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ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES

Campaigning for 50 years 1960 – 2010

it is better to light
one small candle than
to curse the darkness

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AIMS logo from 1983

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Founded by Sally Willington 1931 – 2008

AIMS, help ...

Journal Editor *Vicki Williams* talks about how AIMS really makes a difference

Once upon a time there was a very frightened 'non-compliant' woman who had been bullied into a caesarean she didn't want and didn't think she needed. She wanted to make a complaint, but was not being taken remotely seriously. Someone gave her a Journal and suggested she contact the helpline.

I still have that Journal, Vol:14 No:1, on my shelf. Of all the AIMS Journals I have read it remains my favourite, as if it were written for me. The headline article 'Caesarean section or vaginal birth – what difference does it make' by Debbie Chippington Derrick and Gina Lowdon started to help me create sense from the chaos.

'Light your candles and help to dispel this dark, out of date treatment – candles are used on people's birthdays – light yours now to ensure that they commemorate a happy event.'
Sally Willington (1931-2008), Founder of AIMS

I began to understand that my caesarean was not for my benefit, not for my baby's benefit, it was for the benefit of a system with expectations that I just hadn't fitted. The lack of support I experienced stemmed from a desire to control a process that was not controllable, and to protect the system from the wrath of its insurers. In all probability my body had not failed, the system had failed me. I felt at home with the authors, they were talking sense. I rang the number and I spoke at length to Beverley, who helped me complain effectively and mount a campaign to change things at my local maternity unit.

And change things we did, she and I, and a few others we picked up along the way. They were not massive changes in the grand scheme, and not all of them were long-lived, but a couple of local midwives took up the baton and things got better for local women. Best of all, the local NCT campaign gained ground, as all of a sudden the repeated requests for improvement from Belinda Phipps and the local committee seemed easy to achieve. I had won. AIMS had come to another place and helped make a difference.

I felt I had a debt to repay and asked how I could help, the answer was 'join us'. So I did. I began to learn more and more about normal birth, and to support other women to achieve that. I went on to have a beautiful, healing, home VBAC and gradually met more and more AIMS members at events, locally and nationally. When AIMS was looking for Journal volunteers I saw something that I could give back and I offered to help. Help. Within 3 months I was editor, as quietly the rest of the team slipped back to their own areas of support, campaigning and running a very powerful voice for women.

This Journal is a celebration of an organisation that has spent 50 years working to make birth in the UK physically and emotionally safer for women and their babies, and the more I learn, the more important I realise that is, and how far reaching the consequences can be. AIMS was born from a desire to make things better, as is clear from the very first newsletter in 1960 (page 15) and the original title, the Society for the Prevention of Cruelty to Pregnant Women, does just what it says on the tin.

As far back as the very beginning of AIMS it was realised that women need more support. The plan to offer 'sitters' (page 14) shows just how important the philosophy of 'with woman' is to AIMS!

For this celebratory issue we have taken a look at the role of AIMS in both birth research and in wider feminist work. Birth and breastfeeding are almost the only things only a woman can do, and so women deserve the final say in how that happens. They deserve the absolute choice, but they also need top quality information on which to make those choices and top-quality services to choose from. AIMS has always campaigned for real choice (page 19) to be available to women.

'A Truth's initial commotion is directly proportional to how deeply the lie is believed ... When a well packaged web of lies has been sold gradually to the masses over the generations, the truth will seem utterly preposterous, and its speaker a raving lunatic.'
Dresden James, quotation shared in our celebration Guest Book

AIMS aims always to tell the truth, to the best of its ability and with the best available evidence, and when there is a gap in the evidence, AIMS is there, calling for investigation and thought, and then encouraging others to appraise, critique and use that evidence to shape and improve. It is a continuing theme, as can be seen in the highlights of the last two decades (pages 21 and 22).

This Journal is packed with ideas, the old, the new and the constant and it is a tribute to 50 years of the blood, sweat and tears that it is to bring a child into the world and to campaign for the rights of the women doing that.

From messages and reflections of old campaigning, we can see how valuable the work has been in shaping good maternity care and challenging poor practice. Good birthing might just be a lynch-pin of feminism, of valuing women for their vital and unique contribution to society. It is worth fighting for, because good birth makes it easier to be a good-enough mother, and happy and confident mothers make for a happier next generation and a happier future. The old saying goes 'If Momma ain't happy, ain't no one happy' and ain't that just the truth!

It is an honour to edit the AIMS Journal, and to work with such an amazing bunch of women, those of the committee, those in whose footsteps I follow, those who support us, those who read and share the information we produce and pass on and those who come to us for help. I'm lucky to have met you all and I hope you enjoy this look back at what 50 years of AIMS has achieved.

Vicki Williams

50 years' campaigning

Beverley Beech's introductory speech at the 50th Anniversary Luncheon, 16 October 2010

Beverley Beech, AIMS' current Honorary Chair, welcomed the members and particularly Dr Pamela Fox-Russell, a past Vice President of AIMS, and Mair Garside, who was a secretary of AIMS in the 1960s. She acknowledged the apologies of Colonel Fletcher who was the AIMS' Treasurer for many of the early years of AIMS' activities. She also welcomed our speakers – Professor Wendy Savage, Mary Cronk, Professor Mavis Kirkham, all long-standing supporters of AIMS, and our President, Jean Robinson.

AIMS was founded in 1960 when our past President, Sally Willington who, sadly, died in 2008, spent ten unforgettable weeks in an antenatal ward. She wrote to the national newspapers about her observations and was soon deluged with letters from people wanting to do something to change the quality of maternity care.

An early newsletter noted: *'Mrs Taylor [AIMS' secretary at the time] has been taking part in the correspondence in the Nursing Times that arose out of an article on midwifery by Claire Rayner. She (Mrs Taylor) feels strongly that slapping in midwifery is unnecessary and that it should be banned. (It is used sometimes to deal with a 'hysterical' patient)'.*[1]

A 1965 Journal noted: *'in spite of the recent refusal by the Matron of Barnet Hospital to allow our members to visit their Maternity Department, we are still pressing for permission to do so, especially in view of the recent newspaper publicity given to this hospital when six mothers discharged themselves from the Maternity Department in protest against conditions there'.*

Human Relations in Obstetric Practice

In 1960 the Ministry of Health published 'Human Relations in Obstetric Practice'.[2] The Report highlighted poor conditions, lack of support, lack of information and lack of midwives, to name but a few. The Minister asked hospital authorities to take action on antenatal clinics, companionship and information during labour, comfort and convenience of mothers and an injunction that these things should be put right. How ironic that that paper could be published today and most of its comments are still relevant.

In the early days, AIMS' members met with the Minister of Health annually, and at each meeting asked when the recommendations in this report would be brought up to date and re-published. The last such meeting, in the early 1980s, was with Gerard Vaughan, who promised action but none came, and eventually, at a reception at 10 Downing Street, which Beverley Beech attended, a civil servant revealed that the reason for the delay was the refusal of the Royal College of Obstetricians and Gynaecologists 'to be dictated to by a collection of civil servants'.

It was not until 1982, after persistent lobbying by AIMS, that the Department of Health set up a Maternity Services Advisory Committee to compile a good practice plan of action. It was to consist of representatives of each profession involved in maternity care and a sole consumer. AIMS immediately asked for at least two consumers. Lady Limerick and the Honourable Mrs Price were appointed. Both these women were consummate committee people, and Lady Limerick called a meeting of representatives of various childbirth groups who met in her flat before each meeting. Together they discussed the forthcoming agenda and made a list of issues that should be included in any recommendations. She and Mrs Price then attended the meetings and successfully lobbied for the material we wanted included. In 1982 Maternity Care in Action,[3] the first part of a three-part report, was published. One of the recommendations was that Maternity Services Liaison Committees should be set up in every area. They have been, although their effectiveness is variable.

Professional attitudes

Early user attempts to influence the quality of care were met with resentment and antagonism. Fortunately, AIMS changed its title very early on in its existence, one can only imagine what reaction the women had when they announced they were members of the Society for the Prevention of Cruelty to Pregnant Women. But even AIMS was too much for some. In 1966 an AGM resolution asked that, *'The word "Improvements" in our title be altered because it causes a lot of resentment with local hospital committees and matrons. It should be replaced by another word also starting with an I so that we do not lose the title AIMS e.g. "Interest" or "Investigation".'*[4]

In 1985 Herbert Barrie (a consultant paediatrician) wrote the following in Charing Cross Hospital's Faculty News: *'A steady but growing trickle of strange ladies is infiltrating the system and arriving in labour wards up and down the country with a familiar shopping list of demands telling doctors and midwives what to do... These patients tend to arrive, without warning, in the Labour Ward with their lethal shopping lists ... They are not entitled to tell doctors how to do their work. They are not entitled to ask us to lower professional standards and to jeopardise babies' lives.'*[5]

Over the years, such attitudes have changed although in a recent radio interview an obstetrician was reported as claiming that the current problem with maternity care is *'childbirth groups of vociferous upper class women'*.

More hospital beds

In the 1960s AIMS' members campaigned for more hospital beds on the grounds that there were not enough beds for the minority of women who really needed hospital delivery and it was not until the 1970s that the organisation realised that rather than providing quality care for truly high-risk women the obstetricians had seized the opportunity to gain control of all births.

Instead of women being cared for in the community by a skilled midwife, and referred to an obstetrician when the midwife detected a problem, all women were now required to book with a GP who invariably simply referred her to an obstetrician. The community midwives were brought into a centralised hospital service and converted into obstetric nurses. Unfortunately, in the UK the system does not differentiate between an obstetric nurse and a midwife, they are all called midwives.

Daylight obstetrics

During the 1970s the majority of women had a variety of medical interventions in labour. An editorial in 1971 claimed, *'Great news for all mothers has been reported lately in the daily press. Childbirth completely without pain and without loss of consciousness is now possible, using epidural analgesia.'* It was not long before AIMS began to hear of the problems. Sally Willington, expressed her concerns about *'daylight obstetrics and the use of induction of labour because of staff shortages'* during a Woman's Hour discussion. What has changed?

Women's complaints about maternity care were dismissed, and it was not uncommon for them to be told that 'we only do xxx because it is absolutely necessary'. It led to AIMS' members going to medical libraries and reading the research. To their shock they found that very little obstetric practice was actually based on good medical research, much of it was common practice and obstetric opinion. As a result, AIMS began to ask for the evidence.

Ultrasound

AIMS first became aware of the questions being asked about the long-term safety of ultrasound following receipt of a series of medical papers from the USA. In October 1981 AIMS and the Birth Centre wrote to the Minister of Health (Dr Gerard Vaughan) expressing concern about the *'widespread use of technological innovation ahead of proper scientific evaluation'* and asked the Minister to investigate. He replied that:

'... the use of ultrasonic techniques have become so widespread that a controlled trial along the lines originally proposed would no longer be ethically possible.'

The MRC (Medical Research Council), who advied him, apparently did not consider the ethics of the medical profession introducing and widely using an unevaluated procedure ahead of controlled trials.

Over the years AIMS has persistently criticised the routine use of ultrasound, and particularly the commercialisation of it. Women are now encouraged to have 3D and 4D examinations and take home videos of their babies on the spurious grounds that it aids bonding. Little notice is taken of the risks of ultrasound and women continue to be told that ultrasound is safe, while the evidence shows otherwise.

Episiotomy

Routine episiotomy was widely used in the USA but it was not adopted in the UK until the 1960s when it began to rise dramatically. By 1967 it had reached 25% and by 1978 it had reached 53.4%. Some London teaching hospitals had a 98% episiotomy rate and we even have an example in our files of a woman who was given episiotomy after the baby was delivered because the midwives were afraid of criticism for failing to do one. Needless to say, there was no good research showing the benefits of routine episiotomy, it had been introduced following a persistent medical campaign without any evidence demonstrating benefit when used routinely.

Persistent consumer criticism of episiotomy, now joined by some professionals, resulted in Jenny Sleep, a midwife, being enabled to conduct a study of episiotomy, one of the first research studies conducted by a midwife. She found that routine episiotomy did not prevent tears, did not protect the baby, did not prevent infections and furthermore gave us a research paper that we handed over to women who did not want episiotomies.[6] The women then started quoting the research to the professionals. We also advised them to ask one specific question when being told that they had to agree to a specific procedure, 'Can you give me a copy of the research paper that supports what you are saying, I will then read it and let you know my decision?' So often there is no research to support the advice, even today.

little or no notice was taken of women who reported that they were conscious during caesarean sections under a general anaesthetic

Conscious during caesarean section

In 1982 AIMS received a letter from a woman in Wigan, who said she was conscious during a caesarean section under a general anaesthetic.[7] Until that time little or no notice was taken of women who reported that they were conscious during caesarean sections under a general anaesthetic. The writer of the letter had been given a general anaesthetic and should, therefore, have been totally unaware of what was happening.

She mentioned that another woman had suffered the same fate a week before and AIMS encouraged her to find the woman. She was so furious at being told that it had never happened to anyone before and would never happen again that she decided to sue. When the case came to court (she was awarded £13,775 damages) the newspapers (that had not the slightest interest in this issue before) went wild. We managed to persuade one newspaper to insert a note asking any other woman who had this experience to get in contact.

Seventy-three other women, from Scotland to Dartford, contacted AIMS (their experiences varied from being aware of what was happening around them and feeling tugging sensations to those who were conscious throughout the operation and felt everything). Thirteen of these mothers had given birth in the same hospital and

five of them were attended by the same anaesthetist, an anaesthetist who had trained in India and who had been given little or no training on the equipment used – apparently, he had been handed an instruction manual and left to get on with it. He was reported to the GMC (three women complained) but they decided that as he now practised as a GP they would not remove him from the register. The consultant anaesthetist at the hospital resigned.

while fathers were admitted to some labour wards, this was very much under sufferance

Fathers in the labour wards

During the 1970s and before, women were expected to do as they were told and fathers were barely tolerated. It was common for women to be given treatment without their consent, and women's protests made no difference.

The attitude to fathers was reflected in the response to a question a father asked in a National Childbirth Trust antenatal class: *'You are allowed to be with your wife as long as hospital policy and procedure allow. If you are asked to leave the room, do as you are told. There is probably a good reason. Remember that some midwives are embarrassed to examine your wife in your presence. Some sisters could be annoyed if you do not co-operate. I'm not saying she would, but she just might take out her annoyance on your wife. By all means ask questions about what is happening, but keep in mind that the maternity staffs are very busy and may not have time to explain, in which case, comply with their instructions'*.[8]

While fathers were admitted to some labour wards, this was very much under sufferance. A 1968 AIMS newsletter noted that *'This [fathers' presence] started in a small way, seemed to work, and then gradually became adopted into the routine. It is at least five years ago that a few husbands first stayed with their wives during all three stages of labour and about three years ago when a lot of people took advantage of this'*. The article reported *'A survey by the Royal College of Midwives during 1964-65 showed that four-fifths of those mothers who were permitted to have their husbands at their bedside found his presence during labour helpful. This arrangement was only allowed in under half of the hospitals surveyed.'*[9]

AIMS campaigned for fathers' admission to the labour wards throughout the 1960s with patchy success. In July 1973 committee members attended a Department of Health and Social Services meeting to be told that *'although it was not possible for hospitals to be given a definite ruling on the matter (though they can be given a recommendation) he [Mr Thorpe-Tracey] felt that our battle on this front was won and that the remaining "difficult" hospitals would come to order in time'*.

