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New Normal

Women should not be pushed into natural births because of arbitrary targets

Giving birth is frightening enough already. Mothers-to-be should go into maternity units confident that the advice and decisions of doctors, nurses and midwives will always be based on the best interests of mother and child. In too many cases, however, those decisions are guided by arbitrary targets. As *The Times* reported on Saturday, more than half of maternity units are assessed on how many "normal" births take place in their wards. This is outmoded. How a woman gives birth should be decided on the basis of her needs, preferences and medical condition. Expectant mothers should not be under pressure from clinicians concerned about their numbers.

For too long the health service fostered a culture in which a natural, unaided birth was the gold standard for new mothers, and women who needed an epidural or forceps, let alone artificially induced labour or a caesarean section, were made to feel like failures. This takes a punishing psychological toll on parents. A dogmatic approach can also lead to tragedy.

An inquiry into a series of stillbirths at Morecambe Bay NHS Trust between 2004 and

2013 found that midwives' desire for a natural birth "at any cost" had put patients in danger. Last year the government opened another review into 23 suspicious incidents at Shrewsbury and Telford Hospital, after parents complained that they were pressured into natural births which ultimately led to the deaths of their newborns. Targets may have played a role in this trust: half of maternity units are assessed on reducing caesarians and increasing normal births. Shrewsbury and Telford was congratulated by inspectors last year because it had done only natural deliveries over eight months.

There are, of course, benefits to a natural birth. The risk of complications associated with surgery is avoided, and it is easier for mother and child to form an immediate bond. There is also some evidence to suggest that babies delivered by caesarean section are at greater risk of some health problems, like asthma, in later life. Yet parents are perfectly able to weigh these factors against the benefits of a caesarean — namely, the lack of pain, and reduced risk of tearing and other complications.

The culture of the NHS is starting to change to reflect that fact. In August last year the Royal

College of Midwives finally dropped a decade-long campaign for normal births, acknowledging the emotional harm it did new parents. Yet new mothers report that doctors still tend to be more open to medical intervention than midwives, and even though hospitals are now obliged to give women the option of a caesarean under official guidance from the National Institute for Health and Care Excellence, these guidelines are more honoured in the breach. It was reported last month that three quarters of hospitals were routinely denying the procedure, unless there were medical reasons to perform it.

It is a scandal that Britain is one of the least safe places to give birth in western Europe. Though rates of stillbirth in Britain are falling, they remain higher than those of Spain, Sweden, Switzerland and Germany. Those countries all outperform Britain on rates of maternal mortality too. Matt Hancock, the health secretary, needs to ensure that in every trust in the country, mothers have the right to choose and clinicians have their patients' best interests at heart. Articles of faith about natural births help no one, and nor do targets.