Report on the Second Birth Project Group Weekend,

Creating Change in Improbable Places,

School of Nursing and Midwifery, Dublin, April, 2010

Compiled by the Birth Project Group

'The Keeping Mum Project'

at the

'Creating Change in Improbable Places'

Workshop Weekend

17th-18th April 2010

Our second weekend workshop, entitled Creating Change in Improbable Places was held in the School of Nursing and Midwifery, Trinity College Dublin, on the weekend of 17th-18th April. Although a number of our speakers and attendees from the UK were prevented from coming, due to travel disruptions caused by the ash cloud, the event was very well attended on both days and brought a great buzz to the School.

We had approximately 140 people attending on the first day with the second day attracting approximately fifty participants. While the Study Day on Saturday was open to all, the workshops on Sunday were restricted to student midwives, birth educators, birth support groups, and women as mothers. Students came from University College Dublin, Dundalk Institute of Technology, University College Cork and National University of Ireland, Galway, to both days while the Study Day attracted a good number of midwives in practice and midwifery educators. We also had the art display from the Co Clare–based community arts project, Keeping MUM, which stood as a standalone feature in the Foyer.

Our programme had been put together to emphasise where change is possible even within large-scale maternity units. Thus in the morning session, we looked at practice in these units. Patricia Hughes who is director of Maternity Services in the Coombe University Hospital for Women and Children which is one of the largest units in Europe with over 8,000 births per year, spoke about their plans to develop a midwifery-led unit `- in spite of the current financial restrictions, and of how midwifery practice in the Coombe was steadily changing towards a firmer evidence base that favours woman-centred care. Sheena Byrom then spoke from the heart on becoming and remaining a midwife devoted to best care for women and being with women. She described how she and her obstetric colleague, Liz Martindale, had initiated the movement to change the culture of two maternity units in Lancashire, helping staff to work with them to be far more creative and responsive to women. Declan Devane followed with a challenging account of the misuse and misrepresentation of the clinical utility of the routine cardiotocography (CTG) by midwives and doctors. His research on the value of the CTG has been a key marker internationally and it was a vital talk for clinicians and students to hear. Declan used a video clip on the importance not of leadership but of the 'first follower' to encourage midwives to do what is right, not what is comfortable within an institutional culture.

These longer talks were interspersed with a brief sketch about midwifery in nineteenth century Ireland by Rosemary Corcoran and Jo Murphy-Lawless. Krysia Lynch from AIMSI presented the results of its 2009 survey of women's experiences of birth in Ireland, What Matters to You, which showed all too clearly the terrible gap between where our services are and where women need them to be. Martina Hynan

from the Keeping MUM community arts project in Co Clare, on birth and mothering gave an introduction to their powerful exhibition on display in the foyer.

After lunch, we began with a small skit, Good Midwife, Bad Midwife, written by four TCD second year midwifery students, Gwen Baker, Mary Horgan, Marie-Neith De Loisy Morand and Charlotte Murphy, which showed readily the contrast between the supportive midwife who is prepared to use her skills and the conventional response to a woman, not supporting the woman and relying instead on the epidural to get the woman through her labour. They made their point vividly bringing home what the speakers were getting across about best midwifery practice.

Sarah Davies, from Salford University and a member of the Albany Model Advisory Group then stepped in for midwife Becky Reed, from the Albany Midwifery Practice, which was controversially suspended in the autumn of 2009, to speak about the Albany and what its practice can tell us of what midwifery can achieve. The presentation had slides of women, midwives and good births from the files of the Albany which moved many in the audience to tears.

The tragedy of the Albany tells us above all that we need people in management and positions of policy-making who really understand the importance of genuine midwifery. Our final two speakers, Roisin Maguire from the Health Services Executive, and Pat Kinder, Chairperson of the Kinder Maternity Services Task Force, gave us a nail-biting account of the incredibly hard work to obtain, against the odds and then have thoroughly evaluated, two midwifery-led units in Ireland in Cavan and Drogheda . This has been a white-knuckled journey in which those championing midwifery had to hold their nerve and be very astute about engaging and building successful coalitions with people not impressed by or frankly opposed to, such efforts.

The second day saw five workshops taking place:

Women working creatively and politically

How to support women with birth education

How can independent midwifery help to change mainstream practices

How pain and progress in labour are perceived by women and midwives

How to use evidence for change in practice for women and midwives

These were preceded by a general session in which we talked about what we hoped to accomplish in the workshops, namely some realistic action points to bring back to the main group.

When we all reconvened after the workshops, each group presented an outline of its discussions and we then summed up the action points.

This work, while more finely-grained, seemed to be every bit as important as the larger-scale Study Day, not least because people were meeting and talking with one another freely, without worrying, about often obstructive boundaries when in hospital and institutional settings.

