



How can I know
if my midwife is
really going to
help me?

MODULE 4

Improving Interpersonal Connecting

Goals Of Module 4

- ✓ Learn how childhood experiences can affect how you react with caregivers now
- ✓ Notice when you're having a trauma-related reaction and interpret what's going on
- ✓ Figure out what you can and cannot expect from a midwife or doctor



Why do I leave my prenatal visits feeling upset with how it went?

Is having the perfect caregiver too much to ask for?
Probably. What can I do about that?

Relational Trauma

Abuse in childhood can affect other relationships later on. Being abused, taken advantage of, or betrayed by *anyone* makes it hard for people to trust. Period. It's even worse when the abuse comes from someone loved or needed. Children depend on their caregivers for basic needs like food and shelter. Caregivers are supposed to teach children how to live respectfully in the world. They show children how to have healthy relationships with other people too.

People generally meet their need to be close to others through adult relationships. They learn to make each other feel good and trust one another. But people who have been hurt in childhood might worry that their needs won't be met. They often assume they'll be let down or hurt again. These concerns may stop them from getting the support or care they need during pregnancy.

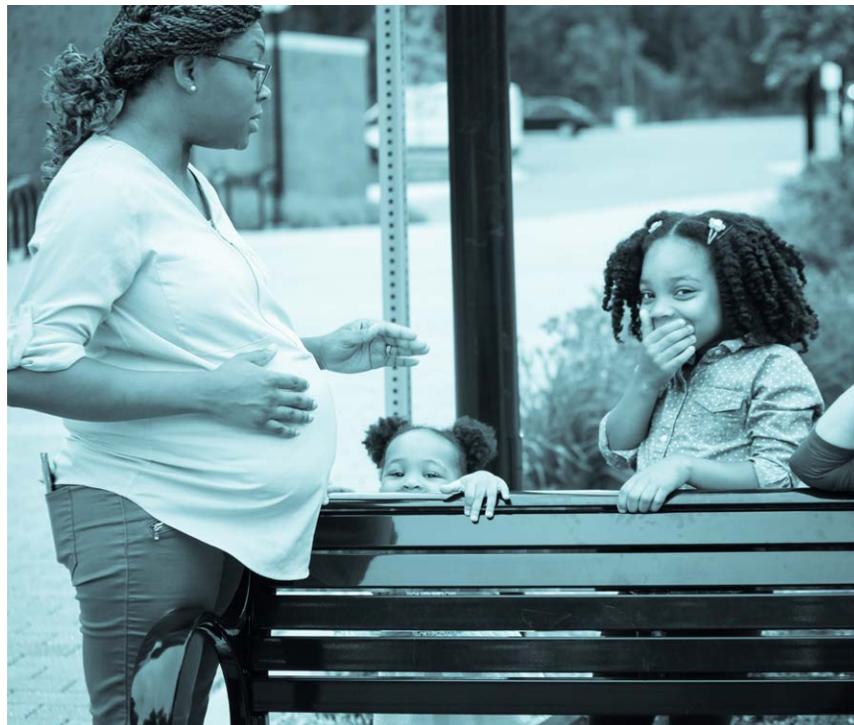
In this module, we focus on strong feelings and reactions that can affect a pregnant woman's relationship with midwives or doctors. To keep things simple, though, we'll only use the term "midwife" to describe such relationships. We'll be doing that even though some



survivor mums will be dealing mostly with doctors and nurses during pregnancy.

Interpersonal Reactivity

We use the term **Interpersonal Reactivity** to talk about how some people respond to others. A simple talk between two people can lead to too-strong feelings and actions. People who have survived childhood trauma can take things the wrong way. They can become upset easily. They can act in ways that don't match the situation. This most often happens when survivors are asked to trust that someone is dependable. Or that someone is kind and means well. To trauma survivors, these strong reactions make sense. That's because their early experiences have taught them something terrible. They've learned that people they should be able to depend on can be cruel or



unreliable. But survivors' behaviour can be very puzzling to other people. Especially to people who grew up with adults who were attentive to them.

