

More Midwives campaign



1915 FOR 100 YEARS 2015

LOOKING BACK AT MATERNITY SERVICES

**Historical survey of WI members'
birth experiences, 1955-2005**



The NFWI

The National Federation of Women's Institutes (NFWI) is an educational, social, non-party political and non-sectarian organisation. It was established to ensure that women are able to take an effective part in their community, to learn together, widen their horizons, improve and develop the quality of their lives and those of their communities and together influence local, national and international affairs on issues that matter to members.

The WI is the largest women's organisation in the UK with some 212,000 members in 6,500 Women's Institutes across England, Wales and the Islands. The NFWI has a long history of undertaking educational work and campaigning on a diverse range of issues. The first NFWI mandate was passed in 1918, and since then the organisation has accumulated a wide-ranging portfolio of policy concerns on a local, national and international level. The NFWI resolution process means that members play a central role in defining policy and bringing issues onto the organisation's national agenda.

Acknowledgements

The NFWI would like to thank all the WI members that took part in the research for giving their time to help us understand their needs and campaign for better maternity care.

Introduction

Thousands of mothers make up the diverse membership of the WI today and have throughout our 100 year history. That's why it's hardly surprising that maternal health and reproductive rights are the subject of eight different NFWI mandates, ranging from how to reduce maternal mortality, provide pain-relief during pregnancy, avoid perinatal death, and access free family planning services. More recently in 2012, the NFWI passed a resolution calling for increased investment in the training, employment, and retention of midwives in England and Wales to better serve pregnant women and their families today. The More Midwives campaign that followed saw the NFWI team up with parenting charity, NCT, to publish a major survey examining the birth experiences of 5,500 women who had given birth after 2007 alongside insights obtained from official sources about levels of care, maternity services and the policy commitments made to women. Our report, *Support Overdue*, highlighted that while the majority of women received excellent ante and postnatal care, too many were failed by the chronic shortage of midwives that exists today.

As part of the More Midwives campaign we also surveyed the experiences of WI members who had given birth any time prior to 2007 to give voice to their experiences and assess how maternity care has changed over time. The questions in the survey sought to consider not only the different medical trends associated with maternity care, such as place of birth, but also the quality of practical and emotional support provided. As International Day of the Midwife is marked on 5 May 2015, this year's theme is 'Midwives for a Better Tomorrow,' yet a look back into the WI archives, as we celebrate the WI's centenary in 2015, reveals that WI members have long known that midwifery professionals are at the heart of quality care for women and their families.

As we take the time to look back this year at the past 100 years of WI campaigns, the voices of WI members ring louder than ever before. It is in that spirit that we publish these findings, to share women's past maternity experiences with the current and future generation of WI members.

In total 70 women took part in the survey and they answered over 20 questions relating to diverse aspects of their care and treatment. The time range recorded is wide, spanning from 1955-2005, reflecting the experiences of WI members of all ages. Most of the respondents had their babies in England and most had two children. With such a small number of respondents this report is not intended to provide a generalizable picture of women's maternity experiences over 50 years. Rather, the report means to highlight the individual stories of WI mums, their partners, and their children, furnishing us with examples of how maternity practices have changed and what we still need to improve to ensure that all women are safe, empowered, and respected throughout every stage of their pregnancy.

"There are chronic shortages of midwives. The NFWI calls on the government to increase investment in the training, employment and retention of midwives in England and Wales to ensure services are adequately resourced and are able to deliver a high standard of care."

**Horwich WI, Lancashire Federation
2012 NFWI AGM**

Support Overdue, the numbers

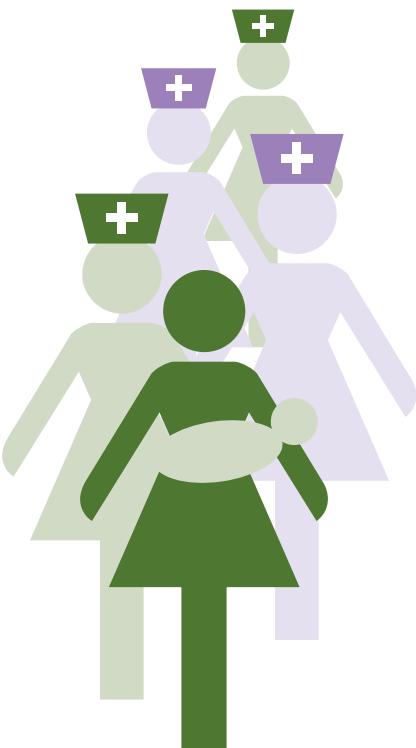
5,500
women who gave birth between
2007 and 2012 responded



