

midwifery MATTERS

ISSN N° 0961-1476

ISSUE N° 66 AUTUMN 1995

- Perineal audit system
- Cerebral Palsey story
- Weekend Parentcraft course
- A.R.M consensus conference
on Supervision



ASSOCIATION OF RADICAL MIDWIVES



ASSOCIATION OF RADICAL MIDWIVES

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 and from women themselves that undesirable trend is at least being challenged.

ARM 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.

The Association is self-supporting, financed by membership subscription and sale of literature and other items. It is run by its members, who give of their time and effort voluntarily by co-ordinating and editing *Midwifery Matters* and by joining the Steering Group and working parties. The only paid worker is the secretary, who receives the equivalent of an E grade post salary for approximately 25 hours per week.

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 development of our field.

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!

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. At the 1994 AGM it was agreed to try mid-week meetings, and for a one year trial period the meetings will alternate between Saturday and Wednesday, see below for dates (One of these meetings will be the AGM). Venues vary around the UK to give everyone a chance to attend during the year, and will be announced in *Midwifery Matters*, together with directions and map.

The registration fee is £10 for non-members and £8 for members, to include lunch and light refreshments during the day. Paid-up ARM members can claim a refund of travel expenses over £15 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 if possible).

MEMBERSHIP

UK and Europe – £22 pa.
Unwaged (optional concession) – £11 pa.
Overseas (airmail) – £30 pa.
(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. £ Sterling only please!

1995 NATIONAL MEETING VENUES

The following members volunteered their region for the National Meetings in 1995:

Saturday 18th March
– (Scarborough) – Linda Allen

Wednesday 21st June
– (Cardiff) – Sandra Arthur

Saturday 16th September
– (Nottingham (AGM)) – Amanda Moul

Wednesday 13th December
– (Glasgow) Mary Kennedy

CONTENTS

Editorial	2
Features	
Are you sitting comfortably? - <i>Lucy Lewis</i>	3
The Cerebral Palsy story	6
Revitalised and healed - <i>Gecko</i>	6
Breast-feeding awareness week - <i>Jacky Smith</i>	8
Breast-feeding peer counselling programme - <i>Rebecca Riordan</i>	9
Weekend parentcraft course, an evaluation - <i>April Grayson</i>	10
Business	
Secretary's Annual Report	12
Treasurers Report, 1994-1995	14
1996 National Meetings, can we come to you?	15
ARM representatives wanted !!	16
Report of the UKCC Breifing meeting, 4th May 1995	17
Summer National Meeting	18
ARM concensus conference, Midwifery Supervision	22
Maternity Services Group Report	24
Notices	25
Items for sale	26
Events	27
Book Review	28
Letters	29
Annual General Meeting	30
Subscriptions	32
How to get in touch	33

Cover photo: Penni Bestic

ARM MAGAZINE

Sandra Arthur
71 Plymouth Road
Penarth
CF64 3DD
Tel: 01222 711765
Polly Ferguson
Tel: 01222 228392

National contact and Secretary

Ishbel Kargar
62 Greeby Hill
Ormskirk
L39 2DT
01695 572776

Treasurer

Shelley Bennett
1 Peterborough Road
Liverpool
L15 9HN
0151 734 0016

ARM Roadshow / Librarian

Sally Herbert
12 Sutch Lane
Lathom
L40 4BU
01704 894258

CopyDeadline	Publication
January 10	March 1
April 10	June 1
July 10	September 1
October 10	December 1

Regional Content:

Spring 1995 - West Midlands
Summer 1995 - Hampshire
Autumn 1995 - Nottingham
Winter 1995 - Manchester

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. Enquiries should be directed to Sandra Arthur.

Published by Association of Radical Midwives, 62 Greeby Hill, Ormskirk, L39 2DT.

Designed & produced by
Andy Dark & Penni Bestic
01222 345040 or 01222 641247
Printed by Reprint 01222 497901
Typeset in Gill and Times
Printed on chlorine free paper



Nottingham Editorial

As another AGM approaches, the Notts. ARM group have been plodding on. We have successfully managed to keep up our monthly meetings in our homes despite low morale about one year ago. At last we have some new faces who are full of enthusiasm and ideas. Discussions have remained lively and have frequently been about the changes in the maternity services in Nottingham. 'The Partners in Care' scheme in West Bridgeford and Hucknall has proven to be very entertaining and a challenge to those midwives involved in it.

It is very much towards team midwifery and involves the total patient/client care by the team. A 'package' is chosen and hopefully it will suit that person. Like all change it has not been without problems and many of these continue.

For our future we would like to see more new faces; we are a friendly lot who will make new-comers welcome. We are planning a joint venture with the Notts. R.C.M. Branch 'an evening with Caroline Flint'.

Thankyou to all Notts. A.R.M. who keep supporting the group,

Amanda Mout





FEATURES



●
Midwives were given the opportunity to audit their perineal management using diaries.

“Are you sitting comfortably?”

The development of a Perineal Audit System to enable midwives to audit their perineal management up to 13 months postnatally.

Background and rationale.

Over 70% of Women in the Western Hemisphere undergo perineal suturing following childbirth (Sleep et al 1984). Despite the high incidence of such repairs a detailed literature search did not find any audit system which had been developed to monitor the repair procedure or subsequent healing. As a result it was decided that midwives working within the catchment area of The Whittington Trust, London, should be given the opportunity to follow up their perineal management for up to 13 months postnatally.

Midwives were given the opportunity to audit their perineal management using diaries. Four diaries were collected from the women at 10 days, six weeks, eight months and 13 months postnatally. All the diaries were



FEATURES

returned to the midwife who had originally cared for the woman. The midwife was invited to share the contents with the researcher.

Of the 102 women in the study 89 (87.25 %) returned at least one diary. Two of the 13 women who did not return any diaries withdrew themselves from the study.

Two questionnaires were also used as part of the study. A 'What We Are Doing And Why?' questionnaire was given to midwives to examine what they do and why concerning perineal management and a 'What Happened?' questionnaire was also used in conjunction with the diaries to record the demographic details of the women in the study.

Results

The National Childbirth Trust (1993) recommend that '...both individual midwives and maternity units as a whole, monitor their perineal injury rates carefully and review them regularly, with a view to increasing the number of intact perineae and reducing the degree of perineal pain'

The Hawthorn Effect (whereby examining anything changes everything), of the study was monitored in relation to the rates of perineal laceration with the following findings:

> the rates of non suturing rose e.g.; prior to the study the 80 % of first degree tears were sutured and 20 % were not sutured. By the end of the study 80 % of first degree tears were not sutured and 20 % were sutured.

> the episiotomy rate fell from an average of 17.5 % for the three months preceding the study, to an average of 11 % for the duration of the study. Furthermore it was 6.6 % for the last month the women in the study were being delivered on labour ward and reached a low of 3.3 % for the month following presentation of the initial findings of 'Are You Sitting Comfortably?' to members of staff working within the Whittington Trusts Obstetric unit.

Questions were raised by both the women and the midwives in the study as to the value of suturing the perineum. This was debated when the initial findings of 'Are You Sitting Comfortably?' were presented to obstetric staff working within the Whittington Trust. The conclusion was that there is a need for research into non suturing especially of second degree tears to ensure that midwives can base their practice on sound research.

'You make no mention of stitches versus no stitches - this was my third pregnancy and required no stitches which was vastly preferable to the first pregnancy in which I had a lot of stitches. I feel if there is doubt as to whether suturing is necessary - people should be given the benefit of the doubt, as for me it has been a much better experience.'

The diaries suggest that women need to be more

realistically informed about their perineum during pregnancy especially postnatally.

