# AIMS JOURNAL

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ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES

## Good Care

NHS good practice is out there
Looking at the trusts leading the way

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Cover Picture: Midwife Wendy Davis and her client Jenny. © Michelle Barnes

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# Good NHS Midwifery Care

Guest Editor Michelle Barnes looks at some of the best the NHS has to offer

**In compiling this journal, about good NHS midwifery care, it is apparent that there are pockets of good NHS midwifery care as highlighted in the article written by Sheena Byrom (Head of Midwifery at East Lancashire Hospitals NHS Trust) on page 9. However, because midwives are constantly struggling to provide good midwifery care, usually with too few resources and staff within a medicalised model of care, I found that they do not have much time to share such examples of good practice with us. So AIMS took the decision early on to gather examples of good NHS midwifery care from women's perspectives, and celebrate what women see as good NHS midwifery care, with lots of positive birth stories.**

Half way through editing this journal AIMS heard the news that the Albany midwives' capacity to carry out home births (for which they are so revered) had been entirely suspended. This came as a huge shock to AIMS as the Albany Midwives are a beacon of good NHS midwifery care. Since then, we learned that the contract between the Albany Midwifery Practice and King's College Hospital has been terminated by King's. Because of this struggle the Albany Midwives were understandably unable to share details of their gold standard service to be published in this journal.

However, we have commendations from Albany service users on pages 6, 15 and 26. It is fantastic to see the number of women, most of whom have had the privilege of being looked after by the Albany Midwives, campaigning tirelessly to get the successful Albany midwifery birth service re-instated.

On page 4 our Chair Beverley Beech has written about the difficulties women and midwives face when planning home births and has highlighted the current plight of the Albany mums and midwives. AIMS encourages its members to support the Albany campaign by donating to the fighting fund and joining the march, on Sunday 7 March, in London. For further details about the march, making a donation and all the latest news please visit the Save the Albany website at www.savethealbany.org.uk

On page 12, 13 and 14 there are details about the NHS birth pool schemes, currently running in Sheffield and Bradford. Both these initiatives are helping to make water birth easily accessible to more women. In Sheffield it was the hard work and determination of a few NHS midwives that got the birth pool service up and running and expanded across the city. These midwives should be extremely proud of their achievement. On page 20 we hear from Gemma Hopkins about her experience of using the Sheffield birth pool service.

We have positive stories from parents who birthed at the Montrose Maternity Unit, the Scottish beacon of good NHS Midwifery, on page 7 and page 22.

Unfortunately, the long-awaited project for a new Montrose Maternity Unit has been suspended indefinitely due to financial uncertainties. The service is continuing in the existing building meantime but Angus Maternity Services Liaison Committee (MSLC) is reconvening to seek a firm commitment on its future. To support the service, see information at www.birthinangus.org.uk or become a fan of Montrose Maternity on facebook.

We know that many midwives are struggling on all fronts and that they are often discouraged and even prevented from practising midwifery as women want it to be practised. We must continue to fight for the Albany, other midwifery initiatives and individual midwives, including Independent Midwives, who provide good midwifery care. I do believe that when a service, like the Albany, is under threat it helps to highlight how good it actually is and may in turn help our case to get similar services rolled out across the UK.

*Michelle Barnes*
*AIMS Committee Member*
*www.sheffieldhomebirth.org.uk*

**NCT ARM IMUK AIMS Albany Mums**

**Reclaiming Birth**
**March in March***

**London**

**7th March 2010**

***Full details to follow, or check for updates at www.savethealbany.org.uk**

# The problems of getting a home birth

*'The choice of home birth should be offered to all mothers'.* Maternity Matters, Department of Health, 2007

**Choice', 'should' and 'offered' are interesting words. First of all, let us be clear, there is no such thing as 'choice' in most maternity care,[1] it has become the most over-used and misleading word in the English language. And when choice is offered, far too many staff believe that the woman will choose what they decide she should have.**

Few people today understand that the idea of choice has been bandied about as if women were choosing different brands of washing powder in a supermarket; when in reality it is making decisions based on individual beliefs, values and experiences that are extremely important to individual women. Unfortunately, in our NHS provided care, there is an assumption that the Service will provide the care, but that they will also decide who will or who will not avail themselves of it. For the majority of women the first question they are asked after they have confirmed that they are pregnant is: 'Which hospital do you want to go to?' or 'I will book you into St. Elsewhere's. It is only the informed woman who states that she does not want to go to any hospital and instead intends to birth at home.

**far too many staff believe that the woman will choose what they decide she should have**

In 2007 the Department of Health produced Maternity Matters in which it guaranteed that by 2009 women in England would have choice of place of birth. On the 26th October the National Childbirth Trust published its report[2] which found that '95% of women in the UK are not able to choose where to give birth.' Most women are booked into their local consultant unit and, if they are lucky, they might be able to give birth in a freestanding midwifery unit but very few will achieve a home birth (unless you live in a particular part of South London where 44% of women booked with the Albany Practice midwives birth at home). This service, however, has become so threatening to the medical profession that despite excellent outcomes King's management cherry-picked some cases with poor outcomes and then employed the Centre for Maternal and Child Enquiries to investigate, produced a secret report, gagged the midwives and then closed down the service, so the choice of a home birth in South London is now even further restricted.

Those women formerly cared for by the Albany midwives will now be required to join the ranks of all the other women around the country who do not find it easy to book a home birth.

Numerous tactics are used to dissuade those judged to be 'unsuitable'. One of the most common is for the midwife to appear supportive until the woman nears term,

*up until about 34 weeks she seemed to be very pro-home birth'*

*Jayleigh*

During the pregnancy any discussion of the home birth arrangements are avoided until the last couple of weeks. It is at this point that the women often find that there is some reason why they cannot have their home birth:

'Your baby is very large/very small'
'Your baby is 2cm over the average fundal height'
'Your iron count is too low'
'Your BMI (body mass index) is too high'
'You had a previous caesarean section'
'You are in labour at 37 weeks'
'You are a strep B carrier'
'You are overdue'
'You are expecting baby no 3, or even baby no 1'
'You are not in our catchment area for a home birth so you have to approach xxx'
Or the latest, most priceless one, 'we are stopping the home birth service because too many women want it.'

*'They also moaned about my BMI being 1 over the average - and that my father who is now deceased had diabetes'*

*Kriste*

In some Trusts women have even been told that they cannot have a home birth but they can contact an Independent Midwife who might be willing and able to attend them. The Trusts do not, however, offer to pay for the midwife.

The latest excuse is that the Trust is expecting a swine flu epidemic so it has decided to suspend the home birth service. Over the last 20 years, at least, Trusts have been telling women that they have a staff shortage and the women have to come in, particularly over Christmas, Easter or any other bank holiday. If that fails then women

can be told that they have to come into hospital because:

'We have three home births booked and if you go into labour at the same time we will not have the staff'

'We have exceeded our home birth quota for this month'

'You might go into labour when Nellie is on leave, or sick'

'The maternity unit is closed (in which case you have to go to a distant maternity unit).'

**encouraging more home births where the risks of a caesarean section are very much lower is not in the Trust's financial interests**

For many Trusts a reason for dissuading women from booking a home birth is money. The Trusts are paid £2,579 for each caesarean section (and £3,626 for a caesarean with complications) compared with £1,174 for a normal vaginal birth (a definition that includes interventions that would not match our definition of normal birth). So encouraging more home births where the risks of a caesarean section are very much lower is not in the Trust's financial interests.

**Midwives Rules and Code of Conduct require that when a woman calls in labour the midwife has to attend**

While the Trusts only have an obligation under the NHS Act 'to provide a maternity service' many Trusts will claim that they do that by providing an obstetric unit. The Midwives Rules and Code of Conduct[3] require that when a woman calls in labour the midwife has to attend (and if she cannot do so then she has to find a midwife who can.) Few women (and surprisingly few midwives) realise this and when told that there are no staff available and that they 'have to' come in most women give up and obey. In these situations, it is only the informed and stroppy ones who stand their ground and refuse who get their home births.

While the Nursing and Midwifery Council expects that every midwife on the register is competent and adequately trained, the reality is that many of those midwives who have worked in hospitals for most of their careers are not necessarily competent to attend a woman at home. The skills required to be still and observe and support the woman to birth successfully at home are very different from the skills required to break the waters, set up a drip, interpret an electronic fetal monitor printout and top up the almost inevitable epidural. It is unfair and dangerous to expect a midwife accustomed to such medicalised births to go out and attend a woman at home without being offered any re-training. Yet that is what so many Trusts expect of their midwives, and few Trusts have put in place a structured re-training programme to re-skill the midwives for this role.

A woman is also faced with trying to assess whether the midwife is telling her, often repeatedly, of the 'risks' of home births because she really does not want to attend a home birth or whether she is doing it because that is the Trust's policy. Yet not a single Trust informs women who book into the consultant unit of the risks of doing that.

**not a single Trust informs women who book into the consultant unit of the risks of doing that**

*'For some women, it is possible but not proven that the iatrogenic risk associated with institutional delivery may be greater than any benefits conferred'.*[4]

Furthermore, while student midwives can qualify without ever having seen a normal birth those who have realised the shortcomings of the training and who have searched for placements with experienced community midwives are not enabled to develop these skills. Until we have separate community based midwifery practices and free-standing midwifery units, in every district, which will enable midwives to gain experience in attending normal births, we will continue to put women's and babies lives at risk. It is unacceptable that far too many Trusts persist reluctantly in sending obstetric nurses out to attend births in women's homes; and women will have to continue the battle to get the kind of care they want with the skilled midwives that are needed.

*Beverley A Lawrence Beech*

References

1. Kirkham M (2009). Informed Choice.

2. National Childbirth Trust Location, location, location

3. Nursing and Midwifery Council.

4. Campbell R, Macfarlane A (1994). Where to be Born: The debate and the evidence, 2nd edition Oxford: National Perinatal Epidemiology Unit Oxford.

# Albany Care

*Lucy Christopher* looks at the impact of holistic care for her VBAC

**Four years ago, I had had a traumatic emergency caesarean with my daughter, which resulted in difficulty bonding, depression and problems breastfeeding. During early pregnancy with my second child, I became deeply worried about the clinical attitude of the obstetric staff. They insisted that due to the nature of my first birth, I would have to have constant monitoring throughout my entire second labour. There was no discussion.**

Since my first labour I educated myself in natural childbirth theory, and knew I needed this in order to avoid a similar outcome second time round, but there seemed to be no way to change my impending care plan.

I met a doula but just couldn't afford one; the lovely trainee I met was not available for my dates. I was stuck. I was five months pregnant and seriously worried that I was going to end up where I found myself during my daughter's birth - in a hospital, with a midwife who didn't know me, panicking; failure to progress, and a caesarean.

I had heard of the Albany midwives through a friend, and although I didn't hold out much hope of getting onto their list half-way through my pregnancy, I struck gold, and they had space for me.

Fran came to meet me. From the very start, I suddenly found myself experiencing a type of care entirely new to me. Far from the previous examples of rushed and harassed midwives who didn't seem to know or care about my questions and previous experiences, Fran made it clear that she was on my side and would support me in the kind of birth I desperately wanted. She was not in any rush, she listened to my worries and concerns patiently over the phone and in person; the first step to a new experience in childbirth.

