

Deirdre Maguire – Self-Directed Learning Award Application

My long-standing interest in reproductive health initially sparked my self-directed learning endeavors, which are now fuelled by a deep passion for promoting bodily autonomy. For as long as I can remember, the birth process has fascinated me. I grew up with a positive view of childbirth; a narrative that reflected the challenges and pain involved in the childbirth process as well as the potential for empowerment, satisfaction, and fulfillment. However, it was the stories clouded by shame, disappointment, and disempowerment that led me to train as a birth doula in April 2017. I felt that more people could have positive experiences of birth if they had the right support and information.

At the end of my first year of studies at Memorial University, I enrolled in Doula Canada's Labour and Birth Doula training. I used money I had saved by working a part-time job throughout the school year to pay the tuition. As soon as I enrolled in Doula Canada's program, I eagerly started reading everything I could get my hands on about the birth process and supporting new parents. Doula Canada's certification process is predominantly self-paced with a great deal of room for self-direction. Following the initial two-day in class training, one must read and review five readings chosen from a list of preapproved books, complete approved continuing education units based on skills the student feels they need to improve, attend childbirth education classes, pass an oral interview, sit a midterm and final exam, and attend three births with clients who are willing to provide confidential feedback to the organization. I spent over half a year listening to parents and perinatal professionals, reading books and articles, watching documentaries, and completing various components of the Doula Canada certification program before attending my first client's birth in January 2018. It was an incredibly fulfilling experience that left me in awe of the power of birthing people and as motivated as ever to make it easier for more people to exercise their right to bodily autonomy.

I trained as a doula during a time when birthing options in the province were at an all time low. Midwifery regulations had come into effect, so out-of-pocket midwife assisted homebirths were illegal, but there were no government funded Registered Midwives practicing.

In winter 2018, while on an academic exchange at Uppsala University in Sweden, I decided to connect with doulas in my area to learn more about the Swedish maternity care system. One of the major differences between the two systems that struck me was that in their midwife-led system, pregnancy and birth are treated as normal events. Obstetricians, trained to deal with medical emergencies that midwives are not trained to manage, step in only when medically necessary. I believe that the positive view of childbirth promoted by a system that treats most births as normal events and not medical emergencies, and the partnership model of care used by most midwives allows for increased individual autonomy throughout the perinatal period. There is room for true informed consent to be present when decisions are based on reality rather than fear. Comparing Uppsala's perinatal care system with the maternity care system in St. John's opened my eyes to the ways in which the current birth culture in many parts of North America systematically undermines birthing people. It is a complex issue, which can only be addressed through the collaboration of a wide variety of stakeholders.

This realization motivated me to reflect on ways to advocate for systemic change at home. The provincial government is actively working to expand midwifery care access across the province, but it is an extensive task that will not happen overnight. Change must come from both the top down and the bottom up. While continuing to increase my knowledge of reproductive healthcare, I sought out ways in which I could assist those already working to improve maternity care in our province. Through these efforts, I connected with the Provincial Midwifery Consultant, Gisela Becker, during a meeting for breastfeeding stakeholders in the province. Ms. Becker offered to meet with me to answer questions that I had about the implementation of midwifery care programs across the province. I expressed my eagerness to support her efforts to bring midwifery care to Newfoundland and Labrador, and she graciously accepted my help several months later, in August 2018, when the College of Midwives of Newfoundland and Labrador (CMNL) travelled to St. John's for several days of meetings. Assisting the College as they created their code of ethics, standards of practice, and other guidelines allowed me to witness the process of policy creation and provided me with new insights into our maternity care system.

The following summer, I gained even deeper insights into our provincial healthcare system while working as a summer student under Gisela Becker in the Department of Health and Community Services. This was a particularly exciting time to be involved with the Department of Health as the establishment of Newfoundland and Labrador's first government funded, regulated midwifery program was well underway in Gander, Newfoundland. I was fortunate to attend meetings with midwives, physicians, other healthcare professionals, and political leaders in both St. John's and Gander. During this time I also initiated the creation of a display, which will be exhibited permanently at the James Paton Memorial Hospital, showcasing Central Newfoundland's rich history of midwifery. My anthropology background was very useful in researching traditional midwives from the area, and corresponding with their families and descendants in order to learn about and share their individual stories.

