Seminar 4: Bethel Doula Service ‘Making a difference to Vulnerable Pregnant Women’ in Birmingham and Sandwell

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Theme: Bringing in ‘better births’ for mothers and babies

Bethel Doula Service is part of a charitable organisation called Bethel Health and Healing Network. The programme has been providing a voluntary doula service for asylum seekers, refugees and vulnerable women living in Birmingham since 2008. The service was initially set up to provide support for asylum seekers and refugee pregnant women, most of whom were isolated, destitute and in a vulnerable situation with no clothes, equipment or help. They spoke little to no English and found navigating around the maternity services in a new country very difficult and complex.

It soon became clear that there was a great need to support other vulnerable women within the city and the service was widened to support vulnerable, isolated women; these include victims of domestic violence, socially excluded, women with anxieties in their pregnancies and other mental health needs. The doula team have built close relationship with maternity service providers and they work as a team alongside the midwives and health visitors to support some of the most vulnerable women in Birmingham and Sandwell during pregnancy and childbirth. In the last year (1st April 2016-31st March 2017) we supported 248 vulnerable women.

Our core service is one-to-one support, which includes:

- Antenatal education and birth preparation
- On-call support as a birth partner
- Supporting clients in developing baby care skills
- Breastfeeding support
- Signposting to key agencies and public services
- Acting as an advocate for the mother, when dealing with key healthcare agencies
- Home support, practical and emotional
- Sourcing baby equipment

We also facilitate a weekly mother and baby group which is a warm, caring, safe environment for women and their new babies.

Outcomes

It has been shown in research that, having a trained doula present at birth gives mothers a much better experience in labour, decreasing labour time by two hours on average, reducing pain relief needed, and reducing numbers of Caesarean sections performed.1 This has direct implications for midwives and all delivery suite staff.

Successful breastfeeding initiation can also be tracked effectively through the support of a trained doula: another project based in Hull has reported recently that breastfeeding uptake with similarly isolated mothers was up to 95%, compared to the national average of 72%.2 Bethel’s Doula project has similar uptake levels of breastfeeding amongst the client base (95%, compared with Birmingham

2 Source: Conversation with Simon Hallion, Women’s and Children’s Group Operations Exec, HEFT and BFI 2010 survey figures.
at 68.1%\textsuperscript{4}, and we work hard to encourage mothers to be successful breast feeders for as long as possible, although this is challenging in the face of strong cultural counter-arguments.\textsuperscript{3}

\textsuperscript{3} Mothers often report strong pressure exerted on them by other RASW to bottle feed to 'bulk their children out', or that they were unaware that they could breast feed in public in the UK, etc.