AIMS For a better birth...

Editorial - Induction: Indispensable or Epidemic?

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By Journal editors Emma Ashworth and Katie Hickey



Dr: I need to be home by 7:30 so get these babies out. Induce Room 1, Epidural for the screamer and book a c-section for the VBAC hopeful in Room 3.

'Speed Them Up'

Kindly donated for AIMS' use by Susan Merrick

Can there simultaneously be too much and yet not enough of something? It seems, when it comes to induction, that yes, there can be.

The AIMS Helpline inbox is frequently filled with emails from women who are telling us about the coercion that they are receiving from their doctor or midwife, pressure to be induced with little or no

explanation – or, worse, the 'dead baby card'[1]. At the same time, we also get vast numbers of emails from women who are not being listened to when they try to tell their health care provider that they are worried about their baby.

With the national induction rate at 32.6% (2017–18) many of us are extremely worried about the recent sharp increase and the potential consequences this has for women and their babies. How have we got to this situation? What are the benefits and risks to having so many induced births in the UK? Do women know they have the power to refuse an induction if it is offered and do they know what questions to ask?

This Journal attempts to make a start at unpicking the good, the bad and the ugly that is induction. We evaluate research, how it is applied in the real world and how it affects women and babies. Katie Hickey has investigated the care bundles that are trying to reduce the numbers of babies who are lost to stillbirth – induction being front and centre of the proposed solutions, with the assumption that babies are 'better out than in'. Ann Roberts digs into the 35/39 study which has led to women in their late 30s and 40s being strongly encouraged into induction, and Gemma McKenzie reviews some research into women's experiences of induction. Sadly lacking in so much research, the way that induction affects women and babies must be brought to the centre of any ongoing studies.

We know that women who are induced are often denied access to water, while still being offered heroin (diamorphine) or an epidural with all its associated risks. Dianne Garland and Emma Ashworth share their research into how water can be used during any form of induction to help women to enjoy a better experience, and hopefully to provide support for more movement, reducing the chance of adverse outcomes associated with epidurals where the woman is confined to a bed. And to show that induction can be a wonderful experience for some, we welcome Jay Kelly's birth story: her favourite birth was an induced birth!

We feel that the article by Debbie Chippington Derrick and Nadia Higson, who have evaluated the data reported by MBBRACE (and previously CMACE) may leave many needing to rethink their assumptions. That the risk of stillbirth for women who have waited for birth beyond 42 weeks appears to be LOWER, not higher, according the MBRRACE data and that from earlier confidential enquiries.

As well as our themed articles we would like to thank our contributors for their invaluable contributions which include articles on supporting visually impaired women around pregnancy and birth, an update on the homebirth situation in York and an account of Beth Whitehead's search for justice following her assault in birth. As always, if you have an article to offer which hasn't been published elsewhere, please do get in touch with us via journal@aims.org.uk.

We hope that you enjoy this edition of the AIMS Journal. The AIMS Journal is supported by AIMS Membership subscriptions and the work of AIMS could not continue without the support of our Members. We would be delighted if you would consider joining AIMS as a Member (www.aims.org.uk/join-us).

Note

1. "Beware the Dead Baby Card" Jo Dagustun. AIMS Journal, 2012, Vol 24 No 3
www.aims.org.uk/journal/item/beware-the-dead-baby-card