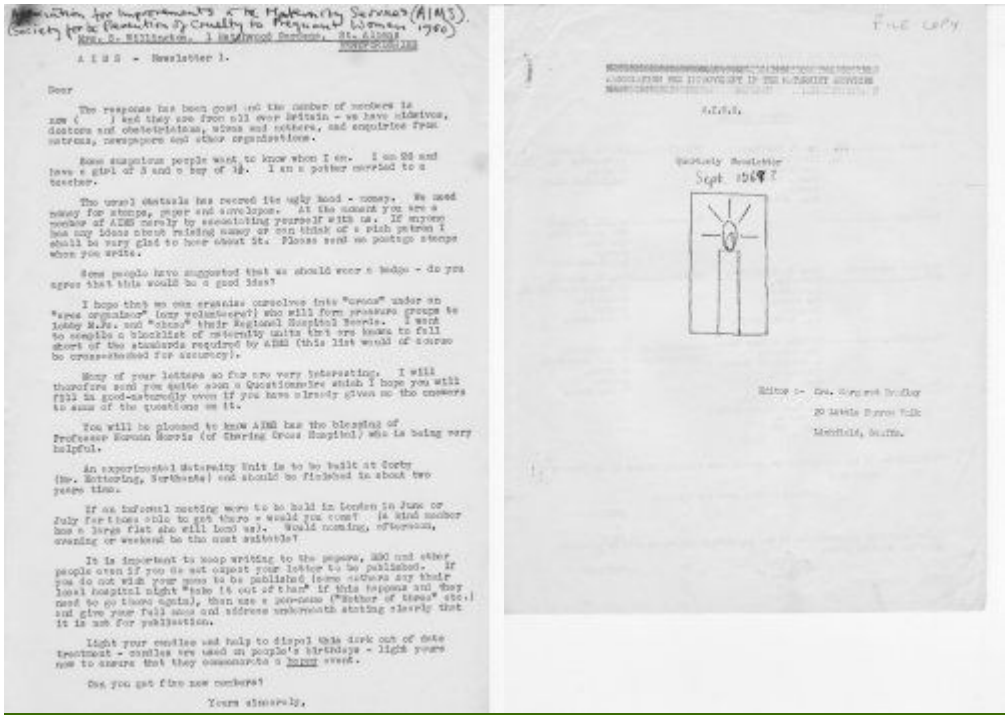
AIMS For a better birth...

AIMS during the 1960s



A I M S - Newsletter 1.

Dear

The response has been good so the number of members is now ( ). I had they are from all over Britain - we have midwives, doctors and obstetricians, nurses and mothers, and enquiries from matrons, newspapers and other organisations.

Some suspicious people want to know when I am. I am 26 and have a girl of 3 and a boy of 1½. I am a potter married to a teacher.

The usual obstacle has reared its ugly head - money. We need money for stamps, paper and envelopes. At the moment you are a member of AIMS merely by associating yourself with us. If anyone has any ideas about raising money or can think of a rich patron I should be very glad to hear about it. Please send no postage stamps when you write.

Some people have suggested that we should wear a badge - do you agree that this would be a good idea?

I hope that we can organise ourselves into "areas" under an "area organiser" (any volunteers?) who will form pressure groups to lobby M.P.s. and "shame" their Regional Hospital Boards. I want to compile a blacklist of maternity units that are known to fall short of the standards required by AIMS (this list would of course be cross-checked for accuracy).

Many of your letters so far are very interesting. I will therefore send you quite soon a Questionnaire which I hope you will fill in good-naturedly even if you have already given me the answers to some of the questions on it.

You will be pleased to know AIMS has the blessing of Professor Norman Morris (of Charing Cross Hospital) who is being very helpful.

An experimental Maternity Unit is to be built at Corby (Nr. Kettering, Northants) and should be finished in about two years time.

If an informal meeting were to be held in London in June or July for those able to get there - would you come? (a kind member has a large flat she will lend us). Would morning, afternoon, evening or weekend be the most suitable?

