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# Homebirth in Newham

## Elaine Carter

*In 2009 I was ready for a new challenge in my career when I saw a job vacancy in the Midwives magazine for midwives to set up a homebirth team in Newham. Something in me just knew this was the job I wanted. I had little experience of homebirth, but the very first birth I'd witnessed at the beginning of my training was a homebirth which just felt so right, the experiences of birth in hospital always felt a bit like compromise. I have worked with many colleagues who expressed a lot of fear of homebirths: "What if something goes wrong?" they'd ask. I don't know why but I never shared this fear. Within a week I had been for the interview and accepted the job. I decided to take a leap of faith and put my house up for sale so I could set off unencumbered. It was a time when houses were not selling well, but mine had been sold in two weeks so I took this as a sign that I was going in the right direction. In September, house sold, furniture in storage, my car packed with a few belongings, I set off on my new adventure. I felt like a student off to university.*

### **Achieving more homebirths**

The homebirth rate in Newham was less than 1%. There was a shortage of community midwives and an increasing birth rate and if a woman wanted a homebirth, the trust commissioned an independent midwife. The trust wanted to increase the homebirth rate and recruited me and two other and seven midwives to provide the service. We were given the freedom to set this up in whichever way worked best for the women. We decided to use a caseload approach. We would provide antenatal, intrapartum and postnatal care to women in their own homes. We publicised the service by having leaflets printed; we gave talks to midwives in 'extended services' who provide the bulk of the parentcraft classes; we spoke to the staff in the centralised booking clinic where all women begin their pregnancy care. We were given publicity in the local newspaper and in a local magazine.

After three months one of the midwives went off on maternity leave, then six months later my other colleague left, so the team was down to one. It was difficult to recruit another midwife owing to the heavy on-call commitment. Luckily there was a very keen relatively newly qualified midwife who came to join me. Initially the numbers of women requesting homebirth were low. In the first year 32 women booked with us, they didn't all achieve a homebirth for a variety of reasons; problems at every stage of pregnancy or labour meant that only 19 women had their baby at home, but we were still able to give postnatal care to those who had hospital births and the women appreciated this. The second year 52 women booked with us and 33 delivered at home so our numbers increased gradually and our profile was raised.

### **Who chooses a homebirth?**

We get referrals from a variety of sources, all women are offered homebirth at booking, we have a page in the extended services midwifery booklet outlining what services are available in the area. We give a 15 minute talk once at each set of parentcraft sessions. We hold a homebirth

get together once a month where anyone interested in homebirth can come along and meet the women and their babies in an informal, relaxed setting. They can ask the women questions we may not have thought of and get support for their choice.

Our women opt for a homebirth for a variety of reasons; we have low risk multiples who have had a straightforward birth with their first child and are happy to consider a homebirth; some women have had a poor experience of birth in hospital and do not wish to return. We currently have five women who've already had one baby at home with us and have booked in for the next baby which is the best advert!

A lot of primips come to us after taking hypnobirthing sessions; they had not initially intended to have a homebirth but have realised that they will feel most relaxed in their own environment. I have been amazed at how well these women have laboured. I've been called on several occasions and have thought the woman 'wasn't doing much' and she has been 7 or 8 centimetres dilated. The training also enables them to remain calm and relaxed even if a transfer has been necessary. We plan to undertake the hypnobirthing training ourselves so we can offer this to women in the area.

We also have women with risk factors which contraindicate birth at home according to hospital policy, but they still want a homebirth; in this situation we act as advocates for them, we attend the consultant appointments with them and ensure they understand the risk factors and agree a plan of care. We are fortunate to have a good relationship with our supervisors and liaise with them.

One unexpected consequence I have witnessed is the effect on an older child. As a community midwife carrying out postnatal visits, I became used to seeing an older sibling being quite clingy and 'acting out' as a reaction to the recent separation from the mother. I have not seen this when the mother has birthed at home, whether the older child has been present at the birth or whether he has woken to find the new arrival; they do not appear to be as affected. This could be a coincidence but it is something I have observed; it has reinforced my commitment to homebirth.

