AIMS For a better birth...

# Editorial: Bottom's down!

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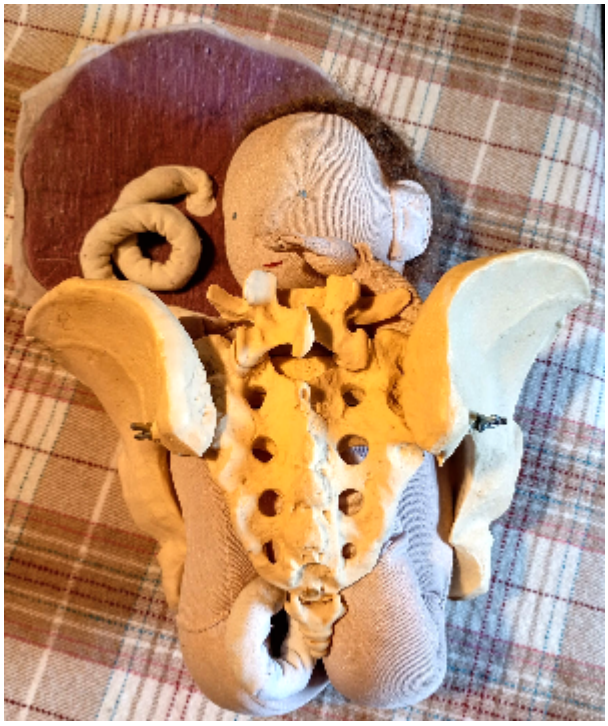


*By Alex Smith*

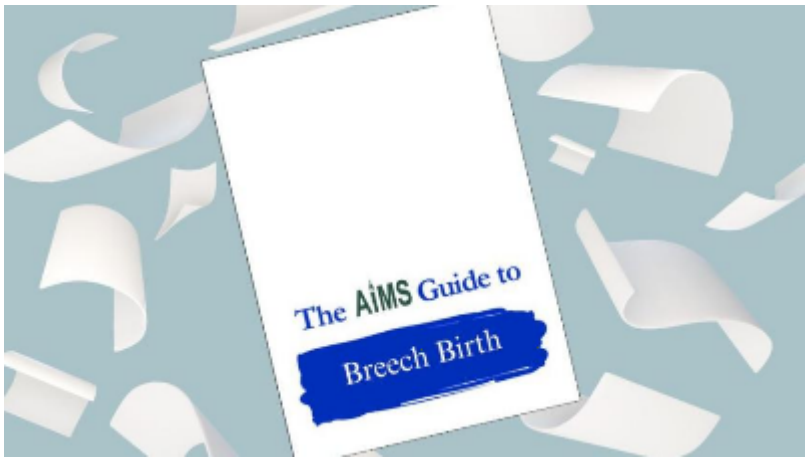
Welcome to the September 2026 issue of the AIMS journal,*Bottoms Down!*

One of my favourite birth stories over the years was the unexpected home breech birth of the third baby of a friend of mine. My friend did not know that her baby was bottom down and she was all set for a hospital birth, but events took an unexpected turn when she woke up one morning having strong contractions. She asked her husband to go downstairs to phone the hospital to say that she was coming in, but as he was on the phone things became so strong that she shouted down to ask her husband to tell them to send a midwife to the house - now! In the excitement her two little boys woke up and came in to see why mummy was shouting, and one of the boys announced, "I can see his willy!" Her husband made it back up the stairs just in time to see the head being born - and that was that.

Another friend was receiving midwife-only care (not seeing a doctor at all) and planning to have her third baby at home in an area where there had been no home births for some years. Her midwives were supportive but cautious and begged her to see a consultant for a final 'approval'. Although my friend knew she didn't need anyone's approval, she attended for the midwives' peace of mind and was reassured

by the doctor that everything was fine for a home birth. The next day she went into labour and it was only as a bottom started to emerge rather than a head that they discovered her baby was breech. All went well. Whether her baby had turned overnight or even during the labour (and this can happen) or whether the consultant obstetrician just wasn't good at palpating a baby's position, we will never know - but the possibility of an unexpected breech birth is why every birth attendant should be confident in how to help safely if help is needed.