'I think women should be given more information during parentcraft sessions on the trauma of episiotomy. Like all pain, a better understanding helps take the worry away - it does not make it less painful. I felt the pain affected the enjoyment of my first few weeks with my child. I was so preoccupied with the pain from the episiotomy coupled with sore breasts, what should have been a happy time was quite miserable.'

Information could be given antenatally individually or during parent craft sessions to help cushion the shock that many women feel when the reality of perineal pain reaches them.

'Passing urine is very uncomfortable, mainly due to a vaginal graze, plus perineal pain. Defecation and passing of flatus is uncomfortable due to perineal pain. Perineal pain affects my mobility, I have to walk slowly and carefully. I also have to sit on my side or a pillow (especially during breast feeding).'

Changing Childbirth encourages midwives and women to work together in an informed partnership to ensure the best possible outcome physically and emotionally for mothers, their babies and their partners.

'I was too happy with a healthy boy and how everything went alright to think about my pain. The only thing I would've wanted was to hold my little baby before I had my perineum done and would've liked to feed him straight away after the birth.'

The chances of this happening should be optimised by having continuity of carer. The results of the 'What We Are Doing And Why?' questionnaire suggests that there is little or no continuity of care in relation to perineal management. Different midwives working within the same team on the same ward give different and sometimes conflicting advice. If this is not bad enough the types of suturing styles and suturing materials used for each perineal layer can also vary.

'...Refused sutures because I felt I would rather trust the natural healing process. Although the hospital midwife who delivered me accepted this decision, the midwife who followed her on duty had great difficulty in accepting it and did her utmost to persuade / bully me into having stitches.'

Women need to be educated / empowered in regard to perineal suturing and for this to happen the midwives who care for them need to be educated / empowered themselves. Learning how to repair the perineum became a requirement of midwifery training in January 1983, when the European Community Midwives

Questions were raised by both the women and the midwives in the study as to the value of suturing the perineum

Directives came into force, yet international / national guidelines were not put into place. Different Hospitals have different methods of educating midwives to provide varied care concerning perineal management.

The 'What Happened Questionnaire' shows that midwives working within the same Hospital can be trained differently in relation to perineal management. Training is not thorough enough, this is especially important because the questionnaire shows that most midwives give the perineal care they do because it is how they were trained. Worryingly nearly half (49 %) of the midwives were using the wrong type of suturing material to suture the vaginal layer of the perineum, yet when asked how confident they were about the perineal care they had provided on a scale of 1 to 10 (where 1 was not confident and 10 was very confident) 77 percent ticked seven or higher. This situation has partly occurred because the midwife has no method of long term follow up or of auditing her own practice encouraging her to develop a false sense of confidence in the perineal care she is providing; it may also reflect the quality of the training she received.

One fifth of all new mothers still have major perineal problems, often requiring surgery, three months after delivery (Independent 1995). However as the general practitioner is the gate keeper to specialist healthcare, women themselves have little power when it comes to referring themselves to a professional who can help them deal with these problems. Referral to a specialist has to come via their general practitioner and if they are lucky enough that their general practitioner acknowledges they have a problem at their first consultation, the women in the study found that they could wait anything from 5 to 18 months for a hospital referral.

'.....When attempting sex I experience at best severe discomfort at worse making sex impossible. I am still waiting to see the hospital gynaecologist - I was referred by my GP. In January and have an appointment scheduled for July, a FIVE MONTH wait.'

The diaries suggest that initially nearly all the women suffered 'Toilet Problems'.

'Urinating stung at first. Opening my bowels felt an impossible strain for a couple of days. It brought back memories of the second stage of labour and also felt like I would split open if I tried to push.'

After about six weeks 'Sexual Aspects' became the main worry. The comments below

'No influence on ability to have sensual feelings but major influence on the ability to act on those feelings.'

'Fear of pain makes me not want to bother.'

were common. Most women did not receive help with these fears (Although a psycho sexual counsellor was attached to the study partly for this reason) but seemed to use the diaries as an opportunity to de - brief their perineal experiences.

In fact up to 34 % of the women in the study found completing the diaries made them feel better. Perhaps this shows that women do need some method of de - briefing postnatally not only in relation to their perineal experiences but also in relation to their antenatal /labour experiences generally.

In conclusion there is an urgent need for radical changes in the way in which midwives are educated in relation to providing perineal management. This education should be ongoing, enabling individuals to audit the perineal care they have given, so that they can assess and improve this care if necessary. Having educated midwives in relation to perineal management they should be better prepared to educate the women they care for. General practitioners also need to increase their sensitivity to women with perineal problems. Ideally this should occur in conjunction with the midwives and obstetricians. National guidelines for perineal care would help to ensure that all professionals involved in perineal care are encouraged to examine the perineal care they give in conjunction with each other.

In the current obstetric climate midwifery care is becoming more woman centred, it makes sense that if we as midwives are to base that care on sound research then that research should be woman centred too. With this in mind I leave some of the women in the study to explain why they feel research into this area of midwifery / obstetric practice is necessary.

'I appreciate the attention you are giving the subject. Typically, those areas which are exclusively female are not attended by 'the system' I am aware that the perineum and surrounding area is crucially important to most women's sense of well - being and sense of self. I had no idea before this experience (of birth) how every movement - sitting up, getting into bed etc. is felt in this central point and damage may be repaired if we are to have all the energy our babies need from us.'

REFERENCES

1. Brimacombe M (1995) Reaping pain from what others have sown. The Independent Tuesday 14 March.
2. Greenhills W, Hulme JL (1995) The Perineum In Childbirth. A Survey Of Women's Experiences And Midwifery Practices. The National Childbirth Trust.
3. Storey J, Grant A, Garcia J, Elbourne D, Spencer J, Charters J (1984). West Berkshire Perineal Management Trial. Br Med J, 289:587-590.

The study was funded by The Whittington Trust, London and North East Thames Regional Health Authority's Locally Organised Research Scheme.

Lucy Lewis, June 1995.

One fifth of all new mothers still have major perineal problems



FEATURES

The Cerebral Palsy story

A catastrophic misunderstanding in Obstetrics

Applying unproven technology to poorly understood fetal physiology resulted in a costly mistake in obstetrics. When Virginia Apgar generated her scoring system, she forced obstetricians to examine newborns and assess the need for treatment. The arbitrary numbers assigned were not devised to predict long-term fetal outcome. By developing microblood sampling, Erich Saling used the assay of blood gases to diagnose acidosis and hypoxia or anoxia (both terms were used interchangeably). However, there was no established relationship between hypoxia and acidosis, tissue perfusion, organ selection, shock, and death. Fetal distress was and is a vague clinical term, at best. Electronic fetal monitoring, developed by E. Hon thirty years ago, provided a technique that has not yet demonstrated its usefulness and application.

Assumptions, false analogous conclusions, and the misunderstanding of fetal pathology led to expectations that intrapartum diagnosis of acute hypoxia would predict and prevent long-term disability from brain damage. New technology was applied without controlled studies. Upon determining certain forms of clinical pathology, paediatric neurologists inferred a causal relationship between intrapartum hypoxia and brain damage, such as cerebral palsy. The *misunderstanding* was so deeply rooted that, in the early 1980s, a number of obstetric societies labelled as irresponsible a statement by the World Health Organization (WHO) that fetal heart monitoring was a costly and unproven technology not warranted for developing countries. The WHO statement indicated that such countries should use funds to improve human assistance through midwifery. Currently, fetal heart monitoring remains an expensive and unverified technology.

As 'fetal indications' for operative delivery were

taken into consideration, the number of caesareans rose. The rate further increased when the failure to respond to 'fetal distress' ended in litigation and defensive medical practice.

