

Country Report – UK

In theory at least, consumers have come a long way in getting their demands accepted as official policy by government and even the medical profession. After the closure of many smaller maternity units, and centralising more and more care into large obstetric units on the recommendations of obstetricians and neonatal paediatricians, without any evidence that these huge units improve care, the government has had to recognize that what mothers wanted - normal birth, and recognition of home birth - was proven by impeccable research to have better outcomes for most women. And the right to choose is now official government policy.

However, the lesson we are continually learning is that battles which are won in theory have to be continually re-fought to get practice to change, and we want to explain how new obstacles are continually erected.

The Albany Midwifery Practice

In response to the government's acknowledgement of the value of midwifery care a midwifery group practice was set up, run entirely by midwives with a "with woman" style of working. They worked collectively, there was no one individual "in charge" and each midwife had her own case load and, as a result, got to know each of "her" women very well. The women really appreciated this kind of care and the midwives guaranteed that they would do their best to attend when the woman went into labour, if that was not possible then one of the other members of the midwifery practice would go to her. This kind of care resulted in the women growing in confidence and feeling able to birth their babies normally. The midwives did not ask the women to decide where to have their babies until they were in labour, and if the woman decided that she would rather be in hospital the midwives would go with them and help birth their babies there. As a result, over 70% of their women birthed at home, their mortality and morbidity rates were far lower than the hospitals and everyone was very happy. The midwives had an international reputation and were a beacon of quality care that midwives in other areas sought to copy, although not a single trust in the whole of the UK set up a similar unit in the thirteen years that the Albany Midwifery Practice existed.

The Albany Midwifery practice in south London has had superb results, much lower mortality and morbidity than the obstetric unit, far more women breastfeeding and the midwives truly empowered women. A superb achievement in an area noted for very high levels of social deprivation. This was too much for King's College Hospital. They cherry picked a group of allegedly 'poor' outcomes, asked the Centre for Maternal and Child Enquiries to investigate, and instead of questioning the selective number of cases CMACE produced and highly questionable report which King's used this to justify closing the practice down. See the AIMS Critique of the CMACE Report on the AIMS web site www.aims.org.uk/Submissions/CMACECritique.htm See also: www.savethealbany.org.uk and www.gopetition.co.uk/online/32641.html

The problem was that this practice did not follow the normal hierarchical bureaucratic structure that exists in almost every other unit in the country and the doctors and hospital

midwives felt that it was not within THEIR control, as were their own hospital midwives. So they sought to close it down, on the spurious grounds of ‘safety’. Their actions resulted in a number of demonstrations, the latest in April involved 2,000 parents marching to Whitehall to demand their re-instatement. Ironically, in the middle of all this protest the senior midwife, Becky Reed, was given an international award for the work she had been doing at the Albany!

We now have a change of government, but it is still unclear whether or not they will take action to investigate King’s College Hospital, as the parents’ groups have demanded, or whether they will just sit back, do nothing, and hope it will all go away.

Birth Centres

In trying to be optimistic about maternity care one can say that more and more reports are being published showing the benefits of women-centred care where women are looked after by case load midwives working in the community giving them the option of birthing at home or in small free-standing midwifery units (initially called Birth Centres). This system allows for obstetricians to focus their attention where it is really needed – on high risk mothers and babies who sometimes do not get the care they need because the obstetricians are too busy attending to women who do not need their expertise – women expecting normal births.

The management’s response to the demand for ‘birth centres’ has been for hospitals to convert a few delivery rooms down the corridor or up the stairs and call them ‘birth centres’ or midwifery-led units. This has caused enormous confusion and difficulties in looking at the statistics because we know that the “alongside” midwifery units do not have such good results as the free-standing ones which are away from the main hospitals and in the local communities. The alongside midwifery units are an improvement on the standard obstetric rooms, but they are another example of the “pretty wallpaper syndrome” that occurred in maternity units in the 1980s following consumer criticism. Paint the walls, put up some curtains and wheel in a double bed but don’t address the attitudes, practices and ethos within the obstetrically dominated unit. Furthermore, these units have very strict criteria, so not too many women get into them in the first place, and once they are in there they can be transferred out at the slightest excuse. The midwives too find that if there is a staff shortage in the obstetric labour ward the management will close the midwifery unit and require the midwives to transfer into the labour ward. Meanwhile the pretence of providing what women want continues and midwives continue to be denied the opportunity to hone their midwifery skills.