### **Our Caseload**

Each month about four to six women book with us, which is quite manageable. We have a two week rota with seven on calls followed by seven nights off. We try when possible to cover each other for annual leave. The community midwives fill in when this is not possible. When we have a day off we cover the on-call ourselves, the community midwives provide the second on-call. If one of us has been up all night and the other is not available then we ask the community midwife in that area to be the contact if anyone should call. It is a heavy on-call commitment but we are very lucky to have excellent support from our manager who totally believes in this service and has allowed our time to be protected so that we can be free to give the best service to these women. This support and respect for our work means

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that we are willing to be on call on our days off, knowing we can take time back later when it's not so busy. We couldn't do this if we didn't have this level of support. I am also in a position where I don't have family commitments. If both of us are on duty and a birth happens in the daytime we will go together. We often have student midwives allocated to us for a week at a time; most of them are very keen and love experiencing homebirth. Often it is the first time they have seen a physiological third stage.

### **Part of the community**

After living in a rented room for a year I was really lucky to get a beautiful newly built key worker flat less than a mile from the hospital. I like living and working in the area, I feel I am truly part of the community. One of our students gave me Jennifer Worth's *Call the Midwife* as a leaving gift and I really enjoyed reading it. Newham is very close to the area where Jennifer practised. East London has changed dramatically since the 1950s. The population of Newham is hugely diverse now, with over a hundred languages being spoken here. It is not an affluent area. I have had times when I have been disenchanted with the NHS and considered working independently as a midwife but somehow never had the courage to do it. The way our team operates does mean that I am pleased that I can practise in a similar way and provide the service to all women irrespective of income and ethnic background. Last year 27 of the women who booked with us were Caucasian, while 25 had other ethnic origins; the youngest woman was 14 and the oldest 51, so we have a very varied client group. Although I do not ride around on a bicycle, the feelings of being called in the night to attend a labouring woman are exactly the same. I am filled with anticipation, excitement and hope that everything will go well.

Before I leave the house to attend a woman, I ask the help of my creator to be with me to keep my senses alert. This keeps me humble and reminds me I am a servant not a master of life and death, this way I come to a woman with humility. I have come to realise there is no place for my ego when attending women. I am in the very privileged position of being trusted by a woman when she is at her most vulnerable and this is a position I do not wish to abuse.

I can experience the whole gamut of emotion, there is elation when everything goes well, but there are times when it doesn't and the woman I have supported is transferred and wheeled down to theatre. If it is possible I like to stay to support her and go home when I am satisfied she is ok. Then I am left with the inquisition in my head, what happened? What, if anything, could I have done differently? This can really plague me. After these incidents I sometimes wake in the night wondering whether I made the right decisions? Is the documentation in order? I do get so caught up in caring for women that the documentation can get overlooked. For me, time loses all meaning during a labour, so the fear of my notes being scrutinised is never far away. It is not easy to express doubts and uncertainties to any but the most trusted of my midwifery colleagues which is sad, but a reality.

It is good that we always see women in their home; my colleague and I share the antenatal care so the woman will know whoever attends her in labour. We can build a

relationship with her and family. I see my role of midwife as a kind of temporary mother; seeing them through pregnancy, birth and the often fraught early days of establishing breastfeeding. Then after 10-28 days, depending on need, if I have done my work well, she will not need me anymore, it's time to let go. I love the monthly get togethers so I can still see the women and watch their babies grow.

### **Ups and downs**

Each woman has her own story and I wish I could share my experiences of each individual woman and her family but there are just too many and they are all special in their own way. I have had numerous times of total elation after a beautiful birth and I leave a delighted new family to savour their joy; I have had total confidence in the woman's body to do what nature intended. But I have also experienced a few times of despondency when a few transfers into hospital have left me questioning why nature 'failed' this time. However, every time I have doubted there is always something to encourage me. After a straight forward labour a primip's baby was born floppy and unresponsive, which culminated in inflation breaths, cardiac compressions and ventilation breaths, as the baby just did not breathe spontaneously, despite a good heart rate. The London ambulance service arrived very quickly and the baby was transferred to a hospital for cooling therapy. The mother retained her placenta, she had manual removal, lost two litres of blood and needed transfusion. Mercifully, the baby was discharged home at two weeks and breast fed well and there are thought to be no long term effects. We visited up to 28 days and at the end, the mum commented: "I know they probably wouldn't let me have another one but I would recommend a homebirth to anyone."

