



April, 1961.

NEWSLETTER 4.

Dear Member,

Please get a copy of:-

"Human Relations in Obstetrics"	Price 6d.
"The Pattern of the In-patients Day"	Price 2s.0d.
"Prevention of Prematurity and the Care of Premature Infants"	Price 9d.

(Obtainable from Her Majesty's Stationery Office,
York House, Kingsway, London, W.C.2.)

"Human Relations in Obstetrics" comes as a kind of first birthday card to A.I.M.S. This report by the Minister of Health's Standing Maternity and Midwifery Advisory Committee says:-

"The Committee received a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy. Most, but not all, of this evidence was given by women's organisations, much of it from mothers who had had experience of delivery in hospital. Correspondence and articles in the medical papers, newspapers and women's journals have shown that criticisms are sufficiently widespread to merit serious attention. While it probably is true that the mothers who are satisfied with the treatment they received say little, the extreme interest shown in ---'s inaugural lecture at the opening of the new professional unit at Charing Cross Hospital has emphasised that there is room for improvement in the way in which some mothers are treated during childbirth both at home and in hospital.

If midwives are to have improved working conditions, more pay and better administration, where is the extra money to pay for these things to come from? Write and ask your M.P. this question.

Ante natal clinics should not have to be conducted in a small room containing a dentists chair and a screen with a bed pan behind it for supplying urine samples, or in dirty, draughty drill halls. Or in places where mothers must wait for hours on hard benches to be seen by doctors in a hurry, without privacy, modesty or civility. The low standard of cleanliness in some hospitals must be experienced to be believed. A mother should not be made to feel that all humanity has deserted her in her hours of need because a midwife is expected to care for too many mothers at once.

As long as these things exist in some places we should not be complacent about our Welfare State. The midwives have never had it so bad. The Matron of a large London Hospital fears a return to the "times of Sarah Gamp" if something is not quickly done to solve the problem of the shortage of midwives. At the same time she thinks that accounts of poor maternity care should be publicised rather than officially hushed up.

A.I.M.S. recommends:-

1. A prestige campaign to get more midwives and good working conditions, time off, more pay, an attractive uniform, prestige

wives, and attendants that patients should no longer be satisfied with squalid premises or content to be treated as the passive burden of an intensive conveyor belt system, but it is a healthy symptom of an educated and affluent democracy that they are not, and a corresponding change of attitude among hospital staff is called for. An important obstacle here is the dead hand of hospital routine. Waking wards unnecessarily early, for example, is one of the items in the traditional pattern of an inpatient's day which were critically discussed in a report published last week by the Central Health Services Council. Changing it will require both zeal and perseverance, and it is doubtful whether occasional committee reports or ministerial memoranda alone will accomplish it. It is sobering to reflect that more than two years ago the Cranbrook committee drew attention to a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy. In fact, the report published today adds little that is new to the state of public knowledge, and it will be a matter of some concern to see whether it will add much that is new to the treatment of women before and after their confinement." Which prompted a letter to the "Times" which said"..... it is recommended that the mother be 'received and treated kindly'. Could there be a more searing comment upon a state of affairs that probably exists in many hospitals?"

On the day this report came out I was talking to a branch meeting of the Royal College of Midwives at Canterbury. (I was therefore unable to appear on B.B.C. Television's programme 'Tonight' even though a car was offered to rush me back to London). Here I was told that the midwives are tired of feeling that they must apologise to the patients for bed shortages and lack of space, and to would-be trainee midwives for the delapidation of the building. The ante-natal clinic is so inadequate that strong complaints about it from the mothers would be welcomed so that it could be drawn to the notice of the general public. This is a "happy" maternity unit. Friendliness and freedom are positively encouraged. The mothers are satisfied but the staff are not. They are "up to strength" but they are irked because the number of mothers (720 births last year with only 27 beds) is too great. They are not able to give as much care and attention to each mother as they would like. If an emergency is brought in another mother must be sent home in order to make room. The staff feel that they can not protest (although I wish that they would). It is this type of pressure of work and frustration at being prevented from giving of their best which drives more midwives away from the profession than the activities of A.I.M.S. ever will. Joy in their work can be marred by adverse conditions of work, which in some cases leads to shortness of temper and bad feeling.

