AIMS For a better birth...

50 years' campaigning

AIMS Journal, 2010, Vol 22 No 4

Beverley Beech's introductory speech at the 50th Anniversary Luncheon, 16 October 2010

Beverley Beech, AIMS' current Honorary Chair, welcomed the members and particularly Dr Pamela Fox-Russell, a past Vice President of AIMS, and Mair Garside, who was a secretary of AIMS in the 1960s. She acknowledged the apologies of Colonel Fletcher who was the AIMS' Treasurer for many of the early years of AIMS' activities. She also welcomed our speakers - Professor Wendy Savage, Mary Cronk, Professor Mavis Kirkham, all long-standing supporters of AIMS, and our President, Jean Robinson.



AIMS was founded in 1960 when our past President, Sally Willington who, sadly, died in 2008, spent ten unforgettable weeks in an antenatal ward. She wrote to the national newspapers about her observations and was soon deluged with letters from people wanting to do something to change the quality of maternity care.

An early newsletter noted:

'Mrs Taylor [AIMS' secretary at the time] has been taking part in the correspondence in the Nursing Times that arose out of an article on midwifery by Claire Rayner. She (Mrs Taylor) feels strongly that slapping in midwifery is unnecessary and that it should be banned. (It is used sometimes to deal with a 'hysterical' patient).[1]

A 1965 Journal noted:

'in spite of the recent refusal by the Matron of Barnet Hospital to allow our members to visit their Maternity Department, we are still pressing for permission to do so, especially in view of the recent newspaper publicity given to this hospital when six mothers discharged themselves from the Maternity Department in protest against

conditions there'.

Human Relations in Obstetric Practice

In 1960 the Ministry of Health published 'Human Relations in Obstetric Practice'[2] The Report highlighted poor conditions, lack of support, lack of information and lack of midwives, to name but a few. The Minister asked hospital authorities to take action on antenatal clinics, companionship and information during labour, comfort and convenience of mothers and an injunction that these things should be put right. How ironic that that paper could be published today and most of its comments are still relevant.

In the early days, AIMS' members met with the Minister of Health annually, and at each meeting asked when the recommendations in this report would be brought up to date and re-published. The last such meeting, in the early 1980s, was with Gerard Vaughan, who promised action but none came, and eventually, at a reception at 10 Downing Street, which Beverley Beech attended, a civil servant revealed that the reason for the delay was the refusal of the Royal College of Obstetricians and Gynaecologists 'to be dictated to by a collection of civil servants'.

It was not until 1982, after persistent lobbying by AIMS, that the Department of Health set up a Maternity Services Advisory Committee to compile a good practice plan of action. It was to consist of representatives of each profession involved in maternity care and a sole consumer. AIMS immediately asked for at least two consumers. Lady Limerick and the Honourable Mrs Price were appointed. Both these women were consummate committee people, and Lady Limerick called a meeting of representatives of various childbirth groups who met in her flat before each meeting. Together they discussed the forthcoming agenda and made a list of issues that should be included in any recommendations. She and Mrs Price then attended the meetings and successfully lobbied for the material we wanted included. In 1982 Maternity Care in Action,[3] the first part of a three-part report, was published. One of the recommendations was that Maternity Services Liaison Committees should be set up in every area. They have been, although their effectiveness is variable.

Professional attitudes

Early user attempts to influence the quality of care were met with resentment and antagonism. Fortunately, AIMS changed its title very early on in its existence, one can only imagine what reaction the women had when they announced they were members of the Society for the Prevention of Cruelty to Pregnant Women. But even AIMS was too much for some. In 1966 an AGM resolution asked that:

'The word 'Improvements' in our title be altered because it causes a lot of resentment with local hospital committees and matrons. It should be replaced by another word also starting with an I so that we do not lose the title AIMS e.g. "Interest" or "Investigation".'[4]

In 1985 Herbert Barrie (a consultant paediatrician) wrote the following in Charing Cross Hospital's Faculty News:

'A steady but growing trickle of strange ladies is infiltrating the system and arriving in labour wards up and down the country with a familiar shopping list of demands telling doctors and midwives what to do... These patients tend to arrive, without warning, in the Labour Ward with their lethal shopping lists ... They are not entitled to tell doctors how to do their work. They are not entitled to ask us to lower professional standards and to jeopardise babies' lives.'[5]

Over the years, such attitudes have changed although in a recent radio interview an obstetrician was reported as claiming that the current problem with maternity care is 'childbirth groups of vociferous upper class women'.

