Written evidence submitted by Caroline Flint (MSE0015)

Evidence to the Maternity Select Committee

from

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1 - Unfit for Purpose

The maternity services in the UK are just not fit for purpose. The system as it is, is just not working.

There are ongoing investigations into the deaths of women and babies in childbirth in East Kent (26 baby deaths being investigated), Shropshire/Shrewsbury (1,170 maternity cases being investigated – I cannot really believe this figure), Morecombe Bay (11 baby deaths and 1 maternal death being investigated), Romford (5 maternal deaths being investigated) – you name it, it sounds like a list of First World War battles – beautiful healthy young people - all doomed. Black and ethnic minority women are five times more likely to die or lose their babies – it is terrible, especially in 2020 when women are healthier and at far lower risk than they have ever been in the history of womankind. Why is it so dangerous for women in 2020 to have a baby?

2 - The Lynch Pin of Society

The health of women is the lynch pin of society. Women who are mentally and physically healthy bring up children who are usually mentally and physically healthy, and they have partners who are likely to be mentally and physically healthy. So we need to question what is happening to women who are experiencing huge mental health issues around childbirth in 2020. (The NCT which used to be the National Childbirth Trust is now solely concentrating on the mental health of women and their partners, Make Birth Better has been set up to address the mental health of women following birth). PTSD and Post Natal Depression are rife – why?

Having her first baby is for a woman one of the most important experiences of her life, she never, ever forgets it, it can leave her empowered and strong, feeling like a lioness, ready to embrace the challenges of motherhood, feeling proud of herself, ready for anything, robust and powerful. Or, it can leave her battered, feeling disempowered, not having been listened to, scarred physically and mentally. Starting the challenges of motherhood having had a major abdominal operation or having perineal trauma so that sitting, or feeding the baby is hugely painful, so that there is access for infections to take hold, or being depleted of blood leaving her feeling weak make the challenges of a new baby almost impossible.

3 - Ignoring the Basics

So what does this old midwife think is going wrong? Well firstly the basic principles of birth have been forgotten. Women are mammals – like all other mammals when they are in labour they need privacy above everything else, and often darkness. Think of dogs, cats, horses, sheep, deer – they all go off into somewhere private and just get on with the process. Women in 2020 are not allowed that luxury, to their detriment.

Childbirth is essentially a hormonal process and those hormones can easily be disturbed. Women need to be treated with gentleness and respect and not interrupted. Just look at a modern labour ward – bright lights, tons of people, mostly strangers, women interrupted every 15 minutes to have their blood pressure checked or to have fingers stuffed up their vaginas – no wonder the caesarean section rate is about 50% for first time mothers, they are allowed no peace.

Also, women are not told the truth. After aeons of really robust and good research home birth has been time and time again shown to be safer for women than being in hospital. In the Lancet in April

of this year home birth was shown to be a much safer option than hospital birth. Half a million women were studied in this meta-analysis

When women were booked for a home birth (regardless of where they actually gave birth) 40% less needed a caesarean section, 50% were less likely to have an instrumental delivery, 55% were less likely to have an episiotomy, 40% were less likely to have a 3rd or 4th degree tear, 75% were less likely to have an infection. These are startling facts, so why are the maternity services not recommending to women that they at least start off at home in labour and avoid all the interventions that our industrialised maternity services tries to heap upon them.
https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30063-8/fulltext

This is not new information – read the Cochrane Reviews of Home versus Hospital birth, time and time again booking for a home birth confers a level of immunity to trauma. Read the NICE Guidelines – they all say the same. Home Birth is safer for most women than a hospital birth. The brilliant thing about being at home is that a woman can always change her mind and if the labour is taking too long, or is more painful than she expected – she can be transferred into hospital.

4 - Protecting pregnant women.

The other basic principle that has been completely forgotten is that pregnant women are very sensitive and should not be rattled. To get into the state of mind where hormones can take over the process women need to be relaxed, content and optimistic. Modern pregnancy care is completely focussed on "risk" and what can go wrong. So women have numerous scans and are invariably told that their baby is "too small" or "too big", that they must have a Glucose Tolerance Test to check to see if they have "Gestational Diabetes" which might bring shoulder dystocia or any other number of terrifying outcomes. Women are made terrified of a normal physiological process which most women can manage with the minimum of interference. They are invariably induced which produces a much longer and more painful process than a natural labour and they end up unsurprisingly, with complications.

5 - Protecting Midwifery

Since the inception of the Nursing and Midwifery Council (NMC), Midwifery has been under attack. There is at the moment no definition of a Midwife in any of the NMC's documents, they have no Midwife on the Board, their midwifery advice is sporadic and only when they feel they need it (not often). The NMC have virtually destroyed the independence of midwives, their rate of actions against midwives via their Professional Conduct Machinery is absurd, midwives having 40 or 50 charges against them and at the end of the day being told that there is No Case to Answer, imagine how much this all costs and the effects on a dedicated midwife of being on trial for doing her best. This is, in essence, the Nursing Council only. Midwives should have their own Statutory Body as in the Central Midwives Board. Midwives are very important to the health of the whole community; they need support not being scythed into oblivion.

6 –Too many Obstetricians.

About ten years ago the RCOG said that they wanted 1000 more Obstetricians in British Labour Wards, despite a complete lack of evidence that this was what was needed. This is probably the most efficient and politically savvy Trades Union in the world. We now have far too many

Obstetricians in British Labour Wards, it means that women are controlled too much, it means that midwives have no say in what goes on – they are outnumbered and outmanoeuvred. Women have no chance. The WHO describe women in the third world as having too little help, too late but women in our culture as having too much help, too soon. The concept of "Risk" is all that is talked about, it makes childbirth frightening and is just plain ridiculous.

