AIMS For a better birth...

A Trial by Newspaper

By Pat Thomas

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AIMS has been resoundingly criticised in the past for its stance on journalists and the way they portray birth in the newspapers and on the television. We have been accused of digging chasms when we should be building bridges and of stereotyping the women who write about birth. When all our worst fears about the press came true in the wake of Caroline Flint's court case, we didn't celebrate.

The misguided belief that good care equals medical care is championed by the press. In the reports which followed Caroline's hearing many of the newspapers continued to promote this line, with no regard for the mounting evidence which suggests that this point of view is simply wrong.

It was my sad task to try and sum up the media coverage of Caroline Flint's case. I took it on because I am a journalist and also because once upon a time Caroline Flint (along with her then partner Val Taylor) was my midwife. I also took it on because I wanted to see if I could make sense of what I had read and reconcile the images of the "monster" midwife drawn in the pages of the newspapers with the woman whose practise provided me with genuine choice and facilitated me in my desire to continue with a planned home birth, even after my baby had turned into a breech position and the NHS had washed its hands of me.

Reading the news reports was very hard. They made my blood boil, they made me cry. But mostly they engendered enormous frustration. I felt enormously sorry for Caroline - a human being and a midwife who is as fallible as any of us. But it quickly became clear that her case was being used as an example to other midwives and as a cautionary tale to those women who would dare to challenge the status quo. In the pages of the newspapers I saw, laid out before me, a maternity service, the scope and quality of which is rapidly declining. I perceived no regret or sadness, but thunderous applause and a sneering "It serves them right".

Two pieces, however, stood out for their vitriol and stubborn disregard for the facts: Natural Born Backlash (*Guardian*, May 13, 1999) and Natural Born Fanatics (*Sunday Times*, May 16, 1999).

These pieces were 'memorable' because they were so unfair, but also because of what we knew about the people who wrote them.

Catherine Bennett writes a weekly column for the *Guardian*. The topics she covers are wide ranging and generally approached in an angry tone and from a controversial angle. Thus, one week she might be

sounding off about something she read in a magazine or something a politician said and another she may be writing about birth or as she prefers to call it "Eve's curse".

AIMS has encountered Ms Bennett before, during the making of the appalling TV programme The Baby Business. During the course of the programme, and in the *Guardian*, she has made her personal views well known. She believes that birth is risky. She believes that women's bodies are imperfectly designed for the job and are likely to sustain damage - and to damage the baby - during a vaginal birth. She believes that advocates of natural birth "prefer to look on the bright side" and "make light" of birth's unpredictability, rather than face the facts that birth is a dangerous business.

She describes giving birth as "agony" and yet how would she know? During the making of The Baby Business, Ms Bennett revealed to several of the interviewees that as a result of her personal conviction that a vaginal birth was dangerous to both mother and baby, she had an elective caesarean. She expressed irritation at suggestions, made directly or indirectly, that this might not be a clinically valid reason for having a major operation, or that in making such a choice a woman exposes herself and her baby to potentially greater risks than in a well- supported vaginal birth.

During the course of her piece "Natural Born Backlash" Ms Bennett lashed out at the women who have changed the face of birth in modern times such as Sheila Kitzinger, Janet Balaskas. She even took a couple of swipes at me.

She wrote: "As ever, natural birth enthusiasts interpret any criticism of their practices as motivated by medico-sexual politics, rather than a desire for safe practice or indeed a desire for real choice." And "...although 'informed choice' is the mantra of the birth movement, its supporters have shown themselves notably reluctant to impart any information which might put women off the approved natural model." She does elaborate what form the "information" that would put women off the "approved" model, would take. Such details are usually unimportant to media agitators.

But more infuriatingly than these petulant little stabs is her insistence on telling the world that the 1998 CESDI report showed that babies born at home were more than twice as likely to die than those born in hospital. It is a figure which has turned up again and again in the press over the last year and it originated with Ms Bennett - who as far as we can tell from her writing and broadcasting, has not actually read the report herself.

Instead she continues to rely on the unofficial interpretation of an ex-CESDI employee Ralph Settatree, whom she interviewed for her TV programme. After the broadcast CESDI wrote to the programme makers and to the newspapers to refute Mr Settatree's rather skewed version of the facts, but by then the damage had been done. Ms Bennett continues to quote Mr Settatree's figures - not because they are true, but because they suit her particular prejudice.

Equally, her revelling in Caroline's disciplinary action seemed misguided. She summed up her piece by saying "It seems only fair that the advocates of low or no intervention should start being held to account for their advice, as obstetricians are". How exactly are doctors held to account for their actions?

Midwives have a recognisable complaints procedure in place through the UKCC. While the UKCC's complaints procedure can be flawed, at least it is in place. Ms Bennett, lacking AIMS' experience with complaints, is obviously unaware of just how few complaints against doctors are ever investigated by the GMC and that many doctors who have had multiple complaints about their conduct continue to practice.

