

ASSOCIATION OF RADICAL MIDWIVES

# MIDWIFERY

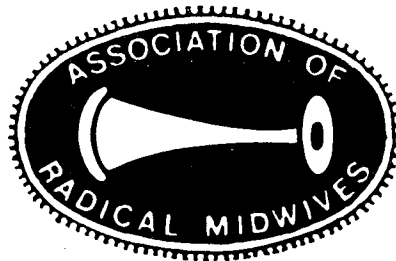
SHYBE L KARGAK

# MATTERS



- *A New Midwives Act?*
- *Independent Midwifery in the NHS*
- *Midwifery for our Grandchildren?*
- *ARM & Midwives Autonomy*

Issue No.44  
SPRING 1990



## ASSOCIATION OF RADICAL MIDWIVES

The Association was formed in 1976 by a small group of student midwives from different training schools, who were alarmed by the apparent trend towards "maternity nurse" status in their training. With growing support from other student midwives, qualified midwives in all fields of practice, and from the women themselves who are consumers of maternity services, that undesirable trend is at least being challenged. A.R.M. can feel justifiably proud to have been part of the movement towards a more caring attitude in midwifery, and to have been instrumental in helping alert our colleagues to the threatened loss of our professional independence.

The word 'Radical' is used in its literary meaning of relating to roots and origins, and best expresses the hopes of that early group, that midwifery could find its way back to a position where midwives' skills were used to the full, while still taking full advantage of the benefits of modern technological advances, where these are seen to be in the best interests of the woman and her child. In other words, the hope that the true meaning of midwife ('with woman') will once more be realised in practice.

### OBJECTIVES

1. To re-establish the confidence of the midwife in her own skills.
2. To share ideals, skills and information.
3. To encourage midwives in their support of women's active participation in birth.
4. To re-affirm the need for midwives to provide continuity of carers.
5. To explore alternative patterns of care.
6. To encourage evaluation of developments of our field.

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### NATIONAL MEETINGS

We meet regularly to exchange views, hear of developments in maternity care and share our skills with each other. Members are encouraged to bring along non-member colleagues and friends. Meetings, which are open to all who are concerned about maternity care, are held every three months, on the third Saturday of March, June and September, and the second Saturday in December. (One of these meetings will be the AGM). Venues vary around UK to give everyone a chance to attend at some time during the year, and will be announced in MIDWIFERY MATTERS, together with directions and map. The registration fee is £8 for non-members and £6 for members, to include lunch and light refreshments during the day. Paid-up ARM members can claim a refund of travel expenses over £10 based on the most economical transport, funded mainly by the registration fee. Overnight accommodation is always available, usually in local members' homes, (bring sleeping bags is possible).

### IMPORTANT

Read the label on your MIDWIFERY MATTERS mailing envelope before you throw it away, and check your subscription renewal date. Unless you have an active standing order, the date shown indicates the end of your subscription. This may be your last magazine unless you renew before the next issue comes out.

### MEMBERSHIP

UK and Europe — £15 p.a.  
Unwaged (optional concession) — £7.50  
Overseas (airmail) — £20 p.a.

(See Subscription Form inside this magazine)

Please do not send foreign currency, since bank charges and exchange rates reduce the final payment, and make this method unacceptable.

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### 1990 NATIONAL MEETINGS

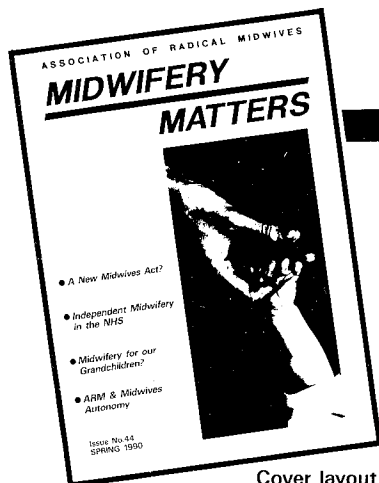
17th March — Ormskirk  
16th June — Wolverhampton  
15th September — Cardiff (AGM)  
9th December — Nottingham

### OUR QUARTERLY MAGAZINE

MIDWIFERY MATTERS is our line of communication between members, and also from ARM to others concerned with maternity care. In principle it will be published quarterly and will include reports from meetings during the last three months. Although the actual publishing and editing is lodged with the South Wales Group, the Regional Groups take turns in providing the main features, which may sometimes illustrate a common theme. The rota for this input is made up at the Annual General Meeting from volunteer Regional Groups.

Regular inclusions such as letters, book and film reviews, forthcoming events and other items of interest are always needed. Artwork is always welcome, as are good photographs. We can return originals.

This is YOUR magazine, let us hear from YOU!



Cover layout by Jan Sharp  
Photo by Dona Jones

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The views expressed in this magazine are those of individual contributors and are not necessarily those of ARM as a whole.

Information on the events page will be confined to basic details only. Any further elaboration will be charged the usual rate.

Advertising is accepted at the discretion of ARM. We are unable to accept inserts, all other enquires should be directed to the Magazine Group.

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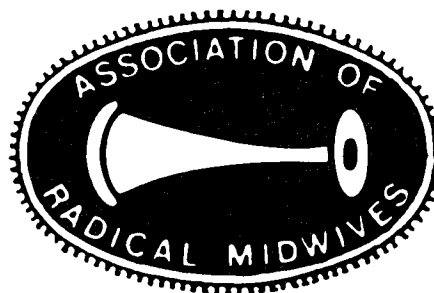
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# EDITORIAL

## Cesemy Svorbodné Volby

As a separate profession, we are doomed unless we unite and fight for the basic right of autonomy and self-government.

It does not sound a lot to ask for. In fact most people take it for granted. In civilised countries, free elections are the norm, but in Czechoslovakia everyone was getting very excited at the possibility of free elections and the opportunity to govern themselves. I was there at the end of November 1989 and "cesemy svorbodné volby" was on everyone's lips. It translates as "give us free elections". A moderate request.

That is all WE want. The right to self govern. Midwives elected to a body responsible for directing their own profession. As an autonomous professional group, it is only right and proper that we should determine, for ourselves, educational requirements, length and type of training, professional competence, standards and the control of our own disciplinary regulations.

In theory, that is what we already have with the Nurses, Midwives and Health Visitors Act 1979. In practice we do not. Our voice as midwives is not heard, or worse, heard and ignored. We are a minority. The safeguards of statutory committees are being deliberately eroded. In the latest move it was decided to reduce the number of times the Midwifery Committee meets. Again without consultation with, or agreement from, the Midwifery Committee. The Peat, Marwick MacClintock Report recommends that the government does away with such statutory committees and have leaders appointed for their management/leadership abilities and no mention is made of clinical or educational expertise.

We have already lost the right to have midwives involved in the assessment of training establishments for prospective midwives. (See Mary Cronk's editorial in the last ARM magazine). The safeguards insisted upon by the Midwifery Committee may be followed for a while but can be forgotten or ignored as they are not written into the law. These recent events within the English National Board have demonstrated how a predominantly nursing body can totally and easily ignore the views of our elected and appointed representatives.

As a separate profession, we are doomed unless we unite and fight for free elections and the basic right of autonomy and self government. The nurses on the National Boards and at the UKCC are not nasty, bad people. Neither were most of the Communists in CZ's Central party. I would consider them both merely misguided. Nurses are wrong to believe that they are the best people to make decisions for midwives. I would not be so big headed as to think that I, a midwife, should or could make decisions about Nursing.

However, nurses currently have that power and it leaves me feeling very frightened and very insecure about the future of midwifery. Unfortunately, it would appear to suit some nurses to have specialists nurse-midwives.

I believe that it is only by retaining midwifery as a separate, identifiable profession, that we can help women regain control over their bodies and childbirth. We will then be in a strong position to challenge the medical fraternity

and ensure that only appropriate technology is used. Women too, will be empowered by their childbirth experiences rather than physically and mentally disabled, as is so often the case today.

However, our first need is to protect our profession. We can't rely on senior midwives at board level to fight for us; they are already too much ingrained in the system. In reply to a letter expressing my concerns over the use of generic education officers and the total overriding of the Midwifery Committee's views by the ENB I was fobbed off with a "there, there, don't worry dear". This has considerably increased my anxiety. We can't rely on others, we must act ourselves.

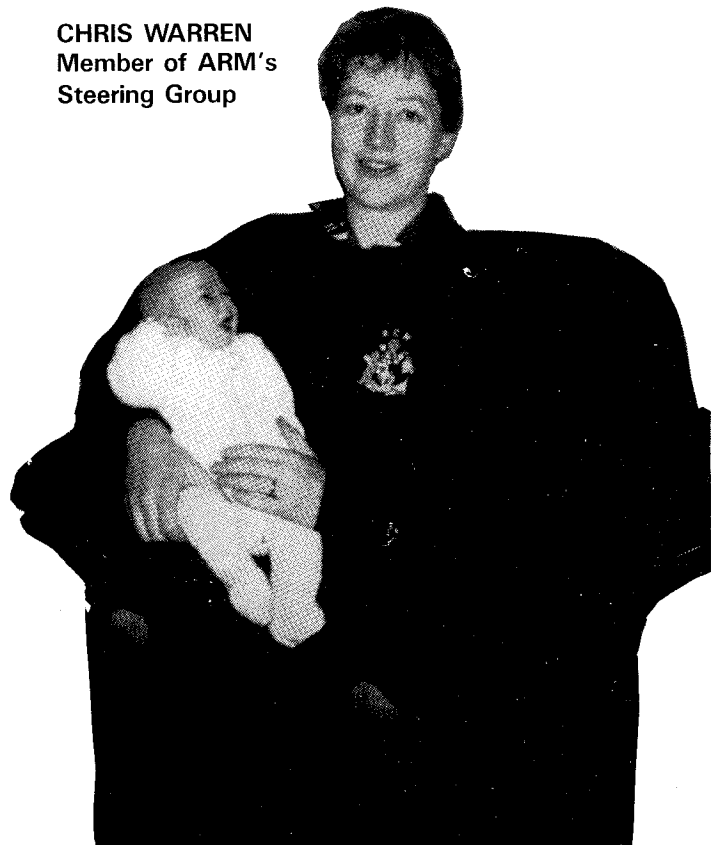
I am optimistic that we can succeed if only we can get through to the majority of apathetic, systematically demoralised midwives who work in this country. Most midwives care about midwifery and believe that self government for midwives will enable us to give better care to mothers and babies, but many midwives are disillusioned by a medically orientated NHS and an oppressive, hierarchical employment system. We must work on these colleagues and motivate and encourage them.

