

## **Report of the STSM “How Are Babies Born? Ask the Mothers ”**

Date of STSM: 3 – 10 April 2016

HOST: Research in Childbirth and Health Unit (UCLAN)

Principal investigator: Elena Skoko

### **Purpose of the STSM**

Starting from my experience of mother and international birth activist, I wished to explore different methods where mothers are being asked to express their opinion about the care they received during pregnancy and childbirth. Women and mothers are not invited at national and global discussion tables that decide about childbirth practices and the assistance they and their children will receive, while their informal stories and feedback on traumatic births have not been acknowledged by the institutions and facilities until recent times, more specifically inside the WHO's declaration of “Prevention and elimination of disrespect and abuse during childbirth” (2014). The WHO declaration invites governments, institutions and researchers to produce data related to the topic on mistreatment in childbirth and include birth stories into data.

The aim of my STSM was to explore which tools are more effective for mother's stories to be taken into consideration in order to change inappropriate and harmful practices, policies and politics of childbirth in Italy. I have identified the UCLAN, Prof. Soo Dawne and her team, as the most suitable persons and institution where I could gain insights on the available research tools to apply in my research. I was interested specifically in surveys and in ethnographic research that have been widely used and explored by Prof. Soo Downe and her team Research in Childbirth and Health Unit (ReaCH). I wanted to gain better practical knowledge about their use and to explore their socio-economic and political impact with researchers that have already used them, in collaboration with national and international institutions, such as Prof. Soo Downe and Prof. Fiona Dykes, also member of UCLAN and leader of a research team Maternal and Infant Nutrition and Nurtur Unit (MAINN). I highly appreciate the UCLAN's multidisciplinary approach and inclusiveness of different perspectives - bottom-up/top down, academia/lay, researchers/mother activists.

### **Description of the work carried out during the STSM**

I started my STSM at UCLAN from the viewpoint of a mother activist and an independent researcher. I have had the pleasure to notice the openness of the UCLAN researchers and of the COST Action BIRTH policy towards members of the civil society, which I found encouraging and empowering. From the first encounter I was hosted and facilitated with great humanity, compassion and willingness to share the knowledge and expertise. The UCLAN supported my research freely and without prejudice. On this premises, I felt free to ask all the questions and pursue my research feeling as a peer.

My work was based mainly on formal (recorded and non-recorded) and informal interviews in person, on the telephone and at coffee tables (favourite ethnographic method by many researchers and academics [1][2]). I worked mainly in the office of

ReaCH and MAINN team. The coordination, guided by Soo Downe and facilitated by Marie-Clare Balaam previous to my STSM stay in Preston, enabled me to start my work immediately and intensively. In my STSM I have noticed a strong national network of advocacy made by midwives researchers, policy makers, users and mothers that are making an impact in the society in relations maternity healthcare.

My stay in UCLAN coincided with the launch of the social media campaign in Italy “#bastatacere: le madri hanno voce” (*#breakthesilence: mothers have voices*) on the Facebook page [www.facebook.com/bastatacere](http://www.facebook.com/bastatacere). The campaign aimed to raise awareness on the phenomenon of birth trauma, obstetric violence, abuse, disrespect and mistreatment in childbirth, following similar initiatives in the US (launched by ImprovingBirth.org) and Croatia (by the association RODA) who had a great impact on national media and society.

We were encouraged to pursue this initiative by the exchange of experiences with members (researchers and activists) of the COST Action BIRTH and by the work done on a soon to be published paper on the topic of obstetric violence (finalized in the same days of my STSM).

The #bastatacere campaign had 21.621 likes, more than 700.000 visions per day, more than 70.000 interactions per day and 1.136 collected stories in the format of a photo-story and many others as unpublished textual birth stories – all in 15 days. The campaign evolved in the Obstetric Violence Observatory Italia (<https://ovoitalia.wordpress.com>) connected to the international InterOVO network whose members are also part of the COST Action BIRTH ([https://www.elpartoesnuestro.es/sites/default/files/recursos/documentos/interovo\\_statement\\_8th\\_march\\_2016.pdf](https://www.elpartoesnuestro.es/sites/default/files/recursos/documentos/interovo_statement_8th_march_2016.pdf)). The OVOItalia is now the guardian of the #Bastatacere Archive and of future collections of data on obstetric violence available for further research.

The UCLAN and all the interviewees were very supportive of the campaign and an important exchange of information took place.

### **Work Plan of STSM week:**

#### **Sunday April 3th**

Arrival. Social gathering with Marie-clare Balaam.

#### **Monday April 4th**

Introduction to the UCLAN by Marie-clare Balaam

10-11 am Skype with Carol Kingdon (UCLAN researcher)

11:30 am Phone call with Baroness Julia Cumberlege (UK politician)

12 am -1 pm Lunch interview with Marie-clare Balaam

2 – 2:30 pm, Coffee meeting with Gill Thompson (UCLAN researcher) at UCLAN

4:30 pm Meeting with Julie Ridley UCLAN (my host and UCLAN professor)

#### **Tuesday April 5th**

9:30-11:30 am meeting with prof. Soo Downe at UCLAN

12 pm Skype call with Lesley Page, President of the Royal College of Midwives

2 pm Coffee meeting with Kenny Finlayson (UCLAN researcher) at UCLAN

**Wednesday April 6<sup>th</sup>**

10:30 am Coffee meeting with Nicola Crossland (UCLAN researcher) at UCLAN

8 pm Social gathering with Gill Thompson and Julie Ridley

**Thursday April 7<sup>th</sup>**

9:15-11 am Meeting with prof. Fiona Dykes at UCLAN

Afternoon Phone call with Tracey Cooper, midwife

Afternoon Social gathering with Soo Downe and her family

**Friday April 8<sup>th</sup>**

11 am Skype call with Mary Newburn, Freelance Health Researcher and Consultant in Patient and Public Involvement in Maternity Services

