

# Midwives told to stop pushing own agenda for natural births

Chris Smyth Health Editor

Midwives will be told not to use language that could push women into "normal" births amid fears that babies are at risk because of a reluctance to ask for medical help.

Cathy Warwick, chief executive of the Royal College of Midwives, said that it was "completely inappropriate for a professional to push any agenda of their own" as she urged her members to call in doctors if they were worried about a birth.

Terms such as "obstetric violence" and the "natural glory of childbirth" could be dropped while the concept of normality could be defined differently for some women.

Although there are no plans to stop using the word "normal" for childbirth without medical intervention such as pain relief, instruments or induction, Professor Warwick said that this could change if women

demanded it. A desire among midwives to encourage "normal" childbirth has been criticised at the Shrewsbury and Telford NHS Trust after a cluster of baby deaths. Yesterday it was revealed that regulators are investigating the deaths of 15 babies and three mothers in the past decade, with at least seven already thought to be avoidable.

In one case a mother that said she was forced to have a natural birth after staff repeatedly refused a caesarean. Hayley Matthews's son, Jack Burn, died within hours of his birth in 2015.

Professor Warwick said it was a scandal that the deaths were not properly reviewed, arguing that there was a failure of leadership in maternity services. She said that the college

was reviewing the phrasing of its guidance and publications to ensure staff did not conclude that they should push women towards a normal birth. "There are words being used on our

**Hayley Matthews's son, Jack, died after she was refused a caesarean**

website which I've agreed that we need to modify so that they never imply that something is better than something else," she said. "We won't be changing our intention, which is to say 'having the best birth for you will for many women mean having a normal birth'. But we don't want to imply it is something that should be progressed at any cost. It's when women are experiencing value judgements behind [terms] that we need to change practice."

Despite concerns that the term "normal" could make women who had other types of birth fear abnormal, she said: "Women giving birth are not saying 'we want to get rid of this term'. If they were, it might give us something quite different to think about."

A review into the death of 11 babies and one mother at the Morecambe Bay trust warned that a desire for normal childbirth "at any cost" was a contributor. Professor Warwick said that midwives were "erring on the side of caution" since a report into that scandal was published two years ago. She said that in Shrewsbury and Telford "if there were midwives who were pushing normal birth then we must have good gov-

ernance processes in place which will pick up that and make sure that it doesn't continue to happen. That didn't happen in Morecambe Bay and I'm worried that this is what we're going to hear in Shropshire. I sincerely hope this isn't the tip of an iceberg and there at not many, many units out there with the same problems."

James Titcombe, who exposed the Morecambe Bay scandal after the death of his son, Joshua, said that the college must stop trying to encourage normal birth at all. "We must recognise that this is a systemic issue rooted in an ideology that prioritises achieving a 'normal delivery' and the 'experience' of birth, over safety," he said.

"Since the Morecambe Bay report was published I've been regularly contacted by families who have suffered the avoidable loss or serious harm to their babies. The themes are always the same. Often parents' concerns that 'something isn't right' are ignored, signs and observations that should have resulted in obstetric involvement aren't acted on and, instead, midwives push for a normal delivery resulting in catastrophic and avoidable consequences."



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