We must also be ready for our proper role as fully autonomous practitioners and be prepared to be accountable for our clinical decisions.

In this issue, we have put together several different slants on the problem and possible solutions and ways forward. We aim to give facts on why we need a new Midwives Act and I hope you will be inspired to "ACT NOW" on some of the strategies for the way forward.

I am certain we WILL succeed if all midwives act now.

**CHRIS WARREN**  
Member of ARM's  
Steering Group



# REGIONAL EDITORIAL



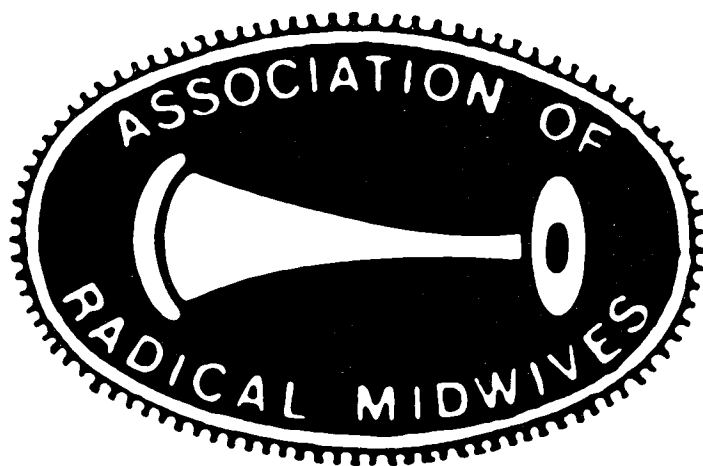
.... Relaxing for a brief moment, the South Wales Group pose for a photo before embarking on some serious fundraising campaigning!

Taking on the magazine has proved a demanding though fulfilling experience. It's continued improvement will depend on your support. We feel that however professional it may become the magazine should always represent midwives. To do this we encourage you to share your views nationally through letters, book reviews and articles.

Since our small beginnings, the group has gradually increased it's membership through the support given within the group. We are spurred on to take up the campaign for a New Midwives Act and encourage all groups, however small, to raise the issue in their local area. Let's hope that through our efforts, the next decade will offer improvements in maternity services, choice for women, and greater autonomy for ALL midwives.

We wish you all good luck in the fight ahead. We would also like to take this opportunity to thank all our readers for their support and criticism, all of which we hope will help improve the standards of the magazine.

**Penny and Frances**  
Magazine Co-ordinators.



# ROOTS AND BRANCHES

As ARM grows, and MIDWIFERY MATTERS gains wider acceptance in the midwifery world, are we losing sight of the original purpose of our Association and our Magazine?

This has been brought home to me by a letter from a member cancelling her subscription after 5½ years. Her main reasons were that although she had welcomed ARM's support during her student days, she now has a supportive group of colleagues, and that the content of the magazine is too much inclined to "causes" rather than "in-depth and incisive articles". She also objected to an article which appeared in Summer 1986, which she considered had no relevance to her work, and taught her nothing.

In my reply to her, I tried to clarify the reasons for the existence of ARM and the purpose of the magazine.

It was the prime objective of the small group of unhappy student midwives who formed ARM, and is ours still, to offer support to our colleagues under stress in the workplace, and also to women who feel frustrated in their efforts to obtain sympathetic maternity care. However, some fortunate people, like my correspondent, may outgrow their need of our support. Indeed, we all welcome the day when ARM is totally redundant! Unfortunately, the anguished letters and phone calls I receive almost daily convince me that we are still needed.

The early Newsletters, (which were written, printed, stapled and distributed to the members by volunteer regional groups in turn), were the means by which the infant Association tried to encourage its members to write about their experiences, ideas and opinions, at the same time developing their confidence in their clinical expertise. Thus the varying quality of the Newsletters reflected the varying levels of creative and journalistic skills around the regions. The Newsletter became a Magazine, (now named MIDWIFERY MATTERS by popular vote at the last AGM).

Since the first Newsletter (June 1978) we have tackled many events on the midwifery scene. That first issue discussed the challenges brought about by the Briggs report. Our coverage of such topics has often been the catalyst needed to get midwives, students, mothers and others to act to preserve and enhance the quality of maternity care in UK. We hope this will again be the case, as you read of the latest threat to midwifery in this issue. Our growing membership is proof that many share our concern.

The letter writer goes on to tell me she can read NEW GENERATION for consumer concerns, and that she looks to MIDWIFERY MATTERS for serious professional pieces, on such subjects as education and research.

This raises the question of our directions. Do we want MIDWIFERY MATTERS to become a serious, strictly professional journal? Or do we want to retain our informal, challenging style, reflecting the opinions of all ARM members, professional as well as lay? Should we still encourage contributions from among our own ranks, (while maintaining strict criteria for accuracy and integrity), or should we be calling for submissions of a more polished nature? (Incidentally, ARM has editorial responsibility for MIDWIVES JOURNAL, the quarterly supplement in NURSING TIMES, which enables us to reach a far wider professional readership than our own membership provides).



I return to my consideration of the purpose of our magazine. Is it still to be the vehicle of communication between members? If not, what can we do to keep open the channels which enable members to exchange views, opinions and experiences? There isn't exactly a deluge of mail fighting for space on the Letters Page, but it does offer a platform for views to be aired. The features generate responses, and encourage others to write. Their efforts may not reach the dizzy heights of academia, but once the first tentative steps have been taken, many members feel encouraged to tackle the middle slopes, and often surprise even themselves with their eventual achievements.

At times the Magazine Group have to turn down articles, or perhaps commission some, to make up a presentable issue. However, we know there is a tremendous amount of midwifery experience and expertise "out there" among our members, who are gradually losing their fear of putting pen to paper!

Although it saddens me to delete a member's name from the list, I must be grateful to this particular midwife, since her letter brought to light a problem which must be faced by all of us. We cannot rest on our laurels, however well earned! You all know more than you think you do, so write in and tell us about it!

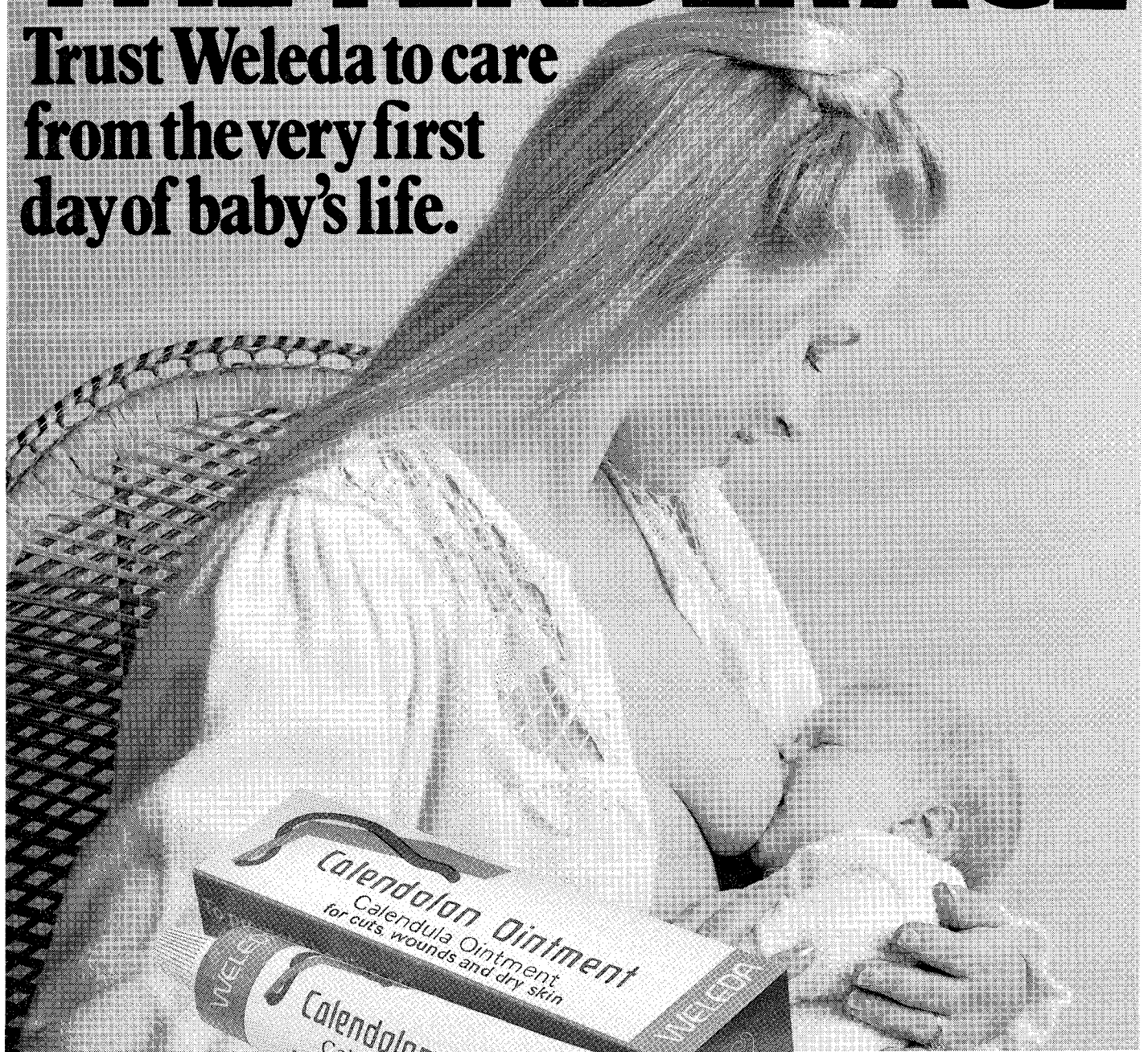
**Ishbel Kargar, February 1990**

To all of you who sent me greetings cards and good wishes for the New Year, I would like to say thank you. The ARM cards almost exceeded the family ones! In my turn, I wish you all a most peaceful and fulfilling New Year.

