AIMS For a better birth...

Healthcare Improvements?

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Ann Keen (Parliamentary Under Secretary of State for Health) has stated that there are '474 more consultants in obstetrics and gynaecology [than in] 1997'. Consultant obstetricians have slowly increased their numbers since the majority of women were vigorously 'encouraged' to be delivered in hospital.

What have been the 'benefits' of this increase?

Since 1977 the caesarean section rates have increased from 7.1 to 21.5% and currently the CS rates for maternity units ranged from 10% to 65%. (NICE guidelines).

Normal birth has declined since women were hospitalised for birth and since 1990 has declined further from fewer than 60% to fewer than 50%.

Routine episiotomy which, in some hospitals exceeded 90% for first time mothers, was only reduced following consumer pressure and research by midwives.

Under consultant care only 1 in 6 primigravidas and only 1 in 3 women expecting subsequent babies will have a normal birth. (Downe S, 2001)

Suicide is the leading cause of maternal death. (Confidential Inquiry, 2004).

In 1990 the NHS spent and estimated £52,000,000 on medical negligence cases and by 2007 the expenditure on maternity cases has risen to £4.49 billion. (Lord Patel, RCOG, 2007).

The Confidential Enquiry into Stillbirths and Deaths in Infancy revealed that obstetricians were responsible for 49% avoidable mistakes compared with 18% hospital midwives and 6% community midwives

While, undoubtedly, there are women and babies alive today as a direct result of appropriate obstetric care, unfortunately, the majority of fit and healthy women have paid a heavy price for those interventions many of which were, and still are, introduced with little or no evidence of benefit for the woman or the baby.