In the mid 1980s, controlled randomized studies began to turn the tide. Reports accumulated indicating that fetal heart auscultation was as good as electronic fetal heart monitoring in identifying acute 'fetal distress'. Even more convincing was the demonstration that the incidence of cerebral palsy had not decreased in the last 50 years, and definitively not during the last three decades, when there was a dramatic decrease in neonatal mortality.

The misunderstanding of the relationship between acute intrapartum hypoxia and brain damage could have been avoided if pathophysiologic knowledge had been applied. Experimentation in the primate had shown that to cause disability, asphyxia must be prolonged, severe and nearly fatal. This is in essence the conclusion stated in 'Fetal and Neonatal Neurologic injury' (ACOG Technical Bulletin 163, January 1992). The deductions regarding hypoxia and brain damage also ignored the evidence that asphyxiated adults and children are not brain damaged if they survive multiorgan failure.

The underlying pathology of chronic fetal hypoxia needs to be determined. Only with this knowledge at hand can diagnostic measures be evaluated. The enthusiasm for wide utilization of unsubstantiated modern technology should serve as a warning for events to come. An increase in technology does not necessarily lead to an improvement of medical standards. Nonetheless, without the enthusiasm for research on fetal heart monitoring, Apgar scores, and microblood sampling, the subspecialty of maternal-fetal medicine most likely would not have developed.

Fritz K. Beller, M.D.

●
Currently, fetal heart monitoring remains an expensive and unverified technology

Revitalised and healed

The tale of two weird conferences and a weird midwife

The other day I was speaking to a midwife, a friend, who is involved with research and in the course of her work comes across medical sales representatives. She was telling me about the impression a medical rep. had given her about the waterbirth conference he had recently been at in London. Apparently he thought that there had been a lot of weird stuff going on. I thought to myself, was this the same conference on waterbirth that I went to that he was referring to? I don't recall any weird stuff going on, does he mean reckless and dangerous or just different? What did he see that I didn't?

I didn't know that medical rep. and I'm just guessing at why he said what he did but his reaction made me

think about that type of comment and the possible subtext. The thing is, that I don't think he did see or hear anything that I would think was weird. I believe he was probably astonished and perhaps threatened by the way childbirth was being thought about, talked about and even danced about. And the way in which women, midwives and obstetricians and men had come together to acknowledge that the experience of childbirth needs to be empowering, holistic, spiritual as well as safe as possible. This means that the medical model that the rep. is probably used to just doesn't fit and therefore this conference seemed weird. However, he probably would have thought that the conference I went to earlier in the year was even weirder.

I was lucky enough to be able to go to Honolulu to a global networking 'Midwifery Today' conference about midwifery in the Pacific rim. It was particularly focused on empowering midwives to improve their own practices through the sharing of knowledge gained in a vast range of settings. My partner of many years treated me after he saw me go through the process of qualifying as a midwife here in England and being still keen to be one but rather tired and demoralised by the end of the course, with a lot of my hopes being placed in 'Changing Childbirth' being repeatedly undermined. Armed still with my ideals and misery, off I went to Hawaii. One week later I was revitalised, inspired and healed.

The workshop on non-pharmacological pain relief in labour was the start of the inspiration. Here I learnt of safe, research supported practices I had not seen nor heard of during my eighteen month qualification period. I took photographs, I bought the tapes, I wanted to remember every single technique and make them available for use by any woman who I was privileged to be midwife with. The workshop I went to on overcoming fear in childbirth made me think about issues of control and midwife distress, and my worst fears about avoidable death of a baby or woman. Also recognising and trying to accept that unavoidable death happens in relation to pregnancy and childbirth. Naming my fears and being able to talk about them in a loving supportive environment was a process I had not experienced before with other midwives but I feel it needs to be an essential and common part of midwifery practice. Telling birth stories with all the joys, pleasures and some pain was another part of the coming together of women and midwives in a hotel conference room that I shall cherish.

The midwives and obstetricians (yes, there was a couple of them there) from around the world who work using a midwifery model bust haven't necessarily read the theoretical texts about the concept shared as much of their knowledge as possible, generously. Different approaches and opinions were aired and yet this did not lead to personality annihilation. Instead there was an acknowledgement of these differences and a recognition there is much to be learnt from each other and always much to be learnt from the pregnant and labouring mother. Some of my photographs show midwives

demonstrating things that I think would be really weird to that medical rep. e.g. a midwife balancing a labouring woman on her lap, facing each other, in each other's arms, the midwife facilitating an up and down rocking position for the woman, a helpful position for an obstructed second stage. This and many other safe techniques are known about and are used often when the midwife is a far cry away from medical resources or when the woman has chosen to and committed herself to giving birth herself without medical intervention. Massage is used by many midwives in the antenatal period to help build the relationship between the woman and the midwife. We were shown this and the benefits seemed obvious to me but this too may seem weird to some people. Midwives learning to do the 'Hula' dance was a sight to behold and it was a big hit as a party piece on the party night. We also learnt about the dance's spiritual significance to the Hawaiians and treated it with reverence as well as enjoying it.

Many other wonderful talks and demonstrations were given at that conference just as many wonderful talks and films were shown at the waterbirth conference. The words that echo in my head from the London weekend are that women often choose to labour in water so they 'can't be got at'. The information made available from that conference is being discussed all over the land, case studies about waterbirth are being published, the research is getting going and I know that none of it is weird. There are things that I think are weird, especially that pregnant women are still being 'got at' and don't get a chance to escape through a pool of water.

Now that I'm back working in a hospital-based maternity unit I find it very difficult to maintain a holistic, woman-centred midwifery model of care, or to incorporate many of the tricks of the trade (safe as they maybe) that I picked up in my travels, in a hospital setting. Maybe, upon reflection, I'm doing the weirdest thing of all by working in this situation but I'm still learning. I tell myself. It isn't very easy to develop the type of trusting relationship necessary between a labouring woman and a midwife who have never met each other before in the space of a few hours in a busy, stressful, active management of labour protocol-dominated labour suite where there are often staff shortages. It can be done sometimes, birth wishes are achieved and the woman appears to be empowered by and proud of her experience of childbirth and of her beautiful baby. I'm going to keep going to conferences where I am inspired and I am also empowered as a midwife. I want to be a good midwife and maybe that will mean even being thought of as weird but I don't equate this to reckless and dangerous. If anything, I'm hoping to be more watchful and cautious but not controlling of the physiological processes of a healthy birth.

Gecko, 1995

*Midwives
learning to do the
'hula' dance was
a sight to behold
and it was a big
hit...*



FEATURES



Photo: Peter Brooker

Breast-feeding awareness week

As a group of community midwives based in an area which piloted the Peer Counsellor Programme, we felt as a team we needed to do something in the Health Centre for the Breast Feeding Awareness Week.

We decided on a week-long display of posters and articles in the main room at the Health Centre, with leaflets available to take home. There was also a stall with pens, lapel stickers, carrier bags and balloons for the children. We arranged an afternoon where we invited the local Peer Counsellors to our Ante-Natal Stork club, so that mothers would be able to put faces to names if they wished to contact them at any time, whilst they were breastfeeding their babies. The Stork Club is a weekly Ante-Natal Group where pregnant ladies are invited to attend as frequently as they wish to discuss all

aspects of pregnancy, labour and life with a new baby from any stage in their pregnancy.

Julie, my colleague, worked extremely hard the week before setting up the display and the stall with the items that were for the women to take home.

We felt the afternoon was a success with about 25 women attending, from those having their first baby to those having their fourth or fifth.

One of the other events to be held in Nottingham was a stall in Mothercare in the town centre. Each day for five hours the stall was manned by midwives and a couple of health visitors and one La Leche leader, to give advice to women on breastfeeding, but also any other aspects of pregnancy and labour. We had approximately 185 contacts over the week.