In other areas of reporting, experience is considered essential. Yet, when writing about pregnancy and birth - experience is considered irrelevant. A news editor would not send a reporter with no relevant experience to cover a political campaign. He wouldn't for instance send a cookery writer to make observations on war-torn Bosnia. Interestingly though the Sunday Times did ask a similarly under-qualified lifestyle writer - India Knight - to comment on Caroline's case and what it meant to women everywhere.

In her piece, Natural Born Fanatics, Ms Knight, who is more at home commenting on the quality of M&S's creme brulee, quotes, in a carefree manner the misinformation about the safety of home birth which originated with Ms Bennett. Remarkably, she is even more off the mark with her views. For instance "...in my experience, obstetricians give you all the information you need to make an informed choice. They answer questions honestly." Or perhaps "Nowhere are there more half-witted propagandists than in the realm of independent ante-natal care, which is populated by fanatical natural childbirth groupies who scream with horror at the words 'medical intervention'." And then "...if women want to crouch like a gigantic amphibian in a water filled pool, that's fine with me, although 'natural' isn't necessarily the adjective that springs to mind" and just for good measure " ...having a first - or second, for that matter - child anywhere outside the confines of the hospital constitutes the most demented, selfish kind of risk taking".

As a garnish she trots out the now largely discredited survey of female obstetricians in London - the one which didn't include Wendy Savage, the consultant obstetrician whose colleagues tried to have her stuck off because of her woman-centred approach to maternity care. The survey, which also did not include any members of Women in Medicine, a radical group of female doctors, said that 36 per cent of the female obstetricians surveyed would request an elective caesarean. In her ignorance Ms Knight does not ask, however, whom this minority group of women actually represents and what possible relevance their opinion has to the rest of the women in the country.

Readers will not be surprised to hear that Ms Knight's baby became "distressed" after 36 hours of labour in hospital and was born by "emergency" caesarean. She does not enlighten us as to what happened during the course of her labour. However, the words private care, ARM, prostglandin, glucose drip, pethidine, epidural and lithotomy - all standard procedures in "normal" hospital birth - spring to mind.

Based as it is on ignorance and misconception, it's hard to take such writing seriously. It is certainly not worth serious analysis of its content. However its emotional impact should not be underestimated.

Birth is an intensely personal event. So much so that any woman could be forgiven for thinking that her experience of birth is the only type there is. As time goes on most of us realise, however, that there are

many types of birth experienced by many types of women all over the world. Thirty years of experience in the field of maternity care has provided AIMS with a unique perspective. We have learned that many of the most traumatic birth experiences are completely avoidable and often the result of unnecessary medical intervention.

Campaigners for normal birth (not "low risk" or even natural but - normal, physiological birth) walk two tightropes at once. One provides support for women to choose whatever types of birth they wish and the other supports the premise that care should be based on the evidence. The two are not mutually exclusive but, as the trend for elective caesarean has shown, they can be challenging to reconcile. The reason for this is that women do not make choices about their maternity care in a vacuum. They make it on the basis of their life history, their sexual history, their birthing history and their views about and relationships with their own bodies. Increasingly they are making choices based on information they receive from the media.

Unfortunately, in today's newspapers thoughtful reporting has been replaced by opinion pieces. Most of us if asked to express a valid opinion on something 52 weeks a year would, after a while, be hard pressed to find anything we felt qualified to comment intelligently on. As a journalist of some 20 years experience, I have come to the conclusion that today Editors rarely hire writers. Writers are careful about their work, they have something to say and rarely write to order because often it takes them as long as it takes to produce a thoughtful piece of journalism.

Instead, anxious to fill pages with newsprint, they look for personalities or "types". Usually these people are intelligent, but not terribly sensitive. They dislike being bogged down by details and often have enormous inferiority complexes which fuel the anger which helps them produce acres of headline grabbing column inches, to order, week after week.

Such writers contribute nothing positive to our daily lives - they only fuel our most base and irrational fears and paranoia. They do not promote deep thought on any subject - indeed their brief is simply to provoke primitive emotion. In days gone by we could easily identify these writers as Sun or News of the World employees - unfortunately this is no longer the case. Like any disease, they have spread quickly to the so-called quality newspapers as well.

Sensitive media observers have long questioned the idea that everyone and everything is fair game for the story starved media. Pregnant women are engaged in the important job of bringing new life into the world. Our future as a race depends to a large degree on how healthy (physically and emotionally) these future adults are.

As information providers newspapers (and to a lesser extent TV programme makers) have a role to play in shaping how women perceive themselves, their bodies and their babies. It is our continued hope that the media will wake up to itself with regard to reporting maternity related maters and start to provide women with accurate information instead of paranoia, irrational fear and hearsay.

Pat Thomas