



We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all

Open Letter by AIMS in response to the APPG Report on Birth Trauma¹ May 2024

We write this letter in response to the recently published APPG Report on Birth Trauma¹. The report was extremely moving and we honour the brave contributions of those who shared their horrific experiences so candidly with the APPG. We also welcome the heightened public interest in these issues. For over 60 years, AIMS has been highlighting the effects of birth trauma and obstetric violence and campaigning for change. This report makes it clear to everybody that change is still needed.

Some of the report's recommendations are valuable, and we urge policy makers to read the report and carefully consider the issues raised. Unfortunately, however, some recommendations and parts of the report are dangerous, and put women and birthing people at increased risk of harm and trauma. There is also a failure to refer back to previous reports, recommendations and initiatives, which may make it more difficult for policy makers to ascertain the new measures needed to actually achieve change.

Legal concerns

AIMS is appalled that the APPG appear to believe that it is legal for medical procedures to be carried out without a woman's consent in an emergency: in fact, the law clearly states that informed consent must be given before any medical procedure can take place, even if it is an emergency, except in the very limited circumstances where a person lacks capacity^{2,3,4,5}. It is clear from the examples given in the report that women and birthing peoples' right to consent to or decline interventions is being repeatedly denied.

It is also extremely disappointing that clear breaches of people's rights under articles 2, 3, 8 and 14 of the Convention on Human Rights⁶ are not called out as such in the report, and the term obstetric violence⁷ is barely used, despite many of the testimonies giving harrowing descriptions of such breaches and violence.

Diversity, Equity and Inclusivity

We have concerns about how well the report reflects the needs of different groups of service users, in terms of tackling the issue of birth trauma arising from maternity service activity.

The report notes that "Women from marginalised groups, particularly those from minoritised ethnic groups, appeared to experience particularly poor care, with some reporting direct and indirect racism." However, it does not say how many respondents were from marginalised groups or what action was taken to gather responses specifically from them. For example, there was no explicit mention of the experience of those who have a physical or learning disability. This leaves us very concerned that the report may not reflect the whether any effort was made to gather experiences of the most under-served. Perhaps the truth is even worse than the report suggests.

Despite mention of people suffering racism, we are concerned that the report fails to adequately address systemic racism in the maternity services⁸, including in its recommendations. In terms of recommendations, AIMS trusts that the report authors take as read, and support, actions already recommended on this vital issue, and are keen for NHS implementation in this regard to be strengthened. Nevertheless, we were struck that the

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only suggested solution for the grossly inequitable health outcomes for Black and Brown women is additional funding for interpreters.

From an LGBTQIA+ perspective, we are also concerned that the report is not sufficiently inclusive in its language about those it heard from or reported on, despite quoting someone who defines their gender as trans man, and noting that same-sex mothers might carry the other's biological child.

Blanket recommendations without a good evidence base

We are concerned about recommendations in the report for universal implementation of interventions such as the OASI care bundle for which the evidence base is lacking. Rather than a standardised and routine intervention, what is needed is a personalised approach and informed decision-making. In this situation, as in any other, women need to be given full information about the benefits and risks of the OASI care bundle and the alternatives, and to be made aware that the evidence for it is not robust (see our detailed analysis of this care bundle⁹).

It is also notable that the report omits from its recommendations measures which are well evidenced as reducing OASI (and improve other outcomes too), such as supporting out of hospital birth¹⁰.

Maternity professionals

AIMS regularly hears from people working in our crumbling maternity system. We see the trauma being experienced as professionals try to survive in services where it is impossible to provide the high standard of care that we all deserve.

We caution decision-makers against “knee-jerk” responses to this report that will actually detract from staff delivering care. Midwives should not be further removed from providing care to parents and babies, so as to complete additional reams of paperwork. No check box or protocol in the world can deliver the holistic, individualised care that is required to prevent more people being traumatised.