It is important to keep writing to the papers, MPs and other people even if you do not expect your letter to be published. If you do not wish your name to be published (some mothers say their local hospital might "take it out of them" if this happens and they need to go there again), then use a pen-name ("Mother of three" etc.) and give your full name and address underneath stating clearly that it is not for publication.

Light your candles and help to dispel this dark cut of date treatment - candles are used on people's birthdays - light yours now to ensure that they commemorate a happy event.

Can you get five new members?

Yours sincerely,

Sept 1969



by Dorothy Brassington
AIMS Trustee and Treasurer

It has been fascinating to read the early newsletters and discover exactly what AIMS was set up to deal with. I have been shocked by the many reports of the appalling state of many hospitals: usually cramped, often filthy and once a ceiling actually fell down on a ward full of mothers, babies and visitors. The emotional treatment of mothers and babies was even worse. Most hospitals would not allow husbands to be with their wives during labour, when this was permitted he was ejected at the end of first stage. There was a chronic shortage of midwives, which only got worse during the decade as the birth rate climbed, so many mothers were left alone during labour, reporting that this was the hardest aspect of the birth. The vocabulary seems archaic now: fathers were always husbands, mothers were often homemakers; they went into confinement. And I never worked out exactly what the "space suit" and Frilene machines were, except that they were early attempts at pain relief of some kind.

I cannot resist a few random quotes. It was generally accepted as fact within AIMS that Cornwall had no incubators and that premature babies were dying as a result of this lack. The energetic Newcastle AIMS regional group raise money to buy one, but in 1963 Newsletter 8 reported that

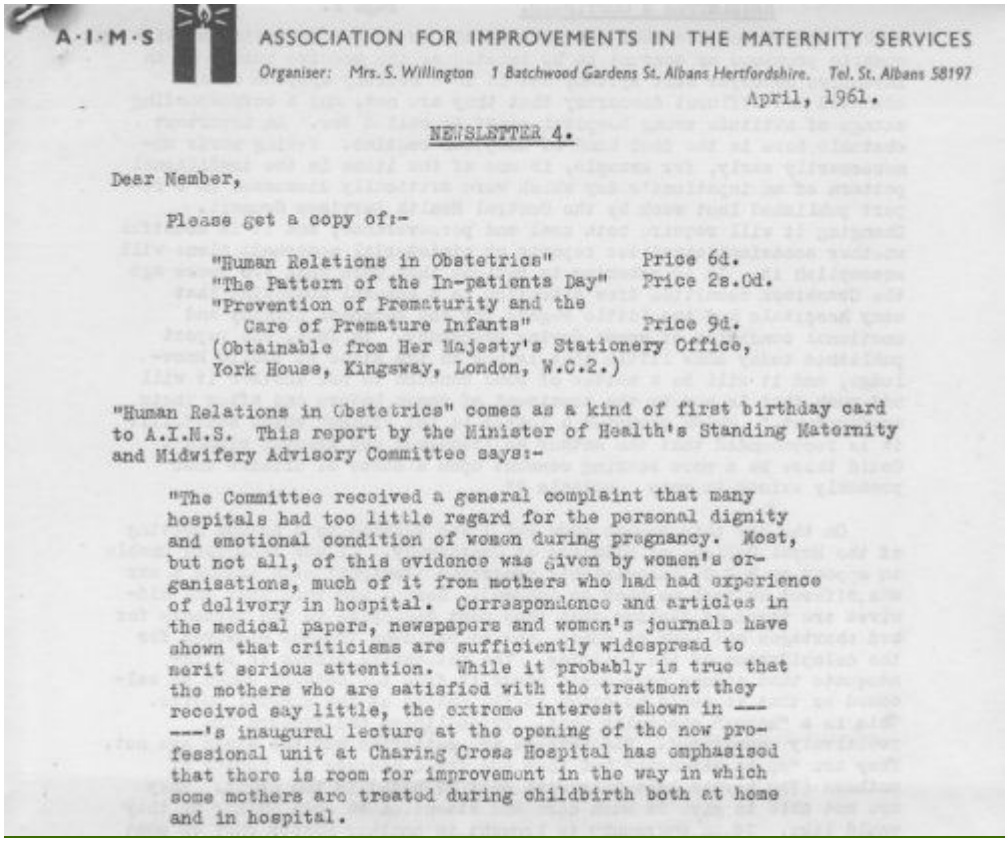
> "*the South West Regional Board said that after all there was an incubator at Redruth Hospital but that it was out of sight in a cupboard because the Consultant does not believe in their use. Newcastle Group have sent £50 to War on Want*"