Certificates of Attendance were there for everyone for both Saturday and Sunday. All costs for the conference were met in full, in that the monies we took in for each day's fee, covered the building hire, security costs and lunches and refreshments plus the travel and associated costs of Sheena Byrom from the UK. People generously waived local travel fees, and there were no speaker fees given. People were also very generous in bringing food to the conference to help supplement tea and coffee on both days. We were well aware that tea and coffee to begin with and lovely food throughout both days would make it possible for people to meet and chat in ways that are immensely beneficial.

On the Tuesday following the conference, an article which had been pre-arranged with the journalist on the concerns of the Birth Project Group, interviews with some of the speakers and an account of the conference appeared in The Irish Times.

Feedback about the Weekend

The feedback from the two days started almost at once with a string of spontaneous emails.

These were some of the comments received by email:

'just excellent'

'truly inspiring'

'such a rich resource'

'a terrific conference'

'an inspiring weekend'

‘what a wonderful success’

‘the conference was fantastic’

‘this wave of tremendous energy’

‘really great, very inspiring and such a tonic’

‘wonderful weekend...what a truly great feat’

‘a stimulating, thought provoking and powerful conference’

‘the conference weekend saved my belief, wonder and passion’

‘far and away the most closely connected with our vision’

‘NOW is the time to stand up for and with women’

Longer comments received some weeks later included these:

> **It has energised me in relation to the struggle for Birth Choice for women and regarding midwifery education (Midwife)**
>
> **It is crucial we are not separated – we have “power” as a collective unit and can have our voices heard (Midwife)**
>
> **Recognising the value and importance of bringing <u>all</u> birth related groups and professionals together to share insights, educate and support each other in the goal of improving care in the maternity services. I thought this especially valuable for student midwives who will be entering the system over the coming years. We can all learn from each other in collaborative sessions such as the Birth Project Weekend (Birth activist)**
>
> **Reaffirming how pregnancy, birth for a woman, family and community can be such a positive and life changing process with <u>profound long term impacts on mothering and subsequently society as a whole.</u>**
>
> **The <u>type of care and support</u> during this time is instrumental and making or breaking an experience for a woman and her family. Again the profound impact this can have is unquantifiable (Birth activist)**
>
> **One theme was ‘new wave feminism’ very much inspired by the art display at the front door of the building. I was overwhelmed by the display and emotionally moved. Progress was another theme and how all of the professionals and birth supporters were there to drive the services on with women and their young in the centre not the periphery. Finally, inclusion was the other theme that struck me. Women, with their young included in such a wonderful conference, consultation possible and equally given opportunity to contribute to the talks or ask questions.**
>
> **(Birth activist)**

Inspired by meeting the great midwives I have been enthused by through books and research. As a mature 4th year student I have many ideas and ideals, which don't always have a place in a busy hospital environment. There can be many times that I question or doubt myself, when in fact I am just questioning the system that seems to be in place. It was refreshing to hear the struggles and joys of all the great midwives and be part of a group of women that really only want the best for other women. I found I was energized and recharged and given direction in moving forward. I have thought about 'the nutter' from Declan's presentation idea and since then I have found the nutter and followed her/them, encouraging them and telling them how wonderful they are and how good they are with the women. This has opened up great conversations and sharing of 'dreams', it really has been a very positive move forward. I attended Colm O' Boyle's workshop and again this has inspired me to encourage the midwife out from under the radar and share her wonderful talents and wisdom with others. This I hope will help me to be an autonomous practitioner (Fourth year student midwife)

As a student midwife I have a renewed energy to continue to reach my goal of becoming a midwife. Practice placements in maternity hospitals have been so medically dominated that I feared that when qualified the hopelessness of the system ever changing would result in my practice conforming to that system. I have question whether I could ever gain the experience and confidence I needed to practice the way a midwife should practice. The unstoppable work of those who participated in the weekend showed that while progress is slow things are changing. I know that those of us coming on stream next year must not lose sight of what we want to achieve for women. Knowing that the background support is there is hugely important. We cannot do it on our own.

As the two days evolved the disparity between the indoctrination we have had for the last three years and the reality of how and where the majority of us will work seems less of a problem. Hearing and seeing how progress, slow and small-scale as it is, has made such a difference for so many women, I am more convinced that if we keep to our ethos we will make a difference even within the medicalised system. (Third year student midwife)

Overall, the weekend gave me hope that change is underway. As a student I sometimes find it difficult to reconcile what I read about best-practice and the reality I encounter on the ground… I would imagine it is easy to become disillusioned. But it's important not to be negative too – as Sheena said, it is crucial not to polarize obstetric v midwifery care or hospital v homebirth. In the examples she gave from her own unit, she talked about how collaboration, dialogue and co-operation brought about change….I thought those were very wise words. For me, Declan's presentation was so important – not just the facts but the way he presented the argument. So compelling – every student should hear it. (Second year student midwife)

The importance of the birthing experience for the woman and how it impacts on her and her family. How destructive the medical model can be and cause more harm than good.

