestors. How did we come to put the needs of care givers those of the labouring woman? Is there anything that can be done?”

‘THE HEART IN THE WOMB’ BY DR. AMALI LOKUGAMAGE



“Modern-day life and our highly stressed, risk-averse society has led to a medicalized, fearful model of childbirth, one that has stripped the process of its wondrous magic. In this groundbreaking book, consultant obstetrician Dr Amali Lokugamage discusses ways in which every woman can aim to give birth in the most natural, supportive way possible, and looks at the wider implications for society at large. This is an exploration into the roots of human love and social cohesion.”

My amazon review for ‘The Heart in The Womb’ from 2012 (Paula Cleary)

“If you are wavering about whether you 'qualify' for a home birth, are being bullied into an obstetric birth you don't want, read this book and take heart. If an obstetrician can write a book telling you to listen to your own body, that's a pretty good endorsement of this 'unscientific' and yet life affirming, life-altering alternative journey! If your GP needs convincing, leave this copy lying around at their surgery or shove it under their door! Sometimes those entrenched in the medical model needs to be taught or reminded of the mystery and magic of birth.... and all its gifts, lessons and joy!”