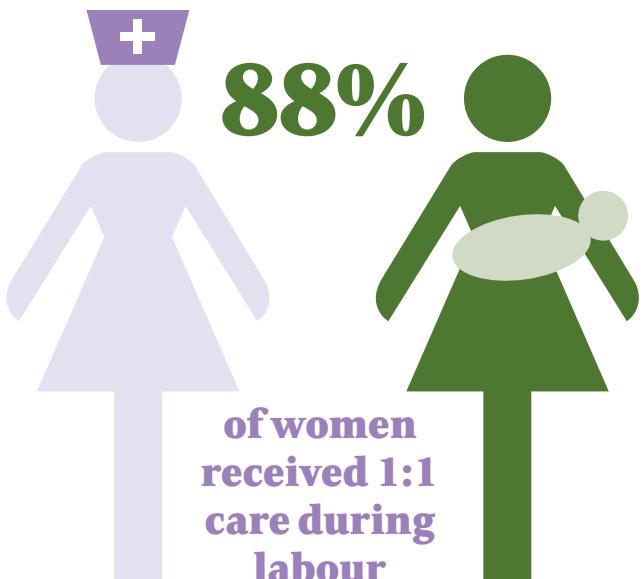
of women had a choice of at least four places to give birth in



25%
of women in London did not see a midwife as often as they would have liked to



60%
of women wanted more postnatal support



of women were given the name and number of a midwife they could contact

1. Wider historical context

It's difficult to overstate how much the social and medical customs surrounding pregnancy and giving birth have changed in the past five decades. In 1955 ultrasound technology was not used in antenatal care and 24 out of every 1,000 babies died on average before their first birthday. It may also surprise some to learn that from the mid-Victorian period until the 1950s the maternal mortality rate in the UK held steady at about five deaths per 1,000 deliveries. The rate only started to fall in the early 1950s when it then began to register at 0.5 per 1,000, dropping more dramatically to 0.1 per 1,000 by the late 1970s. However, those numbers would be truly unacceptable to us today as the UK maternal mortality rate currently stands at 0.0001 per 1,000 - still much too high. In real terms, this means that from 2010-2012, 357 women in the UK died during or shortly after labour.

Social customs and employment practices around childbirth have changed dramatically as well. In the 1950s paid maternity leave was non-existent and women comprised less than a third of the paid workforce. 'Baby bumps' were hidden; pregnancy was often not discussed in public forums, and miscarriages were an all too common, but unspoken occurrence. 96 percent of mothers were married and the average age of first time mothers was 25 years. Fathers were rarely allowed to witness the births of their children.

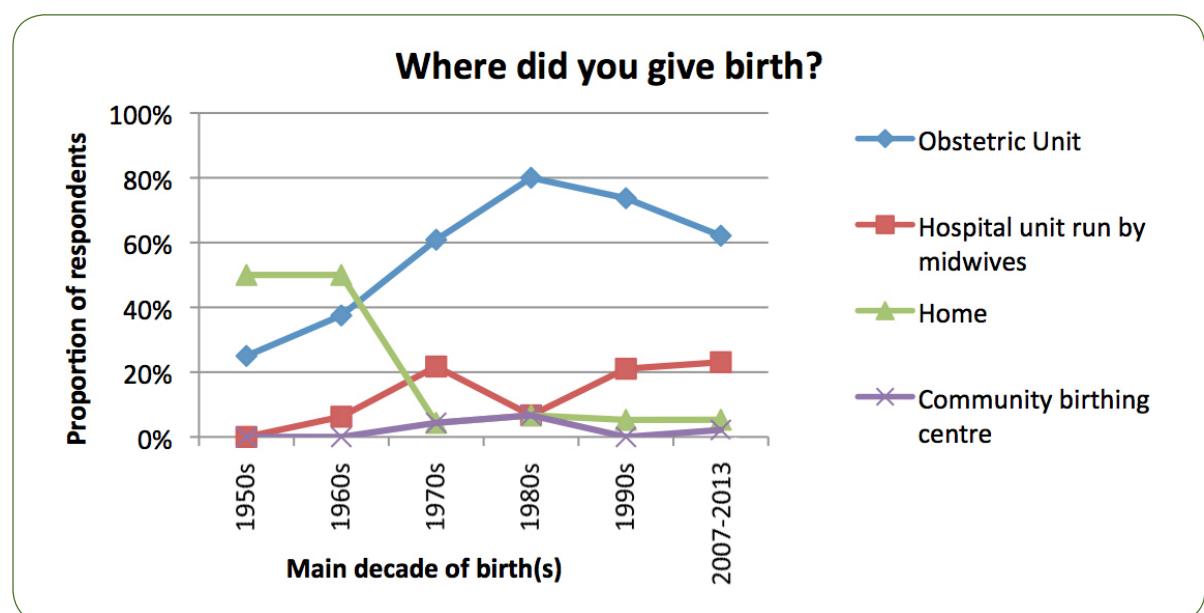
Fast forward to today: new mothers are well served by a suite of official guidance that provides the framework for maternity care from pregnancy through to the first three months of a baby's life. Choice is emphasised, fathers often attend births and maternal mortality is thankfully rare. We asked WI members whether today's definitions of quality care are applicable to the experiences they had in previous decades.