More hospital beds

In the 1960s AIMS' members campaigned for more hospital beds on the grounds that there were not enough beds for the minority of women who really needed hospital delivery and it was not until the 1970s that the organisation realised that rather than providing quality care for truly high-risk women the obstetricians had seized the opportunity to gain control of all births.

Instead of women being cared for in the community by a skilled midwife, and referred to an obstetrician when the midwife detected a problem, all women were now required to book with a GP who invariably simply referred her to an obstetrician. The community midwives were brought into a centralised hospital service and converted into obstetric nurses. Unfortunately, in the UK the system does not differentiate between an obstetric nurse and a midwife, they are all called midwives.

Daylight obstetrics

During the 1970s the majority of women had a variety of medical interventions in labour. An editorial in 1971 claimed, '*Great news for all mothers has been reported lately in the daily press. Childbirth completely without pain and without loss of consciousness is now possible, using epidural analgesia*.' It was not long before AIMS began to hear of the problems. Sally Willington, expressed her concerns about 'daylight obstetrics and the use of induction of labour because of staff shortages' during a Woman's Hour discussion. What has changed?

Women's complaints about maternity care were dismissed, and it was not uncommon for them to be told that 'we only do xxx because it is absolutely necessary'. It led to AIMS' members going to medical libraries and reading the research. To their shock they found that very little obstetric practice was actually based on good medical research, much of it was common practice and obstetric opinion. As a result, AIMS began to ask for the evidence.

Ultrasound

AIMS first became aware of the questions being asked about the long-term safety of ultrasound following receipt of a series of medical papers from the USA. In October 1981 AIMS and the Birth Centre wrote to the Minister of Health (Dr Gerard Vaughan) expressing concern about the 'widespread use of technological innovation ahead of proper scientific evaluation' and asked the Minister to investigate. He replied that:

'*... the use of ultrasonic techniques have become so widespread that a controlled trial along the lines originally proposed would no longer be ethically possible.*'

The MRC (Medical Research Council), who advied him, apparently did not consider the ethics of the medical profession introducing and widely using an unevaluated procedure ahead of controlled trials.

Over the years AIMS has persistently criticised the routine use of ultrasound, and particularly the commercialisation of it. Women are now encouraged to have 3D and 4D examinations and take home videos of their babies on the spurious grounds that it aids bonding. Little notice is taken of the risks of ultrasound and women continue to be told that ultrasound is safe, while the evidence shows otherwise.

Episiotomy

Routine episiotomy was widely used in the USA but it was not adopted in the UK until the 1960s when it began to rise dramatically. By 1967 it had reached 25% and by 1978 it had reached 53.4%. Some London teaching hospitals had a 98% episiotomy rate and we even have an example in our files of a woman who was given episiotomy after the baby was delivered because the midwives were afraid of criticism for failing to do one. Needless to say, there was no good research showing the benefits of routine episiotomy, it had been introduced following a persistent medical campaign without any evidence demonstrating benefit when used routinely.

Persistent consumer criticism of episiotomy, now joined by some professionals, resulted in Jenny Sleep, a midwife, being enabled to conduct a study of episiotomy, one of the first research studies conducted by a midwife. She found that routine episiotomy did not prevent tears, did not protect the baby, did not prevent infections and furthermore gave us a research paper that we handed over to women who did not want episiotomies.6 The women then started quoting the research to the professionals. We also advised them to ask one specific question when being told that they had to agree to a specific procedure,'*Can you give me a copy of the research paper that supports what you are saying, I will then read it and let you know my decision?*' So often there is no research to support the advice, even today.

