



The Amos Report - a personal reflection on making change in the maternity services

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By Dr. Jo Dagustun

Along with many of us working in the sector, I had to make space for some serious personal reflection when the [Amos report](#) came out last month. I am sure that we will all be confronting the reality that we already knew much of what was reported there, for we had heard it with our own ears and maybe also witnessed it with our own eyes.

Nine years ago as a social geographer, I was examined on my PhD: “Learning to birth, mastering the social practice of birth: conceptualising birthing women as skilful and knowledgeable agents”. For my part, the main takeaway from my PhD was that serious improvement in the maternity services was needed. Since then, I have been involved in maternity service improvement advocacy work in the UK, as a volunteer for the charity AIMS - the Association for Improvements in the Maternity Services (est. 1960). I consider it payback for the cost of the excellent education that I have had over the course of four university degrees, each one financed by the taxpayer.

Whilst on the one hand I am hopeful that the Amos Report will trigger the transformation work needed

to make our maternity services fit for purpose - and I will be part of the AIMS team working to support such an outcome - on the other hand I have to accept that my own personal PhD work, despite uncovering much of the dysfunction that features in the Amos Report, managed to do nothing of the sort. I rather considered it as my 'entry ticket' into the world of maternity service improvement advocacy. Could I have done more?

And then, for me, there is an additional reflection: I have put 80-90% of my work time and energy into AIMS for the last 9 years, an organisation that in turn has been drawing attention to the need for improvements in the maternity services for 66 years. AIMS volunteers work tirelessly to understand, analyse and give feedback to the system, a system that seems to respect our input and appreciate our valuable perspective. But to what end? I have witnessed how AIMS did its very best to support the implementation of Better Births, for example. But for what? It is easy, then, to dwell on the question: what are we getting so wrong, for services still to be so unfit for purpose? In AIMS, we then reflect on the positive changes that there have been, thanks to the efforts of the lay element of the maternity services improvement community, AIMS included. It could be worse. But it should be so much better.

I feel that I have another year to give in this role, in particular by making the most of the 'AIMS seat' on the NHS England Maternity and Neonatal Stakeholder Council, and now on the DHSC Charities and Third Sector Expert Reference Group. I want to at least see the work through to the publication of the next 10 year plan, the Modern Service Framework. This, I feel, will give me a sense of whether the Government is willing to take women seriously and commit to providing us with the maternity service we deserve. Depending on their commitment, I'll decide my next steps.

Author Bio: Jo Dagustun, mum of four and grandmother of one, has been an AIMS Volunteer since 2017. Jo is a geographer and civil servant by background, and wrote a PhD on women's birth experiences (Learning to birth, mastering the social practice of birth: conceptualising birthing women as skilful and knowledgeable agents, which is [available online](#)). As well as working with others to understand and improve maternity services in the UK, Jo enjoys swimming, reading and crocheting.