Putting students and newly-qualified midwives into toxic systems can only make matters worse. We already know that often midwives suffer the highest rates of mental health-related absence of any NHS group¹¹ - but still they show up wanting to care, fighting against systems that so often hold them back from delivering true midwifery care, instead demanding a model closer to obstetric nursing that puts pregnant people and their babies more at risk.

Solutions

The solutions are already out there; and have been for decades. The recommendations from Better Births¹² seem to have faded away and the policy to implement continuity of carer¹³ is a distant recollection for most frontline staff. Ockenden^{14,15} and East Kent^{16,17} told of the same themes. How many more public inquiries do we need before a government will take note?

In 2007, AIMS published a piece on post-traumatic stress disorder¹⁸, its author, Jean Robinson opening with “The horror stories still come in from mothers, and I could weep at every one...”. In this article, AIMS proposed a checklist of actions to safeguard mothers and birthing people from trauma. We repeatedly called for change. In 2019 we published “Improving Maternity Services for positive mental health outcomes: a checklist for action”¹⁹. So many campaigners make the same calls for service transformation.

Call to Action

We welcome the report for amplifying the voice of those who have experienced birth trauma, detailing the ways in which maternity services have failed women. It describes in harrowing detail a culture within the maternity system that leads to uncaring attitudes, failure to listen to women and birthing people, a lack of informed consent for interventions and withholding of care when it is requested, including pain relief.

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We are grateful for how the report has contributed to growing awareness of birth trauma and the importance of perinatal mental health. In this regard, we would recommend that 'birth trauma' be viewed through a wide lens, encompassing postpartum care, as the report does, as well as experiences during pregnancy. AIMS also commends the report for including the long-term effects of birth trauma on women, their partners and families, and maternity staff.

Now we need to hear from leaders that the efforts and personal sacrifices of those who have spoken have not been wasted. We call upon all political parties to present their plans for urgent changes. We need to hear from bodies including the Royal College of Obstetricians and Gynaecologists and the Nursing and Midwifery Council exactly HOW the recommendations can be implemented.

As a priority we need to see recognition that relying on the good will of overstretched staff in crumbling systems is insufficient to achieve safe maternity care, that mothers' and birthing peoples' rights must be respected and that obstetric violence must be eliminated.

We urge birth activists not to back down. Right now, the media and public attention is at a level where our voices can be heard nationally. Now is the time to raise them high and speak up for those who cannot.

For those who are in positions of power: what one change could each one of you commit to, today, that will begin the long road to seeing a full transformation of maternity services?

References:

1. Listen to Mums: Ending the Postcode Lottery on Perinatal Care - [A report by The All-Party Parliamentary Group on Birth Trauma](#)
2. [JUDGMENT Montgomery \(Appellant\) v Lanarkshire Health Board \(Respondent\) \(Scotland\)](#), paragraph 87
3. [MB \[1997\] EWCA Civ 3093](#), paragraph 17
4. [The Human Rights Act 1998 - GOV.UK](#), Schedule 1, Article 8 (Right to respect for private and family life)
5. AIMS Position Paper - [Decision Making in Maternity](#)
6. [The Human Rights Act 1998 - GOV.UK](#)
7. AIMS Position Paper - [Obstetric Violence](#)
8. AIMS Position Paper - [Racial Inequalities in Maternity Services](#)
9. [AIMS Commentary: the OASI care bundle debate](#)
10. National Perinatal Epidemiology Unit "Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study" [BMJ 2011;343:d7400](#)
11. [We need to talk about the Midwife Mental Health Crisis](#)
12. [BETTER BIRTHS](#)
13. Position Paper - [Continuity of Carer](#)
14. [Final report of the Ockenden review - GOV.UK](#)
15. [AIMS Campaigns Team comment on the Ockenden Report and next steps](#)
16. [Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK](#)
17. [AIMS statement on the Kirkup Report](#)
18. [Post Traumatic Stress Disorder](#) Jean Robinson, 2007
19. [Improving Maternity Services for positive mental health outcomes: a checklist for action](#)

Further reading

[AIMS submission to Birth Trauma APPG](#)

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