I was delighted to hear Patricia Hughes' speech, I feel she is playing a vital role in changing practice in the Coombe. I think it is fantastic the changes she has made already and can't wait to see what else she has in line. It is great to have her on board especially in a major hospital in Dublin city centre, hopefully the rest will see her benefits and progress/ follow in same direction. I found Mr. Pat Kinder's speech also valuable and interesting. He emphasised the importance of team working and how we need to work together including working with the doctors to improve care.

Other themes involved working with women in lower-social economic class and how treating them with respect as well as educating them on birth and how it could be so empowering for them. It emphasised the importance of antenatal visits in the community and demonstrated how successful this can be. I think this would be fantastic for rural areas in Ireland, providing continuity of care is best practice with high optimal outcomes for the women (Third year student midwife)

Appendix I Creating Change in Improbable Places Weekend, Complete Programme

Saturday 17th April 2010

08.30 - 09.20	Registration and refreshments
09.30 – 09.50	Opening welcome **Nessa McHugh, Birth Project Group**

Session 1: Initiating change in hospital practice

09.50 – 10.15	The challenge of establishing a birthing centre within a large tertiary maternity hospital **Patricia Hughes - Director of Midwifery Services,** **Coombe Women and Children's University Hospital**
10.15 - 10.20	Q & A session
10.20 -10.50	Sustaining normality in obstetric settings **Sheena Byrom, Head of Midwifery, East Lancashire Hospitals NHS Trust and** **Elizabeth Martindale, Consultant Obstetrician, East Lancashire Hospitals NHS Trust (not able to attend because of ash cloud but we saw her dealing with a breech birth on her own hands and knees)**
10.50-11.15	Q & A session, Discussion from the floor
11.15- 11.40	**Refreshment Break**

Session 2: Challenging structural constraints

11.40 - 12.00 Mary Mohan, the Midwife from William Carleton's Fardorougha, 1839- Sketch **with Jo Murphy-Lawless and Rosemary Corcoran**

12.00 - 12.25 The grip of electronic fetal monitoring

Declan Devane

12.25 - 12.40 Discussion

12.40 - 12.45 **Martina Hynan** on Keeping MUM

12.45 - 12.50 What Matters to You, Results of the 2009 AIMSI Survey

Krsyia Lynch AIMSI

12.50 - 14.00 **Lunch**

Keeping MUM Exhibition on display

Session 3: Building support for new practices within health service structures

Chairperson: **Cecily Begley, School of Nursing and Midwifery,**

Trinity College Dublin

14.00 - 14.25 Sketch: A Tale of Two Midwives

Gwen Baker, Mary Horgan, Marie-Neith De Loisy Morand and Charlotte Murphy

14.15 - 14.40 Sarah Davies speaking for Be**cky Reed and Emma Beamish** on the Albany model

14.40 - 14.45 Q & A session

14.45 - 15.10 Management structures that support midwifery initiatives

Roisin Maguire

15.10 - 15.15 Q & A session

15.15 - 15.40 Lessons from the Maternity Services Task Force

Pat Kinder

15.40 - 15.45 Q & A session

15.45 - 16.05 General discussion

16.05 Closing comments Rosemary Mander

16.15 Close of conference

Sunday

Workshop sessions: Women and midwifery students working for change

10.30 -10.50	Getting started: introductions and ground rules for the workshop sessions **Jo Murphy-Lawless**
10.50 - 11.50	Workshop discussion
11.50 - 12.05	Getting themes together for presentation to the whole group
12.05 -12.45	Each workshop presents its themes to the whole group
12.45 -13.45	**Lunch** During lunch, there is a chance to see the Framework Films documentary about midwifery
13.45 -14.45	General discussion
14.45	Closing comments – Birth Project Group
15.00	Close of conference

List of workshops

Women working creatively and politically

Martina Hynan and Susannah Sweetman, Birthchoice Clare and AIMSI

How to support women with birth education

Niamh Healy and Marguerite Hannan, Cuidiu/Irish Childbirth Trust and Doula Association of Ireland

How can independent midwifery help to change mainstream practices

Colm O'Boyle, School of Nursing and Midwifery, Trinity College Dublin

How pain and progress in labour are perceived by women and midwives

Sally Millar and Bridget Sheeran, School of Nursing and Midwifery, Trinity College Dublin

How to use evidence for change in practice for women and midwvies (the MidU study and the ADCAR study)

Cecily Begley and Valerie Smith, School of Nursing and Midwifery, Trinity College Dublin

Appendix II Action Points Circulated to All Attendees Post-Workshop Weekend

Outcomes and Suggested Onward Actions from the Creating Change Workshop Weekend

1. ARM branch for the Republic – student midwives from TCD, UCC, and NUIG have agreed to take on the work of setting this up and have been put in contact with ARM Secretary Sarah Montagu and Sarah Davies from U of Salford who is contact person for ARM in greater Manchester area.

