AIMS For a better birth...

Covid-19 and the UK's Maternity Services

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By Emma Ashworth

The first Journal of 2020 was published just a few weeks before the UK went into lockdown. Even that close to the lock down, little did we know just how much it would change the birth options for pregnant women and people who were giving birth from March onwards.

This edition of the AIMS Journal has focused mainly on collating these stories, provided to us by women who are pregnant or giving birth at this time. We felt the strong need to try to capture some of these experiences for the historical record, and as such they have been only very lightly edited for points of clarity with the aim of publishing each woman's individual voice. Every woman who provided us with a story before the publishing deadline has been included, and, sadly, due to the overwhelming numbers, those offered after the deadline had to be turned away.

In addition to this collation of stories for historical interest, we are hopeful that publishing the ways that the changes to maternity services have affected these women and their families can help to inform those who are making decisions about their hospital's birth options as they continue to try to navigate the ongoing challenges of Covid-19.

A worrying and persistent theme has been the removal of a variety of service options, which is often referred to as being for the safety of women. The safety of midwives and other health care providers is imperative, and we fully support measures to protect our carers. However, the hospitals must be honest about what is happening. Forcing women into hospital to give birth by stopping midwives from attending home births is not the safest thing for women, their partners or their babies. Attending hospital is far

more likely to lead to women and families contracting Covid-19 than from one or two midwives attending them at home, and midwives who work in hospital are probably more likely to contract Covid-19 than in the community. The Royal College of Obstetricians and Gynaecologists agrees:

"The importance of deployment of outreach services, community clinics and home care rather than the centralisation of services has been identified. It may be of benefit for midwifery services to keep community midwifery staffing as separate as possible from hospital midwifery staffing for as long as this is feasible to reduce the risk of transmission between staff."[1]

Some hospitals have closed their home birth service citing concerns about availability of ambulances while neighbouring hospitals under the same ambulance service continue to support birth at home! Some trusts have been shining lights, continuing to support their community services, home births and MLU births and in some cases increasing this provision. Others, as you will see in these documented experiences, have not. While we appreciate that Trusts have been thrown into a situation that required rapid changes, it seems that the way that Trusts have addressed making those changes has reflected the way that Trusts have responded to maternity improvement initiatives such as Better Births, with some being truly women centred in their approach, and others - not.

Some women have decided that the safest way for them to birth is at home, without a midwife present if the NHS refuses to attend them. AIMS does not consider this to be a 'freebirth', but instead we consider that these are examples of women who have been abandoned to birth without a midwife. Freebirths are also happening during the Covid-19 pandemic: Pregnant women and people who make the decision that they want to birth without a medical attendant, even when the offer of attendance is there, is a Freebirth. We are pleased that the Royal College of Midwives have published guidance which reminds healthcare providers that the decision to birth without a midwife is a legal right and must be supported without coercion[2]. Despite this, we are experiencing a high number of calls to our Helpline from women who are being threatened and coerced, sometimes with the threat of a referral to Children's Services if they do not comply with the instruction to attend hospital for their birth. In their guidance, the RCM themselves refer to information from Birthrights which states that this is absolutely unacceptable:

- *"It is not illegal for a woman to give birth unattended by a midwife or healthcare professional. Women are not obliged to accept any medical or midwifery care or treatment during childbirth and cannot be compelled to accept care unless they lack mental capacity to make decision for themselves (Birthrights, 2017).*
- *It is not appropriate for healthcare professionals to refer a woman to social services with concerns about the unborn baby, solely on the basis that she has declined medical support, as she is legally entitled to do (Birthrights, 2017)."*

And in the RCM's own words:

"Respect, support and document a person's right to accept or refuse care and treatment."

As some hospitals are starting to re-instate their home birth services, the next round of challenges

appears to include some hospitals trying to deny home births to those birthing for the first time, or only supporting women who are 'low risk' to birth at home. It is important for maternity staff to remember that they are not in a legal position to be able to 'sign off' and agree to home births. The only person who can, in law, decide where to give birth, is the person giving birth.

AIMS has been working to support women and families who are struggling to find appropriate care during the Covid-19 crisis through our Helpline[3], and by publishing articles in our Birth Information pages[4]. We are campaigning behind the scenes and updates on some of our work can be seen on the Campaigns section of our website[5]. We also have a section of the Journal dedicated to the Campaigns Team where we are publishing updates on their work. Huge thanks to all of the volunteers on the Helpline and Campaigns teams who continue to tirelessly work towards better maternity services for all.

This Journal has been an emotional rollercoaster for me to work on. I have been delighted to read the positive stories, the incredible care shown by many midwives and doctors and the commitment to creating as close to a 'normal' environment as possible. I have also been deeply saddened by the terrible stories that some women have shared. As always, AIMS' support is there for those who would like to access it.

This is the last AIMS Journal with me as the editor, as I'm now stepping down from the role, opening it up to someone new. I have been hugely proud and honoured to have been a part of the history of AIMS, and gratefully pass on the baton to the next wonderful editor, whoever that may be… we will be welcoming applications very soon!

Stay safe and well,

Emma Ashworth
AIMS Journal Editor

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