



National Maternity Review

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The National Maternity Review, chaired by Baroness Cumberlege, has now finished its programme of national consultation and on the 30 December 2015 sent its findings and recommendations to NHS England for consideration and action.

Those with long memories will remember a similar exercise which took place in 1991 when the House of Commons Select Committee decided to investigate the issues in maternity care.¹ Those of us involved in campaigning for change were elated that, at last, the 'powers that be' had listened: our elation was short lived.

Rather than accepting and implementing the report's recommendations in full, the government focused on 'choice', asked Baroness Cumberlege to establish Changing Childbirth and in 1993 published guidelines for implementation of selected recommendations, only funding the project for two years. Midwives enthusiastically set up case-load community midwifery groups but, over time, NHS management overloaded the midwives, causing burn-out and the disbanding of the majority of groups, then the money ran out. In 2003 another House of Commons Health Committee enquired into the state of maternity care and, once again AIMS gave written and oral evidence: this committee too called for change.²

So, is the National Maternity Review a case of reinventing the wheel? Questions have been asked about the formation of the Review committee which was established without a public appointments system and appeared to have been rushed into being, probably as a result of the RCM's State of Maternity services report, the birthplace Study³ and, finally, the Kirkup report into Morecambe Bay's dysfunctional obstetric unit,⁴ as well as changes to the role of supervisors of midwives under the auspices of the Nursing and midwifery Council. Furthermore, we now have a generation of midwives whose skills have been eroded by an obstetric based system that fails to recognise the importance of women having continuity of care throughout pregnancy and childbirth from a midwife they know. Student midwives no longer learn physiology, they rarely attend a home birth, and the majority have lost the skills of assisting a woman to birth twins or a baby by the breech. Skilled midwives, many of them in independent practice, have sometimes found themselves judged critically by their own profession when they have attempted to respond to women's wishes by reclaiming these traditional midwifery practices.

The criteria used by the Review to judge the provision of care is unclear but, our expectation is that it will be based on the following:

- Good quality research evidence
- Quality and safety based on the WHO definitions
- Recognition of women's human rights Valuing real woman-centred and supportive care
- Really respecting women's decisions
- Acting on the evidence given by the hundreds of women who have attended the regional meetings
- A commitment to act on the research evidence demonstrating the short and long-term benefits for all women, and especially vulnerable women, of community based midwifery care provided by caseload midwives.
- Implementation of the requirements of the NHS Constitution

The birth Tank meetings, held all over England, revealed the numbers of enthusiastic, women, midwives, doctors and commissioners willing to create the kind of care that will really be women-centred and based on current research evidence. There is no doubt that Baroness Cumberlege is an enthusiastic supporter of midwifery care and a champion for change, but she is seeking to change a dysfunctional maternity service that is not fit for purpose, at a time when the Government is cutting funding in every direction; and at the National Maternity Review birth Tank³ we were told that '*there is no more money*'.

We must wait to see whether the report committee accepts the evidence that has been presented to it and whether the establishment will bite the bullet, and work for effective change; or nibble away at the cake and leave the users to be convinced that the crumbs on offer will be an improvement to the current dysfunctional system.

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References

1. Winterton, N (1992). House of Commons Health Committee, Second report, Maternity services, Vol 1, HMSO.
2. Hinchcliffe D (2003) Choice in Maternity services, Ninth report of Session 2002-03, www.parliamentary_committees/health_committee.cfm.
3. birthplace in England Collaborative Group (2011) Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the birthplace in England national prospective cohort study, British Medical Journal, 343:d7400 doi: 10.1136/bmj.d7400
4. Kirkup B (2015). The report of the Morecambe Bay investigation, The Stationery Office. ISBN 9780108561306

Exciting News from Wales New Guidance in Wales says that 45% of women should have the facilities made available to them to give birth outside obstetric units. The Chief Nursing Officer for Wales has written to Health Boards to issue guidance linked to the Maternity Strategy. This guidance requires health boards to review services and invest in services to prepare and implement plans that are in line with the findings of the birth Place Study and NICE intrapartum Care Guidelines. This innocuous and reasonable statement could transform women's experience of maternity care in Wales we await news

about its implementation with excitement.