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posters about their work.

2. The building of ideal Maternity Units.
3. An inspectorial system for all hospitals.
4. The appointment of a sensible person to the post of co-ordinator of all maternity services in each region.
5. Further research into analgesia.
6. Training of male S.R.N. as midwives.
7. More "obstetrical doctors" both in hospitals and amongst G.Ps.
8. Voluntary help:- "Mothers' friends".

- a) Sitters-in with mothers in labour when a husband is unable to be there.
- b) Helpers-out at home confinements (caring for small children, helping when the Home Help Service is inadequate or not available.).
- c) Helpers-out in a mother's home if she has to go to hospital, and after her return from hospital.
- d) Midwives-helps at home births - i.e. the "third person in the house" in case of emergencies - if no one else is available.

Young mothers would have to work in twos or threes to provide this kind of help to a new mother; one mother taking care of the second mother's children, leaving her free to go to the aid of the new mother.

Swindon has managed to weld the maternity services into a satisfactory working whole. Complaints are few and there is a waiting list of midwives. (An article about this which appeared in the Nursing Times for 13th January 1961 is being reproduced by A.I.M.S.).

Mrs. Gillman of South London writes:- "When my first child was born in hospital, my husband was turned away at the door against his will. My sister had her first child in hospital in Spain last September. She was provided with a cubicle containing her own bed, a cot for the baby, washing equipment, and under her bed there was another which could be pulled out for her husband should he wish to sleep with her at night. He made full use of this, and was with her during the whole of labour. She wrote afterwards to say how thankful she was that her baby was born in Spain and not in England where there seems to be such a peculiar, unnatural attitude to family life."

A doctor's wife from Warwickshire writes:- "I was impressed particularly by the factual and well balanced approach (of A.I.M.S. literature). This, I'm sure, will gain you valuable support, particularly from doctors who get so weary of the usual highly-emotional, uninformed waffling on these subjects."

News from the Regions.

You will see from the latest list of Regional Organisers that some people have resigned and that there are some new names to be welcomed.

R.Os. living in "bad" maternity areas have been able to raise public opinion quite noticeably. Others have found local support very hard to come by - but this should not discourage them. Here are a selection of R.O's reports:-

(I have received so much information for this that I hope individual R.Os. will not complain too much if I have left anything out.)

Cumberland.

Mrs. Bradbury has written a good letter to four local papers asking interested people to get in touch with her.

Northumberland.

Mrs. Norris and her members have been gradually building up to strength again. They held a meeting on 21st March at the Y.M.C.A. Centre, Cullercoats. Unable to attend myself, I sent a tape recorded talk in my stead.

Mrs. Norris reported on the London Meeting (April 8th at Festival Hall). Mrs. Burrell sent a book of press cuttings about A.I.M.S. work so far. Progress in the North East - Voluntary help in hospitals; after-care of the mother; finance and information were discussed. This meeting was well reported in the "Whitley Guardian". Enthusiasm.

Co. Durham.

Mrs. Martin has found time in spite of having her second child last September to recruit members and to write to the press. The matron of the local Maternity Hospital promised that there would soon be lectures for expectant mothers and fathers and relaxation exercises.

Leeds.

Mrs. Nicholson would like to send a circular explaining about A.I.M.S. to people who have just announced a birth in the newspapers - for a trial period to see what results are. Anyone else interested? Mrs. Walker of Ripon and Mrs. Baker of Knaresborough are getting together with Mrs. Nicholson to conduct a campaign by letter - they, like other members, find it difficult to meet often.

Manchester.

Mrs. Wisbey has been appalled by the apathy of people - even most of those who are enthusiastic refuse to help her. This does not apply to staunch supporter Mrs. Roberts of Northwich, Cheshire. who has had an article published in the local paper (and has done an awful lot of typing for me !), and she has the use of a duplicator to reproduce literature for Mrs. Wisbey. Mrs. White of Southport hopes to move towards Manchester in the summer. Mrs. R. and the two Mrs. Ws. should between them make a strong group. Meetings of members have been held. Mrs. Roberts has been invited to join the House Committee of her local Hospital.

