AIMS For a better birth...

Potential for real change

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Beverley Beech and Gill Boden talk about new opportunities for maternity care

Baroness Cumberlege has submitted her findings following the National Maternity Review, and we now await a response from NHS England.

Concerns were expressed that the formation of this review body was provoked by a need 'to do something' following the adverse publicity provoked by the Kirkup report (see page 10) and, perhaps, the findings of the Birth Place Study, as well as the lack of clarity in the appointment process. It was clear, however, that, when the appointed members travelled the length and breadth of England, seeking the views of everyone involved in maternity care, parents, midwives, obstetricians, paediatricians, health visitors, and anyone else who had an opinion, that there was a real desire for meaningful change to a system that is no longer fit for purpose.

The birthPlace Study confirmed that fit and healthy women and babies were safer birthing at home or in free-standing midwifery units (FMU). The evidence for case-load midwifery care grows daily and the problems of our dysfunctional obstetric units continue to grow. While enormous publicity has been given to over-worked junior doctors there has been barely a mention of overworked midwives, who cannot give the kind of care they want and know that women need. Some women need an obstetrician but all women can benefit from traditional midwifery, where a midwife truly puts the woman at the centre of care: the evidence suggests that where there is a mutually caring and trusting relationship between women and their caregivers and where there is a supportive philosophy encouraging physiological, emotional and psychological process the outcomes are positive. Instead, we have a centralised, obstetrically led system that ignores good evidence, is based on fear, tick boxes, overwork and mutual distrust and where in 2015 the Care Quality Commission's survey[1] (page 3) found that 22% of women are still giving birth in stirrups.

'WHO states that 70-80% of women are healthy at the onset of labour even in countries with high rates of morbidity in the population.'[2] This means that midwives and doctors are causing damage to healthy women and babies. But it is not only women and babies who are damaged by the system, so too are midwives. Many midwives leave the profession, either because they have been bullied or because they are no longer prepared to work in a system that is, in far too many areas, unsupportive and dysfunctional. The article on page 9 describes what can happen to those midwives who raise legitimate worries.

Far too many superb, dedicated, and caring midwives within the system struggle to provide the kind of

quality care they know women need, but are often afraid to speak out because of the kind of retribution experienced by this midwife and her colleague.

As Jenny Patterson has written on page 22, 'improving guidelines and pushing for excellence is worthless if midwives are not supported in achieving this along the difficult and often conflicting path between meeting guidelines and women's needs and wishes.'

The National Maternity Review is yet another investigation into maternity care in a long line of enquiries. They invariably follow a pattern: a panel of 'experts' is appointed; everyone works hard to alert them to the issues; a report is published; the establishment eventually responds and we find, once again, that the real issues are not addressed, but token changes are agreed and we all sigh and accept the crumbs on offer.

On 13 November 2015, the Secretary of State for Health, Jeremy Hunt, announced new ambitions, 'to reduce the rate of stillbirths, neonatal, maternal deaths and intrapartum brain injuries in babies in England by 20% by 2020 and by 50% by 2030 to ensure England is one of the safest places in the world to have a baby,'[3] despite, we understand, being advised that giving the NHS Â£2.24 million to fund yet more equipment will not work. He appears to ignore the evidence that continuity of community-based case-load midwifery care will have the greatest impact.

We know that Baroness Cumberlege is very supportive of the changes that so many knowledgeable lay people and professionals would like to see, but change for the better will only happen if NHS England and the Minister of Health actively support the recommendations we hope the report will make. Only time will tell.

We decided that this journal should focus on the problems midwives face, but also on some examples of good care that should be available to all women. Andy Beckingham (page 18) has eloquently proposed an alternative model to the current system. We hope that this review will make recommendations that will enable the kind of change that will properly respond to women's and babies' needs, but unless we, as mothers, parents, families, speak out and support the change that needs to happen the avoidable and unnecessary interventions will continue.

References

1. Care Quality Commission (2015) survey of women's experiences of maternity care. www.cqc.org.uk/sites/default/files/20151215b_mat15_ statistical_release.pdf.
2. WHO (1996) Care in Normal birth: a practical guide. Page 4. Available from: www.who.int/maternal_child_adolescent/documents/ who_frh_msm_9624/en/. Accessed on 4th February 2016
3. Dept of Health (2015). Preventing avoidable harm in maternity care: Department of Health capital fund 2015-16. www.gov.uk/dh