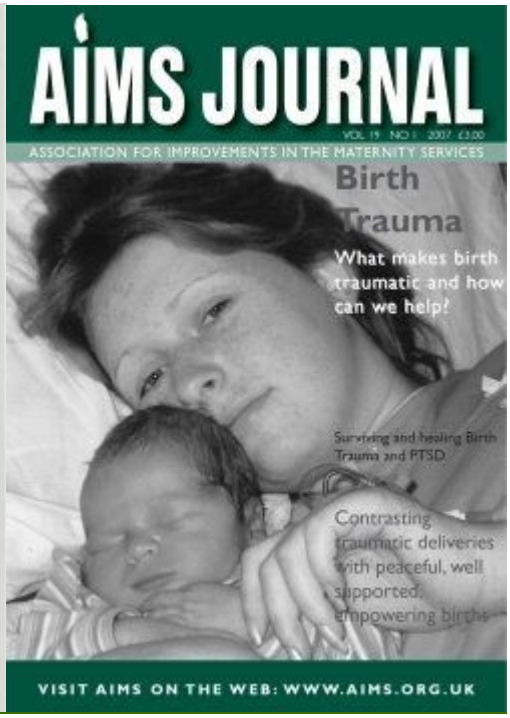
AIMS For a better birth...

AIMS during the 2000s







By Emma Ashworth
AIMS Trustee

When asked to review a decade of AIMS Journal articles for the 60th Anniversary edition, I chose the decade of the 2000s for two reasons. Firstly, my oldest child was born in 2004 and secondly it was during

this time that I started my work as a birth campaigner. I was fascinated to see how things have changed over the past twenty years.

Plus ça change, plus c'est la même chose

The more it changes, the more it's the same thing. The phrase may be a cliché, but clichés exist because they represent the truth. There are few phrases to describe my thoughts better, as I read through the historical record of those years, than 'plus ça change'.

I first noticed an article in Volume 12, number 2, which noted the position of the Royal College of Obstetricians and Gynaecologists (RCOG) on Waterbirth. The article was entitled, "Clinical Guidelines on Waterbirth are Pretty Wet" which gave me a rue smile, as twenty years later I am currently in an ongoing discussion with RCOG about their implementation of 'pretty wet' guidelines on the use of water for women during the Covid-19 pandemic. My current arguments were that RCOG's guidance is not evidence based, which they have conceded but continue to recommend against the use of water anyway. The article from twenty years ago had similar complaints.

The article states, *"These Guidelines were produced under the direction of the 'Scientific Advisory Committee'. Very impressive, until one discovers that the members of this Committee have little or no experience of helping women give birth in water. But why let a little matter of ignorance inhibit one from pontificating on a subject of which they have no knowledge or experience."* (AIMS Journal, p7-8 Volume 12, Number 2, Summer 2000, Beech)

This state of affairs exactly reflects the position that RCOG are taking right now, where their waterbirth guidelines related to an epidemiological issue had no epidemiologists involved in their creation.

Access to water

As the article about the 1990s explains, AIMS was arguing then that waterbirth should be offered as part of standard care, to those women who wanted it and persuaded the UKCC to publish a statement to that effect. Yet at the beginning of the new millennium women were still being denied waterbirths – but only at the last minute. The AIMS Journal Volume 12 number 2 publishesthe story of a woman referred to as 'DV' who was promised access to the birth pool, only to have it denied when she went into labour, despite her best efforts to negotiate it. She writes, *"When I was first asked to write about my birthing experience I had no idea how traumatic that would prove to be…"*

DV goes on to say how she had planned with her midwives to use the birth pool at her local hospital, but when she arrived in labour nobody had any record of this, and doctors told her that she wasn't allowed to use it. She asked the doctors *"..whose responsibility it was to make such a decision. I wanted to know if ultimately the decision was mine to make."* and they left the room to seek further advice. These doctors seem to have been totally unaware that this was DV's decision, as to deny her access to her chosen form of pain relief is an infringement of her human rights

In 2004, when my first son was born, I experienced exactly the same situation. I was promised that if I transferred in from my planned home birth I would have access to the pool, and even as the home birth midwife attempted to persuade me to transfer in, she continued with that promise. Of course, as soon as I was safely delivered to the hospital, the request was denied.

There is no doubt that this is still happening in the year 2020. It is not unusual to hear stories of people who reach the hospital only to be denied their waterbirth. However, things have changed. Waterbirth has become more common. It is a very common way for women and people to have their babies at home and in midwife led units, and the pool rooms at many hospitals are often busier than twenty years ago. For this we can be thankful, but we do need to keep up the pressure. AIMS has published a number of useful articles to support women and people regardless of their body size who want to access water in hospital (here), and those who wish to use water as pain relief during an induced labour (here).