Finally, I could make a choice about what type of birth I felt would give the best outcome. As the weeks went by, the team made sure I had met most of the other midwives in case my two weren't free - a new experience entirely. When labour came, almost exactly on time, I hardly knew until almost fully dilated, as I had become so relaxed in the care of these wonderful midwives, who showed total confidence in my ability to do what came naturally. It is this belief that underpins the entire process of natural childbirth. This is exactly as it should be.

Stanley got stuck on the way out, and Fran and I decided to call an ambulance as my blood pressure was raised and contractions were extremely strong. Fran took the VBAC risk factor very seriously, and at no time did I feel that it was overlooked. I felt totally cared for, all the time, feeling tremendously empowered as I laboured with no pain relief until the last moments. This was the same woman who had cried for an epidural four years earlier!

I had a ventouse delivery and surgical removal of my placenta; not an entirely natural birth, but a heck of a lot closer than I may have had otherwise. Certainly, being hooked up to fetal monitors from the first contraction was the worst thing I could have imagined. Thanks to the Albany Midwives, I pretty much avoided this.

I also credit them, through this process, with my successful breastfeeding, and strong bonding with my son. When I look back at my daughter's birth now, I feel less sad and regretful. Stanley's birth went a long way to making me feel I did as much as I could to bring him into the world through my own efforts.

I will always feel very grateful to King's College Hospital for supporting the Albany Midwives team, and hope that they continue to do so. I had a great experience, and Becky from Albany visited me the day after the birth, again a new experience. She may have had a busy day ahead, but never showed signs of needing to dash off. After pleading to go home a day early, the kindly King's midwives did one last examination and agreed. They were delightful and, for me, a total contrast to last time.

It is a mystery to me why the Albany model is not the norm. Surely if women feel they have the choice to labour however they choose, and they get to know the midwives guiding them through labour, the outcome will be better than having terrified women in hospitals with tag-teams who have never met them before? Birth is a natural process and as such depends on confidence and reassurance; this confidence, with vast knowledge and mines of experience, is key to the Albany model of care.

Even while in labour I noticed the relationship the Albany midwives had with the consultants. This seems to be an entirely desirable scenario when it comes to childbirth; ideally, the woman isn't so much a patient as an active participant - with the midwife as her ally and representative. If more clinical staff accepted this as the perfect balance, there would surely be less stress and feeling of 'lack of control' on the woman's part. I have very clear recollections of the 'full and frank' discussions between midwife and consultant, and the fact that Fran would always ask my permission before agreeing to any interventions.

If more women could have the Albany model of care, I feel strongly that they would avoid the type of birth experience that I had first time round. Surely aiming for natural childbirth with the support of a known team is more cost-effective than failure to progress and emergency surgery for women who were just feeling confused and unsupported in the first place.

I will always be grateful to the Albany Midwives for the deep impact they've had on my life - because childbirth really does impact on everything that comes after, physically and psychologically, for the mother and the whole family.

***Lucy T Christopher***

# Common sense for fathers

With the help of John, a recent service user, *Phyllis Winters* reflects on the midwives' attitude to involving dads-to-be at Montrose Community Maternity Unit.

**The idealised picture of the willing birth partner conjures up an image of the father-to-be lovingly massaging the back, providing iced drinks and mopping the brow, whilst ensuring positive feedback on his partner's ability to give birth.**

Unfortunately, the reality can often be partners pushed to the corner of the room, while being made to feel redundant and indeed impotent during the birthing process.

Fathers-to-be, keen to support their partners while they give birth, often feel ill-equipped to deal with the event, even if they have attended classes with them. Throughout the pregnancy, the focus is on preparing the mother; the needs of the father are often ignored and sometimes belittled. In years gone by, dads were forced to pace the waiting room. Nowadays it is almost obligatory to be present - but perhaps the birth room is not as father-friendly as it should be.

**A well prepared partner can be a source of support, not only for the labouring woman, but for the midwife**

A well prepared partner can be a source of support, not only for the labouring woman, but for the midwife. If he is able to recognise the stages of labour, particularly transition, he can help reinforce the midwives' words of reassurance and encouragement. Without this knowledge, the father may become stressed and request unnecessary intervention in an attempt to calm his partner.

The father/child relationship is extremely important and can be nurtured during the pregnancy. Ensuring the father feels included throughout the pregnancy and birth and postnatal period is essential to the bonding process. If we wish the dad to become an equally responsible parent following birth, we should consider his needs antenatally and during the birth.

The organisation Dad Info (www.dad.info) has been a particularly good source of ideas and information and at Montrose we try to include the dad from the outset. For example:

1. We can arrange scan appointments out of normal hours to enable partners to be present
2. We give a letter of congratulations, with basic information on pregnancy, to dads at booking
3. Fathers are included in all antenatal appointments
4. We invite dads to all parent education sessions, with one session dedicated to the role of the birth partner
5. We arrange the birthplan appointment to include the woman's partner, to ensure his views and thoughts regarding labour and birth are discussed
6. In cases where women choose a second birth partner, we encourage them to help support the father-to-be
7. Following the birth we encourage new dads to participate in babycare and bathing

As with all aspects of our service, we are constantly auditing and seeking ways of improving what we do. We sometimes find that the spontaneous comments and letters written by couples after the birth give us the best insight into where we are getting it right. As well as boosting morale among staff, such feedback gives us the opportunity to reflect on our practice and creates a positive atmosphere which encourages us to do more of what works well.

One such reflective story came in recently from a new father called John. It would be easy to conclude that his different experience is simply down to the passage of time and a general change in maternity services, but we believe the answer is more complex than that, and goes to the heart of what a community maternity unit can offer and achieve.

**to the heart of what a community maternity unit can offer and achieve**

### John's Story

'My son was born at Montrose Infirmary in a birthing pool. We have named him Oliver and he has continued with a love of water, splashing about and generally having great fun at bathing time. At 10 months he has some way to go before he can float, let alone swim.

'Oliver is my third child. My first is Stefanie, and she is 20 years old, and my second is Jemma, and she is 17 years old. My wife and I are now mature parents both in our

40s. When Stef and Jemma were born we were in our early 20s, inexperienced youngsters - and, with Stefanie, definitely overwhelmed and probably intimidated with the whole process of childbirth. I can honestly say that throughout the birth of my two daughters I never felt a part of the maternity process. My strongest memory of both my daughters' entries into this world was the sudden feeling of responsibility that ran through my whole body when I saw their faces for the first time.

'My life would never be the same again. I landed with a bump, not the fertile man that can get a woman pregnant at the drop of a hat strutting his stuff and doing the walk. Responsibility, work, bills and a definite lack of football and watching my favourite team Liverpool FC was now my new future.

'I've seen the interviews on the telly with some actor going on about how the birth of his child was the greatest memory in his life and yet I didn't feel like that. I didn't feel a part of it and in fact I felt guilty about not sharing his feeling. Looking back I realise why I didn't have that feeling. The obvious one is that I didn't have the millions of pounds in the bank a famous actor has - I had to work and provide for my family. Secondly - and I believe most affecting - I was never included as part of their births.

## approach to childbirth that somehow gave a feeling of common sense

'Both girls were born in a large hospital in the North West of England with a centralised maternity unit serving the wider area. It was an overworked maternity unit with overworked staff. I can never remember being acknowledged at any prenatal visit, and I felt more like someone who had passed on an STD to my wife rather than the father of my developing baby. Never asked how did I feel, did I have any questions, did I have any concerns. Looking back I find it worrying, rude and totally unprofessional. Pushed out of the way, and the only question I was ever asked was "Are you squeamish? We don't want another patient with you fainting and banging your head on the floor." A lovely experience for a young man only a few years earlier a teenager. Welcome to the world of childbirth for fathers - a burden, get out the way and what do you know about babies, in fact I'm surprised you're here and not down the pub with your mates, you're all the same you blokes!

'These are the main memories of the birth of my two daughters. A disgrace - and I'm certain that approach causes some young men and young fathers to turn their backs on their families and shirk on the responsibility of providing for and bringing up their child.

'Thankfully that was not the case with the birth of Oliver. I did come across the odd member of staff that didn't acknowledge me in a meeting, but I can say that never happened whilst attending Montrose. My wife did start to exhibit symptoms that nearly resulted in her giving birth at [the consultant unit] on a bed or in a surgical theatre. Thankfully the confidence and professionalism of the staff at Montrose shone through and he was born in a birthing pool, a fresh new approach to childbirth that somehow gave a feeling of common sense.

'I suppose common sense is the best way I could describe my experience with childbirth at Montrose. The prenatal process was aimed toward that day when my child would enter the world. The questions were about where and how we wanted our child to be born, a feeling which gave me a sense of parenting before my baby was born, making decisions for them now, rather than being pushed along and prodded. It all fitted into place and ran its natural course with an emphasis on nature knows best, reinforced with confident but controlled professional medical support. Not once did it feel like a medical, surgical process like it did with my daughters. There was nothing clinical about it at all and, as a result, I didn't feel like a visitor in a ward during visiting hours. I felt included, useful, a help not a hindrance, a partner sharing what I now believe to be a wonderful and truly amazing experience that I wouldn't have changed for all the money in a successful actor's bank account.'

*Phyllis Winters*

*Phyllis is midwifery team leader at Montrose Community Maternity Unit, e-mail phylliswinters@nhs.net. Further information on the unit is at www.birthinangus.org.uk*

John and Paula Pearse with baby Oliver and their daughter Jemma

# Onwards and upwards

Pushing the boundaries to promote positive birth in East Lancashire by *Sheena Byrom*

**UK NHS services are under constant pressure to meet targets, maintain financial balance, and respond to the needs of the public. Maternity services are affected by the same demands, and as midwives and mothers negotiate the journey of pregnancy, childbirth and early years, they often report facing challenges which are both heart sinking and heart warming.**

The consequences of the medicalisation of childbirth have been described by many (Wagner 2000, Kitzinger 2006) and yet the juggernaut of intervention in pregnancy and labour moves forward at a pace. Here I have described in brief how our maternity service is attempting to influence birth in a positive way for mother, baby, family and communities in general, through interprofessional collaboration, support, education and leadership. Service users play a key role, and are invaluable every step of the way...

East Lancashire Maternity service includes two obstetric maternity units eight miles apart, and a birth rate of 6,800 per year. Both serve a diverse population, with a rich cultural, social and economic mix. The area is vast, and has some of the worst deprivation levels in the UK, including Pendle, which has the second highest Infant Mortality Rate. The Units provide both midwife and consultant led care, and there is an expanding home birth service. Future plans for the service includes the amalgamation of obstetric care in a large new tertiary unit and three birth centres, both alongside and freestanding.

**The Units provide both midwife and consultant led care, and there is an expanding home birth service**

The midwives and obstetricians on both maternity sites work hard to promote normal birth, frequently in difficult circumstances, including staffing and other resource issues. The drive to support physiological birth processes is apparent throughout the service. Through their passion and commitment, midwives have developed strategies that have had an impressive impact on the number of women having home birth and using water in labour and birth, and obstetricians and mothers have supported them throughout.

**Increasing the use of water in both labour and birth.**

Use of water for labour and birth was minimal prior to 2007, due to lack of knowledge/skills and some reluctance from key team members. A newly qualified midwife was supported through supervision and a senior midwife to develop skills and promote the use of water, resulting in a phenomenal shift in practice and through increased choice has enhanced opportunities for positive outcomes for mothers. To promote water births within the unit a water birth leaflet was produced for women explaining the benefits of water during labour and birth. Midwives also attended water birth workshops to develop skills, and were encouraged to offer the choice, on a daily basis, by enthusiastic members of the team. A second pool was purchased, and the rooms were improved to enhance ambiance and comfort.