Another time after a third lady had been transferred into hospital for particulate meconium and had a traumatic forceps delivery, I was expressing some doubt about whether it was worth it. She explained that she had really enjoyed her labour up to eight centimetres at home and had always factored in the possibility of a transfer to hospital. Despite the dramatic delivery she and her husband understood why it was necessary and she assured me that it was vital that women continued to have the choice of homebirth.

### **A relaxed environment**

I came to this job because it 'felt right' for me. I have had my moments of doubt when there have been deviations from normal but on balance nothing has seriously challenged my conviction that the home is the most obvious place to birth a baby. The atmosphere is completely different, I am a guest in the home, I ask permission to go to the loo, not the other way around. The relationships that are built up with women and their families within their homes, surrounded by their belongings, enables me to get to know the people and this enriches my life in a way that is just not possible in the hospital. This is not to say that all women should give birth at home, some women just would not feel relaxed enough to labour efficiently. I am glad that there are women who want to give birth at home so I am able to practise in the way I feel so passionately about. For that I am grateful.

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## Homebirth in Newham: The Colleague's Tale

As a student midwife in the North West of England, I always wanted to work in the community, my community placements were the highlights of my training and despite putting myself on call for weeks on end I was never fortunate enough to attend a homebirth. On qualifying I gained a post in Newham and to my delight I was placed in the community. After three months a vacancy came up in the homebirth team and I was lucky to have a senior midwife who was very grounded in normality who backed my request to join the team. My journey from newly qualified midwife to homebirth midwife took four months and I am aware that I was incredibly fortunate to have the opportunity to become what many midwives dream of, a truly autonomous practitioner. I achieved this with the excellent support of my colleague and the wider support of management in the hospital.

It is such a privilege to work alongside women, empowering them and accompanying them on their journey through pregnancy, birth and the postnatal period. A woman

### A Safe and Secure Place Sam Cocker

I think one of the key components of a 'successful' labour is feeling safe and secure – wherever that may be. Some women feel safe at hospital surrounded by doctors and medical experts on hand to help should any medical issue arise, while others feel more secure in a familiar environment with few people observing them. I felt for me, the best place to labour and hopefully give birth, was home.

A few months ago I contacted Elaine as I was a first time mum hoping for a home birth. I was scared of labour, pain and the thought of actually giving birth. But I was more afraid of going to hospital where I believe interventions and escalations can quickly get out of control. I took good care of myself throughout my pregnancy and felt that the best thing I could do for my newborn was to bring it into the world in the calmest and happiest environment. I strongly believed that my birthing environment would play a large part in kick starting a positive relationship with my baby.

During pregnancy, when I imagined my labour starting I would get nervous and I imagined adrenalin coursing through me as the reality of what was happening hit me. Then I met Elaine and Pamela (the homebirth midwives) and I instantly felt that my husband and I were going to be in safe hands. Not only that, I felt that they were going to help me through what I consider to be the biggest event in my life. I welcomed them into our home and wanted them to be a part of our lives so they could help me help myself when the big day arrived. When I finally went into labour I felt calm and happy that the baby was finally ready to come. Planning a homebirth meant I didn't have to worry about being sent home from hospital because my labour wasn't established or even timing my contractions. I just went with it. Maybe I remember it differently from the reality, but in my mind I was very relaxed and calm at home, even though the hours ticked by and the contractions picked up their pace I always felt comfortable. I felt safe and secure and honestly very happy at home. I wouldn't have minded going to hospital (in fact I did go to deliver) but the long slow labour was so nice

labouring in her own home who is well supported is as different as chalk from cheese to a woman in hospital, on a bed strapped to a monitor. In her own space a woman will be relaxed and all those hormonal responses and processes you read about in text books begin to happen and most of our women progress to birth in their own homes. I am very much a hands off midwife and will take my cues from the women as to how involved they want me to be. As well as being a safe, evidence-based practitioner, I also like to think I am practising some of the art of midwifery in watchful waiting.

