AIMS For a better birth...

Changing birth support

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Gill Boden, Debbie Chippington Derrick and Shane Ridley remind us what it is all about

'Husbands are welcomed at this hospital and are invited to stay with their wives during labour – if a husband cannot come a 'substitute' is provided in the form of a student doctor.'AIMS Newsletter 2, p 2

This snippet is from the second AIMS Newsletter, written in 1960, illustrating the problem that arose in hospital births of providing a suitable birth companion. Throughout human history, birth has been women's work, where female family members help and support and often banish the father.
Then, for a generation characterised by hospital-based births, male partners have overwhelmingly been the sole birth companions. In the 21st century we must enable women to plan births that encompass their needs and those of their,partners and families.

The TV series, Call the Midwife, showed a picture of 1950scommunity midwives cycling around their neighbourhood, which changed radically following the Peel Report[1] in 1970 when birth moved overwhelmingly to hospital. Women then had to cope with being alone in a strange environment with unfamiliar midwives and predominantly male doctors. Many have argued that at this point birth stopped being womancentred and became subject to the needs of a male-dominated institution. It also meant that fewer women had any experience of birth before they had their first baby.

The articles on Hypnobirthing (page 12) and Shiatsu (page 9) show ways of preparing women and their partners for an unknown experience, focusing on their own strengths andabilities.

AIMS was founded in 1960 as a response to a plea in the Observer from Sally Willington who wrote movingly about cruelty to birthing women. One of its first campaigns was to 'allow' male partners into hospital so that they couldadvocate for the women (and stand up to the doctors). 'The Duchess of Kent opening the Nursing Conference in London in October spoke of the need for "more voluntary helpers in hospitals". Mrs Campbell, A.I.M.S. Regional Organiser in Purley is trying to compile a list of voluntary "sitters in" ….' 1960 AIMS Newsletter 3, p 2

The following year AIMS was recommending setting up voluntary systems to help women by accompanying them to hospital, looking after their other children while they were 'confined' (often for two weeks), and helping out at home postnatally. Although some women welcomed the move to hospital birth as the opportunity to have a rest, it created or exacerbated many problems for women without helpful family around.

Since the 1960s, work outside the home has increased; fewer other women are available to help voluntarily, and thephenomenon of the paid doula has appeared. Fathers are expected to be present at the births of their babies, butwhen limits are placed on the number of companions then the experienced mother, sister or friend has had to wait outside, while the sometimes reluctant, anxious father is ushered in. AIMS has been helping to challenge this, and more couples are again benefitting from the support of a female birth supporter.

Goer and Romano have a chapter in their excellent book, Optimal Care in Childbirth,[2] that they call Supportive Care in Labor : Mothering the Mother Versus Serving the Doctor, in which they show that the 'stronger beneficial effects of continuous one-to-one female labor support are seen with providers who are not hospital staff members and in environments more conducive to physiologic care'. They explain the need for doulas in the following passage:

'When a social system allows some individuals unrestrained dominance over others mistreatment and abuse will inevitably follow. Stepping onto thelabor and delivery unit women all toooften find themselves in an environment where society accords them no protection from what would be considered inhumane treatment, if not criminal acts, outside its doors. Once over the threshold women depend solely on the kindness of strangers and if that fails, in an authoritarian system they have no redress.'

They are writing in the US but here too fathers can be co-opted into supporting staff, midwives can lose their true role of being 'with-woman' and doulas have helped women challenge medical orthodoxy.

AIMS often hears from birth companions who have witnessed bad practice and on page 17 Beverley Beech considers what action might be taken. Women need midwives to work well with their chosen birth supporters, and Ilana's birth on page 23 shows the difference this can make, particularly when the woman does not already knowthe midwife. In the UK we have a strong tradition of autonomous midwifery and, despite the attrition of experienced midwives, we have plenty of highly motivated and qualified new entrants within a climate of growing acceptance of the safety and benefits of out of hospital birth. The article about the use of Rebozo within an NHS setting (page 6) shows how it can be used to enable midwives to provide a technique that allows the mother and midwife to work together, even if they have not had time to build a relationship previously.

Our campaign is for every woman to have a midwife who she knows and trusts to be with her throughout pregnancy, birth and beyond, but women also need to be able to choose to be accompanied by friends, family or doula, to allow birth to be a positive life event.

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References

1. Ministry of Health (1970) Domiciliary Midwifery and Maternity Bed Needs: the Report of the Standing Maternity and Midwifery Advisory Committee (Sub-committee Chairman J. Peel). HMSO. London

2. Goer H and Romano A (2012) Optimal Care in Childbirth: The Case for a Physiological Approach.

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