Once again pens, lapel stickers and leaflets were available free, with balloons for the children. We soon found these were a good ice-breaker, because if you first had the children's attention, mum followed.

Jacky Smith

Breast-feeding peer counsellor programme

This programme is the initiative of La Leche League International and was pioneered in the USA 1987 to promote breast feeding among low income mothers. The breast feeding counsellor programme had been used successfully in Chicago among low income minority groups, increasing the length of time that women breast feed.

Funding from the health authority enabled the introduction of the scheme to Europe and Bestwood Park in Nottingham was chosen in 1991 as the area for the pilot programme. A multi-disciplinary approach was adopted, using a local community midwife and health visitor, Julie Wright and Cath Henson, La Leche League leader, Sarah Gill and Mary Loftin who had been involved in the Chicago programme was invited over to share her knowledge.

Bestwood Park and the surrounding areas, Top Valley and Bestwood Estate, comprise of mainly council housing and the population is mainly social class 4 and 5. There are also many social problems due to low income, low educational levels and lack of family support, which has recently been very much in evidence as riots and vandalism on Bestwood Estate made the national news last summer.

Steps were taken by local health professionals to recruit prospective peer counsellors by advertising locally and making personal contact with mothers known to have had breast feeding experience and a positive attitude towards breastfeeding. Once recruited, they started on a training programme which consisted of ten two-hour sessions on a weekly basis. Having completed this course, the peer counsellors had a

graduation ceremony and were launched on the community.

Breast feeding mothers could be referred to a peer counsellor via their midwife or health visitor. Contact could also be made through notices placed in GP surgeries and the health centre, or through word of mouth. Peer counsellors are also willing to come to parentcraft classes, antenatal clinics and baby clinics to talk to pregnant and breast feeding women about breast feeding and their role as peer counsellors. Many of the peer counsellors have an almost evangelical enthusiasm for promoting breast feeding and I feel this is to be welcomed as so many health professionals either fail to fully appreciate the benefits of breastfeeding and pass the information on to the mother or else they are burdened with an anxiety that they will alienate those who have made the choice to bottle feed their babies.

The main advantage of the scheme is that it uses local women who are known in the community and are perceived as equals, and therefore it is more accessible to the local population. Once a woman becomes established as a peer counsellor, she is likely to be sought out for advice and support.

I breastfed my daughter Keyleigh for fourteen months. It was a lovely experience because of the love she gave back. I work in a fruit and veg shop. Now people know about me, they come and ask for advice when buying their veg. Sometimes they don't want to buy anything, just to speak to me. My boss didn't mind until the queues interfered with the business. This is something I've always wanted to do, to help just one woman is really rewarding.

Julie Clay - Breastfeeding Peer Counsellor

Once contact has been made with a peer counsellor the woman can expect to receive information and support, either over the telephone or a personal visit. Many of the peer counsellors do not have access to transport and so they are limited to their own neighbourhood should a visit be required.

Evaluation of the programme was carried out by Melanie Thew, a medical student, and it was found that breast feeding rates in this area did increase following the implementation of the scheme. There was an increase in the number of mothers who decided to breast feed as well as increases in the number still feeding at ten days and twenty-eight days postnatally, but none of these were significant.

The health authority have now made the decision to fund the second breast feeding peer counsellor programme in Brentwood park and a further seven peer counsellors graduated earlier this year, enthusiastic and eager to make their mark.

Acknowledgements

Many thanks to Julie Wright for allowing me access to her resource file on the scheme and to the peer counsellors who have shared their insights and experiences with me.

Rebecca Riordan

Once a woman becomes established as a peer counsellor, she is likely to be sought out for advice and support



FEATURES

The weekend parentcraft course at Queen's Medical Centre: an evaluation

Parentcraft is a cornerstone of good midwifery practice, enabling prospective parents to equip themselves with information and skills to help them through pregnancy, birth and the transition to parenthood. The challenge facing the parentcraft sisters at the Queen's Medical Centre, as elsewhere, is to provide relevant and accessible parentcraft education and to maximise the resources at their disposal.

Introduction of the Weekend Course

In late 1993, Mary Ford, one of the parentcraft sisters, found that demand for courses, in particular couples courses, was exceeding supply and conceived the idea of the weekend parentcraft course. This would provide an intensive teaching and learning experience, and more couples would be able to benefit from parentcraft. Initially the weekend course was a measure introduced to reduce waiting lists for couples courses, a demand was such that couples needed to book very early in pregnancy in order to be sure of securing a place. However, Mary soon found that there was a positive demand for weekend courses, as many couples found this preferable to a regular evening commitment once a week for six weeks. In particular, attendance tended to drop on the nights that local football teams played at home! The course evaluated attracted six couples. This was an unusually low number. Normally eleven couples would be booked in the expectation that one couple would drop out by the start of the course leaving ten couples, the comfort limit of the available parentcraft room.

The course evaluated was taken on Saturday by Mary, and on Sunday by Helen. Some courses are taken by the same midwife on both days and this would provide more continuity and less risk of conflicting or overlapping information. This potential problem did not become apparent in practice, as the two midwives involved clearly have a good understanding of each other's input. A positive benefit of having two midwives was that their differing styles maintained interest and a freshness of approach.

According to Rees (1993), parentcraft classes can provide an opportunity for people to come together in similar circumstances and obtain answers to questions and concerns in a supportive atmosphere. Classes may empower couples as far as possible within the limits of their personal circumstances. This can be done during a weekend as during a six-week course.

The individual components of the course were similar in content to the components of the conventional course. See Table One for the agenda.

Evaluation of the course

In order to evaluate the course I sat in on an entire course, so that I would be aware of the content and structure of the course, and also to facilitate the collection of evaluation forms from the participants. I felt that they would be more motivated to complete the forms if they knew the person behind the research.

At the end of the course I distributed the evaluation forms and waited to collect them. All the course members completed a form and the majority contained positive evaluations, although a few negative comments were also collected. It is recognised that the participants may have felt obliged to provide positive comments out of courtesy as they knew the research. However the fact that all six couples returned for the second day of the course indicates that attendance was felt to be worthwhile.

Of the twelve course members, six were male and six female.

Three couples had specifically chosen to attend the weekend course while three had come by default, since the conventional course was fully booked.

Negative feedback

Negative comments were received from both groups. From the 'default' group there were two comments that too much information was given over too short a time, and one that 'having it over two days gave you little chance to think of questions you might have'. This concern is recognised by Wilburg (1992) who stated that 'although it is pleasurable to work with a group over a weekend, a missing element is the opportunity for the participants to integrate the teaching into everyday life'.

In the 'choice' group one woman found the course tiring at 37 weeks pregnant, and one man said the amount of information was quite a lot to take in.

Other comments were received about the content of the course, but it is fair to say that the content does not differ in any fundamental way from the conventional course, so the woman who found the discussion on caesarean section 'scary' may well have found it scary in the conventional course as well.

Other comments centred on the comfort of the room. The problem of seating up to ten couples on floor cushions for several hours is well recognised by the midwives running the course. The course is designed to minimise this problem with a tour of labour suite and regular coffee breaks to enable the participants to stretch their legs. Another interesting comment suggested that the payment of a returnable deposit

Initially the weekend course was a measure introduced to reduce waiting lists for couples courses

would minimise the problem of non-attendance; however the evaluated course had an unusually low number of participants and previous courses had not suffered from such a high drop-out rate.

Positive Feedback

Every evaluation form contained positive comments. The majority of the positive comments reflected the content of the course. A selection of typical comments follows:

Becoming familiarised with delivery suite Introduction to various birth techniques Reduction in fear of unknown

The course has helped set my mind at rest. As a result I am much less worried about the imminent birth and am in a better frame of mind to help my wife at the birth.

