AIMS For a better birth...

AIMS during the 1970s

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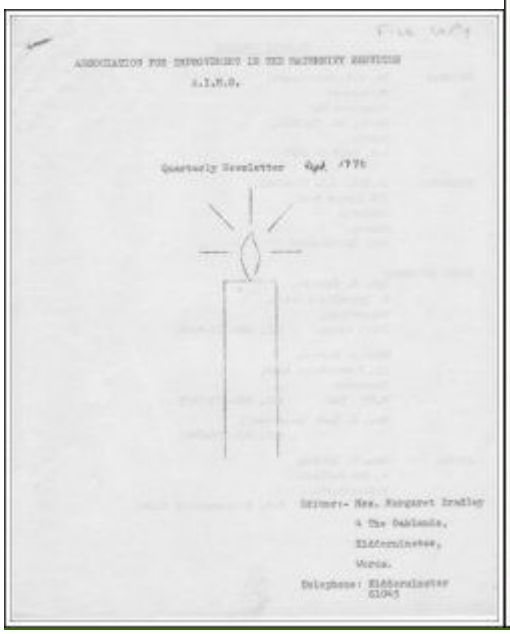






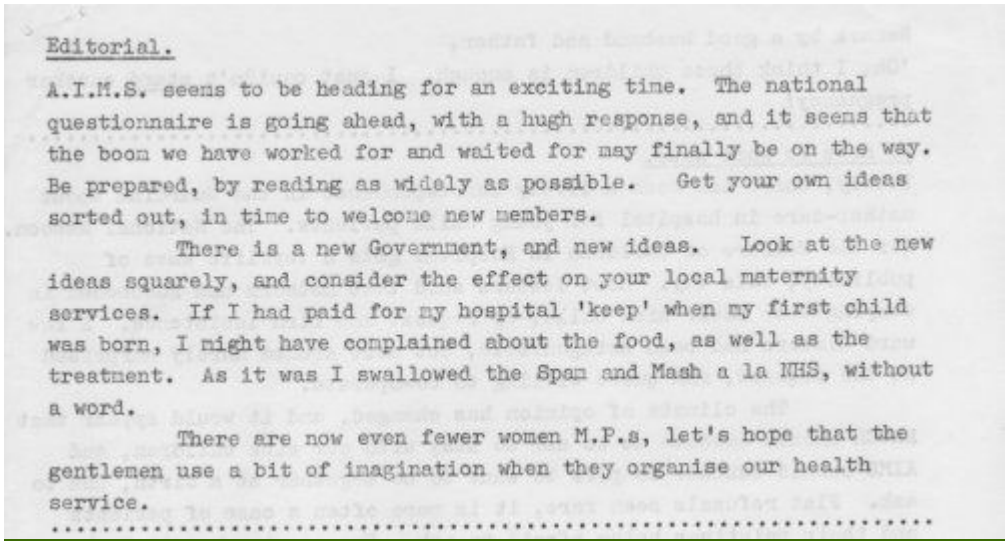
By Shane Ridley

AIMS Trustee

I decided to read through the 1970s, starting with the Quarterly Newsletter for September 1970 which was typed by Mrs M Bradley of Kidderminster. Dr P M Fox-Russell was Chairman, Lt Col W J Fletcher the Treasurer, and two press officers Mrs S Suthers and Mrs J Leyden. Mrs J Lowe was the Secretary.

In this year, they managed to achieve a national questionnaire sent out to 2,600 people after publicity given in the Guardian, the Times and the Telegraph. Enquiries for the results came from Good Housekeeping, Pulse (a GP's magazine) and a Scottish journalist. Completed forms were returned from all over the world – all relating to births in the UK. Mrs Suthers was the recipient of all the returned surveys, spending many hours with some of the group and her husband, opening and sorting the responses. This was all achieved by post – no easy internet then! The stamps were all saved and sent to Oxfam.

The editorial explains that there is a new Government but with less women MPs – interestingly it doesn't mention the party but hopes for new ideas (it was the Conservatives under Edward Heath).



Editorial.

A.I.M.S. seems to be heading for an exciting time. The national questionnaire is going ahead, with a hugh response, and it seems that the boom we have worked for and waited for may finally be on the way. Be prepared, by reading as widely as possible. Get your own ideas sorted out, in time to welcome new members.