Leicester.

Mrs. Hill has held group discussions and a joint meeting with the local Housebound Liberal-Minded Womens Association, and with the Matron of one of Leicester's Maternity Units. It was decided to form A.I.M.S. Leicester Branch under the chairmanship of Dr. H.B. Kidd (Consultant Psychiatrist). They have compiled their own Constitution, and will in future duplicate their own literature from a "copy" sent by me. Bigger meetings are planned for the future. Mrs. Hawkins (the Secretary) writes:-

"Great interest has been shown and already a lot of help given, by the Matron of Leicester's biggest Maternity Unit. Her aims seem to be much the same as our own, and her co-operative attitude cannot be stressed enough. Through her agency, a meeting of the local Midwives' Association was attended by four members of the Committee, and in general their reaction to us was favourable. Two members have already been taken on a tour of the above-mentioned Maternity Unit, and invitations have been made already for us to see the other large Maternity Unit in Leicester, and also the Maternity Hospital at Melton Mowbray. It is hoped similarly to arrange visits to other Maternity Units in the City and County.

Contact has been made with the Medical Officers of Health for City and County; both have supplied information on the Services available, and again their attitude was fairly co-operative.

It is planned to publicise the Association by means of a simple poster at the City Information Bureau, Baby shops, etc., inviting members.

The questionnaire for Mothers which you supplied to us has been extended a little to cover local conditions, and also 'vetted' by a Clinical Psychologist, who will, we hope, analyse the results of the local survey we plan to make, using this questionnaire. It is hoped to arrange that a copy of our questionnaire will be given to each Mother as she leaves a Maternity Unit, and provided that we can maintain the friendly relations established with the 'Authorities', there is every hope that this will be so. It is not yet clear how we can obtain

similar contact with domiciliary patients, but it is felt that it is important to obtain a representative sample, if a true assessment of Leicestershire's Services is to be made.

It will obviously be some time before we have completed our collection of information on the Maternity Services in Leicester and Leicestershire, and on parents' impressions of these services, but when they are complete, a comprehensive report will be made to you of our findings. Also we shall then consider how best to tackle the problem of getting inadequacies we may discover put right.

The Leicestershire Branch will keep in regular touch with you, and we hope you will continue to send us Newsletters and the names and addresses of anyone from this area by whom you are contacted."

Lancashire.

Mrs. Eastham of Preston in March suggested a group in her area as she had friends interested in joining. They hoped to hold a coffee morning "in order to get A.I.M.S. better known".

Nottingham.

Mrs. Coultate has taken over from Mrs. J. Taylor who has moved to Middlesex. Mrs. Taylor had a letter in the British Medical Journal on March 11th 1961 on the desirability of fathers attending births if they want to. Mrs. Coultate hopes to hold a meeting of local members in the near future.

Liverpool.

Mrs. Ousby has taken over from Mrs. Ruddick and hopes to hold a meeting soon.

Hereford.

Mrs. Maughfling writes:-

"Have held two meetings, formed branch and committee.

Distributed more leaflets in clinics and hospital, and had letters in local press. Town population is to be expanded without apparently corresponding expansion in maternity unit - letter about this and also another setting out local and national aims of A.I.M.S.

Observation in clinics, meeting with Matron of Hereford Hospital to discuss conditions; she offered us a meeting with the hospital midwives.

Interest and private co-operation sought and gained of eminent woman professor of Obstetrics and Gynaecology living in neighbourhood.

Meeting with local supervisor of District Nurses elicited information that only two Trilene machines were budgeted for by the County for district nurses; a total of only sixteen in the County. Suggested two way radios for remote district nurses connecting them with flying squad. (Had a lot of difficulty in making her even understand this; finally she admitted it would be a good thing).

Lecture on "Humanity in Childbirth" given by Dr. Deighton on January 31st and meeting with Hospital Management Committee.