Good practical demonstrations.

Opportunities to ask lots of questions

Conclusion

Evaluation of parentcraft classes is not an easy process. Parents-to-be may have widely varying expectations of the course and those who attend parentcraft are unlikely to be representative of the general population. (Jacoby 1988).

Evaluation at the end of the course has the advantage that the course is fresh in the participants' minds, but before undergoing the experience of childbirth and the immediate post-natal period they are unlikely to know how relevant the classes are to their own particular circumstances. It would have been difficult in practice to track down the individual members of the course and perform the evaluation after delivery, although several of the members of the class were seen again on the post-natal wards. All said that the weekend had been worthwhile in the light of their experiences of delivery, but this evaluation was completely informal.

Overall, the weekend course is well-received by the clientele and provides choice, a principle of the Changing Childbirth document (1993). Although the course evaluated was run at the hospital, a weekend course would also be a viable option for community midwives running parentcraft courses.

Saturday

Introductions

Ice-breaker, items from bag (amnihoop, epidural catheter etc.)

Hopes and Fears, discussion

Coffee break

Mechanism of normal labour

Birth plans

Discussion of labour

Video showing normal delivery

Relaxation exercises

Tour of labour suite

Lunch

Pain relief

Baby safety, car seats, cot death

Sunday

Induction of labour; reasons for induction

Coffee break

Video of caesarean section

Library books and videos

Lunch

Breastfeeding

Postnatal

Baby bath, performed with a real baby on the ward

Evaluation

Evaluation form

Evaluation of the Weekend Parentcraft Course

Please state whether your attendance on this course was a positive choice, or by default as a result of the conventional course being fully booked.

Choice

Default

Please state, which was the most POSITIVE aspect of the course for you?

Please state, which was the most NEGATIVE aspect of the course for you?

Are you:-

Male

(please tick)

Female

Any other comments:

Reference List

Department of Health (1993) *Changing Childbirth* (Report of the Expert Maternity Group), HMSO, London

Jacoby A (1988) Mothers' views about information and advice in pregnancy and childbirth: findings from a national study. *Midwifery* Vol 4 105-10

Boos C (1993) Antenatal classes: Has midwifery lost interest? *British Journal of Midwifery* June 1993 Vol 1 No 2

Wilburg G A (1992) *Preparing for Birth and Parenthood*. Oxford: Butterworth-Heinemann.

April Grayson, Midwife,

*In order to
evaluate the
course I sat in
on an entire
course*



Secretary's Annual Report

BUSINESS

Our numbers are down again, and I've given up trying to analyse the reasons. I'm just aware that we seem to be as active as ever, our National Meetings are well attended, so I take comfort from Soo Downe's comment that we are probably an ideal size for a dynamic, pro-active group of caring midwives - (why not blow our own trumpet now and again?).

Talking about being active, we have started on a series of major conferences, tackling the thorny issues of the day. Our first was the Supervision Consensus Conference on 3rd April this year. This was fully booked, and opened up a can of worms. We did try to balance the examples of good and bad supervision by inviting speakers from various fields of practice, but the overall impression was not one of optimism. This must reflect the state of midwifery supervision today, and endorses our decision to hold the conference. Too many reports were coming in to us, and to AIMS, NCT, etc., of midwives being demoralised by poor supervision. We were very keen to highlight the really good examples of supervision which goes on up and down the country, and our conference seems to have stimulated some midwives to encourage more publication of these, for the benefit of all.

The report of the Conference, a substantial book entitled 'Super-vision' is published by our co-organisers, Books for Midwives Press. More than just a conference report, it contains important chapters written by the speakers at the conference, enlarging on their themes. We initially expected it to be a small booklet costing around £5, and the cost of this was included in the registration fee. In fact, the book retails at £9.95, though delegates to the conference have not been asked to pay the difference. Copies are available from ARM and BFM.

The next topic of contention to be tackled is Midwifery Education. It is becoming obvious, as prominent midwives have been saying for years, that if we lose our education we lose our profession. At the Scarborough National Meeting in March this year, we had an eye-opening presentation by Linda Allen who showed us the threat to our education through the loss of Approved Midwife Teachers around the country. As Schools of Midwifery are amalgamated into Colleges of Higher Education the numbers of AMTs is rapidly declining, and since these teachers are the direct link to the National Boards and UKCC, the threat is obvious. We will be holding a small Seminar on the subject of the Approved Midwife Teacher in October, and a full Conference on Midwifery Education will be held in April 1996.

Almost as urgent, our next topic will be Midwifery Legislation. Recent changes in our regulating body have shown that midwifery is actively being subsumed into nursing, and if we really want to

preserve the autonomy of the midwifery profession, we need our own Midwives Act. It could be argued that had strong midwifery legislation been in force many of the deleterious changes which have taken place in the past decade or so would have been avoided.

For instance, midwives would not have been lumped in with nurses in the re-grading fiasco of 1988 which was so disastrous for midwifery. Midwifery managers might have felt stronger and more able to resist the erosion of their role in the NHS Reviews. Midwife teachers may have been more successful in holding out for specific midwifery education establishments in the recent mad rush to amalgamate nursing and midwifery education into Higher Education Colleges.

I am not so naive as to believe that our Conference will be instrumental in turning back the tide which is threatening to engulf our profession, but if we only re-open the debate which was so nearly won a few years ago, we will have done well.

The Roadshow had to fold, partly because of Sally's other commitments, and partly to save money. We are now back to the old style of putting on an ARM stall wherever possible, but without the pressure of having to attend a couple of events each month. Consequently fewer stalls have been held this year. I hope we will soon be able to put the Regional Representative plan into action, which should ensure that ARM is seen at most events around the country, run by volunteers in the region.

Those of you who read of my plan to move to Sussex will be interested (?) to know that my house is still up for sale! I am a victim of what the media are calling the house sale problem. In spite of dropping the price there are no takers, so I will have to wait until the market picks up. This means the ARM address is secure for the foreseeable future, and we don't have to overprint our stationery yet!

MIDWIFERY MATTERS continues to thrive, attracting favourable comment from all quarters. Sandra is to be congratulated on a job really well done since she took over in the autumn of 1989, building on the progress that Judy Gillen and Annette Magner had achieved. She announced in the Summer issue that she intends to step down in January 1996, and asked for a volunteer to take over. Our new Editor will be Margaret Jowitt who will be working with Sandra on the the Autumn and Winter issues, then taking over for the Spring issue.

Once more, many thanks to you all for your support and understanding, which helps me to enjoy my work even more, if that were possible.