Eventually fathers were admitted to labour wards and AIMS' members hoped that this would put an end to the enforced treatment so many women suffered: it did not – they ignored the fathers too. In the 1990s there was a discussion about getting fathers out of the labour wards because we were finding that when the women had difficult labours the fathers were traumatised too.

Brian Radley and Michelle Williams

In 1982 Brian Radley was convicted of 'delivering his own baby'. The fact that there was no law that prevented a father delivering his own baby was irrelevant, the magistrate was determined to find him guilty and ignored the fact that his partner, Michelle Williams, had absolutely refused to go anywhere near a hospital again – as a result of the way that she was treated during the birth of her first baby. She had been forced to accept pethidine, despite her protests, and throughout her pregnancy the midwives and doctors harassed her to change her home birth booking to a hospital delivery. Brian Radley was fined £500. The fine was paid by a consultant psychiatrist stating that he was *'ashamed to be a member of a profession that can treat a woman so badly'*.

Enough was enough; a meeting was arranged between AIMS, the Society to Support Home Confinement and the Birth Centre Organisation, to formulate a plan of action. What materialised was one of the most effective actions that the users have taken in maternity care over the last thirty years. They decided to launch a fund (the Maternity Defence Fund) to sue the medical and midwifery profession for assault. Not only did it achieve a sea change, almost immediately, but it did so by threatening to take action. For the first time ever the professional journals were full of articles on patients' rights, informed consent, and long discussions of the issues involved.

5,000 – 6,000 people protested about a woman's right to have freedom of movement and to use upright positions

Childbirth demonstrations

The first, very effective, demonstration about childbirth practices took place outside the Royal Free Hospital in Hampstead, London on the 4th April 1982 when 5,000–6,000 people protested about a woman's right to have freedom of movement and to use upright positions instead of lying down during labour and for birth.

The demonstration (the Birthrights Rally) was initiated by Janet Balaskas following the experience of a pregnant woman attending her antenatal classes who was forced to

lie on a bed for the birth (she wanted to squat). Janet telephoned (no email then) all the organisations and big names in birth, the media and the PR world that she could think of. AIMS, the NCT and the other childbirth groups and the Association of Radical Midwives were immediately responsive to her appeal. Not a word about the demonstration appeared in the national newspapers – on that day Margaret Thatcher declared war on the Falklands.

A year later, women were again on the streets. This time supporting Professor Wendy Savage who had been reported to the General Medical Council due to allegations that she was incompetent because she had the audacity to respect women's wishes and help them avoid caesarean sections. The case against her was dismissed and she was re-instated.

The latest demonstration has been in support of the midwives in the Albany Practice, in South London, who, just like Wendy Savage, had a far lower caesarean section rate and better outcomes than those in the rest of the locality.

Denial of Parents' Rights in Maternity Care

Following the first demonstration, and in support of the petition that was presented to Joan Lester MP in February 1983, AIMS produced a booklet 'Denial of Parents' Rights in Maternity Care.' It was designed to inform Members of Parliament of the kind of abuses taking place in maternity care and highlighted parents' rights. It resulted in AIMS receiving a growing number of requests for this booklet from the general public.

It took some time to realise that in highlighting the abuses AIMS was also defining what rights parents had, and it was this information that the public was seeking. From this booklet grew the first book which set out parents' rights in maternity care, entitled 'Who's Having Your Baby? A Health Rights Handbook for Maternity Care' written by the AIMS' Chair and published by Health Rights in 1987. A second edition of that book was published by AIMS in 1991 and is now superseded by 'Am I Allowed?' published in 2003. It is the only book available which concentrates solely on parents' rights in maternity care.

Since 1960 AIMS has published a quarterly Journal, and in 2000 the National Lottery Charities Board awarded AIMS £62,652 to set up a help-line service, for training and produce a wide range of information booklets.

In 1997, AIMS published 'A Charter for Ethical Research in Maternity Care'. AIMS invited representatives of the National Childbirth Trust, the Maternity Alliance and a number of individuals working in this area to consider a draft charter for ethical research in maternity care. We were concerned that much of the research was being done on women instead of with women, and by research which failed properly to inform women of the reasons for the research, give details of what the researchers hoped to find, clarify what the risks, if any, were; and did not advise them of the results nor enable follow-up to be done to determine any long-term problems (i.e. at least over five to ten years).

The Charter set out what our standards were for ethical research in maternity care, and it was accepted by every Royal College. The Royal College of General Practitioners even handed it out to its medical students.

Professional members

AIMS has always been grateful to those professionals who support and assist AIMS, some of whom are here today. In the past, midwives and doctors kept very quiet about their membership of AIMS because they would be victimised if it were known. Indeed, our past Vice President, Dr Pamela Fox-Russell, found herself in that position. She would drive around the leafy lanes of Sussex providing antenatal care to those who could not make it to a clinic. When the authorities found that she was Vice President of AIMS they terminated this arrangement. Since then, AIMS has deliberately excluded midwives and doctors from membership of its national committee in order to protect them from this kind of victimisation as well as to maintain the lay perspective so fundamental to AIMS' work.

So, what are the current problems in maternity care?

expected to 'choose' within clearly defined limits

The illusion of choice and pseudo consultations

Women still do not have real choice, they are expected to 'choose' within clearly defined limits, and woe betide the woman who chooses elsewhere. She will be often subjected to continuous bullying under the guise of ensuring that she gives 'informed consent'. She will be given inaccurate information and, not infrequently, downright lies. Those midwives who support the woman will also be bullied and we even know of a midwife who has been advised to go on an assertiveness training course because she did not 'persuade' the woman to accept the hospital's policy.

Despite all the evidence of safety of home birth, women are still mis-informed and bullied into accepting hospital delivery. Bullying in midwifery has turned into a witch hunt of international proportions. All over the world midwives are being targeted – Ágnes Geréb in Hungary, Australian midwives who are being prevented from practising in the community by their new legislation and far too many caring, competent midwives, such as Claire Fisher and Debs Purdue in the UK, have been victimised. The Albany Midwifery Practice, the Gold Standard of good-quality midwifery care, was closed down by King's College Hospital on the spurious grounds of safety, based on very selective statistical records. Far too many, excellent midwives have been reported to the Nursing and Midwifery Council, and a disproportionate number of independent midwives especially targeted.

The majority of women are subjected to interventions that are avoidable. It is a national disgrace that our caesarean section rate is over 24% nationally, and in some

hospitals it is over 30%. Fewer than 1 in 6 first time mothers and only 1 in 3 women expecting subsequent babies will have a normal birth[10] yet women are still being told that hospital delivery is safe. Meanwhile, small free-standing midwifery units are being closed, often despite vigorous local lobbying.

It is clear that over fifty years of consumer pressure has resulted in marginal changes in the take-over of birth by technology. It has been successful in reducing some of the routinely imposed, harmful medical practices, such as shaving and enemas, episiotomies and the very high rates of induction and acceleration of the 1970s and 1980s. It has raised awareness about the inhumane styles of 'care', but all of this is set against a powerful, seemingly unstoppable technocratic imperative in which some interventions (such as caesarean sections) have steadily and relentlessly increased. The problem now is that campaigns for normal, physiological or undisturbed birth challenge deeply held cultural norms and values among practitioners and the public, cultural norms which impose an inappropriate ethos of technological care on all women and babies.

Thanks to the internet we are now much more easily able to communicate with women in other countries. An AIMS group was set up in Ireland in 2007 and has been vigorous in challenging the centralisation and over-medicalisation of care there. AIMS was a founder member of ENCA (European Network of Childbirth Organisations) which now has members in fifteen European countries. Our AIMS member in America, Doris Haire, has been instrumental in alerting the medical profession to the risks of over-medicalised birth and we are now able quickly to contact women all over the world about childbirth issues.

we acknowledge the unsung heroines

Over the last fifteen years official reports have frequently stressed the importance of listening to the users, so that now no official body produces anything without having 'consulted'. This is usually done with a very short deadline and, as a result, AIMS frequently has to find a member who can drop what they are doing and work on a response. Far too often little notice is taken of the responses, but the authorities can then claim that they have 'consulted'.

Over the years, AIMS has been in the forefront of change and that has depended on the work, dedication, and determination of AIMS' Committee members and supporters who are scattered around the UK and who give a huge amount of time and effort freely; and today we acknowledge the unsung heroines, some of whom have been able to attend our anniversary luncheon.

If we are going to change maternity care for the benefit of all women and babies then we have to ensure that a community based midwifery service with small stand alone midwifery units is established in every area, and when women and midwives join together they can affect change. Just look at what the Montrose Maternity Unit support group achieved. Let us hope that it will not take another 50 years to achieve these improvements.

Beverley Lawrence Beech
November 2010

Beverley ended her talk by acknowledging the enormous contribution Jean Robinson has made to AIMS over the years and announced that the committee, at its last meeting, unanimously elected her our new President.

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Beverley Beech giving her address at the Anniversary Luncheon

Happy Birthday to AIMS

Mary Cronk and Mavis Kirkham share memories of AIMS

The Anniversary Lunch has been such a lovely day, and it has been so good meeting old friends. So wonderful to be here as I too have celebrated my 50th anniversary, of 50 years as a midwife, I qualified in 1957, just before AIMS began.

I remember my first AIMS meeting, which I attended in Twickenham in, I think, 1960. I remember a woman, Dr Taylor, and a military man, Lieutenant Colonel Fletcher.

I also remember the first campaign to get enough beds for all the women who wanted (and needed) hospital beds, and a campaign against women being left alone in labour, and not even being ALLOWED to be accompanied by their husbands during labour, let alone having husbands present at the birth.

hoping AIMS and the campaigning we do won't be needed for another 50 years, though I rather think it will be

I remember the Emergency Bed Service (EBS) in the London area. The scheme whereby an 'unbooked for hospital' woman (or her midwife) phoned the EBS and was directed to a hospital which had a bed available, which could be on the other side of London! It wasn't at all popular.

I have always been grateful for the support during my own campaign, assisted by AIMS, against mandatory episiotomy, thankfully no longer routine, even if still overused. I also wish to remember my campaign against the derogatory words we use about women - having INADEQUATE pelves, INCOMPETENT cervices, FAILING to progress in labour and being ALLOWED to do or not do whatever. 'WRONG' used by women and midwives. 'I wanted a normal birth then it all went wrong.' No it didn't, women are not wrong but sometimes, some women, some labours, need some help. That is NOT WRONG. It may mean an alteration of plans but it is NOT WRONG. I am constantly campaigning for birth to be reclaimed by women and their midwives.

I'd like to finish by hoping AIMS and the campaigning we do won't be needed for another 50 years, though I rather think it will be. As for the future, I can only speculate what campaigns will be needed.

Mary Cronk

As a midwife, I am torn between being so glad AIMS is there and so sad that AIMS is greatly needed after 50 years.

For me, AIMS is an organisation that listens to women, both mothers and midwives. The women who make up AIMS really listen and are not distracted by knowing better, following guidelines, knowing it is not possible or thinking up excuses. They also respond and I respond when they contact me because I know that they act similarly when I contact them. They use their wonderful network; they stretch systems, thus creating precedents and informing other women who can use precedents to stretch systems further. They also see patterns in the concerns that women and midwives bring to them and they campaign on these issues. Jean Robinson's work on the pressures to put babies up for adoption is a good example of an issue only AIMS was campaigning on which, through Jean's tenacity, reached the national press.

Such tenacity is important. My picture of AIMS is of a Jack Russell terrier down a rat hole: totally focussed, digging hard and not even considering giving up. The candle is an important tranquil symbol but the Jack Russell is dynamic and working very hard.

AIMS publications are important. The Journal so often says the things that midwifery journals don't say. Recent issues show this clearly. Other AIMS publications are of high quality. I can't wait to recommend the new third stage of labour pamphlet to student midwives because there isn't a professional publication of that quality on the subject.

The Journal so often says the things that midwifery journals don't say

I am very aware that listening and responding to the vulnerable is a fundamental midwifery value. Identifying points of weakness in systems and patterns in women's and midwives' concerns requires a combination of empathy and analysis which lies at the heart of modern midwifery values. Challenging oppressive systems demonstrates the politics of being with woman. AIMS is modelling what midwives should be. As a midwife this makes me very humble and very grateful.

Being with woman is a role for women, it is not a professional monopoly to be defended. I am so grateful to AIMS.

Mavis Kirkham

A message to AIMS

Wendy Savage speaks to members of AIMS, past and present

I was delighted to be asked to this 50th anniversary celebration of AIMS and honoured to be asked to speak. AIMS has provided an essential service to women over this time giving them a sympathetic ear when things do not go as they wished in planning their birth or after the event. In addition they have provided guidance on how to deal with the bureaucracy of the complaints system and given invaluable advice about how to obtain a home birth. But the celebration is also tinged with sadness as although things have improved since 1960, it is shocking that so many women still feel let down by the system.

Personally I have a lot to thank AIMS for as they, with the NCT and Maternity Alliance, immediately came to my aid when I was suspended in 1985. I have a lovely photograph on my wall of Beverley Beech and Jean Robinson presenting a petition to one of the hospital administrators on the steps of the London Hospital and they joined the support group and mobilised public opinion on my behalf. The debate about caesarean section that this episode opened up was important but sadly has not halted the seemingly inexorable rise in the use of surgical delivery.

The AIMS Journal is a great way of communicating with women and professionals when things go wrong as well as celebrating when things go well.

I checked on the website to make sure I was up to date and saw a review of the book I published in 2007, 'Birth and Power', 21 years after I was reinstated, which included the text of the original Savage Enquiry. This was an excellent review so thank you very much AIMS. The way that AIMS has made research available to women and used evidence to further the cause of good maternity care has been a real way forward. Their contribution to the 1985 WHO guidelines (sadly overturned this year) about caesarean section and the evidence they gave to the Winterton Committee have been important and influential but unfortunately one can never rest on one's laurels. The fight to enable women to have the birth they want and where they want continues. AIMS as a voluntary organisation existing on a shoestring has done an amazing job and whilst I wish it was not necessary I am glad they have survived to continue the struggle for all women to have a good birth. The closure of the Albany practice and the scapegoating of Becky Reed shows how little things have changed when the medical orthodoxy does not like what midwives are doing. Since the luncheon, the horrendous treatment handed out to Ágnes Geréb in Hungary and other midwives and parents who choose home birth shows how obstetric power is still preventing women from having the birth they want.

Good luck to AIMS and let's hope they do not need to exist for another 50 years!

Wendy D Savage

Guests arrive at the Anniversary Luncheon

Anniversary Luncheon table centres

AIMS 50 years ago

Pamela Fox-Russell remembers Bill Fletcher, Sally Willington and the beginning of AIMS

At the time, 1960, I was working with Middlesex Health Authority in the antenatal and baby clinics for the Staines area of the county.

Bill Fletcher was a friend of my family. His first wife had a baby son when they lived in Wales. Unfortunately she died of breast cancer when the boy was very young. A Dutch au pair, Engaline, was engaged to care for mother and child. In due course Bill and Engaline were married and had a daughter born in Kingston Hospital.

Bill came to see me and was very distressed when he arrived. He felt that his wife had been subjected to very much unnecessary pain and distress when their daughter was born. His second wife had grown up in Holland, and suffered from rickets, so trial labour caused great pain.