**Ishbel Kargar**

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# WILL HISTORY REPEAT ITSELF?

Looking back over the past 10 years our alliance with nurses, within the UKCC has not enhanced the midwifery profession. Perhaps it is time to "re-enact" the past!

Sue joined ARM in 1985 and was a member of the Co-ordinating Group. She works in Sidcup. Julie, who joined in 1987, works at Watford General Hospital. Both are currently studying for the Advanced Diploma in Midwifery at Guildford.

In 1902, the first Midwives Act was passed as the result of a long and arduous campaign. How did these visionary midwives achieve this amazing feat? What can we learn from their campaign? Can we do it again?

For midwifery, the second half of the 19th century was characterised by a battle for increased status and state recognition. Due to strong opposition this developed into a fight for the very survival of midwifery as an independent profession.

The social and political climate of that time made this a very difficult venture. There was great opposition from the medical profession. They felt their livelihood was threatened by the proposed Midwifery Act, that would ensure education and registration of midwives. A doctor member of Parliament opposing the Bill in 1890 stated that the proposed legal status of midwives (who would charge a lower fee than doctors) would deprive the medical profession of some of their income (Towler et al. 1986).

Nurses also felt threatened by the proposed Midwives Act. They were jealous that midwives might gain legal status before nurses, who were themselves campaigning for registration. A proposal to have midwifery-nurses was

eagerly supported by the Royal British Nursing Association: "To deny the midwives the opportunity of independent recognition" (Donnison 1977).

Society at this time was male dominated. As a result, this female campaign had an arduous task ahead of them.

However, in 1881 the midwives established the Midwives Institute. This had the specific aim of raising the status of midwives by the introduction of the midwives act. With much dedication and enthusiasm the first Midwives Act was passed in 1902.

Midwives had a separate Act until 1979. In the 1970's the Committee on Nursing chaired by Professor Briggs was initiated. The recommendations of it's report were: that there should be a single central body called the Central Nursing and Midwifery Council. This professional body would be responsible for standards, education and discipline in nursing and midwifery throughout Great Britain (Walkier 1982).

There seemed to be conflicting responses from within the midwifery profession to this report. In "Behind The Blue Door", a book written about the history of The Royal College of Midwives (Cowell et al. 1981 pp.88), it states: "The R.C.M. had given detailed advice to the Committee and it was gratifying to see much of that advice reflected in the report". It went on to say: "In responding to the Briggs proposals, which it did in Spring 1973, the R.C.M. generally welcomed them. It was willing to accept the single Central Nursing and Midwifery Council, but urged the distinct and separate identity of the midwifery profession".

In 1978 the report of the Central Midwives Board states:

"The independence of the midwifery profession is likely to be engulfed in the statutory framework that is being proposed and this may contribute to deterioration in the standard of care provided for mothers and babies".

The Association of Radical Midwives (Scruggs et al. 1978) was very unhappy about the proposals. They agreed that although the report stressed the difference between the professions, implementation of the legislation would see midwifery as a speciality of nursing. In a far-sighted comment they said:

As midwives are far outnumbered by nurses, decisions taken by a majority, made up of another profession (ie. nurses)... The proposed Briggs legislation should not be implemented as long as it seeks to combine midwifery with nursing on any level whether administrative, educational or disciplinary".

Despite this conflict the Nurses, Midwives and Health Visitors Act was passed by Parliament in April 1979.

We have now been part of the United Kingdom Central Council for more than 10 years. During this time it has become clear that the concerns expressed by the midwives during the 1970's were correct. The integration of midwifery and nursing under one professional body has proved difficult. One recent example is that of the overruling



Will history repeat itself?

of the midwifery committee allowing generic education to be established. Prior to this, midwifery educational standards were assessed and maintained by midwives. Today generic officers do not have to be midwives. A school of midwifery can be inspected and approved by a non-midwife ie. a nurse from the field of mental handicap.

A recent review by management consultants Peat, Marwick and McClintock, about the statutory bodies could further threaten our status within the UKCC. For example, the report recommends the National Boards have approved rather than elected members. This could result in a reduction of midwives on the board. If this were to happen our professional status would decline further. With fewer midwives on the Boards, our influence over our profession would be in jeopardy.

Looking back over the past 10 years our alliance with nurses within the UKCC has not enhanced the midwifery profession. In fact a lot of energy has been expended in retaining our status and separate identity. In the recent clinical regrading our struggle for a separate pay structure was greatly hindered by lack of support from nurses.

The UKCC is currently under review, it seems inevitable that some changes will be made. There is a strong feeling

from within the midwifery profession that now is the time to regain our autonomy by campaigning for a new Midwifery Act, and separate professional body.

In 2002 it will be 100 years since our colleagues achieved the first Midwives Act. That is only 12 years away, will that time see further demise in our professional status or are we willing to stand up and be counted!

**Sue Frame and Julie North**

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Sue Frame tel: 01-303 6042.

## ACORNS TO OAK TREES

Jean Morrison joined ARM in October 1989 and is one of the very welcome "new bloods" to the Future Group. She explained how she became involved in the group, through her friend Julie North.

I became involved in the Futures Group as a result of my growing awareness of change and potential change in the Midwifery profession. Undercurrents, highlighted by Mary Cronk in "The Future of Midwifery Under Threat" in the last magazine, are even coming to the attention of grassroots midwives like myself.

On November 20th, 1989, I attended a lecture given by Dame Alison Munro, at the RCM, entitled "Breaking Down Or Breaking Out". Dame Alison emphasised that the midwifery profession's identity is still confused with nursing, and said that "we need to cut the umbilical cord" to maintain our separate identity.

Prompted by these concerns about the profession, I decided to become involved and lend my support. I attended the Futures Group meeting on December 11th, 1989, at which attention was primarily focused on the birth of the Midwives Legislation Group and the campaign "Midwives Act Now". There was unanimous agreement that we had no future as midwives if we stayed within the current structure of the 1979 Nurses, Midwives and Health Visitors Act.

It is tempting to feel that as a grassroot midwife one has nothing special to offer outside the work place. You can look at people who are charismatic speakers or dynamic personalities and feel frankly inadequate. However, we can all contribute in many ways; by stimulating discussion at work, by raising colleagues awareness, (giving others this issue to read... Chris Warren), keeping well informed, lending support and attending such groups.

At first the task seemed awe inspiring. I was daunted by the enormity of our task. I thought "there are so few



of us and so much to do". No one else seemed too concerned. By the end of the meeting I felt part of the Group. We had achieved a lot, made plans and drawn up strategies and I somehow agreed to write this. I was reminded of the saying "from little acorns do great oak trees grow".

Jean Morrison

# INDEPENDENT MIDWIFERY & THE NATIONAL HEALTH SERVICE

Joan wonders if we can manage ourselves as independent midwives.

Independent midwives have shown us that as a profession we can be autonomous. At times this has been at great personal and professional cost to the midwives concerned. The current position of independent practice means that it is effectively private medicine and this limits its availability to a small number of women. It can also provide a rather tenuous living for the midwives.

An idea which appears to be gaining popularity is the "consultant midwife". This post would give the consultant the power to make clinical decisions — but what about the midwives working under her? We could find ourselves spending years working up the ladder with no right to take clinical decisions without first referring to our consultant!

One solution could be the introduction of primary care midwives in a practice setting. Each woman would be allocated to a midwife who would accept prime responsibility for her care. In the event of the primary midwife being


unavailable, a known second midwife would stand in, following the care, planned by the primary midwife and the woman. Women would have the right to choose which practice they would attend and midwives would be paid for each woman for whom they provided care. This would mean that practices would be encouraged to provide woman-centred care.

My main concern is not the ability of midwives to practice and be autonomous in making clinical decisions but to accept responsibility for organising themselves.

Midwives seem to need managers. We want managers to make up off duty, organise holiday dates. We don't want to be flexible in arranging cover for our colleagues when they need time off. We come in late for duty and we want to go off early. We need someone to blame.

It's no use pointing me in the direction of the team schemes which exist. These involve a minority of midwives. Before we start shouting for independence perhaps we should address the problem of manager dependence in midwifery!

**Joan Cameron**  
Midwife Teacher  
London Hospital School of Midwifery

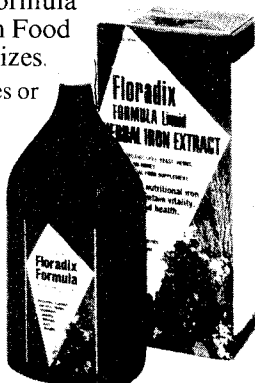


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# Drafting a New Midwives Bill

Ronald Briggs suggests how to begin to draft a new Midwives Bill

Mr Ronald Briggs became involved with ARM following his writing a letter to the Independent Newspaper about the obvious injustices in Jilly Rosser's case. He was very helpful to the Professional Conduct Working Party in compiling their recommendations and report. Ronald Briggs has offered to help with the drafting of a new Midwives Bill. The following section is adapted from his suggestions.

What the Midwifery Profession Needs

If we don't have the UKCC or National Boards, what should we have?

A Central Midwives Council, (CMC) perhaps, which would be concerned with Midwives education and training, clinical practice and professional discipline. Such a body must incorporate the following criteria:—

For CLINICAL PRACTICE it must:

- 1 Serve the public interest.
- 2 Safeguard standards.
- 3 Ensure good conditions of service.
- 4 Be accountable to both those to whom the service is provided and to an internal body.
- 5 Allow new working practices to develop, encourage innovation.