2. Linking of websites here in the Republic

    a. Getting the Childbirth Choices website up and linking this and existing websites through the National Women's Council of Ireland – work of the Midwifery Forum TCD

    b. Giving room on larger websites like Childbirth Choices when it gets going for smaller groups like Gort Breastfeeding Support Group and the Community Midwives Association of Ireland

3. Using 'press releases' on the various birth support group websites to draw attention to specific issues based on evidence; for example:

    a. an 'alert' to women about the impact of routine CTG on their labours

    b. a simple 'checklist' sheet to go on the websites and to be sent to senior midwives in hospitals about continuous support from a birth partner chosen by the woman

4. Workshops organised by the Birth Project Group with midwifery students, birth support groups and women on specific issues such as:

    a. Skills and knowledge about different positions in labour

    b. The work of sustaining a woman in labour when you are newly qualified and need to gain confidence and skill

    c. How doulas and midwives work together to support a woman in labour

    d. How to use birth activism creatively

5. Getting typed up the sheets from the feedbacks sessions on the workshops on Sunday and circulating to all who attended –Birth Project Group with support from TCD Midwifery Forum admin officer

6. PDFs of the Saturday Study Day presentations – a member of the Birth Project Group will contact contributors to ask about this

7. Feedback forms to be sent to all participants of both days by Birth Project Group

8. Article for AIMS Journal to be written in four sections by a midwife, midwifery students, a doula, and a mother – Birth Project Group member to coordinate

9. Using creativity such as the Keeping MUM project more widely

Some of these matters will be carried forward by the Birth Project Group, some by the birth support groups and a couple by the Midwifery Forum TCD. And the creativity in all sorts of ways will flow, we hope, in other connections for many who attended.

Appendix III Feedback Sheets from the Five Sunday Workshops

Workshop I How pain and progress in labour are perceived by women and midwives

Led by Sally Millar, SECM, TCD and Bridget Sheeran, SECM and President, Community Midwives Association

Conditioned perceptions of what you bring to labour

Pain – what you think about it

Pain tells us things – positive

Positive pain – motivates

Working with pain: trust in the process, self, attendants

Pain validates women's "labour"

Increase in fear and tension leads to increase in pain

Autonomy of mother V attendants who are often linked to agendas, systems, 'ink control', and are controlling

IMPORTANCE OF PHYSICAL AND SOCIAL ENVIRONMENT

POSITIVE RELATIONSHIPS

EQUALITY OF RELATIONSHIP

PROGRESS

LOOK LISTEN NURTURE

USE HONEST POSITIVE LANGUAGE

DO NOT USE TECHNICAL LANGUAGE

Workshop II How can independent midwifery help to change mainstream practices

Led by Colm O'Boyle, SNM, Independent Midwife

Dilemma of Memorandum of Understanding

Newly qualified midwives in community

Experience/risk

Normality in Hospital setting

Woman first – honouring birth plans

- More communication between hospital and community – decrease polarisation
- Keeping women at the centre of care
- Integration of services. Giving credit to the role of hospital in home birth booking at hospital.
- Demonstrating good home birth stories
- Negotiating women's needs/ choice for place of birth
- Why do women choose midwives for home birth –
    - Confidence, knowledge support for what they choose
    - Affirm their own knowledge

Domino care - bridge between community and hospital

Working under the hospital radar – protecting the system – partograms

Need to be visible and accountable to integrate independent midwifery

Midwifery opposing 'nursing care'

Safety from a different approach

Appreciating the inspirational midwifery "leaders"

Knowledge and power

Different approaches not opposing forces/isolation

Visibility within the system

Independent midwifery as role modules for MLU and community midwifery

Lobbying to allow <u>all</u> women choice

- Political
- Building connection with HSE
- Women's Voices
- Midwives' voices

How can Independent Midwifery help change mainstream practices

Coming out from under the radar

Not to be seen as opposing forces

Building relationships learning from each other

We're OK, you're OK

Choice

EMPOWERMENT

SUPPORT

NURTURING

- Midwives, activists, students, women, families, community

- LINKS – make connections
- REFLECTION, MINDFULNESS
- How to enable midwives
- Midwives/managers who can't articulate – FEAR, SCARED
- BREAK FEAR AND SILENCE OF MIDWIVES THROUGH ART WORKSHOPS
- If midwife realise women appreciate their knowledge – empowerment relationships
- What is knowledge
- Language
- Continuous 'keeping mum' dialogue
- Tradition – labyrinths, opening gates, etc

