# **Minutes of ENCA meeting 16 –18 June 2006**

*Present: Germany (Elisabeth Geisel), UK (Beverley A.Lawrence Beech), Czech Republic (Lucie Ryntova and Vlasta Jiraskova), The Netherlands (Hannie Oor and Thea van Tuyl), Greece (Maria Maroussi), Luxemburg (Maryse Lehnersb-Arendt)*

*Unable to attend (sent messages or country reports): Poland, Switzerland, Hungary, Bosnia Herzogovina, Austria.*

*France had contact with Maryse, but did not come.*

*Countries that did not react: Belgium, Italy, Russia, Slowakia.*

**Day one:**

**After greeting each other we started with:**

# **List of members**

Checked the addresses of everyone who is present. Elisabeth will change the memberlist.

# **What are my expectations generally speaking towards ENCA?**

**What should take place so that I’ll feel good on Sunday when we leave?**

These questions we answered on paper. Later on we discussed this and it seems that we all are convinced that ENCA is needed for exchange of information, experiences, figures and percentages between European countries about childbirth. We think that ENCA can empower people to stand up in their country for normal birth, we give advice and support.

Lucie and Vlasta think that we can exchange more information with each other by a yahoogroup. They agreed to establish a yahoo group for Committee members.

# **Finance**

Elisabeth handed out the financial situation. We have € 1837.90. We discussed how to spend or safe this money and decided:

\* to spend money on the website (the domain name; bought by Hungary)

\* to spend money on a new leaflet about ENCA in English.

\* The remainder of the money will be saved for a bigger event.

# **Is doula or childbirth educator a profession? Question from Czech Republic:**

In all the countries that are involved with ENCA: Doula and/or childbirtheducator is not a profession, because they are not recognized like that and they are not registrated in any country! We say it is a non-health ‘profession’, because it is not medical. The work of doula and/or childbirtheducator is open to everyone. It is very important that countries have both of them.

We agreed that a good education is necessary for both and that there is no professional status.

**Country-report from Bosnia Herzogovina:**

Elizabeth explained this country report, because she has contact with Adisa ….. who is doing a lot of good work there for pregnant women and young mothers. And often these women are pregnant because of rape, so it is a delicate situation. As this country report is in German, Beverley will see if she has an AIMS member in the UK who can translate it into English so we can all read it.

**Report from France:** As there is no country report from France. Elisabeth tells us about all the things she has read in papers and magazines in France. She found out that there were 775.000 births in 2005. The epidural rate is almost 80%. And there is a discussion about giving birth without indentity i.e. mothers who want to leave their child at the hospital can give birth without giving their name (but then the child will never know who his or her mother was). Another topic is that the daycare for babies which is thought to be perfect in France but that is not true. 60% of the babies are cared for daily by their own parents; 6% by grandparents; 17% in another family; only 10% in a creche, 1% has a nanny at home. French women want to have 6 months leave for taking care of their baby instead of the poor 8 weeks they have now.

Another article mentions the recommendation of childbirth education for women by midwives in one to one sessions (5 times during pregnancy) and then they have to offer more then only exercises.

Caesarean rate of France is at this moment about 15%.

# **Country report from Czech Republic**

The good news is that the government accepts homebirth, but the midwife who is attending this birth can not be paid by the insurance company. So the parents have to pay for it themselves. In the Czech Republic several organisations are working together and they are doing a good job of informing the consumers. There was a big conference in May, but it was a conference for doctors and midwives and both groups were very separate. There was hardly any contact.

**Country report from the UK, Beverley will mail it to everyone.**

The English Government published a plan for home birth that will be on our agenda later.

NCT did a campaigne for better (nicer) maternity units. It seems to be helpful. A next step would be more Baby Friendly hospitals, thinks Beverley (now there are 40).