6 Always work towards research based practices. For Education, it must;

- 1 Provide means of approving education and training of a specific standard.
- 2 Not be subordinate to any other profession or professional group.
- 3 Have independent professional control.
- 4 Consider the suitability of candidates for entrance to the profession and specify entry qualifications.

For PROFESSIONAL CONDUCT, it must;

1. Be fair and just and based on the principles of British Law. i.e. Midwives should be considered innocent until proved guilty, should know of the case against them and all should be treated consistently.
- 2 Be designed to ensure a high standard of Midwifery care is given to women and ensure that Midwives unable to practice competently because of health reasons are prevented from doing so.
- 3 Ensure that the professional conduct machinery can not be manipulated to harrass those Midwives who stand out.
- 4 Have a definition of misconduct which does not penalize genuine clinical errors taken in good faith.
- 5 Stipulate action that can be taken against Midwives found guilty of misconduct and allow for appeals.

**ARM would welcome response to the above article.**



*Start now to regain your autonomy.*

# Keeping Midwifery alive for our Grandchildren

The following article was inspired by a talk given by Mary Cronk, on Oct 28th 1989 at the Independent Midwives Conference. Mary told of the developments and strategies that have enabled her to now work within the NHS as an independent practitioner. I have summarised, with a flow chart. We need a new Midwives Act to enable us to regulate and control our profession but we can all take some small steps to increase our clinical autonomy.

"I WAS NOT EXERCISING CLINICAL JUDGEMENT BUT AS LONG AS I DID WHAT I WAS TOLD I WAS COVERED. THIS WAS SAID BY MY HOSPITAL COLLEAGUES WHO HAD BEEN WORKING IN THIS WAY FOR SOME TIME — AND I BELIEVED THEM."

Is this how you feel? Many Midwives, newly qualified or returned to practice are beset by hospital policies and procedures, written and unwritten. Few feel able to challenge the system.

Most Midwives feel that it is difficult, if not impossible, to be a practitioner within the NHS. At a study day in Cardiff, (Oct 89), none of the NHS midwives present put their hands up when I asked if they believed they were independent practitioners, fully accountable for their clinical decisions.

Mary believes she is an independent practitioner working within the NHS and I think we can all learn from her experiences.

From 1958 to 1962, Mary did practice as a practitioner within the NHS. She was employed by the County Council as a District Midwife and booked multiparous women with a breech baby or twins as well as primigravidae for home births. She worked on her own or with doctors to give care at home and not all doctors' cases were necessarily referred to hospital. The definition of normal has narrowed considerably and Midwives' cases have been much reduced. Independent Midwives in France still accept bookings for multiparous breech and twin births.

In 1969, after a break, sailing and having her own babies, she returned to District Midwifery practice and found many changes:

**All women HAD to have a booked doctor, the Local Authority Clinics had vanished, the GP decided where women should have their babies, and she was not "allowed" to book women for birth at home without a GP's agreement.**

During an absence of only 7 years there had been a change in the power base, with a loss in status for the Midwife and a large gain in power by the doctors, particularly the Hospital Obstetricians. The women stayed at the bottom of this hierarchy but had even less say in their care than before.

The PEEL report, in 1970 recommended provision for all women to have their babies in hospital and the 1974 NHS reorganisation introduced District and Area Health Authorities who employed all the Midwives, hospital and district. Mary became a Community Midwife, subject to the Health Authority's Policies. Policies governing annual leave, sickness, uniform and disciplinary events are acceptable but the problem occurs when policies are made over clinical issues. Despite the lack of research evidence, the policy of Mary's Health Authority was to phase out all home births. At this time, the late 70s, the intervention rates were sky high.

Mary booked women for "DOMINOS" so she could continue attending women in childbirth. Working in a fairly small area, she was also able to give good continuity of care and knew most of the women she attended. Problems started to arise over the way she gave that care in hospital. Hospital policy was laid down by the Consultant Obstetrician and was binding on all Midwives. Mary started to feel constrained and, by 1975, felt she was not practising as a Midwife but was delivering babies according to a pre-set series of instructions.

She realised that she was not using her clinical judgement but was just doing as she was told, being in effect an obstetric nurse. When she voiced her feelings to her colleagues she was told she'd be "covered" if anything went wrong as long as she was following the Hospital Policy. This is a commonly held erroneous belief.

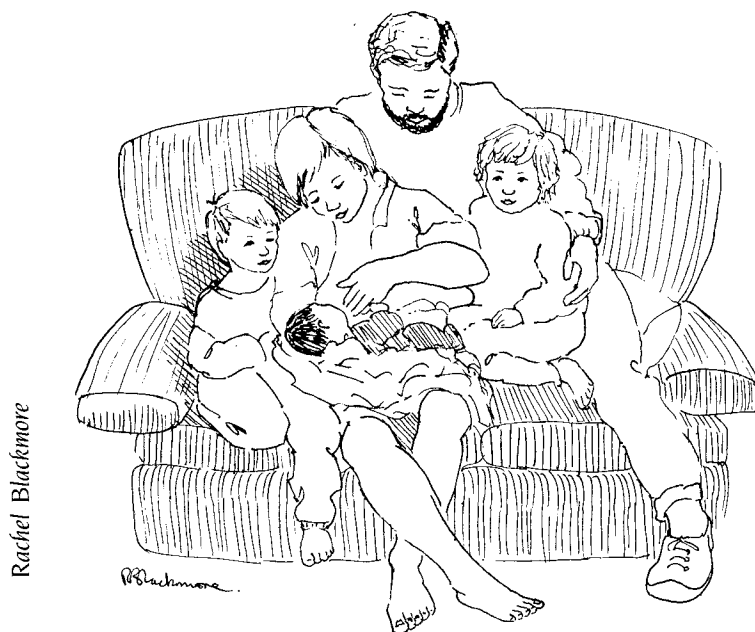
In my view one of the biggest threats to Midwives exercising clinical judgement and having autonomy is HOSPITAL POLICY. Whether the policy concerns the presence of two Midwives for the birth or routine syntometrine or induction of labour for postdates pregnancies is not relevant. All such policies prevent the Midwife from using her clinical judgement to give the best care or advice to each individual woman. According to the UKCC's Code of Professional Conduct Midwives:

*"must act always in the woman's best interest".*

As a practitioner you may have to face a decision as to whether you follow hospital policy or the UKCC's edicts.

In Mary's Health Authority at this time, all primigravidae had an episiotomy, all previously sutured perineums were to be assaulted again by the scissors. Women's membranes were ruptured at the first opportunity and the third stage of labour was always managed actively with oxytocics and controlled cord traction.

Not surprisingly, particularly to those of us who know her, Mary became very frustrated. She looked for support from like-minded Midwives. The Domiciliary Midwives Council of the RCM, which might have been supportive, had been disbanded in 1974. Help was at hand, and the turning point came in 1976 with the birth of the ASSOCIATION OF RADICAL MIDWIVES. Meeting other frustrated, unhappy and questioning Midwives gave her the support required to challenge the system.



The first success came over the episiotomy issue. At first she avoided confrontation and followed her colleagues advice to...

*"drop the scissors on the floor or say there wasn't time"*

and did not rock the boat.

When Mary observed a colleague making an episiotomy after the baby was born, she was horror struck. It finally dawned on her what was happening to our profession. Pleasing the Consultant or complying with "the policy" was deemed more important than giving the woman optimum care. She decided to take more definite action. She realised that:

*"Consultants can provide guidelines and Health Authorities may have policies but as a practitioner the Midwife has a duty to provide the best care possible to a mother and baby in each particular case. That care can not be pre-determined. Childbirth is unpredictable, individual and unique".*

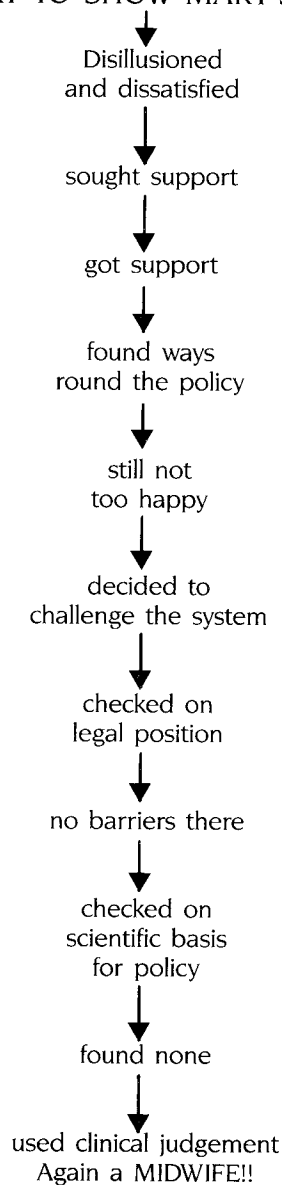
Mary changed tactics. She increased her knowledge base on the subject, then studied the Central Midwives Board Rules (the UKCC's Midwives Rules equivalent) and found nothing to back the policy or to constrain her to follow it. At her next delivery she did not make an episiotomy as one was not required. She informed the Consultant and gave him the name and address of the CMB to whom he could complain if he wished. He did not make a complaint.

Mary has used the same tactics again successfully and has needed to be strong in the face of opposition from Midwife managers as well as obstetricians. (See ARM issue ...).

Mary was not the only one. As we gained strength from each other in ARM, more and more Midwives started to challenge the system. Individuals have fought quiet local or public battles over issues of clinical judgement and Midwives right to be Practitioners. In the last few years, the debate on the right of Midwives to be practitioners and use their clinical judgement has widened and rightly so. There are still many places with battles waiting to be waged.

**Chris Warren**

**FLOW CHART TO SHOW MARY'S PROGRESS**



# RATIONALE FOR A NEW MIDWIVES ACT

The Midwives Legislation Group explain their role concerning a new midwives act.