MAKING SPACE

- CREATING AREAS WITHIN HOSPITAL ENVIRONMENT
- Invitation to midwives - some may come
- Small spaces to nurture each other
- Reconfirm
- Communal resilience, individual resistance
- Techniques
- Getting together more frequently

Know where the resources/ people/ support are

- where well is to draw from
- Positive Birth Images
- How to change
- ARM Ireland for students

1. Perceptions

Pain – instinctive reaction

creates reactions

Are you alright

Angry with concern

Some want to help, some don't

Yoga women - why experience pain?

Why is it not ok to have pain?

Other pain is worse than birth

Lethargy sickness worse

2. Perception of painless birth – getting through birth

Hospital perception

Pain is inevitable

Treat it

Midwives and doctors

Women Afraid

Manage Pain

Fear

Lack of confidence

FEAR TENSION PAIN

Don't go into cycle of this

GO INTO TRUST

3. SURRENDER UNDERSTAND TRUST OF BODY AWAY FROM PAIN AND REMOVE IT

ADRENALINE

CATEHOLAMINES

OXYTOCIN

ENDORPHINS

Push through the pain?

Athletes – work with the pain?

Trusting bodies

Enable physiology

Not fight or fear

Expectations influenced by perception / options made available

4. Validation – language, support, of intensity

[Tools for revolution]

Embarrassment and environment Physical and Social environment

Apologising

Equality of relationship with attendants

Pain Tells You Thinks

Cervix dilating

Letting go

5. PAIN

INTENSE

STRONG

ORGASM

REALISTIC PRECEPTIONS EXPECTATIONS

FEAR OF UNKNOWN

VALIDATE

WOMAN'S PERCEPTIONS

6. PROGRESS

TECHNICAL DEFINITIONS

'Normal parameters'

Women all different

Behavioural changes – quieter, sounds, emotions

Time Driven

See body working well – purple line discharges

Validate and Support

Language

Look/ listen/ nurture

SRM or ARM = progress?

PAIN RELIEF

SUPPORT = NEEDS LESS P.R decrease Fight or flight

CULTURE AND TRADITION

SUPPORTING WOMEN IS TIRING

"NO MEDALS FOR MARTYRS"

WOMEN PREPARING DURING PRGNANCY

KEEP WOMEN OUT OF LABOUR WARD

Workshop III How can research help women and midwives to better birth practices

Led by Valerie Smith SNM, TCD and Cecily Begley, SNM, TCD

EFM

BENEFIT: decrease seizures (but no difference on follow up)

HARM: Women think they are abnormal - fear

- slow labour – intervention increase C.S (x2.5)

CHALLENGES

Interpretation differs

ACCELERATING LABOUR

HARMS: increase C.S, increase vac/forceps, increase pain relief

Benefit: shorter labour, did women mind longer labour?

NOT ACCELERATING LABOUR

BENEFIT: increased satisfaction, better psychologically

Education for women and midwives

Negative media images

Midwives don't give full information

THEMES

Benefit V Harm

Challenging culture and tradition

Women and Midwives working together

Workshop IV Women working creatively and politically

Led by Martina Hynan, Birthchoice Clare, and Sarah Davies, University of Salford

Emotional responses to visual imagery

How visual images tap into women's and midwives' experience, expectations and fears.

We also discussed the need for health professionals to have opportunities to engage with their experiences in a supportive environment.

We talked about the need to acknowledge the impact of working within the maternity services on them personally.

While the concerns of women are uppermost in their minds there is also an awareness of the emotional, psychological and physical impact on midwives.

We speculated on the possibility of creating opportunities for midwives and student midwives to share their experiences as a way of helping them and reviewing their practice.

To sum up:

Creation of reflexive workshops for midwives and student midwives to explore their personal experiences of working within the maternity services as part of their professional

development; this could include drawing on cultural readings of birth from other cultures together with explorations of their own experiences

Workshop V How to support women with birth education

Led by Niamh Healy, Birth education teacher, Cuidiu/Irish Childbirth Trust and Marguerite Hannon, Doula Association of Ireland

Where does birth education take place?	How can we provide support in these situations?
Community – health centres	Share experiences, constructive
Family and Friends	
TV	
Books	Recommendations good sources
Internet	
Hospital Classes	
Meeting Midwives	Date v due date Avoid talk of complication Helping women to trust their bodies Encourage responsibility Manage themselves – antonomy Active Participation
GP	Provide info on all choices

Support groups LLL, Cuidiú, HBA	
Pharmacy	Provide info on all choices
Doula Mother Debriefed	1:1 Support Information – encouraging promoting choice to suit Non-directive empowering

What do women need to know?