**willingness to try something new that meant I got to have a fantastic birth experience**

As a consequence, the water birth rates have nearly tripled from 1.7% in 2006 to 5.8% in 2008. This has included the use of water for women with previous caesarean section (increasing number), women undergoing induction of labour including IV Syntocinon (see comment below), and one woman who wanted to use water for the birth of her stillborn baby.

Below is an excerpt from a letter of thanks to one of the senior midwives, from a woman who had her fifth baby in water, whilst having IV Syntocinon. She had used epidural anaesthesia with her other births:

*In addition to the pictures, I wanted to say a huge thank you to you and Louise.*

*It was Louise's willingness to try something new that meant I got to have a fantastic birth experience with what will very probably be my last child. I had always wanted a water birth but previously been unable to because of my need for intravenous antibiotics for strep B. When I realised that the rules had changed and it would now be possible, I was delighted. For me then to realise I needed another drip to get my contractions moving, thus making the water birth out of the question again, was really, really disappointing. Louise however, was confident enough to try out the remote monitor in the pool and to put the suggestion to the doctor in charge. Her reassurance and willingness to push conventional boundaries meant that finally, on my fifth child, I got my wish.*

*The combination of the analgesic effect of the water and constant presence of Louise and yourself, meant that I had the most relaxed, stress-free and (relatively!!) painless delivery yet.*

### Promoting home births within the community

There have been significant and serious shortages in midwifery staffing levels for the past three years. Despite this, midwives have supported women and increased the home birth rate through offering this choice and going above and beyond the call of duty with extra 'on call'.

The home birth rate has doubled since 2006 going from 1.86% to 3.22% exceeding the national average (1.4%).

**The local community seemed to have taken their role in supporting the family unit**

Although not high it does indicate the services responsiveness to women's choice, in difficult circumstances (service staffing and local demographics). There has been a particular focus on promoting home birth to communities who wouldn't usually opt for this birth environment. This is what a midwife who works in an area of extreme deprivation told me:

*'The local community seemed to have taken their role in supporting the family unit and became involved in the whole process. After the last birth I remember the woman saying that she didn't even know the family directly across the road after her first baby yet after her home birth the first neighbour to visit with a gift was in fact this mother. Another told me that when she was filling her birthing pool she didn't have enough water pressure and the next door neighbour with whom she had little contact ran an extra hose pipe from their tap, outside and into her house to fill the pool quicker! Isn't that fabulous. I met her on Friday in the chip shop and she was still raving about her birth (for everyone to hear whilst ordering their chow mein!)'*

### And the obstetricians....

Several consultant obstetricians support and encourage women, and midwives, through trust and respectful

Tracey Saxey and baby Ruby May, another positive birth in East Lancashire

relationships, and the facilitation of the true concept of choice. When women request pathways of care that are unconventional or against local recommendations, they take time to talk, to negotiate, whilst ensuring the women and their families are central to the final decision. This has led to a nurturing and safe environment, where safety is paramount, and yet women are in control. Let me provide an example. A woman who recently gave birth to her second baby (first baby born by emergency caesarean section) was anxious and worried about the event. She almost opted for an elective C/S but was supported in her choice to have a VBAC. When her labour started to follow the same pattern as the first, Mary was worried. There was fetal distress, and although she was active and upright (standing), problems occurred in second stage, with a significant delay. A decision was taken to assist the process with the use of Ventouse, and the registrar was supported by the consultant to apply the cap whilst the mother was standing, as she did not want to lie on the bed. The registrar did this, and to his surprise the baby moved easily down the birth canal. The consultant instructed her colleague to then take off the cap, so the mother could push the baby's head out herself. The student midwife was encouraged to then take over, as she had been caring for the mother in labour. The result was a beautiful amazing birth; a mother who was overjoyed with her achievement, a doctor who was influenced, led, and supported to follow a woman's lead, and a student midwife who witnessed the whole process, one she says, she will never forget.

## Service users are active on the local MSLC and delivery suite forums

### Involving service users

Service users have been involved in several ways within the maternity service and this has helped drive the focus on normal/positive birth. Service users are active on the local MSLC and delivery suite forums. A Birth Choice group has been established and members of this group have developed a birth choice leaflet for local parents. Service users have also created a theatre group (Byrom et al 2007) and use their drama to raise awareness around the birth environment.

### And so…

Positive birth experiences hold the potential to improve public health, and enhance social capital. Where a mother experiences an empowering birth in the community setting, and thereby influencing her peers and younger family members, the consequences hold the potential to resonate throughout generations, through shifting beliefs and cultures. We sincerely hope that the small amount of positive work we are doing helps in some way to promote health and well-being in our local community.

*Sheena Byrom*
*Head of Midwifery*
*East Lancashire Hospitals NHS Trust*

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Wagner M (2000) Technology in birth: first do no harm. Midwifery Today Accessed at: www.midwiferytoday.com/articles/technologyinbirth.asp on 2nd August 2009

**'There is another positive story from East Lancashire on page 18. If you have a positive story and would like to include it in the AIMS Journal then please email editor@aims.org.uk'**

## Old AIMS Journals Help Needed

We are slowly making progress with constructing a complete electronic record of the AIMS Journals. We now have images of the pages of most of the Journal, but need to convert many of these to text.

We are hoping that later in the year we will then be able to produce a DVD of these Journals to celebrate AIMS' 50th birthday, but there is a lot of work to do and we really need your help.

What we need at the moment are some volunteers to put some of these Journal pages through an OCR (Optical Character Recognition) Program and to check the text produced for accuracy. We have found a fairly good online OCR program, so all you need to do this is a computer with internet access.

We hoped that if a good number of people volunteer to do just one Journal each then we could accomplish this stage quite quickly. We have around 160 Journals covering 1960 to 2002 - so if you are one of the first volunteers you can choose a year you would like to do!

If you are interested in helping or would like further details please contact Debbie - email: debbie.chippingtonderrick@aims.org.uk or Tel: 01276 510575.

Article

# Water birth in Sheffield

Home births increase when birth pools are offered in Sheffield. Report by *Michelle Barnes*

Sheffield Teaching Hospital Trust have been offering free birth pools to women planning home births in Sheffield for some time now.

### Background

It all began in 1992 with one Splashdown pool funded by Anne Garner's Trust Fund. Then four more Splashdown pools were acquired, again from Anne Garner's Trust Fund, over the next 14 years.

Pam Dorling, a now retired midwife from Sheffield, initiated and ran the successful birth pool loan service. In 1999 Pam Dorling took a lead in establishing a 'one to one' model of case loading care, in Sheffield and in doing so increased the home birth rate. In 2001 approximately 49 women gave birth to their babies at home.

Around 2005, Pam Dorling started getting The Good Birth Company's 'Birth Pool in a Box' inflatable pools for the community. The first ones were free, or, in one case at least, donated by a mother who used one. In 2005 home births were up to 130 and increased again in 2006 to 166.

The hospital trust took over the loan service in 2007, around the time Pam Dorling retired; up to that point although the loan of the pools was free, women were asked to pay for their liners (although anyone who could not afford it were given one anyway). When the hospital took over from Ann's Trust Fund, the liners were and still are provided free.

### Benefits of Home and Water Birth

Transfer from a home birth to hospital during labour occurs most commonly because the labour is taking a long time.[2] The proven benefits of water birth include shorter labours plus maternal relaxation, less painful contractions, less need for augmentation, less need for pharmacological analgesics, more intact perinea, and fewer episiotomies.[1,3]

Women have described the following benefits of home birth …

- it helps them to feel safe, secure and in control
- helps avoid intervention and focus on normal birth
- helps to assist in the establishment of breast feeding
- less disruption to family life
- more privacy
- it feels right for them – particularly after a bad experience in hospital or if they have a fear of hospitals

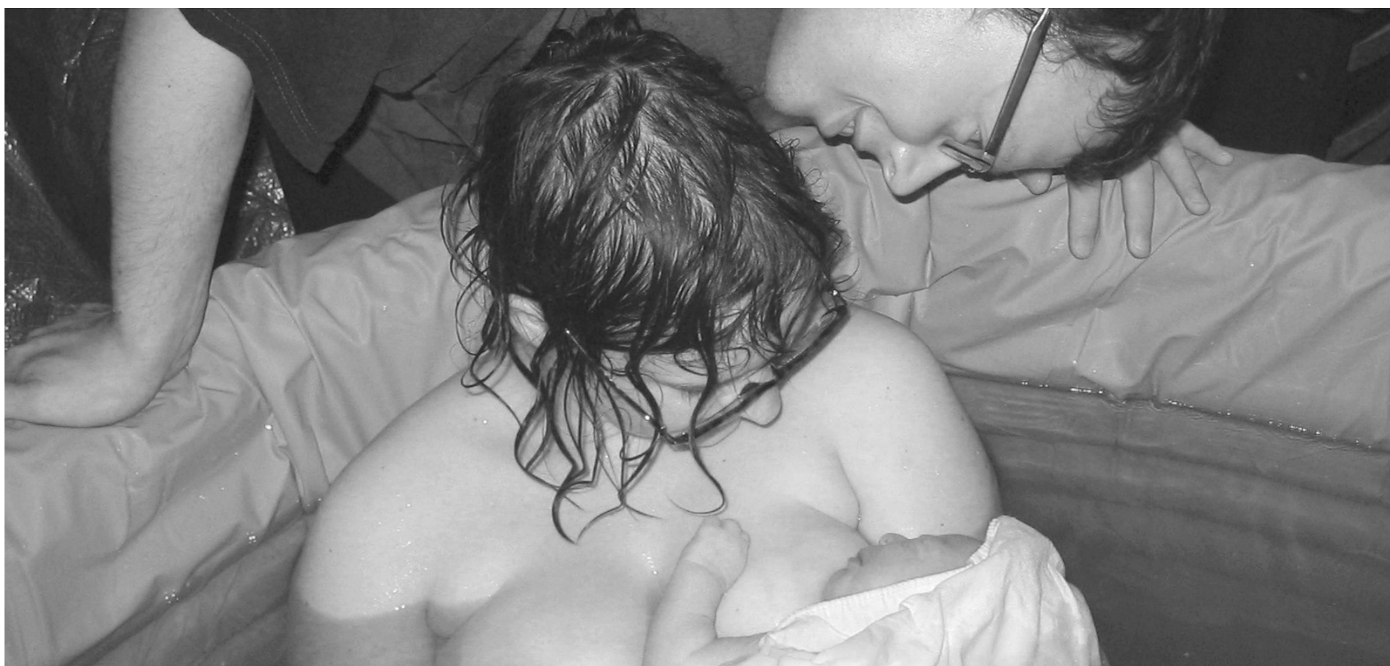
In addition, the opportunity to labour in water is recommended for pain relief throughout the latest NICE Intrapartum Care Guidelines.

### Increasing the Home Birth Rate

In April 2007 women, midwives and midwifery management met to discuss increasing Sheffield's home birth rate in line with Maternity Matters. It was agreed that all midwives would work hard to increase the home birth rate starting in September 2007.

Around this time the number of birth pools, available free of charge to women planning home births in

**Jenny, Kevin and baby Peter using the Sheffield Community birth pool**



Sheffield, was increased to 20. This increase was driven by Helen Dresner Barnes and Wendy Davis, 'one to one' midwives, in Sheffield. In 2007 home births also increased to 198 a year.