In 1889 midwives began a campaign for recognition. Women at that time were not enfranchised, and parliamentary lobbying had to be done through their male relatives and friends. They were eventually successful, and in 1902 the first Midwives Act was passed. Changes during the last decade or so have eroded the professional status of midwives, to the extent that they are today seen as a branch of nursing. During the last few years, management of midwifery services in many areas has been absorbed into other specialities, often under a non-midwife manager. This has often led to difficulties for the staff involved.

In 1988 during the clinical grading review, midwives' status was not recognised and attempts to fit midwives into criteria designed for nursing gave rise to serious grading problems, resulting in an inappropriate salary structure and a critical lowering of morale. We believe that the picture would have been vastly different for midwives had midwifery been recognised as a separate profession from nursing.

The introduction of the generic Education Officer at the English National Board (against the clearly expressed opposition of all the elected midwife representatives) demonstrated the loss to the nursing profession of the autonomy of our profession. As Margaret Brain, President of the Royal College of Midwives said at the Annual General Meeting of the College in 1989... "If we lose control of our education, we lose control of our profession." We believe that this has already happened.

The above are just a few of the trends which have caused some far-sighted midwives to question the validity of legislation which does not protect the autonomy of the midwifery profession. There is now a groundswell of opinion among midwives, in favour of a new Midwives Act to remedy this situation, and by initiating discussion of the topic among colleagues and friends, this can be tapped to form a powerful

force supporting new legislation and ensuring a secure future for midwifery and good maternity care in UK.

In November 1989 our FUTURES GROUP was asked by our AGM to draft a new Midwives Act. Following discussion at their next meeting it was felt that the group should be widened in order to represent all those (both lay and professional) who are affected by midwifery legislation. To this end, a daughter group was formed, to be known as THE MIDWIVES LEGISLATION GROUP. The aims of this new Group are to initiate and guide the drafting of a new Midwives Act and to galvanise support in order to get the Bill enacted.

To date, this group has explored the 1951 Midwives Act, the 1979 Nurses, Midwives and Health Visitors Act and the new proposed midwifery legislation for Ontario, as a possible basis for our own Act, and has issued guidelines to a Parliamentary Draftsman.

The new Act will set up a new midwifery body, provisionally entitled the Central Midwives Council. This body will be responsible for registration, education and training, setting and improving standards of practice and professional conduct. In effect, midwives will be answerable to their peers, and no longer be part of UKCC.

It is impossible to give full details of the proposed Act here, however a draft copy will be available at ARM National Meeting in Ormskirk (17th March 1990), for comments and suggestions. The MIDWIVES LEGISLATION GROUP welcomes any interested person who feels able to make a contribution to the work. Support and encouragement has already been received from both expected and unexpected quarters!

The MIDWIVES LEGISLATION GROUP can be contacted at 34 Elm Quay, Nine Elms Lane, London SW8 5D.

January 1990

# START NOW TO REGAIN YOUR AUTONOMY

Do policies in your area erode your autonomy? Chris challenges routine artificial rupture of membranes and the consequences this may have on our practice.

## Start now to regain your autonomy

Most Midwives rupture membranes because they believe such action will speed up labour. Some feel constrained to do so because of written policies or worse because Mr So-and-so likes it to be done. ARM is nearly always carried out by a Midwife during the course of her care of the woman. Women are seldom consulted and there is NO evidence to support routine rupture of membranes at any stage of labour. See the NCT's new booklet, "Rupture of Membranes in Labour" which is based on a survey conducted by them in 1989. If you don't rupture membranes no one else will, unless labour is prolonged or the doctors get involved if a deviation from normal occurs.

What are the policies in your unit? Are they restrictive or supportive? Who decides on Clinical Policies or do you have guidelines?

Policies on artificial rupture of membranes, active management of the third stage and routine episiotomy all erode our right to practise, to make clinical judgements and to be accountable for those decisions.

## Midwives Autonomy

What you can do to challenge the system and increase

your autonomy.

### 1. Find support.

Discuss the problem with your colleagues and see who feels the same. Send a letter to Midwifery Matters and find other, maybe wider views. Attend local meetings of Midwives and find out if others feel the same. If you find no support from your colleague consider whether you are wrong, if not try to educate them!

### 2. Be strong and assertive

Approach your supervisor with your concerns, she may share them and be supportive, she may not.

Challenge the consultant/registrar over the policy and ask for evidence that supports his/her view.

Write to the Local Supervising Authority if appropriate or to the Midwifery Officer of your National Board.

### 3. Prepare your facts

Read and research the problem.

Ask others for help.

Find out what the women think.

### 4. Take Action

Then take the action you feel is the one that is in the individual woman's or baby's best interest and be a MIDWIFE. (then write about it to inspire others.)

Chris Warren  
Community Midwife  
Croydon



# AMENDED CONSTITUTION

In the Spring issue of our Newsletter (issue 28), the first draft of a new Constitution was published by the then Co-ordinating Group of ARM. After further deliberations some minor amendments were announced in the next issue of the Newsletter. The resulting document has been our adopted Constitution since then. At the AGM in 1988 major changes in the way ARM was organised were proposed and adopted, mainly in the setting up of an expanded Steering Group of 12 elected members plus the Treasurer, the Secretary and one representative of the Magazine Group. (See page XX)

All members are asked to read the Constitution carefully, and write in with comments. The final document, incorporating any further changes considered necessary following this consultation, will be put before the members at the 1990 AGM in July for approval and adoption.

Please address your comments to The Steering Group, c/o 62 Greetby Hill, Ormskirk, L39 2DT.

## CONSTITUTION

(Amended Spring 1990)

### 1. NAME

The name of the Association is THE ASSOCIATION OF RADICAL MIDWIVES.

### 2. AIMS AND STRATEGIES

- a) The Association is established to:
  1. Advance education in midwifery, with particular regard to the education of persons who are practising, or are intending to practice, as midwives.
  2. To preserve and protect the good health of

childbearing women and their babies.

3. Give advice and support to those experiencing difficulty in getting or giving good sympathetic maternity care.
- b) In furtherance of the said aims, but not otherwise, the Association may:
  - i. Employ and pay persons to carry on the work of the Association.
  - ii. Collect and disseminate information on all matters affecting the said objects.
  - iii. Publish and issue books, periodicals and other documents.
  - iv. Acquire property and, subject to any consents required by law, dispose of property.
  - v. Raise funds, invite and receive contributions from any person or persons whatsoever by way of subscriptions or otherwise, provided that the Association shall not undertake any permanent trading activities in raising funds for its primary charitable object.
  - vi. Invest surplus funds in such investments as may be thought fit.
  - vii. Do all such other lawful things as are necessary for the attainment of the said aims.
3. MEMBERSHIP

- a) Full membership of the Association shall be open to those midwives and student midwives who are interested in furthering the work of the Association.
- b) Associate membership is open to those individuals or organisations, other than midwives who are interested in furthering the work of the Association.
- c) Each full member is entitled to one vote at the Association's Annual General Meeting.
- d) Associate members may attend the Annual General Meeting and contribute to the debate but may not vote.
- e) A member may appoint a proxy for a particular meeting if she is unable to attend. The

proxy must present the member's written agreement to act as proxy at the meeting.

- f) The Steering Group shall have the right, for good and sufficient reason, to terminate the membership of any member PROVIDED THAT:
  - i. The member concerned shall have the right to be heard by the Steering Group before a final decision is made.
  - ii. The member concerned shall have the right to appeal to an Appeal Committee of the Association.
- g) For the purpose of membership in or affiliation to international organisations, an International Section of the Association shall be comprised of the qualified midwife members of the Association.

### 4. REGIONAL GROUPS/ REGIONAL CONTACTS

Groups within the United Kingdom may be formed by members residing in a particular geographical location. These groups may call themselves ARM Regional Groups, holding meetings when and where appropriate. One or more of their number may be nominated as Regional Contact(s). In areas where numbers are insufficient to form a Regional Group, individual members may nominate themselves as Regional Contact in order to give local advice and support in accordance with the aims of the Association. In general it is desirable that Regional Contacts will be members who are able to demonstrate a commitment to the aims of the Association, and will preferably have been a member for more than one year, or attended at least 3 National Meetings.

### 5. STEERING GROUP

- a) The general direction of the Association shall be in the hands of a Steering Group, which shall consist of 12 elected members plus the Treasurer, the Secretary and a representative from the Magazine group.

- b) The elected members of the Steering Group shall serve for three years. Four of the elected members shall retire every year, but shall be eligible for re-election. Those retiring shall be those longest in office, dating from their last election.
  - c) From among its members, the Steering Group may appoint persons to serve as honorary officers of the Association.
  - d) The Steering Group may appoint up to five persons, who need not be members of the Association, to serve on the Steering Group in a non-voting advisory capacity for such period as the Steering Group may determine.
  - e) Casual vacancies in the Steering Group may be filled by the Steering Group. Any member so appointed shall hold office until the next A.G.M. and shall be eligible for election at that meeting.
  - f) The proceedings of the Steering Group shall not be invalidated by any failure to elect or any defect in the election, or by co-option or qualification of any member.
  - g) The Steering Group may appoint any sub-committees (working parties) that are deemed necessary, and shall determine their terms of reference, powers, duration and composition. Any acts and proceedings of such sub-committees shall be reported back to the Steering Group as soon as possible.
  - h) The Steering Group shall report on its acts and proceedings to National Meetings and the Annual General Meeting of the Association.
  - j) In the event of an elected member of the Steering Group taking sabbatical leave, she may nominate a replacement (with voting rights) for the period of her leave. The final decision rests with the Steering Group.
- 6. MEETINGS OF THE ASSOCIATION**
- a) An Annual General Meeting shall be held once in each year at such time and place as the

Steering Group shall determine. At least three weeks notice must be given to each member. At this meeting the business shall include the election of members to the Steering Group by secret ballot, the consideration of the Association's Annual Report, and the transaction of any such other matters as may, from time to time, be necessary.