Beliefs:

Belief in childbirth – normal birth

Belief in her ability to do it – forget inhibitions, do what you need to do

Belief in her midwife

Informed decision making – involved BRAIN

Information:

Options: Interventions and alternatives

Explain normal labour

Understanding fear and hormone link

Need to get to really connect with midwife

Practical: Breathing, positions – UFO, Pushing, yoga, perineal message, pelvic floor exercises, massages, changing the environment – its their space

Remind Ourselves

Philosophy of Midwives is to promote normal birth, to work in partnership with the woman, to facilitate informed decision making and her belief in normal birth will impact a woman's birth experience but also before the birth it will

- promote confidence

- encourage / empower
- reduce fear
- support women/ couples
- support women/ couples

Appendix IV Text of Article, 'Maternity options are well overdue' by Sheila Wayman, published in *The Irish Times*, Tuesday, 20 April, 2010.

Maternity options are well overdue

Tue, Apr 20, 2010

A new survey shows that Irish women want more options and more input into how they give birth, writes **SHEILA WAYMAN**

WOMEN'S UNHAPPINESS at the lack of choice in the type of maternity care offered in Ireland is clearly signalled in a recent survey of mothers who have given birth here over the past five years.

Three-quarters of respondents said they wanted an option of midwifery-led care which was not available to them. Even where midwifery care was available, the research, conducted by the Association for Improvements in the Maternity Services (Aims) Ireland, found that women felt they were very easily excluded from it. The self-selecting, online survey was completed by 367 mothers.

In many parts of the country women have very polarised choices, says the spokeswoman for Aims Ireland, Krysia Lynch. "It is either home birth or consultant-led care and most women don't want either – they want something in the middle."

Anybody who ventures into a discussion of choices in maternity care knows just how divisive it can be. You only have to look at the forums on parenting websites to see ample evidence of that.

Giving birth is so personal and emotionally charged that, once experienced, it is hard to be neutral about it. It bemuses me how strongly some mothers challenge opposing views, based on their own experience.

A recent thread on magicmum.com discussing the attitude, "Your baby is healthy and that's all that really matters", very quickly developed into a stereotypical debate "between the delusional hippies who do hypnobirthing home births and the naive trusting sheep in over-medicalised hospitals", as one contributor put it.

Equally, some will see our maternity care system validated by Ireland's rating as the sixth safest country in the world in which to give birth, at 5.7 maternal deaths per 100,000 live births, in a report published by the Lancet medical journal last week. Others will question the data on which those figures are based and argue that simply surviving the process is not what good maternity care is about.

Lynch feels strongly that mothers-to-be don't have adequate information to make an informed choice about maternity care.

The number one recommendation from Aims Ireland, arising from its survey, is that the HSE should fund the creation of a maternity care information pack detailing all models of antenatal care available by region.

In the absence of such neutral information, women currently have to rely on the "very loaded information from your GP", she says, who has a vested interest in combined care, or from friends. And getting information about birth choices from friends is "very dodgy".

“They are definitely not neutral. Mums tend to either want other mums to do what they’ve done, to validate their choice, or they definitely don’t want something too far away from what they’ve done as it might make them feel bad,” says Lynch.

The move towards an increased range of choice in maternity care is discernible but very slow. It has been hampered by conflicting professional interests, over-stretched maternity hospitals and a strong public culture of “doctor knows best”.

Meanwhile, the merits and dangers of both “natural birth” and “medicalised birth” are thrashed out on all sides.

Even midwives are divided among themselves about birthing issues, says the director of midwifery services at the Coombe Women and Infants University Hospital, Patricia Hughes.

“It is sad. There is room for everybody here. It is not about obstetric care being better or worse than midwifery, and neither is it about midwifery being worse or better.”

She sums up the issue succinctly, as being a question of “the right care being delivered to the right people at the right time by the right professionals”.

When the Coombe hospital eventually relocates to new premises in co-location with Tallaght hospital, it is envisaged that it will have capacity for 10,000 births annually, of which 2,000 will be in a midwifery-led unit. In the meantime, the hospital is taking small steps towards increasing access to midwifery care, with antenatal clinics in the community.

A multidisciplinary forum within the hospital recently agreed on “fairly significant proposals of change in how we deliver care”, explains Hughes, which it hopes to implement next month.

