

# Top Ten



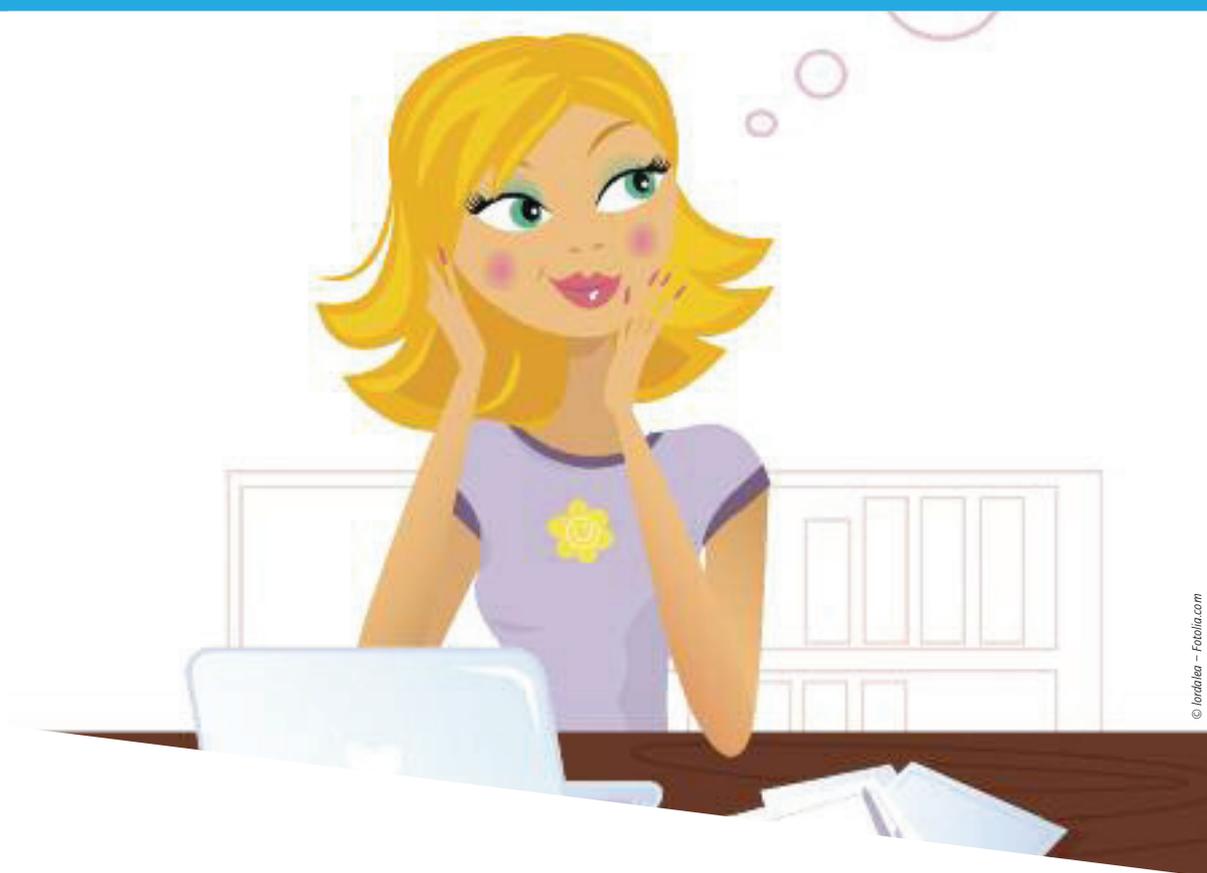
tips for

what women  
want from  
their midwives

Association for Improvements in the Maternity Services (AIMS)

**T**he 20 of us who are committee and associate committee members of the Association for Improvements in the Maternity Services (AIMS) come from different backgrounds, range in age from our 20s to our 80s and live in various parts of England, Scotland and Wales. Since 1960, when AIMS formed, we have received constant feedback from a great many women about their experiences of birth, the maternity services and the practitioners involved in their care.

Unlike the NHS and many other organisations, AIMS offers women total confidentiality, thus women entrust us with opinions, feelings and experiences that they do not necessarily share with health practitioners or others. Increasingly, women and midwives are unable to form trusting relationships, and women are aware that part of the midwife's role has become one of surveillance rather than support. The services become increasingly focused on protecting the fetus and 'forgets' the mother/baby dyad which AIMS believes is so crucial for women's and families' health. Women know that most midwives are doing their best in difficult circumstances and greatly appreciate those who take time to listen to them, respect them and advocate for them, despite being stretched, often beyond their limits. However, there are themes that arise again and again when we listen to women talking, or read the many birth stories that are sent to us. The range of stories varies from women who received fragmented care in large obstetric units, to those who received continuity of care from the same midwife or small group of midwives and everything in between. This textured feedback has provided us, over the last decades, with a better understanding about the kind of midwives women need to journey with them through pregnancy, birth and the postnatal period.



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# 1 Listen to women

Women frequently tell us that no one has really listened to them, or tried to understand the reasons behind their hopes, plans, concerns, or fears. This is especially so if they are making decisions outside the prescribed choices for their situation. Appointments can feel rushed and focused on physical checks such as blood pressure, urine and baby's heartbeat. While physical health is important to them, women want a more holistic approach - an understanding that birth is an emotional, even spiritual, time for them. They need midwives who really listen and are non judgemental.

