AIMS For a better birth...

A second decade of action

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Ishbel Kargar looks at AIMS Newsletters from the 70s and highlights the Winter of 1979

On the occasion of AIMS' 50th Anniversary, I was honoured to be asked to review some past Newsletters. The batch I received covered the decade of the 1970s, all published before I came back into midwifery after a gap of 25 years. Browsing through the fascinating typescripts, very reminiscent of ARM's early journals, I was impressed by the enthusiastic commitment of the AIMS' members to bring about improvements in maternity services. Few of these women had first hand experience from 'the side of the bed' as it were, but almost all had experienced 'being on the bed', and had plenty to say about it.

The Newsletter I chose for a more detailed comment was the Winter 1979 issue, and in particular the report of the 'Reduction of Perinatal Mortality & Morbidity' Conference (7 December 1979), at which Miss Margaret Bain was a speaker.

Some of her quotes:

'In the interests of total maternity care it is important that the skills of the midwives are used; part of her duty is to detect abnormal conditions and decide when to summon the doctor, yet the role of the midwife has been contracted' ... 'Antenatal clinics provide the grimmest view of maternity care' ... 'There is no need for the mother to be seen by the doctor every time' ... 'There is a need to re-establish midwives clinics, midwives should not be attached to a GP, but have their own area, ensuring they are known locally by young mothers, thus able to provide continuity of care' ... 'Record cards should be kept with the mothers' and 'the maternity grant should be increased,'

She noted that the RCM Annual Conference had rejected a similar appeal!

The above gives a flavour of her talk, many aspects of which were echoed in the rest of the articles in this and other AIMS Newsletters.

Browsing through the AIMS Newsletters for the 1970s, I noted the argumets, some resolved, others repeated *ad nauseam* with very little resolution of the problems. For instance, we still do not have universal 'midwives' clinics', most of the community midwives are still GP based. Another bone of contention is the lack of recognition of midwives' knowledge. It is widely known that when independent midwives transfer their clients into the local maternity unit, for legitimate reasons, their previous care is often disregarded by the hospital staff, who go through the 'new admission' procedure, with the resulting delays in dealing with the problem which prompted the transfer.

So what is my overall impression? First, a vote of thanks to AIMS for continuing to campaign for good maternity care for all women, and for refusing to sit back and be quiet. Secondly, a rather sad feeling that with the current strength of the vested interests in the NHS, the battle will not be won easily. But thirdly, a feeling of hope, engendered by the enthusiastic response of most women to the current demonstrated need for better health, which inevitably will come from better maternity care, and healthier mothers and babies.

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On the 7th December delegates from all the professional bodies, and a broad spectrum of voluntary organisations in maternity care were invited to a conference to discuss this document.

The conference was opened by Dr.Gerard Vaughan and he stated that the Children's Committee was one of the few QUANGOS to be retained by the Government. (Note: The Children's Committee will be investigating other aspects of maternity care next year).

Mr. Geoffrey Chamberlain, the first speaker, began by itemising the most important recomendations that the Children's Committee had made:

1. Certain aspects of pregnancy carry higher risks and these mothers should be grouped together in centres where all the skills and equipment are available to help them.

2. Perhaps the options for delivery outside hospital have been closed too hastily and they suggested randomised trials to investigate.

3. Ante-natal care for women without problems should be diversified - held perhaps in community centres or shopping centres. And above all the women should be asked where they would like to go for ante-natal care.

4. There was a need to look carefully at what is done in the ante-partum period to see what tests are useful and which are not.

5. Look at the possibilities of voluntary and paid help for pregnant women and free public transport.

6. Wherever a baby is delivered someone skilled at resuscitation should always be present.

7. There should be a Special Care Baby Unit at every maternity unit, and a central neo-natal intensive care unit for each area.

8. The income of pregnant women should be examined.

9. There should be proper statistical assessment on peri-natal affairs; there was a need for adequate finance and proper enquiries into peri-natal mortality, and improved national maternity information service giving continuous information.

10. There should be no relative or absolute reduction in funding for the maternity services.

Miss Margaret Dain gave a stimulating talk. She pointed out that in the interests of total maternity care it is important that the skills of the midwives are used; part of her duty was to detect abnormal conditions and decide when to summon the doctor, yet the role of the midwife had been contracted. some hospital midwives acted as receptionists and ante-natal clinics provided the grimmest view of maternity care. She questioned the need for the mother to be seen by the doctor every time, she felt there was a need to reestablish midwives clinics and midwives should not be attached to a G.P. but should have their own area, thus ensuring that they are known locally by the young mothers and are thus able to provide continuity of care. She urged that record cards be kept with the mothers and there should be an increase in the maternity grant (note the RCM annual conference rejected a similar appeal). On the question of home deliveries she felt that midwives should have the right to refer women directly to the consultant, ring for the flying squad (many midwives have to ring the G.P. first)and summon the G.P. when required.

She felt that many women felt abandoned in the post-natal period but early discharge was a good thing, the mother could then be visited by the midwife in her own home and would have continuity of care. On the question of health education she felt that preparation for parenthood must be given at school, that midwives should conduct parentcraft classes and they should pay attention to the ways in which information is presented - bearing in mind that a recent study revealed that 10% of mothers attending had reading difficulties. Her final plea was that midwives must pay a greater part in maternity care.

It was very heartening to hear a midwife speak of her profession in such a quiet determined way. If Margaret Dain is a reflection of the quality of midwives at the top then there is hope indeed for the future, and I for one felt very pleased to hear a midwife speak out in the way she did.