



Reforming Maternity

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Beverley Beech and Gill Boden talk about maternity transformation

The Maternity Transformation Council, chaired by Baroness Julia Cumberlege (who also chaired the National Maternity Review), is working to enable change that will ensure the majority of women have a midwife who will care for them antenatally, during labour and post-natally: this would provide real continuity of carer.

As we have said so often, the research demonstrating the benefits of case-load midwifery and community based care is growing by the day, and the government has finally accepted that for a fit and healthy woman a home birth, or birth in a Free-standing Midwifery Unit (FMU), is safer than birthing in an obstetric unit. This is the most important change we could envisage to improve and transform the experience of birth for women.

There is an urgency to the process, not just for the sake of women, but also in the interests of the profession of midwifery. There is a real danger of seeing the profession dividing into midwives and obstetric nurses. Midwives have been drawn into hospitals over the last 50 years, and, rather than being midwives skilled at observation, examination and support, they are under pressure to become obstetric nurses focused on reading fetal heart monitor traces and setting up drips and epidurals. The woman is then left alone with her partner, friend or husband. Midwives, under-staffed and over-worked, have become unable to give women the kind of one-to-one support and midwifery care they ought to have.

Some skilled and caring midwives who have challenged institutional pressures to maintain the principles and skills of midwifery have left the profession, sometimes after seemingly punitive and long drawn out Conduct and Competence procedures, conducted by the Nursing and Midwifery Council (NMC), or have simply burned out.

The Midwifery Committee of the NMC, which has been relied on by women and midwives to safeguard standards and practice, has been slowly whittled away, to the extent that the committee of eight members, which did not even have a practising midwife on it, has now been disbanded and there is just one midwife on the Nursing and Midwifery Council itself. We also fear that the NMC has presided over diminishing education standards for midwives. Students learn about normal birth in the universities, but they do the majority of their practice in centralised obstetric units, where they are lucky if they see a single normal birth by the time they qualify. When on the Midwifery Committee, as a lay member,

Beverley Beech suggested that student midwives should be required to attend at least five home births during their final year. Indeed, those units that claim that they do not have sufficient midwives to attend a home birth could ease their problems by ensuring that the second midwife was a third year student.

This erosion of midwifery practice leads to midwives, who despite being dissatisfied with their working conditions in the large centralised obstetric units, are resistant to change, because they are anxious about attending a woman at home, without hospital equipment and without support from their Trust. Instead, staff are tempted to put enormous pressure on a woman intending to birth at home, either by sending her off for multiple tests, or by undermining her confidence: *The main midwife did succeed in scaring my partner into*

picturing me bleeding uncontrollably, either from lack of iron or placenta praevia, and I said, "I don't think I'll be haemorrhaging, I am not anaemic, and if I do start bleeding he can drive me to the hospital – it's not going to be so bad that I die in my house." The midwife then said she couldn't guarantee how quickly I would be seen to if I came to the hospital during labour as an emergency. [The hospital concerned has less than a 2% home birth rate and claims that women do not want home births.]

If change is to happen then women have to make their voices heard, not only at an individual level but also collectively. Maternity Services Liaison Committees, now to be re-named Maternity Voices Partnerships, when properly set up and supported, offer a means for midwives and women to negotiate change. If you are not on an MSLC then investigate how to get on one at www.chimat.org.uk/resource/view.aspx?QN=MSLC_ABOUT

Women who persist with their intention to birth at home are often the ones who succeed. Rachel Ellman, was one and after the birth of her baby she pursued her complaint about her fight to get a home birth and the Trust Board in her area took it seriously, see page 23.

Jenny Reeve pursued her complaint about King's Lynn Hospital failing to provide a midwife for a home birth and received £1,000 compensation. Other women, similarly denied support attended a Trust Board meeting to make it clear to the Trust that their attitude was unacceptable and contrary to their Human Rights. The Trust has since set up a 'temporary' home birth service, but the local women will have to keep agitating to ensure that this 'temporary' service becomes permanent.

Free standing Midwifery Units are vulnerable and often closed with the excuse that they are not being used despite having better outcomes. Last year, in a heartening development, a small group of midwives and birth activists committed to supporting and promoting midwifery units have set up a network, with the objective of supporting the midwives, and encouraging innovation so that each unit will no longer feel isolated. See page 8 and www.midwiferyunitnetwork.com. The opportunity for change is here, but it will not happen unless women and midwives act to make it so.