AIMS For a better birth...

Looking back to the future - Maternity and Newborn Forum 25 November 2014, Royal Society of Medicine (RSM), London

By Nadine Edwards

AIMS Journal, 2015, Vol 27 No 1

Luke Zander opened the conference by telling those present that the purpose of the various fora set up by the RSM was to bring different voices into debates about specific topics and move away from the concept of expert/audience. Interestingly only the Maternity and Newborn Forum (set up in 1983) has survived, I suspect largely to do with Luke's passion and his interest in and respect for others' views.

Michel Odent gave an excellent presentation about how current research is challenging outdated views and practices. For example, we now know about the need for immediate emotional and physical contact between mother and baby after birth in order to promote bonding and health giving microbial transfer, and about the harmful impacts of unnecessary prelabour caesarean section and uterotonics. He stressed that the birthing woman cannot be 'helped', as birth is an involuntary process, but that she must be protected from inhibitory factors.

Becky Reed, Kathryn Gutteridge and Becky Brien then described models of midwifery care that do just this – in the case of the Albany Practice and the Serenity and Halcyon Birth Centres – spectacularly well. Susan Bewley continued the theme describing the skilled doctor as one rooted in relationships and life-long learning and urged us to move away from risk and blame. Cathy Warwick also advised a move away from rule bound practice and focusing on single issues – trying to 'fix' them, towards relationships and thoughtful care. Elizabeth Prochaska agreed that the only way to improve care is through social models of maternity care. Being 'stuck in a risk matrix' prevents improvement and destroys clinicians' abilities to provide good, individualised care and undermines women's decision making.

She suggested ways in which human rights can support women and midwives. Commissioner of maternity services, Diane Jones, gave an in-depth presentation on the extremely complicated commissioning structures which by comparison demonstrated why we need a publicly funded NHS with structures that support the care we know works, improves outcomes and is what women and midwives want: structures that local communities can feed into developing and that are understandable and fully accountable. The current commissioning system supports a fragmented, private system of health care. It cannot possibly support the kind of integrated care described by Becky, Kathryn and Becky, that all women need.