AIMS For a better birth...

Reforming maternity

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Gill Boden and Beverley Beech 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 postnatally: 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 is safer than birthing in an obstetric unit. These are the most important changes we could envisage to improve and transform the experience of birth for women.

There is an urgency to this process, not just for the sake of women, but also in the interests of the profession of midwifery. Midwives have been drawn into hospitals over the last 50 years and come under pressure to change from midwives skilled at observation, examination and support into obstetric nurses who pride themselves on their ability to read a fetal heart monitor tracing, set up a drip and an epidural and then leave the woman alone with her partner, friend or husband.

Mavis Kirkham (see page 6) describes the fundamental contradiction between the current centralised maternity services based on business models and women-centred midwifery models, resulting in a clash of values when the need for 'efficiency', economies of scale, and standardisation is imposed on midwifery models that provide trusting relationships, empathetic care and better outcomes.

Midwives, under-staffed and over-worked, have become unable to give the kind of one to one support and midwifery care women ought to have. Yet free-standing midwifery units (FMU) where this kind of care is available are vulnerable and still being 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 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 www.midwiferyunitnetwork.com for more information.

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 and has now been disbanded; and there is just one midwife on the Nursing and Midwifery Council itself. 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 is a third year student.

Emma Ashworth, (page 9) and Shane Ridley (page 11) describe the effects on mothers and midwives of the NMC's ruling that Independent Midwives UK's insurance scheme is insufficient, but the NMC refuses to indicate what they would accept as sufficient. Mari Greenfield explains the results of her survey of the effects on those mothers and midwives involved (page 12). Sarah Davies summarises the long-awaited analysis of the Albany Midwifery Practice outcomes (page 23). These outcomes show, without doubt, the enormous benefits that this model of care provides. There is no longer any doubt that maternity care has to return to the midwifery values grounded in relationships which, as Mavis Kirkham points out 'works best where midwives have trusting relationships with clients and colleagues'. The huge body of research relating to continuity of midwifery care is now so clear it is unethical not to implement it nationally.

If change is to happen then women have to make their voices heard, not only at an individual level but also collectively. The Maternity Transformation Council has enabled the voice of the users to be heard at the highest level and the need to ensure effective user involvement locally can be achieved through Maternity Services Liaison Committees, now to be called Maternity Voices, which 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_ABO UT

The opportunity for change is here, but it will not happen unless women and midwives act now.

Gill Boden and Beverley A Lawrence Beech