Birth with No Regret in Turkey

Hakan Çoker, Neşe Karabekir, and Serpil Varlık

Abstract: *Birth with No Regret* is a new model of birth care in Turkey in which, throughout parturition, the mother is cared for humanistically by an egalitarian, non-hierarchical team consisting of an obstetrician, midwife, and birth psychologist. The birth psychologist is our major innovation, whose greatest responsibility is to both ensure that the entire family experiences *birth with no regret* and process the emotions of the team so that we can keep our energy focused on the woman and her needs. We base our practice on the scientific evidence in favor of normal, physiologic birth, and on honoring women's rights.

Keywords: birth, birth psychology, therapeutic relationship

The *Birth with No Regret* team is a new model of birth care in Turkey that is well worth replicating elsewhere. The mother is cared for by a team both during her pregnancy and birth. There are three specialists on this team, each with different responsibilities:

1. Doctor: S/he has the medical responsibility for the birth and prenatal care. During the birth, the doctor conducts examinations

Hakan Çoker MD, Gynecologist and Obstetrician, LCCE, worked in various hospitals in his home country of Turkey, then decided to be an advocate for natural births, childbirth education, and continuous birth support. He became a Lamaze Certified Childbirth Educator, HypnoBirthing Practitioner, and Active Birth Trainer, and is co-creator of the *Birth with No Regret* model. In 2010, he and psychologist Neşe Karabekir founded İstanbul Birth Academy. He is the country representative of the International MotherBaby Childbirth Initiative (IMBCI). **Neşe Karabekir, Psychologist, LCCE**, is an individual and couples therapist, a psychodrama therapist and trainer, a pregnancy and birth psychologist, and a hypnobirthing practitioner. After 2010, she started working as a birth psychologist and helping to co-create the *Birth with No Regret* model. She has played that role in at least 300 births. She is now training new birth psychologists, childbirth educators, and doulas. She is a member of APPPAH, and ISPPM. She is also the president of the Hand In Hand for Birth Association. **Serpil Varlik**, is a Turkish midwife born in Hamburg, Germany in 1977. She expanded her education by participating in the water birth seminars taught by Cornelia Enning in 1997. In 2004, she became Head Midwife in her hospital. She took responsibility for many water births during this time. Since 2010, she has been one of the teachers at Istanbul Birth Academy teaching advanced doula techniques.

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when necessary and receives all information. S/he does not interfere with the birth unless there is an actual medical problem. Because of the obstetric system in Turkey, the doctor must be in the room during birth; if the mother needs technical support during birth (malpresentation, shoulder dystocia, etc.), the doctor is the one to provide that support.

2. Midwife: She is responsible for continuously providing one-to-one support to the mother during labor and birth, fulfilling a doula as well as a midwifery role. Sometimes the midwife catches the baby, sometimes the doctor. After childbirth education and teamwork, the professional who actually catches the baby becomes the least important thing in birth. We act only as a guide and encourage the mother to be the first and only person to catch and touch the baby. This happens in 50% of our births and we find it easier in water births. Thanks to non-pharmacologic relaxing techniques, the midwife facilitates the birth for the mother to welcome what we call "birth waves" or "surges" more easily. She gets to know the family prenatally and conducts at least one home visit after the birth. At the beginning of the labor, she goes to the home and works there with the parents until the active phase of labor (defined as starting at 6 cm), when they go to the hospital. In this way, the mother avoids spending unnecessary time in the hospital.
3. Birth Psychologist: S/he is responsible for the mother's psychological health and wellbeing, helping her to release past anxieties and become mentally prepared for birth. The birth psychologist encourages the mother to make her choices consciously—that is, to be active in decision-making—and also works with the mother's family members. S/he attends the birth in the hospital, supporting both the mother *and* the other team members. The birth psychologist's greatest responsibility is to ensure that the family experiences *birth with no regret*, with as little trauma as possible for the mother and baby.

These three specialists work as a team, not as a hierarchy, both in their decision-making processes and also in their practical applications. The mother and her baby are always in the center, surrounded by their family and friends and the birthing team.