3-5 pm Meeting with prof. Soo Downe

5 pm Phone call with Sheena Byrom, midwife and birth activist

**Saturday April 9<sup>th</sup>**

Social gathering with Soo Downe

**Sunday April 10<sup>th</sup>**

Departure

**Description of the main obtained results**

The present STSM was crucial for me to understand how, in the UK, the maternity healthcare improved in the respect of mothers' and babies' fundamental human rights, and of the users' inclusion in the decision making process, both in the assistance as well as in the policy making regarding maternity and childbirth.

I have understood that the main factor of change was the alliance of mothers activists and midwives researchers and activist who, with the attention on few open minded and open hearted politicians produced evidences for the appropriate care, focusing the attention of the National Health System (NHS) towards normal birth.

Their work was channelled in the Changing Childbirth [3] report in 1993 that marked an official start point for better and more appropriate maternity healthcare in the UK. This document was crucial not only for the national context but also abroad. It was viewed as a virtuous example of the inclusiveness of all stakeholders inside the NHS with tangible and applicable guidelines that were actually implemented and made the difference. Its main focus was on the central role of mothers and users as decision makers, the right for choices of places of birth and the possibility of a birth plan. The continuation of this work is the recent National Maternity Review Better Births [4], published in February 2016, where the importance of the maternal choices and self-determination is even more stressed.

**Lessons learned and transferable aspects**

In the change making process regarding the UK context of maternity care, the qualitative research played the most incisive role. Surveys, in-depth interviews, ethnography, focus groups, audits, regional drop-in events, visits to different services,

online consultation, BirthTank events, email submissions, dedicated listening events, individual meetings with key stakeholders and experts, international visits were all high-impact methods influencing not only the progress of science but the improvement of the National Health System and the wellbeing of the society, especially mothers and babies. The WHO is now, under the influence of the UCLAN research teams, making the qualitative research – where the users' perception and experience of the healthcare assistance is measured - the main tool for effective guidelines.

When I asked what methods were most incisive and effective, there was a unanimous consensus that birth storytelling, personal stories, were the ones that triggered the process of change in each person. Mothers telling about their experiences to other mothers triggered a chain of stories that had both informational and therapeutic effect. Mothers telling their stories to researchers contributed to the creation of a compassionate and motivated research and provided for a fertile ground for scientific evidences based on social needs. Researchers who had traumatic or beautiful births were greatly influenced and equally motivated to produce good and reliable science that was impact driven for the social wellbeing.

Ethics is a main component of this kind of research founded on mutual respect among researchers and between the researches and the targeted individuals and communities. Medical professionals were open for change when they were touched by stories, the ones that were not yet data and numbers. Governmental and political personalities were moved by the stories they read in honest inquiries, reports and reviews or the ones they heard from people.

Personal experiences of birth had a major role in all of the interviewees I had the pleasure to talk to. Maternity had a crucial role in their life and career and it was one of the main motivational forces behind their personal, scientific and community life. The experience of birth was also the major event that influenced the union among women, mothers, researches, politicians and their male colleagues.

A great majority of researchers I interviewed were openly declaring the positive influence of feminism and radical activism on their work. Some were moved by spiritual changes and holistic awareness. Everybody knew how crucial birth is for each individual and for the society as a whole.

I have noticed that, what is called “mistreatment” or “abuse and disrespect in childbirth”, according to OMS, and “obstetric violence” in the Latin American countries, it is called “birth trauma” in the UK.

### **Future collaboration with host institute**

Collaboration between the Research Unit “Diritti Umani nella Maternità e Nascita” of the “Roma TRE” University and ReaCH Unit of UCLAN will be explored.

Collaboration between the present STSM investigator and ReaCH Unit of UCLAN on the topic of the use of singing and voice modulation in birth and maternity healthcare was proposed as an eventual research project related to the use of music in healthcare.

## **Future publications**

Elena Skoko is one of the authors of the soon to be published paper on obstetric violence, funded by COST Action BIRTH.

The investigator will use the materials produced in this STSM for her on-going research on the topic “How Are Babies Born? Ask the Mothers”, for her future publications, and for her advocacy work.

## **Confirmation by the host institute of the successful execution of the STSM**

I confirm that the visit of Elena Skoko took place as described in the account given above. This was a full and productive visit, and Elena used her time effectively to ensure that she made contact with a wide range of experts in the field who could help her to gain knowledge and understanding about political change in maternity care. I am confident that she will use this new knowledge to continue her very active work in this area in future.

Professor Soo Downe, April 26<sup>th</sup> 2016

## **References**

- [1] Dykes, Fiona, and Renée Flacking. 2015. *Ethnographic Research in Maternal and Child Health*. London: Routledge.
- [2] Matanović, Juliana, *Kavu, kavu moram popit ja* in Marković, Jelena, and Ljiljana Marks. 2015. Zagreb: *O pričama i pričanju danas*. Institut za etnologiju i folkloristiku.
- [3] Dept. of Health, 1993. *Changing Childbirth: Report of the Expert Maternity Group Pt.1, Pt. 2* London: Stationery Office Books.
- [4] Baroness Cumberlege, Julia. 2016. “National Maternity Review Better Births.” NHS. <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>.