

* Ways to deal with stress and become calm and confident instead

Eleanor Copp

'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!"' The Tao Te Ching

The ethos of the above statement challenges both mothers and those assisting them at a birth to be able to function in both a professional, but also emotionally connected, way. Such a challenge bears heavily on the emotional resources of both, but there are ways of *improving self-awareness, relaxation techniques, person-centred care and resources to reduce stress and bring the* above statement into reality.

I am one of two midwives who started off running sessions for women using hypnotherapy and relaxation to help them in labour and to cope with the challenges of motherhood. Over the past few years, we have become aware that in order to achieve the ethos of the above statement, midwives and student midwives could also benefit from such information and education and so we now run training days for them on how to be relaxed and confident at work. The feedback we have received is so powerful that we believe all midwives would be interested in hearing more, because it reflects what is so often documented as to why midwives are unable to continue in their work.

This article is a brief description of the training day offered and the feedback we have received from those who have attended it. The names of the participants are their own and they have given consent for us to include them in this article.

To date we have run two training days, last autumn and winter, and are taking bookings for further days in the spring and summer as interest is high. We are in the unique and privileged position of having worked with hundreds of women in our consulting rooms and can see the consequential difficulties resulting from the shortfalls of the NHS. However, rather than use this as a blaming environment, this day also offers a chance to understand our own limitations. Once we are clear about these, we can be honest and clear with the families we meet, resulting in much clearer communication and greater satisfaction for all. To ensure every attendee gets the attention they need we only admit up to 20 participants per day. Their appreciation and feedback has been so affirmative that we quickly realised that this is an issue so far untouched, yet desperately required. In no other job

can ecstasy or tragedy happen so quickly, or be so unpredictable, and yet midwives do not seem to consider the speed at which they need to think and work as an important factor in their emotional well-being or physical health.

The common causes: powerlessness, loss of ideals and fatigue

This may appear to be purely anecdotal, but it is also a current and authentic reflection of how practitioners midwives are feeling today; their emotional well-being is *much more serious than we imagined when we started* running these training days. The day we have created *is called 'How to be a relaxed midwife' and these are* at present run in two places, Somerset and Oxford (See Box 1).

During the day we explain a bit about the mind and how dynamics can be affected when working with others. We include techniques to manage anxiety, and to see more clearly how stress has an effect on mind and body.

We are hearing how difficult it is for many midwives and students to actually support a normal birth or to feel confident in most situations due to the demands made upon them which are unrelated to the labouring woman. We are talking about staffing, attitudes, and expectations of colleagues, senior staff, students and the family. For midwives who qualified a long time ago, ideals they started with and worked by have been lost and the enthusiasm and courage they once had has gone; instead they are struggling to adapt to a more pressurised working environment. On our day they are able to see what they have lost and how to find it again, and that with a bit of support and desire, and with an awareness of their intentions this is absolutely possible. Karen, a midwife states: *'I think this would be useful to every midwife.'* The students have different histories, especially if they are mature, have a family, have worked successfully and have passionately pursued the desire to become a midwife, which may have been a dream for many years. They are beginning their midwifery journey and are full of excitement and ideas and yet coming up against brick walls where the relationship with their mentor is more important than exploring and becoming the midwife they would like to be. Looking at ways to redress this discordance has been shown to be critical to their ability to continue their training and feeling successful. Nicky, student midwife states that:

'I now recognise my own self imposed barriers to self confidence and from now on will be more relaxed and make the woman my priority and no one else.'

Some students have expressed worry that their optimistic approach and attitudes seem inflammatory and will result in negative consequences when it comes to their portfolio if they do not do exactly what the mentor says; this includes being forced to do internals when they don't believe they are needed, ordering women to get on the bed when they want to stand up and regularly feeling tearful and useless because they are not supported, encouraged, included or valued. We can see that it is so difficult for a student to practise being the midwife she intends to become on qualification when she does not have the opportunity to behave like that; yet students are the future of normal birth. It seems that fundamentally there are massive difficulties in the process and transition which occur during training. A university lecturer said to me that she can tell what kind of midwife her student will become according to the mentor she is allocated, and yet the power we mentors have seems to be under-acknowledged and unaddressed. Jacquie, a student midwife, states: *'After today I believe in myself more and I can now step back and refocus my thoughts and so not take on other people's stress as a personal threat.'*

We have been midwives for over 40 years collectively and currently work in the NHS, in midwifery led units and in consultant led units. We trained as hypnobirthing practitioners and then as hypnotherapists and have busy practices, so we recognise the signs of accumulated anxiety and fatigue which are distorting midwives' abilities to enjoy their job. We are used to seeing pregnant clients in our consulting rooms, and clients who come to us with anxiety, phobia, stress and panic attacks unrelated to birth, all of which create problems in their lives. We can say that the midwives who attend our day have similar concerns which they had not recognised were so problematic; they knew enough that they wanted to attend the day, they recognised their management of stress was inadequate, but not how much it impacted on them. Marie, a midwife, states that: *'Anyone who is a woman, working mother, aspiring midwife or practising should attend this excellent course. A brilliant day, thank you, Eleanor and Naomi.'*