Sometimes this can come across as blaming survivors. It can make it seem like people are judging or being critical of them. That's not what we're trying to do at all. We think that survivors learned to be careful in relationships in ways that helped them get by. And what do we think about the way people who grew up in "good enough" situations behave? We believe they had it easier. They "learned" to be more easy going in relationships.

You could even say that these two groups of people grew up in different cultures. It sometimes feels to us like survivors and midwives are trying to relate to each other from different worlds.

What we'll be talking about next is interpersonal reactivity from the survivor's point of view. From the inside out.

From the Inside Out

By the time you see a midwife, you probably know that not all people will hurt you. You'll have made some friends and had some good things happen in your relationships. Some people will have shown themselves to be trustworthy. Some may have helped you feel good about yourself—even loved. But relationships with people you need to depend on don't always go smoothly. You might wish you could be easy going like others seem to be. But you just don't feel easy going.

When it comes to important relationships that should meet your needs, you hope for the best but plan for the worst. You may fear that the other person will let you down rather than look after you. This makes sense if you were let down by adults who should have cared for you when you were a child. Sometimes you may want proof that the other person will put you first and look after you.



When someone does let you down, you may still get very upset. That may happen even though you may have already expected it. You feel very strong emotions. You feel you must do something about it now or you won't be able to calm down. This also makes sense. When you were a child, if the person looking after you didn't do their part, you were helpless.

You might even experience the fight-or-flight or freeze-or-faint stress reactions we talked about earlier. Taking any action you could to feel okay about things was important back then. Even if it meant feeling like you didn't need the other person. Of course, you're probably still looking for any sign of a problem in your relationships. It doesn't make sense to be easy going.

Tropical vs. Arctic

Midwives see themselves as helpful and caring (and usually, they are). Pregnant women need someone they can trust to look after them and their new baby. That's even more true in the hours of labour and birth. The relationship between the midwife and a pregnant woman may bring up old issues. The woman has to depend on the midwife. That's why this match of services with needs should work but sometimes doesn't.

In our experience, as we've said, it sometimes seems like the mum-to-be and the midwife are from two different worlds. The survivor mum might as well be from the Arctic (where life is hard). And the midwife might as well be from the Tropics (where life is easier).

The midwife feels at ease because she deals with pregnancy every day. The survivor is new to pregnancy, labour and parenthood. She's trying to understand everything as it unfolds. But she is a bit dependent on the midwife. Worst of all, the time set aside for a visit to the midwife is sometimes short. There might be a different midwife each time. It can be hard to build trust.



It's understandable to feel concerned under such conditions. But having very strong feelings or too-strong reactions to the way a visit goes can cause problems. The midwife might not know you have a strong need to get along well and to build trust. She might assume things are fine. She might not respond carefully because she doesn't see the problem. She's not even expecting there to be one.

But if you keep the reaction to yourself, the situation might get worse. So what can you do?

Strategies for This “Cross Cultural” Situation

Let's return to the travel metaphor. Imagine that a person from the Arctic was visiting the tropics. She could plan to make her visit easier in two ways. Taking a travel companion would be one. Thinking like a language interpreter would be another.

Finding a Travel Companion

When people are ill, they often ask someone to come with them to see the doctor. They need someone to support them, help them listen and ask questions. That's why there are extra chairs in the room. A pregnant woman can do this too!

It's fine to ask a friend to come to prenatal visits and come along for labour. It's also okay to ask a partner if the partner is really helpful. It's ideal to pick someone who seems easy going about handling relationships. That's because it's a very important need. If the person's also good at dealing with health care situations, that's great too.

But a survivor's biggest need is to have someone listen to what's going on. She also needs help navigating the trust issues that might come up. Someone who knows what's okay or normal in relationships will suit that need. Having a travel companion who knows how relationships



work can make health care visits less stressful. She can also give the survivor mum a sense of safety and comfort. The pregnancy and birthing process may turn out to be a pretty fun adventure!

Travelling companions can be very helpful after each visit. The survivor mum-to-be and her companion can talk through her impressions. Doing so will probably help the survivor learn something important. It'll help her see if her feelings about the exchange with the midwife are matching what actually happened. If they don't, problem-solving with a companion may be easier than sorting out the visit alone.



