



Policing Pregnant Women

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Vicki Williams shines a light at commonly accepted compliance strategies

Welcome to your 2013 new look AIMS Journal. It is now 53 years since Sally Willington wrote her first letters and began the avalanche of comment, campaigning and complaint that has put AIMS at the forefront of the quest for improved maternity care ever since. Many things have improved immeasurably for childbearing women since 1960, but it often seems that for every success another hurdle appears ahead.

One of the current major issues facing pregnant women is the insistence of health care professionals that they follow a prescribed and frequently rigid path of care: a path of care that often forgets that women have the right to decide what happens to their body, and a path of care that is all too often paying only scant or even no regard to currently available best evidence.

So entrenched is the belief of many health professionals in the guidance or protocol that fear often leads them to insist that a woman does what makes them feel most comfortable, most in control or, sadly, more powerful. This recurring theme was discussed by Johanne Dagustun in her article [Beware the Dead Baby Card \(AIMS Journal Vol 24 No 3\)](#) where she described how health professionals are understanding and using the power of passing fear on to the women they are caring for.

Taking this a step further into the realms of power and control brings us to the theme of this issue, where women are not persuaded to comply out of fear of something happening to them or their baby, but are threatened with the fear-inducing spectre of 'Child Protection', with the implication that there are agencies with the power to force compliance against parents' wishes, even implying that to not comply may result in court-ordered treatment or even the loss of their children to the care of the State.

The previous issue of the [AIMS Journal \(Vol 24 No 4\)](#) looked at the legal and moral rights of women (and parents in general) to accept or decline treatment as they see fit. This issue takes a look at just how pressures and practices aimed at ensuring compliance work, and how they affect those who are subjected to such blatant bullying, denying them their basic human rights.

The stories have a recurrent theme, and the message is clear : there are health professionals who believe they are better placed to know what is right for these parents and their children than are the parents. This imposition of someone else's choices upon others just because they are in a position of power is unacceptable. The use of the threat of taking children away from a parent is a clear abuse of human rights and an extreme form of coercion. Parents who are left feeling this threat is real will then comply with

almost any requirement in order to avoid Social Services intervention.

All the women's stories in this Journal are of attempts by health professionals to bully them into compliance or seek revenge when they have made their own decisions to decline care. The case of Sarah Beverton on page 8 is one where not only was the woman threatened, but professionals decided to use her husband's employer to force him to force her (note the chain of coercion) to accept medical attendance at the birth of any future children.

On page 5 you will find a plea for you to get involved to help campaign for maternity services that are commissioned in a way that works for women. If we don't work hard for positive changes we will see many, many more women receiving fragmented care and being pulled to pieces by a system that fails to meet their needs on every level.

Equally worrying is the flip side of the professional bullying of parents; those situations where health care professionals who are advocating for women and supporting their choices are subjected to institutional bullying, investigation and even criminal proceedings simply for standing up for the rights and choices of those they care for. This is illustrated by the story of Lucia Ramirez-Montesinos on page 16 and of the cases taken against One to One Midwives (page 25) and Becky Reed (page 27). Bullied midwives need women's support. We all need to stand together to say this is wrong. The Nursing and Midwifery Council (NMC) declares that its main role is to 'safeguard the health and wellbeing of the public' (see www.nmc-uk.org). Its code sets out the standards of conduct expected of nurses and midwives:

- 'Make the care of people your first concern, treating them as individuals and respecting their dignity,
- 'Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community,
- 'Provide a high standard of practice and care at all times,
- 'Be open and honest, act with integrity and uphold the reputation of your profession.'

AIMS is at a loss to see how threatening women, making overzealous and damaging referrals to Social Services and bullying their colleagues, as seen in this Journal, fits that statement. We call on the NMC to stand behind its pledge and start supporting women and those midwives who put women at the centre of the care they give.

A bright light on the horizon is the launch of Birthrights (see page 11). A group of human rights legal experts have come together to provide support and information to women on their rights in childbirth and parenting, and have produced a range of fact sheets covering a variety of topics including rights around consent and treatment and on making complaints and facing criticism and threats under the guise of child protection.

AIMS is offering support to all those trying to exert their own rights, and those who are supporting or acting for them.