Elsewhere, Community Teams from Newport Pagnell, Milton Keynes, Oaktree (Cornwall), Salisbury and St.. Mary's (London) have all been offering birthing pools when women book a home birth. They have also been driven by the will of key individuals to improve care and prepare for the implementation of the 2007 NICE guidelines on Intrapartum Care.

### Practicalities of Providing a Pool Service

Helen Dresner Barnes has responsibility for six of the Sheffield pools. The hospital is responsible for the other 14 pools. The community office is struggling to set up a system to control pool use and needs somebody to take responsibility for checking and cleaning etc. The hospital trust is currently planning how to run the service more efficiently and have just bought a van that will deliver and collect pools across the city.

### The Good Birth Company's Warranty

The Good Birth Company's warranty for their inflatable pools provides for replacement pools when failure results from manufacturing defects within the pool life-span of 20 uses. This leaves the hospital trust responsible in case of misuse. In practice it is in The Good Birth Company's interest to keep pools operating because their business model relies on regular repeated use of pools.

In the rare case of a problem with a pool, it has been replaced free of charge within a few days. If a pool failure caused by manufacturing defect were to result in property damage, The Good Birth Company would be liable up to their stated maximum per incident of £5,000.

### The future

Sheffield Maternity Services Liaison Committee (MSLC) have heard from several women who have been unable to borrow an inflatable birth pool because they are all booked out.

It is felt that the use of water is helping to increase the home birth rate in Sheffield. Having the pools has certainly reduced the high cost of buying a birthing pool and made the choice of water birth easily accessible to a lot more women.

It is thought that an additional 10 pools are needed to meet the current demand. NHS Sheffield are currently investigating funding from charitable trust to increase the number of pools to 30. The practicalities of providing an increased pool service will also have to be considered.

In the first six months of 2009 there have been 123 home births so we are heading for approximately 246, at a guess the highest number of home births in Sheffield to date.

If you want to find out more about this initiative and a similar birth pool scheme that has just started running in Bradford, then you can do so at the next Sheffield Home Birth Conference, on Saturday 20 March 2010, St. Mary's Church and Conference Centre, Sheffield.

*Michelle Barnes*
*www.sheffieldhomebirth.org.uk*

### References

1. Garland D and Jones K (2000) Water birth: supporting practice with clinical audit. MIDIRS Midwifery Digest 10(3): 333-336

2. Geoffrey Chamberlain, Ann Wraight and Patricia Crowley (eds) Home Births - The report of the 1994 Confidential Enquiry by the National Birthday Trust Fund.

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# Bradford Community Birth Pool Scheme

*Ruth Weston* talks about the Community Birth Pool Scheme she is piloting in Bradford

**As a mother of five Bradford children, four of whom have been water births at home, I have long been a supporter of a woman's right to choose what kind of birth she has. My sixth 'baby' if you like, is Aquabirths - the birthing pool hire company that I took over on impulse eight weeks before the birth of our fourth child and have run with my husband David for the past seven years. Over the last seven years I have become increasingly and painfully aware that all too often women don't have access to a full range of choices that should be available to them.**

The Bradford Community Pool Scheme was born by accident, early in 2009, when Aquabirths donated a pool to Bradford Royal Infirmary's Maternity Unit. We were aware that the cost of hiring a Birth Pool could be prohibitive. Our hope was that by donating a pool we might be able to give more women in Bradford the choice to labour and/or birth in water, either at home or in hospital. The intention wasn't to make money - the private hire side of Aquabirths was doing that for us already - but rather to give women who couldn't normally afford to make use of our services, access to a pool through a not-for-profit Community Pool Scheme.

Of course, the Midwifery team at BRI were delighted with the pool. However, it became apparent that our gifted pool did bring with it some logistical problems. As a busy maternity unit, the BRI team just didn't have the resources or staffing to enable the donated pool to be used as much as they would like. Who would clean it? How would they dispatch it? Who would be in charge of making sure everything ran smoothly? So the pool came back to us.

Determined not to be floored at the first hurdle, the Maternity managers and Aquabirths met to discuss the options. We already knew that there was a demand and a need for a Community Pool - we just had to find a way to make it work. Working in partnership with our local NHS Trust - after much to-ing and fro-ing, several meetings and a hefty business plan - we FINALLY found a solution. Julie Walker, the Head of Midwifery at BRI managed to get her hands on a small amount of funding, enough for one pool dispatch a month with a little extra to cover overlaps, which meant that Aquabirths could run the CPS from our offices in Bradford on a not-for-profit basis.

So this pilot year we have had funding for 15 pool births where women pay just £50 for the liner and Bradford Maternity Services pays for the dispatch of the pool. We will easily fill this allocation - trebling the annual number of home water births attended by Bradford NHS in just one year!

In addition to this, Aquabirths have also committed, as part of the Community Pool Scheme, to provide on a discounted and not-for-profit basis a Community Pool to any Mum unable to have the Community Pool because the allocation is filled for that month. Women can pay in six monthly instalments of £12. We look after the bookings, we look after the dispatch, delivery, cleaning and maintenance, freeing Midwives to do what they do best - and that's catch babies.

We have seen a significant increase in demand for water birth since we launched the CPS in March 2009 and have dispatched more pools in the Bradford Area in the past six months than we had in the previous two years. The Bradford Community Pool is now booked up until the end of February! The Scheme is still in its infancy but so far the response from healthcare professionals, Midwives, Doulas and perhaps most importantly for us, Mums-to-be, has been overwhelmingly positive.

Moving forward, we would like to see the Scheme expanded locally and are looking at fundraising for a second pool plus more dispatches. We are looking at new designs for a low cost rigid sided quality Community Pool. We are also learning from the experience of this year so combined with our years of logistical experience in dispatching pools all over the country, we now have a structure in place that would enable us to deliver any pool, to any Mum, to anywhere in the country, for any Trust. Truly exciting! Long-term, our dream would be to see the Community Pool Scheme established as a self-reliant Social Enterprise or registered Charity, securing funding through local NHS Trusts, Lottery Grants and other organisations, to deliver a quality, not-for-profit subsidised pool hire service to expectant Mums up and down the country. This is real Choice in action.

I would like to see a day when EVERY pregnant woman, regardless of where she lives, has access to a full range of maternity choices available to her, including the opportunity to labour and birth in water. However, until that day comes, I want to do my bit to make the dream come true and I am so pleased that, together with the fabulous team at Bradford Maternity Services, the Bradford Community Pool Scheme might provide a model for subsidised birth pool services in West Yorkshire and beyond.

*Ruth Weston*
*Mum of five children aged 5-15, Chair of Bradford MSLC, Owner of Aquabirths at Home, Editor of Choices West Yorkshire and instigator of a not-for-profit Community Birth Pool Scheme currently piloting in Bradford*

# Continuity and care

*Saumya and Adam Poulter* talk about the care they received from the Albany Midwives

## Saumya's Story

I arrived in the UK when I was about 6 months pregnant. I spent most of my first months looking for a place to live and I went to the GP to get myself registered. The first GP I went to refused to register me in any way; since I did not have any utility bills under my name. Basically they wanted me to wait for another month or two to prove my address.

I was in tears after being a victim of such bureaucracy and felt helpless. I went straight from the GP to the Albany practice which I had heard about from my husband. I knocked on their door and was welcomed by midwife Becky Reed, with a big smile on her face.

I was asked to sit and she made me feel welcome and cared for already. After telling her my story Becky said that the Albany was fully booked up for the year but she said she would try to put me on the waiting list and asked me to try and at least get myself registered temporarily with the GP.

I went to another GP near to my home and they temporarily registered me without any proof of address. I went to the antenatal group the next day and was told that Mary and Becky were going to look after me and be my midwives - I simply was over the moon.

During the last few months of my pregnancy I was looked after by them with such care. My partner and I met up with them often and we were always made so comfortable, enabling us to say how we felt about the whole pregnancy. We were never forced to make any decisions that we didn't want for the birth; how or where it would happen was totally left for us to decide.

My labour was four and a half days long and Mary, Becky and a few more midwives took turns and looked after me throughout the labour irrespective of day and night. They made my Sri Lankan mother amazed to see the quality of their amazing care. At the moment of birth I had Becky, Mary and a student midwife with me and without their supportive words, taps on my back and such caring presence I could not have done it.

At the end I had the most amazing baby, at our home, next to my mother and husband, without any intervention what so ever, as naturally as possible and that so far is the best thing that has ever happened to me.

Their postnatal care was equally supportive. They made me aware of how important skin to skin contact, breast feeding and understanding your baby is. Thanks to the Albany midwives I still exclusively breast feed my ten month old baby and she is thriving.

I wish to commend Becky Reed, the wonderful midwife, for everything she had done for me and my baby, and the Albany practice for showing us how a pregnant woman should be attended to and cared for.

## Adam's Story

My wife and I approached the Albany Midwives after moving to Peckham in Sept 2009. After being turned away by the first GP surgery, the Albany Practice welcomed us and within a day said they would look after our pregnancy.

We went to many pre-natal classes and learnt a great deal from the friendly midwives. After several months we decided to have a home birth. During four and a half days of labour, of which one and a half were the late stages, my wife gave birth to our daughter, Amy. It was fantastic to be able to have her at home in comfortable surroundings and without any intrusion or medication. Becky and Mary were the main midwives and carefully monitored the whole process, supporting us all the way.

After the birth Mary provided regular follow-up support, giving advice of consistently high quality. Our daughter is now eleven months old, still breastfeeding and in excellent health. We will never forget the support provided to us and have been sad to see the recent challenges made to the Albany Midwives working practices. We would be happy to provide a formal testimony of their work.

*Saumya and Adam Poulter*

**Experienced midwife *Sarah Davies* comments:**

Saumya's labour was long, but not 'abnormal', as she and her baby were both well throughout. The duration of labour varies from woman to woman.[1] Midwives experienced in out-of- hospital birth know that very often a perfectly normal labour will pause or slow down for a while, with no ill effects for mother or baby. Labour can continue over several days and this it itself is not a problem. The guiding factors for the midwife must always be the well-being of the mother and baby, and the midwife's role, when care is provided according to the midwifery model, is to 'watch, wait, and act when there is a clear indication to do so'.[2] Most caesarean sections in first time mothers are carried out for 'failure to progress' and prolonged labour. If clock-watching and rigid time frames for labour were abandoned, and one to one midwifery support guaranteed, many more families could have such an empowering, joyful experience.

**References**

1. NICE (2007) Intrapartum Care. Care of healthy women and their babies during childbirth. NICE clinical guideline 55. National Institute for Health and Clinical Excellence
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# Marly's Birth Story

by *Adela Stockton*

**I had a great birth with the NHS. We had always planned to have our baby at home, in a birthing pool, in the cottage where we lived at the top of a glen in SW Scotland, an hour's drive equidistant between Dumfries and Stranraer. It was the year 2000 and this was our first baby.**

The midwives were great from the start, spending time to go through and support our wishes to have a hands-off normal birth with a physiological third stage, and to use homeopathy if needed. I agreed to keep syntocinon in the fridge in case of post partum haemorrhage and to have entonox available. But I did not plan to need to use either of them.

Although I worked as a midwife myself at the time, in Stranraer, my home address fell within the catchment area for the Dumfries midwives, so I accepted care initially from my lovely local community midwife, Kathleen. She was about to go on maternity leave herself however, and the equally lovely midwife, Catriona, who covered her, generously offered to go first on-call for me until I gave birth, as she was the only one in the area who had experience with water birth.