**Day 2:**

# **Finance (2)**

The members present paid their ENCA membership (50 Euro for Western countries/ 25 Euro for Eastern countries). Elisabeth will mail the number of the bank account to the countries that were not present so they can send their money to this account. Elisabeth will mail receipts.

We decide to spend money on a new ENCA leaflet. The Netherlands has made a Dutch leaflet. Everybody likes it, especially the page with the organisations that are involved in ENCA Nederland. But we need also an English one to give out at congresses, to use in our network and to obtain new members. We need to check the list of countries that are involved with ENCA because it changes every year.

We talked about membership of ENCA. Every European country can join us. But there are differences: there are countries with an umbrella-organisation (like ENCA Nederland), but there are also countries with just one organisation that has links with ENCA. Sometimes in the same country there are more organisations involved in ENCA. They can:

* create an umbrella organisation and send one or two representatives each year to the meeting;
* or, if this is not possible, the organisations can become members of ENCA on their own and send one representative of the organisation to the ENCA meeting. So it can happen that there will be more representatives from one country in the future. If the number of participants of the ENCA meeting are too many, we can discuss changing this in the future.

We don’t accept midwife organisations, because they have their own organisations (like ICM etc.). Although individual midwives are welcome to liaise with the group. ENCA is an organisation for the non-medical/midwifery (childbirth educators/doula’s/breastfeeding councellors etc.)

# **EU-Parliament and caesarean sectio**

Elisabeth had invited a female member of the EU parliament who had made a statement about the caesarean sections. But it is hard to get someoneto attend at a weekend. As this woman has mentioned the high rate of caesareans as a concern we would like to speak with her. We decide that 3 members of ENCA will try to meet with her. Elisabeth and Maryse will try to organize that.

**Creche**

Elisabeth tells that in Germany there are plans to offer 24 hour daycare for babies. Beverley mentioned that it will be better that a young child can stay at its mother during the first three years. We agree, however we know that there are lots of women who want to go back to work very soon after birth. However, we agreed the following statement:

*ENCA is concerned by the current fashion for pushing all women into the workplace and not looking into the rights of babiess to be cared for by their parents.*

*The government and the society should recognize the importance of providing support to enable a baby to be cared for primarily by its mother if she choose to do so during the first 3 years of life.*

**The doula**

We wish to talk about the doula’s in Europe and find out what is happening in all countries.

So each country told about their training, their selection, their methods of working with doula’s.

Czech Republic has a training of 12 days (over 1 year); students need to read books and to make reports of what they have read; are present at two births and they need signatures of parents, midwives and/or doctors.

They are paid by the parents. The insurance will not cover this. They charge 70 Euros (is 1/5 of a month salary). The first meetings (the intake and other conservations before birth) are paid separately (10 Euro for half- one hour).

In hospitals the women must choose to have her husband or her doula with her (only one person is permitted to stay with her).

There are now 23 doulas and they helped with 158 births.

**Luxembourg** also has doulas. The training takes 6 months and 9 months in practice. But as this little country only has 5,000 births a year there will only be 4 to 5 births with a doula. Maryse said that the midwives have the decision making responsibilities around birth, the doula is only there for the emotional support for the mother and the father.

**Austria/Graz**. There was a doula meeting in October 2005 (with France, Hungary, Germany, Switzerland, Czech Republic and Austria) They will work on EU standards for doula-training and they used until now experiences of DONA and Birthworks (both from USA).

**Germany** has doula training under the umbrella of Gfg. They still discuss whether a doula should be first a childbirth educator or not. They are developing the role of the doula.

The midwives are not pleased by the development of a doula. But if the midwives don’t do the job the doula has to do it, says Elisabeth.

**UK** has a long time experiences with doula’s. They have the National Doula’s Organisation. There is some tension between doulas and midwives. Beverley thinks that as midwives give good care at birth then a doula won’t be needed. But as there is less antenatal care there is **a** need for doulas in many areas. Beverley raised the question of the responsibility of the doula when she sees bad care. She has a responsibility to report it, or encourage the mother to do so. If she feels that neither of these options are possible she could inform AIMS and discuss what AIMS could do about it.

