AIMS For a better birth...

Good maternity care for all

AIMS Journal, 2014, Vol 26 No 3

Nadine Edwards and *Jo Murphy-Lawless* urge us to act now

AIMS members, like many others, have found it difficult to understand what has been happening to the NHS and to take in that the 2011 Health and Social Care Bill meant opening the door to a fully privatised NHS in England, and therefore in time for Wales, Northern Ireland, and, potentially, Scotland (depending on the referendum decision and all that will follow from the decision, for whichever way, change is in the air).

This will happen through complex funding and operations mechanisms that rest entirely with Westminster, even though legally the NHS has been a separate entity in those three jurisdictions since 1947 (Scotland), 1948 (Northern Ireland) and 1969 (Wales). The move to cloak the intent of the Bill is deliberate. Even as late as 2011, the current Government assured the public that it would not be making these sorts of changes to NHS England. Some of the articles in this issue explain why that tactic was employed and how, because of this, effective opposition came too little and too late and the Health and Social Care Act was passed in 2012.

In putting together this issue on the NHS as it relates to maternity services, we have tried to understand the issues better ourselves in order to contribute to the debate in ways that might inspire hope and effective action. In order to do this, we needed to track back, as Jo Murphy Lawless has done in our lead article, to provide a historical analysis on how the Act was a culmination of what Margaret Thatcher set in train in 1979 in her Conservative Manifesto. The NHS could not be privatised then – the very idea would have been considered preposterous at that time – but more importantly, for those who had ideas about dismantling the NHS, the structures were not in place for it to be privatised. An internal market had to be created before an external one was possible. Our two book reviews track the detail of this, and show how successive Governments, relentlessly but surreptitiously pursued this: surreptitious because large sections of the public would not have countenanced this, but at the same time the ground was shifting due to an orchestrated constant critique that the NHS was costly and inefficient, with poor staff, as Gill Boden describes in her article on NHS Wales.

We have also suggested that while privatisation of the NHS has enabled the development of a few private independent midwifery businesses which provide the kind of care women need, these are fragile and exclusive – either geographically or economically or both. What these endeavours have done, however, is to highlight how NHS maternity services have consistently failed to provide good services that promote positive and healthy birth outcomes for women, babies and families. As research shows,

healthy women have better outcomes when supported to birth in the community, and all women benefit from being cared for by midwives they know and trust. Yet women and midwives are not being listened to, and with some notable exceptions (some of which are described herein), the research is being ignored. These exceptions show that it is possible to achieve excellence in NHS maternity services – especially for women who are disadvantaged. One of the best examples of these is the Albany Midwifery Practice, about which Jude Davis has written, see page 26.

Our challenge now is to campaign both for a National Health Service, free at the point of need and paid for by our taxes, with maternity services that are responsive to women and midwives and that research shows is best. Going down the route of privatisation cannot do this, as our articles and reviews show – we need only look towards North America, where outcomes, including maternal mortality are significantly poorer than in many other wealthy countries; Ireland, where maternity services are in crisis; and The Netherlands, which had a well-respected approach to childbearing built on confidence in midwives, women and birth. The Dutch state, as Simone Valk and Rebekka Wisser demonstrate, has chosen to adopt an American approach to health care, which is systematically dismantling midwifery-led birth with all its benefits.

But all is not yet lost. Allyson Pollock and others have drafted a bill (see page 29 for more details) urging campaigners and the public to take action to re-instate the NHS. While time is of the essence, this can still be done – as yet, privatisation of the NHS is not set in stone. As Allyson Pollock urges and as Wendy Savage says in her interview with Beverley Beech, we need to join together to over throw the Health and Social Care Act. Acting politically is in our hands, and we need to act now.

Nadine Edwards and Jo Murphy-Lawless