A third unexpected breech birth story took place in hospital. The mother was progressing in labour beautifully with what everyone thought was a baby positioned head down. She was feeling calm, strong and focused as 'the head' started to emerge, but when her midwife noticed that this was a bottom, "all hell broke loose". The emergency buzzer was hit, blue lights started flashing over the door and the mother was urged to stop pushing by a clearly frightened midwife. A 'team' flew into her room and she was made to lie on her back and was given an episiotomy without any discussion. She told me afterwards that, had she been alone, she was absolutely certain that her baby would have been born with the next contraction or two. As it was, she was left feeling sore, trampled and overpowered.




To mark the imminent launch of the new AIMS breech birth book, the themed section of the September issue of our journal is all about breech birth. By the end of pregnancy the vast majority of babies will be head down and will stay in this position for the birth, but 3-4% will be bottom down and this is referred to as a 'breech presentation'. Breech position used to be considered as a 'variation of normal' with all midwives expected to know how to support or manage this safely, but the last generation of breech babies have mostly been born by caesarean resulting in a loss of experience, skills and confidence amongst midwives. The pendulum is slowly swinging back with dedicated efforts to reskill midwives and make vaginal breech birth a realistic option for women who find themselves (or rather their babies) in this position.

In this issue we have three personal accounts of breech birth. Beverley Carter shares her story of having a vaginal breech birth in the late 1980s, without the option of a caesarean - something that, on reflection, she may have preferred. Jocelyn Allen, reflects on her unexpected breech birth, grateful that they supported her decision to decline the offer of caesarean, and Hannah Northern Thakur and her midwife Frankie Kilmurray

describe Hannah's planned breech home birth, which turned out to be a foot firstpresentation. Hannah writes separately about the definition of 'footling breech' explaining how in term births, this may not be the feared complication it is often presented as.

As the situation stands, women planning the birth of their breech presenting baby have a choice about the mode of birth - 'on paper' - but as doula Charlotte Butterworth-Pool explains, this is not good enough. The AIMS PIMS group, asking whether we should expect the maternity services to be competent to facilitate physiological vaginal breech birth at any time where this is women's choice, offers a case study about the UK research group Optibreech. Midwife Amy Meadowcroft, who has a special interest in physiological breech birth, explains what is needed to fully support women's informed decisions when their baby is breech, while Rixa Freeze writes about 'Breech Without Borders', her nonprofit organisation dedicated to breech training, education, and advocacy around the world. We round up the themed section with former midwife Joy Horner sharing her wonderful memories of learning about breech birth from the late Mary Cronk.

Not directly related to breech birth, but relevant with regard to the general theme of poor care, the Amos report into the maternity services came out at the end of June this year. Jo Dagustun found herself wondering, "What are we getting so wrong, for services still to be so unfit for purpose?".

In her report, Baroness Amos wrote:

> "Words cannot describe the pain, suffering and trauma I saw and heard time and time again when talking to women and families about their experiences of maternal and neo-natal care in England. Anticipation and joy turned into pain, distress and trauma."

Proving to be a very sad example of this, first time mother Shellby Robertson uses poetry and prose to describe the appalling care that she experienced during the birth of her son.

In April this year we saw the Maternity Commissioner debate in parliament about the widespread and growing problem of poor maternity care resulting in lasting trauma. Gill Watson offers a personal review of this debate and calls for the normalisation of homebirth, while Jo Dagustun shares her personal response to the Panorama programme. 'Maternity Failures: The Fight for Justice'. Midwife Victoria Lemon, picks up on our previous theme exploring her understanding of bodily sovereignty in childbirth, which if respected, guards against trauma more than anything else.

We conclude this September issue with a moving tribute from Anne Glover to a dear friend of AIMS, Maddie McMahon, who died in May of this year, and with our usual update from the Campaigns Team.

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition

especially benefited from the help of Jo Dagustun, Anne Glover, Katherine Revell, Hannah Northern Thakur, Caitlin Daly, Salli Ward, and Josey Smith.

The theme for the December 2026 issue of the AIMS journal explores induction of labour. If you would like to share your thoughts on this, or if you would like to contribute your ideas for future authors and journal themes, please contact Alex at: alex.smith@aims.org.uk