

# Chapter 10. Birth professionals make art. Using participatory arts to think about being a birthing professional

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## **Abstract**

In The Birth Project we are exploring women's experience of childbirth and the transition to motherhood using the arts and then presenting the research findings in films and exhibitions. Our overarching research question wishes to explore what role arts engagement might have to play in antenatal and postnatal provision, especially where post-birth trauma is being translated into bodily symptoms or depression. The Birth Project is also interested in investigating to what extent clinically-related birth practices are implicated in iatrogenic outcomes, especially post-natal distress. Furthermore, the research is also concerned to explore the birth experience from the perspective of the birth professionals involved. A suite of films has been produced and several shared at the conference.

**Keywords:** birth and art; participatory art and occupational stress; arts and health; health humanities; birth professionals.

## **Theoretical background**

Midwifery and obstetric practices, within a period of austerity for the NHS, amid litigation fears and pressure from the media, have an effect on the experience of all those involved: women giving birth and birthing professionals. In *The Birth Project* the arts are being used to interrogate this complex topic, using the arts as a qualitative research method. Obstetricians, midwives, and new mothers have been given the opportunity to explore their experiences of compassion fatigue, stress, birth suffering and post-natal

readjustments using the arts. These different groups have joined together in 'mutual recovery' events in which perspectives have been shared, primarily through elucidation of the art works produced and captured using documentary filmmaking. The *raison d'être* of this project is to create dialogue between different communities of interest and experience, to use the arts to interrogate discourses, to challenge embedded assumptions, and in this process, to stimulate mutual recovery between all those who experience and are affected by birth. We situate this endeavour in the context of an emerging practice of health humanities (Crawford, Brown, Baker, Tischler, & Abrams, 2014).

All those witnessing birth face seeing or being actively involved in traumatic events. Stressors and satisfaction for midwives have been noted to be multifaceted, involving issues such as supervisor support, work pressure, clarity of roles, and levels of autonomy (Carlisle et al., 1994). Secondary traumatic stress in midwifery is an acknowledged phenomenon that may contribute to midwives leaving the profession and which has potentially harmful effects on midwives' ability to care effectively and compassionately (Leinweber and Rowe, 2008). Trauma from dealing with difficult births can have long-term consequences (Halperin et al., 2011). Increasing fear of litigation may also be a contributory factor to midwifery stress in the UK and elsewhere (Hood et al., 2010). A series of workshops with birth professionals, including professional doulas, who may have experienced vicarious trauma, whose traumatising experience is often overlooked, have used the arts to explore their experiences. This film narrates their concerns and reveals their artistic engagement.

## **Method / Description of the experience**

The filming by Sheffield Vision has been used as a research method and as a documentation of the research process. The aim of the filming is four-fold.

1. Firstly, as a method to capture the research, which will be used to develop new thinking on contemporary birth experience and practice (it is research data).
2. Secondly, the footage is being edited to produce short films which address the research questions. Thus the films are a research output.
3. Thirdly, the short films themselves will also function as teaching and training resources and will be made available for this.
4. Lastly, a documentary film of the entire process is being made to be shown to a public audience. This aims to highlight some of the issues raised throughout the process and also to reach a broader audience with key issues.

The birth professionals group will be discussed here. The facilitator, Debra Gibson, used a participatory art approach, drawing on techniques from art therapy. Although the workshop series was led by a Health & Care Professions Council, UK (HCPC) registered art therapist, all participants had signed a consent form stating that they understood this was not art therapy. However, art therapists are practiced in facilitating group work, including handling interpersonal tensions and are skilled in containing strong emotions, so lend a high-level of expertise to the process of facilitating group work. It was

for these reasons that an experienced HCPC registered art therapy practitioner was selected to run this workshop series. Participants were invited to reflect on that it feels like to be a midwife, (or other birthing professional). This group was non-directive in emphasis, so specific themes were not suggested, nor instructions given. Rather participants were able to reflect on the conversation with which sessions started and then make art work which may or may not elaborate or explore a point of that discussion. It was made clear by the facilitator that participants were free to explore any topic they chose, in relation to their practice and their personal experience of their practice.

## **Results**

### *Issues Arising*

Some of the participants perceived that midwives were not always viewed favourably by the general public, and it was felt that this may be because of women having had bad birth experiences. Putting the birthing women at the centre and the difficulty of this was articulated. There was a definite acknowledgment and wish expressed that it should be a positive event for women, though acknowledging the pain and possibilities for complications. One experienced midwife worried that some women left the ward feeling “assaulted mentally”. She wanted to make women feel she was one their side.

In one image, shown in the film, the midwife places a placticine figure of the birthing women in the centre of the piece and herself unobtrusive, and “not interfering”, at the side, “hopefully she’s at the centre”, she says. The mother is depicted upright (though on the bed). The midwife depicts herself as brick-like shape, “confident and solid” and “making it feel safe”. There is also a big presence of the medical nature of the birthing room symbolised by the symbol of the red cross. This medical expertise was acknowledged as amazing and life-saving, but not always necessary and that it shouldn’t be what “dominates and guides” the midwife and all the practice. However, an underlying anxiety was also acknowledged. One trainee midwife noted regarding the possibility of emergencies, “We were trained to recognise every eventuality and you can’t unknow that...”. It seemed that the possibility for trauma coloured the entire thing. Certainly the medical symbol dominates the art work.