Luckily, I went into labour at 39 weeks so she did not need to stay on-call for the full 42 week duration!

I started niggling late in the evening. My husband Matt was working away in Glasgow so I tried to get some sleep until I was sure I was in labour. By 5am I was contracting regularly one in twenty, so I called him at 7am to come home. He arrived at 10am and we had some breakfast, my contractions were then picking up to one in ten and so we also let Catriona know, reassuring her that we were happy to potter about on our own for the meantime.

It was the most beautiful fresh Spring day, clear blue skies and bright sunshine. In the early afternoon, Matt and I took a walk down the farm track with the dogs, stopping for contractions, enjoying nature's glory. He then decided he needed to catch some sleep as he had got up so early. Before he did though, we filled the pool, which was waiting in our kitchen dining area, placing the bubble wrap cover over the water's surface to keep it warm.

I went to sit on a stool in the porch, from where I could enjoy the outstanding views down the glen to the Solway Firth, and knit. With each contraction I stood up to rock my pelvis, using my breath to focus, and within an hour, they were making me work hard. It was about 3pm. I continued to use my breath, my tai chi stance and eventually, my fingertips placed on the top of the porch door so that I could hang down and allow my back to 'open'.

At the first sense of my contractions becoming expulsive however, I aroused Matt and suggested that he let Catriona know that my labour was now established. We invited her to come, but not to rush. By the time she arrived (about 5.30pm), I was longing to get in the pool and asked her to do an internal examination. We had talked about positions for this and she did it while I was standing! My cervix was thin, 5cm dilated, and my baby's heartbeat steady, I scrambled into the water.

Strangely I could not lean back at all, and stayed in a kneeling position, leant over the edge of the pool for the rest of my labour. It was still good to be in the water. Within an hour I was roaring, as the expulsive contractions completely took my breath away, pushing my baby down through the birth canal. Matt sat quietly in front of me, as I clutched his arm, amazed at the intensity of what was unfolding before his eyes. Shut in the next room, the dogs howled each time I roared!

Catriona offered me the entonox but it disturbed my focus and I pushed it away after one go. She then asked me if there was a homeopathic remedy I needed her to give me. I had heard myself moaning 'I'm going to die,' and for sure, I was scared, so I chose Aconite. My cries of 'no, no' to the sensation of my baby emerging onto my perineum turned to 'yes, yes', 'come on baby, we can do it'!

The second midwife arrived laden with biscuits. She held a lamp over the pool (!!) while Catriona placed a mirror under my perineum in the water, in attempt to see how far my baby's head was advancing. I remember pushing the sonicaid away from my belly as the next contraction came storming in.

Ten minutes later, and just five hours since my labour had established, our beautiful baby daughter was born. Catriona guided her gently up through the water into my arms, her cord was thick and juicy, but only just long enough for me to hold her comfortably. So we waited for it to stop pulsating and then, rather than allowing for the complete physiological process, agreed for Catriona to sever it.

I passed Marly to her Dad, climbed out of the pool and went with the midwives into the living room where the sofa-bed was laid out on the floor by the fire. There my placenta slipped out easily. At that time, the full significance of immediate and continued skin-to-skin contact was not in my psyche. Marly was passed, still wrapped up, from Matt, with whom she had been doing some serious bonding, to me for a cuddle and nuzzle at my breast. But as she was 'grunting' a bit and full of mucous, she was not keen to suckle, and so I passed her to Catriona to check her and assess her breathing. We toasted our baby with champagne. It was 8pm.

At 7am the next morning, Marly went to the breast and filled her belly, and never looked back. We buried her placenta under the rowan tree in the back garden of the

cottage. The postnatal midwives, including Kathleen who was just back from maternity leave, were also consistently sensitive and supportive, taking their lead from me and Matt. We could not have wished for better care, and we are still in touch with Catriona and Kathleen to this day..

**Postscript**

It is funny how life's continuum moves you on. Now that I know about it, I would have chosen Lotus Birth for my third stage, and I would have planned to have maintained skin-to-skin contact with Marly continuously after birth and throughout that first night. But these things are circumstantial, not any flaw in our midwifery care.

*Adela Stockton*
*doula, doula trainer (Birth Consultancy)*
*and author of 'Birth Space, Safe Place: emotional wellbeing through pregnancy and birth' (Findhorn Press 2009).*
*She can be contacted through her website*
*www.adelastockton.co.uk*

# Invitation to All AIMS Members

If you are interested in finding out more about AIMS and would like to meet members of the committee you will be made very welcome at committee meetings. These are held in different parts of the country and dates and venues can be seen on the website.

Coming along to a meeting would not commit you to anything but, if anyone would like to volunteer, we are currently looking for people to:

Do general secretarial work

Edit and write book reviews

Help staff stands at conferences

Help with editorial work on the Journal

Monitor and report on current breastfeeding issues

Expenses are paid to volunteers to cover postage, stationery, travel etc.

Please contact ros.light@aims.org.uk if you would like to come to a meeting or would like to volunteer

# Healing home birth

*Laura and Nigel Holmes* share their story of support and caseload midwifery care

### Laura's story

A home birth for my second child wasn't my original choice after discovering I was pregnant. All I knew was that I really didn't want the same traumatic experience that I had with my daughter's labour and birth.

Alex was born August 2007 in hospital. After being diagnosed with high blood pressure at 28 weeks, I felt that the focus was suddenly on this rather than planning for the birth. I was eventually induced the day after my due date as my blood pressure had increased quite dramatically. The next few hours were a bit of a blur as I quickly found myself in established labour without a gradual build up of contractions and pretty scared. Alex was delivered safe and well after a very fast labour which ended with a forceps delivery, but I was left in shock, wondering what had quite happened.

I don't think I realised how shaken up I was about Alex's birth until I became pregnant with my second child. At my first appointment with my midwife I discussed my concerns and was referred to Sheena Byrom to discuss what had happened first time around.

Sheena was lovely and after talking through my labour I found myself feeling a little bit more confident that this time could be different. She mentioned that a home birth could be possible and I started thinking that being away from the same environment as Alex's birth might be a good thing. When I got home I mentioned this to my husband Nigel who didn't seem quite as keen. I was referred to the case load midwife team which meant I would be able to get to know my midwife and discuss any problems or concerns I had.

As my pregnancy progressed I realised that I really wanted to try to have my baby at home. My midwife Jo Davies was really supportive and positive about this. The focus continued to be about my unborn baby and I found myself more relaxed and looking forward to the birth.

**it was lovely to be able to sit in my bath**

Labour started the evening after my due date 5th October 2009, and after initially thinking it was another false start I rang Jo and she headed over to the house. It was lovely to be able to sit in my bath knowing that I might not have to rush into the car and get to the hospital. Nigel scooped our two year old up and took her to Nana's so I could focus on my labour.

Jo arrived and was soon followed by another midwife from the team. I felt relaxed and in control, being able to walk around the house, have a bath and even watch a bit of TV! When things really got going, Nigel and I were on the bed working through things together. I felt like he had so much more of a role to play in this labour. After enjoying the effects of the gas and air I decided to leave it alone (thanks Jo!). Having Nigel by my side, a midwife I knew and being at home gave me the confidence to keep going.

**having Nigel by my side, a midwife I knew and being at home gave me the confidence to keep going**

Theo was born at 4.30am weighing a rather hefty 9lb 4oz which was a shock to us all. I felt so proud that I'd done it. There is definitely something special about having a baby at home. And when Nigel texted our friends and family ending his message 'baby and mummy both doing well' this time we meant it!

I think that one of the best things about having Theo at home and the whole experience of this is that it somehow made Alex's birth ok. I can look back at the things that didn't go to plan and feel that it doesn't matter now.

### Nigel's story

I was initially very much against a home birth after the problems and intervention during Alex's birth. I think most people are made to feel that babies should be born in hospitals, and I was obviously worried about what would happen if things went wrong. However, after discussing these concerns and options with Jo, my fears were somewhat allayed.

All things go through your mind: your wife and newborn's safety, is my home free of germs, what about the mess! But Jo put these into perspective, saying we would be the ones in control, and that if any health issues arose they would spot the symptoms before they become an emergency.

As for the birth itself, it could not have been more different to the first. I have to say that things were more

relaxed and informative with Jo explaining what was happening during the course of labour. During a brief pause how many fathers can say they made tea and biscuits! With the information flowing I have to say it was a real pleasure to watch the safe arrival of Theo and at no point did I have any fears.

I felt involved from start to finish, even cutting Theo's cord!

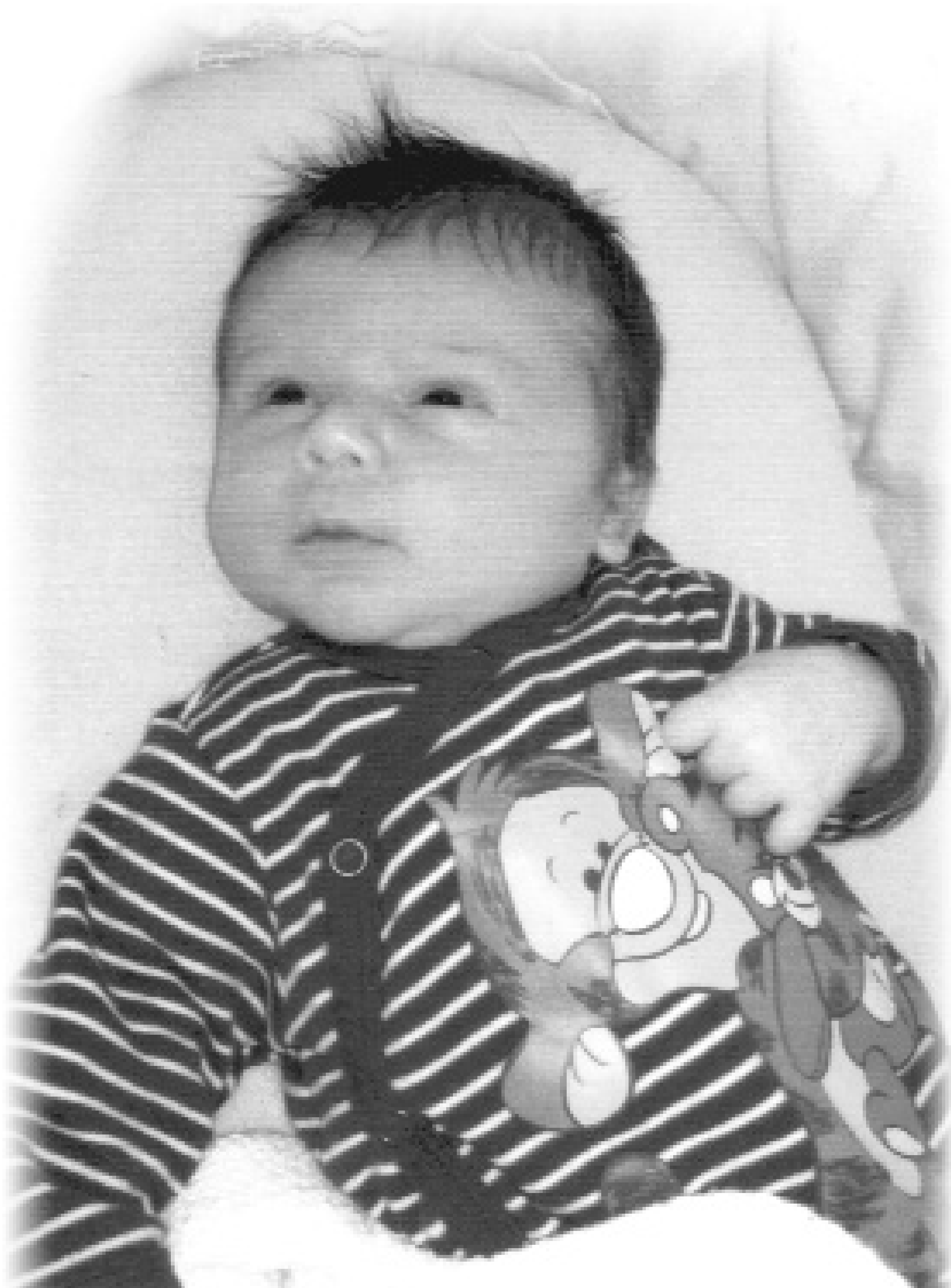
If in the future we decided to have another child I for one would look forward to another home birth.

