AIMS For a better birth...

Beyond human rights

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Nadine Edwards discusses how human rights are only part of the jigsaw of care

AIMS has long championed women's rights within maternity care. Beverley Beech's first book in 1991 *Who's having your baby?* was warmly welcomed by a broad audience. We have recently launched the newest edition of its successor, *Am I Allowed?* – one of AIMS' best-selling books.

AIMS has campaigned on maternity issues for many years, for example, initially for more hospital beds for women who needed specialist care during birth, then for women to have easy access to homebirth, for partners and companions to be enabled to accompany birthing women in hospital, for women to receive full information and to be supported in their decisions, even when these are at odds with professional advice, policies or guidelines. It has explicitly drawn on women's rights to support these campaigns throughout its history, but exercising rights is part of a jigsaw in which some of the pieces are less obvious than others.

An important debate has taken shape in which some question the discourse of rights, pointing out that rights have been developed and function within the prevailing values and beliefs of privileged peoples in rich countries.[1] This makes them both rigid and vulnerable, specific and vague, apparently set in stone and changeable. Rights are hard won and constantly under threat as has been apparent in some of the discussions held at the first two international conferences on Human Rights in Childbirth in the Hague in 2012 and in Belgium in 2013,[2] as the outcome of Dubska v Czech Republic[3] demonstrates and as described by Gill Boden on page 10 in her article on resisting the filming of birth in Wales. It is abundantly clear that no 'right' is set in stone but subject to shifts and changing beliefs of those in power and that the rights of pregnant women change according to mainstream values about women and birth. In the UK all bottles of alcohol bear the symbol of a pregnant woman with a red cross through it and in 2014 a pregnant woman was taken to court for drinking alcohol: on this occasion the court ruled against the council that took this action. However, last year Lynn Paltrow and Jeanne Flavin published a damning report about 413 arrests of and forced interventions in the US on pregnant women between 1973 and 2005[4] showing how the fetal rights movement is growing apace and threatening the integrity and health of women and babies.

In Australia, researchers found that doctors and midwives agreed that *'For the safety of the baby, the maternity care team sometimes need to override the needs of the woman.'* Although the law in the UK, Australia and most other rich countries upholds the pregnant woman's right to refuse treatment *'even if this choice could cause the fetus harm or death [...] some lawmakers believe that no right is absolute and that a person's autonomy is no exception to this'*

(see page 22).

Similar reports in the UK have reached AIMS; reports of forced caesarean and of referrals to social services when women exert their right to autonomy and do not comply with medical advice. Beverley Beech's article on page 12 shows the enormous and unaccountable power over parents and children held by social services since the case of baby P.

And of course, even when women are aware of their rights, asserting these can be complex. For example, women usually know that they have a right to a homebirth, but, when faced with unsupportive doctors, midwives or family, may not want to exert that right: women wanting to give birth to a breech baby vaginally might know that this is their right, but that is hollow unless there are practitioners in their localities who are skilled in supporting vaginal birth (see page 18).

AIMS uses the language of rights to attempt to ensure that all pregnant women are treated with respect and that their agency is supported, but we offer support as well as information: support that is so vital if women are to receive good care, feel listened to and be enabled to make decisions for themselves and their babies that reflect their priorities and values.

AIMS knows what this caring might look like in maternity services: Kathryn Gutteridge and Becky Reed described this eloquently at the Royal Society of Medicine's conference Back to the Future (see page 19). While the models were different (a local birth centre and caseloading), the listening to, respect for and focus on each individual woman and family was the same.

Human rights have helped us in our endeavours to improve maternity care, but on their own will not secure good care for each woman. In line with the new NICE Guideline (see page 21), health care providers need to embody caring and respect towards women, babies and families in their care and this will happen best when they in turn are supported by the structures and systems around them. Adequate support for staff cannot occur in a profit driven, privatised health care system, ever more inaccessible and complicated commissioning structures, a powerless Department of Health in England, where midwives struggle for adequate pay (see page 27) and respect for their own judgement and practice (see Colm OBoyle's article on page 15) and where women's rights to autonomy are challenged and overridden every day throughout UK maternity hospitals, as Helen Shallow describes on page 6.

Nadine Edwards

References

1. www.theguardian.com/news/2014/dec/04/-sp-case-against-humanrights

2. humanrightsinchildbirth.com

3. www.birthrights.org.uk

4. jhppl.dukejournals.org/