Do you have someone who could be with you on this journey?

Think about your friends, relatives, partner and neighbours. Is there a person you admire for the calm, steady way they get along with people? Maybe your partner, sister or girlfriend has this talent.

Or maybe you need someone less close to you to take this on. That person could be an older neighbour. It could be someone from your church. It could be someone who does some volunteer work with you. Perhaps it'd be nice to have someone who's already a mother as a companion. Or



just someone who's kind and reliable. You'd be surprised at how many people would be happy to help in this way!

In some places, there are birth professionals who are trained to serve as companions to pregnant women. They're called **doulas** or mothers' helpers. Doulas usually help women during labour or during the first few days after the baby's born. But you may be able to find a doula who'd agree to come to prenatal visits with you.

A doula usually charges for her work. But doulas offer free services in some places. The public health system provides this service in others. Certified doulas are trained about trauma and childbearing. That means you can talk about your needs pretty easily. You can learn more by going to the DONA International website. Ask your tutor for the link to the website.
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Acting as an Interpreter

There's another skill that can make things easier for you now **and** after your pregnancy. Learning to think like a language interpreter can be very helpful to you in many situations. To start learning this skill, let's put you in a scenario that shows you how such skills work.

Imagine that you've gone to see your midwife. She looks like she's been working all night. You've just asked her about something that's been worrying you. Then her cell phone beeps and she reads the text. She looks at you and gives you a very short answer and starts to walk away. The midwife's mind has already turned to the problem signalled by the text message.

First you react! Notice that.

When something hits you a bit wrong, you may feel like you're going to be triggered. You may worry that you're going to have a too-strong reaction or start feeling numb. But try thinking about what's going on in a positive way. Feeling that first hint of a reaction gives you some





valuable information. It's telling you that something has happened. It's letting you know that you need to slow down for a minute. And then take the time to "interpret" the meaning of what's happened.

A woman who grew up in a safe and caring situation would probably use her past to judge this event. She might feel annoyed at first. But she'd set aside her feelings quickly. That way, she could still think about what to do while she was meeting with the midwife. She might decide that the short answer was good enough. Or she might ask to talk with another member of the staff.

You also might feel pushed aside. It might seem like you and your feelings aren't important enough. You might feel so badly about the visit that you never want to see that midwife again. Either way, these too-strong feelings don't quite match what happened. A more easy going interpretation of what happened might feel much better. It might even help you to keep your relationship on the right track.

If you had your travel companion along, you could talk about what happened and your feelings about it together. But even if you made the visit alone, you can practise interpreting what happened right away.



What Do We Mean by “Interpreting?”

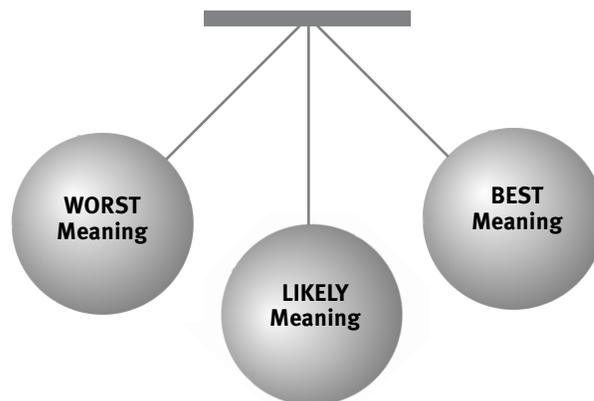
In any cross-cultural situation, misunderstanding is a risk. So you have to listen to the words being spoken. And notice body language too. You must figure out what may be going on that you’re not understanding. Jumping to conclusions about people’s behaviour doesn’t work. You have to take more time to think about what you’re seeing and hearing.

In other words, you need to take time to understand what’s happening for everyone involved. Survivors often think that the most extreme way to interpret someone’s actions is the best way. Here’s one way to prevent that. Think about what those extreme ways might be—on purpose! Then think of a “middle ground” way. That middle ground interpretation is what an easy going person would probably choose.

