

Happy Baby Community:

Delivering perinatal education and support for highly vulnerable mothers in the UK asylum system

Jill Benjoya Miller, Co-Lead Perinatal Programme



Happy Baby Community (HBC) is a London-based charity working with vulnerable women in the asylum system who are pregnant or have very young children. All have come through vastly traumatic experiences; for the majority, this includes trafficking, modern slavery and gender-based violence. During this critical time of becoming a mother and creating a new person, these women are living with significant emotional distress and facing massive disadvantage in our society and in the maternity healthcare system. First and foremost, Happy Baby Community provides a safe space where women can be in community with other mothers, and where they receive valuable services toward living and healing. Most HBC mothers arrive in pregnancy and join our programme of trauma-sensitive perinatal education and support. This aims to inform and develop women's confidence toward birth and parenting, and to reduce the entrenched inequalities in maternity care for women facing multiple layers of disadvantage. In 2020, this included a National Health Service (NHS)-funded birth companion pilot programme which has now embedded doula support into our work.

Keywords: asylum, trafficking, perinatal support, perinatal education, doula, vulnerable mothers, trauma-informed

I am going to start with why [HBC] is important for me. I don't have family and friends to support me through my pregnancy in the UK. I was told about the Happy Baby Community. I loved it. You feel like you know everyone since ages. I love the yoga, the gathering and seeing everyone so welcoming. People are always asking me how they can help. [HBC mother]

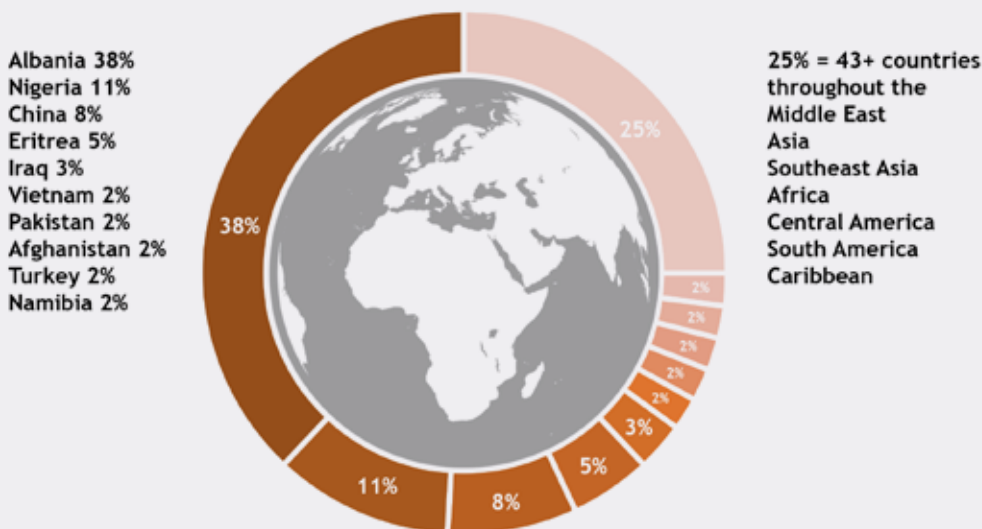
Happy Baby Community began in 2014 with a couple of volunteers and a handful of clients from the Helen Bamber Foundation, sharing postnatal yoga and a cup of tea. Our circle grew steadily and in 2017, we joined with a similar group working with women in the South London Initial Accommodation Units (hostels) for those beginning the asylum process. In 2019, Happy

Baby Community became an independent charity. The word community was carefully chosen and articulates a guiding principle. When people come together from a similar experience (asylum, trauma, motherhood) and move toward a common goal (healing, re-starting life, motherhood) they create connection and help one another. They develop strength and resources to ultimately build something new.

Our day to day work has always been made possible by a large group of devoted, energetic volunteers from outside of HBC. When HBC gained charitable status, we simultaneously initiated a leadership program to train and mentor women in the community (service-users) to move into the operation and management of HBC, including sitting on our Board of Trustees.

The Helen Bamber Foundation is a pioneering Human Rights charity supporting refugees and asylum seekers who are the survivors of extreme human cruelty.

FIGURE 1: HBC mothers January to October 2020



We are now training community members as mother-peer-support volunteers to guide and accompany others with insight and empathy through the transition into motherhood.

I know the importance of this place; they support us and I want to do the same thing and carry on helping this group. I have been here for a long time in this country, going through difficult situations. I have lived through the same experiences myself; I know what they go through and so I want to help other people. When you are alone in this country you really need someone. [HBC mother]

