AIMS For a better birth...

A little history lesson

AIMS Journal, 2016, Vol 28 No 4

Beverley Beech explores the 'rebranding' of MSLCs

Professor Norman Morris was an obstetrician who really respected women, and introduced many practices that are taken for granted now, but were revolutionary then.

He invited fathers to attend the births of their babies, and stopped the practice of routinely shaving women's pubic hair and giving them enemas. In 1960 he gave an inaugural lecture at the opening of the new Charing Cross Hospital and emphasised the need for improvements in the way in which some mothers were treated during childbirth. This was followed by the setting up of the Maternity Services Committee in the House of Commons and resulted in the publication of a document 'Human Relations in Obstetrics'.[1]

By 1970, AIMS was calling for this document to be updated and persisted with this call throughout that decade. In 1976, following a meeting with the Department of Health and Social Services, AIMS received a letter which stated '*You asked us to consider a revised publication of this document. We have given this some thought and agree that it could be usefully revised and reissued and we will be looking into this further in the coming months.*'[2] At a meeting with the then Minister of Health, Gerard Vaughan MP, AIMS was assured that the document would be published '*soon*'. Two years later AIMS was informed that the document was '*with the Royal College of Obstetricians and Gynaecologists*'. A ministerial official revealed, sometime later, that the RCOG had refused to be 'dictated to by a bunch of civil servants' and were unco-operative. AIMS persisted in demanding a rewrite of this document.

In 1981, in order to resolve this impasse, the Ministry announced that it was forming a multi-disciplinary committee to consider all the issues in maternity care, and that a lay representative would be on the committee. AIMS immediately asked for a minimum of two lay representatives and the Ministry agreed. They appointed the Countess of Limerick and the Honourable Mrs L Price. They turned out to be two women who were extremely able in committee work. They convened regular meetings with interested childbirth groups (such as AIMS, NCT and others) and compiled a list of issues which the lay group representatives felt had to be addressed in the reports. Considering that they were two lay voices in a large committee of over 30 members they were amazingly successful in persuading the Committee to accept the majority of their proposals. The result was a series of three booklets 'Maternity Care in Action' which considered the issues and recommended good practice. (Part 1 made recommendations about antenatal care and was published in 1982, Part 2, published in 1984, focused on intrapartum care and Part 3, published in 1985, addressed postnatal care).

The Committee also recommended that every Health Authority should have a Maternity Services Liaison Committee (MSLC) with lay representatives on it. Many Health Authorities and, subsequently Trusts, took up this proposal, but the enthusiasm throughout the country was patchy – some MSLCs had no lay members and other areas had no MSLCs at all.

Initially the requirement was that every Trust should have an MSLC which should be made up of commissioners, providers and users of maternity services of which a third should be lay members. In 2006 the Department of Health issued guidelines, based on the 1995 guidelines, to inform healthcare managers, commissioners, practitioners and others on ways in which local MSLCs, acting as independent advisory bodies, can work effectively and contribute to improving maternity services in line with the needs and wishes of local women. The MSLC web site is available at*www.chimat.org.uk/mslc*

AIMS now understands that MSLCs are to be renamed Maternity Voices Partnerships (MVPs). It will be interesting to see if this 'rebranding' is just a change of name or whether there is a significant change of function. Change of title or not MSLCs offer women the opportunity to change the system, and if you want to see change then seek out your MSLC lay member and see what you can do.

References

1. Morris N (1960) Human Relations in Obstetric Practice. Lancet. 1960;1:913.
2. AIMS Quarterly Newsletter, October, 1976