Some hospitals are already introducing a birth-assistant in the hospital, this is someone who is cheaper than a midwife and appears to work like a doula.

In English hospitals women are entitled to have who they wish with them in labour but in many hospitals only one person allowed to accompany the woman, so there is not always place for a doula.

**Greece** does not have any doulas because midwives don’t accept them. They are so afraid that their task will be taken over by the doulas. Eutokia in Athens will start a doula training. They like to have more information from other countries about the length and the contents of this training.

**The Netherlands** just have started training and have now 16 doulas, but there are also women who follow DONA workshops. The midwives in the Netherlands are very anxious about this and there is a discussion going on. The Dutch doula wants to ask about 700 Euro for her help (total 25 hours, for, during and after birth). Everybody thinks this is way too much.

The price of a doula is hard to tell. Every country thinks that it is good that a doula and a midwife work together. If a woman needs both, **she has to pay both fees**. **(Thea is this what you mean?)**

The members revealed that in many countries doulas often do their work for free or for a service from the parents. But we all agreed that their work needed to be paid, but the fees should not be the same fee as the midwife gets.

And we all agree that doulas need to take care of them selves and need to avoid burn-out.

**CIMS**

Lucie Ryntova explained the meaning of CIMS Co-alition of Improvement of Maternity Services. Lucie visited the international meeting of CIMS in the USA twice.

In 1994 CIMS published a statement about normal childbirth.

In 1996 they published the document with the 10 steps for Mother Friendly Childbirth for birthcenters, hospitals and home birth. (The Mother Friendly Hospital Initiative – MFHI) They also published a leaflet for consumers with 10 questions to be asked about how Mother Friendly hospitals really are.

During the 2005 CIMS meeting it was decided that the 10 steps would be helpful for the whole world.

So they are working on a global version of the 10 steps by a sending questionnaire around the world. Lucie noted that 50 European countries are involved and she had 800 contacts. She offered this new database to ENCA.

In 2008 there will be a Global Summit in Asia (open forum for 2 days and a 3 day programme).

On 24 October of this year there will be a CIMS meeting in Bad Wildbad in Germany.

Maryse stated that it is important to combine BFHI with MFCI because a bad childbirth experience can cause bad breastfeeding experiences.

Maryse stated that she has had an offer (from WHO?) of a training of 30 minutes about this The procedure and time of this training is not right. It is too important to let it go with a little moment of training for the people who are involved with BFHI.

We want to react on this plan for the training.

There will be a meeting in Berlin of coordinators of BFHI and we think this letter must be there at that moment. We think that people that are trained as breastfeeding counsellors can´t tell why a birth has been horrible and what went wrong, that effected the breastfeeding.

Maryse will write this reaction.

**Thea, I thought it was Maryse who offered to train WHO delegates about breastfeeding issues.**

**Homebirth** in **England**

Beverley Beech stated that after 30 years of campaigning and fighting for the right to have your baby in a place of your choice the UK Government has stated that they now support home birth.

In 1980 Marjorie Tew’s research was published which showed that home birth was safer then giving birth in hospital. But since 1960 it has been difficult to arrange a home birth in the UK. Now women can choose homebirth and midwives have instructions that they must support the woman who makes that choice. As the English midwives no longer have much experience of home births this will cause problems in the beginning. In Wales the Welsh Assembly has set a target of 10% homebirths by 2007 and they wrote ´The Pathway to Homebirth`.

ENCA will send gratulations to Sarah Thewlis at the Nursing and Midwifery Council who has published their homebirth leaflet ‘Midwives and Home Birth’.

**Next meeting**

It was proposed that the next meeting should be in Bosnia Herzegovinia. Elisabeth will write and ask if that is possible. The date we have choosen is the 7/8/9 June 2007.