2. Location, location, location

Nothing exemplifies the revolution in maternity care more than the place women have given birth in over the last 50 years. We asked mothers where they'd given birth and the birthdays of their first and last born children. The chart below shows their answers, demonstrating a marked shift from home births to hospital births.

Half of the surveyed mums who gave birth in the 1950s and 1960s gave birth at home at least once, but this dramatically changed in the 1970s. We asked the respondents to expand on their choice of birthing venue. Like women today, women in the

past also listed safety as a prime consideration. Concern for safety was especially pronounced for the women who chose obstetric units, with over half of that cohort indicating that 'feelings of safety' lay behind their decision. However, social norms and practicalities also influenced women's decisions, with some women responding that they didn't know all of their options or that the options available were limited. This means that although choice was expanded for women in the decades immediately following the Second World War, many women's choices were still structured by external factors often beyond their control.



Women who gave birth in an obstetric unit said:

Because nobody suggested otherwise and I was 500 miles from any of my family who I could have asked - and it was the norm then.

1960s mum

Was given a choice of two hospitals so chose the most convenient location.

1980s mum

I wanted to be in a "safe" place to have my babies. I was very happy to be in the care of midwives, but also for there to be an experienced obstetrician available in any emergency situation.

1970s mum

For those who chose a midwife led unit or homebirth, there was a more diverse range of motives: the knowledge that they would have a friendly, 'supportive' staff, a calming environment, and be less likely subjected to medicalised birth procedures. Interestingly, not one mum mentioned 'facilities' as a reason to choose a location, whereas most of

our more recent mums indicated that the kinds of facilities on offer, such as a birthing pool, were the most pertinent factors for them in choosing a birthing venue. This suggests that not only have birthing environments become more important to expecting mothers over time, but also that choice of setting is a decision they know is theirs to make.

Women who gave birth at home said:

Being in a calm environment, wanting to avoid hospitals, and the quality of care were all factors which led expecting mums to choose a homebirth.

For convenience - we had no transport.

1960s mum

Local people, knew midwife.

1950s mum

It felt the most natural place with my husband at my side. Men were not allowed to attend hospital births back then.

1960s mum

Calmer environment without the ease of surgical intervention. Usually smaller unit offering a more personal service.

1990s mum

I was a district midwife and it was the natural place.

1950s mum

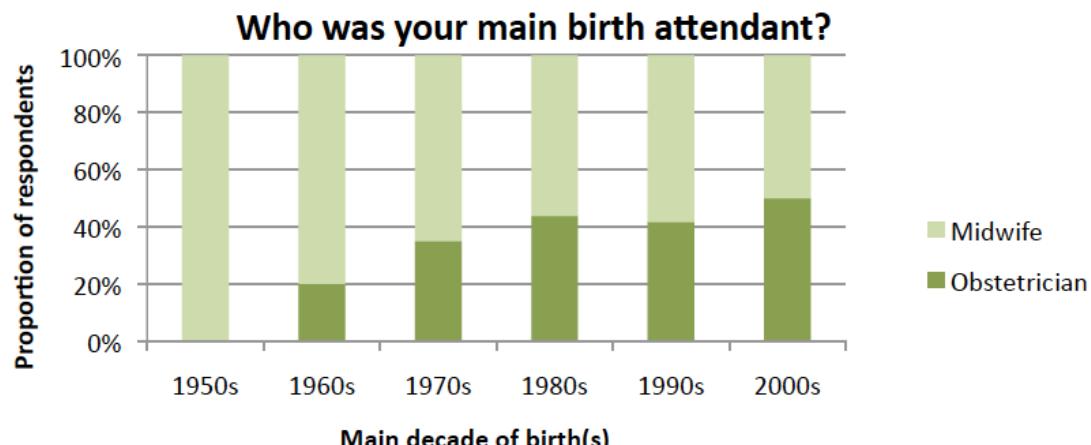
A small number of women also indicated that they didn't even make a choice as there was only one option for them.

