

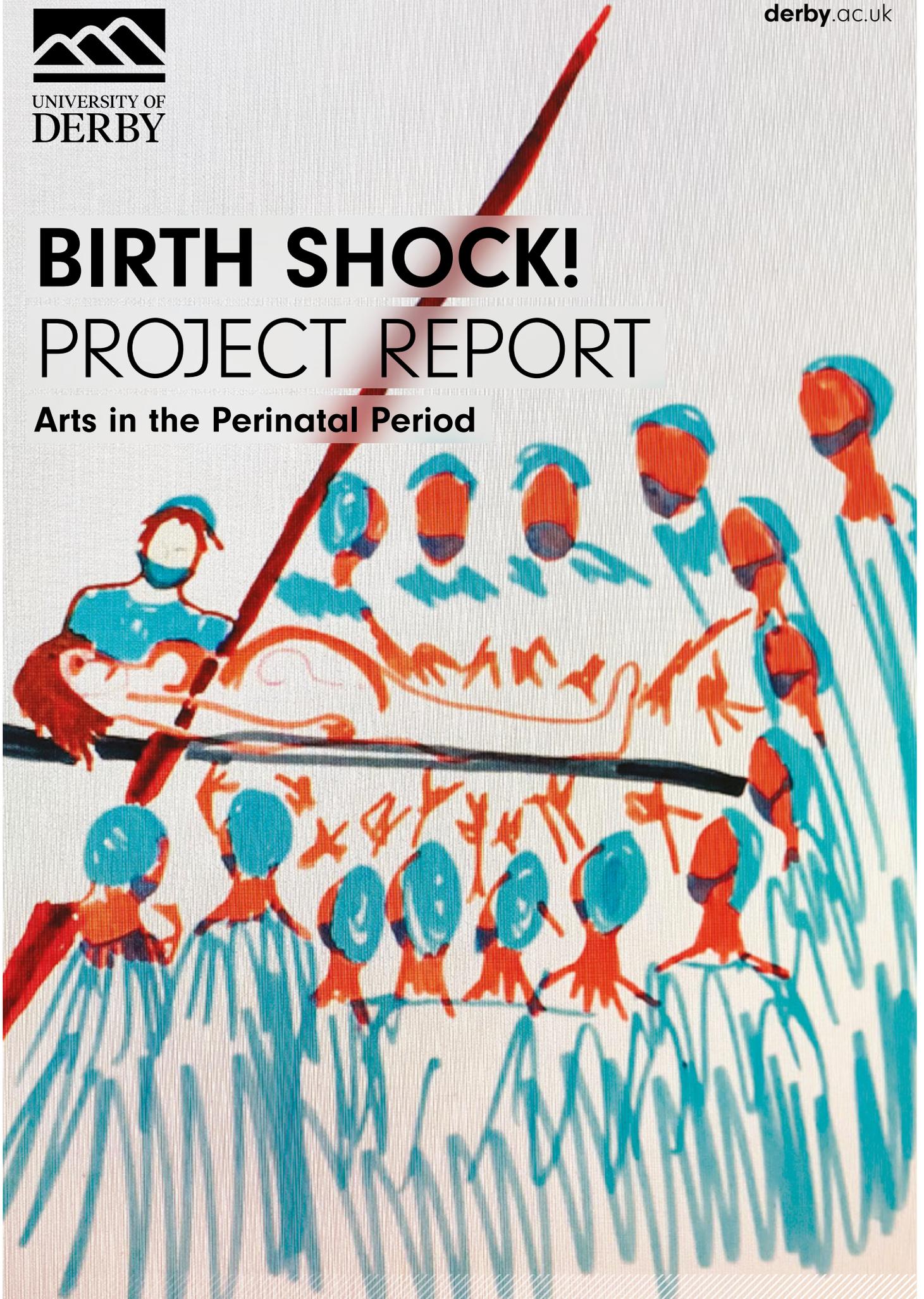
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# BIRTH SHOCK!