Ishbel Kargar, 6th July 1995

SECRETARY'S ANNUAL REPORT - JULY 1995

MEMBERSHIP STATISTICS	1994		1995	
	UK	Overseas	UK	Overseas
Individuals				
MIDWIVES				
Post not known	22	3	21	2
Hospital	403	20	394	17
/ research	4	-	4	-
Community	210	5	194	5
Community/Hospital	32	-	29	1
Students	347	2	284	2
Teachers	98	3	90	4
/ community	1	-	1	-
/ research	3	1	4	1
Independent	46	16	50	17
/ hospital	5	2	6	1
/ community	2	-	2	-
/ community/hospital	2	-	1	-
/ research	1	-	2	-
Team (area not stated)	14	-	25	-
(hospital)	28	-	28	-
(commUNITY)	13	-	10	-
(comm/hosp)	11	-	12	-
(hosp/research)	1	-	1	-
Managers (area not stated)	24	-	21	-
(hospital)	1	-	2	-
(comm/hosp)	2	-	1	-
(teacher)	8	-	7	-
(research)	1	-	1	-
Researchers	7	-	9	-
Retired	9	1	11	1
Not practising	65	13	65	11
Total	1,361	66	1,275	62
Occupation not stated	79	3	70	1
Doctor	5	1	5	1
Dentist	1	-	1	-
Health Visitor	1	-	1	-
Total individual members	1,447	70	1,352	64
Colleges, Maternity Units (UK)	99		88	6
Consumer groups and other professional organisations	43	23	44	17
Total mailing list (UK & overseas)	1,682		1,571	



BUSINESS

Treasurers Report 1994-1995

The Financial year reported here was certainly more successful than last year's, thanks to the Grand Draw and the Supervision Conference which took place on 3rd April this year. Although the main expenditure for the conference occurred after the event, the income was credited in the year 94-95, making it look better than it actually was, nevertheless it was worth repeating. The conference

was arranged in collaboration with Books for Midwives Press, from whom ARM will receive 250 copies of the Conference Report, 'Super-Vision'. After posting out a copy to each of the delegates at the Conference, (their registration fee included the cost for this), the sale of the remaining copies at £9.95 each will bring in approximately £1,000, which will appear in the next financial report.

This is my final report as ARM Treasurer. Deborah Hughes will be taking over from me at the AGM on 16th September 1995. I would like to take this opportunity to say how much I have enjoyed doing the work, and to thank everyone in ARM for their support - especially Ishbel.

I wish you all the best in the future financial years.

Shelley Bennett, July 1995.

HOW THE MONEY COMES AND GOES

	INCOME (£)		EXPENDITURE (£)	
	'94-'95	'93-'94	'94-'95	'93-'94
Subscriptions	29,946.05	31,349.51		
Advertising in MM	305.00	573.00		
Fundraising/Donations	790.50	285.65		
Interest on Bank accounts	75.95	131.29		
Literature & other sales	4,154.34	3,744.30	2,989.89	3,545.50
Grand Draw	2,254.00		534.77	
Supervision Conference	6,585.00		1,014.83	
National Meetings	712.20	893.50	264.67	1,035.00
Library (donations/purchases)	2.50	87.00	108.99	291.24
MIDWIFERY MATTERS (quarterly costs				
including bulk mailing. Sporadic				
sales included in Literature sales)			19,672.37	13,002.17
Secretarial services			9,636.00	9,528.00
Membership, delegations, etc.				
(94-95 incl.2 yrs.ICM fees).			2,236.30	945.95
General Expenses (incl.Bank Charges)			1,926.96	3,038.88
Steering Group/Working Group expenses			483.31	592.90
Roadshow (Press & Publicity services)			4,219.84	4,999.92
Hardware (Office & Exhibition equip.)			0.00	83.13
Donations			0.00	550.00

1996 National Meetings - can we come to you?

As you know, one of the tasks of the AGM is to draw up the rota for the National Meeting venues for the following year. Please talk with your local colleagues about the possibility of hosting a National Meeting in 1996. It is an excellent way of raising local awareness of developments in maternity care, and the duties are not onerous - choose a local venue, recruit a main speaker from among your colleagues and/or managers. (Someone who is doing a research study, or perhaps has midwifery experience of a special nature).

Please contact me no later than 10th September. Let me know which meeting (March, June, September, December) you would prefer, bearing in mind that the September slot is the AGM, which only allows room for one main speaker or some workshops.

At the AGM the final rota will be decided, keeping as close as possible to ARM's usual principle of going North, South, East and West. For this reason, it would be helpful for volunteer groups to have a second choice of season ready. If your group would like to be on the rota, try to send someone to the National Meeting to support your offer, and help with negotiating the venues. (If there are insufficient offers received, gaps will have to be filled by a bit of gentle 'persuasion' at the AGM!)

Please try to volunteer, it's a wonderful way to boost your local group's profile! If you would like to know more, there is a comprehensive 'Guide to Holding National Meetings' which I can send you.

I look forward to hearing from you!

1996 MIDWIFERY MATTERS - LOCAL GROUP ROTA

Another task of the AGM is to set the rota for regional input into the next four issues of MIDWIFERY MATTERS. Apart from the regular items such as Gleanings, National Meeting Reports, Letters, Reviews, Notices, etc. the bulk of the journal consists of features, articles, etc. contributed by a local group which has volunteered to send material in. These may reflect the local maternity care situation, with different aspects written by different members of the group, or items may revolve around a particular theme, such as caesarean section, alternative therapies, etc. The choice is yours.

There is no need to worry about typing skills, just make sure the handwriting is legible. Nor need you

worry about writing skills, you'll find that if the subject interests you, the writing will take care of itself. Most grammatical and punctuation editing can be done either at the typing stage or at first proofing. If you've ever written a letter to a friend describing an interesting situation, a holiday, or similar experience, then you can certainly write an article on something which you find interesting.

Please persuade your group to volunteer for one of the 1996 issues of MIDWIFERY MATTERS, you'll all enjoy the experience, and get a 'buzz' from seeing your words in print! For further guidelines, please contact the Editor, Sandra Arthur (address & phone number on page 1).

Contact me no later than 10th September with your preferred month of issue, and if possible get one of your group to come to the AGM to take part in the choosing of the rota. Many thanks for volunteering!

Ishbel Kargar

Steering group elections

As you will read in the AGM Agenda, three members of the Steering Group are coming to the end of their first three year term, (two consecutive terms are allowed).

Nominations are invited from all members of ARM to stand for election to this dynamic and essential group of people. The steering group consists of 12 elected members, the only criteria for nomination are current membership of ARM, (midwife or non-midwife), and a commitment to attend at least three of the four meetings each year, which are held on the evening before the National Meetings and the AGM.

The Steering Group is responsible for the on-going direction of ARM, and makes decisions on ARM's stand when important issues arise which affect maternity care and midwifery.

Please contact me, if possible before 10th September, with your nomination.

Many thanks,

Ishbel Kargar, Admin. Secretary, 01695 572776



BUSINESS

ARM representatives wanted !!!

In the last issue of *MIDWIFERY MATTERS* Sally Herbert explained that she was giving up her work with the Roadshow, for personal reasons, and because the project was proving rather costly for ARM. She suggested that we set up a network of Regional Representatives (possibly including, but not necessarily, the existing Local Contacts), who will undertake to attend local study days, conferences and other events where maternity care and midwifery are the main topics.

I will supply a start-up stock of ARM literature and other items for sale, as well as an eye-catching ARM poster. I will replenish stocks as they are sold. All that is needed is for the Regional Rep. to scan the professional journals, local notice boards, etc. for suitable events being organised within reasonable travelling distance from home, by hospitals, colleges and voluntary groups, etc.

The next thing to do is apply to attend the event, asking if you can set up an ARM stall in the exhibition area. I can provide a standard letter on ARM notepaper if required. Sometimes there are limited places which are quickly filled, and in this case you could apply just to set up a stall, though in my experience there is always room just inside the hall to sit and listen to the speakers! We are often invited by event organisers to set up an ARM stall, and frequently we have to decline, because of prior commitments. Local contacts have sometimes helped

in these cases, and this project is aimed at putting the whole thing on a more regular footing.

Travel expenses will be paid by ARM, and since only regional events will be attended, this should prove more economical than Sally and me driving from one end of the country to the other! Your registration fee will be paid by ARM, after consultation with the Treasurer, (some conferences have fees in the Hundreds, and are of doubtful value).

One of the most enjoyable aspects we have found has been the discussions with colleagues from all over the country and sometimes from overseas, about midwifery issues and the work of ARM. For this reason it would be helpful if the Rep. has a fairly sound knowledge of how ARM came into being, and some of the issues we have addressed since the beginning. There are many members out there who have been in ARM for ages, and are well aware of what ARM is all about. Some of you have retired from practice and might welcome the chance to keep in touch in this way.