Bill told me that he had read an article by Sally Willington in the press regarding improvements in the maternity services. He had been in touch with her. It was arranged that Bill and I meet her at her home. Sally had two small children and felt very strongly that the maternity services could be improved. Allowing fathers to be present and help during the delivery of their child was high on the agenda. Parents wanted this but fathers were denied entry to the labour ward. Obstetricians were demanding hospital delivery, mothers wanted home delivery. Now there is a shortage of midwives.

Sally's next move was to advertise a meeting of mothers who might be interested in joining 'AIMS' Association for Improvements in the Maternity Services. She demonstrated her logo and the meaning, 'better to light a small candle' which was enthusiastically endorsed.

A large and enthusiastic group of mothers met in London and the Association was formed with a committee and helpful volunteers. Bill Fletcher became the Treasurer and I became a Committee Member. Sally's husband, David Willington, was a strong supporter and helped her a great deal.

Committee meetings were held regularly, strategy and programmes discussed. Some obstetricians were approached, one or two were sympathetic and helpful but on the whole the medical profession was not in favour of home delivery.

When Sally and her family moved to Devon, I became Chairman and received hundreds of letters from mothers who were upset by the treatment they had received in the maternity services. They could not understand why they could not have the services they requested, at least to have their husbands with them at the birth.

We had heard that the maternity services were much better in Holland. An early visit to the obstetrician, to confirm that the pregnancy was normal, followed by total care by the maternity team, one of whom was nominated to care for the individual mother from the start of her pregnancy to her birth at home. This seemed to be an ideal procedure.

This was based on an insurance scheme which families joined for their health care.

It was agreed, by AIMS, that Sally and I should go to Holland, to look at the Dutch maternity services.

We spent our first day with the obstetricians in Arnheim Hospital, who explained the joint programme for maternity services within the area. The obstetrician saw new mothers. If all was well from then on the maternity team, headed by a senior maternity nurse, cared for them. The maternity nurse allocated to a mother met the rest of the team regularly to discuss her progress. The senior nurse was called in to see the mother if there were any problems. If required, she would refer the mother to the obstetrician. The mothers we spoke to were very happy with this arrangement and enjoyed their home births.

Unfortunately it was not possible to implement this plan here because it was dependent on the individual insurance scheme, which did not apply to our National Health insurance.

I understand that the same system still applies in Holland although they have reduced some services to save costs. There is a demand, presumably by Obstetricians, for hospital delivery.

A questionnaire was devised to discover the services required by mothers from the National Health Service. 6000 copies were produced and printed free by the King Edward's Hospital Fund. By 1970 2,312 questionnaires were returned. 84% of mothers would prefer home confinements. The results were analysed by Ann Cartwright. Beverley Beech very kindly reminded me of this, and I am sure she can tell you more of that time. For years I kept the results in the hope that we might find a researcher to use them. When I retired I gave them all to Beverley, who I understand still has them.

You have all worked for the service you wanted, keep it up, I wish you well.

Pamela Fox-Russell

AIMS Journal Summer 1987

Tributes to AIMS

Extracted from the Guest Book at the Anniversary Luncheon

AIMS is the anchor, mainstay, lynch pin and much more for so many passionate, pro-active, change making people out there.

Lee Seekings-Norman, AIMS Member and AIMS Committee Associate

AIMS is an amazing group of women who work so hard to provide such a fantastic and much needed service to women. I found AIMS after the traumatic birth of my first child in 2003. The knowledge and information I got from AIMS helped me to get back on my feet and assert my right for a healing home birth after caesarean with my second child born in 2006. Shortly after this I was invited to join the committee and I was delighted to accept.

Michelle Barnes, AIMS Committee Member

It's not just the subject matter which is continually interesting. It is the philosophy. I love the feeling that we are a sharing sisterhood – that every woman who calls us passes on her own knowledge and experience, which we will put into our pool and help to pass on to others, and sometimes use to influence remote, ignorant, policy makers and politicians. I also love working with a group of women who bring different experiences and points of view which constantly make me re-examine my own.

Jean Robinson, AIMS Hon President 2010

What AIMS means to me is an opportunity to help women get the care they want and help them to right an injustice and heal the pain they have suffered during previous births. It is an opportunity to work with like minded women all over the world, and learn so much of other approaches, attitudes and beliefs. Over the years that I have been involved with AIMS it has maintained its reputation for speaking out, naming names, and challenging injustice – and long may it do so.

Beverley Lawrence Beech, AIMS Hon Chair

AIMS saved me from having my second baby at the hospital that caused me so much unhappiness when my first baby was born. Now, many years later, I enjoy the friendship and fellow feeling of working with others to try to improve things for the next generation of mothers.

Ros Light, AIMS Member and AIMS Committee Associate

AIMS helped me to get the home birth I wanted with my second baby. It continues to provide somewhere to go for information and help for women who want or need to question a system that does not provide the care and support needed for positive birth. I've been working with the committee for over 10 years – they are a wonderful group of women. Long may AIMS continue because unfortunately the need is still there.

Gina Lowdon, Hon Secretary

I am a midwife – an ALBANY midwife! – and will for ever be unbelievably grateful for everything that AIMS (and especially Beverley and Nadine) has done for me and for the Albany model. The support has been unwavering and unstinting ... and all I can hope is that together we can move forward towards the provision of a midwifery model of care (continuity, choice, control and community) for all women in the UK. Thank you.

Becky Reed, Albany Midwife and AIMS Member

AIMS – So many women owe you so much – you support, encourage and make possible – empowerment to women when they most need it.

I cannot imagine a time when women won't need a voice that respects their choices and instinctive needs. Thank you

Sandar Warshal, AIMS Member

For fifty years AIMS has been a steady beacon of light in the dark, dark world of maternity care, shining the way forward and bringing sanity through using evidence based practices. May it continue to fight for better services for and by women.

Marsden Wagner M.D., M.S.

For many years a Director of Women's and Children's Health in the World Health Organisation

Happy Birthday AIMS! I am so glad I came along to the lunch today. What a treat to meet so many like-minded women!

Ceri Durham, AIMS Member

I never thought AIMS would need to reach its 50th but I'm very glad, in the current climate, that it's still here and fighting for parents and babies. Happy Birthday.

Jenny New, AIMS Member

Many thanks for inviting me to this marvellous birthday. Particularly impressive has been to see that we still have enthusiastic recruits (as I was 50 years ago!)

I am particularly anxious to learn what will be the situation of midwifery if we have a GP led NHS. Good wishes.

Mair Garside, AIMS Member

The AIMS Journal has kept my soul fired up! It is the only Journal I have ever read front-to-back. Thank you for your true belief, honesty and steadfastness for midwives – especially the personal physical support to me from the Committee (Sept 2009). Lots of love.

Deborah Purdue, Independent Midwife and AIMS Member

Happy ½ century birthday AIMS. You have lit a candle and kept it alight throughout the last 50 years. Keep going – your work to support women, analyse the literature and campaign for change is needed as much today as in 1960 when I qualified. Some things are better – but still a lot needs to improve.

Wendy Savage,
Retired Senior Lecturer in Obstetrics and Gynaecology,
Press Officer for Doctors for a Woman's Choice on Abortion for 34 years and supporter of natural childbirth

This birthday celebration has been wonderful. I am very proud to have had associations with the Association, if many years ago, and wish you all the very best for the future – and the future of maternity services.

Sue Conway, AIMS Northwest 1980s

AIMS helped me to make sense of how I was feeling after the birth of my first child and to channel the anger in a positive way to make a difference for other women. Advice in the early stages of the 'Keep MUM' (maternity unit in Montrose) campaign, particularly from Beverley, was instrumental in making it a success. I love the Journal and learn so much from it and really value being part of such a caring and inspiring group.

Everyone on the Committee deserves huge thanks for all that they do to challenge the status quo and get us thinking.

Avril Nicoll, User Representative, Montrose, www.birthinangus.org.uk

A wonderful, inspirational day. Many, many, thanks.

Julia Martin, Foresight

To Beverley. Many congratulations on 50 years of guts and ... May your indomitable spirit go from strength to strength!

Nim, AIMS Member

I feel privileged to have been a part of A.I.M.S. and to have met so many inspirational, strong women, who are not afraid to say what they want, work unceasingly to provide the evidence and have the humility to admit mistakes. Carry on being strong and vociferous, for as long as women need a campaigning voice.

Johanna Billingsley, AIMS Member and Former Journal Editor

Such a splendid gathering of impressive women. I'm so proud of all we have achieved over the years. AIMS has always made its presence felt. When you think this is done by women with babies, jobs, homes and responsibilities to cope with as well! Good to see that there are so many like minded young women coming along. My only regret is that nowadays choice so often means Caesar.

Christine Rodgers, AIMS Member

I am amazed at all A.I.M.S. has achieved and that the Association is still strong and active. Thank you so much for inviting me to this auspicious occasion to celebrate 50 years of existence and activity, which has been most enjoyable meeting old and new friends. Carry on the good work and women should win in the end.

Pamela Fox-Russell, AIMS Founder Member

I joined AIMS in my early twenties after the births of my three children. I found an organisation that has felt a home, a university, an inspiration and a hugely important part of my life. The ethical stance and the passion and commitment of the women who form the AIMS committee is phenomenal and exceptional in our consumer/immoral overall state of maternity care. How much worse would things be without AIMS, and if one or two women are empowered by its information and support – how much we should rejoice.

Thank you to all the women I have met through AIMS.

Nadine Edwards, AIMS Hon Vice Chair

I met Beverley when I invited her to join East Berkshire MSLC. I'd been warned to expect a feisty woman and that's what we got! Her inspiration led me to join AIMS in 2000 and subsequently the AIMS Committee. I am continually amazed at the level of commitment of my colleagues and found their enthusiasm awe inspiring. I love being part of an organisation which does so much for women.

Shane Ridley, AIMS Publications Secretary

In the beginning, the 60s

Johanna Billingsley picks her favourite article from the first decade of AIMS Journals

It has been a privilege to read the Newsletters documenting the birth of AIMS in the 1960s. Despite some years' involvement in AIMS, and knowing the 'story' of its beginnings – a letter from Sonia (Sally) Willington to a national newspaper which generated a huge response – I had never read the Newsletters from the time. They reminded me of the zeal of my early involvement and evoked that 60s feel that one really could change the world if one was determined enough!

I have found them inspirational in both their rallying of a communal spirit, encouraging women to voice their dissatisfactions and not accept whatever they were offered, and for the speed with which a national structure for AIMS was built. Regional Organisers voluntarily took up the flame in their locality, acting as a contact point for local women, writing to local newspapers and organising meetings, then reporting back to Sally. And all without the benefits of modern communications technology! The sheer hard work of these campaigners is humbling. They wrote letters, organised meetings and travelled around their locality, and sometimes around the country, reaching out to women, supporting each other and bringing AIMS, and what it stood for, to the attention of the authorities. It took time, energy and determination, but it worked. AIMS groups sprang up all over the country.

It is quite staggering that some of the issues raised then are still, 50 years on, the same: most notably the shortage of midwives and their poor pay and working conditions – midwives having to try and care for too many women in labour at once and general understaffing; in 1961 it was estimated that 1,400 more midwives were required. In a recent Journal it was 4,000.

Maternal mortality and the number of deaths considered to be 'avoidable' – approximately half in 1955–57 – was an issue then too. Coverage in an article in The Times prompted the observation from a senior obstetric and gynaecology surgeon at Kingston Hospital, Surrey that, *'We must look upon our mothers going into the maternity units as if they were going into a friend's house. Let them have visitors, and if mothers cannot be kept in hospital and looked after properly for at least 10 to 14 days, then for goodness sake arrange for them to have their babies at home under proper care.'*

Home birth evidently was not considered 'unsafe' just yet.

Other complaints related to inadequate analgesia and the treatment of the babies. Sally was shown around Charing Cross Hospital by a Professor of Obstetrics and described the cheerful atmosphere with the babies in their cots at the foot of the mothers' beds for most of the day, radical for the time. Husbands were encouraged to support their wives in labour, but if unavailable, a student doctor substitute was provided!

One of the early campaign points was to alleviate the problem of women being left alone in labour, as in many hospitals husbands were not allowed to stay with their wives. In one Newsletter where this was highlighted there is a report of an enterprising young couple in California having padlocked themselves together when the husband was asked to leave! By the time the police arrived to separate them, the baby had arrived and all was well.

Our intrepid founder members discussed organising 'sitters' – women who volunteered to spend the latter hours of labour with Mums-to-be so that they would not be alone.

In many ways it is immensely sad that AIMS is still here today. In Newsletter No. 5, in September 1961, readers are reassured that *'AIMS will continue to exist for as long as it is needed.'* It seems it is needed even more today as the intrusions of technology have added to the more humanistic shortcomings of these early years.

There is a rallying call to women to *'Make the effort to meet other people, to talk to them, to discover what improvements are necessary in your area and to set about achieving them with determination.'* And that is precisely what AIMS did and continues to do – talk to and listen to women.

We have moved on from the early dedicated letter writing campaigns and have a much wider range of media through which to reach out to women and disseminate information. But people seem to have become complacent; technology is so much more acceptable because so many forms are 'good', an improvement on 'mother nature'. Sometimes it is as if the very essence of our human-ness in giving birth with blood, sweat, tears and joy does not really matter. But our high rates of postnatal depression and low rates of breastfeeding suggest otherwise.

The Newsletters reflect that real midwifery is at the heart of good care during pregnancy and birth, and it is good midwifery practice that fulfils women's wishes regarding their care. But still, as we all know, the 'system' within which midwives practice is intimidating, anachronistic and dependent on hospital or consultant 'goodwill' for back-up. Outstanding examples of good care, like the Albany, are dismantled as soon as they become recognised as beacons in care. Because next to them the standard service is shown to be wanting, and it is easier to demolish beacons than reconstruct the surrounding edifice.

It was lovely to find AIMS' motto invoked in the first newsletter: *'Light your candles and help to dispel this dark, out of date treatment – candles are used on people's birthdays – light yours now to ensure that they commemorate a happy event.'*

I have only read the first year's worth of Newsletters, but there was so much passion and commitment in these that it is no wonder that the women who run AIMS today are equally impassioned and committed.

As Sally wrote then:

'If the future generations and the family units in this country are considered to be important then, as a nation, we should be ready to find the necessary money to provide the best possible investment in positive health – an intelligently run Maternity Service with adequate facilities to allow it to operate fully, smoothly and economically'.

Johanna Billingsley

Association for Improvements in the Maternity Services (AIMS).
(Society for the Prevention of Cruelty to Pregnant Women 1960)

Mrs. S. Willington, 1 Batchwood Gardens, St. Albans
HERTFORDSHIRE

A I M S - Newsletter 1.

Dear

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

Some suspcious people want to know whom I am. I am 28 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 shall be very glad to hear about it. Please send me 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.Ps. and "chase" 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, BBC 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 out of date treatment - candles are used on people's birthdays - light yours now to ensure that they commemorate a <u>happy</u> event.

Can you get five new members?

Yours sincerely,

The first AIMS Newsletter, 1960

A second decade of action

Ishbel Kargar looks at AIMS Newsletters from the 70s and highlights the Winter of 1979

On the occasion of AIMS' 50th Anniversary, I was honoured to be asked to review some past Newsletters. The batch I received covered the decade of the 1970s, all published before I came back into midwifery after a gap of 25 years. Browsing through the fascinating typescripts, very reminiscent of ARM's early journals, I was impressed by the enthusiastic commitment of the AIMS' members to bring about improvements in maternity services. Few of these women had first hand experience from 'the side of the bed' as it were, but almost all had experienced 'being on the bed', and had plenty to say about it.