## PROJECT REPORT

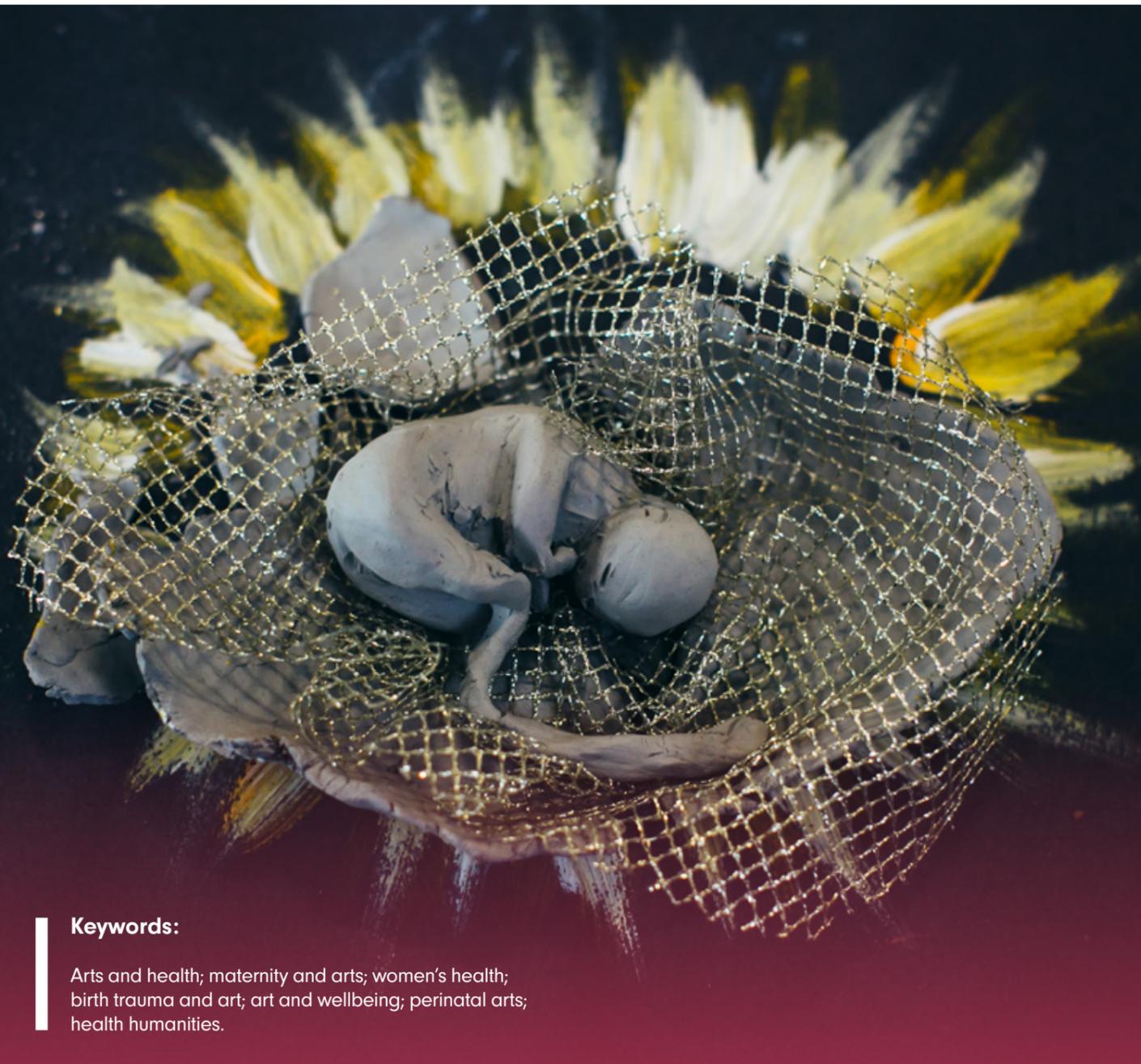
Arts in the Perinatal Period



# Executive Summary

## Abstract

*Birth Shock!* is an AHRC-funded (AH/K003364/1) engagement-focused project exploring and enhancing the impact and reach of *The Birth Project* (AH/V000926/1) which was a study particularly concerned with the role the arts can play in the perinatal period, especially in supporting the wellbeing of new mothers, but also working with birthing professionals. In this phase of the work, we wished to evaluate the role of a suite of films exploring this subject with trainee and health-professional audiences.



