AIMS For a better birth...

What women really want

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Shane Ridley shares observations of the Facebook campaign

AIMS was set up in 1960 to monitor, comment and campaign for the maternity services in the UK. I joined the Save the Independent Midwife (IM) Facebook page and have some observations. I have become increasingly concerned that many of the women supporting Independent Midwives, support them because of their own poor experiences of birthing in the NHS.

The message from the supporters is that IMs provide the Gold Standard of maternity care – one to one continuity of care. Women want the certainty of knowing who their carer is, they want to know that they will be listened to, that their birth plans will be respected, that home birth is very possible.

They do not want several different midwives and doctors attending them and unnecessary inductions or other interventions. They do not want to have vaginal examinations by passing strangers, even if they are midwives or doctors. They do not want to be controlled by strangers when they are at their most vulnerable.

Women want home birth, they want home births after caesareans (HBAC), they want to avoid induction of labour and they want the opportunity to birth naturally when their baby is breech.

Some of the stories on the Facebook page paint a horrific picture of incidents in the NHS. There are many comments about language – phrases repeated over again – *'your baby will/may die if you don't do xxxx'*, use of that awful phrase *'failure to progress'*, verbal abuse such as being called silly or ridiculous and being told off, being told to toughen up, told to stop making such a noise. It is difficult to believe this language is still being used on our maternity wards as they echo many of the reports that women were making in the early days of the existence of AIMS.

Women speak of being bullied, coerced, threatened, suffering prejudice and suffering clinical abuse. They speak of being stuck in the timed, controlled system which is so common, often ending in a caesarean section. Many suffer still with PTSD (Post-Traumatic Stress Disorder) and or PND (Post Natal Depression) because of their experiences.

So, we are faced with a maternity service where women are in danger of being subjected to a spiral of interventions including induction of labour, where policies and guidelines mean that women don't fit the criteria, for example, too old to birth at home; where home birth services are cancelled, or closed and the service is described as a 'conveyor belt of care'.

But this is simply a lottery, women may also be very lucky and find the wonderful, brilliant NHS midwives who DO provide the services women need. They must have the best managers who enable the system to work properly – as in many hospitals which DO practise continuity of care. These managers must have shouted louder and ensured that the guidelines and protocols in their hospitals were more flexible, that they worked closely with their obstetric colleagues and they provided the service women WANT. NHS midwives often care for women with particular needs – those who don't speak English, teenagers, women suffering effects of substance abuse and those with challenging lives. But it is also clear from the Facebook page that IMs care for those traumatised by the 'system' and also attend women with complex pregnancies. See also the Albany research findings on page 23.

The excuses of low staffing levels and low morale are the result of lack of resources and poor management. For maternity services provided by trusts in the NHS to be of a similar standard throughout, so that woman are not faced with a lottery, more resources are needed; and we need to listen to women who want holistic care throughout their pregnancy and in the early days afterwards. They want a relationship with ONE midwife.

Save the Independent Midwife is a hugely important campaign, but we also need to focus on the bigger picture, that is the full implementation of Better Births 5-year Plan providing Continuity of Care in EVERY maternity unit in the UK.

Only then will all women be able to trust the system and the 'default situation' will be excellent. Birth will no longer be a battlefield.

AIMS Note: There have been many, many comments on the Facebook page and the author has taken a mixed sample of them to write this article. It is a closed (but easy to join) page, please do consider joining and having your say.