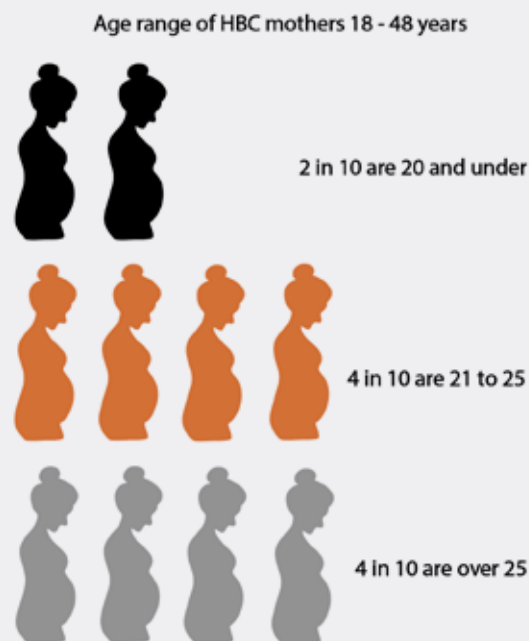
It is good that they are doing this [leadership]; it gives us a future. You become empowered; you are not feeling unworthy. You are doing something that makes a huge difference in somebody's life and that is what I look forward to. [HBC mother]

HBC MOTHERS

We work with over 300 women every year who have come from around the world (see Figure 1).

Over half of HBC mothers were trafficked. Many escaped war-torn countries and political persecution. The majority experienced gender-based sexual and physical violence. At least half are from Black and Minority Ethnic groups. Almost all are young (see Figure 2), having their first baby, and completely alone in the UK.

FIGURE 2:



These women face innumerable challenges to heal the emotional and physical scars of trauma. They are raising their children as sole parents while impoverished and in insecure housing. They are trying to learn English while navigating a complicated and intimidating immigration process in a frequently hostile foreign society. These are multiple layers of extreme disadvantage which can significantly

affect health outcomes for mothers and babies.

Some impacts of multiple disadvantage that we see regularly include:

- medically complex pregnancy and birth
- language barriers affecting choice and consent
- late/limited access to maternity care
- heightened concerns around their body to do with boundaries, exposure, physical pain
- re-traumatisation from cultural insensitivity
- inappropriate responses to FGM and sexual trauma by healthcare providers
- distrust and fear of medical services
- re-triggering of trauma from having to repeat their story or answer questions for new practitioners
- not being addressed and feeling that their needs are not heard or valued.

Women facing severe and multiple disadvantage are more likely to die during pregnancy or after childbirth, and ... their babies are also more likely to die. Women facing multiple disadvantage also experience poorer maternity care, need extra support and trusted relationships to navigate their care, and face inequalities in the current provision of care. They are more likely to experience mental ill health during pregnancy, but less likely to be offered support... All women, no matter who they are, should have equal access to safe and respectful care that respects their dignity and autonomy. (Birthrights & Birth Companions, 2019)

To counter this dangerous level of disadvantage and improve outcomes for HBC mothers, we have woven a programme of perinatal education and support into our weekly groups, along with warm, personalised outreach. Most mothers are referred into HBC during pregnancy, and they are immediately ensconced in the perinatal programme.

WHAT WE DO

Until lockdown caused us to close our physical doors last spring, we ran two drop-in groups in North and South London where we saw up to 100 women every week with their babies and toddlers. These were vibrant, loving hubs. There was constant activity as women arrived with their children to the one place they would go in the week where they could let down their guard, knowing they would not face invasive questions or the discomfort of being 'other'. Some just sat together, feeding their babies and sharing a homecooked lunch. Most joined our yoga, singing, baby-massage, knitting or English classes. They could also receive welfare assistance and healing modalities including massage, listening service, counter-trafficking support, sexual health and legal assistance workshops.

Since March, 2020, we have continued to provide most aspects of our support through a 'virtual community'. At first this was done

over the phone using a network of external and community-member volunteers, who called each woman (300+) every week. In September, we started Zoom community days twice weekly, where women can see each other and join all of our groups again. To facilitate this, we provide data and phones as necessary. The perinatal programme, developed throughout our years working face-to-face, busily continues in the virtual community.

TOWARD BETTER BIRTH AND MOTHERHOOD

Every week at the drop-in groups and now the Zoom community days, mothers attend birth preparation sessions taught by professional childbirth educators. They also speak privately with a teacher or doula about their antenatal care, individual needs and preferences for labour and birth. While pregnant, they attend classes for infant-feeding, and later can meet a specialist breastfeeding counsellor to address feeding issues.

All of this happens across many languages. Usually we are simultaneously translating a session into two to five languages. This happens via a combination of professional interpreters on the phone, community members who can translate, and phone apps for written or spoken translation. Delivering perinatal support across multiple languages is an interesting challenge. It's good to be amused together at moments when we realise the translation has gone wrong and we're all thinking something different. And then we just try again. We also use a variety of visual resources including photos and videos, birth plan icons, flash cards translated into several languages, and of course knitted breasts, model pelvises and baby dolls with different skin tones... plus a fair bit of acting for good fun.

We emphasise that women are entitled to information and choice

A large part of what we do is to help women understand and navigate UK maternity care, which is always different from what they have previously experienced or learned about in their own culture. We teach key English words to be able to use during labour and birth. We emphasise that in the UK, women are entitled to information and choice, that they have the right to accept or decline treatment, that they must give consent before anything is done to them. At first, this is inconceivable for many women coming from patriarchal cultures where they had little voice and few choices, and having experienced abuse and exploitation where what happened to their bodies was entirely beyond their control. (An expectation that they will

automatically comply with medical treatment is pervasive among healthcare practitioners, enhanced by aspects of vulnerability such as limited language, lack of confidence and minimal knowledge of UK healthcare. This can perpetuate or re-trigger trauma.)