Letter to G.C.E. Committees suggesting that process of childbirth should be included in Natural Physiology Course (at present there is hiatus between pregnancy and lactation).

Birmingham.

Mrs. Merry reports that she moved a resolution at the Annual Conference of the Regional Labour Party which was well reported in the press and she hopes may result in increased membership. Mrs. Walton has been rather discouraged by the lack of response in Birmingham to the various letters which she has written. She feels that A.I.M.S. should be more factual and not "quite so emotional". (Elsewhere in this Newsletter there is a quotation from a letter written by a doctor's wife who feels A.I.M.S. is very levelheaded.) Mrs. Walton and Mrs. Merry are to be invited to visit the Monroe Devis Maternity Home at the invitation of Dr. Field.

Bristol.

Mrs. Richman has suggested a scheme whereby one of her members will write a personal letter to women who have had recent confinements in hospital in Bristol, congratulating them and asking whether their stay in hospital has been pleasant. She asked for a meeting with the South Mead General Hospital Group Management Committee; but the reply came that "having regard to the machinery available in this group for the consideration of patients' suggestions and the advice of the consultant medical staff and nursing staff, my committee is of the opinion that satisfactory arrangements exist which fully cover liaison with both patients and staff". Mrs. Richman is in contact with another Bristol matron who has offered to take up any complaints from mothers which Mrs. Richman cares to pass on to her.

Cornwall.

Mrs. Cook writes:-

"I started my campaign by letters to the local press asking interested people to get in touch and this brought a good response.

I had no joy with either the Medical Officer of Health or the Hospital Board until I had contacted my M.P., Greville Howard, who shook them up on my behalf.

This January I met representatives of the S.W. Regional Hospital Board, the matron of our hospital (singular - we only have one hospital for the County serving a radius of 40 miles) and the Maternity Superintendent for Cornwall, at the maternity hospital.

I had a long, long discussion and argument with regard to our A.I.M.S. and also with regard to complaints received about treatment there and was finally shown round the hospital. I won one point. Husbands or near relatives will be admitted as routine in future.

On January 21st we held a small meeting at which Mrs. Willington spoke and which I felt went well. As a result of this meeting we have formed an action committee with the following A.I.M.S. for Cornwall:-

1. More maternity beds (36 is not enough!) in more units.
2. Representation on the Hospital Management Committee in order to have a say in the running of the maternity units.
3. To continue working for all A.I.M.S. general 'aims' and to assist in any national effort.

I have managed to have letters published in the "Guardian" and "Sunday Times", "Family Doctor" and local press and recently had a half column in the "Cornishman". I have also been promised time on 'Round-up' when they next feature maternity services."

Last week the "Western Morning News" reported Mrs. Cook's specific complaints from ex-patients of the hospital which she has collected. A meeting with the Hospital Management Committee was held (after some argument) and the protestants went to it with Mrs. Cook. I have not yet had a full report of this meeting but I understand that a member of A.I.M.S. will be asked to look round the maternity unit once a month.

Hampshire.

Mrs. Wolfe has had the strong support of Mrs. Gill in connection with recent complaints about St. Mary's Hospital, Portsmouth. Mrs. Gill has given her views on this hospital to the press and also wrote a letter to the "Spectator". She and Col. Fletcher met the Hospital Management Committee to discuss her complaints and she felt the result of this meeting was far from satisfactory.

Mrs. Wolfe has been writing a lot of letters and she came to the meeting in London on April 8th in spite of a recent home confinement which she described as "as comfortable as possible".

Dorset.

Mrs. Ashe of Weymouth has had to give up owing to illness. Her place has been taken by Mrs. Brock-Hollinshead who has recently moved from Devon to Chard. From here she hopes to keep an eye on East Devon as well, and to hold some meetings.

Cambridgeshire.

Mrs. Cary has had some small interesting meetings with other members but she finds there are few complaints in Cambridge about the midwifery services which seem on the whole to be good.

Norfolk.

Mrs. Cragg has moved to Eastbourne where she hopes to start a local group soon. I would be glad to hear of anyone willing to take over Norfolk.

Buckinghamshire.