- b) The Steering Group may at any time call a Special General Meeting of the Association within a reasonable time after receiving a request from at least twenty members of the Association.
- 7. NOMINATIONS**
- Nominations for members of the Steering Group must be received according to the schedules announced in the journal of the Association. Self nominations are accepted, provided they are seconded by a full member. Should nominations exceed vacancies, election shall be by ballot. Arrangements for postal or proxy votes may be made by the Steering Group.
- 8. ADVISORY COMMITTEE**
- The Steering Group may from time to time appoint persons to serve on an advisory committee. The sole function of such committee shall be to give advice to the Steering Group on any matter referred to it by the Steering Group.
- 9. RULES OF PROCEDURE**
- a) The quorum at an Annual General Meeting of the Association shall be thirty full members of the Association.
  - b) Wherever possible, decisions at all meetings of the Association shall be made by consensus. If a vote is taken, a two-thirds majority of persons present and voting shall be required. No person shall exercise more than one vote. Written proxy votes and postal votes will be accepted.
  - c) Minutes shall be kept by the Steering Group and any advisory or sub-committee.
  - d) The Steering Group may adopt and issue standing orders. These shall not be

inconsistent with the provisions of this Constitution.

**10. FINANCE**

- a) All monies raised by or on behalf of the Association shall be applied to further its objectives PROVIDED THAT nothing herein contained shall prevent the payment in good faith of reasonable and proper remuneration to any employee not being a member of the Steering Group of the Association or the repayment of proper out-of-pocket expenses of members of the Association.
  - b) A qualified practising accountant shall be appointed auditor by the Steering Group. The accounts are to be approved by the Annual General Meeting.
  - c) A bank account shall be opened in the name of the Association. Two Steering Group members and the Treasurer shall be authorised to sign cheques.
- 11. ALTERATIONS TO THE CONSTITUTION**
- Any alteration to the Constitution shall receive the assent of not less than two thirds of those present and voting at an Annual General Meeting. Any proposal to alter Constitution must be received by the Steering Group at least twenty eight days in advance of the meeting.
- 12. DISSOLUTION**
- If the Steering Group decides that it is necessary to dissolve the Association, it shall call a general meeting of which at least twenty one days' notice shall be given. If the Steering Group's decision is confirmed by a three quarters' majority of those present and voting at the meeting the Steering Group shall dispose of the assets of the Association. Any assets remaining after the satisfaction of the debts shall be given to such other charitable institution or institutions as the Steering Group may determine.
- 13. NOTICE**
- Any notice sent in a prepaid letter addressed to any member or associate member at her or his or its last known address in the United Kingdom shall be deemed to have been received on the

*Continued on page 22*



## Briefly...

The following is a snippet, yet another definition of MIDWIFE.

**Midwife.** There is a spelling of this, **Meedwife**, as though the woman was there for the **meed** or reward involved. It is much more properly the natural helpfulness of the woman in the hour of need: **Midwife** is the **with-wife** (German-mit), ready to help. Wife is the feminine form, changed from the Anglo-Saxon **midwyrhta with-wright** a co-worker or assistant. The Romans had exactly the same feeling, whence Latin **obstrix**, the feminine ending on **obstiter**, to stand by; whence our more formal **obstetrician** — who turns out to be just a midwife after all.

This comes from an American Dictionary; Dictionary of Word Origins, by Joseph T. Shipley (MCMXLV) pub. Philosophical Library Inc. New York.

## Gleanings

### The Old English title

by Jane Hoskinson

"My dear", said the Victorian reformer Miss Louisa Hubbard to her visiting midwife friend, "I wish there was another word for you. It would be so awkward if we used it just when the footman came in to put on coals". In 1880 Miss Hubbard founded the Trained Midwives' Registration Society, but called it by a more genteel name, the Matrons' Aid. In that same year a writer for the *Pall Mall Gazette* nerved herself and used "the old Bible word" in an article on women's work.

In 1887 Emma Brierly's monthly paper, *Nursing Notes*, went out to lay subscribers in plain brown envelopes "for fear that one of their household might see the word midwife and look for more". The simple word for woman with birthing woman carried such

strength it could not stay in English. The *accoucheuse* from France or the man-midwife, the *accoucheur*, came into the language along with "lying-in", more fashionable than labour, lying down more fashionable — and harder on the lady — than squatting on a stool for the country woman.

In 1774 John Maubray billed himself as an *androboethygnist*, psuedo-Greek for man-helper-of woman, in a book he called *The Female Physician*. *The obstrix*, from Latin, a woman who stands before, gave her name to the new medical science practice by men. Still in French villages the *sage-femme*, in East Anglia the cunning woman, sisters with one name in separate tongues, practiced their ancient art.

The British Roll of Midwives, published in 1905, collected the names of 22,308 women unafraid to claim the awkward name, the unfashionable word, the proud old English title.

### Orgone (Reichian) Therapy (Part Time Course)

Peter Jones (an orgone therapist) is planning a weekend workshop in Edinburgh probably in February or March. He hopes to attend the ARM National Meeting in Ormskirk to discuss Orgone (Reichian) Therapy (Wilhelm Reich's therapeutic discoveries).

For further information contact: Peter Jones, 31 Regent Street, Lancaster LA1 1SQ. Tel. (0524) 63936.

### Home Birth Support Group

The above newly formed Group offer information and support, both ante and post natally to women and their partners who have had or hope to have a home birth.

At present affiliated to the local NCT. They hope to liaise with midwives so that mutual support to women may be given.

For further information contact:— Marie Smallcross, 15 Hampden Road, Beckerham, Kent. Tel. 01-658 4073.

## News & Research

### Benefits for Babies-in-Utero

Mrs Alma A. Flint has approached Michael Meacher M.P. to support her

request for a change to child benefit, to allow payment for the baby-in-utero.

The suggestion is that child benefit should be paid from 16 weeks gestation to term.

This payment may encourage women to commence early ante-natal care. The increased income allowing improved dietary intake and socio-economic status.

The main aim being to reduce incidence of premature births and their subsequent associated handicaps.

To obtain further information or to give support contact Alma A. Flint, 1 St. Thomas Sreet South, Oldham OL8 1SG. Tel. (061) 652 5475.

### The Association for General Practice Maternity Care

The aims of this association are:

1. To support midwives and G.P.s providing intrapartum care at home and in isolated, attached or integrated G.P. units. To help mothers to have this form of care if they wish.
2. To gather data on maternity care given in the above settings and encourage research into the safety, quality and cost of such care in particular into the level of maternal satisfaction.
3. To be involved in appropriate training for midwives and G.P.s undertaking care in the above situations.
4. To publicise the role of midwife/G.P. maternity care and thereby encourage its growth.

Regular newsletters and twice yearly meetings are anticipated. Membership is open to midwives and doctors interested in supporting midwife/G.P. care. The Association welcomes the views and advice of individual mothers as well as their representatives.

For further information contact:— Dr. G.L. Young, Barncroft Surgery, Temple Sowerby, Penrith, Cumbria CA10 1RZ, or Hana Blackmore (Lay member), 49 West Street, Congleton, Cheshire.

### Access to Health Records Bill

The Access to Health Records Bill has been taken up as a Private Members Bill by Doug Henderson M.P. The second reading is due on February 23rd 1990.

For further information regarding the Bill contact Maurice Frankel (Director), The campaign for Freedom of Information, 3 Endsleigh Street, London WC1H 0DD.

# ....MIDWIFE TO MIDWIFE...

The discovery that I was pregnant signalled the time to execute a plan of action that had been meticulously prepared over many years. I had always wanted a home confinement and my student midwifery training had merely confirmed this.

However I was under no illusion as to the difficult task ahead of me and the anti-home birth propaganda with which I would be confronted. My studies had taught me all too well of the vehement opposition of the majority of the medical profession to the practice of home births. My apprehension on going to my G.P. proved unfortunately to be well founded. Although she had attended the odd home birth, the experience had "left her a nervous wreck". She therefore, felt obliged to reject my invitation.

After this not too unexpected refusal, I was advised by the local community Midwife of at least two (but not more than three) doctors in the city, who might be prepared to help. I felt as if I was asking for a backstreet abortion, such is the guilt with which one is made to feel. It was not to be my lucky day. None of the doctors whom I tried were, for various reasons able to accommodate me.

In the meantime I had been well cared for by the community Midwife who will in any case undertake to attend the birth without medical assistance!!

I can look back at my experience with some humour. However, it begs some important questions about choice in pregnancy and birth. In some ways I was in a better position than most pregnant women because, being a Midwife, I have knowledge of what the available options are. I know of some women of good intelligence who actually believe it is illegal to have a home delivery.

Even if women contemplate a home birth, the barriers that they meet from the medical profession are usually insurmountable. Only when one has knowledge does a real choice exist. The question then arises as to whether we, as Midwives, are "marketing the product". Are we doing enough to make women aware that home births are an option?

At a time when the barriers to freedom of choice are being toppled in Eastern Europe, the Midwifery profession needs to reassert itself on the question of the place of birth and give women the real ability to choose.

**Jennifer Evans**  
*Cardiff Magazine Group*

**DON'T FORGET!**

## **NATIONAL MEETING IN ORMSKIRK**

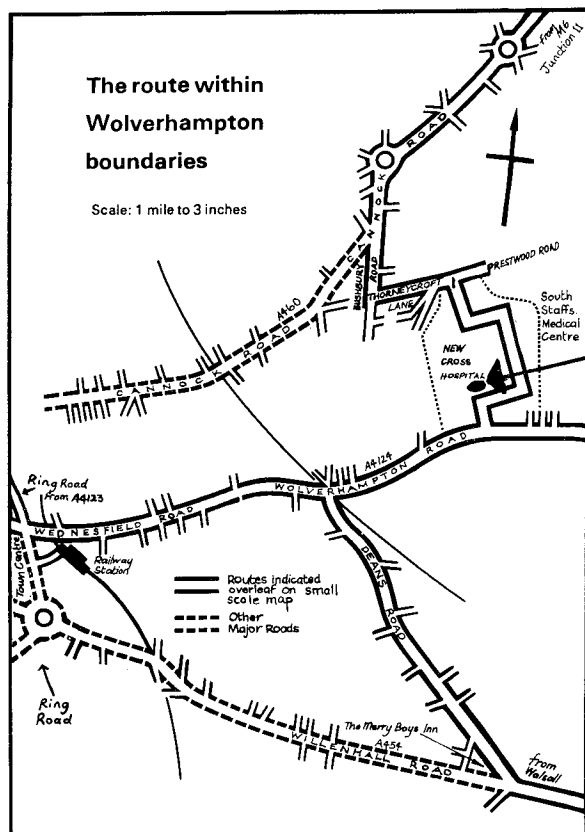
**17th MARCH**

**THE PROGRAMME** will include a Panel of midwives including clinician, teacher, manager and student, leading a discussion on the effects of education changes on present day practice. A major part of the day will be devoted to discussion of the need for legislation changes in midwifery, and explaining the campaign for a New Midwives Act.