The pace of work was also acknowledged as having risen, as birthing professionals are now managing more people, with the same resources as previously. The example of a piece of equipment breaking and then having to be shared with a larger number of people was given; this could interfere with the flow of work and complicate the midwife’s use of her time. The consequence of this greater workload is having to spend more time prioritising where to spend one’s time, she said. One hospital midwife put it like this, “I don’t feel I can *be* with women because I’m *doing* midwifery... being

a midwife is about connecting with the person while you are carrying out physical care” and that is what was felt was being lost, because of having to rush from one person to another. With more than one woman in active labour in a labour suite, the midwife noted that she completed one observation, and then wrote it up and then had to “run” to the next women, as observations should be completed every fifteen minutes. This prevented her from *being* with any of the women in a meaningful way, she felt. This left the midwife feeling guilty and angry.

One area which was highlighted as particularly problematic was breast-feeding support. One midwife described new mothers on a drip, having had an unwanted Caesarean-section, as exhausted, and frightened, but also as feeling under pressure to breast-feed, and feeling that they’ll be a “bad mum” if they don’t. The midwife wanted more time to give *emotional care*.

Another midwife was very explicit about feeling constrained in her practice by hospital policies, with the fear of litigation always at the back of her mind, and actually “doing things as a precautionary measure”, when it was felt that it would be better not to intervene. She described this as a culture of intervention, in which midwives felt that it was better to feel they were doing something rather than nothing, when not intervening would be better. She felt that hospital environments carried with them the expectation of management, and noted concepts such as “bed blocking” - that a women taking up a

bed for longer that the hospital protocol might be seen as blocking it for the next person. This added pressure to make unnecessary interventions, such as offering to break the waters, when if progressing normally, there should be no need for this.

She was unequivocal that she could not practice in the way she would like to do because of temporal pressures and policies. Her art work shows a mask suffocated with a layer of cling-film and with a red-cross over the mouth, indicating that it cannot speak. It is an uncomfortable piece to view. The same midwife suggested that home births were preferable because that's where the women is likely to feel more comfortable, able to eat and drink as she chooses, have visitors, "and hugs" interjected a hypnotherapy specialist. There seemed to be a consensus that more homebirths would improve the quality of experience for women experiencing normal labours.

Not articulating 'negative' feelings in the workplace was also discussed, and a suggestion that if one did see ones supervisor too often that ones professional capability might be brought into question. A "let's get on with it" culture meant that emotions tended not to be shared. Furthermore, burnout and bullying were recognised as reasons why midwives leave the profession. Acknowledging that one is not coping with ones workload, can lead to harring rather than supportive responses. Being able to discuss issues and make images to express different layers of experience was articulated as useful.

## Discussion

### *Complex Art Work*

Some of the artwork produced was very complex. One midwife created a double faced mask-like sculptural piece. On one side was a mass of snake-like pipe-cleaners representing a tangle of thoughts, but also the different paths of birth experiences, including one that had ended in a fatality. This was shown with a black blockage or full-stop.

On the other side is the midwife who is calm and reassuring and positive. Her demeanour can help to relax the women in labour “so that everything can happen more naturally”. This midwife persona is surrounded by images of positive or ideal childbirth, such as a man kissing his new-born baby, or a woman at home in front of her fire with her cat. These are images of what people hope for. She acknowledged the importance of the birthing event and expressed sadness that sometimes it can be “a horrible experience” for a couple and that this “can’t be put right”. However, she hoped she might be able to influence how they felt about it.

Another image, made by a hypnotherapy practitioner, was a picture of a party scene with a woman in bed holding her new baby, but this was covered in layers of plastic, so barely visible – “blurred”. The piece is entitled ‘Celebration of Life’ and she articulated how childbirth should be celebrated, but has become a medical condition fraught with anxiety and fear. She wanted to see it celebrated in the home with friends and family and a party atmosphere and regarded as special, but it is hard to see that because of the pervasive nature of the medical model (represented by the plastic overlaying the entire image).



It is intended that the film will be used as a teaching aid with trainee midwives, health visitors, trainee therapists and others and that it will stimulate critical debate about key issues.

Film: *Birth Professionals Make Art. Using Participatory Arts to Think About Being a Birthing Professional*. Executive Producer: Susan Hogan. Running time 30 minutes. Available at: <http://www.derby.ac.uk/health-and-social-care/research/birth-project/films/>

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## **References**

- Carlisle, C. et al. (1994). Stress in midwifery: A comparison of midwives and nurses using the work environment scale. *International Journal of Nursing Studies*, 31.1, 13-22.
- Crawford, P., Brown, B., Baker, C., Tischler, V., & Abrams, B. (Eds.). (2014). *Health Humanities*. Hampshire: Palgrave.
- Halperin, O. et al. (2011). Stressful Childbirth Situations: A Qualitative Study of Midwives. *Journal of Midwifery and Women's Health*, 56.4, 388-94.
- Leinweber, J., H. J. Rowe. (2010). The costs of 'being with the woman': secondary traumatic stress in midwifery. *Midwifery*, 26, 76-87.