There is a new Government, and new ideas. Look at the new ideas squarely, and consider the effect on your local maternity services. If I had paid for my hospital 'keep' when my first child was born, I might have complained about the food, as well as the treatment. As it was I swallowed the Spam and Mash a la NHS, without a word.

There are now even fewer women M.P.s, let's hope that the gentlemen use a bit of imagination when they organise our health service.

At this time, AIMS was trying to set up new groups around the country, such as Bury, Bedford, Birmingham, Manchester and London. Lots more members were gained because of the questionnaire. At this point they had 100 paid up members and £31 in the bank! As we often do now, they used Friends Meeting Houses for their central meetings which appear to be very formal, but also the Oxford and Cambridge University Club on Pall Mall.

They seemed to have a good relationship with the Guardian newspaper and comment on an article about mother-care in hospital for young child patients. Another comment:

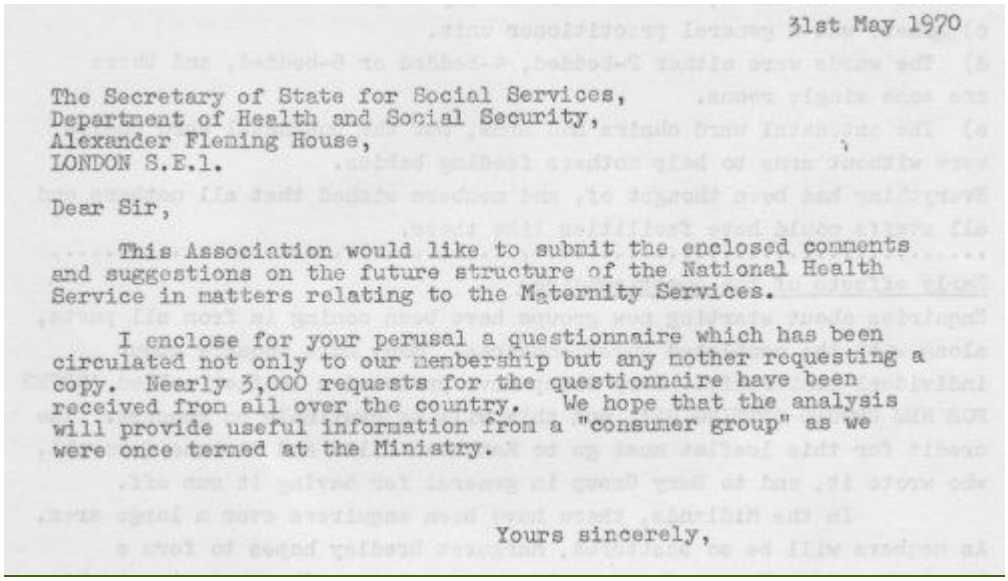
> "……AIMS should educate couples to want to be together at a birth, and to ask. Flat refusals seem rare, it is more often the case of patients and their relatives being afraid to ask. Progressive hospitals have got around to inviting relatives to help, but other hospitals may

> be more willing than we think. What we need are posters to put up in antenatal clinics. 'Why not ask Sister to arrange for your husband to be present when your child is born – you only have to ask.' "

The local members visited Hope Hospital in Salford known locally as the Salford Hilton. They were very impressed with several initiatives, including a toilet in the Enema Room, encouraging husbands to attend both the hospital and the birth, antenatal ward chairs having arms and postnatal ones with no arms to help mothers feed their babies. There was a GP unit and the wards were either 2, 4 or 6 bedded with some single rooms. "Everything had been thought of, and members wished that all mothers and all staffs could have facilities like these."

Comment: enemas were such a routine intervention at the time there were often dedicated rooms where it could be done.

There is a letter and response to a consultation by the Department of Health and Social Security on the future structure of the Maternity Services.



31st May 1970

The Secretary of State for Social Services,
Department of Health and Social Security,
Alexander Fleming House,
LONDON S.E.1.

Dear Sir,

This Association would like to submit the enclosed comments and suggestions on the future structure of the National Health Service in matters relating to the Maternity Services.

I enclose for your perusal a questionnaire which has been circulated not only to our membership but any mother requesting a copy. Nearly 3,000 requests for the questionnaire have been received from all over the country. We hope that the analysis will provide useful information from a "consumer group" as we were once termed at the Ministry.

Yours sincerely,

It looks as though they used the results of the questionnaire to supply the answers. It is a little difficult to decipher as we don't know the questions, but some of the comments resonate today:

> "We would continue to urge the recruitment of midwives as we believe that the shortage of midwives is still the cause of women being left alone in labour and generally not receiving the care and attention they require. A few overworked midwives can but perpetuate poor human relations."

