AIMS For a better birth...

AIMS Campaign Network

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Vicky Garner calls out on behalf of all mothers in the UK - a midwife for me and my baby!

In New Zealand in the 1990s there was a revolution in birth. Women and midwives came together to challenge what birth had become - a medicalised process, with little, if any, alternative. What emerged from this powerful union was a radical shift in maternity care to a system where the woman and her relationship with her midwife was at the core. It required some clever thinking, some bright minds, a great deal of noise and some hard work on the ground, but today New Zealand's maternity system is far from where it would have been if those events had not taken place. It is very possible that we in the UK could be about to have our New Zealand Moment, and we've got to seize it.

This year brings two major changes in maternity care - the overhaul of the commissioning process in England and the requirement for independent midwives to be insured.

As the UK faces the threat of the loss of independent midwifery as we know it, it may seem strange to say that we are also being presented with an opportunity; one that is unlikely to come round again. This opportunity, if handled well, could help move us away from a system where women's control over their births is being increasingly eroded, towards one where women and their babies are respected, cared for and supported by midwives they know and trust.

AIMS, along with others, is taking the opportunity to examine how we can maximise the chances of our collective voice being heard. This is clearly not going to be given to us on a plate. We are going to have to fight for it, and we can't do it without you.

'*No decision about me, without me*' is the motto of the new Clinical Commissioning Groups (CCGs). This suggestion of upcoming potential to influence, coupled with recent government pledges to make maternity care more woman-centred, gives us hope.

The government has pledged to:

- invest in 5,000 more midwives so that continuity of care both before and after birth can be delivered;
- fund one-to-one care in labour and birth;
- ensure access to a full range of services so that women have a genuine choice about how and where they give birth.

These are promises that many of us have long campaigned for. We've heard them come from Ministers'

mouths, yet it is hard to believe. Haven't we heard similar promises in the past? We need actions, not words.

Coupled with these bold promises and memorable catchphrases are mixed messages. The move into the new world of clinical commissioning, where we, the users, get to shape the service, is accompanied by the threat to independent midwifery, which may remove any real alternative to NHS care. We are being handed the power to choose with one hand, while our choices are removed with the other.

As our government acknowledges the benefits of one- to-one care and giving every mother-to-be access to a full range of services, it also promotes the move towards increased centralisation of services. It is hard to see how herding women into huge obstetric units, or 'baby factories', can provide the personal, supportive relationship women want with their midwife; the care that has been shown to be best for mothers and babies. In short, the system is working against itself: it is confusing, destructive and is hampering improvement in maternal and infant health.

If you were to ask yourself how midwifery services should look in the future, what would you want? Surely you would want what is good for women, their babies and their families, and what makes financial sense.

Perhaps something along the lines of:

'*For any woman to be able to choose a midwife whom she can get to know and trust, who can support her through her pregnancy, birth and beyond, regardless of her circumstances or where her baby is to be born.*'

The resounding message coming from women and their families is that this is what is good for them and their babies. This is a message that is wholeheartedly supported by the research evidence.

In response to the needs of women themselves, a group with representatives from AIMS, NCT, WI, IMUK, ARM, The Birth I Want and Birthrights have identified this as key to the government fulfilling its promises to deliver woman- centred maternity care. We also know that many midwives want this, but that they need to be enabled to work in a woman-centred way without sacrificing their personal lives.

April 2013 will see CCGs in England take responsibility for commissioning health services, including maternity.

The government has laid out its stall. It has issued direction to CCGs that suggests woman-centred care is the way we should be heading. We've been told that maternity services will be informed by the user. Now it's up to us to make that happen. We need to be sure that in every part of the UK, women's voices are heard - championing services that work for women by providing continuity of care and delivering it within the community setting through free-standing MLUs and home birth provision. There are many ways to influence the shape of services, both from within and from without, locally and nationally, but it's all about speaking up for what we want. AIMS intends to build a network of contacts ready to take action at both local and national level at this crucial time. Please go to www.aims.org.uk/campaigning/page/1 to

find out more and to register as part of the AIMS campaign network. Please join us, however small a contribution you feel you can make.