The Newsletter I chose for a more detailed comment was the Winter 1979 issue, and in particular the report of the 'Reduction of Perinatal Mortality & Morbidity' Conference (7 December 1979), at which Miss Margaret Bain was a speaker.

Some of her quotes:

'In the interests of total maternity care it is important that the skills of the midwives are used; part of her duty is to detect abnormal conditions and decide when to summon the doctor, yet the role of the midwife has been contracted' ... 'Antenatal clinics provide the grimmest view of maternity care' ... 'There is no need for the mother to be seen by the doctor every time' ... 'There is a need to re-establish midwives clinics, midwives should not be attached to a GP, but have their own area, ensuring they are known locally by young mothers, thus able to provide continuity of care' ... 'Record cards should be kept with the mothers' and *'the maternity grant should be increased,'* she noted that the RCM Annual Conference had rejected a similar appeal!

The above gives a flavour of her talk, many aspects of which were echoed in the rest of the articles in this and other AIMS Newsletters.

Browsing through the AIMS Newsletters for the 1970s, I noted the arguments, some resolved, others repeated ad nauseam with very little resolution of the problems. For instance, we still do not have universal 'midwives' clinics', most of the community midwives are still GP based. Another bone of contention is the lack of recognition of midwives' knowledge. It is widely known that when independent midwives transfer their clients into the local maternity unit, for legitimate reasons, their previous care is often disregarded by the hospital staff, who go through the 'new admission' procedure, with the resulting delays in dealing with the problem which prompted the transfer.

So what is my overall impression? First, a vote of thanks to AIMS for continuing to campaign for good maternity care for all women, and for refusing to sit back and be quiet. Secondly, a rather sad feeling that with the current strength of the vested interests in the NHS, the battle will not be won easily. But thirdly, a feeling of hope, engendered by the enthusiastic response of most women to the current demonstrated need for better health, which inevitably will come from better maternity care, and healthier mothers and babies.

Ishbel Kargar SRN, SCM
ARM Membership Secretary

50 years of information and education, AIMS is a welcome presence at conferences around the world

AIMS Journal Winter 1979

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On the 7th December delegates from all the professional bodies, and a broad spectrum of voluntary organisations in maternity care were invited to a conference to discuss this document.

The conference was opened by Dr. Gerard Vaughan and he stated that the Children's Committee was one of the few QUANGOS to be retained by the Government. (Note: The Children's Committee will be investigating other aspects of maternity care next year).

Mr. Geoffrey Chamberlain, the first speaker, began by itemising the most important recommendations that the Children's Committee had made:

1. Certain aspects of pregnancy carry higher risks and these mothers should be grouped together in centres where all the skills and equipment are available to help them.

2. Perhaps the options for delivery outside hospital have been closed too hastily and they suggested randomised trials to investigate.

3. Ante-natal care for women without problems should be diversified - held perhaps in community centres or shopping centres. And above all the women should be asked where they would like to go for ante-natal care.

4. There was a need to look carefully at what is done in the ante-partum period to see what tests are useful and which are not.

5. Look at the possibilities of voluntary and paid help for pregnant women and free public transport.

6. Wherever a baby is delivered someone skilled at resuscitation should always be present.

7. There should be a Special Care Baby Unit at every maternity unit, and a central neo-natal intensive care unit for each area.

8. The income of pregnant women should be examined.

9. There should be proper statistical assessment on peri-natal affairs; there was a need for adequate finance and proper enquiries into peri-natal mortality, and improved national maternity information service giving continuous information.

10. There should be no relative or absolute reduction in funding for the maternity services.

Miss Margaret Bain gave a stimulating talk. She pointed out that in the interests of total maternity care it is important that the skills of the midwives are used; part of her duty was to detect abnormal conditions and decide when to summon the doctor, yet the role of the midwife had been contracted. some hospital midwives acted as receptionists and ante-natal clinics provided the grimmest view of maternity care. She questioned the need for the mother to be seen by the doctor every time, she felt there was a need to reestablish midwives clinics and midwives should not be attached to a G.P. but should have their own area, thus ensuring that they are known locally by the young mothers and are thus able to provide continuity of care. She urged that record cards be kept with the mothers and there should be an increase in the maternity grant (note the RCM annual conference rejected a similar appeal). On the question of home deliveries she felt that midwives should have the right to refer women directly to the consultant, ring for the flying squad (many midwives have to ring the G.P. first) and summon the G.P. when required.

She felt that many women felt abandoned in the post-natal period but early discharge was a good thing, the mother could then be visited by the midwife in her own home and would have continuity of care. On the question of health education she felt that preparation for parenthood must be given at school, that midwives should conduct parentcraft classes and they should pay attention to the ways in which information is presented - bearing in mind that a recent study revealed that 10% of mothers attending had reading difficulties. Her final plea was that midwives must pay a greater part in maternity care.

It was very heartening to hear a midwife speak of her profession in such a quiet determined way. If Margaret Bain is a reflection of the quality of midwives at the top then there is hope indeed for the future, and I for one felt very pleased to hear a midwife speak out in the way she did.

A question of choice

Avril Nicoll picks her favourite article from the 80s

During the 1980s – the decade that saw me through secondary school, college and my first post as a speech therapist – I had no reason to be aware of AIMS or the politics of birth. But look what I missed! Given the fascinating opportunity to peruse the AIMS Journals of the 1980s, I find the now familiar, gripping mix of the campaigning and the personal, with an added sense of tension over the direction AIMS should take.

The articles show frustration with obstetricians and paternalism, and concern over the large-scale closure of GP units. There is much on nutrition, on Marjorie Tew's statistical analyses, the Wendy Savage case and Michel Odent's approach to childbirth. Women are encouraged to express their choices in writing before labour (although I'm not sure it would be advisable today to put that you are 'practised in the psychoprophylactic technique of preparation for childbirth.') Reflective stories tell of home birth, hospital birth, miscarriage, stillbirth, cot death and even abortion. Every one adds to the reader's understanding of what it means to be a woman and a mother. They also remind us that, *'The birth of every child is a gift to the world, a new and unique beginning. AIMS seeks to ensure circumstances for every birth that allow it to be a time of celebration.'* (Autumn 1981, p.1)

So, which article to choose?

In the 1980s I was – unusually for a Scot – an active supporter of Thatcherism. This was because I believed that every individual should have the freedom to do whatever they choose, as long as it does not impinge on that same right of other individuals. I thought if everyone behaved this way – following their own path but always considering others – the world would be a happier and fairer place. On the question of how to achieve this, choice seemed to be the answer.

However, over the years I have become increasingly aware of how much culture, upbringing, economic and social circumstances, the times we live in, our relationship and connections with other people, language and luck all shape our choices. For some time I have been questioning to what extent we can expect greater choice – even when it is 'informed' – to make things better for all birthing women. Perhaps if I had read Nancy Stewart's thought-provoking editorial *'Choice' is not the answer* in the summer of 1982, I would have arrived at this realisation earlier.

Nancy says choice *'is not really a valid priority in improving women's experiences of birth'* and that, as a campaigning organisation, AIMS owes it to every woman to *'help her find the way out of the cultural limits, and to embrace her full potential as a woman giving birth.'* She argues that, to achieve this, AIMS needs to focus on *'defining the ideal services, and campaigning for their development'* rather than promoting the idea of choice.

My experience with the Keep MUM (a maternity unit in Montrose) campaign would bear this out. Women had the choice to go to a midwife-led unit but were increasingly 'choosing' to go to a consultant unit 35 miles away. While our campaign used the defence of choice, the real success came when midwives began to believe in normality and to understand that it was within their power to make a difference. Now, more than half of all births in the area are in this freestanding unit, over 70 per cent of them in water, and a physiological third stage has become the norm. How much is this down to choice and how much to defining and then offering an ideal service?

While it has become trendy to talk about 'choice architecture' and providing a 'nudge',[1] AIMS has long recognised the need to encourage high aspirations and change through sharing information about good experiences and successful models of maternity care. As Nancy Stewart says, *'the range of options is always limited'*, but *'our effectiveness as campaigners is enhanced if we have a platform to work from, an ideal to promote.'*

Avril Nicoll

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AIMS Journal Late Summer 1985

AIMS Journal Summer 1982

Editorial

'CHOICE' IS NOT THE ANSWER

'Choice in Childbirth' has become the byword of those who seek to improve maternity services. But if we look closely at what that means, we may discover that choice has very little to do with our real aims--with providing for good births.

The difficulty in defining our goals which surfaced at this year's AGM has been simmering for some time in AIMS (we haven't yet successfully replaced the 'AIMS of AIMS' leaflet that was obsolete 2 years ago!), as we try to match what we say we are with an evolving sense of what we do. At this start of a new year in AIMS, it is an opportune time to open up the AGM discussion throughout the membership, to begin a debate about our goals in the hopes of reaching a consensus.

Historically, AIMS has stood for 'freedom of choice in childbirth'--and at various times that has meant such campaigns as freedom to bottle feed, epidurals on demand, more readily available pain relief of all kinds. To many people within AIMS, 'freedom of choice' still adequately describes our priority. But for others--myself included--the idea of 'choice' offers limited scope for making real improvements in maternity services; the focus instead is on defining the ideal services, and campaigning for their development.

There has actually been a steady progression of thought within AIMS, both as an organisation and as individuals. We have come more and more to question the routine mechanisation of birth, and the disregard for a woman's innate ability to give birth. We have increasingly seen and spoken out about the potentially damaging effects, both physically and emotionally, of many obstetric practices. And we have increasingly applauded the benefits of supportive midwifery--assisting a woman who is giving birth--over active obstetrics, the removal of a baby from a female body. We have learned through our pooled experiences, and have developed positions based on what we have learned.

We could now take what we have learned and work it into a blueprint for change--our ideal services fostering safe and satisfying birth.

But many in AIMS feel that to define an ideal would be wrong, and that we must be free to respond to changes. If the official wind blows toward a less-interventive approach to birth (the argument goes) perhaps we will need to campaign for more drugs in labour, for newborn nurseries removed from mothers, for inductions on demand. If women want those things which become not readily available (perhaps because of our earlier campaigns?), then we should respond to their needs and support those demands. And how can we presume to define an ideal--times change, and people are different.

Yes. But birth does not change. And it can occur for better or for worse. We have learned that there are intrinsic disadvantages in modern obstetric routines, which carry physical risks to mothers and especially babies, and which can alienate a woman emotionally at this pivotal time in her life. If we are to work for improvements in maternity care, surely we cannot justify any future about-face to support changes which we know are to the detriment of mothers and babies. Widespread anaesthesia will never be better than confidence and loving support. Bottle-feeding by the clock will never match the benefits of self-regulated breastfeeding.

Some members object to setting ideal standards, protesting that the prime goal should be to support women as free agents in their choice of services--if a woman has chosen a particular course then it is ideal for her. But we must look closely at what choices are open to her, and whether her choice can ever be freely made. The range of options is always limited: Martin Richards has compared the goal of 'choice in childbirth' with allowing a woman to select from the supermarket shelves either Birds Eye or Findus fish fingers, when the real issue may be to find somewhere that sells fresh fish.

And our choices--what we think we want--are necessarily influenced by our culture. The predominant cultural message in obstetrics is one that is completely contradictory to a woman being in control, making her own choices. While midwifery is the female art of watchful assistance of a woman's own efforts, obstetrics is the male business of having the baby for her, diminishing her from a creative life-giver to a passive vessel. Giving birth is a powerful act--so powerful that it has been hypothesized that male oppression of women springs from deep fear of women's power in giving birth--and obstetrics obliterates that power, taking control away from the woman.

But if some women want the experience of actively giving birth taken away, should we not support that choice? We must remember here the enormous pressures on women in making 'choices'. A historical look at 19th century gynaecology and obstetrics--the forefather of today's practice--is enlightening. Our great-grandmothers were told by their culture that they were to have no sexual desires, and that womanhood's purity rested in feeling no urges for sexual expression, which were linked with insanity, disobedience, and the breakdown of society. Women believed this--so much so that many became rigidly unable to have sex; gynaecologists in America made a practice of visiting wealthy homes to anaesthetise women for sexual intercourse, to allow them to become pregnant. How, we might ask, is anaesthesia for conception related to anaesthesia for birth? Have those women today who feel unable to give birth without drugs not been as perversely influenced by their culture as were their foremothers? A further example: when it was the fashion to remove the ovaries of women who suffered sexual desires, were disobedient, etc., thousands of women were so castrated; women came to doctors begging for this operation, and expressing their profound gratitude and relief afterwards. Would we feel obliged to support their right to castration, to represent the 'choice' women were making?

We are reluctant to impose our position on other women. But we must recognise that women are already imposed upon, that their choices are not free. It would be unfair of us to tacitly accept the cultural weight on their decisions, without telling women what we have learned about the damaging effects of current practices. In the end, we must always recognise the woman's right to choose--and must support that legal right whether or not we feel her choice is wise--but we owe it to her to help her find the way out of the cultural limits, and to embrace her full potential as a woman giving birth.

There is some concern that if AIMS were to develop a defined position in favour of non-intervention in normal birth, our effectiveness as a pressure group would be lessened. Decision-makers would write us off as a fringe group, as 'cranks'. This fear is probably exaggerated: our public image already is 'anti-technology', and our credibility does not suffer if we continue to back up our arguments with sound reasoning and documented facts. And our effectiveness as campaigners is enhanced if we have a platform to work from, an ideal to promote, rather than just reacting negatively to issues as they arise. We could begin to make positive proposals to develop excellent services fostering healthy, satisfying child-bearing.

'Choice' is not enough. It is time we recognised that it is not really a valid priority in improving women's experiences of birth. We praise Michel Odent and Ina May Gaskin--but there is no 'choice' at Pithiviers, or The Farm. It is time we established our ideal as a yardstick against which to measure existing provisions, and actively campaign for services in harmony with and support of that ideal.

-- Nancy Stewart.

"For most women labour is a painful experience and it is therefore necessary to seek effective methods of relieving pain during this important experience in their life...One of the drugs that has stood the test of time is 'pethidine'...it has probably enabled countless thousands of women to have a somewhat less distressing labour experience than they would otherwise have had to endure."

--Editorial, 'Midwife, Health Visitor & Community Nurse' April '82 (the editor is an obstetrician)

"Pethidine is the worst thing you can give to women in labour. Pethidine doesn't relieve pain. It makes you nauseous, it makes you sleepy, it makes you stupid, and it makes you placcid--and you don't want to be any of those things when you're in labour. If you want to help the childbirth situation in this country, start advising the women not to accept it."

—Ina May Gaskin, midwife
Oxford Birth Centre
16.5.82

Article

Remaining radical

Charlotte Williamson looks at the 90s and the article that she felt most defined AIMS

Twenty years ago, Nancy Stewart wrote that the aims of AIMS were to provide information and support for individual women and to try to influence the system. Then, as now, AIMS provided information and inspiration through the Journal's articles, reviews of books, reports on what is happening, critiques of research, analyses of official policies and pronouncements, and women's vivid accounts of good and bad maternity care, as they judged it.

Then, as now, AIMS equipped women to think about and to act in the interests of their babies, themselves and their families, as they define those interests. (In 1965, alerted by AIMS, I asked to have my husband present at the birth of our baby and was the first woman who wasn't a doctor's wife to succeed, so letting in all other non-doctors' wives.) Then, as now, AIMS equipped women to sit on local and national professional, ethics, advisory and governance bodies. Without that inspiration and information, the background support that we take for granted, we would be ill-equipped to take part in discussions and debates about maternity care.