The purpose of the day is to support every participant to learn more about how they react to the environment they are in, and then they can exercise choice on whether to maintain this response which has become a habit. If they choose to respond differently, they can become calm and centred and learn to be more empowered within themselves, because only then can they believe and trust that a labouring woman has her own resources to manage her birth herself. Mary, a student midwife, states: *'I will do all that I have learned today into practice and support the empowerment that each person has inside themselves.'* Once we carry peace of mind, and most importantly can smile, we can manage even the most difficult of situations better and recover from them more

How to be a relaxed midwife

Supporting women during pregnancy, birth and after with their babies is exhausting; to be consistently successful we must have key elements in place:

- Notice whether we are under stress and observe how that distorts our decisions and attitudes
- Be confident and clear about what we can do and what we cannot
- Recognise that our thoughts can help us to feel anxious or calm
- The biggest gift we give to ourselves is to relax and slow down; in this way we can be the midwife we really do want to be, every shift. This day is for you to understand that you have the resources within you to manage your working day brilliantly, you just need to know where they are so you can use them effectively.

On this day you will learn:

- How to understand the mind and recognise with more clarity what's really going on for you
- That experiencing pain in labour is not definitive of empowerment or success; find out what is
- What does enable you to be more positive, optimistic and relaxed and what stops you
- How you can make instant improvements in your practice
- Insights into a mother's perception of the birthing process in the NHS
- Research shows over and over that our attitudes and approaches alter our world around us.

You are going to get:

- Techniques which enable you to stay in your power
- Tools which allow you to control previous experiences so that they don't change your response today
- Tools to keep you energised, refreshed and enjoying the job
- A CD accompanying this course to take away with you.

quickly than if we continue feeling negative and fearful. We also need to be aware that the dominating thoughts on our minds have a direct effect on how we interact with the women and families we work with, and just knowing this is hugely important and inspirational.

'I felt totally at ease very quickly in Eleanor's company. I understood the message and it made a huge amount of sense. Instead of getting instantly stressed and reacting at work, now I can calm that feeling down, and get in control of myself again, I have noticed what an impact this has had on my energy levels and I am more smiley!' (Becky, midwife).

We feel we have provided an arena that can support midwives as well as women. We understand the difficulties faced by our colleagues as we too feel them, but we firmly believe that we can all make our working life easier when we know how to manage our own emotions. This day is all part of continued professional development; midwives from every working environment have attended and come to see that they are not alone, we have lots in common really! Ultimately though, by managing our own thoughts and emotions better, we can become focused, congruent and accomplished when working with mothers in pregnancy and birth and we can relax and allow others to make decisions without being challenged or affected by them. This allows for professional autonomy for midwives, informed choice for women and hopefully this will have achieved peace of mind as well as healthy outcomes.

The trainers

Eleanor Copp, practising NHS midwife since 1991 and hypnotherapist, has been working with couples and NHS staff since 2005. She has a private practice and meets with people of all ages who need support with anxieties, phobias, post-traumatic stress syndrome, pre-surgery, chronic conditions and before and after birth. She receives referrals from colleagues, consultants, general practitioners and by word of mouth. She founded the Taunton Birth Forum and runs all-day workshops in the south-west. She is based in Taunton.

Naomi Morton explains:

'I have worked as a midwife since 1987. Previously I trained as a registered nurse. Since 1989, I have cared for women throughout their pregnancy, during labour and postnatally. I am also an expert in breastfeeding — teaching and training staff in Oxfordshire. I am married and have two children. Since 1992 I have worked in a stand-alone midwife-led unit in Oxfordshire. I passionately believe in women and their natural ability to birth babies. I believe that every woman deserves a joyful, calm and peaceful birth wherever they choose to have their babies. By teaching HypnoBirthing® I feel women will have the chance to experience a blissful birth.'

'In 2008 I qualified as an hypnotherapist from the prestigious BST foundation. This has given me a diploma (distinction) and I am now an advanced practitioner in hypnotherapy. I now have a much deeper understanding in hypnobirthing and also have a huge interest in birth trauma and fears surrounding birth. I also offer breech turning and induction of labour under hypnosis.'

If you are interested in these courses, please visit the website: www.relaxedparenting.co.uk and go to 'midwives training' to print off a booking form. Course fees include refreshments, lunch, CPD certificate, course handouts.

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The touch of Midas in Telford? A report of the recent Association of Radical Midwives conference

Jude Davis

A few decades ago now, horrified by the increasing medicalisation of childbirth and its soaring rates of intervention, three student midwives met for mutual support, and shed many tears over their 1970s labour ward experiences. Midwifery student Marianne Scruggs led the group to action by calling a meeting in 1976 insisting that each attendee brought at least two pages of writing detailing their hopes and dreams for midwifery. From this information 'The Vision' was written, outlining the essential key aspects of midwifery (see box).

Copies of 'The Vision' were widely distributed. The group named itself the Association of Radical Midwives (ARM). 'Radical' was chosen as it pertains to roots and origins and describes the group's intention to maintain and promote

midwifery skills in opposition to many changes that the post-war hospitalisation of birth had brought. Subscriptions to the world's midwifery-related journals were too expensive and so Scruggs organised the ARM's Information Working Party to become a registered charity to attract funding, thus the *Midwives Information and Resource Service* (MIDIRS) itself was born.

This overview of ARM's history was given by Caroline Flint in opening the ARM conference held in Telford in November last year, with great appreciation of how much has been achieved by the ARM since those humble beginnings. 'The Vision' at first appeared to have little impact, but later found its way into various social policy documents including the Winterton Report (1992), which