Conscious during caesarean section

In 1982 AIMS received a letter from a woman in Wigan, who said she was conscious during a caesarean section under a general anaesthetic.7 Until that time little or no notice was taken of women who

reported that they were conscious during caesarean sections under a general anaesthetic. The writer of the letter had been given a general anaesthetic and should, therefore, have been totally unaware of what was happening.

She mentioned that another woman had suffered the same fate a week before and AIMS encouraged her to find the woman. She was so furious at being told that it had never happened to anyone before and would never happen again that she decided to sue. When the case came to court (she was awarded £13,775 damages) the newspapers (that had not the slightest interest in this issue before) went wild. We managed to persuade one newspaper to insert a note asking any other woman who had this experience to get in contact.

Seventy-three other women, from Scotland to Dartford, contacted AIMS (their experiences varied from being aware of what was happening around them and feeling tugging sensations to those who were conscious throughout the operation and felt everything). Thirteen of these mothers had given birth in the same hospital and five of them were attended by the same anaesthetist, an anaesthetist who had trained in India and who had been given little or no training on the equipment used - apparently, he had been handed an instruction manual and left to get on with it. He was reported to the GMC (three women complained) but they decided that as he now practised as a GP they would not remove him from the register. The consultant anaesthetist at the hospital resigned.

Fathers in the labour wards

During the 1970s and before, women were expected to do as they were told and fathers were barely tolerated. It was common for women to be given treatment without their consent, and women's protests made no difference.

The attitude to fathers was reflected in the response to a question a father asked in a National Childbirth Trust antenatal class:

You are allowed to be with your wife as long as hospital policy and procedure allow. If you are asked to leave the room, do as you are told. There is probably a good reason. Remember that some midwives are embarrassed to examine your wife in your presence. Some sisters could be annoyed if you do not co-operate. I'm not saying she would, but she just might take out her annoyance on your wife. By all means ask questions about what is happening, but keep in mind that the maternity staffs are very busy and may not have time to explain, in which case, comply with their instructions. 8

While fathers were admitted to some labour wards, this was very much under sufferance. A 1968 AIMS newsletter noted that:

This [fathers' presence] started in a small way, seemed to work, and then gradually became adopted into the routine. It is at least five years ago that a few husbands first stayed with their wives during all three stages of labour and about three years ago when a lot of people took advantage of this.

AIMS campaigned for fathers' admission to the labour wards throughout the 1960s with patchy success. In July 1973 committee members attended a Department of Health and Social Services meeting to be told that:

...although it was not possible for hospitals to be given a definite ruling on the matter (though they can be given a recommendation) he [Mr Thorpe-Tracey] felt that our battle on this front was won and that the remaining "difficult" hospitals would come to order in time.

Eventually fathers were admitted to labour wards and AIMS' members hoped that this would put an end to the enforced treatment so many women suffered: it did not - they ignored the fathers too. In the 1990s there was a discussion about getting fathers out of the labour wards because we were finding that when the women had difficult labours the fathers were traumatised too.

The article reported:

A survey by the Royal College of Midwives during 1964-65 showed that four-fifths of those mothers who were permitted to have their husbands at their bedside found his presence during labour helpful. This arrangement was only allowed in under half of the hospitals surveyed.[9]

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Brian Radley and Michelle Williams

In 1982 Brian Radley was convicted of 'delivering his own baby'. The fact that there was no law that prevented a father delivering his own baby was irrelevant, the magistrate was determined to find him guilty and ignored the fact that his partner, Michelle Williams, had absolutely refused to go anywhere near a hospital again - as a result of the way that she was treated during the birth of her first baby. She had been forced to accept pethidine, despite her protests, and throughout her pregnancy the midwives and doctors harassed her to change her home birth booking to a hospital delivery. Brian Radley was fined £500. The fine was paid by a consultant psychiatrist stating that he was 'ashamed to be a member of a profession that can treat a woman so badly'.