There will be workshops/discussion groups on various topics. For map and travel details see page 32 in **MIDWIFERY MATTERS** issue 43 (Winter 1989). If you need a place in the creche **BOOK NOW!**

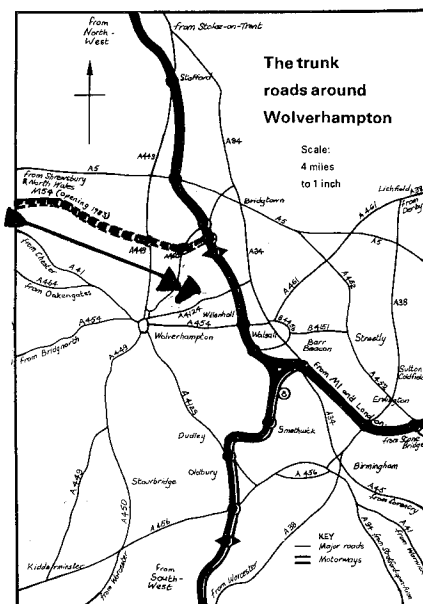
# SUMMER NATIONAL MEETING WOLVERHAMPTON

## SATURDAY 16th JUNE 1990



NEW  
CROSS  
HOSPITAL

MIDWIFERY  
EDUCATION  
CENTRE



### At the Midwifery Education Centre.

Newcross Hospital  
Wolverhampton

First right turn off

Thorneycroft Lane when coming from Bushbury Road

10am to 5.30pm

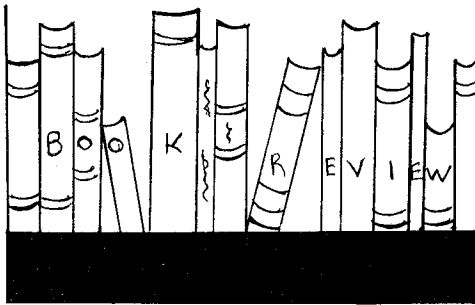
(Registration and refreshments 9am)

Cost: £6 (£8 non-members) inc. lunch and refreshments

Creche available: contact Dorothy McDonald

Two weeks in advance. Tel: 0902 339943 (After Office Hours)

or 0902 732255 ext. 2730.



## **An introduction to Psychosexual Medicine for doctors, nurses, students and other health care professionals**

*Edited by R.L. Skrine, M.D.  
Ch.B., M.R.C.G.P.*

Montana Press  
£10.95-1989

Ruth Skrine is a senior lecturer in family planning and psychosexual medicine at the University of Bristol. In a comprehensive and readable introduction she defines psychosexual medicine (and its distinction from psychosexual counselling) and outlines the central theme of this book, which is the need for attention to the interactions between the professional and the client.

The introduction is followed by twelve chapters divided into two parts in which nine authors (only one of which is a male) give their views on aspects of the consultation process and describe the settings in which they work. Brief but appropriate case histories are given throughout.

As a midwife I was disappointed that although family planning was touched upon, pregnancy itself was not mentioned. It would seem to me that the methods which characterise the practice of psychosexual medicines:

**“a particular way of listening to patients which requires the doctor to observe his own feelings and behaviour and to combine this with an understanding of the events and feelings or absence of feelings, associated with the genital examination”.**

would be of special relevance to midwives. Surely a chapter by a midwife relating to the interaction of pregnancy and labour with sexuality would have considerably enriched this book. But, we can easily relate to, and learn

from many of the examples of doctor-patient interactions given.

Masters and Johnson's (1966) revolutionary work opened up the whole area of human sexuality as a subject for respectable academic study. Savage (1987) comments:

**“any useful definition of sexual dysfunction should not be restricted to problems in the four stages of sexual responses as defined by Masters and Johnson, but should refer to any problems defined by the patient as a sexual problem.”**

The work recorded in this book represents an attempt to actualise in real settings some of the clinical applications which this definition requires.

There is much in this book which the midwife can usefully adopt in her special partnership “with the woman”. Essential (and easy) reading to any midwife exploring her own emotions within her professional relationship.

**Johanna Newbury  
Midwife  
South Wales**

## **The Hidden Face of Eve by Nawal El Saadawi 1980, Zed books. £6.95**

This is a fascinating book which looks at the position of contemporary women in Arab and Islamic societies. It's a disturbing book in many ways but written with such clarity of conviction that the reader feels very positive, rather than despairing about the future of women in the Arab world.

El Saadawi is herself a doctor and much of the mutilations described in the book have been witnessed by her in a professional, as well as personal capacity. The book follows a logical account of the position of women from birth through their reproductive years, putting their contemporary situation in an historical perspective, tracing the roots of Islam from Christianity and Judaism.

The book exposes the huge contradictions in women's lives in Arab culture. They are portrayed in the media and literature and on Billboard hoardings as the great seductress, draped scantily in suggestive regalia. Whereas the reality of their lives lies in their compulsion to dress in purdah,

risking punishment if they disobey.

In tackling the subject of women in totality and their relationship to Arab and Islamic cultures Saadawi embraced a huge topic. But, what could otherwise have been a fairly hefty read was made accessible by dividing the book into short chapters, each of which is well researched.

**Fran Sloan  
Cardiff**

## **Motherhood — What it does to your mind**

Jane Price 1988

Pandora Press

An 'Issues in woman's health' book. £4.95

This is not a book aimed at midwives hoping to understand the psychology of the new mother. It is a fascinating explanation of why families react in the way that they do.

Negative aspects of pregnancy and motherhood are discussed and rationalised. Labour delivery, breastfeeding and the role of the family are all examined. Dr. Jane Price involves case histories and her own experiences in each chapter highlighting problems experienced. She explains why women feel the way they do and is not afraid to use the emotions of anger, resentment, guilt, rejection and disappointment.

She succeeds in painting a common sense picture of motherhood that would make interesting reading for a woman wondering whether to embark upon a pregnancy or a woman disappointed with motherhood and wondering why.

In her last chapters “The devastating effects of motherhood” she veers towards the feminist viewpoint (not without evidence), but throughout the book the mother and baby are included in a family setting neglecting one parent families.

An interesting read rather than a text book. Jane Price succeeds in her attempt to help mothers understand themselves and the way that society shapes their feelings. She ends the book with “Dreams and realities” reassuring us that it is all worth it.

**Lorna Tinsley  
Barry**

# INTRODUCE A FRIEND, GET A FREE ARM PEN!

We now have Shaeffer "No Nonsense" pens, with ARM Logo, for sale at National Meetings, Study Days, Conferences, etc. However, for each new member you introduce, you will receive one of these pens **FREE!** Please send the completed subscription form to me, remembering to fill in your own name and address so I can send your gift pen to you. This offer is only open to members who are up to date with their own subscription.

Ishbel Kargar, **ARM SECRETARY**

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# Letters

## Dear Ishbel and New Editorial Team,

Thank you for the wonderful winter '89 issue posted all the way to Ireland. I thought it was an excellent issue. Well done to the Welsh gang. Regards to all A.R.M. members in East Suffolk and Ipswich. I remember "fondly" placing about 20 A.R.M. application forms on a notice board at the Ipswich Hospital at about 4am one morning (while on night duty) so as not to be seen by "disapproving eyes".

For the benefit of anyone reading your magazine I am now married, since last year to an Irishman, and we are now delighted to announce that we are expecting our first child for April 7th next.

For any of your readers who are not familiar with our system here, I would have a very difficult problem if I officially went for a home delivery, and ended up with labour complications. Apart from having **no G.P. support**, my midwife could not just take me in if something wasn't quite OK. So, I've got a hospital booking mainly to cover complications.

I just want to say **please, please** keep up the good work, your support for us, "midwifery matters" midwives really does **matter**, even overseas! and if you can send me details of A.R.M. members in the Republic of Ireland, and how to set up our own little branch, — I'll gladly oblige. Also, send my love to A.R.M. readers in the East Suffolk and Ipswich area (in particular, the Ipswich Hospital, maternity at Heath Road).

I'll keep you posted as to how the birth goes.

Love,

**(Mrs) Rosemarie Carroll**  
(formerly Scannell)

## Dear Ishbel,

I devour your magazine as soon as I receive it. I would like to suggest you add a segment on up and coming Obstetric/Midwifery

conferences, seminars, workshops etc. for us O.S. midwives who could write for papers from conferences or attend them if planning an O.S. trip and arrange a scholarship application or travel arrangements to suit.

Thanks for all your work.

Regards

**Sue Arnold-Garvey**

**Editor's note: The events page requires notification of Conferences, Workshops etc to the Magazine Group — Please notify us in good time for inclusion in next issues.**

## Dear Girls,

I have only this summer, become a member of ARM although I have thought about it for some time (and never got round to joining). I am very impressed with the magazine and the information it offers.

I work in the community attached to a small consultant unit in Bury St. Edmunds with approximately 2,000-2,500 deliveries per year. The West Suffolk hospital has always had a good reputation among mothers for having a baby. However at our community midwives meeting this week our senior midwife informed us that 'they' are introducing Active Management of labour in an effort to reduce lower segment caesarean section uses ratio etc. I was appalled and feel that the choices for mothers are getting less and less.