Neary all government advisers are Doctors and there is the occasional midwife who doesn't speak out against them because she doesn't want to rock the boat with her colleagues, this is the same in hospitals – they have to work together, and they like each other. It needs to be remembered that in Obstetrics doctors are only needed when things are going wrong – it is in their interests to make sure that things go wrong as often as possible.

Because of the huge number of Obstetricians at the moment they are veering the service into an unsafe model because there is only so much you can do in childbirth, and interference is not always useful or safe

7 - Lack of Leaders.

The great problem with midwifery is that the Leaders – the innovators, the tall poppies, are invariably referred to the NMC Professional Conduct Committee. The Royal College of Midwives wouldn't say boo to a goose. The Independent Midwives Association is so busy just trying to keep alive having lost Professional Indemnity insurance, midwives are weary and overworked because so many of them have left the profession and everywhere is short of midwifery staff.

The UK has more qualified midwives than almost any other country in Europe – but, where are they? They are working anywhere but in the NHS Maternity Services, they are in M&S, John Lewis, local schools/offices, they cannot bear to work in the NHS where their skills are not valued and their opinions are not listened to, and even worse, if they are at all vocal they are referred to the NMC Professional Conduct Procedures which is used as a mallet to subdue any original thoughts.

The midwives who know most about how women are in labour are Independent Midwives – but after a concerted campaign to destroy them they are very depleted. The so-called Nursing and Midwifery Council is really the Statutory Body for Nurses and has not one midwife on its Council. Their attitude towards Independent Midwives is that they are a nuisance and should be got rid of. This is very short sighted; their numbers will always be very few but they are directly employed by the women – the woman's voice is the only one the Independent Midwife needs to listen to. Midwives employed by the NHS have their professional autonomy interfered with due to "Guidelines", "Protocols" , "This is what we do here", these are invariably set out by the obstetricians and are too blanket to be useful to individual women going through their own unique labour and as we can see from all the complaints – they are proving to be not very useful or safe.

8 – Lack of NHS Budget Flexibility

Over the years there have been some really imaginative, exciting and successful schemes where midwives have been able to make a real relationship with their clients – the Albany Scheme in Peckham, One to One Midwives, Neighbourhood Midwives. These have all failed in the end due to the inflexibility of the NHS Budgetary system, this needs addressing if childbirth is to improve.

Continuity of Midwifery Carer has been shown consistently to improve outcomes which is why the NHS is doing its best to introduce it but it is very difficult within a system which is very inflexible and unwieldy and full of vested interests.

The two proven ways of improving safety in childbirth are booking for a home birth (irrespective of where the birth actually takes place) and being able to make a relationship with your midwife throughout pregnancy, labour, birth and the puerperium. It is not increased monitoring/supervision/scanning/intervention, it is all about respect and gentleness.

Recommendations .

1. Women should be told the truth – booking for a home birth is actually safer than hospital birth.
2. Research should be listened to – not vested interests of the professionals
3. Independent Midwives should be supported and given Professional Indemnity Cover by the NHS
4. The efforts of Trusts to put in place Continuity of Carer schemes should be applauded and encouraged.
5. Midwives taking on 24 hour continuity of carer should be paid extra for being on call 24/7
6. All student midwives should attend a home birth prior to qualifying
7. The NMC should be renamed the Nursing Council and Midwives should have a different Statutory Body
8. The first duty of the new Statutory Body is to agree the definition of a midwife
9. There should be a reduction in the number of Obstetricians in Labour Wards.
10. Some way of enabling independent midwifery services to contract into the NHS should be found.

And finally

Today I am saying ENOUGH!
ENOUGH to the lies women are told about their 'incapable' bodies
ENOUGH to the bullying and coercion they experience when they say 'No'
ENOUGH to the trauma that scars them and those who love them for life
ENOUGH to ignoring the scientific evidence AGAIN and AGAIN and AGAIN
ENOUGH to the power middle class men hold when it comes to women
ENOUGH to the PTSD that is rising in childbirth and the rising rates of suicide
ENOUGH to the horror stories that strip women of their hopes and dreams
ENOUGH to the impersonalised care we give, knowing we can do better
ENOUGH to a system focused on itself, not women, despite the mission statements

ENOUGH to anxious babies looking for love in their haunted mother's eyes
ENOUGH to our money spent on causing harm in health care, not preventing it
ENOUGH to weak leaders and politically correct tiptoeing around the issue
ENOUGH when we know better
ENOUGH when we know how
ENOUGH when we know why
ENOUGH when it can change now
ENOUGH!

ENOUGH!

ENOUGH!

ENOUGH!

Author unknown

European Community Midwives' Directives (80/155/EEC Article 4)

Member states shall ensure that midwives are at least entitled to take up and pursue the following activities:

1. to provide sound family planning information and advice
2. to diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies.
3. To prescribe or advise on the examination necessary for the earliest possible diagnosis of pregnancies at risk;
4. To provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition;
5. To care for and assist the mother during labour and to monitor the condition of the fetus in utero by the appropriate clinical and technical means;
6. To conduct spontaneous deliveries including where required an episiotomy and in urgent cases a breech delivery;
7. To recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measures in the doctor's absence, in particular the manual removal of placenta, possibly followed by manual examination of the uterus;
8. To examine and care for the new-born infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation;
9. To care for and monitor the progress of the mother in the postnatal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;

10 to carry out the treatment prescribed by a doctor;
11 to maintain all necessary records

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