# Be an advocate for women

# 2

Women need midwives to be on their side when they are feeling vulnerable in the midst of a largely impersonal system. For example, if a woman wants a home birth, or books an independent midwife, even if she is deemed to be 'high risk', this is her decision to make and should be respected. We have noticed a worrying inconsistency in these circumstances and there is a need for midwives who can differentiate between being coercive agents, enforcers of the system, and being advocates for the women within it. This includes focusing on support rather than enlisting social services for women who make decisions about birth that practitioners do not necessarily agree with, as decisions about birth are not child protection issues.

## 3 Understand informed decision making

Women want midwives who understand that informed consent can only exist if informed refusal is a real option. Too often women tell us that when they do not want to follow professional advice they are provided with increasing amounts of information by health practitioners to get them to agree. A recent AIMS article describes a midwife being required to do assertiveness training, in order to better persuade women to follow local policies and protocols (Edwards *et al* 2011). Women need detailed and balanced information that enables them to weigh up costs and benefits for them as individuals and to make decisions that meet their needs and support their beliefs. When they feel supported, they feel they can make good decisions that are more flexible than those made under siege.

## Respect women

This is needed by all women, especially if they do things that are not considered healthy or correct. Women who are deemed to be overweight, who smoke, who suffer the impacts of violence, and/or poverty, particularly value the support of a midwife who respects them and is prepared to work with them from where and who they are.

But before they can respect and support others, we recognise that midwives need to respect, value and nurture themselves.

## 5 Value your own skills in normal birth

Women need midwives who understand and value midwifery knowledge and skills and are continually extending them; who consider midwifery to be a philosophy and a profession in its own right; who can support women through long and challenging labours (without, for example, relying on routine vaginal examinations unless clinically indicated and the woman agrees or wants one); who are upbeat and positive; who know when specific midwifery skills are needed and when only encouragement is needed; and who have the confidence to listen to feedback and reflect on it, but who can also stand by their clinical decisions and support colleagues in this too.

## Be a courageous professional

Professionalism can sometimes mean disengaging from women and aligning with institutions. Women need a 'professional friend', someone who has the knowledge, skills and courage to provide information and advice based on the needs of the individual woman. They need someone who can make clinical decisions in her own right rather than blindly follow protocols; has the ability and courage to stand up to criticism of herself and/or others and confidently state that she listened to the woman and made an appropriate decision at the time. Midwives who do not challenge unacceptable protocols, do not speak out when they witness poor practice, do not follow women's individual needs and just fall into line, do women and their profession a disservice.

## 7 Work collaboratively

We continually see benefits when midwives support each other and work in collaborative situations. This is frequently witnessed in small freestanding birth centres and 'alongside birth centres' that have a dedicated midwifery staff and which practise caseloading. In these settings they are more able to support women and to work collaboratively with them, and are more open to women's views, decisions and feedback (McCourt & Stevens 2009). Women can be midwives' greatest allies and support system if they let them (Edwards 2011).

## Use positive language

## 8

Women appreciate midwives who are genuinely confident and upbeat when they, the women, are flagging - though not 'hockey sticks' jolly - and who are able to engage and encourage, *'you're doing so, so well', 'you're amazing', 'you're so strong', 'well done, that's another one gone'*; what midwife Nicky Leap (2010) calls 'midwifery mutterings'. Midwives who focus on positive language rather than negative, who use words like 'giving birth' rather than 'delivering babies', or talk about 'surges' rather than 'contractions', and who (if a woman agrees to a vaginal examination) say, *'that's brilliant, you're already X cm dilated'* rather than, *'oh, you're only X cm dilated, I thought you'd be much further on by now'*, or who talk about 'having a baby' rather than 'being confined' (Leap 2012).

## 9 Know when to be silent

When midwives do not know the women they are attending in hospital, or at home, and when they also attend many births one after the other, they sometimes forget about the importance of the quality of the woman's environment for birth, forget about the awe and wonder of the woman's strength and abilities, her need to focus and the miracle of birth (including a surgical one). Chatting over, or near, a woman can be distracting and discourteous. Some women need a great deal of active encouragement, others need silence. Often women need both at different times, therefore they need midwives who are confident and comfortable to do little but to be discretely watchful and attentive when appropriate; midwives who understand that sometimes there is a necessity and value in 'being' rather than 'doing', and in silence rather than talking, and to know which is needed when.



### Be engaged and human(e)

# 10

Health practitioners who are stretched and have too little time sometimes forget common politeness and respect – which is nonetheless part of their caring role. They forget that introducing themselves, talking gently, being kind and having empathy make a difference to women. When midwives feel burnt out by the relentlessness of the system and by the reduction in resources, women can easily slip to the bottom of the hierarchy and be seen as a nuisance to be dealt with as quickly and efficiently as possible (Deery & Kirkham 2007). Women notice this and try to bother midwives as little as possible, which can lead to even less connection and consideration, leaving women feeling isolated and lonely.

#### Conclusion

Essentially, women need midwives who they can trust to be on their side, even if they don't agree with their informed decisions, and who have the knowledge and skills to support them confidently and expertly, but who know when medical help is genuinely needed. Different beliefs about safety and risk make situations more complex, but if midwives were to aspire to these Top Ten Tips this would very quickly make a huge difference to the quality of women's childbearing experiences. For more information about AIMS, please visit their website at [aims.org.uk](http://aims.org.uk).

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### Association for Improvements in the Maternity Services (AIMS)

Members of the AIMS committee are mothers who became involved in birth issues mainly because of their own experiences of positive or difficult births, and/or their interactions with health practitioners. Some committee members have grown up children and grandchildren and some have been committee members for many years, others have small children and babies and have more recently joined the committee. All of us believe that birth matters to families and societies, and that undisturbed birth is the best start to family life wherever possible. All of us are deeply committed to improving the landscape of birth however and wherever we can. All committee members work for AIMS on an entirely voluntary basis.