It is a joy to now be in a position to have students join me and be able to show them this is the way midwifery can be, to empower students to take hold of this most basic philosophy and transfer some of these ideals back to the hospital setting, promoting choice of place of birth as they go forward in their careers.

*Pamela Brodie*

at home listening to music, going to the loo, having a shower whatever I wanted to do in my own space with no pressure or time limits or clock watching.

The delivery of my baby was not easy but the labour itself was wonderful. I remember speaking to a pregnant friend about labour a couple of days after my son's birth and I nearly cried with joy it was such a positive experience. We have photos of me smiling between contractions and I remember laughing and talking at home and remaining calm when the ambulance arrived to transfer me to hospital. My mental attitude changed when I got to hospital. I became a patient – someone who needed help. I couldn't do this anymore. I needed drugs. All the things I was hoping to avoid by being at home. By entering the hospital environment I was able to ask for pain relief that wasn't available to me in the home environment. Something switched in me and I lost focus and faith in myself and my ability to give birth. Labour is hard work (hence the name) but nothing can prepare you for it. You can't train for labour – it's not like a marathon – there are too many variables. That's why in my opinion, being at home with a midwife you know, offers you a stable and secure environment to get on with your job and have a baby.

Another major advantage of a homebirth is the father's inclusion and sense of control in his own environment. You often hear men and health professionals lamenting that fathers feel left out of the labour process. Having a baby at home means that the father is also more comfortable and useful on a practical level as he knows where everything is – from the teabags to towels. The support of the father can also play a key role in the mother's confidence in her ability to deliver the baby so it makes sense to have him by your side in his home. Having said this, I'm sure that lots of men would feel more secure in hospital which is why it's so important to have the choice of where you give birth – making sure that the environment is right for each very different woman and her individual labour.

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# Ella's birth: The Student's Tale

## Carla Mastroianni

Ella was born on the 5th January this year. As a student midwife I have a very clear memory of all of the babies that I have seen being born, but I know that I will never forget Ella's birth. I met Kirsty and Graham in their home for their first antenatal homebirth visit. I have to confess that I 'fell in love' with them and asked them if they would be happy for this pregnancy and birth to be my 'case' as a student. They agreed, thus, I had followed Ella's development from week 21.

They were very clear about what they wanted and even more clear about what they did not want for the birth of their first child. They knew and understood the importance of the birth environment in the outcome of Kirsty's labour and birth.

This time I felt that it was going to be me who would learn from them instead of the parents learning from me. I was right. This has been the most fulfilling experience that I have had during my whole training.

### The labour

Kirsty's labour progressed surprisingly fast for a first-time mum, just around five hours for the first stage and a second stage of 50 minutes. I believe that the trust that she had in her body, Graham's constant support, the hypnobirthing techniques and the fact that they were in their own home made this possible. I also believe that the one-to-one care that a woman receives when planning a home birth makes a massive difference to her experience and this has an important effect on the outcome.

Ella turned out to be an undiagnosed breech, and transfer to the local hospital was very strongly advised by the labour ward coordinator over the phone. However, the midwife and paramedics did not consider this to be safe at this point as buttocks were already visible. It will always amaze me how Kirsty kept calm and stayed in control at all times, even when the situation became a little bit chaotic with two ambulances at the front door, four paramedics, Graham, the midwife and me packing and unpacking, trying to decide if there was time for transfer.

I think we all knew because of Kirsty's body signs that transfer was not a safe option, but the insistence from the hospital of transferring no matter what because Ella was breech made us doubt our judgement. We finally decided that it would be best to stay at home and Kirsty, thankfully 'unaware' of all that chaos, kept working with her body and doing what she knew and felt was the right thing to do.

We managed to move Kirsty into the living room and she instinctively adopted an all fours position (the ideal position for a breech vaginal delivery). From delivery of the buttocks only three minutes passed until Ella was born with a completely hands off approach.