Mrs. Martelli having had many domestic troubles this winter was feeling much discouraged until one Dr. Bunce answered one of her letters and offered to speak to small groups of parents. He is particularly interested in aspects of mental health in the existing health services, and he feels that the problem is one of the mental health of the whole family. A local member Mrs. Westcott has discovered that books on preparation for childbirth at a Chesham branch library are kept in a back room and have to be specially asked for. She thinks that there should be some way of informing the public that these books are in fact available if asked for, and she would like to know if any one else has noticed a similar situation in other libraries.

Surrey.

I understand from Lt.Col. W.J. Fletcher that Kingston hospital like the gas and oxygen machine (made by the British Oxygen Company, the money for this being raised by the National Birthday Trust Fund) and indeed would appreciate one or two more. The improved version of the "space suit" has to be properly tested. Col. Fletcher hopes to complete his experimental audio-analgesia equipment in the near future.

Mrs. Campbell hopes to have a small A.I.M.S. card printed to set out immediate aims. Her group intends to meet monthly and they raise money by selling cakes and outgrown childrens clothes. Mrs. Campbell, Mrs. Rhodes and Mrs. Downham had a meeting with Sir Frederick Messer, Chairman of the G.H.M.C., at which they discussed the proposal of sitters-in with mothers in labour in hospital. This group intends to try a sitters-in scheme for a trial period. They also feel enthusiastic about the idea of collecting money to put towards the cost of building an ideal maternity centre which could be used for further research into maternity care.

Kent.

Mrs. Griggs feels that we should use our influence to get an ideal maternity centre built. She and three members had a very successful meeting on January 12th with the Secretary of the South East Kent H.M.C. and the Matron of Willesbrough Hospital. Ideas for improvements were suggested by the A.I.M.S. group but it seems that the hospital concerned suffers from being severely overcrowded. Various "case histories" were described and the matron promised to look into these. She suggested she should give all mothers a questionnaire to be filled in and posted privately to her. It seems unlikely that Ashford will have a new maternity centre before 1972, but perhaps Mr. Decdes, M.P. for Ashford, will see what can be done to hurry things along. It is hoped that a Maternity Aids Scheme may be tried out in Ashford.

Mrs. Overton has recently moved to Gravesend from Cheltenham. She suggests that organisers could send hand outs to parents who put birth notices in local papers.

Hertfordshire.

Mrs. Brown of Hoddesden wrote a letter to her local paper complaining about the quality of the maternity service. This has started a long correspondence which is still going on.

London East.

Mrs. Cheskin, London, E.12. suggests that we need posters and a big advertising campaign. She wrote to her local paper to protest against the closing of East Ham Maternity Unit. Mr. R. Prentice, the local M.P., is also against seeing this hospital closed.

Essex.

Mrs. Clarke has recently moved to Near Tilbury from Hertfordshire. She is very close now to Mrs. Hastings who is still giving A.I.M.S. a lot of welcome publicity locally.

Mrs. Leighton has found difficulty in forming a local group and she is unable to get out very much owing to family ties, so she has undertaken to help out with typing, analysis etc.

Mrs. Taylor has just moved to "Woodfield", Damases Lane, Boreham, Near Chelmsford. Will her members please contact her there. She has written many letters recently to nursing papers etc.

Middlesex; Mrs. Woolcock of Harrow has an enthusiastic group and she charges her members 5/-s. p.a. subscription. They have made a small survey of mothers' views in Watford and in Harrow. Lively meetings for exchange of ideas have been held, and money raised by sale of refreshments. All members display AIMS posters in their windows. On Feb. 10th. Mrs. Woolcock addressed the League of 'Housebound Wives'-- interest was shown in AIMS, some of the members having already noticed letters to the press etc.. Mrs. Woolcock expects a baby in July which she hopes to have at U.C.H. -- we look forward to a 'good report' !

London S.W.: Mrs. Groves is also expecting another child. Because of high blood pressure the hospital has prescribed complete mental and physical rest. What, with another child of 20 months underfoot ?! This is the sort of case where an AIMS voluntary Maternity Aid scheme might give help.