And, although from very early on AIMS representatives were asked to meet with the Ministry of Health,

many hospital boards were very unwilling to listen to AIMS, let alone learn. FromNewsletter 5 in 1961

> *".. met with some members of St Mary's Hospital (Portsmouth) Management Committee … and the Management Committee, while acknowledging that the Unit was very understaffed and that the physical conditions there were poor, stated that they were not responsible for the mothers' emotional state, and considerate treatment could only be expected by private patients, Tempers became very heated and no good came of the meeting."*

I was impressed by the dedication and ambition of the early members – not satisfied with working for the reform of the maternity services, they also joined with other organisations to campaign for cervical cancer screening. In particular I was awed by the energy and accomplishments of Mrs Willington, who set AIMS up and guided it for many years. I look at her list of AIMS' recommendations for the maternity services and am amazed both by how far we have come and how far we still have to go. So I will conclude with her own words, from Newsletter 4 in 1961.



A·I·M·S ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES

Organiser: Mrs. S. Willington 1 Batchwood Gardens St. Albans Hertfordshire. Tel. St. Albans 58197

April, 1961.

NEWSLETTER 4.

Dear Member,

Please get a copy of:-

"Human Relations in Obstetrics" Price 6d.
"The Pattern of the In-patients Day" Price 2s.0d.
"Prevention of Prematurity and the Care of Premature Infants" Price 9d.
(Obtainable from Her Majesty's Stationery Office, York House, Kingsway, London, W.C.2.)

"Human Relations in Obstetrics" comes as a kind of first birthday card to A.I.M.S. This report by the Minister of Health's Standing Maternity and Midwifery Advisory Committee says:-

"The Committee received a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy. Most, but not all, of this evidence was given by women's organisations, much of it from mothers who had had experience of delivery in hospital. Correspondence and articles in the medical papers, newspapers and women's journals have shown that criticisms are sufficiently widespread to merit serious attention. While it probably is true that the mothers who are satisfied with the treatment they received say little, the extreme interest shown in --- ---'s inaugural lecture at the opening of the new professional unit at Charing Cross Hospital has emphasised that there is room for improvement in the way in which some mothers are treated during childbirth both at home and in hospital.

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It goes on to list type of complaint, cause of complaints and suggests methods of overcoming some of these complaints.

Mr. Enoch Powell, the Minister of Health, emphasised that he was aware that much excellent and devoted work in midwifery went unpublished, but he sent the report to hospitals asking for their proposals to remedy the situation to be sent to him by July 31st.

Write to your Hospital Management Committee and offer them your help and ideas for improving the maternity services. Do it now. (Not next August !) "The Observer" said:- "It is up to women to see that their local hospitals pay attention to the report." It is ! It is also up to midwives to demand better working conditions.

The "Times" for April 5th said:- "The conclusion of the Standing Maternity and Midwifery Advisory Committee that there is room for improvement in the way in which some mothers are treated during childbirth at home and in hospital will strike many mothers as mild. Their report comes after, some little time after, a remarkable outburst of complaints which found a valuable catalyst in the assertion made last year by Professor --- --- that the existing hospital system "often fails miserably in its care of the patients' emotions". The joys, hopes, and wonder that the arrival of new life should bring are spoiled, he observed, and splintered into loneliness, indignity, and despair, and there is nothing in the report to suggest that he was exaggerating. The committee did not say – perhaps they do not know – how widespread the dissatisfaction is or how reasonable, but they are sufficiently impressed to set out some sensible ways of overcoming or avoiding it. At the core of the problem is the chronic inadequacy of the physical conditions and the shortage of midwives. But also there has been little serious study of patients' emotional responses to pregnancy and labour. There is no conceivable defence for a situation in which, for example, patients apparently can be so frightened to ring a bell that they delivery their babies unaided. No doubt it is a nuisance to harassed doctors, midwives and attendants that patients should no longer be satisfied with squalid premises or content to be treated as the passive burden