I still cannot believe how lucky I was, being part of such an experience as a student midwife since many midwives go through their whole career without seeing a vaginal breech delivery. But I know that this would never have been possible if we had changed just one of the elements of Ella's birth – the birth environment.

### A different experience

I have always believed that the environment for birth is crucial, but even more so now. Only two weeks after Ella's beautiful arrival into this world, once again I came across an undiagnosed breech. This time I was on placement in the birthing centre when a woman came in feeling the urge to push. The midwife I was working with performed a vaginal examination to confirm full dilatation, when to everyone's surprise she felt a bottom and not a head. The woman was quickly transferred to a room in the labour ward that was suddenly full with more than 12 people. I could see panic in the woman and her partner's eyes. I did what I should have done before: explained the situation to them, identified all the people were and explained why they were all in the room. She held my hand and with a smile said to me that she was also born breech and that her little girl wanted to come into this world in the same way. What I did not dare to tell her in that moment was that they probably wouldn't let her baby be born in that way.

In that moment I felt very sad and could not stop thinking of Ella, Kirsty and Graham and how a different place of birth was going to mean this woman was about to have a completely different experience.

The consultant obstetrician came in that moment and decided that the safest option for her was to have an emergency caesarean section even though she was fully dilated and pushing very effectively. Even though there was apparently still time to go into theatre, when we got there the decision was made for the woman to have general anaesthesia because the birth was so imminent.

While they were performing the caesarean section I just had one question in my head: Was it really safer to transfer a fully dilated woman, who was already in a hospital, with very experienced professionals to assist her and make her undergo major surgery and general anaesthesia without any previous assessment, than let her body do what it was made to do?

I think it is time for midwives and doctors to reconsider their practice and start evaluating the risks of all the interventions that interfere in the natural process of labour and birth. Instead they should provide the support that will help women's bodies to do their own job.

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## Ella's birth: The Midwife's Tale

I had shared antenatal care with my colleague and we had both palpated Kirsty as cephalic. We knew that Ella had been breech at the time of the 4D scan, so had palpated very thoroughly to make sure she had turned. The fetal heart was heard very low with the Pinard, so I was certain it was not breech. I was happy that Carla the student midwife had chosen the couple for her case.

I was called to say the waters had broken. When I got to the house Kirsty was contracting frequently. The atmosphere was very calm and beautiful music was playing in the background. Carla had already arrived. We discussed a vaginal examination; I felt I needed a baseline because Kirsty was a primip. Kirsty agreed; she was 6 cm dilated. I thought I felt a suture line, I feel embarrassed now that I must have been feeling the buttock cleft. I made preparations downstairs while Carla stayed with Kirsty and Graham upstairs. I had worked with Carla before and knew she was capable and brilliant at back massage. Kirsty had planned to give birth in the living room so I wanted to set up the resuscitation area on the dining table.

The labour progressed quickly and I could hear a change in the noises Kirsty was making. She sounded as if she was in second stage, I was very happy. When I went upstairs, I noticed very fresh meconium, but no liquor, I explained that for thick meconium the policy was for transfer into the hospital. I asked if I could examine her again as she sounded as if she was in second stage. Had there been no meconium I wouldn't have examined her, but I wanted to see how much descent there was and whether delivery was imminent.

The presenting part was very soft, I asked Carla to shine the torch. What I saw was white, "Either your baby has no hair or it is a bottom I am feeling," I remarked. Kirsty assured me that she had seen hair when they had a 4D scan. I discussed my findings with Kirsty and Graham. Kirsty remained calm, she said she didn't want to take any chances with her baby so was happy to be transferred to hospital.

I had never delivered a baby in the breech position before so I was also happy about the transfer. I called for the ambulance. I informed the delivery suite of our transfer, and quickly put my things in my car in case I was unable to access my equipment. Once I have gone with the woman in the ambulance, there is no way to retrieve it when the couple are at the hospital. Carla continued to support the couple.