Beds. and Herts.: Mrs. White of Luton has trudged from door to door with a small questionnaire, but found the area surrounding Luton too large for her, so Mrs. Rutt of Hemel Hempstead is now 'looking after' a ~~raz~~ wide area round St. Albans. She has been very active with letters to the press, collecting information and talking to women's organisations. The Hosp. Secretary for St. Pauls Hospital was very helpful in supplying information about "flying-squads", number of maternity beds and arrangements for husbands which Mrs. Rutt had asked for. The Secretary for West Herts Group H.M.C. was also very helpful in supplying information about local maternity services. (Could other R.C.s. please try asking for information to fill up the questionnaire 'Information Please' adequately and not just with question marks ?). Cases of exceptional post-natal depression worry Mrs. Rutt. A local young mother recently strangled her baby. It was said she 'had not fully recovered from the birth'. This young mother was obviously in desperate need of help. An AIMS poster is in the local library.

S. Wales: Mrs. Smallwood had contacted people through her correspondence magazines. She has also written to the press.

Scotland: Mrs. Walsh moved from Oxford to Edinburgh full of enthusiasm to start an AIMS group; but, as a Southerner, she finds the Scots too difficult to impress with AIMS talk.

Mrs. Boyd and Mrs. Watt are full of enthusiasm but distances are great.

The arrival of nuclear things in Holy Loch has diverted some Glasgow members who think that disarmament is a priority. Certainly a little of the money now spent on nuclear armament would go a long way to put the maternity services right.

All Regions are still asked to make a special effort to write a letter to the press or to hold a meeting on the first day of every month.

Write and tell the Minister of Health what improvements you would like to see in the maternity services.

Instructions to R.Os.

Read: Lancet. 22nd April 1961. Page 873. Article - "The Maternity Services - Need for changes in Attitude and Practice" in which A.I.M.S. is mentioned. Written by a woman doctor who is mother of many.

Hansard: House of Lords. 26th April 1961. What Lady Summerskill said about the Maternity services.

Ginger-up, keep vigil and volunteer help - there is a lot to do and much public opinion to influence even though we have won our point that there is something wrong with the Maternity Services. Rejoice about this yes, but save the congratulations until things are actually put right. Until you can be sure that a daughter of yours will get properly treated in childbirth anywhere in Gt. Britain (and the Commonwealth). There will always be other things too, like contraceptive improvements, treatment of children (and old people) in hospital, shortage of nursery schools, overcrowding and understaffing of primary schools, reform of the abortion law, and other worthy things to fight for. Sending men round the world in 89 minutes will help none of these! Many "agonising reappraisals" are going on inside the maternity services, we must make sure that after the talk action is taken.

Note on Perinatal Mortality in England and Wales:-

"Perinatal mortality, which is a sensitive index of the quality of obstetric care, has remained an obstinate problem, the rates for 1948 and 1958 in England and Wales being 38.5 per 1,000 and 35.1 per 1,000 respectively. Perinatal mortality shows a marked regional variation, is influenced by maternal age and parity, previous obstetric history, multiple pregnancy, and social class. The analysis of births by age and parity of the mother shows that a large proportion of women in the groups known to have high perinatal mortality rates are confined at home. Measures to reduce the present rates include careful selection of cases for hospital confinement, good antenatal care, skilful management of labour, continuing enquiries into causes of mortality, further research into toxæmia of pregnancy, prematurity, congenital malformation, and respiratory conditions such as asphyxia and atelectasis. If the present perinatal mortality rate could be lowered to the rates in London and South Eastern England there would be a substantial saving in infant lives and a possible reduction in the immediate and remote morbidity in surviving infants."

A.I.M.S. still needs donations of money. You need some to run your own areas and I need a lot to cover paper costs, printing, postage, typing etc. etc. Can you collect any more? Ideas please. Can you join your League of Hospital Friends or encourage others to do so. We must show that we are willing to help.