## Keywords:

Arts and health; maternity and arts; women's health; birth trauma and art; art and wellbeing; perinatal arts; health humanities.

## Objectives

Within *The Birth Project*, the principal aims of the research focused on using the arts to interrogate birth discourses, and to challenge embedded assumptions. *The Birth Project* focused on four central questions which were examined in a suite of films:

- What role might arts engagement have to play in antenatal and postnatal care?
- To what extent are hospital practices, that are [potentially] iatrogenic in nature, implicated in postnatal distress?
- To what extent is 'mutual recovery' possible through engagement with the arts, and if so, to establish what form this may take?
- What, in particular, does an arts-based approach offer in exploring birth experiences and the transition to motherhood?

This research is an engagement-focused project and its aim was to explore and enhance the impact and reach of *The Birth Project* by engaging with new non-academic and trainee professional audiences. This aim has been primarily conducted through online and in-person screening workshops of *The Birth Project* films. An objective has included soliciting feedback on the effectiveness of these resources in facilitating enhanced understanding of the above topics.

## Methods

In addition to the film-screenings aimed at the general public, a total of 496 participants took part in a structured Birth Shock film-screening workshop during the course of the project. These structured sessions entailed viewing a film, discussion and analysis and then giving feedback via a Likert questionnaire and free-text box. We analyse free-text responses in relation to the original research questions.

## Results

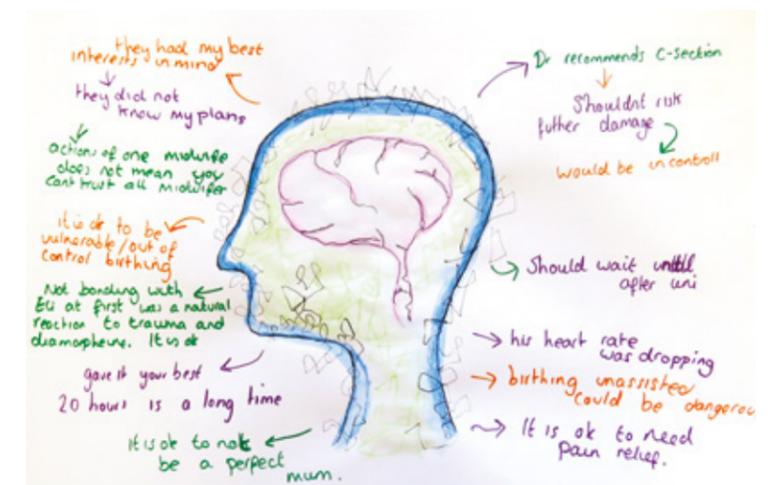
A number of structured workshops aimed at health-care professionals and trainees (28) collated audience responses quantitatively and in free text. The majority of film viewers felt emotionally moved by the films (83%) and a majority felt that watching the films had increased their understanding of antenatal and postnatal practices as a result of the session (58.7%) and in some cases this was a profound and revelatory shift in perspective. Other, more experienced practitioners, (around 23%), were neutral, as felt they were well aware of the issues portrayed, though positively a number reported

that the film and discussion session *consolidated their determination* to give good compassionate and patient-centred care. A large number of respondents (88.2%) reported that they are aware that hospital practices are implicated in postnatal distress. **A high proportion, felt empowered to change their current or future practice as a result of the training session** (72.4%), which is a highly significant result. Finally, the vast majority of viewers (89.3%) thought that the project resources (films) would be a useful addition to healthcare training, with a minority of more experienced respondents, feeling they were already au-fait with the issues portrayed.

The films were also made available freely so we do not have absolute statistics for their uptake, because they can be downloaded and screened multiple times and we are not tracking this; however, we can note the following: that on YouTube the documentary has had 4.2K views and the film on research methods has had 5.7K views for example (at time of writing, December 2022). These figures compare very favourably with academic paper readership estimates. We expect these figures to continue to rise, as the films get embedded into training courses.