Birth with No Regret begins with a labor that starts on its own (unless there is some strong medical indication for induction), in which the

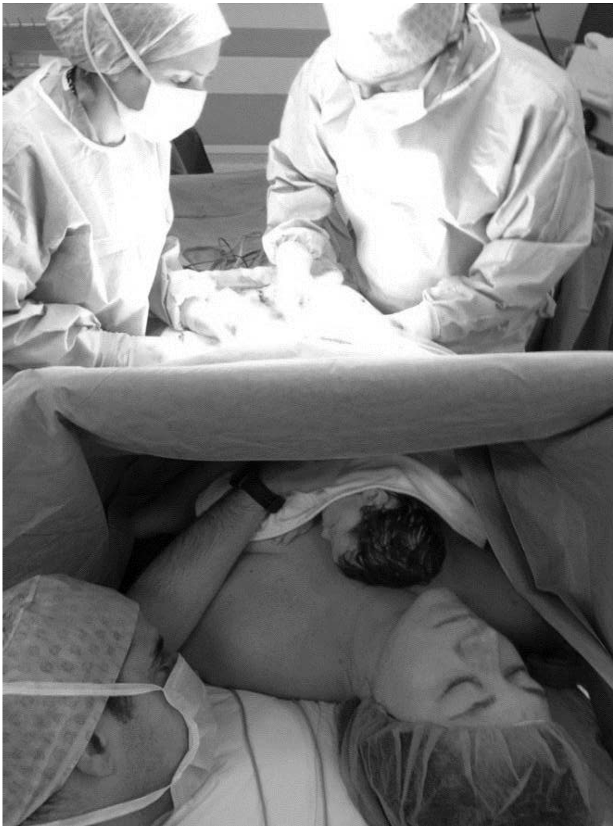
natural hormones are actively secreted under optimum conditions. It is a birth with as few interventions as possible, where the babies meet their mothers with uninterrupted skin-to-skin contact immediately after birth, and no one present has any regrets about any aspect of the labor, birth, and postpartum process.

The Characteristics of Our Model

We developed this model in a conscious and deliberate manner with the belief that "*birth with no regret" will create a future with no regret.* Its characteristics include the following:

1. It is based on teamwork. The team consists of the doctor, midwife, and birth psychologist.
2. All work starts in the first half of the pregnancy.
3. The family fully participates in our 18-hour education program of physical and psychological preparation.
4. After completing this program, our families participate actively in all decisions.
5. The birth starts by itself, unless there is a medical indication.
6. Women act freely on their instincts.
7. They give birth actively in whatever position they prefer.
8. The mothers are strengthened and empowered by their birth experiences.
9. The fathers/partners take active roles in the birth by fully supporting the mothers.
10. The babies experience not the rupture of separation but convergence via immediate and uninterrupted skin-to-skin contact with their mothers after birth.
11. The babies start life with confidence.
12. *Birth with No Regret* does not refuse interventions or epidural analgesia, but these are not used routinely, only when truly felt necessary.
13. If a cesarean section is needed, we use what we call the "Mother/Father/Baby-Friendly Cesarean." The mother is awake, the father/partner is present, and the baby is immediately placed on the mother's chest after birth for skin-to-skin contact, bonding, and breastfeeding, and never separated again. (See Figure 1)

Figure 1



Thus, we trust that, instead of saying "I wish...." after the birth, our parents will say, "Fortunately...":
Fortunately, I came to the program *Birth with No Regret.*
Fortunately, I made my birth preferences well-known before the birth.
Fortunately, I had a midwife with me during labor and birth.
Fortunately, I selected my doctor very well and had good communication with her/him.
Fortunately, I worked with the pregnancy and birth psychologist.
Fortunately, I selected my birth team and delivered my baby myself.
Fortunately, I had been prepared for the birth physically, mentally, and psychologically.
Fortunately, I had worked with my husband/partner to prepare.
Fortunately, I chose my hospital according to my birth preferences.
Fortunately, I had learned about mother-friendly birth and mother/baby-friendly cesarean.

Fortunately, I was able to achieve my birth preferences as much as possible.
Fortunately, I had learned that nothing would be guaranteed in the birth and was able to let it flow.
Fortunately, I had released past traumas before the birth.
Fortunately, I had faced and examined all traumas that might occur during birth.
Fortunately, I respected my baby's rights to a healthy and loving birth.
Fortunately, I communicated with my baby during the whole pregnancy and used this communication during labor.
Fortunately, I understood and applied the knowledge that labor was the work of both myself and my baby.
Fortunately, I included my husband/partner in the birth and we experienced this process together.
Fortunately, I had great confidence in all the members of my birth team.