Enough was enough; a meeting was arranged between AIMS, the Society to Support Home Confinement and the Birth Centre Organisation, to formulate a plan of action. What materialised was one of the most effective actions that the users have taken in maternity care over the last thirty years. They decided to launch a fund (the Maternity Defence Fund) to sue the medical and midwifery profession for assault. Not only did it achieve a sea change, almost immediately, but it did so by threatening to take action. For the first time ever the professional journals were full of articles on patients' rights, informed consent, and long discussions of the issues involved.

Childbirth demonstrations

The first, very effective, demonstration about childbirth practices took place outside the Royal Free Hospital in Hampstead, London on the 4th April 1982 when 5,000 - 6,000 people protested about a woman's right to have freedom of movement and to use upright positions instead of lying down during labour and for birth.

The demonstration (the Birthrights Rally) was initiated by Janet Balaskas following the experience of a pregnant woman attending her antenatal classes who was forced to lie on a bed for the birth (she wanted to squat). Janet telephoned (no email then) all the organisations and big names in birth, the media and the PR world that she could think of. AIMS, the NCT and the other childbirth groups and the Association of Radical Midwives were immediately responsive to her appeal. Not a word about the demonstration appeared in the national newspapers - on that day Margaret Thatcher declared war on the Falklands.

A year later, women were again on the streets. This time supporting Professor Wendy Savage who had been reported to the General Medical Council due to allegations that she was incompetent because she had the audacity to respect women's wishes and help them avoid caesarean sections. The case against her was dismissed and she was re-instated.

The latest demonstration has been in support of the midwives in the Albany Practice, in South London, who, just like Wendy Savage, had a far lower caesarean section rate and better outcomes than those in the rest of the locality.

Denial of Parents' Rights in Maternity Care

Following the first demonstration, and in support of the petition that was presented to Joan Lester MP in February 1983, AIMS produced a booklet 'Denial of Parents' Rights in Maternity Care.' It was designed to inform Members of Parliament of the kind of abuses taking place in maternity care and highlighted parents' rights. It resulted in AIMS receiving a growing number of requests for this booklet from the general public.

It took some time to realise that in highlighting the abuses AIMS was also defining what rights parents had, and it was this information that the public was seeking. From this booklet grew the first book which set out parents' rights in maternity care, entitled 'Who's Having Your Baby? A Health Rights Handbook

for Maternity Care' written by the AIMS' Chair and published by Health Rights in 1987. A second edition of that book was published by AIMS in 1991 and is now superseded by 'Am I Allowed?' published in 2003. It is the only book available which concentrates solely on parents' rights in maternity care.

Since 1960 AIMS has published a quarterly Journal, and in 2000 the National Lottery Charities Board awarded AIMS £62,652 to set up a help-line service, for training and produce a wide range of information booklets.

In 1997, AIMS published 'A Charter for Ethical Research in Maternity Care'. AIMS invited representatives of the National Childbirth Trust, the Maternity Alliance and a number of individuals working in this area to consider a draft charter for ethical research in maternity care. We were concerned that much of the research was being done on women instead of with women, and by research which failed properly to inform women of the reasons for the research, give details of what the researchers hoped to find, clarify what the risks, if any, were; and did not advise them of the results nor enable follow-up to be done to determine any long-term problems (i.e. at least over five to ten years).

The Charter set out what our standards were for ethical research in maternity care, and it was accepted by every Royal College. The Royal College of General Practitioners even handed it out to its medical students.

Professional members

AIMS has always been grateful to those professionals who support and assist AIMS, some of whom are here today. In the past, midwives and doctors kept very quiet about their membership of AIMS because they would be victimised if it were known. Indeed, our past Vice President, Dr Pamela Fox-Russell, found herself in that position. She would drive around the leafy lanes of Sussex providing antenatal care to those who could not make it to a clinic. When the authorities found that she was Vice President of AIMS they terminated this arrangement. Since then, AIMS has deliberately excluded midwives and doctors from membership of its national committee in order to protect them from this kind of victimisation as well as to maintain the lay perspective so fundamental to AIMS' work.

