AIMS For a better birth...

# Where's the Good News?

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The last two AIMS Journals have dealt with a very serious topic - the destruction of midwifery both locally and on a world-wide scale. It was therefore interesting to monitor comments from some midwives at the recent Midwifery Today conference about the journal. At the one extreme some stopped by our table to ask 'what can we do to help?'. At the other, were those who remarked 'why would I want to read about that - it's too depressing!' It seem that schism in midwifery is as large as ever.

The AIMS JOURNAL does not make the news. We try accurately to reflect what is going on. We might, with some justification, turn the question around and ask our members to tell us where the good news is. Who out there is doing something that is making a difference - even on a local level? We want, indeed need to hear from you.

We don't have all the answers to the problems which besiege the maternity services, but that doesn't mean that we don't have the right to ask questions. For us the state of the maternity services is simply unacceptable - and is getting poorer by the moment. We get as Frustrated, exhausted and outraged as anyone else in the face of dogma and inflexibility, we never turn our back on these things as being 'too depressing'.

Lately at AIMS we have had to remind ourselves to celebrate the little victories. The good news at AIMS is when an individual mother calls and says "thank you - you helped me get the birth I wanted." This issue's You Writes are good examples of this. We feel happy when, in spite of often overwhelming odds, individual women are making the system work for them. Or, as in the case of Elizabeth (see page 11), manage to opt out successfully (though it is worrying to see that for this mother opting out completely and birthing her baby on her own was the only way to get the birth she wanted).

Indeed it may be that the only hope for change in the maternity services is for women to take the Initiative and "just say no" to things like drugs which render them unconscious and unaware of what is happening to them in labour.

However, we are only too aware at AIMS hat a lot of routine maternity care is now so poor and consists of so many unproven procedures which cause unnecessary pain to a labouring woman that many cannot get through a "normal" hospital birth without drugs.

Hope may also be found amongst in those women who argue their case with doctors (and increasingly

midwives) who promote unevaluated and in some cases dangerous routine procedures - not because they benefit the woman but because they fit so nicely into the hospital routine.

There is hope in the odd piece of journalism which tries to do more than spout common practice, but instead looks at pregnancy and birth as a total experience for the woman. And there is hope among the growing numbers of women who take up self-help alternative options for pregnancy aches and pains such as nausea and piles. In so doing they often opt out of a mind-set that regards pregnancy as an illness, With self-help can come self-knowledge and a growing level of competence and confidence among women.

The trend towards the use of alternative medicine in pregnancy and birth is potentially useful and positive as the article on page 9 suggests. But alternative medicine is not a panacea. It is not secret that I am a keen supporter of many aspects of alternative medicine and through my research over the years have gained quite a hit of knowledge about what it can and can't I have therefore been disappointed recently to surf the

Internet midwifery sites and find that alternative remedies are simply being used as a substitute for drugs in the same old unproven routines.

In one forum I visited recently midwives were discussing how to prevent women from going past their due dates by using herbs. Many suggested giving women herbs such as blue cohosh and goldenseal from 36 weeks "just in case", to avert problems!

Is it just me or isn't this just another form of routine intervention? Who says that these women will go over their dates any way? And if they do, who says it will a problem? And by what principle can any practitioner claim that by giving such herbs to her clients she has helped them avoid being overdue? Wouldn't the midwife's time be better spent trying to help women to cultivate more confidence in their bodies and not undermining them by giving them yet another pill or potion to swallow. It seems old (and bad) habits die hard.

Good news and good habits come from the sharing or information and from debate. As our research officer, Jean Robinson comments in her article on third stage management on page 4 you have to be prepared to listen in such a way that you are prepared to be changed by what you hear. This is a very frightening thing for many people. To be changed by what you hear, presents a huge emotional and psychological challenge. "If I change into something better, does 'bat mean I was something bad before?" is what people usually fear, forgetting that a mature approach to life must necessarily embrace growth and change. The opposite of growth is stagnation and in the natural order of things stagnation often means death. Today's maternity services are in a state of stagnation, which is very dangerous for the service users and service providers alike.

AIMS welcomes any good news from anywhere at any time. We will publish it with thanks and gratitude. However, we will continue to reflect what is going on in the maternity services - no matter how grim the news is. Rest assured that behind the scenes we are as busy as ever trying to affect positive change on

behalf of all women. We can only hope that, when reading the grim news, some readers will be prepared to be changed by it personally and professionally, and to continue to work locally and globally for a better maternity service. It's not always happy work, but it is the only way forward.