*Laura and Nigel Holmes*

Editors Note:

The Blackburn case loading midwifery team was set-up in 2003. The service has been heralded as best practice by the RCM and has seen many benefits including an increase in normal birth. Just like Laura most of the women referred to the Consultant Midwife for a previous traumatic birth are then looked after by the caseload team, and many choose home birth.

**Baby Theo Holmes, aged 4 days old**



# A positive perspective

*Gemma Hopkins* shares her experience

**On the 8th September at 6.50 am the last addition to our family was born, Bethany Jade.**

The pregnancy was not a great one. I didn't really suffer with morning sickness but I did have crippling back pain from an old injury that had me on crutches from 11 weeks onwards. I was also panicking about actually giving birth as my other two daughters deliveries had not been the greatest of experiences. I spent the first 3-4 months of the pregnancy convinced I would be requesting a caesarean to avoid the trauma of delivery again and I was also convinced that I would end up in hospital on bed-rest again. Looking through old diary entries I really wasn't doing well.

I started to look into hiring a doula, as many of my problems in my other deliveries had been due to being incapable of making informed decisions and Will was too busy with me to question why things were 'needed'. We hired Michelle (Barnes) as our doula but I was still stressing about the thought of actually giving birth again. A very good friend saw how distressed I was getting and sent me a book through the post about Hypnobirthing and also gifted me a course. I will be eternally grateful for this!

Osteopathy was suggested to me as a possible aid to helping with my back problems, I had been dismissed from hospital as having SPD/PGP (Symphysis Pubis Dysfunction/Pelvic Girdle Pain) which I knew I didn't have. So I also started seeing Chris at the Osteopathic Practice.

In amongst all this I had also met a midwife who was happy to discuss what happened with my other children and also what my options could be for this baby. Numerous people had mentioned home birth to me but I had never been keen on the idea of it. After hours of talking to Will I realised that I didn't actually have a reason for not wanting a home birth. So we decided to have a home birth.

**I realised that I didn't actually have a reason for not wanting a home birth**

This created a few obstacles mainly because I am classed as morbidly obese according to my BMI and also because I had refused many of the blood tests offered in pregnancy. I didn't refuse the tests out of stubbornness it was after reading up on them and deciding that they were not needed. I had an appointment with a consultant who was not exactly keen on my wishes for a home birth. But I stuck to my guns.

Throughout the pregnancy I saw Chris for osteopathy and I started the hypnobirthing course. I will admit to being slightly sceptical about both. The osteopathy helped me! I was able to keep the majority of my mobility throughout the pregnancy. I did still need my crutches but I wasn't in quite so much pain as I would have been. The Hypnobirthing also helped me so much I was able to learn ways of breathing properly and also what my own rights are with regards to my own body and birth.

My body decided to start confusing me immensely from the 4th August! I had a reflexology appointment and literally a couple of hours afterwards I started to feel tightenings, there was no real consistency to them so I didn't really get bothered by them. Then on the 10th August I genuinely thought everything had started, I was getting regular tightenings that were stopping me in my tracks. They continued overnight so the next day we had the girls (Eamie and Eden) picked up from nursery by my parents and even had the birth pool set up ready only for everything to stop again. This pattern continued for the next few weeks, I would wake up at about 8.30 and the tightening would start gathering to 2-3 minutes apart by 9pm then they would stop at 11.30pm! EVERY NIGHT! I was not a happy person that's for sure. I did see my midwife a few times and I was told I was dilating but slowly and there was nothing I could really do other than the usual 'old wives tales'. It turns out I was in something called pro-dormal labour. We got the girls back after two weeks as Eamie was starting school on the 3rd September, I was resigned to being in labour forever, pro-dormal or not. I have to admit I have never been served so quickly in shops and banks as I was in those last few weeks it was quite amusing. I became the most active heavily pregnant woman on the planet, taking the bloomin' big hill to Eamie's school on every day, I even went out to a rock night at Corporation one night, although I wouldn't really recommend it; it would seem there are far too many men fascinated with 'bumps' in there!

Finally on the 7th September it kicked off in a different way. I was used to having contractions every night in the front of my bump but these started in my back although because of the previous three weeks I ignored it, the best I could as they hurt! When it got to about 11pm and I was having to walk around a bit to deal with them I asked Will to fill the pool. I don't react well to any other pain relief so I wanted the pool ready pretty quickly. Will asked me numerous times if we should ring the midwife, but I kept stalling on it I really was convinced that if I rang the midwife everything would stop again. I cracked at 12.30am and asked him to ring the midwife, who

chastised me for being in the pool already but I was a bit beyond being bothered about that. We also rang Michelle and I felt so guilty about the time we were ringing. I LOVED being in the pool, it was so good to not feel the weight of being pregnant. The tightenings were fairly close together but I didn't clock watch I was just concentrating on breathing properly through all the tightenings. The midwives and Michelle were here by about 2am although I didn't really converse. Michelle was amazing throughout pouring water over my lower back as that helped me so much.

## the midwives let me get on with what I was doing

I was really pleased that the midwives let me get on with what I was doing, although being constantly questioned on whether the water was warm enough did bug me slightly. I had basic observations done when the midwives arrived then they stepped back till Bethany was born.

I felt my waters release at 5am; I wasn't actually sure what it was as I had never experienced spontaneous rupture of membranes before. It was actually quite surreal to see my bump deflate slightly. Luckily they were clear. Things started to get slightly intense after that and I recall conversations going off in the background questioning whether things had stopped. I knew they hadn't but I was too busy concentrating on my breathing etc. to correct them. Eden woke up at 6.05am and wandered into the front room. She was fascinated by what was happening (as a nearly 3 year old would be) and just sat on the couch quietly. Shortly after she came into the room I knew things had stepped up a notch, I was worried about upsetting Eden so I asked Will to take her out. This was at about half past 6.

Gemma and baby Bethany

I could feel that Bethany wanted out and really couldn't get into a position I was comfortable in, I guess that is quite difficult with a baby wedged in your pelvis! My body started to guide Bethany out and I felt a weird shift in my stomach, as if Bethany had spun around. As I breathed her out there was one point that she tried to go back again, that was the only point I fought against what my body was doing. Despite all my thoughts that I would never feel for where the baby was I did and I was a little scared by the fact it was all soft ... I thought my body was failing me again and that it wasn't right but then she crowned ... now that smarted quite a bit until I shifted position. Then her head was born and literally milliseconds later her body followed; I was in complete shock. I had actually given birth to my own child without assistance or pain relief! This was at 6.50am. I picked her up and just cuddled her close then Eden was in the pool next to me, it would seem that Eden didn't want to leave and had seen everything. I was quieter than I had thought I was being. Seconds after Eden got in the pool Eamie joined us too. I hadn't really wanted the girls to witness Bethany's birth because I really didn't know what would happen but I was so happy to have them there so soon after her birth. Will joined us too and we all had a cuddle. I waited for the cord to stop pulsing before Will cut it, I couldn't put Bethany to the breast as the cord wasn't quite long enough but we spent a good 15 minutes in the pool together before Bethany got a bit too cold. Will set about getting the girls dressed for nursery and school and Michelle held Bethany while I birthed the placenta.

## I was in complete shock. I had actually given birth to my own child without assistance or pain relief

By 10am the girls were at school/nursery, I had had a shower and was laid on the couch, still shell-shocked, and Bethany was laid on me looking so calm it was unreal.

I got away with a minor 1st. degree tear which didn't require stitching, all the more amazing considering that Bethany turned out to be 9lb 5oz!!!

We are all settling down nicely as a family of five and the girls love their baby sister. Although there will definitely be no more babies from me. I am just so happy that I had my 3rd time lucky and finally experienced nigh-on the perfect birth. I am grateful to Chris for helping me maintain some mobility. I am also extremely grateful to Michelle, Beth, Helen (my midwife) and of course Will for putting up with me throughout this pregnancy and birth and thank you all so much for helping me get my perfect experience.

*Gemma Hopkins*

# Giving birth in Montrose Midwifery Unit

*Erica Edwards* shares her experience of care and support

**So I was pregnant! I dared not get too excited until the first scan. Along we went with everything crossed, hoping our dream of seeing a healthy little baby on the screen would come true. Thankfully, everything was perfect, so I allowed myself to indulge in thoughts of the baby I was going to have. I also started to think about labour - something I was never scared or worried about – and to "tell" the baby that we were going to have a good labour.**

At the scan, the sonographer had asked if I had thought about where I wanted to give birth. I mentioned I had heard great things about Montrose Maternity Unit. (I live 16 miles from my health board's consultant unit. Montrose is in a different health board area and is 23 miles in the opposite direction.) About a week later, I was surprised and delighted to receive a phone call from a Montrose midwife asking if I would like to be shown around.

When we went to visit, I immediately felt the calmness and lightness of the atmosphere at Montrose engulf me. I loved the painting as I climbed the stairs, of a woman with her baby. I was impressed by the multitude of thank you cards on the walls of the midwives' office and also by the newspaper clippings which told of Montrose's success at an awards ceremony. I was struck by all the midwives who were so happy, open and friendly. I was loving every single moment and feeling confident about the prospect of giving birth there.

**I just knew that I wanted to have my baby in that pool, in that room**

Then I saw that beautiful, calm, peaceful room with the birthing pool and all the natural light flooding in. A whole wall of windows contributed to the lightness and brightness and I just knew that I wanted to have my baby in that pool, in that room. As I left - after a great chat with a midwife who certainly alleviated any fears I had about Montrose having no doctors and no intervention - I felt like I did not want to have to wait six months to give birth. I was so excited, confident and positive about having a baby at Montrose, I wanted to do it there and then!

I managed to remain positive for the rest of the pregnancy. Whenever anyone asked me how I felt about the labour, I said I was looking forward to it. I just kept on imagining that ethereal room and that pool. I kept sending positive vibes to the precious child inside my bump. Many chats on the phone with my sister, a midwifery student, was the main reason for my positive frame of mind and belief in natural childbirth, along with a bibliography she provided which I read in the final weeks. Among other books, I remember reading Ina May's 'Guide to Natural Childbirth', and having absolute faith that I could have a wonderful birthing experience.

**The fact that a midwife saw me so willingly without a pre-booked appointment made all the difference**

I did lots of visualisations of my cervix opening up, imagining that I was going to be an enormous blue whale when I was in labour (!) as I knew the experience of giving birth would be animalistic. I kept "telling" baby inside how good we were going to be on our huge journey together. My husband and I were invited to Montrose to write my birth plan towards the end of my pregnancy. We were given an hour and a quarter with a midwife (in the beautiful room!) during which time we could ask any questions we wanted. This really helped me feel calm and relaxed about the impending labour.