The History of *Birth with No Regret*

The philosophy and application of *Birth with No Regret* was first defined by the members of the Istanbul Birth Academy in the year 2010. But to fully understand our model, it is important to also understand some historical context. Just 20 years ago, the homebirth rate in Turkey was nearly 20%. However, because the maternity and neonatal mortality rates were high, the health care system decided to copy the system used in the USA, even though it had already been shown not to work well in terms of a humanistic and holistic model (Davis-Floyd, 2001, 2018). As a result, today in Turkey, most of the 56,000 midwives work as doctor's helpers. Half work as nurses or do office work. Most of the rest are like American nurse-midwives in hospitals.

For 19 years, Hakan had worked as a standard obstetrician in a standard hospital where he was in charge of the obstetric unit. In our hospital at that time, midwives were still working as primary care providers, and he was not called unless there was something wrong. Even though this sounds optimal, he felt something was missing. The team was not working closely enough, taking into account our own feelings and effects on the birth. We were not very respectful of the physiology of birth—not using active birth positions or one-to-one support. Medical interventions were routine.

The most important missing piece, however, was that we didn't educate women in informed choice and taking an active role in birth. As a result, even though we thought we were doing our best to facilitate births with healthy mothers and babies, we kept facing dissatisfaction in birth. At that time, mothers in Turkey had little knowledge about birth

physiology and what to expect. Especially after long hours of labor, they would complain that they were somehow “forced” to have a normal birth—that they suffered too much and we didn’t rescue them by performing a cesarean section (CS). Relatives present during a very long labor would blame us, thinking the same thing. Even when the labor was short, some women wanted a CS and were upset when we wouldn’t just go ahead and do it.

You might ask why they would ask for a CS when they could not cope with labor. In those days (and still in the public hospitals), epidural analgesia was not available. Now it is mainly available only in private hospitals. Sometimes, even skin-to-skin contact was a problem after a normal birth, as mothers often did not feel ready to touch their babies. Now when we look back, we realize that we could have changed everything sooner. Hakan explains:

> “In 2006, I had the chance to take an active role in childbirth education. Without knowing the reason, I was always interested in childbirth education. But I didn’t take any action until I joined an obstetric conference. Being a day early at the hotel, I noticed that there was a one-day Childbirth Education workshop organized by a Turkish Nurse Faculty. I snuck in silently to see what was going on. And my life started changing with that sneak-in. There I heard for the first time the names of many pioneers and organizations: Lamaze, Dick Read, Leboyer, etc. Then I started to act. I felt like I had found the missing part. I read all about childbirth education and started applying to international educators. Within two years, I became a Lamaze Certified Childbirth Educator, HypnoBirthing Practitioner, and Active Birth Trainer. I preferred not to use just one system but learned them all so that I could put them all together.”

Those trainings changed Hakan’s entire life as an obstetrician; they helped him to realize that women need much more than the routine services provided by traditional hospitals and that practitioners know very little about women’s past experiences and how they affect their behavior and their birth. In *Birth with No Regret* childbirth education, we believe that it is important to honor the founders of all of these helpful methods but adjust the models to match our Turkish cultural context, so that our couples can accept them.

During the next three years, Hakan organized many childbirth education classes and started working with a private midwife. (Being a private midwife in Turkey means being paid by neither the health care system nor private hospitals, but rather by the family. Yet midwives are not permitted by the new system to attend homebirths.) After practicing in Germany for nine years, Turkish Midwife Serpil Varlık first

participated in one of our workshops just to see what we were doing. Now she is one of our main teachers in educating doctors, midwives, and doulas. With this new team—the midwife and the obstetrician—we were able to develop deeper relationships with the families. Sending the midwife to the mother's home at the beginning of labor enhanced this nurturing. Families liked this at-home support very much.

The number of midwives working in the private system is presently about 10%. At our hospital, with the new concept of working as a one-to-one care provider, the midwives started to remember the importance of their role in supporting the mother, because in the private system in which we work, they are paid by the family. Now they spend some of the money to further their education and development. They combine the midwife and doula roles. (Nevertheless, the doctor is responsible for everything in the end.)