## Conclusions

These films have enabled trainees and groups of practitioners to discuss a range of issues pertaining to our central questions. They have raised awareness of the usefulness of arts-based support for new mothers. The films also raise crucial questions about the ethics of practice, questions of consent, dignity in care, and explore how hospital practices are potentially implicated in postnatal distress. Feedback confirms that the resources will be useful in healthcare training. Qualitative feedback following the structured film viewing workshops indicates that the films are of more value to less experienced practitioners and trainees, medical trainees having a strong response. General public audiences have also reported being moved by the films, which have been screened in multiple locations including film festivals.



# Birth Shock!

## Further Information and Context



The films explore how creative practice can promote the kinds of connectedness and reciprocity that support 'mutual recovery'. They focus on experiences of mental health and wellbeing among new mothers and maternity service staff engaged in facilitated, structured arts workshops. One of the key concerns of the project has been to frame, through the films, the iatrogenic effects of routine hospital practices, and the distress that can be caused in the provision of 'routine' care, for both new

parents and for care providers. In the films, this distress is framed as understandable, rather than as pathological or irrational, and audiences are presented with an opportunity to reflect on how institutional norms, routines and practices may be problematic. The project has been about de-pathologising women's experiences of distress and trauma, rather than contributing to a dominant, gendered rhetoric of women's instability and inadequacy.

In trial viewings of the project films, trainee healthcare practitioners found the films "eye opening", and initial feedback suggested these films have the potential to be a stimulating and accessible resource for trainee professional audiences. Embedding these films within a structured screening workshop, with an opportunity for audiences to reflect on and discuss the project films following the viewings, as well as provide evaluative feedback, makes the experience of viewing the films qualitatively different from reading a textbook in exploring the issues the films address.

The project has extended into an impact evaluation of the project films, in order to explore and evaluate the impact of these films on new audience's understandings of birth trauma. We also wanted to share the films with new non-academic audiences so targeted a number of film festivals. The films have also been made available freely via the University website and YouTube. Film summaries have been added to YouTube so that content is explained, making their use easier: <https://www.youtube.com/user/DrSusanHogan/videos>.

The aim was to produce films as resources which can be used in the training of health professionals, such as midwives and health visitors, including those who might end up treating women defined as suffering from trauma or post-natal depression. The films are available via links from *The Birth Project* website & directly from YouTube and were used in the films screening workshops:

- **Creative Practice as Mutual Recovery. Visual Methodologies.** 2013. Susan Hogan Executive Producer, Sheffield Vision. 20 mins.
- **Mothers Make Art.** 2015. Susan Hogan Executive Producer. Sheffield Vision. 41 mins.
- **Arts Elicitation with New Mothers.** 2015. Susan Hogan Executive Producer. Sheffield Vision. 24 mins.
- **Birth Professionals Make Art.** 2015. Susan Hogan Executive Producer. Sheffield Vision. 30 mins.
- **Mothers Make Contemporary Art.** 2017. Susan Hogan Executive Producer. Sheffield Vision. 30 mins.
- **Birth Shock. The Documentary.** 2018. Susan Hogan Executive Producer. Sheffield Vision. 30 mins.



Two further shorter films have been produced with classroom use in mind:

- **Towards a Better Birth.** 2020. Susan Hogan Executive Producer. Co-edited with Eve Wood, Sheffield Vision. 8 mins.
- **If I were a Better Mother.** 2020. Susan Hogan Executive Producer. Co-edited with Eve Wood, Sheffield Vision. 8 mins.
- **Mothers Make Art.** 2021. Susan Hogan Executive Producer. Sheffield Vision. 41 mins. Version with French Subtitles.

# Methods



## Birth Shock! The Documentary

Susan Hogan  
81 subscribers

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19



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*Birth Shock!* involved freely promoting the suite of films to reach non-academic audiences via the internet and at events.