The day before I went into labour I was very eager for it to start. I phoned up Montrose who immediately said to come in that morning. I was assessed and given another sweep (having already had one from my community midwife earlier in the week). I am sure that the visualisations had helped as I was already 1-2 cm dilated at this point with a high Bishop's score.

The fact that a midwife saw me so willingly without a pre-booked appointment made all the difference. The midwives all joked that they would see me the next day - which they did! My labour properly started at half past six the following morning. I stayed at home until my contractions were very close together. On my knees in

the back of the car on the way to the unit, I kept thinking of that beautiful room and the pool, which I hoped was free for me. I was really impressed that, when I arrived, the midwife said that I could have a vaginal examination to assess how dilated I was if I wanted, or I could just get into the pool, which I did. At no point was I given a vaginal examination. At no point was I told to push or do anything. I let my body dictate everything and the wonderful midwife, Cheryl, was there to support me every step of the way.

I was so glad that I had learnt at an antenatal class at Montrose about transition. When I experienced it, I knew I was approaching the end of the first stage, which meant that I was soon to meet the baby. This really helped me to understand why I felt a bit anxious; the only point at which I felt anything other than relaxed, confident and in control throughout the entire Labour. Cheryl came around to the front of the pool, looked me directly in the eyes and said that my body could cope with everything. This was precisely what I needed to hear at this point.

The second stage of labour was very quick indeed and Eli was born at half past five. I was only in the pool for three hours before giving birth. My mum had driven my husband and me to the hospital and she was invited to stay for the birth, which was wonderful. The water in the birthing pool was very relaxing and definitely helped the contractions. I loved the little ledge in the pool which allowed me to sit between contractions. Giving birth into the water was incredible. Picking my baby up from the bottom of the pool and taking him into my arms is something I shall never forget.

**Erica Edwards**

## I can honestly say that I cannot wait to give birth at Montrose again

After I had given birth, I held Eli in the water for 45 minutes and he breastfed straight away. I felt ecstatic that I had had such a fantastic labour with no drugs, not even gas and air. I also had a physiological third stage. I felt completely happy, relaxed and energised. I loved the fact that all the Montrose midwives were so happy too. It felt like every single birth for them was a miracle - not just part of their job, but something to celebrate and enthuse about.

## It felt like every single birth for them was a miracle

My stay postnatally was wonderful. I truly felt like a queen - so nurtured and well cared for. The care was utterly second-to-none and I can look back and say that I enjoyed every minute. I was very impressed with the help and support I received through the night and all the help with breastfeeding. In Montrose you are treated like an individual and are given everything you need.

I can honestly say that I cannot wait to give birth at Montrose again. Giving birth there was definitely the best experience of my life and it has changed me as a person. I feel empowered that I gave birth completely naturally. I am calmer, more confident, more in tune with everything. I do believe that it was a spiritual experience. I know how very lucky I am to have a 'water baby' and, when he is old enough, I shall tell him all about it.

*Erica Edwards*

# Reviews

## *Birth Stories for the Soul*

by Denis Walsh and Sheena Byrom (eds)
*Quay Books 2009*
*ISBN-10: 1856423573*
*ISBN-13: 978-185642357*
*£24.99*

**This book is about providing supportive care to ensure that however birth unfolds, it is 'one of nature's marvels' rather than a 'medical event' (p 2). It covers a range of birth stories at home and in hospital, with accounts from women, their partners, siblings, grandparents, midwives and doctors. One chapter discusses the high rates of interventions in many obstetric units, even among healthy women and babies, how intervention rates vary between units, and how it is often unclear from women's birth records why interventions had been used. The chapter reports an interview with an experienced midwife that shows how difficult it is, even for those with many years' experience, to resist routine medical practices and maintain a belief in physiological birth and women's abilities to cope with pain and birth their babies using their own efforts in an obstetric environment.**

The stories themselves are extremely moving, tales of joy and empowerment, tales of healing after deeply traumatic previous births: 'Adam's birth gave me some incredible gifts. It somehow made me feel stronger. I no longer allow people to take my power away' (p 29). There are tales of women's strength and courage; tales that show how the courageous, calm support of midwives who are genuinely 'with' women build trusting relationships between themselves, women and their partners; relaionships that can begin to (re)build the confidence women and partners need to overcome fears and anxieties that would not have even surfaced in conventional care.

The stories tell us how women and families can be so very deeply hurt, 'abused' and 'violated' by practitioners who can't or won't engage with them, who won't listen, and who impose or withhold interventions, because there are routines to follow, to the extent that the experience of birth 'ruined my life' (p 61). They also tell us that healing is possible and more likely when traumatised women are provided with one-to-one care from a midwife who can listen to their stories, respect their values and needs and give them time, space and support to create their own birth journeys. This enables them to work together and for the woman to draw on her midwife's experience and knowledge: 'During her labour I listened carefully to Saira, asked what she wanted and needed, and respected her wishes [...] Saira also listened to me and my suggestions - going out for a walk, leaving the pool to mobilise. The relationship we had developed [...] meant that we could trust and be honest with each other' (p 31). The difference this makes is stark: 'I cannot even begin to compare the experiences of the births of my children. They are so starkly different [...] I believe that Isla's birth was so wonderful for one reason only and that is the quality of the care we received' (p 39). While the stories range from home water births to caesarean sections in hospital the consistent variable needed for a positive experience is support thoughout pregnancy, birth and after birth from a known and trusted midwife.

Midwives' stories confirm what midwives in other accounts say - that it is easier to look after women they know, and that: 'I don't have to start making a new relationship when a woman is in advanced labour and risk disturbing her labour's rhythm' (p 32). The joy that women, families and midwives articulate when midwives are caseloading and practising in birth centres gives midwifery and birth new depths of meaning. Women, families and midwives grow in confidence; and love rather than fear is generated.

**it is easier to look after women they know**

Story after story emphasises the benefits of knowing a midwife who can provide emotional as well as midwifery support: 'essential if women are to have positive births, succeed with establishing breastfeeding and be well' (p 39). They demonstrate how this kind of care is needed and beneficial for young women, women in their 40s, women with physical and emotional challenges, women who struggle financially, as well as those who are better off.

There is a very distressing and moving chapter by and about a woman, her midwife and both their families, following a difficult birth. Both families were further traumatised by our culture of blame and litigation. Both were left isolated and hurt, and neither received the support, kindness and connection they needed. Litigation divides, and at best provides only financial assistance - but this is relatively rare.

The stories are shocking, inspiring, distressing, heartening, despairing and deeply, deeply moving. The impact of a traumatic birth experience and its potential for undermining self-esteem, hope, and family relationships compared with the empowerment of a positive experience are now so well documented by research and by women's, midwives', partners', and other's accounts, it seems unconscionable not to introduce caseloading midwifery, make more provision for home birth and Birth Centre births, and ensure that midwives have the training, skills and knowledge to

provide women with care that is physically, emotionally and culturally safe for them. Childbirth and midwifery groups have been campaigning for this, there are midwives who want to do this - why are they being prevented from doing this?

As Sheena Byrom concludes: 'The benefits of a positive birth story are profoundly important for society as a whole, and therefore the responsibility to influence humanised birth extends beyond caregivers and receivers, to include commissioners and service provider managers, in addition to politicians and policy makers' (page 127.)

Once this is accepted, we can begin to look at how caseloading could be further developed in ways that are sustainable for, and acceptable to midwives.

*Nadine Edwards*

## *Midwifery Models That Work*

edited by Robbie E Davis-Floyd, Lesley Barclay, Betty-Anne Daviss and Jan Tritten.
*University Of California 2009*
*ISBN-10: 0520258916*
*ISBN-13: 978-0520258914*
*£19.95*

**In 1997 Judith Rooks published Midwifery and Childbirth in America (Temple University Press), a groundbreaking compilation of midwifery literature, gathering together much of the research on the benefits on outcomes of midwifery care for women and babies. This new publication on Midwifery Models That Work, edited by long standing authors in the birth field takes that work further. It provides a clear, concise and readable overview and analysis about the harms of overly medicalised birth and about how and why midwifery models work on a broad range of outcomes, including decreasing mortality and morbidity rates for women and babies, increasing agency for women and midwives, increasing equality, sustainability and potentially strengthening communities.**

The editors tackle the complexities of a global context in which women grapple with decision-making: the poorest women are often faced with inhumane medicalised practices in hospitals, lack of accessible, appropriate, timely skills and resources, and ensuing high death rates. Those in the richer world are "kindly" guided towards technological birth. While death rates are low, a caesarean section rate of over 15% is associated with increased mortality rates among these women and babies.

They describe increasing technocratisation of birth across the globe, where the sphere of practice of traditional midwives in poorer nations and that of midwives who challenge medicalisation in richer nations is increasingly reduced with consequent loss of skill and an infringement of the human rights of both the public and birth workers.

The main focus of the book however is positive and inspiring: a collection of midwifery initiatives from around the world that understand the importance of the woman mother relationship, promote physiological birth, usually strive towards full integration with health care resources, are well liked, and work at all levels. Midwifery in The Netherlands, New Zealand and Ontario give an overview of how midwifery models have been sustained and/or developed, and begin to tease out the need for vigilance and political activity to protect midwifery skills and knowledge. They highlight the dilemma of supporting agency and diversity among women and midwives, while retaining credibility and support within mainstream society.

**begin to tease out the need for vigilance and political activity to protect midwifery skills and knowledge**

This dilemma is particularly noticeable in North America, where in order to gain the legal right to practice, midwives are accepting a narrower sphere of practice by relinquishing breech births, twin births, and vaginal birth after caesarean births from their practice (see for example Mainstreaming Midwives: The Politics of Change edited by Robbie Davis Floyd and Christine Barbara Johnson published in 2006 by Roultledge). As midwifery becomes more mainstream, and moves from the fringes into the hospitals, it provides for many more women, but also tends to become more medicalised. We have ample evidence of this. The perennial problem of how midwifery engages with technology in a way that leads to reduced intervention, safe practice and support for all women is a continual challenge. Those women with complications who desire midwifery care are not infrequently abandoned in the interests of providing better care for most women.

Numbers of chapters discuss the need to respect cultural beliefs and practices, base care on the low tech skills of birth attendants, and to find ways of providing the right level of skills and technology, close enough to communities to be able to be of benefit when needed:

'Recovery and preservation of traditional midwifery knowledge in interaction with technical – scientific knowledge is essential: this process contributes to the production of new knowledge and technology and greatly improved outcomes' (p401-2)

The benefits of trusting relationships between women and midwives and of holistic midwifery support during labour cannot be overstated: the normal birth rates, and lowered mortality rates speak for themselves in many of the chapters (see for example the excellent outcomes of the Albany Midwifery Practice in south London). What is

surprising is just how far supportive, skilled midwifery care is able to impact on the disadvantages to health and well-being brought about by poverty. The relationships between midwives and families and the ensuing good experiences clearly strengthen communities and their abilities to both be more nurturing and to challenge unjust inequalities.

Many of the chapters show how leadership and a "can do" philosophy can bring about sustainable, positive change relatively quickly, and how this builds collectivity, cohesiveness and co-operation among practitioners which brings out the best in them and provides the best service possible for families: the accounts of the Northern New Mexico Midwifey Centre and of the Mercy in Action are particularly inspiring.