So, what are the current problems in maternity care?

The illusion of choice and pseudo consultations

Women still do not have real choice, they are expected to 'choose' within clearly defined limits, and woe betide the woman who chooses elsewhere. She will be often subjected to continuous bullying under the guise of ensuring that she gives 'informed consent'. She will be given inaccurate information and, not infrequently, downright lies. Those midwives who support the woman will also be bullied and we even know of a midwife who has been advised to go on an assertiveness training course because she did not 'persuade' the woman to accept the hospital's policy.

Despite all the evidence of safety of home birth, women are still mis-informed and bullied into accepting

hospital delivery. Bullying in midwifery has turned into a witch hunt of international proportions. All over the world midwives are being targeted - Ágnes Geréb in Hungary, Australian midwives who are being prevented from practising in the community by their new legislation and far too many caring, competent midwives, such as Claire Fisher and Debs Purdue in the UK, have been victimised. The Albany Midwifery Practice, the Gold Standard of good-quality midwifery care, was closed down by King's College Hospital on the spurious grounds of safety, based on very selective statistical records. Far too many, excellent midwives have been reported to the Nursing and Midwifery Council, and a disproportionate number of independent midwives especially targeted. The majority of women are subjected to interventions that are avoidable. It is a national disgrace that our caesarean section rate is over 24% nationally, and in some hospitals it is over 30%. Fewer than 1 in 6 first time mothers and only 1 in 3 women expecting subsequent babies will have a normal birth 10 yet women are still being told that hospital delivery is safe. Meanwhile, small free-standing midwifery units are being closed, often despite vigorous local lobbying.

It is clear that over fifty years of consumer pressure has resulted in marginal changes in the take-over of birth by technology. It has been successful in reducing some of the routinely imposed, harmful medical practices, such as shaving and enemas, episiotomies and the very high rates of induction and acceleration of the 1970s and 1980s. It has raised awareness about the inhumane styles of 'care', but all of this is set against a powerful, seemingly unstoppable technocratic imperative in which some interventions (such as caesarean sections) have steadily and relentlessly increased. The problem now is that campaigns for normal, physiological or undisturbed birth challenge deeply held cultural norms and values among practitioners and the public, cultural norms which impose an inappropriate ethos of technological care on all women and babies.

Thanks to the internet we are now much more easily able to communicate with women in other countries. An AIMS group was set up in Ireland in 2007 and has been vigorous in challenging the centralisation and overmedicalisation of care there. AIMS was a founder member of ENCA (European Network of Childbirth Organisations) which now has members in fifteen European countries. Our AIMS member in America, Doris Haire, has been instrumental in alerting the medical profession to the risks of over-medicalised birth and we are now able quickly to contact women all over the world about childbirth issues.

Over the last fifteen years official reports have frequently stressed the importance of listening to the users, so that now no official body produces anything without having 'consulted'. This is usually done with a very short deadline and, as a result, AIMS frequently has to find a member who can drop what they are doing and work on a response. Far too often little notice is taken of the responses, but the authorities can then claim that they have 'consulted'.

Over the years, AIMS has been in the forefront of change and that has depended on the work, dedication, and determination of AIMS' Committee members and supporters who are scattered around the UK and who give a huge amount of time and effort freely; and today we acknowledge the unsung heroines, some of whom have been able to attend our anniversary luncheon. If we are going to change maternity care for

the benefit of all women and babies then we have to ensure that a community based midwifery service with small stand alone midwifery units is established in every area, and when women and midwives join together they can affect change. Just look at what the Montrose Maternity Unit support group achieved. Let us hope that it will not take another 50 years to achieve these improvements.

Beverley ended her talk by acknowledging the enormous contribution Jean Robinson has made to AIMS over the years and announced that the committee, at its last meeting, unanimously elected her our new President.

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