AIMS For a better birth...

# Stories told to AIMS in the 1960s

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From the start, AIMS' campaigning and activities have been informed by the experiences of maternity service users, so it seemed instructive to look back at the issues being faced by women giving birth in the early 1960s. How many of these have been resolved, and how many are still concerns today?

AIMS started in 1960 after the publication of an impassioned letter to the press from our founder Sonia (Sally) Willington. This recounted the appalling experiences of many women who were giving birth in maternity hospitals that were "overcrowded, understaffed and inhuman." The letter says:

"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."

In the second Newsletter, she describes a visit to the recently reorganised maternity unit at Charing Cross Hospital. Notable features were the "cheerful colours and the cheerful atmosphere", a policy "to get the mother up as soon as possible" and that, "the babies are in cots at the foot of the bed for most of the day." The implication is that these were not the practice in most other hospitals. Furthermore the 'Admission Ritual' had been reformed, with the usual "castor oil, bath and enema" replaced by a shower

and suppositories. Another apparent novelty was that, “Husbands are welcomed at this hospital and are invited to stay with their wives during labour.” Elsewhere this Newsletter queries, “Why are most mothers in this country delivered lying flat on their backs?” – despite the then recently re-discovered benefits of birthing in a sitting position. “Surely a properly designed delivery chair would not be beyond the bounds of 20th century ingenuity?” it asks.

Slightly later the same year the Newsletter was protesting that, “Antenatal clinics should not have to be conducted in a small room containing a dentist's chair and a screen with a bedpan behind it for collecting urine samples, or in dirty, draughty drill-halls.”

The right for women to be accompanied by their ‘husbands’ as well as the need for compassionate care and better maternity facilities (even such simple things as comfortable armchairs) were regular features of AIMS campaigning at the time. There are also repeated comments over these years about the shortage of midwives and how this was impacting on the care that midwives could give. AIMS was campaigning as early as 1961 for “more midwives and good working conditions, time off, more pay, an attractive uniform, prestige”.

Newsletter 3 explained the goal of “bringing all maternity units to the standards of the best” with a campaign based on “talking and writing and collecting information and facts in the form of signed accounts of experiences and questionnaires.” Our predecessors clearly realised the power of personal accounts and were frequently writing to both local and national newspapers to highlight these experiences.

Newsletter 4 quoted a report by the Minister of Health’s Standing Maternity and Midwifery Committee saying, “The Committee received a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy.” Clearly so, since another horrifying, but apparently not uncommon, experience was the practice of midwives slapping a “hysterical patient.” AIMS member Mrs Taylor engaged in a debate in the Nursing Times saying that “slapping in midwifery is unnecessary and it should be banned.” The fact that there was any debate at all about this is telling!

So what has changed and what has not? It would now be normal to try “to get the mother [or birthing person] up as soon as possible” and for well babies to be in cots by the bed at all times, not just during the day. It is also now standard at least in normal circumstances for ‘husbands’ - or other partners or supporters - to be allowed to be present throughout labour, though that wasn’t always the case during the pandemic.

Thankfully we are no longer subjected to castor oil, enemas or suppositories as part of an 'Admissions Ritual.' The facilities in antenatal clinics are much improved and many maternity units offer equipment to enable the use of upright positions in labour, if not always a "a properly designed delivery chair" (or couch). However, as the latest Care Quality Commission (CQC) survey[1] reveals it is still the case that "most mothers in this country delivered lying flat on their backs" - 37% with their legs in stirrups and 22% lying flat or lying supported by pillows, compared with 16% standing. squatting or kneeling.

Any midwife who slapped a client today would surely be struck off and probably sued for assault! But we know from the callers to the AIMS Helpline as well as other sources that far too many women and birthing people still experience a lack of "regard for (their} personal dignity and emotional condition" and for many it is still the case that, "Our maternity hospitals are often unhappy places with memories of unhappy experiences" - though of course there are also many examples of respectful, supportive and compassionate personalised care. The shortage of midwives and the impact this has on the quality of care that they are able to deliver is as urgent a concern now as it was in the 1960s.

1 CQC Maternity survey 2021. https://www.cqc.org.uk/publications/surveys/maternity-survey-2021