They talk about the possibility of maternity aid – a person who would help at home. At this time, AIMS had an active Voluntary Sitters Scheme. The response was asking for these maternity aid workers to be paid – even suggesting a state lottery to help pay for it.

A quote from an article which had been printed in the Guardian also highlights the "sweet and sour" of charities – "*Volunteers are cheap, which is one good reason for the Government to have latched on to them to help bale out the welfare services.*"

Comment: Sadly, this is still so often the case.

Skipping through the 1970s (there is a lot to read) I noticed the following snippets:

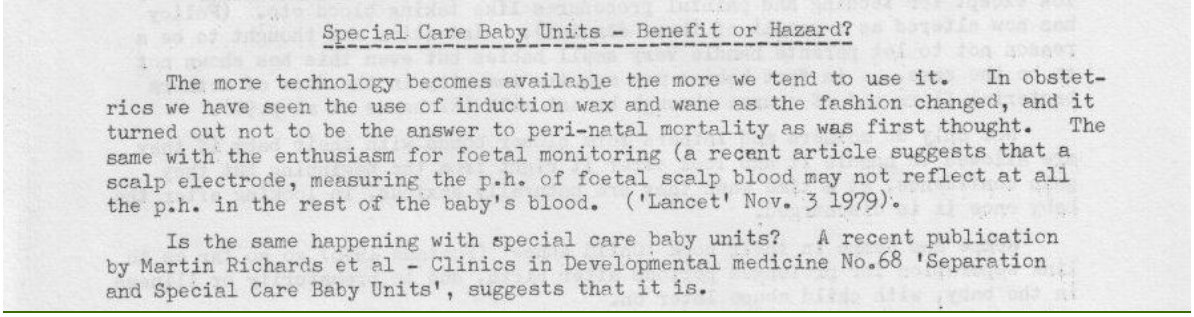
- AIMS articles appeared in other magazines such as Mother
- 21 members at the AGM on 26th April 1975 – they still had groups around the country
- Family Planning became free on 1st July 1975
- Quote from procedure from the North West, *"although not illegal for a midwife to accept a patient for home confinement, such an arrangement is no longer satisfactory, and any midwife who took such action might well find herself in the position of having a case of malpractice to answer"*
- Quote from a hospital in London June 1975. *'When Marie was seven days old my husband had been visiting and at 8.30pm Marie starting yelling. I let her yell for 15 minutes, then I decided that everything I did wasn't going to settle her down so I started feeding her. I'd just got my baby settled on the breast when Sister ----- came in and saw me feeding, so she just walked up and pulled Marie off the breast and tossed her back in the cot. When Marie was six days old I made my first attempt to bath her, and the sister kept coming in and said "Haven't you finished yet? I could have bathed two babies in this time"*
- Beverley Lawrence Beech became Chair of AIMS in April 1977, a post she held until 2017

Jumping to Winter of 1979

A Conference was held to discuss a document from The Children's Committee – Reduction of Peri-natal Mortality and Morbidity. Miss Margaret Bain, a midwife, gave a 'stimulating talk' including speaking about Continuity of Care – '*midwives needed to be known locally by the young mothers…. thus being able to provide continuity of care*'. She felt that many women felt abandoned in the post-natal period but early discharge was a good thing – the mother could then be visited by the midwife in her own home and have continuity of care.

Dr Anne Oakley presented a paper on 'The Consumer View', amongst her comments she asked what women wanted? They want to be treated as intelligent human beings, not as individuals on an assembly line; they noted the depersonalisation and long waiting times at clinics and the reluctance of the professionals to give information and the unnecessary intervention. She also noted the reluctance of women to complain but as she very pithily put it '*it is unwise to tell the garage attendant that you don't like the way he talks to you when you are waiting for him to start your car*'!

A very interesting article on Special Care Baby Units (SCBU) – Benefit or Hazard?



Special Care Baby Units - Benefit or Hazard?

The more technology becomes available the more we tend to use it. In obstetrics we have seen the use of induction wax and wane as the fashion changed, and it turned out not to be the answer to peri-natal mortality as was first thought. The same with the enthusiasm for foetal monitoring (a recent article suggests that a scalp electrode, measuring the p.h. of foetal scalp blood may not reflect at all the p.h. in the rest of the baby's blood. ('Lancet' Nov. 3 1979).