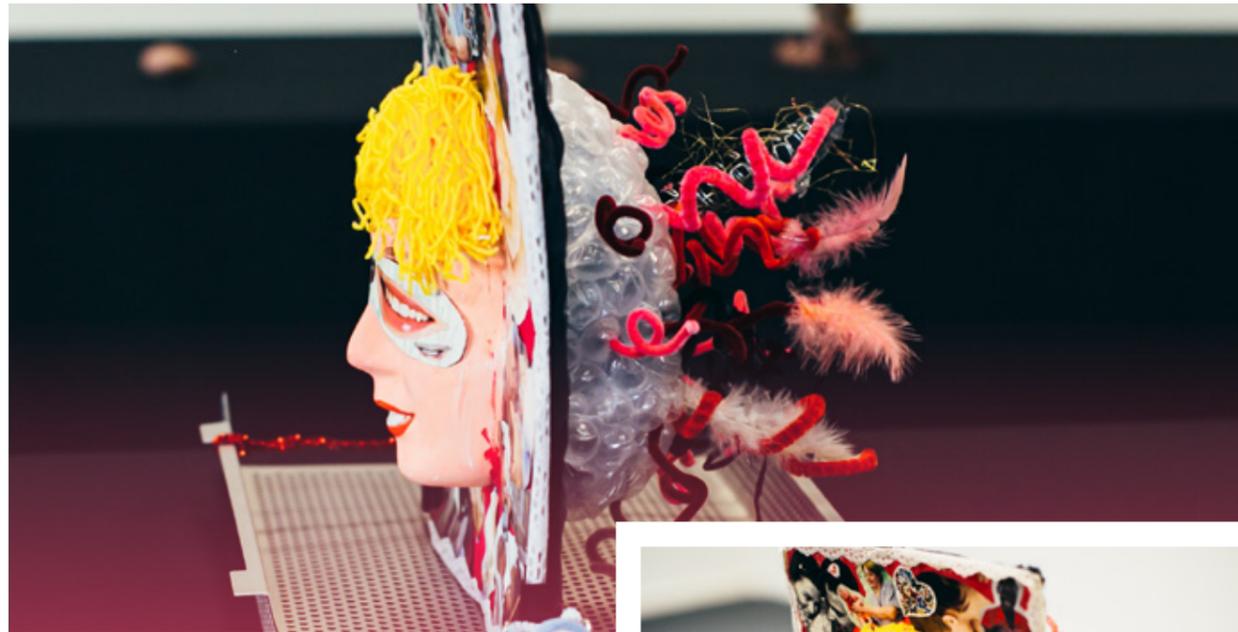
*Birth Shock!* also provided a total of 45 engagement activities, including 28 film-screening workshops, a symposium, film festivals and film screenings at Derby QUAD. In addition to the film-screenings aimed at the general public, a total of 496 participants took part in a structured Birth Shock film-screening workshop during the course of the project. These structured sessions entailed analysis and giving feedback.

Due to the impact of COVID-19, the majority of film screening workshops were held online; from February 2022, a small number of workshops were conducted in-person at host institutions. While the majority of workshops were held through different universities, NHS teams, and organisations in the United Kingdom, the adaptation to online platforms allowed us to extend our geographic reach to a variety of international host institutions, and workshops were also held with qualified and trainee healthcare professional groups in Canada, Australia, Indonesia and California. The occupational profiles of participants included health visitors, hypno-birthing teachers, nurses, student midwives, doulas, midwifery lecturers, midwives, psychotherapists, MA students, social workers, clinical psychologists, peer support workers, obstetricians, and medical students.

We received a total of 208 responses to our online survey, which equates to a response rate of 42% of all workshop participants. Of those who responded and identified their occupation in the online survey, the highest occupational proportion of responding participants were student midwives (35.6%), midwives (17.8%), and peer support workers (7.7%).

Film workshops varied between 30 minutes and 3 hours depending on the requirements of the host organisations. All workshops followed a structured format in which participants were briefed on the Birth Project research, viewed one to two of the project films, were invited to answer an anonymous feedback survey, and then engaged in a facilitated group discussion. Local debriefing contacts and online resources were provided to all participants. The main films focused on during the screening workshops were *Mothers Make Contemporary Art*, *Arts Elicitation with New Mothers*, and *Birth Professionals Make Art*.

# Brief Summary of Qualitative Data



## What role might arts engagement have to play in antenatal and postnatal care?

This question is explored in the films themselves, especially the longer films and the response that came out strongly, is that art making, as an act of volition, was invigorating and empowering, even to women feeling disempowered because of what had happened to them. Secondly, the use of art materials can *reveal* in unexpected ways, so art making can be an act of revelatory self-discovery for participants. Project publications explore these processes in some depth (Hogan 2015; Hogan et al. 2015; Hogan 2019; Hogan 2020). The Likert survey data is not very focussed on the process of art making per se. However, a number of workshop participants did comment on how the films had made them more aware of the use of art as an enabler, which is a good general outcome.

