AIMS For a better birth...

Keeping up with the updates

AIMS Journal, 2021, Vol 33, No 4

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By Nadia Higson

In March 2020 as the country went into lockdown, calls to the AIMS Helpline shot up. We were hearing from women who'd been told with almost no notice that midwifery support for a long-planned homebirth would not be provided; that they would have to attend scans alone, that they could not have their partner with them in hospital until a midwife deemed them to be in 'active labour' – or sometimes, even at all. It quickly became clear that, whilst some NHS Trusts were making imaginative efforts to maintain choice and ensure that pregnant women and people could have the support they needed, others seemed to have just thrown up their hands and decided that it was all too difficult.

On 9 April, NHS England published a 'Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic'[1]. AIMS welcomed this with the comment that "it provides a good reflection of what women are telling us they need at this difficult time, and should provide a useful guide for Trust Boards across the country." There was much to applaud in this guidance. It included recommendations that Trusts should: publish information about their current maternity care provision in a readily accessible format; not suspend any services unless they had considered "alternative options, such as deploying returning retirees and independent midwives"; and that they should keep "as many options available for as long as possible" and "consider maintaining at least one midwifery care option". We also welcomed the recognition of the need to prevent "avoidable perinatal mortality and morbidity (including issues relating to mental health and wellbeing)" and continue "to provide a

personalised risk assessment" (for our full response see AIMS Response to the NHS Clinical Guide to Trusts on Maternity Service arrangements during the Coronavirus period[2]).

Despite this, in many areas it continued to be the case that midwifery care models disappeared or were severely restricted, blanket restrictions on supporters were being imposed, and maternity services users were struggling to find reliable information. In response to this, I hastily drafted the first version of the AIMS Coronavirus and your maternity care[3] information page – little knowing what I was letting myself in for over the next 18 months.

The first version was relatively short. It included links to the NHS England guidance, and the additional guidance which began to be published by the Royal College of Obstetricians and Gynaecologists. It described what little was then known about the risks of coronavirus in pregnancy and for babies, and detailed what care and support (according to the guidelines) pregnant women and people should be being offered.

But then there were updates to the guidance. And further updates. And additional guidance covering particular aspects of maternity care, and new questions that needed to be addressed. My 'baby' started to grow at an alarming rate! At the last count it stood at about 12,000 words. It also needed constant 'feeding,' as every time a new version of the guidance was published or a new document came out, I had to read it, digest it and update the page. RCOG in particular had an annoying habit of publishing updates on a Friday afternoon. I lost quite a few weekends that way.

As the pandemic progressed, I discovered that the four nations of the UK were each publishing their own guidance. As AIMS is a UK-wide charity, that meant locating and including the different guidance for Wales, Scotland and Northern Ireland, and then checking at intervals to see whether anything in those had changed.

This meant that I experienced a very weird mix of feelings whenever new guidance appeared. Pleasure, when things were being clarified or positive recommendations added. Frustration when things remained unclear or seemingly unreasonable recommendations were left in – despite AIMS lobbying. And an overwhelming sinking feeling of "Oh no, I've got to update it*again*!"

But it has been worthwhile. Our website statistics show that up to March 2021, the page had been accessed almost 27,000 times – so hopefully it has helped a lot of people.

Usually, AIMS Birth Information pages go through a process of peer review before they are published, but, strangely, I found it hard to persuade anyone else to read all the guidance and check that I'd got it right – so any errors are entirely my fault. I am, however, very grateful to the various Helpline colleagues who proofread it for me, and also checked all the links every time a document was moved to a new web location.

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member of the AIMS Helpline team and the Campaigns Steering Group. She was the principal author of the AIMS Guide to Induction of Labour and has written several of the Birth Information pages on the AIMS website, including "Coronavirus and your maternity care."

She is also an NCT Practitioner and a user representative on her local Maternity Voices Partnership.

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[1] madeinheene.hee.nhs.uk/Portals/0/Clinical%20guide%20for%20the%20temporary%20reorganisation%20of%20intrapartum%20maternity%20care.pdf

[2] www.aims.org.uk/campaigning/item/response-clinical-guidance-coronovirus

[3] www.aims.org.uk/information/item/coronavirus