The paramedics arrived very quickly. Now the contractions were quicker and expulsive. I called my own supervisor to see if she was available to come in case things happened too quickly but she was not in a position to speak to me at that point. The matron from delivery suite called me back for an update to ensure I was transferring in.

It was an effort to assist Kirsty off the bed and down stairs as she was contracting so frequently. When she reached the hallway, there were two paramedic crews in attendance. Kirsty was involuntarily pushing, I was assessing the situation, considering the risks of transfer as opposed to remaining in the home. At this point my supervisor called me; I expressed doubts about the safety of a transfer at this stage. Her advice was, if the buttocks have not delivered,

we should transfer in. If the buttocks are out, we should remain in the home. It was a very confusing few minutes as I was relaying this to the paramedic, would we, wouldn't we transfer? What a dilemma. On the one hand I had the matron and delivery suite co-ordinator saying transfer, and my own fear of 'what if something goes wrong'. But I didn't want her to deliver in the ambulance.

I also felt calm. I remembered what I had heard Mary Cronk say years ago, if there is descent it will probably be ok. There was certainly descent and I knew Kirsty was fully dilated. I didn't realise then that Kirsty was pushing to expedite matters. Buttocks were now emerging, the decision was made, we would stay.

We helped Kirsty into a kneeling position on the living room floor. The paramedics were brilliant, I asked them to have all the resuscitation things ready for the baby, I quickly retrieved my bag from the car. We were ready.

I was calm but going over the manoeuvres for breech should they be necessary. Carla and I kneeled, watching. I really wish we could have filmed this birth. As Ella's buttocks emerged she passed meconium and urine, we were laughing. She seemed to slide out gently, one leg, two legs, one arm another arm, she just emerged steadily, her nose and mouth came out before she 'hung' there. I was not worried now she was breathing. We had a warm towel there to 'catch' her. I did place my fingers at the back of her head gently and encouraged Kirsty to push the remaining head out.

When she was totally born we squealed with delight and clapped our hands, the atmosphere was lovely. It felt like a triumph for normal birth. There was no need for any resuscitation, she was passed to Kirsty for skin to skin contact. The only disappointment was the retained placenta, which was really stuck. It was a disappointment to transfer in after all and following no analgesia throughout labour, a spinal anaesthetic was needed at the end. This did not detract the amazing birth. My first ever breech birth as a midwife.

Twenty two years ago my second son was an undiagnosed footling breech. I had gone to the hospital in advanced labour. I remember the fear when the midwife said she would need a second opinion as she thought she could feel a foot. I was quickly put into lithotomy, gas and air removed. The doctor was called, he was grumpy, I assumed because he'd been woken up. I was pushing involuntarily, too late for a caesarean. I was given an episiotomy which I hadn't wanted. I just screamed, it felt as if my insides were being ripped out as he examined me. Nobody spoke to me, the registrar just got on and 'delivered' my son. He delivered very quickly, they took him to the resuscitaire, I was so anxious to see him. Even though the delivery wasn't enjoyable, I was still glad I had been spared an operative delivery which I saw as a great success as my son was fine. It could have been so much better though which was brought home to me after Ella's beautiful birth.

I'm embarrassed that I failed to diagnose Ella as breech until full dilatation but, with the excellent outcome, I am now glad it was not diagnosed earlier. I was glad to witness how beautiful a breech birth can be.

*Elaine Carter*

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# Ella's arrival in the world: The Mother's Tale

**Kirsty Mearns**

*Our daughter Ella Florence Snook arrived safe and well on Thursday 5th January. She was 10 days early and weighed 6 pounds 5 oz (2.875 Kg). We had her at home as planned although not everything went quite as smoothly as we might have hoped.*

Graham and I had been practising the hypnobirthing techniques since doing the course when I was about 26 weeks pregnant. I practised breathing (with Graham reading the scripts) and read the affirmations every day, with Graham supporting me in the relaxation techniques (my favourite was the stroking relaxation). We listened to Emily's recordings while going to sleep most evenings. In the latter stages we also did perineal massage – about twice a week on average.