AIMS' strength lies in its members' passion and in the expertise they build up

These personal and political activities are connected to each other. It is what women tell AIMS about their experiences of maternity care, linked to AIMS' members' knowledge and experience, that makes AIMS an effective patient organisation. An effective organisation and its voice are ever more necessary as obstetric and midwifery practice change in ways that should sometimes be challenged, sometimes supported by us; as some midwives seem unable to distinguish between interventionist and non-interventionist childbirth; as financial constraints increase; and as other interest groups and interests become more numerous and sometimes more oppressive.

AIMS' strength lies in its members' passion and in the expertise they build up. AIMS benefits from a mix of long-term members' dedication and short-term members' freshness of approach. (Some voluntary organisations limit members' terms, so fail to build up expertise and a coherent set of beliefs and objectives. Others allow a few long-serving members to dominate the organisation.) AIMS also probably benefits from its lack of paid staff. Paid staff have their careers to think about and necessarily have different interests from those of the voluntary members. Some staff may be less keen than volunteers to rock the boat. Many organisations that started out as radical challengers to the status quo fade into conformity with it, as they appoint professional staff, paid to do what volunteers did from moral conviction. AIMS also benefits by refusing to ask for money from the government or drug companies. Nothing can harm a voluntary organisation's reputation more than accepting money from suspect sources, however hard it is to work without adequate funds.

In avoiding these traps, AIMS has remained the same radical organisation that it started from, tackling new issues and persevering with old ones, undeterred by disappointment and opposition. Nancy Stewart's definition of the aims of AIMS is as true today as it was when she wrote it. We have not yet achieved those aims: our work is as important as ever.

Charlotte Williamson

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AIMS QUARTERLY JOURNAL

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What are we AIMing for?

The work of AIMS sometimes seems like the efforts of a flea, nibbling the hindquarters of a charging bull in an attempt to change his direction — irritating, perhaps, if it's noticed at all, but hardly able to affect the enormous momentum. So AIMS comments, complains, suggests, and informs, but year after year we see the obstetric establishment - which is almost synonymous with the maternity services - continue undaunted on its path.

Why do we bother? In the end, our concern is not with institutions, but with the experiences of individual women and their families. It is still just possible for an individual woman to obtain the type of care she wants - given that she is sufficiently informed, assertive, and has a modicum of luck. So why do we not concentrate solely on the educative side of our work, to help women find their own way through a system that is so resistant to change?

There are several answers to this. First, the possibility of a woman choosing other than mainstream obstetric care is always under threat, and a lack of vigilance could mean losing what few options remain. Amanda Ellingworth's personal account (p. 6) shows how difficult it can be to gain information about choices, and what "choice" really means in some hospitals.

We must continue to draw attention to the principles of a woman's right to make choices and to hold ultimate responsibility for those choices. We have not yet reached the point in Britain where, as in America, doctors resort to the courts to force women to undergo caesareans they judge to be necessary (often wrongly, as the cases of normal birth after such proceedings testify). But the same assumption that obstetricians can define the limits of a woman's choice apply here on many levels. A doctor-such as Pauline Bousquet

Continued on Back Page

EDITORIAL

Continued from front page
who based her practice on women as individuals and resisted the tide of obstetric technology more than a decade ago, was hounded out of her position with the initial claim that she was "incompetent" - a clear case of the obstetric establishment defining the choices they would make available to women.

Even the draft Midwifery Act, as Marjorie Tew points out in her letter in this Journal (p. 3) can be seen as perpetuating the present system whereby women's choices are strictly limited. Making attendance by anyone other than a registered midwife or doctor illegal maintains a monopoly for an obstetric-based system which currently holds firm control over what is judged to be acceptable, and therefore made available to women. Certainly the competence of care-givers is a concern, but must the medical definition of competence circumscribe women's rights to choose? A second reason we must go beyond helping to equip individual women with the tools to negotiate the maternity care they want is that being successful in the current system can be an enormous task. We are expecting women, over a period usually less than nine months, to become expert in the pros and cons of obstetric techniques, to their own satisfaction if not to the doctors'; be able to weigh up the complexities of scientific research and its implications (which can tax even the most dedicated followers, such as in the Bristol trial of third stage—see p. 4); learn their legal rights and how to ensure they are fulfilled; become confidently assertive; and at the same time put aside probably a life-long respect for authority and learn to give greater credence to their own instincts about what is best for them.

It's a tall order, and though some women may manage it all, for many others it will only be learned the hard way after one or more unhappy or damaging experiences of becoming a mother, while many more will accept what is on offer and just be glad to put their experiences behind them afterwards. This is not good enough, and it is only by continuing to question, and whenever possible foster alternative visions of, maternity care that AIMS can hope to affect the situation for the majority of women. Our work is important on both levels—in providing information and support for individual women, and in influencing the system which affects so profoundly the kind of choices that most women see as open to them.

Nancy Stewart

☆ ☆ ☆

NOTHING CHANGES

In 1865 James Edmunds, M.D., wrote to the 'Times' about his researches into mortality in childbirth in London during the previous five years. He concluded that women attended solely by midwives were far less likely to die from 'puerperal causes' than those who could afford to call in 'educated and skilled medical men'.

His concluding paragraph shows how little progress has been made in the intervening 125 years: "The remedy is to separate the general practice of midwifery from that of medicine and surgery, and this can be done best by encouraging the employment of women in the general practice of midwifery with the understanding that they call in obstetric physicians to that small percentage of cases which really require any serious interference."

THE TIMES
OCTOBER 10th 1865

MEMBERSHIP FORM

I would like to join AIMS/renew my membership. I enclose a cheque/P.O. (payable to AIMS) for:

(Institutional Membership paid via an agency is subject to a £6 surcharge)

£10.00 .... Membership including Journal £15.00 .... Groups and institutions
£8.00 .... Journal only £12.00 .... Overseas members

Please delete as appropriate and send to:

Nadine Edwards, 40 Leamington Terrace, Edinburgh EH10 4JL.

Name ....

Address ....

.... Telephone No. ....

If a new member how did you hear about AIMS?

If you would like to help AIMS but feel you cannot afford the membership fee, please send what you can. We do not want to debar anyone from membership an account of low income; above all we value your involvement and support. Thank you.

The past decade

Sara Wickham revisits the first decade of the 21st century, and AIMS is as strong as ever

I have just spent a most enjoyable afternoon reading ten years' worth of AIMS Journals from the 2000s. I found articles that I remembered, revisited lots I had forgotten and saw some in a different light from when I first read them, often because AIMS publishes on topics before they reach that body of knowledge which those of us who spend our lives washing meconium out of our clothes call 'the midwifery literature'.

It was quite a task to pick one out of a whole decade, but my pick is Jo Murphy-Lawless's article, 'Reinstating Women's Time in Childbirth', from AIMS Journal Volume 12 Number 1, Spring 2000, which curiously and fittingly enough was published in the very first issue of the twenty-first century.

Jo highlighted some of what continue to be the most important issues of our time: the very illogical nature of much of what underpins midwifery and obstetric practice and the need for us to acknowledge, study and respect women's rhythms rather than out-of-date theories. This article is reprinted here, so I don't need to tell you how great it was at picking out the salient issues that need to be addressed because you can (re)read it for yourself. Instead, I am hoping that I might also be allowed to mention some of those which were on my short-list but which I didn't pick because, well, because AIMS asked me to pick one article, not six!

All of the other articles that I would like to cite from the 2000s are ones that have, I believe, impacted thinking and/or continued to have great value above and beyond their original publication. Beverley's article 'What is normal birth?'[1] was, as far as I am aware, the first article that urged us not to confuse 'normal' with 'common', and this is still cited by midwives and organisations who are writing about, and campaigning for, normal birth. In 'The midwife you have called knows you are waiting...'[2] Pat Thomas emphasised the value of women and midwives working together for choice. From my highly biased perspective, as a midwife who seeks to support women to birth on their own terms, as well as someone who has lived and worked in New Zealand where change came about because women and midwives stood together, I couldn't agree more.

Jean Robinson's article on 'The politics of cot death'[3] raised some highly pertinent points and questions which remain as relevant today, not just about this particular area but about the way in which, all too often, women are blamed for things that are not their fault. In her article 'Negotiating a normal birth',[4] Nadine Edwards brought together the key issues, facts and thinking in this area in such a clear example of the kind of article that, as a midwife, I wish all women could read. And by no means least, Peter Dunn's article on cord clamping[5] highlighted important issues which deserve re-reading and which Nadine and I have been revisiting very recently as we undertake the updating of AIMS' booklet on Birthing Your Placenta (yes, it's coming soon, you heard it here first!) I am aware, as I look over this list, that it includes some of those women who have led AIMS for many years; their appearance on it reflects not simply the volume of writing that they have produced for AIMS' Journal (which is, it has to be said, vast, and I only read one decade of Journals) but also the quality and relevance of it to women, midwives and others.

a much-needed touchstone for those of us who are attending women

Finally, I hope I have enough space left on my page to congratulate AIMS on reaching her 50th birthday. I want to applaud all past and present members, committee members, writers and others who have made both the Association and the Journal a safe place for women to share and improve their experiences, a much-needed touchstone for those of us who are attending women within (and sometimes without) the maternity services and, perhaps most importantly, a force to be truly reckoned with. May you continue for another 50 years, preferably seeing all the improvements that women will ever need within the next 10, alongside a lasting commitment from everybody in the maternity services that they will continue to listen to, respect and obey birthing women forever after. Then you will be out of a job and can drink tea, eat biscuits and have a well-earned rest at your committee meetings for the 40 years after that.

Sara Wickham

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Reinstating Women's Time in Childbirth

An article on pregnancy and new motherhood which appeared recently in Ireland's largest daily newspaper, the Irish Independent, assured women that we can approach labour 'with a positive attitude'. This is because labour 'will not last longer than 12 hours in most Irish hospitals. The medical staff will intervene if the "established" labour has been going on for longer than 12 hours' (IRISH INDEPENDENT, 11 March, 2000:12).

With no explanation about what these interventions might consist of, and indeed with no alternative account of how to view labour and no discussion of where this mysterious 12-hour timeframe had come from, the article was upsetting to read for anyone who knows the arguments that lie behind such assertions. How are newly pregnant women to get a different message about birth if the mainstream medical argument that favours active management of labour gets such unquestioning press coverage?

And yet, there is a growing sense for anyone involved in and concerned about childbirth and midwifery in Ireland, that at last, some fundamental changes are afoot and that the confidence that has been invested in active management strategies is beginning to waver. In September, 1998, after hearing hundreds of submissions from midwives who were deeply troubled by the depth and the extent of medicalised childbirth which had reduced them to mere 'obstetric nurses', a government-appointed review committee issued its recommendations for the future of Irish nursing and midwifery. Amongst a raft of changes, the Commission on Nursing, headed by a senior member of the judiciary, stated that as a matter of urgency, the Department of Health must:

- acknowledge in legislation the separate and independent nature of midwifery as an autonomous profession;
- reform the theoretical teaching of midwifery;
- establish direct entry midwifery training;
- and establish domiciliary birth as a real option.

A national strike of nurses and midwives in 1999 ended with a legal ruling to have these and other steps implemented at once and the first direct entry midwifery course, based in Trinity College Dublin, will begin in June of this year.

Alongside the careful work by midwife teachers and tutors to bring about changes in the syllabus, the establishment of direct entry training points to a new climate of renewed energy for midwives. We are even hopeful that the long-running and anguishing legal battle which was visited on one of our independent midwives, Ann Kelly, as a way by mainstream medical staff, deeply opposed to independent midwifery and home birth, to damage its status irrevocably, may finally be reaching a conclusion in Ann's favour. With the challenging and disturbing data from researchers like Cecily Begley on the lowered state of morale amongst midwifery students and the sheer problem of midwife shortages (Begley, 1997), one must say not before time that we have had some good news.

We know that we still have a distance to go to restore a midwifery model of birth which respects and encourages women to give birth in their time and according to their rhythms. For example, the pilot domiciliary birth and domino programmes which have been set up by the National Maternity Hospital in Dublin and in Galway, by University College Galway Hospital, are operating on criteria as far distant from evidence-based care as they can be. These schemes limit participation to those women who are designated 'low-risk' and who live within a 3-mile radius of the hospital and exclude women who live in multi-story buildings within that radius. This is for fear that transporting a woman in labour on stretcher cannot be accomplished quickly enough in such circumstances. Indeed these programmes in their entirety can be said to be fear-based.

They certainly do not reflect a thorough examination of the evidence around what secures safety in birth, and do not appear to have even a nodding acquaintance with the data-based reviews that present conclusive findings on the lack of any cause and effect relationship in the presumed statistical association between the increase in hospital-based deliveries and the fall in perinatal mortality (Campbell and Macfarlane, 1995; Tew, 1995).

The strength of this fear-based medical model and the absence of attention to evidence-based care can be seen in the ever-rising rates of interventions in Irish maternity hospitals. A minimum 27 per cent of all births in Ireland end as instrumental deliveries, either forceps, Caesarean section or ventouse, and current rates of intervention in the three major Irish teaching hospitals range from 45 per cent to 67 per cent for the epidural; 43 per cent to 60 per cent for episiotomies on first-time mothers, and with Caesarean section rates ranging from 13 per cent to nearly 25 per cent. Thus it can be seen at a glance that the medical model which distrusts women's bodies in labour and submits them instead to the absurdities of the partogram and the injunction of active management that all labours be completed in under twelve hours, remains very strong.

Under these circumstances, it is a real challenge to committed midwives and childbirth activists to get the meanings and the sense that lie behind evidence-based care communicated to women, to give them the tools with which to begin to reject the fear-based medical model with its fantasies of pathology around every corner.

We know that the midwifery model of birth is better and safer. The Cochrane data base now lists eleven controlled trials on the social or midwifery model of birth that demonstrate statistically proven better outcomes for women with this

approach to care. Reported results from these studies conducted over the last decade in hospital settings in at least seven Western countries include:

- shorter, less painful labours;
- less likelihood of intrapartum analgesia;
- less likelihood of operative vaginal delivery;
- and for babies, better Apgar scores at five minutes;

when compared with the medical model of labour and birth (WHO, 1997). Social support, in the randomised controlled trials listed by Cochrane, is defined as comprising advice and information; tangible assistance and emotional support through continued presence; listening, reassurance and affirmation. Social support during labour and birth, preceded by continuity of care, with the same care giver or team of caregivers during pregnancy who also attend the birth can greatly improve a woman's levels of stress and her feeling that she is fully competent to handle birth. Her physiological outcomes will also be improved.

The Cochrane-listed controlled trial of women receiving continuity of care indicated that women in this group were less likely to:

- Have labour augmented;
- Have a labour of > 6 hours' duration;
- Have a baby with a five minute Apgar score <8.
- (Enkin et al., 1995: 15-16).

In a social model of birth, it is the woman who is at the centre of the birth process, the midwife who helps her through the process. With this approach to birth, her own personal time is restored to each woman, time to labour at the pace of her own body, in relation to her needs and those of her baby, rather than the abstractly defined workings of the 'average body' found in obstetrics textbooks.

What is such a puzzle is why the medical model of birth contains such vast inconsistencies, like the argument that there is an 'average' labour, and also why mainstream obstetric thinking has such a selective and faulty memory. The result of inconsistent and selective thinking and practice is that even when results of good controlled trial studies are available, like those mentioned above, their findings are not mainstreamed.