N.B. P.S. Please remind people of the dangers of plastic bags and plastic mattress covers in cots for babies and young children. Also of danger of death from cold of newborn. A modern back bedroom can be too cold for a new baby - wrapping up a cold baby does not warm it enough - it cannot shiver. It has been shown that death in a cot was not necessarily from suffocation, but from lack of warmth. ".....potential causes of chilling in the newborn nursed in a poorly heated room are delay in wrapping the baby at birth (it is at this stage as well as later that the ritual cleansing bath may be dangerous), inadequate clothing and cot coverings, and swaddling or "cocooning" which may restrict muscular movement and the maintenance of body warmth."

A.I.M.S. is a year old A year ago I wrote in a letter to the press:- "In hospital, as a matter of course presumably, mothers put up with loneliness, lack of sympathy, lack of privacy, lack of consideration, poor food, unlikely visiting hours, callousness, regimentation, lack of instruction, lack of rest, deprivation of the new baby, stupidly rigid routines, rudeness, a complete disregard of mental care or of the personality of the mother. Our maternity hospitals are often unhappy places with memories of unhappy experiences. They are overcrowded, understaffed and inhuman. Improvements will involve some rebuilding (more money) and an entirely new attitude to be taught to trainee-midwives." Accounts of peoples experiences at childbirth which I have received since then from all over Britain (and as far away as New Zealand) confirm my first thoughts. I have also received accounts of first class treatment. (So

Why is the standard of care so patchy?) It is still hoped to publish these accounts in book-form - so that the public shall understand the difference between "good" and "bad" treatment. You will notice that I wrote then (as I write now) that hospitals are overcrowded and understaffed and inhuman. The critics of A.I.M.S. accuse us of "running down all midwives". This is not the case. The system and organisation are wrong. Lack of criticism invites indifferent treatment. Do let's keep to the point. We want better organisation and more supervision of the maternity services. We also deplore wasteful unnecessary suffering and women must be encouraged to complain about this so that deficiencies can be made good and improvements made.

Since the last Newsletter: An A.I.M.S. meeting was held on Saturday January 7th in the afternoon in the Recital Room of the Royal Festival Hall, London. The three speakers for the afternoon were: Miss A. Wood, Secretary of the Royal College of Midwives, Mr. S. Perchard, consultant obstetrician who is interested in the uses of hypnosis in childbirth, Dr. H. Kidd, consultant psychiatrist who is chairman of the A.I.M.S. Leicester Group (R.O. Mrs. Hill). There were 17 Regional Organisers amongst the audience which included doctors, midwives and A.I.M.S. associates. Miss Wood spoke about the difficulties of midwives today and their past history, and of how the "human relationships" aspect was being studied. Mr. Perchard explained how hypnosis could be used in the ante natal clinic in preparation for childbirth (this is done at Mile End Hospital where I was kindly received and shown round a few months ago). Dr. Kidd stressed the importance of the correct training methods for nurses and midwives - too little is done to train them in the psychological aspects of their work. Tea and questions followed until we had to vacate the hall at 5.30 p.m. This was a successful meeting - but if it is to be done again it will need better support in order to cover the expenses. Had the room been full, we should have made a profit. It has been suggested that the next large meeting should be held in the Midlands - in order to give people from the North a better chance of getting there.

On April 8th a small A.I.M.S. meeting was held at the Norfolk Hotel, London. Three R.Os. protested strongly at this meeting about the way in which A.I.M.S. is run at present. This argument unfortunately took up the entire time available. It was decided that Mrs. Garside (R.O. London), Dr. Fox-Russell (member) and myself should see a solicitor (which we have now done). The solicitor has advised us to take Counsel's advice (which we shall do this month). Advice of Counsel will then be written down and a copy circulated to all R.Os. and, if necessary, a postal vote will be taken. (This will cost £16.). Many of those present at the meeting said afterwards that they deplored the time wasted in discussing something that might have been thrashed out beforehand.

In January I went to Cornwall and to Hereford. The Truro group met in a hotel in the town and a chairman (Mr. Hodgo) was appointed to head an A.I.M.S. committee which will help Mrs. Cook with her work in Cornwall. In Hereford a public meeting was held in the Town Hall at which the speaker was Dr. Deighton. Earlier we went to a meeting with the hospital management committee at Hereford Hospital. I should very much like to visit other Regions but I am hampered by lack of money and home duties. However, I plan a trip North in a few months time.