After the midwives became incorporated, we realized that there was still something missing. In 2010, we found that missing piece—a psychologist, psychotherapist, and psychodramatist—Neşe Karabekir (2016), who was ardently searching to improve women's birth experiences. One of our first steps together was to add psychodrama to our childbirth education classes, during which families started preparing more deeply for birth by role-playing birth scenarios. The success of this collaboration and Neşe's work during their pregnancies led to her participation in the births. Because of the intimacy she developed with the couple, she became fundamental to the teamwork around the birth.

Then a somewhat unexpected step began to evolve that we had not anticipated, but which has since revolutionized the relationships in the birthing room: Neşe began to care not only for the psychological well-being of the couple, but also for the other members of our team. She created a safe space for us all to check in with our own feelings and self-monitor our decision-making processes. After every birth, we would hold a meeting during which we would discuss the birth and our feelings about it; in this way, we became more and more healed from our own traumas and less likely to take them out on others during our obstetric care, as too many practitioners often do (see Davis-Floyd, 2018 for explanation).

In Turkey, the cesarean rate jumped rapidly from 5.7% in 1998 (Koç, 2003) to 21.2% in 2008 (Gibbons et al., 2010), and to 53% in 2016 (National Demographics of Turkey). Like all other countries where the cesarean rate is high, the main responsibility for birth falls on the obstetrician. S/he is not only a doctor, but often feels pressured to function as midwife, doula, and psychologist because the mother is asking for more and more intervention. The pressure of malpractice laws has added to this high level of stress and responsibility, becoming one of the main reasons for high cesarean rates in these countries. Hakan notes:

> The team helped me to relax and trust the family and birth more every day. So instead of becoming obstetrician- and liability-led, the team naturally became birth psychologist-led—a development that freed me greatly to concentrate on doing my own proper job.

The other new thing that Neşe, the birth psychologist, brought to our approach to labor and birth was talking to the grandmothers—the mothers of our pregnant mothers. In our culture, all relatives have the tendency to come to the hospital and participate in birth decisions. Grandmothers-to-be often have a great deal of influence over their daughters and often try to pressure the birth attendants into doing their will. However, because our birth psychologist has the chance to have sessions with them prior to the birth, they often decide to stay away from the hospital and refrain from interfering unless the mother really needs them there. This greatly helps us to create a safe space in the hospital for the laboring women and for ourselves, so that we can respect the natural rhythms of their birthing process.

But we started having some problems with our couples. To them, the birth psychologist was an entirely new concept. Even though we didn't charge any money for the psychologist's participation in birth, and very little for the preparatory sessions, some couples didn't like the idea of working with a psychologist or even a midwife. In the new health system, the "doctor as God" concept had been politically implemented—midwives had already lost their important role, as the culture imparted that the doctors do everything more safely. Also, the fee of the team is added to the doctor's fee, and some couples found the teamwork expensive. We had to make a big decision. After months of discussion, we decided to accept only couples who wanted the whole team and the whole philosophy. At that point, our *Birth with No Regret* team really emerged. We lost nearly 40% of our couples. Today, however, many more come to us *because* they want the more complete holistic approach.

It took a lot of discussion to name the team and the philosophy; we debated about whether we should put a negative term like "no regret" at the front of a potentially magical birth experience. But the reality is, in this modern world with its technocratic birth services, (Davis-Floyd 2001, 2003, 2018) women often end up with many regrets after their birth experiences. Some regrets are so obvious that the women can name and understand them, but many other regrets get buried in the cells of women's bodies and unconscious minds. Even the separation of a newborn baby from the mother in the name of routine care can be traumatic. There are so many regrets in birth, yet most of them are preventable with good care and conscious, informed decision-making. This is why childbirth education is obligatory under our model, so that both practitioners and

parents speak the same language of birth and can understand each other's decisions and choices.

This big decision that we collectively made also gave birth to a new profession: birth psychologist. We know there are prenatal, perinatal, and postnatal psychologists in the world working for mothers (see https://birthpsychology.com/), but Neşe is the first psychologist to work with couples prenatally and also guide them through their births (Karabekir, 2016). With her experience as a basis, we have been able to start training other psychologists to also become birth psychologists, and now there are quite a number of them in Turkey. Her work really forms the foundation for the work of the entire team and the parents' work to birth their baby. We believe that her support for all of us is a major factor in the high satisfaction rates we achieve—including our own. (Figure 2)

Figure 2

Freedom for the Team

When you are serving a family as their only practitioner, there is pressure to be there for them at all times, and taking vacations and participating in meetings are big problems. The doctor, midwife, or doula

is always in conflict about staying or going. In order to have both personal and professional lives, every member of our team has a backup. The families choosing our services are informed about this arrangement during the first visit. They understand the importance of sharing their information with their backups, whom they meet during pregnancy. We try to make sure that at least one regular team member is there for the labor and birth, to ensure continuity of care. In 100 births, backups were used five times and the families were still satisfied with their birth experience and didn't feel neglected. Instead, they were surprised by the deep support they received from the backups. Of course, teamwork is again the key here.