Traumatised women, traumatised midwives

The first two articles of this series that I read were in direct contrast to one another. AIMS noted in 2007 how women are not the only ones who are impacted by the effects of a traumatic birth. In the first Journal of the decade, Laura Kaplin Shanley shares the incredible stories of the births of her four children – two boys, then two girls – all birthed at home without a midwife or doctor in attendance. By the time her fourth baby was born she felt a strong urge to be completely alone and she writes about how she laboured quietly and without alerting her husband until she felt that the baby was coming. At this point she moved into the bathroom – her husband, still unaware that she was in labour – thought she was running herself a bath – and birthed little Michelle into her arms. She called her husband in and *"his eyes widened as he saw Michelle sitting on my lap"*.

Laura's story contrasts horribly with Jasmine le Marquand's story. Soon after arriving in hospital she conceded to continuous monitoring, having tried to negotiate intermittent monitoring. *"From the moment the monitoring started I felt trapped"*, she describes. She was bullied into having her waters broken and tried to escape to the toilet *"in order to hide"*. When her waters were broken, she, *"lay on the bed and, in my opinion, she raped me. Over and over again she speared me with a stick. The pain was so bad I thought I would pass out. I cried out but I don't think they heard me. The pain went into my skull and back. I was sure the baby had been killed and was frozen with pain and fear."*

The rest of Jasmine's story continues in the same horrific vein. She used Entonox in order to get away from the midwives and doctors, at least in her head. She describes her legs being forced into stirrups, taken out again and put back up multiple times, and then left there as multiple staff members walked in and out as her vulva and anus were on display to them all, and, now with an epidural, she had no ability at all to attempt to regain her dignity. A registrar said, *"You wanted a home birth, now you can see why you didn't get one"*. She worried that the angle that her legs were being put in would leave her paralysed. She remembers saying to herself over and over again, *"my poor baby"*.

Jasmine's experience is one which happens every day in the UK 20 years later. But why?

Back in 2007, Professor Mavis Kirkham wrote in the AIMS Journal about Midwifery Trauma. In theAIMS Journal Volume 19, Issue 1, she discussed the value of positive relationships and the harm of poor ones, how being valued by clients and by colleagues was the key to happy midwives, and happy midwives are more likely to provide nurturing care.

Mavis points out, *"We tend to treat others as we ourselves are treated. How can midwives cherish and support women as individuals if they themselves are pressed to conform, experience little support and fear bullying as an ever present possibility? Midwives' experience and fear of bullying creates risk for women in their care."*

Twelve years later, in 2019, Mari Greenfield and I edited anAIMS Journal on the topic of birth trauma, and we published a piece by Jenny Patterson which explored the relationship between traumatised midwives and traumatised women in more detail, as more research has now been done. Despite the fact that we're two decades later, and more data has been accumulated showing how essential it is that midwives are cared for by their employers and colleagues, even now in 2020 midwives are burning out and leaving the NHS in droves. Staff shortages, already in crisis, became even more acute as Covid-19 hit, and so the need for nurturing of all midwifery staff has become even more essential, and even more lacking.

Moving forward with positivity

It is too easy to become despondent when reading the ways that things have not changed since the 2000s. Yet there is room for cautious positivity, if not sitting on our laurels. Social media, not yet central to most people's lives in 2000 is now one of our main ways to connect with people like ourselves. This means that pregnant women and people can now meet others online who are pregnant and planning their births. Through social media, AIMS and other birth campaigning organisations have been able to reach far more people, and awareness of birth rights is dramatically higher than it was twenty years ago.

Stories of people successfully negotiating with their maternity providers abound on pregnancy groups. Maternity Voices Partnerships (MVPS), may still have flaws but their ability to easily communicate with others increases their reach and influence. Knowledge really is power. And while charities like AIMS can't reach everyone, we are reaching so many more people than we could back then, and we, and other organisations like us, are supporting pregnant women and families to achieve the births they want in far greater numbers than ever before.

While I might have opened with 'plus ça change', in fact I close by contradicting myself. While much is still the same, and many of the same challenges still exist, while we still need to continue to fight the good fight and families still need us more than ever, we have ways and means to do this which were little more than science fiction in 2000. Knowledge is power, and sharing knowledge is sharing power. Let's keep sharing the AIMS Journal – now online – and let's keep sharing the knowledge.