You can learn how to do this by following the three-step process below:

1. Come up with the most negative possible meaning of what’s been said or done.
2. Invent the most rosy, ideal possible meaning of what’s been said or done.
3. Split the difference between those two interpretations. Then see if you can find a middle-ground way to think about what’s happened.

Hint: Think of each interpretation as if it were a position on a pendulum. Meanings of situations can swing from the worst meaning to the best one. Like pendulums, they come to rest on the most realistic, middle one.



Let's practise interpreting. We'll go back to the situation we described earlier. We'll start at the moment when the midwife got a phone message. Remember that she gave a quick answer to the survivor mum's question? And then left to address the issue that came up on the phone?



WORST Meaning:

What's the most negative meaning you can come up with?

Was it that the midwife's not professional and doesn't care about you? This could be a realistic reaction. If the midwife is a bad listener or dismisses patients' concerns, that would be bad.

But settling on this WORST meaning of what happened wouldn't be good. It's too early to decide that the caregiver will never have time for you. Going with this meaning could lead to too-strong feelings of anger.

It also could lead you to feel it's pointless to prepare questions for visits. It could even trigger a PTSD reaction. Especially if it reminded you of not being cared for as a child. So why go with this meaning if you don't have to?

BEST Meaning:

What's the most positive meaning you can come up with?

Was it that the midwife must be wonderful because she is so much in demand? This could be realistic too. Some professionals are **very** good at what they do, and are much in demand as a result.



But is that likely? Going straight to this BEST meaning doesn't serve you well either. Could this midwife really be so special and needed that you're lucky to be able to see her at all? Accepting this meaning right away could make you feel confused about what you can expect. It could also make you feel like your needs aren't important enough.



So why go with that meaning? The whole point of having a health care provider is to see to it that your needs are important and met.

LIKELY Meaning:

What's a likely meaning?

If you were an easy going person, how would you read her words and actions? Especially given everything else going on in the situation? What was the "in-the-middle" meaning you came up with?

Was it that she got interrupted, then made the decision that the other person's need was more urgent? Could she have thought that a quick answer to your question might hold you for now?

Going with this LIKELY meaning is a good thing. It fits the situation. It's completely possible that she has another woman who needs something urgent. That other person could be ready to give birth! And the midwife didn't ignore your question. She just gave it a quick answer.

This way of steering away from the two extreme ways to interpret the situation is useful. It prevents too-strong feelings from hurting the relationship. It may prevent you from feeling triggered. Finding a middle-ground meaning



allows you to be calm. Being calm lets you see if your need was met well enough or not. Being calm allows you to act and feel like the easy going people you envy.

If you feel your need was not met, but you feel calm, you can more easily think about what to do next. Can you picture yourself coming out of the room and looking for a staff member? Could you then ask that person some questions? You could say, “I still have some questions. Is there someone else I can talk to for a few minutes today?” Or you could ask, “If there’s not going to be time to talk in these visits, are there other resources you can give me?”

Here’s a quick way to remember how to practise the interpreting process we’ve just explained:

1. **Notice that the trauma feelings are coming up.**
2. **Remind yourself to slow down and “interpret” what happened.**
3. **List possible meanings that the situation could have instead.**
 - Brainstorm the possible worst and best meaning of the situation you experienced. Then think of a meaning in the middle of those possible interpretations.
 - Choose the one that is most likely. (That’s probably the middle meaning.)
 - If you’re unsure, try and think of how an easy going person might interpret the situation.
4. **Finally, think about how you’d want to react based on the middle-ground interpretation of the situation.**
 - How would a person who felt good and cared for react?

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Of course, this sort of step-by-step guide is good. But in the heat of the moment that process might not go as smoothly. Strong feelings can pop up too fast because they used to pop up fast to help you survive.