The principle is that all reasonable expenses will be reimbursed, the return for ARM will be the higher profile within the Regions, dissemination of information leaflets and sales of goods. The bonus for the Rep. is that you get to attend a wide variety of study days and conferences, and collect a lovely set of attendance certificates towards your refresher, and to add to your personal profile.

Please contact me as soon as possible, so we can get started - there are lots of events already in the pipeline, waiting for an ARM stall!

Many thanks,

Ishbel Kargar, *Admin. Secretary, 01695 572776*



DON'T FORGET
**Annual
General
Meeting**

**SATURDAY
16th SEPTEMBER**

SEE PAGE 30

Report of the UKCC Briefing meeting



4TH MAY 1995

Unfortunately I arrived late, the normally reliable 73 bus didn't come, and I missed the report on the Midwifery Committee. Reading through the papers which were distributed, the following seem relevant.

1. The Committee has agreed recommendations with regard to Supervision of Midwives in the following areas:

a) The amendment of the definition of Supervision of Midwives in the Midwives' Rules

b) Preparation for the role of Supervisor of Midwives

c) Selection and appointment of Supervisors of Midwives

d) New principles to be developed for an ongoing audit of Supervision

e) Enhancing the understanding of Supervision of Midwives

f) The development of policy in relation to the supervision of midwives who are required to submit multiple notifications of intention to practise. (Presumably this refers to independent midwives working in more than one district).

2. The Midwifery Committee is concerned that new legislation relocating Local Supervising Authorities within Health Authorities will lead to a greatly increased number of commissioning authorities. The Chief Executive of the NHS Executive would welcome suggestions from the UKCC on developing guidance for the new Health Authorities on how they could fulfil their role as LSAs. The Committee will pursue this matter further.

3. Apparatus for inhalational analgesia must meet the requirements of the recent EC Directive on medical devices. Suitable apparatus will carry a 'CE' marking.

4. Recent research on waterbirths carried out by the National Perinatal Epidemiology Unit has not led Council to change its existing position statement.

Other information which seems relevant to midwives:

1. The UKCC had previously agreed that prospective employers would be informed if someone had been cautioned by the complaints committee. The professional organisations and trade unions had asked the UKCC to postpone this decision. This was done, but the UKCC has now decided to implement it. Prospective employers will be told of the fact of a caution, but if they want further details they must pay for a transcript. This decision is not retrospective.

2. The UKCC had previously objected to Government proposals to widen the anonymous screening of blood samples to disorders other than HIV/AIDS. The UKCC was concerned that the wording was too vague to enable professionals to get the informed consent. The Government gave certain assurances to the UKCC, but there is now concern that the Department of Health has reneged on these assurances. The UKCC has expressed its concern.

3. The debate is beginning on the election of members to the UKCC. (The main issues are the comparative under-representation of England as compared with Scotland, Wales and Northern Ireland, and the proposal that certain specialist branches of nursing should have reserved places.) We are all urged to participate in the debate.

(It interests me that I now seem to have been designated a member of the press rather than of a professional organisation. I don't quite know what I think about this, but so far it seems that journalists are a lot more chatty than nurses.)

Meg Taylor, 17th May 1995

Summer



National Meeting



BUSINESS

The Kyrin Community Centre,
Penarth 21 st June 1995

It was Midsummer Day, and the weather behaved accordingly, but the noise of building repairs to Penarth Pier sent us reluctantly inside for our meeting, though we were able to use the lunch break to take a walk along the promenade and eat ice cream. Sandra and Polly had decided to turn the day on its head and leave the ARM business to the end of the meeting. We began as usual with short introductions all round, and among the 30 people present, a few were attending their first ARM meeting.

Clinical judgement and working together

Polly Fergusson opened her talk by reminding us of the previously universal hierarchical structure of the ward, with 'Sister' in charge, and everyone working to her style, 'or else!'. She said that midwives have been suddenly thrust into a new world in which they are expected to work as individuals, but within a team. This is revealing a problem which hitherto has been largely hidden - that of respecting colleagues' clinical judgement, when their practice differs from one's own.

As midwives are increasingly encouraged to develop their own practice and become responsible for their own up-dating and further education, differences of styles are bound to appear, and since midwifery is not an exact science, these differences should be acceptable, within the bounds of safe practice.

However, Polly described situations where there is resistance to the concept of individual practice, and where midwives are being criticised and even disciplined for practising in a way which does not quite fit in with the ideas of those in authority. She said we must learn to accept that clinical judgement is a valuable concept, and midwives need to start talking about it among themselves and at Unit meetings.

We debated 'What is Clinical Judgement?', 'Do we value it?', 'How do we encourage it?', 'What impedes it?'. An interesting outcome of the debate was the realisation that UKCC codes of practice, Midwives Rules, etc., can be either enabling or impeding according to who is interpreting the documents.

Polly cited two instances of midwives having their conduct of cases challenged by their senior colleagues. The first concerned antenatal monitoring of a twin pregnancy, which resulted in a wider knowledge of the methods available. The other, more common, situation concerned the decision not to suture a perineal tear, and the subsequent criticism of the midwife by her

colleagues on the postnatal ward, who disregarded the fact that the newly delivered mother had chosen not to have the tear repaired.

Polly pointed out the problem of bringing the topic of clinical judgement out into the open without breaking confidentiality. It requires a more open attitude between colleagues, which is often missing. Unless we debate and discuss the different patterns of practice and care, the restraints will continue to hinder personal development.

She concluded her session with the reminder that the future health of midwifery depends on alert, active and well-informed midwives. We must remember that our primary alliance is to the women in our care, not to the perpetuation of unit policies.

A case illustration

Sandra Arthur started her session by moving to sit next to Polly, explaining that although the case she was about to describe had happened a year ago, she still felt bruised, and felt safer sitting by her close friend who had supported her at the home.

Briefly, the case concerned a planned homebirth of a first baby in which Sandra was supporting the principal midwife, who had not attended homebirths previously. The first stage was prolonged due to an occipito posterior position. The slow progress meant that the mother eventually had used 12 (community size) cylinders of Entonox and had exhausted the supply. Around lunch time Sandra made a courtesy call to the labour suite to explain what was happening. She told us that she was already suspecting that a transfer might become necessary, because on vaginal examination she could not determine any rotation of the head. However, both mother and baby were in good condition, and the couple expressed a wish to continue to labour at home.

Several times during the next couple of hours the senior midwife on the labour suite phoned to check the situation and began to insist that Sandra transfer the woman to hospital. These conversations were overheard by the couple, and as it was obvious that the two midwives were being browbeaten, the woman said 'If that's how they treat you, how would they deal with me?, I'm not sure we want to transfer to hospital now'. Her apprehension increased her determination to stay at home for the birth.

Sandra encouraged the mother that a transfer would be advisable, so that an epidural could be administered, enabling the mother to complete the labour more comfortably. There was no question of concern for either the baby's or the mother's general condition.

Not only did they get a frosty reception at the labour suite, but Sandra discovered that the whole

case had been widely discussed throughout the Maternity Unit, and her management of the case was being criticised, with accusations that she had 'kept the woman at home for the sake of a homebirth'.

In spite of the pressure to bring the woman into hospital, the epidural was not administered for another two hours, and after a further hour of labour the baby was delivered by forceps, in good condition.

This case raised the issues of confidentiality within the hospital, particularly affecting the woman's right to privacy, as well as Sandra's right to exercise her own judgement. She told us that her supervisor had overheard some of the telephone conversation, had interrupted and supported her management of the case. The supervisor was not party to the harassment by telephone.