Is the same happening with special care baby units? A recent publication by Martin Richards et al - Clinics in Developmental medicine No.68 'Separation and Special Care Baby Units', suggests that it is.

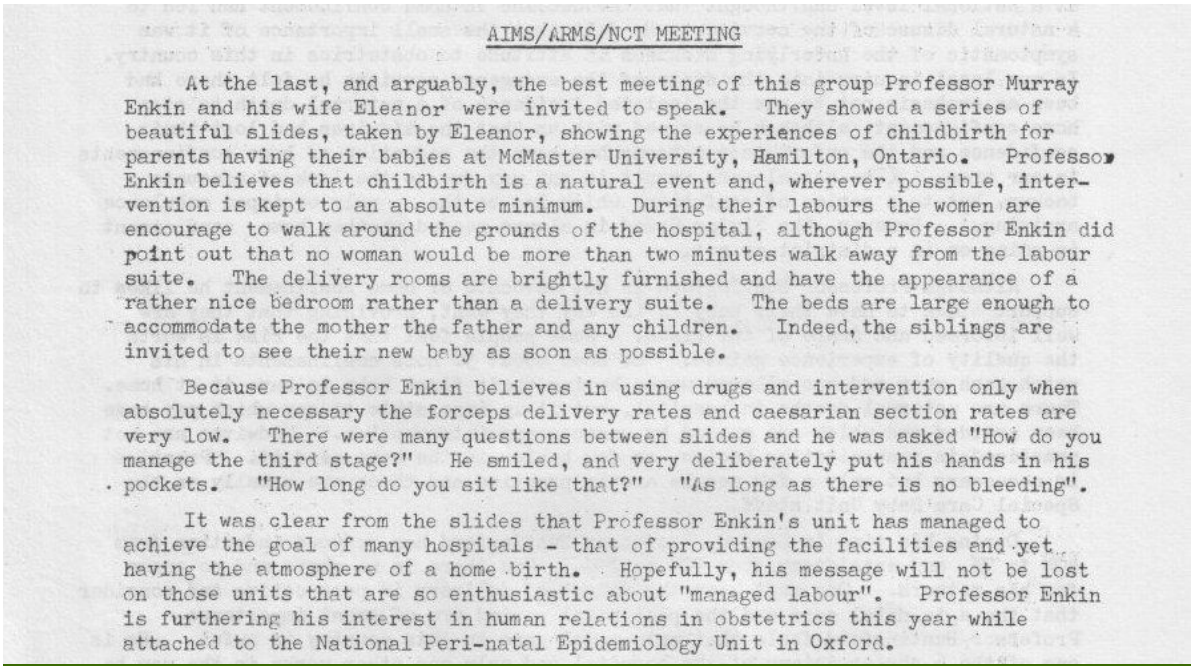
It seems that because the technology was available, obstetricians and paediatricians were taking some babies into the SCBU routinely, such as twins, breech presentation, forceps and caesareans, rather than train midwives, nurses and doctors to watch carefully 'at risk' babies in the ordinary post-natal ward without taking the babies away from their mothers. Research was beginning to show that it could be detrimental to the parent/child relationship with possible lasting effects. About one such study they say " *Infection was thought to be a reason not to let parents handle very small babies but even this has shown not to be the case…. in fact babies may acquire immunity in the form of mothers' bacterial flora and of course through breast milk*".

An article called '*What do they really want?*' discusses the father's role in parenthood from a rather strident sounding NCT Antenatal teacher, who obviously wasn't keen on fathers being involved saying that '*we seem to be seeing a swing from the Victorian patriarch to the involved father in society.*' She really is interested in what they want to know and how they should be accommodated in ante-natal classes. She's worried about '*these extreme men who try to take over the labour and deny their partner the emotional growth which can so often accompany pregnancy and birth*'.

Comment: She probably had a point and I particularly love the fact she can 'sound off' in the AIMS Journal!!

The Journal includes a review of the joint AIMS/ARM/NCT meeting called the Monday Group, held at NCT HQ, arranged by Lady Micklethwaite.

Professor Murray Enkin and his wife Eleanor from Canada, on secondment to the NPEU (National Peri-natal Epidemiology Unit) in Oxford were invited to speak.



