AIMS For a better birth...

Looking at European Care

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Beverley Beech highlights the similarities and differences in maternity care across Europe

Every year members of the European Network of Childbirth Associations meet in a different European country to share ideas and discuss the state of maternity care in their country and consider how to work together to improve care generally. Each each year I try to think positively and not focus too much on how difficult it is, and how long it takes, to provoke real change for the better. For example, AIMS began campaigning for women's right to give birth at home in 1978!

When I listen to the accounts from all over Europe I realise how lucky we are in the UK, in many respects, particularly when one listens to the accounts of maternity care in the former Iron Curtain countries. But doctor dominated, over-medicalised maternity care is not just restricted to Iron Curtain countries. This year ENCA heard from Greece and Spain where women have no expectation of involvement in their care, they generally accept what the doctors say and woe betide any woman who dares to speak up.

Techniques and interventions that have long been abandoned in the UK are not uncommon in other parts of Europe - in Hungary and Greece, for example, fundal pressure is routinely used to hasten the baby's delivery. In Poland, the head of perinatal care, to justify his opposition to home birth said: 'If need be, the necessary equipment is brought into the house, which is sprayed with disinfectant and a caesarean section is performed'.He claimed that this as an example of what happens in other European countries!

In every single country in Europe the caesarean section rates exceed 10% - despite WHO's statement that there is no health improvement for mother or baby when the caesarean rates exceed this. These rates reflect a doctor dominated culture and in every country women and childbirth groups are challenging it - with varying success. It is, however, deeply depressing that insurance companies are now driving health care provision. Their priorities are the bottom line, not the health of women and babies. Many countries are now demanding professional indemnity insurance (PII) cover for independent midwives on the grounds that it protects the health and well being of mothers and babies, it does nothing of the kind, but this has not stopped the drive to implement these requirements.

In her book *NHS plc: The Privatisation of Our Health Care* Allyson Pollock reveals how the NHS principles of 'universality, comprehensiveness and equality' have been eroded by recent governments. Health care is big business and, as Nadine Edwards comments in her review (page 23), 'the public has been largely unaware of the silent but persistent drive towards the privatisation of health care' wrapped up in the propaganda of choice, consultation, diversity and efficiency. Over the years the small, local, midwifery

service has been destroyed, midwives turned into obstetric nurses and doctors' handmaidens in larger and larger baby factories that have insufficient beds, staff, or facilities to provide the kind of care that midwives are (or should be) trained to provide; and which women need in order to birth successfully. Instead, they are herded into units that do not provide the quality care they need, often turned away because the units are full and in many countries insurance provision does not cover many aspects of maternity care. As a result, too many women leave hospital in a state of shock and are then left to their own devices without any kind of support or help with breastfeeding or postnatal depression.

While the tidal wave of medicalised maternity care flows on there is some light on the horizon. Change is happening, the tide is turning, and thanks to the networks that childbirth groups throughout the world are developing the opportunities to challenge out-dated medical dogma with research based evidence increases daily.

This journal includes a selection of reports from a variety of European countries. The majority of the articles have been written by ENCA members and AIMS supporters in their native countries. Whilst we have tried to make the articles clear to our English speaking readers, we have retained as many of the words of the authors as possible.

ENCA

European Network of Childbirth Associations

ENCA is a etwork of consumers, both individuals and organisations, campaigning for improvements in perinatal care for mothers and babies. It was founded in 1993 by consumer activists, parents, doulas and childbirth educators who recognised the necessity of developing common strategies to improve conditions in pregnancy and birth throughout Europe.

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