Midwifery Witch Hunt

The closure of this practice has enormous implications for midwifery care in the UK and it is another manifestation of the witch hunt that is currently taking place. An independent midwife in Wales was reported to the Nursing and Midwifery Council repeatedly, and is not practising at the moment as a result. Another midwife who, upon detecting a breech presentation during a home birth advised the mother to go to hospital, the doctors did an

obstetric breech extraction and as a result the baby died. The midwife was held responsible for the death (they alleged that she failed to monitor properly and bring the baby in early enough) so she was struck off the register. She appealed and has been re-instated but required to do an enormous amount of 'supervised practice' without pay. One of the Albany midwives was reported to the Nursing and Midwifery Council but she successfully argued her case and the charges were dropped. These are just two cases, there are many more and it has resulted in midwives being fearful of practising independently, in the community, or failing to follow the rigid and often inappropriate obstetric guidelines. Guidelines are now seen as 'rules' not guidelines.

Independent Midwives UK are still fighting to establish a system whereby independent midwives will be able to obtain a contract with the local Trusts to provide care for local women who choose to engage them. At the moment, independent midwives work without insurance (because they cannot afford the huge fees) and the government is threatening to make it a requirement that all registered midwives have insurance.

Bullying women

Another way in which women's rights are being undermined is because of the intensive government policies of child "protection" against abuse, which have meant more state interference in and control of family life. The chief agents for this are social workers, whom a recent investigation have shown have very poor levels of training, and who are following strict government guidelines for investigation.

Because unborn children are now included in this, pregnant women may find themselves investigated and threatened with removal of their children if they come in one of the "risk groups" - which includes teenage mothers. Often these risks are misunderstood by social workers, who fear being criticised if anything happens to a child they missed, but are not criticised for doing untold harm to families they investigate and damage.

Pregnant women who do not report for antenatal care, who do not take the 'advice' of professionals, who choose to birth at home when the doctors and midwives think they should be in hospital, are being reported to Social Services. The SS in turn meddles in their lives and threatens them with Court Orders if they do not follow their doctor's instructions.

We now have a case of a couple who birthed their baby without a midwife and when they called the midwife to check the baby they were refused registration (which meant that they would not be entitled to the usual maternity benefits), threatened with the SS and reported to the husband's employer who demanded an assurance that they would not do such a dreadful thing again, otherwise his employment status would have to be reviewed.

Home Births

In England in 2008, 18,933 women had a home birth out of 665,779 births (less than 3%). Wales had the highest proportion of women having home births 1314 out of 35,256 births. In

Scotland, 881 women had a home birth out of 60,366 births, and in Northern Ireland 83 women had home births out of 25,631 births. (National Statistics Office).

The government's report *Maternity Matters* guaranteed every woman in England the choice of a home birth, birth centre birth or hospital birth by the end of 2009. It is a target that is far from being met. The Welsh Government's target of 10% home births by 2010 is not being met either. (Department of Health, 2007).

The provision of home births is very patchy, varying from less than 1% in Northern Ireland to over 10% in Torbay (England).

Financial costs

In the meantime, we have a very serious financial problems and the new government is intent on cutting costs everywhere. A huge amount of money could be saved if maternity care moved to a community based system with case load midwifery, but this requires an initial outlay and we doubt that this will happen.

The national caesarean section rate is now over 24% and the financial implications for the UK maternity services are most telling: "*every 1% increase in caesarean section rate costs the maternity services £5,000,000, the equivalent of 167 midwives*" (Lester 2005); promotion and support of home birth reduces costs in the longer term, as a midwife who supports a woman at home is a great deal cheaper than repeated use of high-tech equipment in a hospital.

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