These measures include allowing mothers to drink fluids and even eat a snack during labour; midwives doing discharges of low-risk women and midwives administering the prostaglandin (used to induce natural labour) to “the uncomplicated labourer who is post-term”, says Hughes.

The argument for more midwifery-led care was strongly bolstered by the publication earlier this year of the evaluation of a pilot scheme in the HSE’s north eastern region.

The Republic’s first midwifery-led units were established alongside consultant-led units at Our Lady of Lourdes Hospital in Drogheda and at Cavan General Hospital in 2004.

The report on the randomised controlled trial of women attending these pilot programmes, compiled by the School of Nursing and Midwifery at Trinity College Dublin, concluded that the midwifery-led care practised there “is as safe as consultant-led care, results in less intervention, is viewed by women with greater satisfaction in some aspects of care and is more cost effective”.

It is heartening, says Hughes, to have this strong data from Ireland – “although I am sure there are people who still want to question it” – rather than having to point to the experience in other countries such as the Netherlands. It should pave the way for more midwifery -led units here.

When talking about midwifery-led care, it is always necessary to stress that this is for women identified as low risk. Women with complications, or indications of potential complications, are referred to consultants.

Pat Kinder, chairman of the Maternity Services Task Force which oversaw establishment of the two midwifery-led units, says it is a question of using a professional group to their maximum level of professionalism.

Midwives should be allowed to do what they do safely, leaving consultants more time to use their particular skills where needed – that is what makes it more economic, he points out.

“It would be wrong to see this as for the midwives and against doctors,” he stresses. “It is about women and children – and trying to present them choice without risk.”

He continues: “You would be a fool if you didn’t realise you are influencing professional boundaries when you are dealing with this. But nobody owns a patient.”

A mother has a right to make choices, as long as she understands what the implications are, he adds.

Both Kinder and Hughes were speakers at a workshop for midwifery students, birth support groups and birth educators in Trinity College Dublin, last weekend, organised by the Birth Project Group.

A collaboration between women in the college’s School of Nursing and Midwifery and some of their counterparts in Edinburgh, the group aims to promote the sharing of experiences and ideas for improving ways of supporting birthing women.

Birth Project Group member Jo Murphy-Lawless, a sociologist who lectures in Trinity’s School of Nursing and Midwifery, outlines measures she believes “can transform what at present is deeply medicalised care”.

These include: continuity of carer, so that each woman has the same midwife or the same pair of midwives from her first antenatal appointment to after her baby is born; moving midwifery into the community with midwifery-led units; and also making evidence-based information on birth options and birth interventions more readily available.

If we also had national care standards that were evidence-based, set and enforced by a body equivalent to the UK’s National Institute of Clinical Excellence, along with a national framework document for the development of maternity services, she adds, “we would have services to be proud of rather than the current pig in a poke which is being handed to women in Ireland”.

'It was the trust I had with the midwife that led to my natural birth'

Pregnancy and motherhood seemed an “extremely daunting task” to Carol McGowan the first time around, but a friend recommended the midwifery-led unit in Our Lady of Lourdes Hospital in Drogheda. She went for a booking appointment and was told she was an “ideal candidate” for the unit as she was perfectly healthy. From then on her antenatal visits were either at her GP’s surgery (where she mostly saw the practice nurse) or with the midwives. There was none of the usual waiting for hours in a crowded room of pregnant women, for a few minutes with a consultant.

“If you made an appointment for two o’clock in the midwifery-led unit, you would be seen at two o’clock,” says McGowan, a lecturer in social care at Dundalk Institute of Technology. “In my mind, birth is a normal healthy process and I didn’t need doctors. I was really hoping I would never see a consultant as I knew I would be moving to a risk category if I did.”

The midwives made her feel valued. “I felt really empowered as a woman. I built a relationship with the midwives and it was very likely I was going to have one of them assisting at the birth.” She could talk to them anytime if she had any worries about the pregnancy, and “normal ambivalence about motherhood was discussed in a way that was so empathetic and considered”, she says. “It was such a holistic service, and my husband Aidan felt so welcome there.”

Embarking on a journey of the unknown, did she worry that there would be no epidural available from the midwives? “Well, no – I knew it was on the next floor,” she points out. Women can be transferred to the consultant-led unit within minutes for medical reasons or if the pain becomes too much and they opt for an epidural.

When she went to the hospital in labour in the early hours of Friday, July 13th, 2007, she was the only patient in the midwifery-led unit. The birthing pool was “fantastic” for pain relief, she says. “The whole thing was really supportive of my natural birth, and I had a bit of gas and air near the end,” before delivering Aoibhín at 1.55pm.