You could, instead, interrupt the process. You can postpone thinking about it. Tell yourself that you'll follow the interpreting process steps later. Then focus on calming yourself. You can think more about the meaning of a situation, and what you can do about it, when you're have a quiet moment. Then use these steps instead:

1. **Notice that the trauma-related feelings are coming up.**
2. **Remind yourself to slow down and tell yourself you don't have to figure it out now. Put your feelings and interpreting on hold.**
3. **When you have time to think more clearly than you could earlier, list the worst, best, and likely, middle ways to interpret that situation.**
4. **If you pick the likely meaning, like an easy going person would, what actions do you want to take? It's probably not too late to get your needs met.**

The Relationship With Your Midwife Is About Caregiving

The in-the-middle meanings we're talking about relate to the relationship you have **with a professional**. This is important. It's **possible** that a midwife could abuse a pregnant woman. But far more often, she won't.

A relationship between a pregnant woman and her midwife can go wrong. The midwife might seem too rushed, blunt or bossy. The patient might be cross because she doesn't feel well. She may also feel afraid or worried. Knowing this can happen helps everyone. They realise that the relationship may have its ups and downs. But they also know it won't be lost altogether. Working through problems can make the relationship with the care provider deeper and stronger.



Other Adult Relationships

The professional nature of the relationship between a midwife and a pregnant woman matters. The situation may be different in other relationships. Abused children are more likely to have relationships with abusive people later on. This happens for very complicated reasons. So we can't say that it's *always* a good idea to interpret what happens between adults in a positive light.

How about your other relationships?

If you're in an abusive relationship, communicating with others may be confusing. Knowing the difference between what you need from a relationship and what you're getting out of it can be hard. Anger and fear may cloud your sense of what's going on.

If you think you are in an abusive relationship, please talk to your tutor about what is happening. This course will not focus on how to help you in an unsafe relationship. But your tutor can assist you with that. You might also want to talk to your midwife and see how she can help you.

The Need to Feel Cared For

We all feel the need to be cared for when we are little, and we mostly look to our parents to do this. That need to be cared for doesn't end just



because we grow up. We can meet these needs in lots of ways. They can be met through loving relationships with others. They can also be met through the relationship we have with ourselves.

But pregnancy is a time when mums-to-be feel a lot of pressure. Even breathing, walking, and getting enough to eat take more effort. Of course, that doesn't even include the sheer strength it takes to prepare for labour, give birth, and become a mum. The need to feel cared for can be very strong



If a child's need to be cared for has been met, feelings that arise later might not seem as sharp. But if needs like this were not met in childhood, that's not the case. A sense of feeling lonely, scared and helpless can stay with survivor mums. Having to go through pregnancy without this love and care can be painful. It can bring up feelings that were first felt in childhood.

When such feelings remain, the sheer force of them can lead survivors to despair. When they're feeling this way, survivors may reach out to midwives more than other mums-to-be. They may have a need to be taken care of deeply and often. If midwives do not know about childhood trauma, this can be difficult. Midwives might not understand how deep those needs are. They may not have even thought about it. It's important to know that midwives often can't meet all of someone's needs.

On one level, everyone knows this: we understand a midwife is a busy person with lots of other pregnant women to see. But it's normal to hope that she'll see and meet intense needs. Even the kindest and most caring midwife will be limited, though. This mismatch between intense childhood feelings of need and a midwife's job role can lead to relationship issues.





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How's it going for you with your midwife so far?

It may still be early in your relationship. But it's a good idea to think about it now. We hope that the questions below help you do that.

- By now, you have a sense of your midwife's strengths and weaknesses. Are you having any issues with your midwife? (Think of an exchange between the two of you and try to apply the "interpreting" processes from earlier in this module.)
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- Are trauma-related feelings coming up? What are they?
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- What are the worst, best, and likely interpretations you can think of? What would an easy going woman think? What would she do if she thought things could be better?
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- What options does this interpretation open to you? What do you think would happen if you did those things? Do you want to try and see if any of them work?
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- If you had a "travel companion" going to visits with you, what do you think she would say about your midwife?
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- Are there any questions you want to ask about what you can expect?
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NOTE: It's good to think about the needs you'd like your midwife to meet. Even this early on in your pregnancy. What needs might an easy going person expect a midwife to meet?