This wasn't confined to women giving birth in the 1950s or 1960s - lack of choice hampered women in the 1990s too.

3. Attendance at birth

This trend from homebirths to hospital births is reflected in the types of medical professionals that assisted women before,

during, and after labour. None of our 1950s mums were cared for by obstetricians, but almost half of our 2000s mums were.



4. Emotional support from staff

Over the last 50 years there has been a revolution in patient rights as healthcare professionals have recognised the positive correlation between empowered, supported patients and better health outcomes. We asked our survey respondents whether or not maternity staff emotionally supported them during birth. Of the 62 women who answered this question, 22 responded that they were emotionally supported most of the time and 12 indicated the opposite. All of the women who gave birth in the 1980s affirmed that the staff had emotionally supported them most of the time, but otherwise the answers did not correlate with any particular decade of birth.

We also asked mums about any times they'd called out for attention during labour and their midwife or doctor had been unable to attend to them. Current clinical policy stresses both that women should not be left alone in the late stages of labour (unless they want to be) and the importance of

sustained 1:1 care. Of the 69 mums who answered this question, 43 indicated they'd always been given attention when they called for it. We asked the same question, but instead about the postnatal period, finding a similar result. Interestingly, this was a very different response compared to the results of the main survey of mums from the last five years, where postnatal care was singled out as a time when many women indicated that they required more support than they had received.

We also asked members to describe how the level of care and attention from staff made them feel. Our respondents described many different ways they felt genuinely supported throughout their pregnancy journey. Mothers from different decades show the importance of knowledgeable, supportive, and sympathetic midwives and doctors to the overall care experience.

The atmosphere was much more informal and relaxed. I felt that the staff were genuinely trying to support me.

1970s mum

Safe, supported, guided, no need to be afraid.

1980s mum

I felt 'special' and supported.

1960s mum

I had a midwife calling three times a day for the first five days and then twice a day for the next nine days.

1960s mum

On the other hand, some mums from all decades remember feeling alone, powerless, frightened, or vulnerable:

I felt alone and vulnerable. My husband was in work and it took me ages to get someone to ring him.

1970s mum

Invisible.

1980s mum

That they were in control.

1980s mum

In 1971 it was an impersonal event. I was given sleeping pills to help me sleep and pethidine for the pain - I was not given a choice. I was left alone for long periods of time. I was 22.

1970s mum

Some women mentioned policies and practices that had made the experience more difficult than it should have been:

Poor support while my baby was in the special care baby unit. Visiting was often just looking through glass. One sister would allow cuddles, the other would not.

1980s mum

All of the time felt that I was out of the discussion loop. I know they had to get my daughter out, but I would have liked to have been more involved in what was happening.

2000s mum

After my first birth the maternity staff made me feel very inadequate and I was told off when they were showing us how to bathe our baby and I didn't do everything in the right order.

1970s mum

Some women also mentioned negative consequences from the usual seven-ten day stay in hospital after birth; yet other women appreciated the policy:

I stayed in hospital for between 10-14 days. During that time new mums would be helped with breast feeding, shown how to bath and top and tail a baby and would have a daily visit from the physiotherapist to help you with gentle exercises.... After having my third baby after a 7 year gap I was shocked to be sent home the next day, I was shattered. I had to rely on my husband and my Mum for help.

1970s mum

I had good care, but I did feel it became less intense as time went on as I had to stay in ten days...I was actually getting quite depressed as I stayed longer.

1980s mum

With the home births I felt more in charge though they tried to make me go to hospital for my second because he was ten days late. I refused because I would have been away from my 18 month old daughter for at least ten days and felt this was against part of the reason I'd wanted to be at home in the first place.