## To what extent are hospital practices, that are [potentially] iatrogenic in nature, implicated in post-natal distress?

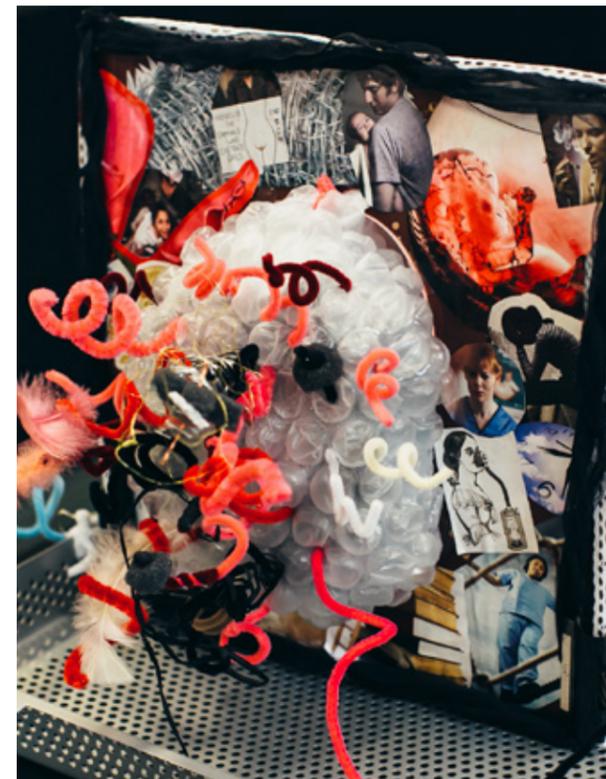
In reflecting on this question, we considered the responses workshop participants provided surrounding their feelings and assumptions about hospital practices and postnatal distress. In the survey feedback, participants overwhelmingly reported that they either somewhat agreed (44.6%), or strongly agreed (43.6%) that hospital practices were implicated in postnatal distress. Within the range of mean scores by professional group, midwives (4.4), peer support workers (4.3), student midwives (4.2), and medical students (4) were most likely to agree with this statement. Health visitors (3.4) felt less confident that hospital practices were implicated in postnatal distress.



Workshop participants, across a range of professional backgrounds, reflected on their increased awareness of the ways in which hospital-based practices and clinical procedures could be implicated in postnatal distress. Several comments by students pointed to a specific increased awareness of the longevity of postnatal distress. Participants reported that the films shed new light on the ways in which parents might be continuing to process their birth experiences long after their intervention as a professional had concluded.

## To what extent is 'mutual recovery' possible through engagement with the arts, and if so, to establish what form this may take?

There wasn't a specific question on this topic in our follow-up workshops questionnaire. However, the original participants did articulate a sense of relief in feeling they were not alone with their feelings. Some of the free text comments in the post workshop questionnaire did address the need to support new mothers and the value of a group experience is implicit in some of the remarks about support. One respondent felt that the group experience would be less intimidating than one-to-one therapy and that in "a group you can find connections and belonging, versus feeling alone in your experiences of grief".



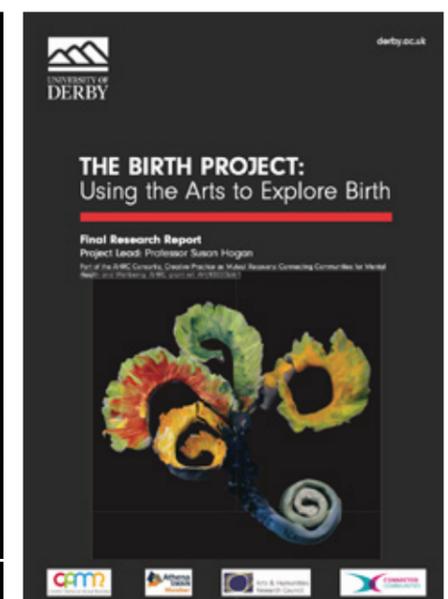
## What, in particular, does an arts-based approach offer in exploring birth experiences and the transition to motherhood?