AIMS/ARMS/NCT MEETING

At the last, and arguably, the best meeting of this group Professor Murray Enkin and his wife Eleanor were invited to speak. They showed a series of beautiful slides, taken by Eleanor, showing the experiences of childbirth for parents having their babies at McMaster University, Hamilton, Ontario. Professor Enkin believes that childbirth is a natural event and, wherever possible, intervention is kept to an absolute minimum. During their labours the women are encourage to walk around the grounds of the hospital, although Professor Enkin did point out that no woman would be more than two minutes walk away from the labour suite. The delivery rooms are brightly furnished and have the appearance of a rather nice bedroom rather than a delivery suite. The beds are large enough to accommodate the mother the father and any children. Indeed, the siblings are invited to see their new baby as soon as possible.

Because Professor Enkin believes in using drugs and intervention only when absolutely necessary the forceps delivery rates and caesarian section rates are very low. There were many questions between slides and he was asked "How do you manage the third stage?" He smiled, and very deliberately put his hands in his pockets. "How long do you sit like that?" "As long as there is no bleeding".

It was clear from the slides that Professor Enkin's unit has managed to achieve the goal of many hospitals - that of providing the facilities and yet having the atmosphere of a home birth. Hopefully, his message will not be lost on those units that are so enthusiastic about "managed labour". Professor Enkin is furthering his interest in human relations in obstetrics this year while attached to the National Peri-natal Epidemiology Unit in Oxford.

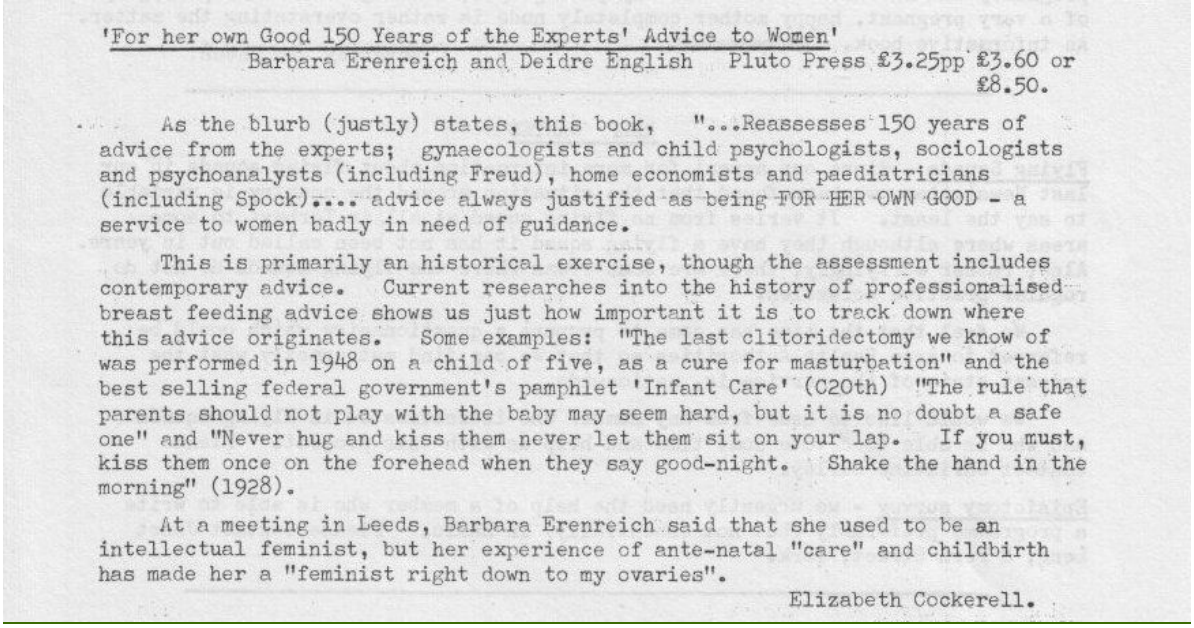
They said that they believed that childbirth is a natural event and intervention should be kept to a minimum, as experienced at the McMaster University in Hamilton, Ontario where they encouraged walking around the grounds, and beds big enough for mother and father and children! Siblings were invited to meet the new baby as soon as possible. As for third stage they report he smiled and very deliberately put his hands in his pockets and when asked *"How long do you sit like that?"*, replied *"As long as there is no bleeding"*.