How we deliver information – our use of language, the pace of sessions and our resources - is carefully considered so as not to re-traumatise. For example, we avoid graphic birth imagery, favouring physiological drawings instead. We find images of labour and birth showing women companions instead of male partners supporting the birthing mother. We introduce options that women may not have known about, like breastfeeding without skin to skin contact if that is too triggering. We enable each woman to communicate her birth plan in her own words and her own language, then translated into English on paper and on her phone to show healthcare providers. We model respectful care and empowerment: we don't ask searching questions, but give each woman time to absorb information and articulate her thoughts.

How to deliver information is important so as not to retraumatise

DOULA PILOT PROGRAMME

Last year, HBC embarked on a pilot programme funded by NHS England, to provide in-person doula support for the most vulnerable women: those who are living in the Initial Accommodation Units, in the early stages of the asylum process. This is a highly uncertain and frightening time for women regarding their legal status. Life in the hostels is not easy or comfortable, and for most, their trauma is very recent.

We offer each mother a doula to be with her through labour and birth, until she is settled with her baby. Doulas take part in the perinatal sessions to build a relationship of trust with the women before birth, and to provide continuity through the early weeks of motherhood. For most women, the doula is her sole birth companion; otherwise she would be alone, in a foreign hospital, using a foreign language, to go through labour and become a mother.

The doula pilot programme is in two phases. Phase 1 (see Box 1) took place before the coronavirus lockdown, from December – March, 2020. Ninety-five percent of midwives felt that the doulas' presence made it 'easier' or 'much easier' to offer women choices and enable them to give informed consent during labour and birth (Happy Baby Community, 2020). Phase 2 launched in October 2020 with the resumption of (highly risk-assessed) in-person support at hospital. During the initial months of lockdown

from April through September, 2020, HBC was able to continue ‘virtual’ doula support outside of the pilot programme. We are forever grateful to our brilliant doulas who accompanied over 60 mothers by phone through their final trimester of pregnancy and first postnatal months, plus provided birth preparation, and advocated for women by phone during labour and birth.

Birth and motherhood are transformative events for every woman. Women who come to HBC struggle to have autonomy and equality at this important time in their lives, and in the maternity system. Through our perinatal programme and birth companion support, we listen and amplify their voices. We aim to enhance their health and satisfaction by reducing some of the obstacles to safe and appropriate maternity care which result from extreme disadvantage.

UNCONDITIONAL POSITIVE REGARD

What’s most important to remember is that every person is so much more than what has happened to them. Despite being highly vulnerable at this moment, the women we are privileged to work with have skills and knowledge, dreams and intentions.

Each woman’s story is individual and we do not ask her to tell us

Our aims at HBC are wide-ranging, but our core value is to treat each woman with compassion and dignity. Her story is individual, and we do not ask her to tell us. We simply offer kindness and non-judgmental care and service, respecting and honouring her as a woman and mother who has survived and is nurturing her children with love.

I will say that please, be kind to others. All of us have had pressure. All of us. Just at the end you are dealing with a human being. And the maternity, it’s not any case you know. You feel yourself is between the earth and the sky. (HBC mother)

BOX 1: REFLECTIONS FROM THE EVALUATION OF PHASE 1 OF THE DOULA PILOT PROGRAMME

My doula has arrived in the hospital just before me and this makes me feel really happy and safe. [Mother]

Many times I have think is better to die than to feel all of that pain on my body but always have been a doula with me giving me hope and support that I can go on with all of that. When I feel to cry, doula has been there with me to hear me or cry with me like my mum or my sister will do. [Mother]

When I gave birth I was actually holding doula’s hand; she gave me the strength and made me feel ease. [Mother]

She was in the most important moment of my life when I become a mother for first time and she make me feel that I have everything I need as she was part of my family. [Mother]

As soon as her son was born, she handed him to me and asked me to recite the Adhan [Islamic call to prayer] in his ear, which is usually something that’s reserved for the father... that will stay with me forever. [Doula]

Wonderful in ensuring staff respect client’s needs and preferences. [Midwife working alongside doula.]

FOR FURTHER INFORMATION:

To contact Happy Baby Community or refer a mother within Greater London, please visit: www.happybabycommunity.org.uk

REFERENCES

- Birthrights/Birth Companions (2019) Holding it all Together Executive Summary: Understanding how far the rights of women facing disadvantage are respected during pregnancy, birth and postnatal care. Available at: <https://www.birthrights.org.uk/wp-content/uploads/2019/09/Holding-it-all-together-Exec-Summary-FINAL-Action-Plan.pdf> <accessed 5 November, 2020>
- Happy Baby Community (2020) Birth Companion pilot for London Initial Accommodation for asylum seekers - an Evaluation. Available at: https://static1.squarespace.com/static/5b716e858f51302a7d855889/t/5fabf4ca5ae8b92bcf6bac27/1605104859360/HBC+Birth+Companion+Evaluation_A4_Oct+2020.pdf <accessed 17 November, 2020>