Think about needs that aren't too great or too small. Needs that are in the middle range of those you'd like her to meet. It's okay to ask her how long appointments usually are, or what kinds of things you can ask her about between visits. It's also fine to ask whether you can see the same midwife every time. Do you think you'll need more help than it seems you'll be getting? Then it's good to ask for other sources of support.

- Have you talked to your midwife about being a survivor? If you think some past traumatic experiences might be affecting you, do you want to tell her about it? Do you want to make a plan to meet your needs?

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- If it's been stressful thinking about all of this, can you use some of the calming ideas we described in Module 3?

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Rosa's Story

Things to Think About

As you read Rosa's story, try and think about what you have learned in Module 4.

- How relationships with caregivers who abused you can affect your relationships with caregivers now
- How noticing a trauma-like reaction can help you slow down and interpret what's going on
- Why it's good to talk about what you can expect from your maternity care team now

Rosa is a 30-year-old woman who's pregnant with her first child. Rosa works for an ambulance service company. Rosa was abused when she was little. When her father left, her mother became depressed and started to drink too much. Rosa and her mother felt very alone. Rosa has prided herself on being tough and able to take care of herself. She doesn't see the father of her baby, and is happy with her choice to do it all by herself.

Rosa feels she knows a lot about the maternity care in town. That's because knowing such things is an important part of her job. At her first visit, Rosa found the midwife very helpful. Rosa asked lots of questions and got a lot of good advice. She came away feeling happy with the midwife.

Her pregnancy has been going well. But when she was about 35 weeks pregnant, she started to feel her uterus contracting. It worried her because she knew that early labour was not good for the baby. She called her midwife a few times



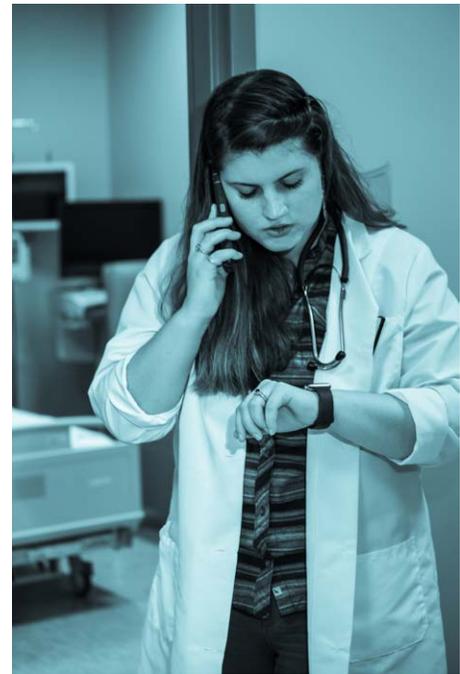
about the contractions. Each time she called, her midwife said it was nothing to worry about. Then during a difficult day at work, Rosa felt the contractions practically nonstop. She had spent the whole day on her feet and thought about calling the midwife again. But she didn't get around to it. She would get busy with something else and forget to call.

Later that night, Rosa had more contractions. At that point, she wished she had a mum she could count on to tell her what to expect. She felt alone with it all.

So she called the delivery unit to speak to a midwife. Rosa happened to reach her own midwife, who sounded annoyed. The midwife told Rosa not to worry unless the contractions really hurt. Rosa felt suddenly really upset! She felt so let down and ashamed of calling. She was also deeply sad. Then Rosa got mad because the midwife didn't seem to see how much she needed to **talk** to somebody.

After she got off the phone, Rosa got even angrier. She felt the midwife had been unkind and hadn't listened well to her. That night she lay awake getting more and more angry. At one point, Rosa started feeling sorry for herself and had a good cry. She started to wonder how much her midwife really cared about her. She worried about whether this uncaring midwife would be the one who'd be with her during labour.

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Questions

These questions will help you get to know yourself better. You can use these to talk to your tutor about any worries you have.

If answering a question is too hard or upsets you, just write down a few notes or skip the question.

You don't need to talk about all the questions in this module with your tutor. You can pick the ones most important to you. If you want to, you can also talk about some with a friend or your partner.