I notice that you have done an article on Active Management of Labour previously and would be very grateful if you would send me the information so that I can argue on behalf of mothers, as all other midwives seem prepared to just 'let it happen' — and once 'in' it'll never stop. Many thanks.

*Yours sincerely,*

**Pat Clarke SRN, SCN.**

## Dear ARM

I'd like to reply to Marianne's dilemma in "Midwife to Midwife" in issue number 43.

What Marianne describes is "end-stage bradycardia". This is a normal phenomenon, probably caused by the diminished placental site in the late second stage of labour, and it has sometimes been likened to a "diving reflex". It is a sign of fetal **stress**, not **distress**.

However, this is only normal if:  
a) it does not last more than 15 or 20 minutes.  
b) the F.H. has been OK up to then.  
c) there are no other abnormalities, eg. meconium staining of the liquor.

Marianne does not say how long the bradycardia had persisted, but in view of the meconium, I feel she did exactly the right thing in expediting delivery. The fact the baby was in good condition only reflects that she was coping with the **stress** at that point — another 5 or 10 minutes and the picture could have been very different.

I am a new member of ARM and at the moment am wondering why I dallied so long in joining!

*Best wishes,*

**Jane Flanders,**  
Midwife Teacher

## Dear ARM

Enclosed is my new address, and a map to help you find it if you are ever up this way. If you would like to call in, it would be best to make sure that I am home beforehand.

Soon I hope to resume writing my "Manual of normal obstetrics" which I started in the early eighties until I was de-registered. I would also like to publish the story of my de-registration, carefully planned by interventionist obstetricians, before all the evidence becomes too difficult to confirm. If you hear of anyone with time and talent to help me with these projects, please refer them to me. Please keep in touch, and I hope to catch up with you soon.

Your latest journal was wonderful — so full of good sense and good feeling. Although I'm a male doctor I'm sure I have a midwife's heart.

Homebirth is thriving in N.S.W. and is steadily reviving in Victoria. Could I please have the addresses of Marianne Idle (p8) and Marianne (p22) so I could write to them.  
*Best wishes to all*

**Dr. John Stevenson,**  
8 Hannah Street, Clunes, 3370  
Victoria, Australia

## Eds. Note.

**Marianne pg8 & pg22 are one and the same! Her address follows: Marianne Idle, PO Box 6022, Cairns 4870, Australia.**

# Events

## MARCH

- 6 **'Home Birth'** — 8pm. Discussion with Christine Rogers (AIMS Advice Chairperson) Contact: 26 Church Street, Hampton.
- 17 **A.R.M.** National Meeting, Ormskirk (See page 21).
- 17 & 18 **Women In Medicine National Conference** — at The University Students' Union. Fee: according to income. Contact: 90 Sidney Grove, Fenham, Newcastle-upon-Tyne.
- 17 **Birth Crisis Workshop** — 11am-4.30pm. Sheila Kitzinger. £14. The Manor, Standlake, Nr. Witney, Oxon. Tel. (0865) 300266.
- 31 **Midwives, an Endangered Species?** 10-4.30pm. Arranged by N. Cheshire N.C.T. Hoping to alert the public to the demise of the Midwives and Midwifery services and to discuss the implications of the White Paper on Maternity services. Speakers to include: Jo Connor RCM, Chris Butler, M.P., Mike Shannon, District Health Auth. plus a speaker from A.R.M. Cost: £5 (lunch available or bring your own). Confirm place by 23/3/90. Contact Aileen Hewitt, Tel. 0925 68094.

## APRIL

- 3 **'Home Birth'** — 8pm. Flying Squad Cover. Contact: 59 Elmfield Avenue, Teddington.
- 21 **Waterbirth** — 11am-4.30pm. Sheila Kitzinger. £14. The Manor, Standlake, Nr. Witney, Oxon. Tel. (0865) 300266.
- 28 Nottingham A.R.M. — **Women, Birth and Freedom.** One day event £6 — waged, £4 — unwaged. For further information contact: Jane Marshall, Midwifery Teaching Dept., City Hospital, Huchnall Rd., Nottingham. Enclose a S.A.E. Creche and overnight accommodation available.

## MAY

- 1 **'Homebirth' Discussion with an Independent Midwife** — 8pm. Contact 26 Church Street, Hampton.
- 30 **Post Natal Depression.** 9.15am. Bolton Health Authority, Community Nurses (Mental Health). £35. The Pennyfarthing Suite, The Last Drop Hotel, Bromley Cross, Bolton.

## JUNE

- 2 **Massage and Touch in Pregnancy and Childbirth.** 11am-4.30pm. Sheila Kitzinger and Rachel Carson. £14. The Manor, Standlake, Nr. Witney, Oxon OX8 7RH. Tel. (0865) 300266.

*Continued from page 15*

day on which it would have arrived three working days after posting by first class post.

#### 14. OFFICIAL JOURNAL

- In general, communication with the membership shall be through the medium of the quarterly journal of the Association. The journal shall be called MIDWIFERY MATTERS.
- One copy of each issue of MIDWIFERY MATTERS shall

be posted to all paid-up members. Remaining copies shall be made available for purchase by members and non-members in order to raise funds.

- The Magazine Group shall have editorial control of the magazine and responsibility for the publishing of regular features such as Association business, announcements and reports.
- Other (non-business) features

of each issue of MIDWIFERY MATTERS shall be the responsibility of a volunteer Regional Group from a list drawn up at Annual General Meetings.

#### 15. NATIONAL MEETINGS

- Meetings of the Association shall be held quarterly and be hosted by volunteer Regional Groups from a list drawn up at Annual General Meetings.
- National Meeting venues shall vary as much as possible around the United Kingdom.

# ARM 1990 CAMPAIGN FOR A NEW MIDWIVES ACT

## YOUR HELP IS NEEDED!!!

In this issue of MIDWIFERY MATTERS you will be reading about the need for changes in legislation which will ensure that the midwifery profession regains and retains its autonomy. We believe that these changes are essential if women in UK are to have access to the skills of caring, competent midwives for their maternity care. Others, outside ARM, share this belief and we have had expressions of support and encouragement from many quarters.

Our campaign will be two-fold, to hold meetings and seminars throughout UK discussing with our colleagues and clients the need for a New Midwives Act, and at the same time to have a Bill drafted, taking into account views of professionals and lay people.

As well as adding your voice to the debate, and possibly helping with local meetings in your area, you can help by donating money to support the campaign. Any amount is welcome, and if each member sends even a small donation the campaign will get off to a good start. A regular amount will help to keep the coffers topped up, so why not use the standing order form (below) to send in a small monthly contribution? You can also pay directly into this account at any Nat. West. Bank.

---

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and debit my account No.....

Signed:..... Date:.....

**Please send the completed form and donation to:  
Midwives Legislation Group, 62 Greetby Hill, Ormskirk, L39 2DT.**

# BARGAIN CORNER!!!

There are still some back copies of the magazine, available in bundles, free of charge. These are not complete sets, but include some of the earlier Newsletters as well as the more recent Magazines including 1988. The information and articles they contain are a valuable aid in tracing the progress of midwifery over the last decade.

We still have some A.R.M. Annual Conference Reports "The Role of the Midwife" and "Education and the Midwife", free of charge.

These two offers are available from the ARM stall at National Meetings, ARM Conferences, and at many other events concerning maternity care.

They are also available by post, please add postage and packing as follows: £3 for the Magazine Bundles, £1 for the Reports.

## OTHER ITEMS FOR SALE

Back copies of ARM Magazine (recent issues)	£1.00
THE VISION — Proposals for the future of the maternity services	£1.00
ARM Blue Enamel/Gilt lapel badge (Pinard Logo)	£3.00
Pinard Stethoscope (hand-turned in wood, p+p 50p)	£5.00
Choices in Childbirth (comprehensive information leaflet)	£0.20
"The Third Stage" Sally Inch & Antoinette Ward, (reprints of articles)	£0.40
"The Role of the Midwife" Jean Robinson (Social Policy Lecture)	£0.20
Birth Bar; Steel bar adaptation for most labour beds, (incl. p+p)	£55.00
Wall Poster "Did You Know" (facts re midwife's role, for clinics etc.)	£0.50
"Birth Matters — Issues & Alternatives" by Ros Claxton (p+p 50p)	£2.00
(This book was originally priced £3.95)	
Sheaffer "No-Nonsense" Ballpoint pen with ARM name, address and logo.	£2.50
"What is a Midwife?" information leaflets for clients & colleagues	Free
(p+p £1.50 for 100; £2.30 for 200; £3 for 500, £4 for 1000 leaflets).	

All the above items are available from ARM, 62 Greetby Hill, Ormskirk, L39 2DT. Please add 30p for post and packing except where otherwise indicated. Overseas postage is variable, please write for details.



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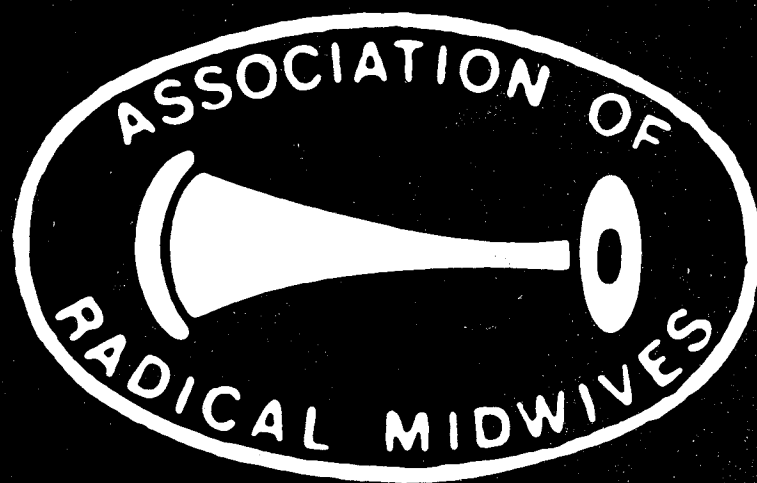
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## IS THERE A REGIONAL GROUP NEAR YOU?

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