Outcomes of *Birth with No Regret*: Our Statistics

As of September 2018, 250 families had been guided through their births under the philosophy of *Birth with No Regret*. These births' outcomes and intervention statistics are presented in Table 1.

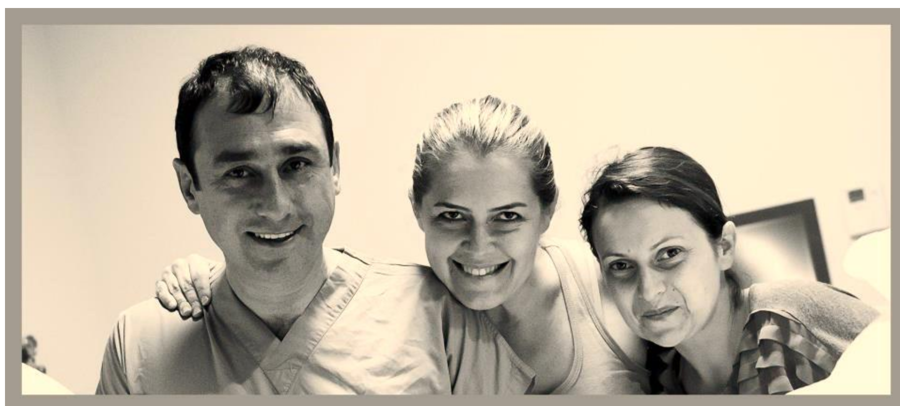
Table 1

- Cesarean 12%. All were MotherBaby-Friendly cesarean
- Water birth 25, breech 1, homebirth 2, twin 2, lotus birth 3, VBAC 6
- 100% achievement of the 10 Steps of the IMBCI
- Enema/continuous EFM/routine IV 0
- Epidural 5%
- Labor induction 10% (42 week postdate/PROM (Prelabour Rupture of the Membranes) > 24 hours)
- Pitocin during labor (augmentation) 4%
- Early cord clamping 4%
- Episiotomy 8% (3rd and 4th degree tear: 0)
- Vacuum extraction 4%
- Bonding 99% (30 min.-2 hours)
- Fathers participation and bonding 100%
- Maternal and Fetal Mortality 0
- Babies in the NICU 0
- Postpartum depression 0

In *Birth with No Regret*, informed choice and mutual support for the family is key. Even if the mother ends up with an epidural, vacuum extraction, or cesarean, the families know that their preferences were

always respected, unless there was a strong medical reason to intervene. Perhaps this is the main reason why we see no postpartum depression in our mothers after birth. Again, no interventions are used during labor unless truly indicated, and the families are encouraged to take active roles. Our team cesarean rate is three times lower than the cesarean rate of the other births at the same private hospital, which is 60-70%. The rates of major interventions, like episiotomy and epidural, are very low. These good statistics are achieved without any medical risks to the mother and the baby and are the result of a series of factors: the 18-hour training program for the couples (a weekend), choosing professionals who believe in normal physiologic birth, working with the birth psychologist, and having one-to-one doula or midwife support. (Figure 3) Of course, this is a very unique model of birth and its outcomes to date are based on very small numbers. Over time, we fully expect to have much larger numbers to evaluate as our model spreads and is implemented more widely.

Figure 3



The Future of *Birth with No Regret*

The uniqueness of our *Birth with No Regret* model must be understood within the larger national context of birth policy in Turkey. Out of 1,370,000 births per year, our national cesarean rate is 53%. At the government hospitals, the rate is 38%, but at the private hospitals in which nearly 60% of births take place, the rate is 70%; nearly half of them are planned cesareans. The main reason for these differing rates between the public and private sectors is our national health policy. In the government hospitals, mother-demanded cesareans are forbidden, and if the primary cesarean rate of a doctor working there is more than 30%,

then their salary goes down with every added cesarean. These rules do not apply to private hospitals.

