**Woman E story**

E is a mother of two who is originally from Eritrea. After a long, hard battle to find freedom from a past marked with human rights abuses, she now has refugee status and lives in Leeds surrounded by a bounty of close friends and support networks. E accessed maternity care as an asylum seeker with her first child, who is now 5 years of age. Two weeks prior to her due date, she attended an antenatal class in Leeds aimed specifically at asylum seeking and refugee women. This was the class was very important to E and allowed her to grow hugely in confidence. Women were able to attend the class with interpreters so the information was accessible to all. Via her interpreter, the teacher discussed active birth and the benefits of staying mobile throughout the labour process in order to enhance progress. She also spoke to the pregnant women about having the power to decline intervention if they so wanted. This is resonated strongly with E as something she wanted when giving birth. Asylum seekers rarely have much choice or control, so being able to choose how she would deliver her baby was empowering.

When E went into labour, she and a friend arrived on the ward to be greeted by a midwife who was uninviting and despondent. Already feeling scared about what to expect in labour, at points E thought she was going to die in the hands of this midwife. She was put on a monitor by the midwife and instructed to lie flat for 30 minutes to obtain a clear trace of the baby’s heartrate. This lack of choice and mobility was very different to what she’d learned from the antenatal class. Feeling disempowered and uncomfortable she found reassurance in knowing she’d have a doula with her at the hospital to provide interpretation and support. This had been arranged in advance and was in her notes, so E asked the midwife to contact the doula and tell her to come to the hospital. The midwife left the room whilst the monitor was running, leaving E with her friend, who knew very little about childbirth.

Shortly after the midwife came back into the room to disconnect the monitor, E’s labour began to progress rapidly, and she was led to a labour room with her baby’s head pressing deep in her pelvis. E was instructed by the midwife to lay on the bed and push. The midwife pressed against her legs without consent to widen her pelvis. E had no power over her positioning in labour and said it was lucky that her son was delivered quickly. E speaks very negatively of the care she received in labour, wishing she could have had the choice and control she learned about in her antenatal class.

After the delivery, E was intensely hungry but was told she would have to wait until breakfast was served to eat – this was five hours away. E’s friend came to visit her sooner and brought a flask of hot soup for her. Being very hungry, she burnt her tongue in her haste to eat.

The postnatal care she received was not any better. She asked a midwife to guide her in how to change her baby properly. This falls well within a midwife’s duties, but the midwife replied that E would have to get used to looking after him by herself, making it clear that she would help just once and then E would have to do it on her own. E’s doula phoned her whilst she was on the postnatal ward to ask when she was due her baby; the doula had not told E was in labour despite her request.

When E later became pregnant for the second time, she was very anxious about delivering in a hospital again. She attended the same antenatal classes as before, and it was there that the teacher discussed the option of a homebirth. At first E knew very little about homebirths but as her pregnancy progressed she decided it was what she wanted. E was determined that this birth would be very different from her first, so she arranged to have a doula and two birthing partners with her.

E’s labour started as dull pains and a feeling of general unwellness. She told all the necessary people that she thought that she was in early labour, and that she would contact them again when the birth was closer. As the day progressed, she didn’t get full contractions, and so didn’t phone an ambulance until her water broke. Her baby was born in her living room within less than twenty minutes. Despite being alone, she felt empowered by her own independence. The paramedic arrived to find E breastfeeding her son.

E also has a role as a befriender, which she loves. It was her very first experience as a befriender that had the most impact on her. Her client was an Eritrean asylum seeking woman who did not speak, read or write English. E’s role was to accompany this woman to a prison to visit her son. She would act as an advocate for the woman, providing interpretation and support. They travelled by train and bus, which was a challenge as E had never travelled independently by train before, and had her young son with her. When it was time to get off the train E signalled to the woman, who pushed everyone to the side instead of joining the back of the queue. A man pulled the woman back, which upset her. Once they left the train E explained carefully that this was not how she should act if she wanted to be respected.

They arrived at the prison at 11am, and went to reception to sign in. They were then told that the appointment had been at 9am and they’d missed it. The woman began crying and shouting, but E managed to negotiate a later appointment for that day for 3pm, leaving them to wait outside until 3pm. When the time came, E was unable to accompany the woman to see her son, as she was unaware that she had to register in advance. Once again the woman became hysterical, but E calmed her down and assured her that she would wait. After visiting time finished E escorted the woman back to Leeds with her, arriving back at 8pm after a challenging day.

E’s role as a befriender to this woman was meant to last for just one month, but she continued to her support for over a year. The experience has not only helped the woman grow in confidence, but it has taught E a whole range of skills. When E arrived in England she was extremely nervous, not knowing how to act or who to trust. Now, she feels she’s much more strong and caring. Befriending is what E thinks she does best; caring for others and teaching them to care for themselves. Although her circumstances and lack of education can be limiting, she is now seeking a career where she can continue to support people in this way.