of an intensive conveyor belt system, but it is a healthy symptom of an educated and affluent democracy that they are not, and a corresponding change of attitude among hospital staff is called for. An important obstacle here is the dead hand of hospital routine. Waking wards unnecessarily early, for example, is one of the items in the traditional pattern of an inpatient's day which were critically discussed in a report published last week by the Central Health Services Council. Changing it will require both zeal and perseverance, and it is doubtful whether occasional committee reports or ministerial memoranda alone will accomplish it. It is sobering to reflect that more than two years ago the Cranbrook committee drew attention to a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy. In fact, the report published today adds little that is new to the state of public knowledge, and it will be a matter of some concern to see whether it will add much that is new to the treatment of women before and after their confinement." Which prompted a letter to the "Times" which said "..... it is recommended that the mother be 'received and treated kindly'. Could there be a more searing comment upon a state of affairs that probably exists in many hospitals ?"

On the day this report came out I was talking to a branch meeting of the Royal College of Midwives at Canterbury. (I was therefore unable to appear on B.B.C. Television's programme 'Tonight' even though a car was offered to rush me back to London). Here I was told that the midwives are tired of feeling that they must apologise to the patients for bed shortages and lack of space, and to would-be trainee midwives for the dilapidation of the building. The ante-natal clinic is so inadequate that strong complaints about it from the mothers would be welcomed so that it could be drawn to the notice of the general public. This is a "happy" maternity unit. Friendliness and freedom are positively encouraged. The mothers are satisfied but the staff are not. They are "up to strength" but they are irked because the number of mothers (720 births last year with only 27 beds) is too great. They are not able to give as much care and attention to each mother as they would like. If an emergency is brought in another mother must be sent home in order to make room. The staff feel that they can not protest (although I wish that they would). It is this type of pressure of work and frustration at being prevented from giving of their best which drives more midwives away from the profession than the activities of A.I.M.S. ever will. Joy in their work can be marred by adverse conditions of work, which in some cases leads to shortness of temper and bad feeling.

If midwives are to have improved working conditions, more pay and better administration, where is the extra money to pay for these things to come from ? Write and ask your M.P. this question.

Ante natal clinics should not have to be conducted in a small room containing a dentists

chair and a screen with a bed pan behind it for supplying urine samples, in dirty, draughty drill halls. Or in places where mothers must wait for hours on hard benches to be seen by doctors in a hurry, without privacy, modesty or civility. The low standard of cleanliness in some hospitals must be experienced to be believed. A mother should not be made to feel that all humanity has deserted her in her hours of need because a midwife is expected to care for too many mothers at once.

As long as these things exist in some places we should not be complacent about our Welfare State. The midwives have never had it so bad. The Matron of a large London Hospital fears a return to the "times of Sarah Gamp" if something is not quickly done to solve the problem of the shortage of midwives. At the same time she thinks that accounts of poor maternity care should be publicised rather than officially hushed up.

A.I.M.S. recommends:-

1. A prestige campaign to get more midwives and good working conditions, time off, more pay, an attractive uniform, prestige posters about their work.
2. The building of ideal Maternity Units.
3. An inspectoral system for all hospitals.
4. The appointment of a sensible person to the post of co-ordinator of all maternity services in each region.
5. Further research into analgesia.
6. Training of male S.R.N. as midwives.
7. More "obstetrical doctors" both in hospitals and amongst G.Ps.
8. Voluntary help:- "Mothers' friends"
   a) Sitters-in with mothers in labour when a husband is unable to be there
   b) Helpers-out at home confinements (caring for small children, helping when the Home Help Service is inadequate or not available.).
   c) Helpers-out in a mother's home if she has to go to hospital, and after her return from hospital.
   d) Midwives-helps at home births – i.e. the "third person in the house" in case of emergencies – if no one else is available.

The 1960 Newsletters