The "Times" gave A.I.M.S. a very nice write-up on February 6th (copies are available). "Housewife" magazine for February was also a good piece of publicity and I would like to thank Valerie Myer for listening so well to our point of view. "Goodhousekeeping" magazine for May mentions A.I.M.S. The "Lancet" (7 Adam Street, Adelphi, London, W.C.2. Price 1s.6d.) for 22nd April 1961 mentions A.I.M.S. in the article on "The Maternity Services". There has been much correspondence and reports in the national and local press and on radio and television in the last few months. Recently Lady Summerskill has spoken in the House of Lords (26th April) saying :- "The mistake women make is not to scream loudly enough." Nobody could say how much suffering could be

avoided if the hospital staff were more conscious of their professional obligations to relieve the mother's pain. Lady Summerskill went on to say: women were left alone too long and there was the frightening effect of hearing other mothers in labour. Why should not a friend, mother or husband be with the woman during some of this time? The wages and conditions of work in midwifery were geared to the Victorian tradition, she said.

At The Royal Society of Health Congress at Blackpool on 28th April a well known professor of obstetrics said that many maternity wards were "baby factories from which all humanity has been extracted". He described some ante-natal clinics as "human cattle markets". He spoke of better architectural design for maternity units; the evil of loneliness in labour; accommodation for husbands; cleaning of hospitals, and dangers of fatigue among doctors and nurses. "Let us encourage nurses and midwives to sit down more often" he said. //Mrs. Gill of Petersfield, Hants. restated her complaint about Portsmouth Hospital in "The Spectator" on 28th April; local papers, the "Express" and the "Daily Mail" took the matter up. An enquiry will be held to look into conditions in the maternity wing of the hospital.

Mrs. Burrell (88, Westwood Hill, Sydenham, London, S.E.26.), our Press Organiser, pleads for more newspaper cuttings to be sent to her more quickly. Cuttings on hospital planning, advances in anaesthesia, and Government pronouncements are wanted. She says an R.O. was recently sent a cutting by a member headed "Mother's Charter" - all about the report "Human Relations in Obstetrics" with the comment 'I know this isn't strictly A.I.M.S. material, but thought you'd be interested' ! Someone has obviously missed the whole point !!

Well, we have this "Human Relations in Obstetrics" Report - it says (amongst other things) "The important essential is that the new maternity units should be planned to be as flexible as possible so that consideration can be given to the mother's wishes." What new maternity units? Ask when these will be built. Ask your M.P. When they are built, how about building A.I.M.S. Ideal Maternity Centres (please see separate sheet describing these)? Happy births make Happy Families. Enlightenment is catching. "It is better to light one little candle than to curse the darkness." is the principle of A.I.M.S. Now that you have lit your candle, use it to light one for someone else and so to spread the light - an A.I.M.S. first birthday candle - best birthday wishes to everyone.

Yours sincerely,

Sonia Willington

P.S. If you know of a good maternity unit why not send the staff an A.I.M.S. birthday cake with our good wishes, or ask them to tea to explain our point of view? We must try to understand each other.

STOP PRESS.

Extract from a letter in the "Daily Telegraph" of May 3rd:-

"Surely the answer to the shortage of midwives is for hospitals to have a rota of married women willing to sit with the mother-to-be in those last few hours, though I am sure that in many cases the ideal is for the husband to be with his wife."

Perhaps this is something the national women's institutes could add to the list of their good works.

Ingemar Bergman's film "So Close to Life" showing at the Academy Cinema London last month was well worth seeing (perhaps it might be shown by a Film Society in your area?). It is about three women in a Swedish Ante-Natal Rest Ward. The husband of one of them is shooed away at the door of the hospital when his wife is brought in having had a haemorrhage. After "admission ritual" she is left alone and nobody comes when she rings the bell ! The labour of one of the other two women is very effectively filmed without anaesthesia. It seems things might be better in Sweden too. Do see this if you get the chance.