AIMS For a better birth...

The Hospital's view

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On the 20th November 1995 AIMS wrote to the Director of Women's Services at the Whittington Hospital about shackling pregnant women. We pointed out that:

"the UKCC Code of Professional Conduct requires a midwife 'to act always in such a manner as to promote and safeguard the interests and well being of patients and clients.'

In view of the research on the effects of stress on the baby's development, any midwife attending a shackled woman cannot possibly fulfil the terms of their Code of Practice.

Should we receive any further reports of women receiving this kind of treatment we shall immediately report the attending midwives to the UKCC for unprofessional conduct."

Two weeks later we received the following reply:

> "Care of Prisoners at the Whittington Hospital - - Thank you for your letter about the care of prisoners. We provide care at the Whittington to prisoners both from Holloway and Pentonville Prisons. In this process staff and those of the Prison Service had to tread a delicate path between the rights of people as patients and their position as prisoners. Discussions take place at senior management level between the two organisations as necessary to resolve any difficulties that may occur between care and custody, insofar as these are within local control. Recently, for example we have improved the procedure for recording advise given to prison staff by practitioners and this will avoid the need for prison officers on escort duty to refer back to the prison for instructions. Our approach at The Whittington to all our patients and clients is to apply the principle (so well set out in CHANGING CHILDBIRTH) of planning and delivering care centred on the needs of the individual.
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> It is our understanding that in April this year a new instruction was issued to the Prison Service requiring all prisoners to be personally secured when leaving the prison. There are exceptions in the instructions relating to patients undergoing treatment where prison staff are allowed to remove personal security at the request of practitioners treating the patient. It is our experience that this is always done and, specifically, it is not true that any

prisoner has ever laboured or been delivered here whilst handcuffed or restrained by a custody chain.

Prisoners who are not undergoing active treatment or who are undergoing examinations do remain restrained. This is done by prison staff using a custody chain which is long enough to allow the patient to be accorded privacy while at the same time meeting the need for custody.

We do not accept your view that individual members of staff, whether in the prison service or in the hospital should be used to focus pressure for change in a system which is outside their control. I am satisfied that my staff do respond appropriately to the need for care of the patients they treat, and act professionally to meet the needs of the prisoners. Changes in the custody rules are matters for public policy which are appropriately resolved at a political level and not through individual staff.

I understand that my Chairman has asked for a meeting with Baroness Cumberlege to ask her to ensure that the issues are raised at an interdepartmental level.

M. Grant
Clinical Director of Women's Health and Director of Midwifery.