Why, for example, when there is excellent evidence on the value of the vertical or upright axis or angle during labour and birth, are so many women still asked to get into a supine or semi-supine position when giving birth? We know that giving birth using a vertical axis reinforces good maternal outcomes because the length of labour is reduced, pain is lessened, and because it helps prevent complications like postpartum haemorrhage, because gravity aids the birth of the placenta (Caldeyro-Barcia, 1960; Schwarcz, 1976, Caldeyro-Barcia 1980).

On the other hand, the Cochrane database states that the supine position during labour results in a significant reduction in cardiac output, a reduction in the intensity of contractions and reduced efficiency of contractions. In other words, there is a good probability that the supine position will help extend the length of labour, and could thus potentially expose a woman to the medical schedule of interventions which come into play to meet the 12-hour rule.

Why, then, with proven benefits to the vertical axis in labour and birth, and proven drawbacks to positions with a horizontal axis does obstetric practice still favour the latter? Why should the onus be on the woman to argue her case for the most advantageous position in birth? Why must mainstream obstetric practice continue to be so blind about its own research? Why do they not want to work with the body in labour? Why must so many of the medical technologies seek to overcome, override and overpower the body in labour?

Of course in relation to the supine or semi-supine position, mainstream obstetric thinking argues that birth attendants must be able to see if anything is going wrong. There is no belief that birth is far more likely to go right than wrong with intelligent supportive practices.

By contrast, mainstream obstetric thinking does believe that unless its rules are followed, women run the risk of the death of their babies. This is despite the fact that the teaching on risk is deeply flawed. Obstetrics cannot really effectively divide women into high-risk and low-risk categories, because any given set of risk factors or schedules will pick up some women but fail completely to identify others. Frequently what happens is that many women who have been put into a high-risk category, never develop the complications for which they were thought to be at risk, while some other women do go on to develop unexpected complications (Maine, 1991).

We have to make women aware that the identikit version of women's labours promulgated by active management strategies, which is slapped on them before they begin, cannot be called an adequate care system.

We need to make it crystal clear that the best way to organise midwifery care is with ongoing supportive practices which can best help women in labour. This kind of continuity of care will see most women successfully through childbirth, while being able to identify problems, if they do arise. We need to be able to convince women of this, especially younger women who have a different relationship to technology and who also, doubting their capacity to get through labour without technology, opt for the epidural or the elective Caesarean, not realising that birth need not be done that way, that they do not have to become cyborgs, half-woman, half-technology in order to give birth well.

Although it often feels to those of us working in Ireland that here we endure the worst of the medical model of birth, I am personally under no illusion. This challenge of enabling women to see birth differently and as their own positive accomplishment is a challenge in every country in the Rich World at this point. I think it is important to emphasise that this is not simply about giving women choice or a gentler atmosphere during birth, the so-called Laura Ashley flowered curtain approach.

It is about giving women the maximum physical, psychological and emotional support to enable them to give birth in ways that produce the best outcomes for them and their babies. We urgently need to get over the message that midwives are the caretakers of normal birth, that they have the skills and the capacities to help women throug uncomplicated labours to their best advantage; that given time, quiet, peace of mind and sensitive support, women can give birth in the best way possible for themselves and their babies without resorting to the cyborg route.

Dr Jo Murphy-Lawless

Jo Murphy-Lawless is a Research Fellow in the Centre for Women's Studies, Trinity College Dublin. She has researched and published widely on the social aspects of childbearing and women's health. Her latest book is Reading Birth and Death: A History of Obstetric Thinking (Cork University Press and Indiana University Press).

Memoir

AIMS Leeds group 1976–1979, by *Christine Hankinson*

When I gave birth in London in 1971 I was very shocked at the attitudes and assumptions of the profession. Something was wrong, we were being treated as products in an industrialised system and not as whole complex human beings who were experiencing the most creative and demanding time(s) of our life. A very emotional time, a physically potentially dangerous time, so high risk. A time about which we had often dreamt and had ideals and hopes for – like no other. We were women about to give birth. We felt very special and expected to be treated with respect, not deferentially of course but with human respect.

This seemed to have gone out of the window! We were slotted into bureaucratic time frames – nurses and midwives were available if their shift allowed it – there was no personal responsibility to a mother. This had never happened before. In fact psychologically we were being treated worse than by a careful husbander of livestock. They know that a female giving birth, if badly handled, can often kill her newborn, and that costs money. It took all the human resources of human mothers to dig deep and get through. Of course some women were lucky – they received good care and they had relatively short or easy labours – but unless the few who didn't were catered for, it just wasn't good enough!

I didn't do anything. Except that I joined AIMS.

Four years later I had moved to Leeds and had another child – in January 1975. And although I couldn't have been more prepared, physically, emotionally, psychologically, again my treatment was still unthoughtful. Clinically careful, of course, but with little or no understanding of how to treat a mother giving birth.

I was very aware of the movements for home birth, and I could see how wonderful that could be, but my concern was with the treatment doled out to most of us who are not allowed, or are not up for, the fight to have our baby at home. Why can't maternity wings be more in the mothers' apparent control? We are animals after all, and it is a time where we have to feel secure and safe. This was not happening. It is imperative that a mother feels trust at this time. I had avoided complete disaster both times through lack of attention and care. What makes a mother who is proceeding with labour in a normal way suddenly stop? An elemental fear of her surroundings perhaps? And then she is treated in a more and more clinical way and a less and less humane way.

I wrote to Jane Taylor on the 16th July 1975 and offered my services! I think she wrote to Anne Taylor (we did have a Jane Hill at that time). She replied and said would I go to see the 'young wives of Morley' as they had requested some information. It sounded like something from Chaucer, and I remember feeling very scared. I managed to gang up with another young mother and we went and gave a talk.

By October we were producing a leaflet for mothers-to-be in Leeds with information of what to expect from different hospitals, their attitudes to induction, natural childbirth etc. etc. and to encourage them to join AIMS. I obviously was full of it, because I then received a call from Radio Leeds asking me to go on the radio and talk about childbirth issues and AIMS. It was after receiving calls resulting from the programme that I asked Jane if we could start a group in Leeds.

What I hadn't realised was that Leeds was a hotbed of feminist health group activity. I was visited by a group of them who weren't too impressed that this newcomer upstart from London had jumped straight in! I could see their point. It was a great way to meet such women! Women's health was a hot topic in the mid seventies – 'with my speculum I will be free' went one claim. There was a very active NCT group. The NCT wanted to keep on-side with the Establishment so it was kind of agreed that Leeds AIMS would be more consciousness raising, more activist.

On a historical note, membership was then £1 and all the letters had to be stencilled. I bought a machine which had chemicals and a roller – a duplicating machine – like a small printing press really – to get those letters out. Inky smudgy things they were.

In January 1976 we were lobbying the Community Health Councils in Leeds, demanding that issues be looked at and considered at their meetings. Although I have letters dealing with these points in full, here are the headlines of our concerns:

- Antenatal clinics – in brief why did we have to sit around for long periods half undressed? Why were there no facilities for accompanying children?
- The presence of father/other emotional support during labour
- Shaving – no medical reason – trimming sufficient (how we liked our hair!)
- Episiotomies – too routine
- Priority of access of baby to mother
- Siblings allowed to visit
- Relaxation of feeding schedules

The CHC had a public meeting on motherhood and maternity concerns which was well attended.

There had been a lot of excitement around the birth techniques of Frederick Leboyer at the time. He had produced a book and a film 'Birth Without Violence'. So that summer we [Leeds AIMS] arranged with the University Psychology Department and other interested people to stage a showing of the film at the Rupert Beckett Hall at the University. Kate Russell and Peter Huntingford attended and the consultants of both the hospitals in Leeds (St James and the Leeds General Infirmary) were invited.

And they all came – we charged 20p entry and there were queues – we were packed. It was a very exhilarating evening. I remember in the pub asking the consultant obstetrician from St James about his feelings on natural childbirth and more support for home births etc. and cited the figures from Holland on very low mortality rates. He said, 'They have better material,' which shut me up because I didn't understand what he meant. Hours later I realised he was talking about the women! Dutch women were better material – more homogeneous of hip ratio – not so mongrelised as the Brits! Staggering attitudes more redolent of the livestock industry.

A high point was the survey we did on the street with random mothers as it was beginning to be said that our views were not typical, just those of an articulate minority. That old chestnut.

And then I was off to University – it was 1979 and I could find no-one to take over the Leeds Group so we sent our funds (I remember it was £70 – quite a tidy sum!) to HQ and the group was folded.

But what a lot we did. To this day St James still offer a Leboyer inspired water birth. Though I know that so much still needs changing and things in general have not got better. Midwives need more resourcing, more support, more of them!

I wish you all luck and I'm sorry I can't be with you. Fight on!

Christine Hankinson
Chair of AIMS Leeds group 1976–1979

AIMS Journal Summer 1987

Jean Robinson, AIMS President

Introduced by AIMS Chair *Beverley Beech*

At the last AIMS meeting before the Anniversary Luncheon the Committee unanimously elected Jean Robinson as President.

Jean's knowledge of maternity care is extensive. In 1956 she married Barney and in 1961 she worked in Oxfordshire County Council Children's Department, an experience that has given her considerable knowledge to refer to when dealing with the current problems created by Social Services child protection and adoption activities.

Later in the 1960s, she spent seven years as a member of a Regional Hospital Board until she became Chair of the Patients Association 1970–3, where the letters she received about the state of maternity care provoked her into joining AIMS.

In 1964 Jean was responsible for exposing the over-use of induction of labour through an article she wrote for The Times; and from 1995 to 2006 she wrote a highly praised column for the British Journal of Midwifery, giving midwives an insight into the issues from a user's perspective.

For 14 years Jean was a lay member of the General Medical Council, and for 12 years was involved with both selection of cases for hearing (6 years on Preliminary Proceedings Committee) and hearing them (6 years on Professional Conduct Committee). She also sat on the disciplinary cases for overseas doctors with limited registration. For a time she was on both the Standards and Ethics Committee of the GMC and the equivalent committee on the Nursing and Midwifery Council (then the UKCC). When she left the GMC she wrote an exposé of their activities.[1]

As our Honorary Research Officer she wrote up and commented upon research pertinent to maternity care for each issue of our Journal from 1991 to 2005.

Jean is currently a Trustee and committee member of the charity Action Against Medical Accidents (AvMA) which trains lawyers in medical negligence litigation.

In recent years we have been dealing increasingly with cries for help from women who have been threatened with Social Services, or whose babies have been removed, often on the most spurious grounds. These cases are often harrowing, difficult to resolve, and lengthy, and it is Jean who had borne the brunt of these.

Jean has often taken on responding to the endless stream of 'consultation' documents and compiling the first draft for the committee to comment upon before the final response is sent; almost without exception these 'consultations' have deadlines that are far too short. Her extensive knowledge, experience, utter integrity, wisdom, wit and humanity make her an invaluable committee member and a greatly valued President. Her absolute commitment to the women who contact AIMS from every walk of life, combined with her unfailing ethical stance, helps AIMS maintain its value of listening to, believing, being with and supporting women.

Beverley Lawrence Beech

Reference:

1. Robinson J (1988). A Patient Voice at the GMC – A lay member's view of the General Medical Council, Health Rights, London. (copies available from AIMS)

Article

AIMS and ENCA

ENCA's *Elisabeth Geisel* looks back at a fruitful relationship

AIMS and ENCA have gone a long way together. Actually the first contact with AIMS took place before ENCA was launched, since the meeting at the end of which ENCA was born resulted from an encounter with Beverley Beech and others.

In 1991, after my election as Head of Direction of our society GfG (Gesellschaft für Geburtsvorbereitung), I decided to develop international contacts with similar associations throughout Europe. I happened to hear about AIMS when visiting London. During my stay I gathered AIMS publications, the content of which triggered my curiosity for the association and for Beverley, their Chairperson and author of many articles.

In 1993 an international meeting was set up by GfG in Frankfurt to gather European representatives of childbirth associations and grass-roots movements. At that point I did not know Beverley but I was able to find her at the airport, out of thousands of travellers, because she was holding high in her hands a green booklet with AIMS' logo on it. Her heavy luggage was full of AIMS publications which she displayed and offered.

During the three-day meeting, with representatives of 13 countries from East and West Europe, we tried to communicate our goals and concerns in partly very poor English. We apologised for hurting the ears of our partner from the UK, but she kept telling us that she was the one who should apologise, for only speaking English! The feeling was that we all wanted to develop bonds to forward our goals, and that we would gain a great deal if we could share our knowledge on a reliable basis. A new name was needed! AIMS is such a great name, it means something in itself, a goal to reach and it is as well the gathering of the first letters of Association for Improvements in the Maternity Services. By the way, some months ago, after the rally "Reclaiming Birth" I had to remind a German Midwives Association that AIMS does not stand for Association of International Midwives. It is still difficult for German midwives to accept that non-midwives organisations also have something to say on the subject of birth!

Of course the AIMS' representative was asked to help us find a good name, and we all participated in birthing ENCA.

Being in touch with AIMS has been a great advantage. We all learned from AIMS' high-quality publications that our involvement will not be enough if we do not use the scientific literature. Since the very beginning of ENCA, AIMS has been a source of inspiration, through the documents and articles that all of us throughout Europe use and cite and the high impact of Beverley's talks.

Since ENCA has been launched, its members meet once a year in a different country. After the deep political changes at the dawn of the 90s the network has been growing mainly into the East, as women discover their rights and are determined to work for freedom of choice and for appropriate birth technology. Nevertheless, these considerations are true from Portugal to Bulgaria. Along with the yearly meeting, conferences are set up by the local activists. Among others, ENCA speakers are on the programme. Beverley's interventions are always very much appreciated and followed by discussions. We thank her for carrying along with her heavy loads of AIMS' leaflets, publications and posters. All of the ENCA countries' representatives have been inspired and empowered.

dared to show the crude reality

Through the example of AIMS it becomes clear that lay people can develop their skills over the years and become experts on numerous topics. We all appreciate the political UN-correctness of AIMS and its courage to address unconventional issues related to birth and birthing women, technologies etc. The posters published by AIMS have inspired other members of our European community, who then dared to show the crude reality and what is at stake; among others lack of respect, male patronising attitudes, birthing women as prisoners or mentally ill.

AIMS is an active part of the network. Since the international scientific literature is published in English, we all appreciate it very much when we receive excerpts of discussion, articles or critical standpoint forwarded by AIMS to our e-mail group. Lately I used this material for a reader comment in a local newspaper, where the chief ob/gyn had given his opinion on home birth. In an interview he said that perinatal mortality due to home birth would be threefold the rate in hospital. Thank you AIMS for providing us with the necessary knowledge and background.

Our international network is not supported by any state but we are convinced that our purpose of information sharing and dissemination, as well as mutual support, plays a role, even if we cannot today exactly figure out where and how much! But just imagine if AIMS had not lit the candle.... Here, too, long-term thinking is required.

ENCA wishes that AIMS will go on challenging the establishment, empowering women and giving others the guts to become active.