1960s mum

5. Memories of care

We asked women for any particular memories they wanted to share about the midwives, doctors, and nurses who had helped them give birth. Women shared experiences of great trauma, but also of amazing support and exceptional professional care, neither being confined to a particular decade. Their stories also reflect the stress placed on over-worked midwives, often recounted running from birth to birth and the forced absence of fathers from the birthing room. The concept of 'patient rights' was almost unheard of in the 1950s, steadily evolving over time, and the way birth

professionals were trained over the decades is reflective of that. Past attitudes towards feeding or the role of fathers during birth may seem damaging now, but the importance of the 'little things' as well as 'big things' like clinical competence and compassion have always remained constant. What follows are some memories - some amusing and others heartbreaking - about the care women received decade by decade. In these memories we can chart the changing way women have experienced birth over the past five decades.

1960s mums

GPs did the stitching - very painful - no anaesthetic, as the theory was you were numb anyway (but I was not).

I felt as though they were part of the family - i.e. on my side.

In the hospital I was told to stop complaining and the light was switched off. I gave birth alone.

My third was born in a snow storm in my bed with a blazing fire and just my husband and the district nurse. We drank tea and smoked (!) and I walked about and with no pain relief my daughter was born.

1970s mums

I was left alone in a corridor throughout the night, in a soaking wet bed - as triplets were born the same night, there were insufficient staff to help us.

SUPERB

Felt safe but the midwives were in charge and [I] wasn't given any options, as you weren't in 1979!

1980s mums

My second daughter was born after a relatively short and straightforward labour where I was attended by a trainee male nurse - it was the first day of his stint on a maternity ward and he cried when Zoe was born - and went to ring his mum to tell her all about it! Both my birth experiences were very positive. The midwives gave personal care and attention and it was just lovely.

I remember the lovely young lady who was with me in the third stage.

When my third child was born there was a problem just before the birth. The room changed within seconds. From being just the midwife, my husband and me to lots more people suddenly there, the 'nice' cupboards turned around to show lots of medical equipment and the baby was delivered very quickly and safely.

1990s mums

I felt very safe. The midwives were wonderful. I had one dedicated to me and she even stayed beyond her shift to see it through.

My labours were both over 24 hours so we went through many shift changes and the midwives although very caring and competent were too busy.

Gave birth really quickly, in under two hours. Felt I was not taken seriously during these 'violent' labours.

6. What makes quality care?

The National Institute for Health and Care Excellence (NICE), along with the Royal Colleges, Care Quality Commission, the Department of Health, NGOs, and patient advocates have all contributed to a suite of guidance and policies that aim to ensure today's mums receive the best clinical care and have positive maternity experiences. We presented mums with statements that sum up the kinds of attention and care today's mums should expect to receive during and following labour. The following figures show the proportion of women from each sample to agree that the statements reflected their labour experience. Unsurprisingly, compared to mums who had given birth over the past decade, mums who gave birth in the past were much less likely to affirm that they had received the highest standards of care set out in current care practice guidance.

The changing clinical practices relating to managing labour and the place of patients within that management structure can be seen clearly in these figures. Midwives have always been tasked with encouraging birthing mothers, so over 60

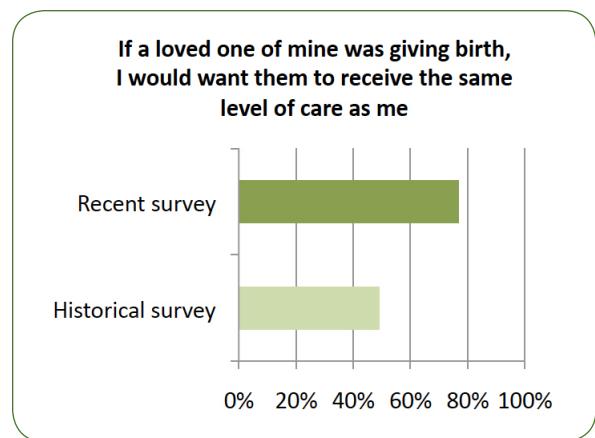
percent of mothers in previous decades indicate that they have received this support. However, the efficacy of eating and drinking, and moving around during labour was not fully understood until more recently, and so those aspects of maternity care were only experienced by around 40 percent of mums. In stark contrast with the mums of today, only around 45 percent of mums who gave birth in past decades felt that they were able to make decisions along with midwives, and a similar proportion agreed that their care was in keeping with their personal preferences.