The NE London group invited Professor Peter Huntingford at Mile End Hospital to speak to explain about Flying Squad provision for home confinements. He explained that it was falling into 'natural disuse' as the number of home births reduced and midwives had lost their confidence because of some isolated incidences of maternal death. The Professor liked *"to support women to have their baby in the way they want, providing that they are well informed and aware of the risks*". During his time in London he reduced induction from 40% to 7% and episiotomy from 90% to 25%! No shaves or enemas for his mothers!! Despite the paternal language, he was very despondent about his fellow consultants whom he said were answerable to no-one – he felt that pain relief drugs have 'allowed doctors to drive the uterus like a machine and turn birth into a mechanical process'. He felt there were 'many ominous sexist overtones in the way obstetric practice has developed'. At his hospital, they did hypnotherapy classes for those who wished or needed this kind of help. 'For *some, hypnosis gives them the self-reliance and self-achievement which can enrich the birth experience.*' There was mention again of continuity of care in the ante-natal period – with women colour-coded to ensure they saw the same doctor each time.

I noticed that under the title Research, it was reported that *'The King's Fund Centre is compiling a list of surveys and research related in any way to the health care needs and difficulties of ethnic minority groups in Britain*'. The appeal wanted anything - small or large projects, informal surveys run by *'people working in the field'* as well as formal research studies. Although I couldn't find whether anything came of this in

terms of a report, my search did lead me to a King's Fund podcast called Covid-19, racism and the roots of health inequality. A reminder, perhaps, for AIMS to establish a link with The King's Fund (it is an independent charitable organisation working to ensure *'the best possible health and care is available to all'* based in London).

There's a great book review of 'For her own good – 150 Years of the Experts' Advice to Women' by Barbara Ehrenreich (it's still available on-line). The book gives a historical assessment of that advice – "*The last clitoridectomy we know of was performed in 1948 on a child of five as a cure from masturbation*"; "*The rule that parents should not play with the baby may seem hard, but it is no doubt a safe one*" and "*Never hug and kiss them, never let them sit on your lap. If you must kiss them on the forehead when they say good-night. Shake the hand in the morning*" (1928).



'For her own Good 150 Years of the Experts' Advice to Women'
Barbara Erenreich and Deidre English Pluto Press £3.25pp £3.60 or £8.50.

As the blurb (justly) states, this book, "...Reassesses 150 years of advice from the experts; gynaecologists and child psychologists, sociologists and psychoanalysts (including Freud), home economists and paediatricians (including Spock).... advice always justified as being FOR HER OWN GOOD - a service to women badly in need of guidance.

This is primarily an historical exercise, though the assessment includes contemporary advice. Current researches into the history of professionalised breast feeding advice shows us just how important it is to track down where this advice originates. Some examples: "The last clitoridectomy we know of was performed in 1948 on a child of five, as a cure for masturbation" and the best selling federal government's pamphlet 'Infant Care' (C20th) "The rule that parents should not play with the baby may seem hard, but it is no doubt a safe one" and "Never hug and kiss them never let them sit on your lap. If you must, kiss them once on the forehead when they say good-night. Shake the hand in the morning" (1928).

At a meeting in Leeds, Barbara Erenreich said that she used to be an intellectual feminist, but her experience of ante-natal "care" and childbirth has made her a "feminist right down to my ovaries".

Elizabeth Cockerell.

A member of AIMS from the NE London Group wrote in Members Viewpoint - Have we in AIMS got our priorities, right?

> "The overall feeling, I get from the newsletter is that one cannot have a satisfactory birth experience if one doesn't have a home confinement. As the vast majority of women do not have this type of experience and many do not want it, I think to a great extent AIMS has lost sight of its function. That function, as I see it in simple terms, is to try and bring pressure to improve for the majority of women, the standards of maternity services in order to obtain a higher level of personal, emotional and medical care.
>
> "The place where more women are confined and the most dissatisfaction is felt, is in the hospital set-up. Surely it is self-evident that we should concentrate on this area to gain most headway with our aim for improvements in the maternity services.

> "Please let us strike more balance in our interest in the services and perhaps give home confinement issue a bit of rest, or at least keep it low key, or limit ourselves to reporting factual details of PROPERLY CONDUCTED RESEARCH.
>
> "This should enable us to concentrate on getting stuck into improving things in a real sense where we are needed most."

I enjoyed this task of some historical reading for the 60th Anniversary of AIMS. Sadly, many of the topics are still relevant today and still not solved. The most fascinating aspect to my read is that I found there is always an expert on hand to expound the latest theory. Maybe what we can all learn is that the passage of time shows us that different views have always prevailed but the one thing that is constant is that the person who is pregnant must have the final say for their body and their baby.

AIMS Newsletters 1970s