Elisabeth Geisel
Hon Secretary
European Network of Childbirth Associations

AIMS Journal Summer 1983

Thoughts on the Birth of my Grand-daughter

Tobhiyah was born on December 5th 1982 in Sydney, Australia. Her mother Clare (my daughter) was born in Baghdad in 1956. I was born in 1931 in London. During these 52 years there has been every sort of theory and cult about babies. They were tobe put in nurseries by themselves and fed according to the clock, potty-trained from day one, never picked up for a cuddle, bottle fed and weaned early. Bolby and Spock came and went. They were to be put in cots at the ends of beds, fed on demand (often by father), always picked up if they cried and talked to. Huntingford, They are to sleep in your bed, be breast-fed as necessary and carried in slings. Will it all swing back again?

It is better to light one small candle than to curse the darkness

In 1960 when I started A.I.M.S. there had been Grantly Dick-Read and the Natural Childbirth Trust and Professors Nixon and Morris. Then came Lamaze (and the National Childbirth Trust) and breathing; Leboyer and soft lights; Odent and the bath. What next? Meanwhile the main-stream of the medical profession has persued its anachronistic scientific approach to its mother and baby patients. It took A.I.M.S. some time to convince them that fathers were also part of the team. Scientists will invent things - drugs and drips and monitors and scans - and then they want to try them out on people to see what happens. So they rename people "patients" and give themselves permission to let all hell loose in the name of "Progress." Consultants informed G.P.'s that being born at home was out of date and compared it with "kitchen table surgery". This meant they had all the patients in too few beds, so they invented "early discharge" and "Dominoes" and "induced birth", which was (rightly) called "Daylight Robbery" by the thoughtful. During all this time the NHS was becoming threadbare and turned (as with Tower Blocks and Comprehensive Schools) to Big Hospitals as The Answer - the economy of size. Maternity patients must travel long distances and wait for hours in antenatal clinics to see strangers who never see them. Any wonder then that thinking people left the NHS to be run by the unthinking and so the Radical Midwives were born. Now, in our Welfare State, knowing mothers can give birth the way they want to in their own homes through the Underground System - the Resistance against the State Forces.

The fight to get born right should not be necessary. Human (and animal) need is straightforward enough. But we live in hideously complicated times. We shall have to change the whole way people live in order to change the whole way people are born. What is done to women and babies (by men) is a barometer of our times. Changing the attitude to birth will not happen until we change our whole political philosophy. Then Science will be toppled from its pedestal and Nature will once again be respected. Harmony, awareness and light will rule the Earth and Birth will be O.K.

It is better to light one small candle than to curse the darkness

Tobhi is one of 120 million people born last year. Clare's 'confinement' was one experience in common with 120 million other women last year. Much is known and much more is now (since 1960) written on this subject. There are no more excuses left. What will giving life be like for Tobhi in twenty-or-so years time? All we need is common-sense-organization and a lot of political will for "Happy Birthday" to have real meaning on this Planet. This is written on Candlemass Day (2nd Feb.). We have lit our individual candles - now is the time to join together to light beacons.

-- Sally Willington
A.I.M.S. founder and President

AIMS 50th Anniversary Lunch

Report by *Shane Ridley*

Existing for 50 years – what do we do to celebrate? What normally happens on turning 50? A party! Why celebrate? To acknowledge and applaud women who have been a part of AIMS or who have supported us all these years. To remember all of those women who have been helped, advised, inspired, supported, cheered on by AIMS.

The day was fast approaching – Saturday 16th October 2010. Venue – The London Corinthian Sailing Club along the banks of the Thames. Why? Beverley, for those who don't know her well, is a seasoned sailor who still sails all over the world, when she isn't working hard for AIMS. It's the sailing club she belongs to and as it is in London we decided it was a great venue for our gathering.

Lists, lists and more lists – all to ensure nothing was missed and we remembered everything. Members of the committee, **Ros Light** and **Michelle Barnes,** worked so hard to make it happen. Ros sent out invites to every one on our database, many of whom we hadn't heard from for many years. Michelle organised the rest of us to do our jobs and collected quotes and tributes from members past and present. **Gill Boden** made a delicious birthday cake, **Debbie Chippington Derrick** organized five posters of AIMS Journals through the ages, I organized the mugs and of course our wonderful Beverley did everything else! She loves getting up early, so visited the flower market to buy flowers for the table decorations. Ros sent Beverley a big box of seating plans, labels, guest lists, cartoons for the walls etc – all beautifully typed and prepared.

You might wonder why I'm writing about all this minutia – it's just to let you know that we organized the lunch ourselves – we didn't pay someone to do it! And to say we are just ordinary women – fitting AIMS into our busy lives.

Visitors started arriving and the chatting reached a pitch. Finally everyone had arrived and we sat down. Beverley welcomed everyone to the gathering and invited **Mary Cronk** to say a few words.

The buffet was delicious, fresh salmon with watercress sauce, apple and beetroot salad, waldorf salad, lemon and oregano chicken, all beautifully presented.

Next to speak was **Mavis Kirkham**.

Pudding was served – fruit crumble and ice cream – and **Wendy Savage** spoke. She rememberd how Jean and Beverley supported her in 1985 when she was suspended from her job as Consultant Obstetrician. She recalled how she, as a young doctor, attended 80+ births and sat with the women whilst in labour – here she learned what birth was really about. She went on to explain how she deplores the training of obstetricians now, who can, if they want, attend a couple of births. Sounds mad, doesn't it?

Beverley then presented our new President, **Jean Robinson**. Jean reminisced … her speech was riveting. What a lot she has achieved in her many years with AIMS.

Our Chair, **Beverley Lawrence Beech,** then spoke passionately about her time with AIMS and what it means to her.

Our afternoon ended with fizz and the delicious cake and a toast to AIMS and the women connected with it.

a toast to AIMS

We met many great women during the afternoon and below are some snippets of conversations:

Mair Garside was thrilled to be invited, one time Secretary of AIMS in the 1960s and a Member of Riverside Health Authority who wouldn't let them forget Maternity Services.

Sue Saxey, President of the NCT, chatted about her long association with the NCT and the mutual campaigning with AIMS.

Debs Purdue, you may remember her horrendous experience with the NMC, was delighted to come and express her gratitude to AIMS women for their sage advice and support.

Ceri Durham, a young mum advised by AIMS on her rights for homebirth, said she felt strengthened by the information she was given and went on to have two home births. After her stint as local NCT Chair she just might join us on the committee! (We won't forget, Ceri!)

Belinda Barnes, who runs a charity called Foresight, says we must keep fighting to tell young women about the dangers of ultrasound – AIMS tells the truth about it and she passes this on to women in her organization (natural fertility information).

Christine Rodgers, former Secretary of AIMS, remembers Mary Cronk telling a story about a birth when a young medical student popped in to see the birth, said thanks and was about to leave when she made him bathe the baby to see what a newborn feels like, and then made him sit and talk to the mum.

Johanna Billingsley, previously Editor of the Journal in the 80s, remembered that once her five children had been put to bed she would edit the Journal from 10pm to 2 in the morning, but enjoyed receiving all the letters and articles from women all over the country. Comments that her journals were quite political (with a small p) and Nadine saying that Johanna's were some of the best articles ever. Johanna – come back to AIMS and help us again!

Shane Ridley

From our Hon President

Jean Robinson

I was shocked when Beverley asked if I would agree to be President; she knows my Quakerish aversion to titles, which I always feel separate people. But I am delighted to do this.

The wonderful thing about being on the AIMS committee is that you work with the crème de la crème. And it has been heart warming to see here today some of those who worked on the committee as pioneers, and later members who followed. It is also wonderful to see younger members, with young children, following on.

From AIMS you also meet other women who are the crème de la crème too.

Here we have Wendy Savage. I remember so well when she was suspended by the London Hospital. The Junior Doctors' Mess were supporting her. The Asian women were out on a bus, even though it was Ramadan. We went into the Board meeting. A clergyman sitting at their table said that 'Mrs Savage being suspended during investigation was no slur on her.' At the back of the room sat a burly East End woman with the twin babies on her knee that Wendy had agreed could be born naturally. 'And if the bishop was to suspend you tomorrer vicar, that wouldn't be a slur on you, would it?' she retorted.

And over there is Mary Cronk. I saw her giving a brilliant talk at the RCOG on how to deliver a breech baby – starting with Queen Victoria's daughter – and it was a terrific success.

And over there is Mavis Kirkham, who I met planning the useful study on why midwives give up midwifery.

I have worked with other charities, but what has been really special to me about AIMS, and keeps me working, is that we have a group of women who care deeply about the ethics of what they do, and an ethical way of working. This is absolutely crucial.

One of the things AIMS has kept – almost unique nowadays – is confidentiality for women, and men, who come to us with their problems. Details of cases I work on are known only to two people – Beverley and me – and they will never be passed to anyone else unless that is what they want. Alas this no longer exists in the health service, and the confidentiality people used to expect from doctors, midwives and nurses has vanished into 'team working' and 'multi-agency working'.

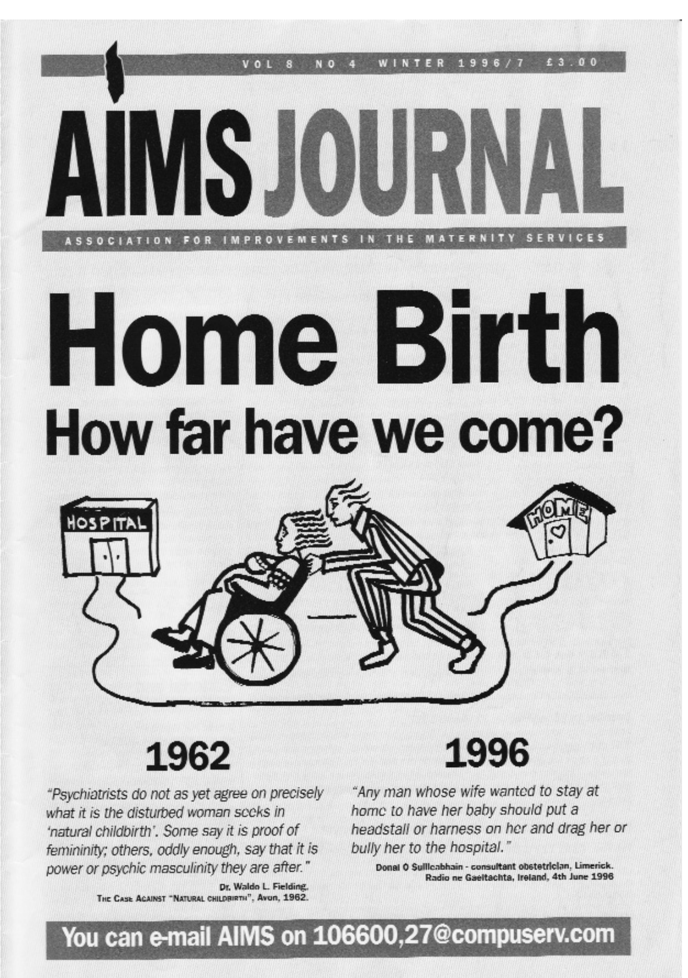
Although it is not always easy being the sometimes unpopular campaigner on the outside, I have never lost sight of the fact that the really tough job is being done by people who are trying to change things from the inside – like some of the people who are here today – Mary, Wendy and Mavis, for example – risking loss of jobs, loss of promotion, and loss of support from their colleagues.

There is one important person who could not come today, Dr. Gwyneth Lewis, and I want to pay special tribute to her. For years, when the Confidential Enquiries into Maternal Deaths came out, I would contact the Medical Officer at the Department of Health to discuss certain aspects, but always got a dusty answer. Then Gwyneth Lewis took over and the door opened. She actually listened – really listened; she was interested in what consumers had to say and took note. It was obvious from her reports that she cared about deaths in travellers and refugees. She has saved countless women's lives, and we owe her a huge debt. I am sure that doing that job within the bureaucracy has not been easy.

Holding us all together has been Beverley. I can never understand how AIMS has managed to work all this time. We put in what we can, when we can, with our different talents, different styles, and somehow she holds it all together without being in the least bossy. In theory it shouldn't work, but it does – and it is due to her.

The big bonus of being on the AIMS committee for me, when I get to meetings, is the chance to see and maybe play with someone's baby or toddler, which I miss now my grandchildren are growing up. I guess I'll have to start borrowing other people's babies.

Jean Robinson



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AIMS JOURNAL

ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES

Home Birth

How far have we come?

1962

"Psychiatrists do not as yet agree on precisely what it is the disturbed woman seeks in 'natural childbirth'. Some say it is proof of femininity; others, oddly enough, say that it is power or psychic masculinity they are after."

Dr. Waldo L. Fielding.
The Case Against "Natural Childbirth", Avon, 1962.

1996

"Any man whose wife wanted to stay at home to have her baby should put a headstall or harness on her and drag her or bully her to the hospital."

Donal O Suilleabhain - consultant obstetrician, Limerick.
Radio ne Gaeltachta, Ireland, 4th June 1996

You can e-mail AIMS on 106600,27@compuserv.com

Reviews

Towards the Emancipation of Patients: patients' experiences and the patient movement

by Charlotte Williamson
The Policy Press, Bristol 2010.
ISBN-13: 978-1-84742-744-1
£22.99

Charlotte Williamson argues that the patient movement is an emancipation movement. At first sight that seems odd; it is not how we tend to think of the worthy middle class woman who typified the Community Health Council member, but after reading with great interest her account of the rise of the patient movement from the late 50s, I am convinced by her arguments and pleased to feel myself part of this undoubtedly emancipatory movement.

She combines academic theory with empirical evidence and the two organisations she uses most to illustrate her arguments are NAWCH (The National Association for the Welfare of Children in Hospital) and AIMS. NAWCH campaigned to allow parents to visit their babies and children in hospital. Since the beginning of the 20th century parents had been prevented from visiting their children, sometimes for months at a time: in the 40s and 50s psychoanalytic insights led to an intellectual understanding of attachment which mothers had understood intuitively. Government policy, in 1959, (following the Platt report) recommended that visiting to children be unrestricted; that mothers be admitted to hospital with their children and the training of doctors and nurses give them greater understanding of children's and families' emotional needs. After a TV screening, in 1961, of James Robertson's film A Two-year-old Goes to Hospital, NAWCH was set up and between 1959 and 1991 the Ministry of Health issued five guidance circulars and NAWCH undertook five national surveys. However, largely owing to obstruction by paediatricians, it took more than 30 years to put the agreed policy of unrestricted visiting into practice. It now seems like ancient history, but in 1983, when I accompanied my breastfeeding one-year-old into a burns unit, I was told by nurses that there was no need to sleep nearby as none of the children woke at night – experience of that night told me otherwise.

In maternity units in the 50s babies were routinely removed from their mothers after birth and put into nurseries; as Michel Odent put it recently, a mother chimpanzee would kill you if you tried to do that, but not one mother in his experience of many years of that practice ever refused her permission. Pressure groups have changed that and mothers are 'allowed' to keep their babies with them but at present mothers have no rights to have unrestricted access to family members while in hospital to give birth.

'Being with someone to whom one is emotionally attached is the most direct and probably the most effective way of being supported at times of anxiety and stress provided that person wants the support.' page 128

Flexible visiting by people of the patient's choice, at times that suit both patients and visitors, was officially recommended in 1976 but is not yet widely implemented in the UK. Pockets of serious resistance remain: some neonatal intensive care units limit parents' access to their babies even though babies tend to have better sleeping and breathing patterns when their parents touch them, and backslidings also occur so visiting times can be reduced. In my area, Cardiff, the University Hospital of Wales introduced severely restricted visiting times in the maternity unit last summer with the excuse of infection rates and extended these draconian limits to women in single rooms in the midwifery led unit; the reason given was equity i.e. if not every woman can have this privilege no woman can. After strong representation from childbirth organisations, mothers in the MLU were 'allowed' to keep their partners with them at mealtimes – we pointed out that new mothers would otherwise be alone holding their babies at mealtimes and occasionally not even fed, but they are not 'allowed' to invite their parents, for example, to visit them after the birth unless it coincides with visiting times.

