AIMS For a better birth...

AMUs for all who request

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Sue Learner reports on a talk by Kathryn Gutteridge on providing services as requested

In June 2016 Midwife Kathryn Gutteridge was invited by North Bristol Trust's Lead for Normal Birth Midwife to speak to obstetricians and midwives about the Serenity Birth Centre (AMU) in Birmingham. With a sound philosophy and appropriate guidelines Kathryn has led the way to enable women with certain pregnancy issues, who request to use the birth centre, to be able to do so.

During Kathryn's authoritative, data-led, experiencebased and clear presentation I saw at first hand, by the response of some senior obstetricians, who controls our Maternity Services. Shock and horror were displayed that a woman with twins, and another woman with Type 1 diabetes, gave bir th at the Serenity Birth Centre. There was disbelief that 100% of women with a BMI of more than 35, who asked to use Serenity Birth Centre, used the centre throughout labour and gave birth there. There was surprise that 94% of women with a previous Caesarean Section, who asked to use Serenity Birth Centre, successfully gave bir th there. Also it was considered irresponsible that the baby of a woman who had Type 1 diabetes went home with its mother, on approval of the neonatologist, within hours of the birth.

But it was acknowledged by one or two consultant obstetricians that '*...it is important to support women*'. '*These figures show the importance of this...*' and '*...our system does not offer flexibility*'. On the other hand one doctor questioned: '*If we encourage this (that is give full support to these women) all other women will follow*'. Midwives cheered '*That's the whole idea*' and '*you mean that they should lose their freedom of choice?* So for women to control their own pregnancy and labour we need to give women back their power by deeply respecting their decision from wherever it has come; by supporting their pregnancy and facilitating how, where, and with whom they wish to give birth; by acknowledging that continuity of care allows for support of a woman's decision which may sound madness to another clinician. As midwives, by considering ourselves the guardians rather than the managers of pregnancy and labour we can support women and offer them flexibility. The resulting reduction of inter ventions would in turn be in the interests of women and their families. This will happen in North Bristol Trust thanks to a birth centre midwifery team which has dynamic and tenacious leadership that promotes normal birth.

Sue is a registered midwife, practising independently in Bristol.



A room in the Serenity Birth CentreA room in the Serenity Birth Centre