



Dear Maggie,

Everything I read in *Birthspirit Midwifery Journal* is interesting and worthy, but I would particularly like to honour Jasmine Rae Ojala's courageous sharing of her experiences.¹ Sadly, I can believe that someone with the bravery to elucidate so authentically would be subjected to yet more abuse. Not only does the term 'birth rape' accurately describe Jasmine's experiences but it also describes many experiences women have with health professionals. Violation and abuse of women doesn't just happen during labour and birth, and it does often feel like rape. And yes, we should stand tall and say this should not have happened to me and I will talk about it so that it doesn't happen to other women, and we should acknowledge and support each other to do this. I have often thought that many mismanaged births do indeed leave women feeling raped, violated and traumatised, 'birth rape' is a valid description. TABS (Trauma and Birth Stress), an organisation for women suffering Post Traumatic Stress Disorder after birth, would not be in existence if many women did not share these feelings and, for abuse survivors, this experience is far more intense and damaging.

I have heard midwives complaining about their 'uncooperative' clients who refuse VEs, palpation etc and prevent them 'doing their job', without a vestige of empathy for the agony of trauma behind the fear involved. Others have acknowledged and expressed empathy for women with a history of abuse but are unable to find the energy or ability to venture from their 'scope of practice' and address the impact of the abuse on pregnancy and birth for their women, and there are some that will join with their women in their scary place, and face the fear together, enabling labour and birth to progress, and to also facilitate great healing instead of causing further harm and trauma.

I agree with Jasmine that the more that women and midwives talk openly about these experiences the more progress will be made in not only improving birth outcomes but reducing rape in its many guises.

If the survivor of abuse can make the huge leap of faith and bravery to conceive a baby, then the least midwives can do is take that journey with her, wholly and unconditionally. If midwives can share with other midwives the difference they have made when they have shared that journey, some of the fears and barriers will be broken down. Just as sharing the fear with abuse survivors make it less, the same will happen between colleagues. I have been told that this is easy for me to say, but, actually, I have shared this journey and I don't get paid for it. Midwives are paid to be with women at the most profound time of their lives and for some women the joy is the most intense when the trauma has also been the most intense. To share that is a great honour and privilege and work most worthy.

Trudy Hart

Reference

1. Ojala JA. Memorandum and advice from an abuse survivor. *Birthspirit Midwifery Journal* 2009;4:56-58.

Dear Maggie,

Whilst I agree with your analysis and challenges in the 'Midwifery Choices'¹ article, there is also a need for the institutional and social dominance of medicalised birth to be challenged at a national and international level.

The New Zealand midwifery profession and maternity community are in a unique position to take a lead role in assisting the development of a program which is aimed to increase understanding of normal birth and breastfeeding, and decrease the overuse -of unnecessary medical interventions - The International MotherBaby Childbirth Initiative (IMBCI). This is because New Zealand maternity services, uniquely mandates for women to have informed consent as well as funding the option of one-on-one midwifery care, which are pivotal to the first IMBCI accreditation steps. However, as you indicate, there is ample evidence to show that New Zealand women and their midwives would benefit from an expectation that (all) maternity service providers would adhere to Step 5:

Provide specific evidence-based practices proven to be beneficial in supporting the normal physiology of labour, birth, and the postpartum period.

and Step 6:

Avoid potentially harmful procedures and practices that have no scientific support for routine or frequent use in normal labour and birth. When considered for a specific situation, their use should be supported by best available evidence that the benefits are likely to outweigh the potential harms and should be fully discussed with the mother to ensure her informed consent.

The IMBCI aims to highlight both the importance of a woman's birth



experience and the scientific evidence showing the benefits of care based on normal physiology. Additionally, the 10 Steps of the IMBCI aim to implement woman-centered and low intervention practices which promote optimal health and wellbeing of a woman and her baby through-out the childbearing continuum. The name, the International **MotherBaby** Childbirth Initiative reflects the importance of the mother and baby as one integral unit

or dyad that should not be separated, as well as the impact of birth practices on breastfeeding.

The IMBCI organising body (IMBCO) is offering support for any maternity facility willing to be a demonstration site to trial the documents and processes of this initiative. Any interested New Zealand individuals, groups or organisations such as DHBs, birth centres or midwifery practices,

willing to contribute to this initiative or promote it, can get more information and sign up as a supporter on the IMBCI web site (www.imbci.org).

Denise Hynd
Midwife,
Auckland

Reference

1. Banks M. Midwifery choices. *Birthspirit Midwifery Journal* 2010;5:37-39.

The 10 steps of the International MotherBaby Childbirth Initiative

The 10 Steps of [IMBCI] are based on best available evidence about the safety and effectiveness of tests, treatments and other interventions for mothers and babies. "Safe" means that care is provided through evidence-based practices that minimize the risk of error, harm and support the normal physiology of labour and birth. "Effective" means that the care provided achieves expected benefits and is appropriate to the needs of the pregnant woman and her baby. Safe and effective care of the MotherBaby provides the best possible health outcomes and benefits with the most appropriate and conservative use of resources and technology.

Optimal MotherBaby maternity services have written policies, implemented in education and practice, requiring that its health care providers:

Step 1 *Treat every woman with respect and dignity, fully informing and involving her in decision making about care for herself and her baby in language that she understands, and providing her with the right to informed consent and refusal.*

Step 2 *Possess and routinely apply midwifery knowledge and skills that enhance and optimize the normal physiology of pregnancy, labour, birth, breastfeeding, and the postpartum period.*

Step 3 *Inform the mother of the benefits of continuous support during labour and birth, and affirm her right to receive such support from companions of her choice, such as fathers, partners, family members, doulas, or others.*

Step 4 *Provide drug-free comfort and pain-relief methods during labour, explaining their benefits for facilitating normal birth and avoiding unnecessary harm, and showing women (and their companions) how to use these methods, including touch, holding, massage, labouring in water, and coping/relaxation techniques. Respect women's preferences and choices.*

Step 5 *As above. See www.imbci.org for examples.*

Step 6 *As above. See www.imbci.org for examples.*

Step 7 *Implement measures that enhance wellness and prevent emergencies, illness, and death of MotherBaby ...*

Step 8 *Provide access to evidence-based skilled emergency treatment for life-threatening complications.*

Step 9 *Provide a continuum of collaborative maternal and newborn care with all relevant health care providers, institutions and organizations. Include traditional birth attendants and others who attend births out of hospital in this continuum of care...*

Step 10 *Strive to achieve the 10 Steps to Successful Breastfeeding as described in the WHO/UNICEF Baby-friendly Hospital Initiative.*

All of these steps are an expression of underlying IMBCI principles which include:

- *Pregnancy, birth, and postpartum/newborn care should be individualized. The needs of the MotherBaby should take precedence over the needs of caregivers, institutions, and the medical industry.*
- *Pregnancy, labour, birth, and breastfeeding are normal and healthy processes that in most cases need only attention and support from caregivers. Current evidence demonstrates the safety and superior outcomes of this approach.*
- *Many women can safely give birth outside of hospitals in clinics, birth centres, and homes when skilled care and effective referral are available. Women, including those with prior caesareans, babies in breech positions, and twins, should be accurately informed about the harms and benefits of vaginal and caesarean birth in all available settings and with available providers.*