I think that early labour started on the night of Wednesday 4th January. I was having strong Braxton-Hicks and suspected something might be happening, but went to bed as normal. From about 2 am on Thursday morning onwards the surges started to wake me up but they weren't really painful and I continued to sleep in between them. I still wasn't sure whether this was the real thing. At about 5 am I suddenly had a much stronger surge and felt a pop inside me which I was pretty certain was my waters breaking. I went to the toilet and confirmed my suspicions. The surges started coming quite frequently at that point – every 5 minutes or so. I started with the upward breathing we had learned in hypnobirthing. I was on all fours for most of the labour and found this much more comfortable than standing or lying down. On two occasions I had to lie on my back to be examined by the midwife (we tried doing it on all fours but she couldn't access what she needed to this way). I found this very painful and quickly flipped back over as soon as possible.

By the time the midwives arrived at the house at about 6.30 am my surges were about three minutes apart. I was pretty certain that my labour was not going to be a lengthy one. After a bath (which I actually found quite uncomfortable) I moved into the bedroom (incidentally we had planned to use the living room but in that moment I wanted to be on top of my bed). Still on all fours on the bed, Graham read me the upward breathing visualisations while one of the midwives massaged my lower back. They both continued to do this for the rest of the first stage of labour and I found it a huge help in maintaining my focus and managing the pain. We also listened to a favourite album of classical piano music throughout (Ludovico Einaudi). I really lost track of time after this, but do remember getting to the point where I was starting to find the surges more difficult to cope with. As the hypnobirthing teacher had said in the course, when I got to what was probably transition phase, I questioned whether I could continue. But in my head I knew that this was a sign that things were progressing and my baby would soon be there. Graham and the midwives also reminded me of this and in my head I moved on from it. Graham tried to do a stroking relaxation exercise but I found

it too much of a distraction and didn't feel it was necessary to keep me in my zone.

Then the surges started to change and I began to feel the urge to push. I said nothing at first, but when the urges became too strong to control I told the midwife and she told me to listen to and follow my body. She didn't conduct an examination at this time. I started to switch to the downward breathing technique (I don't think Graham read visualisations for this). Soon after this the midwife told me that there was meconium in the water that was coming out. She did a further examination and at this point she told us that she could see something, but that she didn't think it was a head – she strongly suspected that our baby was in fact in a breech position. She said that in this situation they recommend that I am transferred to hospital, but that it was up to me. I said that I didn't want to take any risks and so would do whatever she felt was best.

## **Getting ready to transfer**

The baby's heart beat was fine and I remember feeling very calm about everything and just thinking that what will be will be. She called for an ambulance as a precaution and then called her supervisor to inform her of what was happening. The supervisor insisted that I be transferred to hospital. The midwife explained this to me and again I agreed that we had to take the least risky option. When the first paramedic arrived (within four minutes) he called an additional ambulance in case the baby did come before we could get out of the house. Everyone set about tidying up and moving equipment from the house into the midwife's car. They helped me downstairs but I was having surges every 1-2 minutes and so I was very slow getting down the stairs. By the time I was in the hall I felt very certain that the baby was going to be born soon. The midwife called her supervisor again and said that she thought if we left now the baby might be born in the ambulance. Again the supervisor insisted we come in. The midwife and paramedics were not sure this would be the best decision for me. At this point I remember very consciously thinking that if I focused really hard on the downward breathing in the next few surges I might be able to help the baby out enough that they would not make me go into the ambulance. So this is exactly what I did. After a few more surges the midwives could see the buttocks and the decision was made to stay where we were. So the equipment was brought back into the house and we set up to birth our baby in the living room. I have to say that despite what sounds like an incredibly chaotic situation, I was 100% focused on what I was doing and noticed very little of what was going on around me. I wasn't scared and I felt in control.