While completing my doula certification and anthropology degree concurrently, I have realized that birth work and social sciences go hand in hand. Both birth workers and anthropologists must make use of critical thinking skills, listen actively, responsively and without judgment, and view the individuals with whom they work in their greater social and cultural context.

I have taken numerous courses throughout my time at Memorial that have allowed me to explore various aspects of birth. Last winter I took a graduate level seminar course titled Cultural Aspects of Health and Illness. Taking a course at this level on top of a full course load was challenging but provided me with the opportunity to gain a deep understanding of various processes at play in healthcare in Canada and globally. Gender Studies courses such as Justice, Politics, Reproduction as well as Gendered Politics of Health have also provided valuable insights into the challenges faced by individuals and populations in their reproductive experiences. I have written papers and completed presentations in these courses on topics such as infant feeding decisions, midwifery care access, indigenous reproductive healthcare access in urban centers, and transgender birthing parent visual media representation.

This semester Dr. Katherine Side invited me to speak to her current Justice, Politics, Reproduction class about the role of doulas in childbirth. I thoroughly enjoyed

the opportunity to lead a discussion with my peers and answer their questions regarding childbirth, doula support, and the local maternity care system. I am looking forward to another speaking engagement next month, where I will be sitting on a panel at an event hosted by the Faculty of Medicine's Obstetrics and Gynecology Interest Group. I feel strongly that in order to create a system that values informed decision-making in birth, it is important to have discussions regarding client centered care with a wide variety of people.

A central part of advocating for a client centered perinatal care system is ensuring all birthing people have access to the care that best fits their needs. While midwives are now practicing in Gander as of December 2019, the rest of the province does not have access to midwifery care; for birthing people this means little continuity of care, no access to out of hospital birth, and limited options when choosing care providers. In most parts of the province, the only options for birth include physician attended hospital births or 'free births' without the presence of any healthcare professionals. As coordinator of Friends of Midwifery, the provincial midwifery consumer advocacy group, I work to gather support and foster public awareness about midwifery, and advocate for the expansion of midwifery services to other parts of Newfoundland and Labrador. Efforts include community events, government lobbying, and information dissemination.

Effective advocacy must be backed by a firm knowledge base. I have been fortunate to attend several conferences where I have expanded and solidified my understanding of reproductive justice issues. With careful planning and saving, I have been able to fund these trips using money saved from working during the summer months and throughout the school year. These conferences include Abortion Beyond Bounds at McGill University, Memorial University's Breastfeeding Symposium: Current Controversies in Infant Feeding, and the Canadian Association of Midwives conference in Halifax last October. Hearing the perspectives of academic researchers and healthcare professionals from a variety of backgrounds has been both informative and inspiring.

Connections made during my attendance at conferences and throughout my time at Memorial have inspired me to undertake a community engaged research project in collaboration with Memorial University Professor, Dr. Katherine Side, University of Prince Edward Island Professor, Dr. Colleen MacQuarrie, and Provincial Midwifery Consultant, Gisela Becker. Together, we are currently seeking funding for an Atlantic Canada based pilot project through which we will collect birthing narratives, which we will analyze for evident themes and explore the implications of these themes for considering individual autonomy, decision-making, and understanding consent in birth.

Throughout the past several years, I have continued to merge academic education, hands on learning, and community based advocacy in order to understand and shape the local landscape for pregnant and birthing people. I recognize that my efforts are a small piece of a larger cultural and systemic shift, but I feel that Newfoundland and Labrador's birthing culture is slowly but surely moving in a positive direction that prioritizes the wishes and experiences of families. I am proud to play a role in this small revolution, and I hope to continue making contributions through academic research, as a community organizer, as a doula, or eventually as a midwife in the years to come.