These holistic midwifery initiatives provide places of learning where student midwives can acquire the knowledge and skills they need, deeply rooted in compassion and respect for women and babies:

**I have always said that my real teachers are the mothers and babies**

*'I have always said that my real teachers are the mothers and babies, and we want our students to realise and appreciate this fact' (p 350)*

They help new midwives to understand that the apparent 'nothing' that midwives bring to childbirth, is in fact a rich and complex mixture of skills, vigilance, protection, and knowledge derived from all of the senses, balancing the needs of all those present, reading the woman during pregnancy, in labour and after birth, and negotiating with other care providers, in order to 'orchestrate' the best environment for the woman to birth her baby as Holly Powell Kennedy's chapter highlights.

The editors conclude that midwifery models are 'possible, sustainable, replicable and fragile', and that:

*'Birth models that work improve the physiological, and the social outcomes of pregnancy and birth and save money for systems and families. They expose the need for the total reform of existing dysfunctional hegemonic models. They issue a clarion call to [...] replace birth models that don't work with those that do, at local regional, and global levels, in order to reduce maternal and perinatal mortality and morbidity, empower women and their families, and facilitate healthy birth and breastfeeding' (p 456).*

It was a real pleasure to read such an uplifting and informative book. If enough people could be inspired by how these models work, would they begin to help us to change maternity services for the better wherever we are?

*Nadine Edwards*

# Supporting The Albany

I am writing in praise of the Albany midwives. During my recent pregnancy the support I received from them was invaluable, they helped me through what had been a very stressful situation, though I was not on their caseload and they had no obligation to do so.

When I learnt that my baby was sitting breech at 36 weeks I was given various pieces of conflicting advice by the community midwives whose care I was under. I felt I had been threatened with a caesarean delivery, I was left very worried and confused. After talking to the Albany midwives I understood the situation much more clearly, I was tremendously reassured by the information they gave me and the way they treated me as an intelligent human - this was in stark contrast to the previous care I had received.

Throughout the 'breech situation' and subsequently the late arrival of my baby (at 42 weeks), the Albany midwives were very generous with their time and incredibly caring and compassionate. They gave me the most up-to-date information and understood the wider context of my situation. Where previously we had been treated as a problem they offered me and my partner kindness, respect, and an understanding that my wishes and feelings were as important a part of the birthing process as other medical and procedural considerations.

In effect the advice I was given by the Albany midwives solved my 'problem', the baby was turned, and I was able to go ahead with a home water birth and a vaginal delivery where I had previously been advised that this would not be possible.

I was so impressed by everything the Albany midwives do. They even went so far as to call to congratulate me on the success of the ECV procedure, this small gesture meant a great deal to me and was certainly above and beyond their call of duty.

I feel very lucky to have had access to such knowledgeable, generous, and caring midwives as the Albany ladies during my pregnancy, in fact I think that without them the outcome would have been nowhere near as successful.

*Marese McGrane*

**If you want to know more about the Albany Philosophy, the Practice, the care it offered and to read some of the inspiring birth stories visit www.albanymidwives.org.uk**

## JOURNALS & BOOKS

**AIMS Journal:** A quarterly publication spearheading discussions on change and development in the maternity services, this is a source of information and support for parents and workers in maternity care; back issues are available on a variety of topics, including miscarriage, labour pain, antenatal testing, caesarean safety and the normal birthing process £3.00

**Birthing Autonomy:** Women's Experiences of Planning Home Births by Nadine Pilley Edwards, AIMS Vice Chair: Is home birth dangerous for women and babies? Shouldn't women decide where to have their babies? This book brings some balance to difficult arguments about home birth by focusing on women's views and their experiences of planning them. Invaluable for expectant mothers and professionals alike. See AIMS website www.aims.org.uk

**Home Birth – A Practical Guide** (4th Edition) by Nicky Wesson
AIMS has replaced Choosing a Home Birth with this fully revised and updated edition. Nicky tells us what the research says, what midwives think, what mothers want, what babies need. Every sentence is packed with interest. It is relevant to everyone who is pregnant, even if you are not planning a home birth. £8.99

**Your Birth Rights** by Pat Thomas: A practical guide to women's rights, and choices in pregnancy and childbirth £11.50

**Am I Allowed?** by Beverley Beech: Your rights and options through pregnancy and birth £8.00

**Birth After Caesarean** by Jenny Lesley: Information regarding choices, including suggestions for ways to make VBAC more likely, and where to go to find support; includes real experiences of women £8.00

**Birthing Your Baby:** The Second Stage by Nadine Edwards and Beverley Beech: Physiology of second stage of labour; advantages of a more relaxed approach to birth £5.00

**Choosing a Waterbirth** by Beverley Beech: How to arrange a water birth, pool rental, hospitals with pools; help to overcome any obstacles encountered £5.00

**Delivering Your Placenta:** The Third Stage by Nadine Edwards: The merits and disadvantages of a 'managed' (with drugs) vs a more natural third stage £5.00

**Induction: Do I Really Need It?** by Sara Wickham: An in-depth look into the options for women whose babies are 'overdue', as well as those who may or may not have gestational diabetes, or whose waters have broken, but have not gone into labour £5.00

**Ultrasound? Unsound!:** by Beverley Beech and Jean Robinson: A review of ultrasound research, including AIMS' concerns over its expanding routine use in pregnancy £5.00

**Vitamin K and the Newborn** by Sara Wickham: A thoughtful and fully referenced exploration of the issues surrounding the practice of giving vitamin K as a just-in-case treatment £5.00

**Breech Birth – What are my options?** by Jane Evans: one of the most experienced midwives in Breech Birth. Advice and information for women deciding upon their options. £8.00

**What's Right for Me?** by Sara Wickham: Making the right choice of maternity care £5.00

## OCCASIONAL PAPERS

**AIMS' Comments on the NHS Complaints Procedures:** Problems complainants have with the review system, case note access, time limits; complainant's emotional needs (1993) £2.50

**The Benefits and Hazards of Obstetric Care:** by Beverley Beech, this discusses how obstetric care may lead to poor outcomes for both babies and their mothers £2.50

**Birth is a Normal Process:** A Mother's Perspective: How medicalised hospital birth undermines normal childbirth £2.50

**Drugs in Labour and Birth - What Effect Do They Have 20 Years Hence?** by Beverley Beech: the potential long-term adverse effects on the baby of the many drugs used in labour £2.50

**History of AIMS 1960 -1990:** A résumé of AIMS' activities and the campaigns it has undertaken over the last 30 years £2.50

**The Mirage of Choice:** The word 'choice' often masks an agenda to persuade women to give birth in hospital despite evidence of the dangers and risks to both mothers and babies £2.50

**Pain Relief in Labour:** Women's Perspectives: Covers how hospitalised childbirth practices result in women needing drugs for pain relief £2.50

**Procedures Related to Adverse Clinical Incidents and Outcomes in Medical Care:** AIMS' response to the House of Commons Health Committee on problems with the current complaints procedures in maternity care £2.50

**The Pregnant Woman's Need for Information:** Medicine Use in Pregnancy and Birth: Paper presented at the 13th European Symposium on Clinical Pharmacology Evaluation in Drug Control; discusses drug usage in pregnancy and birth, and the amount of information and advice given to women £2.50

**Risks of Caesarean Section:** Research papers on the risks of caesareans, which can be used as a basis for further study of the subject £2.50

**Ultrasound - Weighing the Propaganda Against the Facts:** A paper that questions the value of routine ultrasound screening, based on the scientific evidence reported since Ultrasound? Unsound! was published £2.50

## MISCELLANEOUS

**T-shirts:** This is your chance to show some attitude – everyone wants to know where they stand – now you can tell them! Quality 100% white cotton T-shirts printed with ***'Don't Mess With Me! I am an AIMS Member.'*** For campaigning or for during your pregnancy. Sizes M (40" round bust and waist) L (44" round bust and waist) XXL (52" round bust and waist). £15.00 each

**A Charter For Ethical Research in Maternity Care:** Written by AIMS and the National Childbirth Trust, this sets out professional guidelines to help women make informed choices about participating in medical research £1.00

**AIMS Envelope Labels:** Sticky labels for reusing envelopes 100 for £2.00

**Do Not Disturb: Bonding in Progress:** Mothers and babies need time to get to know each other. This simple but effective sign can be hung on doors or beds to ensure others get the message £1.00

**Maternity Statistics Questionnaire:** Any woman wanting information on her local maternity-unit practices can send this questionnaire to their local unit. Please then post a copy of your unit's reply to The AIMS Chair, Beverley Lawrence Beech, who will add the information to AIMS' compendium of hospital practices £1.00

**My Baby's Ultrasound Record:** A form to be attached to your case notes as a record of your baby's exposure to ultrasound £1.00

**What is AIMS?:** Activities of AIMS, the campaigns it has fought and its current campaigns FREE

**Publications Pamphlet** FREE

## AIMS PUBLICATIONS ORDER FORM

A large selection of the booklets and books are available to order from our website via PayPal

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Send cheque/postal order payable to AIMS to: Shane Ridley
Manor Barn, Thurloxton, Taunton, Somerset TA2 8RH

# Noticeboard

**Sheffield home birth Conference 2010**
'Making Home Birth a Real Option'
Saturday 20 March 2010,
St Mary's, Sheffield.

Cost:
Professionals - midwives & antenatal teachers (inc. NCT) £55
student midwives / student teachers and parents £35 / couples £45

Speakers will include:
Mavis Kirkham, Emeritus Professor of Midwifery, Sheffield Hallam University
and
Beverley Beech, Chair of AIMS.

Agenda includes:
Ask the Panel of Local Professionals,
All Hands on Deck- doulas alongside midwives and
How to bring the birth message home!

www.sheffield home birth.org.uk
contact: Olivia Lester
telephone: 0114 2678 948
or email info@sheffield homebirth.org.uk

**The 1st Nottingham Birth Conference**
Normality and Childbirth: Evidence, Experience and Debate.
Saturday 6 March 2010
9am - 5pm
Djanogly City Academy, Nottingham
Cost: £40 per person
Speakers include Denis Walsh and Mavis Kirkham

www.nottinghamrcm.org.uk
email:
nottinghambirthconference@ntlworld.com
If you do not have access to email, please call
Lisa or Eleanor on
0115 846 9299

*An increase of £5 was agreed at the 2007 AIMS AGM which has been implemented from 1st January 2008. The membership form below contains the new rates. Thank you for all your support.*

## MEMBERSHIP FORM

Last name ........................................ First name ........................................ Title ....................

Address ....................................................................................................

....................................................................................................

Postcode ........................................ email: ........................................

Tel: (home) .............................. (work) .............................. Fax: ..............................

If new member, how did you hear about AIMS? ....................................................

Occupation:....................................................................................................

☐ I would like to join AIMS ☐ Please send me a Standing Order form ☐ Please renew my membership

Please enclose a cheque/postal order made payable to AIMS for:

☐ £25 AIMS membership UK and Europe (including AIMS Journal) ☐ £25 AIMS Journal (UK and Europe only)

Please note that personal subscription is restricted to payments made from personal funds for delivery to a private address

☐ £30 Groups and institutions ☐ £30 International members (outside Europe) ☐ £____________Donation, with thanks

**Complete and send to: Glenys Rowlands, 8 Cradoc Road, Brecon, Powys LD3 9LG**