One important reason for the high CS rates in private hospitals is the current limited and restricted role of midwives in Turkey. With doctors now maintaining sole responsibility for decision-making, the government places great pressure on the doctors to be present at every birth, even the normal physiologic ones. This requirement results in more work for the obstetricians, and, the research shows, higher intervention rates. The National Midwifery Association is advocating for midwives to have more responsibility in birth, but many midwives lack confidence because they have become accustomed to having the doctors take full responsibility. As well, the Ministry of Health is not a proponent of this kind of change.

Additionally, because of the payment system in both public and private hospitals, it is more convenient for doctors to perform cesareans. Most obstetricians are extremely overworked (100 patients a day, 100 births a month) and underpaid. They feel pressure to accept more and more patients for whom they have less and less time in order to earn a decent salary. This situation results in a highly technocratic system that is neither compassionate nor capable of providing individualized care.

In pregnancies generally considered “high-risk” by Turkish obstetricians (breech, VBAC, large baby, post-dates, twins) the preferred approach is the planned cesarean—less time, less responsibility, fewer problems for the doctor. When I question the doctors, they all agree that if the system were to change, they would immediately reduce their cesarean rates. But here is the global problem in birth: because they do not experience the beauty of a supported natural birth, there are fewer doctors believing in natural birth. And fear of malpractice lawsuits results in fear of birth. So, under these conditions, the teamwork we have created has turned the system on its head by supporting the doctor with an experienced team rather than leaving him/her alone to take the brunt of the responsibility—and the blame—should anything go wrong.

Birth with No Regret teams have already started to work in many Turkish provinces thanks to the obstetricians, midwives, and birth psychologists who have completed or will soon complete their trainings with us. By December 2016, we had already trained 310 students, among them, doctors (including obstetricians), midwives, nurses, doulas, physiotherapists, and psychologists. Our training qualifies them to become childbirth educators, doulas, and birth psychologists.

We feel that the concept of the birth psychologist is really new, not just for Turkey but for the world. There are nearly 50 birth psychologists in our educational system. It takes at least two years of education for them to be qualified to practice. Also, many of our midwifery students have opened their own consulting clinics outside of the system, educating and

supporting women, often working with doctors trained in our system. The next step will be midwives working autonomously doing homebirths, but that will take time. We encourage them in this endeavor!

Additional special education is provided for those who choose to create *Birth with No Regret* centers, and they have to work with our original team creators; we already have five such centers in Turkey. They choose this model mainly because they believe in its holistic and humanistic aspects (Davis-Floyd, 2001, 2018), and also because they see how creative and supportive our brand of teamwork is.

There is some challenge to our model not being part of the public maternity care system. For the most part, our families have private insurance, and the insurance company pays for everything. Otherwise, the family has to pay our costs. But our clients do not have to be wealthy to afford our team. Depending on which hospital they choose, the full cost is between $3000-$5000 USD, which is affordable for most educated working families. Working in the private system was the only way we could find to start such a revolution in birth. Nevertheless, our model works very well, not only for our families but also for our birth professionals, who share in the decision making and support each other as well as the families they attend.

Because of the childbirth education we offer and our team support, even in the presence of complications, the family rarely blames any member of our team—a big relief especially for the doctor. And because our birth professionals are paid decently, they are free to accept only the births that they really have time for. Instead of hundreds, they accept only 5-10 births a month and provide truly humanized and individualized care. Satisfaction in one's professional life spreads to the clients.

It is time to consider facilitating this model in both public and private hospitals—a big challenge that can be achieved only by changing the way we see birth and its importance in our future as human beings. We will need to organize our hospital-based birth professionals into collaborative teams like the ones we have developed (Figure 4), keeping the mother and the baby in the center without neglecting the needs and emotions of the birth professionals. *Birth with No Regret* is important for every single participant in birth.

Our presentations about our model have been welcomed warmly all over the world, adoption of our model is rapidly growing around Turkey, and we wish to continue to share it widely! We can be reached at hakancoker@dogumakademisi.com.

Figure 4

1. This article is derived from a chapter by the same name in *Childbirth Models on the Human Rights Frontier: Speaking Truth to Power*, (in press), Eds. Betty-Anne Daviss and Robbie Davis-Floyd. New York and London: Routledge.

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