Afterwards, McGowan was on a natural high “that went on for about five weeks. I felt amazing. It was the trust I had with the midwife that led to my natural birth,” she adds. “The birth happened within a relationship and that is what I think a lot of women are missing out on.”

Two years later she very happily did it all again – this time with an independent midwife at home – and gave birth to Moya, who is now six months old.

35% of women did not attend antenatal classes

3% rated their antenatal care as “poor” but

22% thought the care they received after birth was poor

Figures from *What Matters to You* survey by the Association for Improvements in the Maternity Services, Ireland

Appendix V: Text of Pat Kinder's Talk

MATERNITY SERVICES TASK FORCE
LESSONS LEARNED

Pat Kinder -17 April 2010

Pat Kinder spoke from notes rather than a prepared speech and the elements of the topic which he addressed are listed below.

BACKGROUND

The Maternity Services Task Force comprised eight members who had mostly been members of the Maternity Services Review Group established by the former North Eastern Health Board (NEHB). The principal recommendations of the Review Group were to establish a programme to develop women's and children's services to be run on a regional basis incorporating clinical governance, participation by consumers and the development of midwifery led care.

REVIEW

The work of the Task Force has largely met the objectives set for it. Reviewing the lessons learned from its operation brings out the following points:

Patronage: The NEHB supported the project and gave authority to the members of the Task Force in facilitating the implementation of the Review Group's recommendations. The patronage turned out to be a very important factor when dealing with the many groups involved in implementing the plan.

Participation: The NEHB also designated a number of senior staff to work with the Task Force which brought about a better understanding of systems, pressure groups and the interface of women's and children's services with other services provided in the region.

Planning: Plans were laid to ensure that an orderly and co-ordinated approach was taken to the task. This included the establishment of a multi-disciplinary committee structure at hospital level in Drogheda and Cavan (Care Process Groups) which included representatives of senior management, obstetrics, paediatrics, nursing, midwifery, general practice, public health nursing and others as necessary. Progress via the Care Process Groups was monitored closely by the Task Force and assistance provided by its members when issues required clarification or resolution. The successful operation of the project was largely due to the

effectiveness of this committee structure in ensuring delivery of the objectives.

Persuasion: Inevitably, there were many points of difference with groups of staff and individuals and it was necessary to address these points of view and to use persuasive methods in dealing with them.

Persistence: Some might call this passion! In any event, the whole exercise had to be addressed on a basis that there was a determination to make it happen.

Patience: There is a fine balance between determination to achieve objectives and having the patience to take others with you.

LEGACY

One of the main objectives of the Task Force to establish midwifery-led units in Drogheda and Cavan is the thing which concerns us today. The randomized controlled trial conducted by Trinity (MidU Study) of which you are aware, brought about the opportunity for analysis of all the elements of providing a safe and quality midwife-led service within an obstetric environment. The two units will continue to operate in the future and will be under the direction of a clinical directorate for women's and children's services. The clinical directorate, led by Dr Alan Finan, consultant paediatrician, is region-wide and has much work to do in incorporating the former Review Group's objectives and addressing the integration of a programme of care for women and children within the region.

The clinical directorate is the only one of its type in the Republic and it has to find ways of interfacing this programme of care on a regional basis into the hospital environment, addressing the needs of other specialties and integrating it into community services. It will be important to keep a focus on the programme and to support it in every way possible.

OTHER CONSIDERATIONS

Looking back at what happened with a view of learning for the future, other factors which must be kept in mind are:

Views of Women

Much lip service is paid to the word 'choice' and ways must be found to incorporate the views of women in the planning, development and delivery of women's and children's services, particularly the midwife-led service. The effective organization of such stakeholders requires careful consideration by management.

Obstetricians and Paediatricians

In my view, it would be a mistake for midwives not to seek the involvement of obstetric and paediatric colleagues in the future development of midwife-led services. Our experience has shown that the best and safest environment is one where there is effective integration and good communication between medical and midwifery staff.

Economic

The MidU Study undertook an accounting of the use of financial resources and came to the conclusion that midwife-led services are less costly than consultant-led services. There will be arguments about the distribution of costs but surely this is not the most important factor – the most important factor is that from an economic perspective, we should be using professionally trained staff within the health service according to the competencies of their training. It makes sense, therefore, that midwives should work to maximize what they can do safely and thereby help ensure that their obstetric colleagues have more time available to pursue specialist work.

OVERVIEW

With the recent changes in the United States of America in the delivery of healthcare to its people, further studies will take place in how to make more effective use of hospital personnel at all grades. This will inevitably address the present clinical boundaries for medical, nursing and paramedic staff and no doubt, much will be learned by the rest of the world from that exercise. Ireland should learn from this work in an effort to provide the best quality health and social care possible within the funds made available for this purpose.