These 'empowerment' aspects of care - the mother as an active decision-maker, rather than a passive recipient - have grown out of the wider patient's rights and women's rights movements. Today they are act as cornerstone principles of the NHS Constitution. The one aspect of care that has shown the least improvement over time is women being left alone during labour. Fifty-five percent of mothers from earlier decades were left alone and this figure is still at 40 percent for mums today.

7. The friends and family test

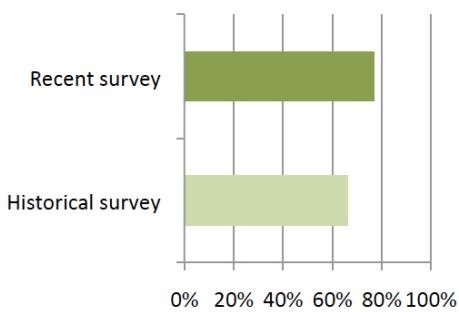
The most startling difference between the experiences of mums today and mums in the recent or more distant past is the question relating to how they would like their loved ones' to be treated.

This question is known as the Friends and Family test, and from October 2013 all women who give birth in England with the NHS have been or will be asked this question. More than half of the women in our historical sample indicated 'no' - they would not like their loved ones to receive the same level of care that they did.

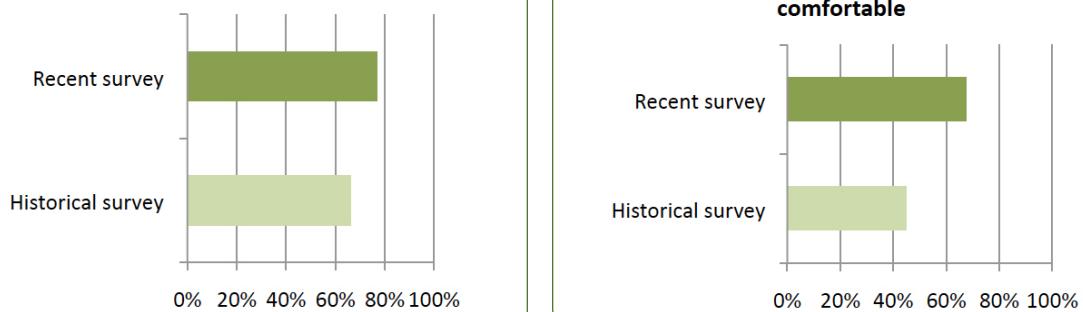


Care statements:

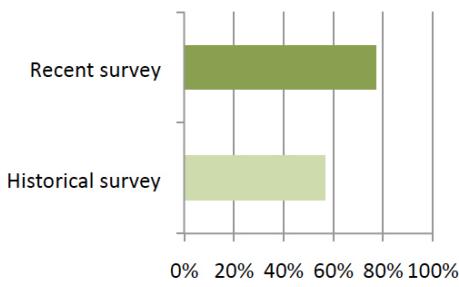
I was given a choice about pain relief



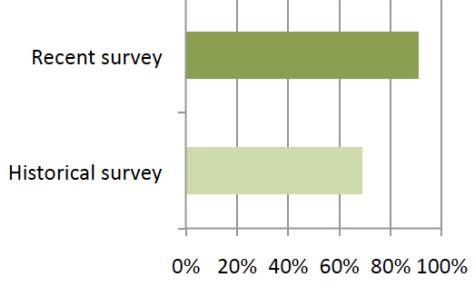
I was encouraged to move around & change position to make myself comfortable



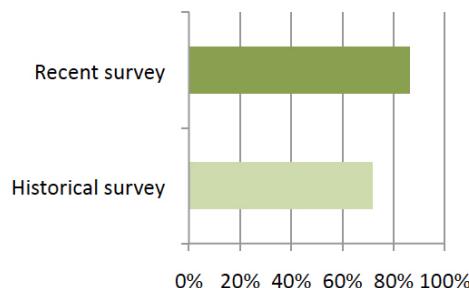
My maternity care took into account my personal needs & preferences



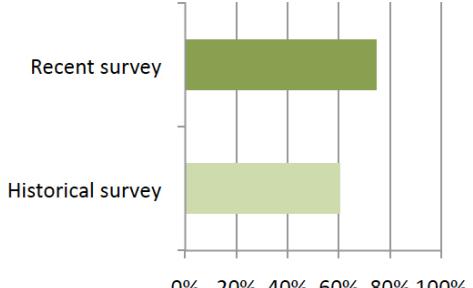
My birth partner & family were treated with respect by staff