1. What made Rosa feel she really had to call the delivery unit that night? (Even though she probably knew her contractions were okay.)

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2. What reaction did Rosa have that seems related to what happened to her in the past? (This is what we call a trauma reaction.)

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3. Describe the worst, best, and likely ways you could interpret the situation presented here.

WORST:

BEST:

LIKELY:

4. If Rosa had focused on the likely interpretation, what ideas might she have about how to reconnect with her midwife? Could Rosa tell her midwife what she had really been feeling? And why she was feeling that way? Could Rosa explain how her mum was no help to her when Rosa felt scared and alone? Can you write down some words that Rosa could use to express what she was feeling?

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5. If Rosa had trouble getting to sleep due to this upset, what could she try doing to calm herself?

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6. If Rosa didn't want to tell the midwife what was really going on, how might using the "likely meaning" interpretation still help the relationship? (Think about the calming skills in Module 3.)

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7. If Rosa chooses to try to solve the problem without asking the midwife for help, what ideas could she choose to help solve it herself?

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Contacting Your Tutor

Please use the space below to make some notes for your in-person meeting or telephone call with your tutor. Try to think about:

- Are there any things from your work on this that you're particularly excited to talk about?
- What more explanation, or help practising, would you like?
- Which parts of the story do you most want to focus on?
- Do you want to talk about how this applies to you—or just to the character?
- Is there any trauma-related help you need right now that you want to discuss?

Notes

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Checking In With Yourself: Module 4

(Fill in, circle, or check your choice as needed. Do this **after** your tutor session.)

1. How well do you think you learned each topic?

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You can notice how trauma in childhood can affect how you react with other people now.

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

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You can come up with a few “interpretations” of your midwife’s words or actions.

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

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You’re getting a sense of what you can and can’t expect from your midwife.

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

2. How intense was this module for you?

NOTE: Please fill in the blank with your rating of distress on a scale of 0 to 10, where 10 is the worst distress you can imagine.

Rating at the beginning of the session: _____

Peak Rating: _____

Rating at the end of the session: _____





3. Did you make any plans for the next week to look at needs you have?

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4. Did you agree to practise anything this week?

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5. How would you rate your tutor session?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

6. How would you rate this module's content?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

7. How did your learning go during this module?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great





8. How confident or sure are you of your skill?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

9. You have an intense reaction to something a caregiver says or does, and you start to get too-strong feelings. What's the best thing to do?

- a. Notice and pause
- b. Realise you could be reacting because of traumatic experiences in an old caregiving relationship
- c. Postpone reacting if there's no time to think. Just try to do what an easy going person would do. Until you have time to think about the worst, best, and likely interpretations of the situation
- d. Walk out and find a new midwife
- e. All but d
- f. We skipped this part.
- g. We just touched on this, so I don't really know.

10. How sure are you that you'd know if a past event was affecting a current relationship?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure





11. During a clinic visit, you try to discuss your birth plan with your midwife. She says she doesn't have time to talk about it right now, and that she'll see you at your next visit. Then she leaves the room. Which of the following is a "likely" or "middle-ground" interpretation of what happened?
- a. My midwife doesn't care about me at all. If she won't listen to me now, she definitely isn't going to listen to me during labour.
 - b. My midwife must be so good at her job that she doesn't think I need a birth plan. She will just take care of everything.
 - c. I like my provider, but she is so busy. Maybe there is another time I can come in when she'll have more time to talk with me. Or maybe someone else can help meet this need.
 - d. We skipped this part.
 - e. We just touched on this, so I don't really know.

12. How sure are you that you could think up a worst interpretation of what happened during that visit? How about a best and likely interpretation of what happened?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure





13. Which of the following is realistic to expect from your midwife? (Circle all that apply.)

- a. To answer your every question, no matter what
- b. To have complete focus on you alone
- c. To do her best to make sure your baby is delivered safely
- d. To do her best to answer questions, and provide support during and after pregnancy
- e. Both c and d
- f. We skipped this part.
- g. We just touched on this, so I don't really know.

14. How sure are you that you could tell what's okay and not okay to expect from your midwife?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

