



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

9th February 2021

To: The Right Honourable Jeremy Hunt M.P.

Dear Mr Hunt,

We write to you in your capacity as the Chair of the Health and Social Care Select Committee.

AIMS, since its foundation in 1960, has striven for improvements in UK maternity services, in order to support pregnant women and people to achieve the safe and fulfilling birth they deserve, and to uphold their human rights in doing so.

We remain proud of our early role in promoting discussions around whether or not the UK maternity services retain an ability to support those who wish to plan for a birth without intervention (a 'normal' birth). Since the 1990s we have been asking why intervention rates have been rising and whether increased rates of interventions are actually improving outcomes for mothers and babies.

Our view was then, and remains, that maternity services outcomes generally, and various intervention rates in particular, must be subject to careful ongoing scrutiny, and with proper oversight in place, to ensure that outcomes are acceptable to all stakeholders, especially the service user and their family. We believe that interventions should only happen as a result of the service-user's decision rather than reflecting a deteriorating service in which it is too often considered effective and efficient to 'process' someone through a series of routine interventions rather than to skillfully offer them personalised and physiology-informed safe care.

Since the late 1990s, AIMS has remained active in this area, encouraging research into birth physiology (so that we gain an ever better understanding of this intricate process), involving ourselves in policy discussions (for example by looking with other stakeholders at what management information must be in place to ensure that developments in this area are visible and open to scrutiny), and reviewing developments in the maternity services, including via calls to our helpline. On the latter, we have outstanding concerns that a range of poor outcomes remain remarkably persistent, including poor mental health outcomes for mothers, whilst birth physiology remains poorly understood. We and others have highlighted how many medical and institutional interventions offered in the maternity services have been founded on very little evidence, a poor understanding of the normal, physiological processes that underpin childbearing, and a lack of recognition of the unintended harm that over medicalisation can bring - although we also recognise the importance of interventions being made available in a timely manner when required. There remains much scope for improvement in the standard of care currently on offer. In that respect, we are pleased to share a key interest with you: to root out poor practice and ensure that the maternity services become 'Better Birth' compliant, in line with the Government's stated policy agenda and the Better Births vision. This is an ongoing piece of work, and we would urge you to support the retention of the Maternity Transformation Programme until this work is complete, albeit with more robust and regular external scrutiny to ensure that it is delivering on that programme - and having a discernable impact on reducing poor practice and avoidable harm - sufficiently quickly. It is important that this also includes progress on developing rapid redress and resolution scheme which will facilitate the

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rapid evaluation of adverse outcomes, to avoid repeated avoidable death and injury (Better Births recommendation 3.6).

There is a huge distinction to be made between, on the one hand, a genuine attempt to better understand birth physiology and to ensure that such understanding drives improved safe clinical practice and, on the other hand, poor practice that arises from a narrow focus on certain outcomes - for example, the reduction of caesarean section rates at any cost. It is the latter which has manifested itself in intolerable multi-disciplinary staff behaviour which often ignores the preferences and autonomy of the individual maternity service user as well as potentially undermining the provision of safe care. Let us be clear: the latter is no friend to a legitimate 'normal birth' focussed work programme, which aspires to improve, rather than destroy, maternity service safety. In working on this shared agenda, we would caution you, against silencing and belittling the important work that has been done in the UK and elsewhere, and which continues to be done, under the banner of 'normal birth'.

The reasons for poor practice, seen in too many areas of the country and destroying the lives and dreams of too many families, are likely complex, certainly warrant careful investigation, and demand a huge change of culture in the maternity services (and perhaps the wider healthcare service). Poor practice - and avoidable harm - must indeed be stamped out. But we hope that you will agree that it is simply misleading to equate this urgent agenda with one of 'stamping out an ideology of normal birth'. We would ask for your reassurance that your dedication to maternity safety is not in conflict with a legitimate desire to ensure a physiology-informed maternity service. More specifically, we ask you to note that behaviours that have been described as being driven by 'a focus on normal birth at pretty much any cost' are far from the physiology-informed services for which organisations such as AIMS campaign.

In conclusion, AIMS, since the late 1990s, has sought to shine a spotlight on how UK maternity services have become increasingly unable to offer a good standard of maternity care, in part due to a systemically poor understanding of birth physiology. Our desire is to work collaboratively with others to promote improvements in the maternity services to better support pregnant women and people, whatever type of birth they choose. This includes a shift towards a physiology-informed service, and we look forward to the Health and Social Care Committee continuing to play a positive role in that regard.

Yours sincerely

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on behalf of the AIMS Campaigns Team

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