If Bosnia is not available the UK was asked if it would organize a meeting (in London or Edinburgh).

***23th June I got the message that Bosnia is pleased to have our meeting in their country. So we will meet again from 8th – 10th June 2007 in Sanski Most in Bosnia (two hours from Zagreb).***

**Countryreports**

**Greece:** The best private hospital for maternity in Athens closes it doors for fathers. This is a great concern, because other hospitals can decide to do the same.

**Austria:** Has been busy with the subject: prenatal diagnosis, they wrote two booklets and had a conference.

**The Netherlands;** There are more midwives and so the homebirth percentage has raised. The introduction of doulas is a very important issue at the moment.

**Germany** In November 2007 GfG will organize a congres in Dresden about Birth creativity and art.

**Day 3**

**Leaflet**

Beverley and Maria drafted some additional text for the ENCA leaflet and it was agreed. Elisabeth will send a copy of the original and Beverley will change the text.

Beverley will check the countries who are members.

Lucie thinks that it will be good to have more members, she will write some addresses of childbirth educator organisations in countries that are not yet members.

It was agreed that the website need to be mentioned.

Elisabeth will mailKinga in Hungary to ask when will the website be ready.

Elisabeth or Lucie will print 1000 new leaflets and spread them around the member/countries.

**Codex**

Maryse reported her activities with Codex Alimentarus.

She spoke about:

* the grow standard for babies that have changed
* her workshop at a school where she encouraged the children to make up a formula bottleas African women have to do
* the tip that parents should be encouraged to taste the formula before they give it to their baby

She will send her report about the Codex Alimentarus separately.

**WHO leaflet**

There is an announcement from the WHO that active management of the third stage is recommended to prevent women from suffering a post partum haemorrage. It says that ‘Active management of the third stage of labour should be practiced by all skilled attendants at every birth to prevent postpartum haemorrhage (PPH). and ‘within 1 minute of delivery of the baby 10 units of oxytocin is to be given intramuscularly.

 The research that is the basis for this new advice has been challenged. . If a woman has a normal birth without any medication she should have a third stage without oxytocin.

ENCA will challenge this leaflet and when Beverley finishes the research AIMS is doing on this subject she will write a draft letter to WHO for the members to agree..

**Letvia**

Thea from the Netherlands spoke about her contact with Rudite Bruvere in Letvia who is building a birthcenter (especially for teenage mothers). Elisabeth mentioned the ENCA contact with Solvita Olsena in Riga who maybe can be helpful in Latvia.

Here we end this long and inspiring meeting.

We will meet again at 2007!

Thea van Tuijl 19 June 2006

**Activities**

## ***Elisabeth Geisel***

* changes list of adresses ENCA countries
* mail: this new address list + bank account for paying membership by countries that were not present at this meeting
* contacts EU parliament member about caesarean section and makesan appointment
* sends gratulations to Sarah Thewlis for the NMC’s Home birth in UK
* mails with Hungary about the importance of starting the website soon
* send the original leaflettext to Beverley and make 1000 new leaflet (or Lucie will do this)
* ask Bosnia Herzogowina or we can have our meeting in 2007 there.

## ***Lucie Ryntova and Vlasta Jiraskova***

* start a yahoogroup for ENCA
* checks the list of countries that are member of ENCA and try to find new members
* find out the price of 1000 leaflets and keep in contact with Elisabeth about this

***Beverley A.Lawrence Beech***

* translate the country report of Bosnia Herzegowina in English (?)
* send her country report of UK around by mail
* publishes the statement on daycare of young children and babies
* will respond to the WHO; active management of third stage once the AIMS research review is done

***Maryse Lehners***

* write a reaction on the training for Mother Friendly Childbirth Initiative for BFHI-members
* mail her report about Codex Alimentarus to every country

***Thea van Tuyl***

* write minutes
* send article about Home Birth in UK to Dutch Midwives Organisation