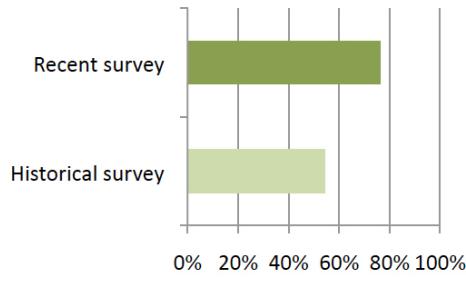
My midwives and other carers gave me active support & encouragement



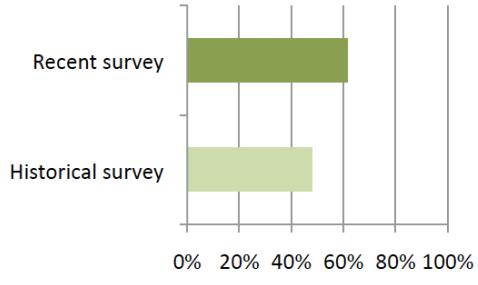
Staff took the time to keep me informed each step of the way



I was able to make decisions in partnership with midwives, other staff, my birth partner and family



I was not left alone in labour (apart from the times I wanted to be alone)



8. The role of fathers and partners

The role played by fathers and the experiences of fathers during maternity is a theme women returned to time and again. Changes to paternity leave, growing evidence around the benefits of 'bonding', and societal attitudes towards hands-on parenting have, together with 'fathers in the birthing room', completely revolutionised the role of fathers during maternity and beyond. Many women chose to write about their husbands and partners while answering the survey questions, articulating the emotional strain of forced separation, which was generally hospital policy in the middle decades of the twentieth century. Today it is much less common for fathers to be absent from the birth of their children. NICE guidance for postnatal care stresses that fathers should be offered information

and support to adjust to their new responsibilities within the family unit, and the Department of Health has carried out focus group research with fathers on their expectations with the NHS.

The difference between practice today and the practices of the past are starkly reflected in the stories women told in this survey. The fathers' and partners' level of involvement and status as 'the father' during the birth and the days and months afterwards differs markedly across women's experiences, and does not always follow a linear pattern. Rather, the fathers' and partners' changing status has been negotiated and renegotiated at different times across the country.

My husband was not allowed in the theatre - he had to sit in a windowless room [large cupboard, he says] with another anxious husband, waiting for news and for me to come out to the recovery room.

1980s mum

After the delivery of my first baby whilst I was in the bath and my husband was shell-shocked holding a baby, the midwives made me up a cosy bed with lots of pillows, soft lighting... I cried!

2000s mum

With my first in the hospital I felt completely powerless. In some ways this was OK because I didn't know what to expect. But nobody took any notice of what I was thinking or wanting. They wouldn't let my husband stay and he sat in his car outside for an hour then went home. In that hour our daughter was born and he didn't know until he rang the next morning!

1960s mum

My third baby was delivered and then taken straight to my husband to cuddle. He bonded immediately with him. This contrasted with his experience at the birth of our second son, when my husband wasn't told of his arrival until about an hour later, and then only found out by accident. He didn't bond with our second son very well.

1970s mum

My husband was distraught at the birth of our first child as I had a forceps delivery and there were complications and he was not allowed in the room and they gave him no information.

1970s mum

[I remember] Holding our son for the first time - and wishing that his father had been allowed to stay.

1960s mum

Husband tried to stay out the way and [I] was not very brave at saying 'don't leave me!'

1990s mum

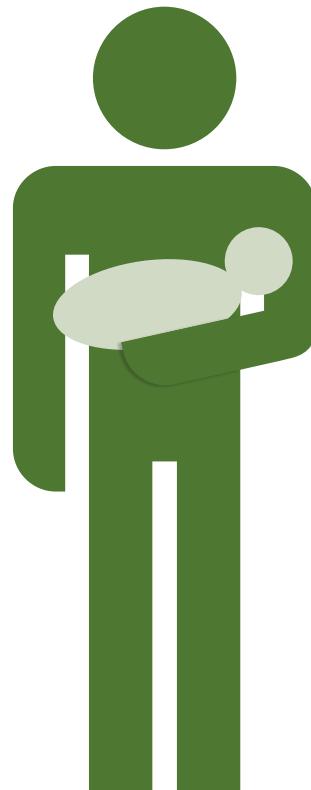
I felt alone and vulnerable. My husband was in work and it took me ages to get someone to ring him (before mobile phones).

