AIMS For a better birth...

Woman-led care

AIMS Journal, 2014, Vol 26 No 1

Vicki Williams asks for evidence and compassion in maternity services

Women remember the births of their children forever. I am not alone in thinking that it is deeply important to consider it a priority to ensure that any support offered carries positive memories of care, compassion and quality.

Recently I had the honour of listening to a group of very elderly ladies from a local nursing home, aged (they were proud to tell me) between 84 and 102, cooing over the greatgrandchild of one of the group. Having just walked from supporting an antenatal group into their fundraising cake sale in the same building, I was enveloped as a willing admirer of a beautiful baby boy and his beaming mum. Quickly the conversation turned to the births of their own children. The stories were similar to ones I hear in mums' groups regularly, the good stories, the funny stories, the heart-warming and heart-wrenching, but what struck me was the absolute clarity with which this group of women remembered their birth experiences 50 to 80 years ago. A clarity which at least one of the group didn't show when trying to recount what she had done that morning! They remembered the look, feel, smell of their babies, every last detail sharp. They also remembered those who cared for them, and the way those carers and the care they gave made them feel. The raw emotions were still there, little tempered by a lifetime of experiences that followed.

As life events go, birth is a big one. Good or bad, memories and emotions of pregnancy and birth are etched into a woman's mind and body and help shape the psyche of her child.[1] If a woman is going to remember her birth that clearly, it is essential it has a positive impact, even if events do not go as she hoped. Regardless of intervention or disturbance in the birth space, everyone present must ensure that whatever happens is for the benefit of mum and baby rather than the convenience of the system or because a guideline has become a rule, because the woman will most likely remember her care forever. It seems far too common for women to have negative experiences of childbirth. A recent study by BirthRights[2] makes for depressing reading. Amongst the 63% of women who reported that birth affected their feelings, a staggering 41% of them said that the impact on their self-image was negative. Of those who reported an effect on the relationship with their baby, 22% (38% for first-time mums) said it was negative. Unsurprisingly, hospital and intervention-heavy births had much worse outcomes than births in midwife-led units or at home. It seems likely that this study is an accurate reflection, as similar results were found in Scotland.[3]

The effect of a system where process and power has become more important than the woman is highlighted clearly in Jo Murphy-Lawless's account of the inquests into maternal deaths in Ireland on

page 6. Women deserve better; professional guidance needs to be robust, truly evidence based and, above all, flexible, so it can be incorporated into individualised care plans where a woman's decisions are central. Tick-box care and lists of actions to take regardless of individual needs can be dangerous.

There seems to be a tendency for medical care not only to display action bias,[4] but also to struggle with informed consent, often only giving the information that will lead a woman to agree. Glossing over, or even omitting, the information or evidence that does not support the intervention being proposed is common, as are health practitioners who constantly repeat their advice or predictions of doom until a woman agrees.

Guidance for midwives often reflects and incorporates good practice, but then is in conflict with protocols and accepted practice, leaving midwives floundering between giving good, responsive and evidence-based care and working in a situation where they are over-stretched and where tick-box care allows several midwives to share the care of many women. On page 11 Susan Merrick shares her thoughts on guidance for midwives. On page 13 Jo Dagustun looks at the use of water in birth.

In an age when most of the UK population has access to the internet, women now not only have the desire to seek information about their options, decisions and care, they have access to the same wealth of information that was previously the preserve of academics, medical professionals and the seriously determined. A useful summary tool is the information collected by BirthChoiceUK, in conjunction with Which?, and presented as an accessible guide to birth statistics to help women make decisions about where to have their baby (see page 15).

So, if birth has such an impact, how can the 'at least you have a healthy baby' line come even close to helping a woman to process negative experiences? If a woman feels disempowered, ignored or abused by the process, it is likely that she will take those memories, with a great deal of clarity, to her grave. Of course she is happy to have a healthy baby, but traumatising a mother in the process can affect her, her baby, her partner, her other children and her wider family. Her experience matters and it is in everyone's interests to put these issues at the forefront of any agenda. Presentations such as the Health Education England meetings, reported on page 16, suggest there is a real place for campaigns to make a big change in an already rapidly changing system where care is becoming increasingly fragmented.

The AIMS journey began more than 50 years ago, summed up in The Face of Birth (page 18) by their quote *'a "willing woman" who wants to give birth with minimal intervention is now considered counter culture.'* Join us in working towards a culture where the will of the woman is the most important factor in decision making: more than woman-centred care, it should be woman-led.

Vicki Williams

References

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3. Cheyne H, Skår S, Paterson A, David S, Hodgkiss F (2014) Having a Baby in Scotland 2013:Women's Experiences of Maternity Care. Scottish Government. www.scotland.gov.uk/Resource/0044/00442822.pdf

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