Williamson discusses the nature of dominant interests; clinicians as dominant interest holders have considerable power to act in patients' interests or to harm them: clinicians in hospitals can successfully refuse the requests of managers – she cites the case of a manager in the A and E Department of Salford Hospital who asked a doctor to stop treating a seriously ill patient so that he could treat several less seriously ill patients in order to reach a target that no patient should remain in A and E for more than 4 hours (Healthcare Commission 2009). The doctor refused but he was worried that a more junior doctor might have felt compelled to comply. She introduces a diverse set of people known as corporate rationalists, who include officials in government health departments, executive managers in health service institutions and public health doctors. She argues that they have gained power relative to clinicians over the last few decades, becoming significant in the UK after 1984 with the government's introduction of General Management, so much so that they can now be said to be dominant interest holders too. Corporate rationalisers sometimes support the interest of patients against those of clinicians though not necessarily for the same reasons as patient activists would.

Williamson distinguishes between radical and conservative patient groups and I'm sure that you will recognise both from her descriptions; she gives an example from her own experience of a Trust where all but two of the non-executive directors supported the executive director's recommendation that money should

be spent on employing more obstetricians. As business men, she remarks, none knew anything about the maternity services: a health economist and she argued that money would be better spent on employing more midwives but their arguments failed. She uses AIMS as an example of an avowedly radical group which explicitly connects their oppression as women to their oppression as 'patients', and consciously takes a liberating stance.

Knowledge from social science can be helpful to patient groups. Williamson cites the successful campaign of NAWCH to implement unrestricted visiting for children and contrasts that with the attempt by RAGE, Radiotherapy Action Group Exposure, to argue for changes in clinical standards and clinical research so that effective non-toxic treatments for their potentially fatal disease will be developed.

covert coercion

She discusses overt and covert coercion: practices that threaten and affront patients' moral agency. On our helpline we hear constant reports of women being told that they are not allowed to behave as they wish and in meeting with health professionals I frequently hear expressed, mainly by paediatricians, the view that mothers should be forced to accept treatment advised by doctors for their babies, even where it is a prophylactic measure. In some ways covert coercion is more worrying: we have reports of mothers being told that if they co-sleep, breastfeed beyond a year, insist on a home birth or a physiological third stage, for example, they will be considered to be putting their baby at risk. This is now a phrase that will strike a chill into even the most confident well informed middle class mother – mothers with difficulties are often helpless in the face of such an implied threat.

Charlotte Williamson still describes much of maternity care as oppressive and quotes Sally Willington, founder of AIMS, in 1961:

'In hospital, as a matter of course presumably, mothers put up with loneliness, lack of sympathy, lack of privacy, lack of consideration, poor food, unlikely visiting hours, callousness, regimentation, lack of instruction, lack of rest, deprivation of the new baby, stupidly rigid routines, rudeness, a complete disregard of mental care or the personality of the mother.' page 48

Much has changed, government policy and most midwives want woman-centred care and a focus on normality in childbirth: reading this book has recharged my motivation to be part of the patient movement and not to give up yet.

'Some of today's standard should be as inconceivable as slavery or women's disenfranchisements are today. Different emancipation movements confront different issues; but the changes in moral and ethical sensibility required in order to lift repression and oppression are the same.' page 214

Gill Boden

AIMS Journal Vol:16 No:4

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Letters

Campaigns at the beginning of AIMS

I joined AIMS with 3 friends in 1960 in the hope of changing the dreadful conditions at the very small King Street Maternity Unit in Watford. However, we later decided to concentrate on the local Watford General Hospital as a priority and formed The Maternity & Infant Care Association (MICA) as a separate Branch of AIMS in order to put pressure on this hospital.

In collaboration with Herts. County Council, we visited Watford General, Hemel Hempstead and St. Albans to inspect their Maternity facilities. By this time Watford had decided to close down the small King Street Annexe once they had completed a new Unit in the main General Hospital. When drawing up the Plans for this new Unit they asked us to complete a questionnaire as to what we considered was needed in this new Unit.

When adding our own remarks at the end of the questionnaire we emphasised, among other items, the need for a separate lounge attached to the new Unit so that after the birth of their babies mothers could leave the Maternity Ward, once they were up and around, to relax in the lounge with their families.

When the new Unit was completed, we were invited to see the facilities there which we found to be a vast improvement on the King Street Maternity Unit of the 1960s.

This whole process of complaints, pressure and collaboration with the Authorities concerned was hard work but worthwhile and involved many meetings at the homes of our committee members to discuss the next step. The only names I can remember are the Chairman of MICA - Sally Spears; other Committee members, Heather Rutt, Dinah Partridge and, of course, myself. I have spoken to Dinah Partridge but she is unable to attend the Anniversary. I do not know the whereabouts of Sally Spears or Heather Rutt in this year of 2010.

Our work done to persuade the Watford General Hospital to do something about the poor conditions at King Street, plus the fact that our children were now at school keeping us busy, MICA more or less closed down. After all, the new much better Unit at this hospital was now up and running.

As to whether there are now complaints about the state of the Maternity Wards at Watford General, we hope that AIMS is dealing with these. I should emphasise that the 1960s were a long time ago and some of the above facts may be either inaccurate or have missed out some of the MICA history.

Stella Malhotra

Supporting AIMS in the 80s

In 1980 I had my first child. I was 35 years old and felt I had, up until then, been in control of my life. I found the high-tech impersonal 'care' I had during the birth deeply unsettling. However, I ignored my feelings and got on with enjoying my baby.

In 1983 I was pregnant again but this time I was more wary of what lay ahead. After a combative and frustrating experience with my GP, I rang AIMS in fury and despair. I was met with reassurance and a profound faith in my own judgement.

Needless to say, I had an active and thrilling second birth and went on to support this organisation for the next fifteen years as Hon. Secretary.

The 80s and 90s were exciting times. Midwives were organising, women were demanding rights that had been taken from them and the committee worked tirelessly on their behalf. We liaised with other maternity groups, organised the Water Birth and Home Birth Conferences at Wembley and hosted many other successful events. I felt privileged to be among so many committed feminists who spoke the language of change and empowerment.

AIMS in those days was cohesive and dedicated. The meetings were exciting and frustrating as we found our work grew but we were still only a small organisation. However, Beverley Beech and Co. made up for the small size of the group with their punch. We battled for the rights of women in Parliament, Town Halls and protest marches.

My work was to answer the post and take phone calls from women needing help. Most of the callers knew what they wanted which was usually a home birth, an active birth or just someone to listen. This was a deeply satisfying job. I was encouraged by the range of women who felt empowered by being pregnant and were prepared to insist they had a right to the birth they wanted.

AIMS has not achieved all it sought to do. Women have been cowed by the medical model of health. The world does not value women and birthing any more than it did. I still hear and see the same debates and sometimes I wonder if anything has changed. However, I am so glad I put my time in as it was invigorating and valuable work.

I often remember the voices of the women who rang after having had the birth they wanted. They had fought and won and wanted me to know how grateful they were to AIMS.

Sandar Warshal

What is AIMS?

For me AIMS is a key resource in my work as a birth supporter, formerly as a midwife and currently as a doula, doula educator and writer. It is the first place I encourage both parents and new doulas to look for further information and evidence-based facts when researching an area of interest or concern. It is also a life-line to know that there is helpline support available for mothers, fathers, midwives and doulas if or when events unfortunately take a traumatic turn. AIMS speaks out on behalf of birthing women and their supporters when they feel they no longer have a voice, effectively protecting their human rights, providing an essential service to the childbirth community.

Adela Stockton

JOURNALS & BOOKS

AIMS Journal: A quarterly publication spearheading discussions on change and development in the maternity services, this is a source of information and support for parents and workers in maternity care; back issues are available on a variety of topics, including miscarriage, labour pain, antenatal testing, caesarean safety and the normal birthing process £3.00

Am I Allowed? by Beverley Beech: Your rights and options through pregnancy and birth £8.00

Birth After Caesarean by Jenny Lesley: Information regarding choices, including suggestions for ways to make VBAC more likely, and where to go to find support; includes real experiences of women £8.00

Birthing Autonomy: Women's Experiences of Planning Home Births by Nadine Pilley Edwards, AIMS Vice Chair: Is home birth dangerous for women and babies? Shouldn't women decide where to have their babies? This book brings some balance to difficult arguments about home birth by focusing on women's views and their experiences of planning them. Invaluable for expectant mothers and professionals alike See AIMS website www.aims.org.uk

Birthing Your Baby: The Second Stage by Nadine Edwards and Beverley Beech: Physiology of second stage of labour; advantages of a more relaxed approach to birth £5.00

Breech Birth – What Are My Options? by Jane Evans: One of the most experienced midwives in Breech Birth offers advice and information for women deciding upon their options £8.00

Choosing a Waterbirth by Beverley Beech: How to arrange a water birth, pool rental, hospitals with pools; help to overcome any obstacles encountered £5.00

Delivering Your Placenta: The Third Stage by Nadine Edwards: The merits and disadvantages of a 'managed' (with drugs) vs a more natural third stage £5.00

The Father's Home Birth Handbook by Leah Hazard: A fantastic source of evidence-based information, risks and responsibilities, and the challenges and complications of home birth. It gives many reassuring stories from other fathers. A must for fathers-to-be or birth partners. £8.99

Home Birth – A Practical Guide (4th Edition) by Nicky Wesson: AIMS has replaced Choosing a Home Birth with this fully revised and updated edition. Nicky tells us what the research says, what midwives think, what mothers want, what babies need. Every sentence is packed with interest. It is relevant to everyone who is pregnant, even if you are not planning a home birth. £8.99

Induction: Do I Really Need It? by Sara Wickham: An in-depth look into the options for women whose babies are 'overdue', as well as those who may or may not have gestational diabetes, or whose waters have broken, but have not gone into labour £5.00

Ultrasound? Unsound! by Beverley Beech and Jean Robinson: A review of ultrasound research, including AIMS' concerns over its expanding routine use in pregnancy £5.00

Vitamin K and the Newborn by Sara Wickham: A thoughtful and fully referenced exploration of the issues surrounding the practice of giving vitamin K as a just-in-case treatment £5.00

What's Right for Me? by Sara Wickham: Making the right choice of maternity care £5.00

Your Birth Rights by Pat Thomas: A practical guide to women's rights, and choices in pregnancy and childbirth £11.50

OCCASIONAL PAPERS

AIMS' Comments on the NHS Complaints Procedures: Problems complainants have with the review system, case note access, time limits; complainants' emotional needs (1993) £2.50

Birth is a Normal Process: A Mother's Perspective: How medicalised hospital birth undermines normal childbirth £2.50

The Benefits and Hazards of Obstetric Care by Beverley Beech: This discusses how obstetric care may lead to poor outcomes for both babies and their mothers £2.50

Drugs in Labour and Birth – What Effect Do They Have 20 Years Hence? by Beverley Beech: The potential long-term adverse effects on the baby of the many drugs used in labour £2.50

History of AIMS 1960–1990: A résumé of AIMS' activities and the campaigns it has undertaken over the last 30 years £2.50

Making a Complaint About Maternity Care by Beverley Beech. A guide that gives information about the procedures, the pitfalls and the regulations surrounding complaints about maternity care £2.50

The Mirage of Choice: The word 'choice' often masks an agenda to persuade women to give birth in hospital despite evidence of the dangers and risks to both mothers and babies £2.50

Pain Relief in Labour: Women's Perspectives: Covers how hospitalised childbirth practices result in women needing drugs for pain relief £2.50

The Pregnant Woman's Need for Information: Medicine Use in Pregnancy and Birth: Paper presented at the 13th European Symposium on Clinical Pharmacology Evaluation in Drug Control; discusses drug usage in pregnancy and birth, and the amount of information and advice given to women £2.50

Procedures Related to Adverse Clinical Incidents and Outcomes in Medical Care: AIMS' response to the House of Commons Health Committee on problems with the current complaints procedures in maternity care £2.50

Risks of Caesarean Section: Research papers on the risks of caesareans, which can be used as a basis for further study of the subject £2.50

Ultrasound – Weighing the Propaganda Against the Facts: A paper that questions the value of routine ultrasound screening, based on the scientific evidence reported since Ultrasound? Unsound! was published £2.50

MISCELLANEOUS

T-shirts: This is your chance to show some attitude – everyone wants to know where they stand – now you can tell them! Quality 100% white cotton T-shirts printed with ***'Don't Mess With Me! I am an AIMS Member.'*** For campaigning or for during your pregnancy. Sizes M (40" round bust and waist) L (44" round bust and waist) XXL (52" round bust and waist) £15.00 each

A Charter for Ethical Research in Maternity Care: Written by AIMS and the National Childbirth Trust, this sets out professional guidelines to help women make informed choices about participating in medical research £1.00

AIMS Envelope Labels: Sticky labels for reusing envelopes 100 for £2.00

Do Not Disturb: Bonding in Progress: Mothers and babies need time to get to know each other. This simple but effective sign can be hung on doors or beds to ensure others get the message £1.00

Maternity Statistics Questionnaire: Any woman wanting information on her local maternity-unit practices can send this questionnaire to her local unit. Please then post a copy of your unit's reply to the AIMS Chair, Beverley Lawrence Beech, who will add the information to AIMS' compendium of hospital practices. £1.00

My Baby's Ultrasound Record: A form to be attached to your case notes as a record of your baby's exposure to ultrasound £1.00

What is AIMS?: Activities of AIMS, the campaigns it has fought and its current campaigns FREE

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Noticeboard

STOP PRESS

Ágnes Geréb, the internationally recognized Hungarian Homebirth Midwife, has been voted 'the most influential woman of the past decade in Hungary'.

The prestigious Hungarian women's magazine, Nők Lapja, and its online version, initiated a public vote to find out who are the decade's most definitive or most popular women in Hungary. In the category of public affairs the majority of the readers' votes were for Dr Ágnes Geréb. This category had involved many well-known and popular figures who presented themselves daily in the most important parts of the Hungarian media.

Because Dr Geréb is presently under house arrest – a situation sought by the Hungarian Prosecution Service to restrict her from attending homebirths – Dorka Herner, her eldest daughter, represented her at the ceremony.

most influential woman of the past decade

In receiving the award on behalf of her mother Dorka Herner's remarks included the following:

'It is a strange and ambiguous feeling to stand here. This situation mirrors the way our family has lived for years surrounded by infinite love and at the same time enormous rejection: here is this prize but it is not possible to hand it to the woman who is awarded it because she is under house arrest.

'When my mother was imprisoned people could not communicate their feelings towards her so it was me whom they approached. I have received 100–200 e-mails daily from those who love and support her. A significant number of the letters were written by those who personally do not know her, however, they respect her for her ongoing struggle for the humanisation of birth, for women's rights and for the freedom of choice.

'Perhaps the prize given to my mother, while it is addressed only and specifically to her, nevertheless, at the same time it is also beyond her and represents an entire cause as well: this prize is the vote of thousands to support the freedom of choice.'

For more information on Ágnes Geréb please visit: freegereb.org/dr-agnes-gereb

AIMS would like to thank you for your support over the last 50 years of campaigning for improvement to the maternity services

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