1970s mum

[It was] all good except nobody went to tell my husband the baby was born and he was worried sick. He came looking and found me alone with blood everywhere and I told him the baby had been born as they had taken him to special care.

1970s mum

The many ways in which mums in this survey decided to spontaneously talk about fathers and partners across their answers to all different questions, and the incredible variance of their stories, illustrates the profound and lasting



impact that fathers can have on the overall birthing experience for women. It also provides further argument for policies aimed at encouraging men to be active partners in birth and parenting.

9. Information and awareness

Mothers today have access to more information about birth and parenting than ever before. Technology, media, and the internet, along with NHS Choices, official guidance, and the advice of midwives, have enabled women and their families to learn a great deal about the pregnancy and parenting journey. However, the women surveyed suggest that in order for this information to be truly effective it must be tailored to their individual needs and communicated to them in real-time. Some women shared

stories of times when information was useful and empowering to them, while others told of how lack of information left them frightened, and sometimes, feeling violated. The central tenant of maternity care excellence is that the expecting mother should actively make decisions about her care, in conjunction with her carers and family, and this can only happen when she is informed about what is happening to her, her baby, and the impact of any proposed treatment.

I realised the Doctor who was going to administer the vacuum extraction was the same Doctor I had seen as an outpatient... He had taken time with little drawings to explain a question I had asked him. I immediately felt safe in his hands.

1960s mum

As we were first-time parents, neither of us really knew what to expect. I think at the time we were just grateful for everything they had done.

2000s mum

I remember being stitched after the birth and thinking that the doctor was so detached from me that he hardly spoke or explained what he was doing.

1970s mum

[Post natal visits] for me, were a waste of health visitors time. As my husband was a GP anything the health visitor suggested was always followed by 'if your husband agrees' – but he was a new dad too! I just wanted someone outside the family to tell me I was doing the right thing.

1980s mum

We went on a tour of the hospital unit with partners a few weeks before giving birth and they showed us all the instruments they may end up using - ventouse, forceps, stirrups - horrific!

1990s mum

[I feel] shock that my needs as a first time mother with no family experience or support were not helped to overcome problems with breastfeeding and that I still feel guilty 14 years later... I was just too weak and exhausted to help myself or ask the right questions.

1990s mum

10. Concluding remarks

The NFWI's report on maternity experience, *Support Overdue*, highlighted the all too common occurrence of dismissing women's experiences - good or bad - in light of ensuring the birth of a healthy baby. Guidance for maternity care emphasises that the end result is not the be all to end all; pregnancy, birthing, and postnatal care do matter because all of those stages shape all of the years that follow. Women and their families must be given care that allows them to begin parenting with the utmost confidence in their abilities and the

courage to ask for help if they need it. The following remarks from our surveyed mums highlight some of the ways dignity and confidence can be enhanced by small acts of compassionate care. Often these acts were made possible because the midwife or doctor had the time to perform them, which must be kept in mind when thinking about midwifery today. Midwives need the time and support to be able to deliver the high quality care that they strive to. The NFWI's More Midwives campaign is working to ensure that this is possible.

After going through such trauma with both my sons, in different kinds of ways - to hold a new baby, something that you have made - was the best feeling. Over time the memory of the trauma has faded, but the joy of seeing those fingers, so perfect, and all that hair is still as fresh as it was 20 odd years ago!

1990s mum

I remember the midwife put my first born straight onto my tummy and looking back she was obviously doing some basic checks whilst making sure that I could look into my baby's eyes rather than taking her away from me. I remember saying to my daughter "hello we have been waiting for you," and she stuck her tongue out at me! This memory still makes me and my husband laugh and cry at the same time, which just about sums birth up.

1980s mum

If it hadn't been for that lovely midwife, I would probably have bottle fed my baby. I fed her for 18 months and my second for 23 months and I've been a breastfeeding peer supporter for the past four years, and I've just applied to become a midwife. Such a small decision on the part of the midwife changed my whole future...

2000s mum

Having a baby is a very traumatic time and it was so lovely to feel that although hundreds of babies are born every day, I felt I was so important and not just a "number" at all.

1980s mum



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