AIMS For a better birth...

AIMS comment on free-standing birth centres

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Free-standing birth centres encourage the practice of real midwifery. In an ideal world we would like to see birth centres all over
the country with case load midwives attached to them. One of our problems is that hospitals have now hijacked the terminology
so that we have 'birth centres', 'midwifery led units' and - worst of all - 'home from home' units in hospital.

On 12 December the BBC news website reported that the Conservative party believes 21 midwife-led and 22 consultant-led
maternity units across the UK may be under threat, most of them in England. The Royal College of Midwives, the National Childbirth
Trust and the Birth Choice UK website are also making efforts to maintain up-to-date lists on closures and service reconfigurations.
AIMS believes it is vital for research and audit purposes that there is a national, up-to-date and freely available list, and
will be asking the Department of Health and the National Perinatal Epidemiology Unit to commit to doing this.

Such a list would allow anyone with an interest in improving maternity services to have an overview. It would also encourage
people to look beyond their own area when considering the impact of proposed closures. Free-standing birth centres in neighbouring
counties - Wantage (Oxfordshire), Andover (Hampshire) and Devizes (Wiltshire) - are all under threat and there is no
strategy to look at the overall provision. This does not look like a NATIONAL Health Service.

We particularly welcome Mavis Kirkham's article because it puts the political situation in a nutshell. We are also pleased to read
about the dramatic decline in the Montrose Community Maternity Unit's intrapartum transfer rate, as high barriers to entry and
disappointingly high transfer rates have been notable features of many free-standing midwifery units. This is crucial stuff.

Free-standing midwifery units are not the icing on the cake - they are the key to enhancing and supporting normal birth and real
midwifery. They can provide the hub for community based care, with the midwives in the community

carrying their own case
loads and working in small teams, free from the shackles of providing ‘on call’ for the labour wards (orany other hospital shortfall).
Our challenge for 2007 is to get this idea into the heads of the grey suits on the Trust Boards.