AIMS For a better birth...

Failure in expectations: it's all your fault!

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When a woman has a bad birth experience, where does the blame lie? A recent notice posted by a midwife on the Nursing and Midwifery Council's website discussion list suggested that women (especially those with the gall to draw up their own birth plans) are their own worst enemies. We reprint here the notice in full, followed by a response from Beverley Beech on behalf of AIMS.

How many midwives are feeling rather fed up with women who have had extensive classes, and come in to labour ward with birth plans, which seem doomed from the start?

I used to try so hard to make the experience as positive as possible. Now, working in London, we get prescriptive plans, telling us how to do our job. It is time we said 'If this is what you want - and you know so much - come and do it yourself!'

I am sick and tired of paying lip service to these institutions and trying to play along with them. I used to be an avid NCT teacher, many years ago; however, they dupe women into believing that they can easily get through.

Tell them the truth for a change, tell them it is damned painful, tell them they will need resilience, which most women do have, tell them breastfeeding is flipping well hard work for six or so weeks, and they will feel like a prize dairy cow for months!

But tell them it is all worth it and they will have support - they will have a midwife who will help them through the whole process, because most of us will, given the chance.

Listening to couples telling me that I am not telling them what the NCT told them confuses the couple; they lose faith in all of us. Yes, I know there are many who say the midwife can determine fetal outcome and I believe that too!

Just please let's work together, and stop these flaming birth plans that have no bearing on the woman as an individual. You see, I think that an idealistic birth plan can work for the right person; the rest should be tailored to their needs and personalities.

It is not until labour is established that we can really get to work and do our very best for women - restrictive birth plans can scupper it all.

A reg once said to me that the NCT was the cause of many problems in midwifery. I argued with him then; I now agree with him and just wish they would stop trying to portray childbirth as something you can join the dots with!

Come on NCT - give women a break!

AIMS replies

Dear Midwife,

OK, let's be honest, and tell the unsuspecting and naive woman the reality of childbirth in 2002. First, you will probably attend an antenatal class run by the NHS, and these are primarily designed to brainwash you into believing that hospital is the safest place to have a baby, that the majority of women will have a normal birth, that any procedures carried out are only done in your best interest and only when needed. despite substantial evidence to the contrary in the majority of cases.

If you attend NCT classes, you will be told all about birthing normally and no doubt aspire to do so. But few classes will prepare you for attending a hospital that is highly interventionist, and equip you to fight off the routine procedures and tactics used by midwives and doctors to get you to comply with their protocols, whether or not they are appropriate in your case.

If you fail to achieve the normal birth you hoped for, you will be clearly informed that it is your fault because: your contractions stopped/your cervix did not dilate/ you failed to progress/you had unrealistic expectations (delete where appropriate). You will not be told that contributory factors for failure include the fact that:

- Hospitals are not the safest place to have a baby.[1]
- Fewer than one in six women delivering in hospital achieve a normal birth[2]
- Any hospital with a caesarean rate over 10 per cent is carrying out unnecessary and avoidable sections;[3] few antenatal classes explain how to give yourself the best chance of a normal birth when you are in an institution that has lost sight of what normality is.
- If you have your waters broken, a drip set up, prostaglandin pessaries, epidural anaesthesia or an episiotomy, it is not a normal birth.these procedures pervert normality[2] Just because you have delivered vaginally and your case notes say "normal delivery" does not mean you had a normal birth.
- If you fill out a birth plan and go to a unit where you don't know the midwives, you may get one who resents your attempts to "dictate" to her what kind of birth you want[4] Large centralised obstetric units are often short of staff, so that many of the midwives are stressed, exhausted and, not surprisingly, rather short-tempered and intolerant.
- The majority of women will give birth on their backs, despite clear evidence that this is one of the least favourable positions. [5]
- The drugs used in labour increases the risk of heroin addiction in your child in later life[6]
- A caesarean section puts you at greater risk of postnatal depression, infection[7] hysterectomy, [8] and further surgery;[7] you will be five times more likely to die than a woman who has a vaginal birth.[9]
- Drugs used in labour can seriously affect your ability to breastfeed and the baby's ability to latch

on, or even show interest in breastfeeding.[10]
- Giving birth in a consultant unit means you are three times more likely to have a caesarean section than a woman who has booked into a midwifery unit.[11]

If you decide to deliver in a hospital instead of having a supportive, kind and informed midwife with you at home, you will most likely be left on your own (having your husband/ partner with you counts as alone) for long periods. If you have a midwife, she will probably spend more time completing notes or watching the monitor than paying any real attention to you. Those midwives who have trained in large, centralised, obstetric units have lost sight of what normality is and, what's worse, have no idea of how to support a woman who is in pain.

You will probably spend most of your time on a bed and, instead of suggesting other positions, the midwife may tentatively suggest that you get onto your hands and knees, without explaining that this can make a huge difference to the pain. When staff are challenged to justify yet another labour and birth where the mother was on her back, the midwife will claim 'this was the position the mother chose' or 'women find it more comfortable to give birth on their backs'.

Childbirth magazines and the majority of childbirth books written by so-called 'medical experts' offer very little useful information, yet lull women into a false sense of security and a belief that the professionals know what they are doing and will act in their best interests.

Finally, how nice to have a brave new world where 'the birth plans are tailored to the woman's needs'. If only. How about offering women the kind of care in childbirth that is tailored to their needs, instead of turning birth into a medicalised sausage machine, with levels of doctor-induced disease and postnatal depression that are astronomical? Should anyone murmur a complaint, they are told that their plans are 'unrealistic'. Indeed, they are.it is unrealistic to anticipate a normal birth in any large, centralised, obstetric unit, and it is high time that women were told this instead of the endless propaganda claiming safety and blaming women when birth does not come up to their expectations.

It is not the 'unrealistic' expectations of the women that need addressing. What needs urgent attention are the lies, distortions and failures of a medicalised system that fails to respond or recognise the needs of women, and ignores the volumes of research demonstrating the damaging effects on the women and babies that this inhuman form of care produces.

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