In *Birth Shock!* participants reflected on the ways in which arts-based approaches might be useful for exploring discourses around birth trauma, and their own professional roles, as part of continuing professional education and development, as well as being an integrated part of postnatal maternity service provision (see also Hogan 2017).

The majority of participants reported somewhat agreeing (43.2%) or strongly agreeing (39.8%) with the statement 'I feel emotionally moved by the films.' Although it is a small minority, a total of 7.3% of participants strongly or somewhat disagreed with feeling emotionally moved by the films. Across the different professional groups, the mean scores indicated a cluster of similar responses, with midwives (4.1) and student midwives (4.1) scoring similar mean responses to the films, and health visitors (3.4) scoring lower. Obstetricians reported the lowest mean score (2.7), while medical students (4.6) reported the highest incidence of feeling emotionally moved. This data suggests that these films might be particularly emotionally powerful as training resources for medical students.

## Policy Takeaways from Both Projects:

- Making art enables birth professionals to think about their work 'holistically' and may help prevent burnout and compassion fatigue and is therefore recommended as CPD.
- Looking at artwork by mothers in the exhibitions and films facilitated empathetic understanding of the women's experiences. We recommend the integration of such materials into medical and other trainings.
- Using the films in education settings enabled a wide-range of key issues to be discussed. We recommend the integration of such materials into medical and other trainings.
- Making art was found to be empowering for distressed women who couldn't necessarily articulate their feelings in words.
- A short-term arts-based intervention was effective in changing how women felt for the better; the opportunity for such post-natal support could be offered routinely.
- Being with women in a similar situation made participants feel less alone and less dysfunctional in their reactions. Group intervention is recommended as effectual and also cost effective.
- New mothers appreciated getting time and space for reflection at a time of transition.
- Making sure that informed consent for procedures includes proper discussion, so that permission is given in the full knowledge of the possible consequences is essential for women's sense of wellbeing, and lack of informed consent is strongly implicated in post-natal distress.



# Acknowledgements

Thanks to Dr Marjorie Lavoie, Université du Québec en Abitibi-Témiscamingue (UQAT), for the French translation of Mothers Make Art and to Fatima Javed and Jamila Abdel Iriogbe for their work of adding the subtitles to the film and for assisting Dr Sarah Jane Phelan in the initial trial workshops, so thanks to all. Profound appreciation is due to the filmmaker Eve Wood for the short film versions. A number of institutions screened the films and subsequently have adopted them for training purposes, so thanks to all those involved. Strong credit for this phase of the work goes to brilliant Dr Rebecca Ashley. In the background, further thanks are needed to Agnieszka Ziatek, Dawn Asher, and Liv Boyce for their invaluable help and to our research and knowledge exchange office staff. This research has been supported by the AHRC.



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## Project Team

### Professor Susan Hogan

Susan Hogan is Professor of Arts and Health at the University of Derby and a Professorial Fellow of the Institute of Mental Health, University of Nottingham. She has a background in fine art and holds a D.Litt. in Gender & Women's Studies as well as a Ph.D. in Cultural History, looking at the arts within the history of medicine, generating the book *Healing Arts*. She recently edited: *Therapeutic Arts in Pregnancy, Birth and New Parenthood* (2020, Routledge). Her most recent monograph is entitled *Photography* (2022), part of an arts and health series.



### Dr Rebecca Ashley

Dr Rebecca Ashley was the Project Researcher on Birth Shock! working with Professor Susan Hogan to evaluate the impacts of The Birth Project films. She holds a PhD in Social Anthropology from the University of Sussex (2021), which explored the effects of financial crisis and 'care deficits' on maternity services and midwifery in Iceland. She has a background in clinical midwifery and worked as an NHS midwife in London before starting her PhD fieldwork. She now works for the perinatal bereavement charity Sands.



# Project Publications and Further Related Reading

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**DERBY**

For discussion about the project,  
please feel free to contact  
**[s.hogan@derby.ac.uk](mailto:s.hogan@derby.ac.uk)**

University of Derby  
Kedleston Road  
Derby  
DE22 1GB