## **The birth**

Once in the living room I leant over the sofa on my knees. I don't know how long it took (the second stage was about 48 minutes in total) but I helped the baby out

using only downward breathing and no pushing. I found the breath very powerful but controlled. From the buttocks coming out to the head being delivered took three minutes. I obviously could not see what was going on, but apparently it was amazing. The bum and back coming out just looked like a long white sausage, then the legs flopped out, followed by the arms. The hardest part was breathing out the head – partly because I was exhausted and partly because there was no resistance to breathe against. But gradually her head and face were born. The surges seemed to become further apart at this point (which I was annoyed about as we were so nearly there). Breech deliveries have to be completely hands off – if the baby is stimulated by touch then they can try to breathe while still inside the mother which is very dangerous, so Ella actually hung from me for a minute while gravity and my breathing did their work. As soon as her mouth and nose were delivered she started breathing and when her eyes were born she started to look around! The two midwives and Graham were transfixed. Graham got a bit distracted by it and so one of the ambulance crew ended up holding my hand!

### **Waiting for the placenta**

After she was born I turned around and they passed her to me. She stayed attached to me for about 30 minutes, but when the placenta didn't seem to be moving I asked them to cut the cord and pass her to Graham so I could try to breathe it out. This did not work as it was stuck fast and I had nothing left to give. We waited an hour in total before all agreeing it was time to go to hospital to have the placenta removed manually in theatre. So everyone packed up and they moved me to the ambulance. I felt completely drained and weak and they gave me IV fluids. I hadn't eaten anything at all that morning and had drunk very little water which didn't help. Ella and the midwives came with me and Graham had to follow by car. I was quite out of it – it was as if I was watching someone else go through all this. When we got to the hospital we had a round of applause from the midwives in the labour ward. They were so impressed that we delivered a breech baby at home – usually women would end up having a caesarean section. In fact our midwife with 18 years experience had never delivered a breech baby, let alone at home. We were famous!

The procedure to remove the placenta went fine, although I did lose more blood, so ended up staying in overnight. That was a shame, but again – I was just happy to have Ella with me, safe and sound.

### **Following instinct**

On the day we didn't use the relaxation scripts at all, or listen to any of the recordings, but the hypnobirthing breathing techniques were extremely helpful and having practised them so much I very easily slipped into using them. I think for me the most important factor was to remind myself that my body knew what to do and all I had to do was listen to it and respond as my instinct told me.

I am not sure that it was a coincidence that the one nagging anxiety I had been having for weeks was that the baby was breech. I had voiced this several times to Graham and mentioned it to the midwives. Four different midwives



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were convinced the baby was head down but I still wasn't sure. I had put this down to my over anxiety but it turns out I was right. Secondly, something inside me made the decision to have the baby in the bedroom instead of the living room as planned. If we had been in the living room we would have made it into the ambulance before I had the chance to breathe the buttocks out and I would have ended up giving birth in hospital (or in the ambulance). Thirdly, I think that the reason my body went into labour 10 days before my due date was to give it the best chance of delivering the baby easily. If she was 2-3 weeks older her size might have made the birth far more difficult.

I had no pain relief at all and felt the sensations were manageable throughout. I also had no damage to my perineum which the midwives were very surprised about. First stage of labour was 4 hours 55 minutes, second stage 48 minutes, third stage 5 hours 47 minutes (as I had to wait for several hours in hospital before being taken to theatre).

Despite the transfer to hospital after the birth I am delighted that I was able to have Ella at home. It was important to me to be in an environment where I felt safe and comfortable and I think this would have been difficult to achieve in hospital. I was also keen to avoid any intervention during labour and birth, the home setting and the support of the attending midwives enabled this to be achieved. Being at home was definitely a major contributing factor to being so calm and relaxed during the birth which in turn helped to ensure that my labour progressed well and without significant pain or need for pain relief. I also think that being at home helped my husband to play a significant part in the birth of our daughter, enabling him to feel more in control and support me through the process.

Had the breech presentation been diagnosed in advance it is highly unlikely we would have been able to have Ella at home. We would probably have been in hospital and would have had either a highly medical vaginal delivery or an elective caesarean section – we would have lost all control over the situation. Therefore I am very pleased that things turned out the way they did and I was able to bring Ella into the world in the way that we wanted.

Ella is the most beautiful, perfect thing I have ever seen and I am so happy and proud to be her mother.

*14 January 2012*