The discussion

The subsequent discussion of these cases brought out several points, including a determination of 'Who needs to know?'. We discussed the place of gossip, and how to interrupt negative criticism/gossip and replace it with positive debate of the issues involved.

The debate continued, in a more fragmented fashion, during the lunch break. We were asked to come up with positive suggestions for increasing the acceptance of colleagues' different methods of working, and eliminating harmful criticism.

These mini-debates took place while we strolled along the promenade, and to the end of Penarth Pier, though it was difficult to keep to the point while enjoying the warm sunshine and eating ice cream!

On our return, some of us put forward ideas which had come out of the discussion. Some were working from the premise that good supervision could be a key to the situation, and a few returned to the question of what to call the supervisor - midwife advocate, consultant midwife, sage femme were among the suggestions. The concept of team building was then explored. Dot described the pilot team she works in. She said they have a good team now, 'We built it, we talk to each other to work out disagreements and we've become more intimate as a group, compared to how we were in hospital. We know we're the pilot team and we want it to work. We have a group meeting every week'. She explained that personal likes and dislikes were put aside for the sake of working together and supporting each other.

Sandra commented that groups FORM, STORM then NORM. Polly asked, 'How do we limit the STORM?' She suggested that a good start for team building was on a geographical basis, to reduce the travelling and facilitate regular meetings within the group. Belinda told us about the pilot team at North Middlesex, which has been running for two years and has sorted out most of the major problems. In July this year the whole Unit will be formed into teams, based on the pilot pattern. A midwife teacher and 3 student midwives will be

attached to each team. We all agreed that this was an excellent way to teach students.

The problem of changing rigid attitudes was mentioned, and there was agreement that there are inevitably some people who do not want to change the way they work, but that eventually they would become outnumbered. The problem of accommodating each other's personal situations, e.g. child-care, other dependents and responsibilities was aired. Those who had experience of good team work said these were not insurmountable problems, and that flexibility developed within the team, leading to a principle of 'give and take'.

Controlling the team budget was put forward as a positive move towards cohesiveness. Also the development of a feeling of safety among one's peers. Most important was the need to foster a climate of question and reflection - about one's own practice, and building personal relationships within the team.



The International Confederation of Midwives

Olga Parker (ICM Council member) reported that there are various options available for accommodation in Norway for those wishing to attend the ICE Congress (May 1996). She is booking 1 cottage for the week before the Congress (for those attending the Council meeting) and 2 cottages for the week of the Congress. Details of cost, travel options, etc. will be presented at the AGM (16th September) and reported in the December issue of MIDWIFERY MATTERS. Anyone interested in joining the ARM group going to Norway should phone Olga on 0113 253 9087.

Olga wants a successor to take over her place on ICE Council after the Congress in Norway. (1999 Congress will take place in the Bahamas - don't all rush! ARM has two places on ICE Council, our other member is Gill Halksworth. One good way to find out what is involved is to attend the Council Meeting as an Observer. ARM will be offered a couple of observer places, and if anyone wants to take up this invitation, some help with travel costs will be given by ARM).

We had a letter from Julia Allison (ICM European Regional Representative) informing us that RCN Midwifery Society have applied for membership of ICM. We discussed the implications of ICM admitting a nursing

The concept of team building was then explored

organisation from UK, when the country is already well represented by three organisations exclusively concerned with midwifery. Most agreed that this would present a very confusing picture to the rest of the world, when we have been campaigning vigorously for midwifery to be recognised as a separate profession from nursing. Ishbel reported that she had discussed the situation with our two ICM Council members, and they had prepared a reply to ICM stating the above views, and asking that these views be taken into consideration by the ICM Board of Management when making their decision about RCN's application.

Apparently there is nothing in the ICM Constitution to prevent acceptance, as all the criteria are filled. We questioned the criteria, which we felt were drawn up to accommodate small midwifery groups within nursing associations in developing countries, a situation which is far removed from that in UK with a well established midwifery profession. The decision will be made shortly.

Midwives Journal

Jenny Hall (ARM's editor of MJ) reported that the journal will continue as a quarterly supplement in Nursing Times, but with a new format. There is no longer a cover page, and the total space has been reduced to two articles instead of three. The Jottings will continue, as will the ARM Subscription form. She said she has great difficulty in getting material each time, and asked all ARM members to consider submitting a piece. Many midwives are now writing essays and preparing studies for the various professional courses they attend, and as many of these would be of interest to midwifery colleagues, she suggested that with a little editing they would be ideal for inclusion in MJ. The average length of articles in MJ is around 1200 words, which is not a very daunting prospect. NT pay for articles which are published, so the effort is really worth while. Please contact Jenny on 0117 944 5758.

UKCC

A Press Release was received at the end of May, to the effect that wide ranging reorganisations were taking place affecting the way UKCC works. In view of previous decisions made by the Council concerning changes, (e.g. to abolish the profession-specific education officers in favour of generic education officers - against the advice of the midwifery committee), we were concerned that this might include the way the midwifery committee works. Ishbel had written to Sue Norman (Chief Executive and Registrar) asking what effect the reorganisation might have on the midwifery committee's responsibilities for midwifery education and practice. The reply was not very informative, stating that the finer details were yet to be worked out by the Steering Committee. We had heard that plans to merge the education departments of midwifery and nursing were

advanced, and if this was indeed the case the meeting resolved to make strong representations against such a plan.

RCM 1995 Annual Conference in Belfast

Until this year, ARM has been included in the exhibitors at the RCM annual conference free of charge, and in return we have made a donation to the RCM Benevolent Fund. This year the organisation of the conference is being handled by Profile Productions. In reply to our usual letter of request for a stall they stated that the charge would be 150, which they told us was a special rate for voluntary organisations. Ishbel asked RCM Council to reconsider this, but the reply was that the charge will stand for this year, and they will review the arrangements for groups such as ours for the 1996 Conference. In view of the extra expense of actually getting to Belfast with a car load of stock, plus the cost of accommodation, it was evident that ARM could lose a lot of money if we accepted the conditions they were offering.

Ishbel asked if anyone could take her place as guest of RCM representing ARM, as it was not convenient for her to go to Belfast. It would be good to have ARM there, even if it were only a representative during the AGM, who could perhaps find some way to distribute ARM leaflets. Several people said they would think about it.

Midwifery Matters

Sandra Arthur reminded us that she intended to hand over the job of Editor from January 1996. Following her letter earlier this year which was distributed to the Steering Group and the Local Contacts, and published in the Summer issue of MM, Margaret Jowitt expressed interest in taking on the job. A couple of years ago she had offered her help with typesetting for the journal, but other arrangements were made at that time. She has considerable experience in writing and publishing, and edited a Physiotherapy Journal for several years, aided by an editorial committee of physiotherapists. She is not a midwife, but has been in ARM for several years, and would have the support of a team of midwives to advise on the professional and clinical issues. It was decided to accept her offer in principle, and she will work with Sandra on the next issue to get a feel of what the work entails.

The meeting had to end rather abruptly, as we had run out of time for the room hire. We agreed that it had been a good meeting. The new order of items had given new members a more interesting introduction to an ARM meeting than diving straight into business might have done. Next time we resolved to leave more time for this session, as there were some items we were unable to discuss.

Many thanks to Sandra and her supporters for a very enjoyable day, an excellent venue and a warm welcome to Wales.



BUSINESS

ARM consensus conference- Midwifery Supervision

LIVERPOOL, 3RD APRIL 1995

Evaluation

Of the 150 delegates who attended the conference, 82 completed evaluation forms before they left. The following is a brief summary of their responses to the questions on the form.

1. To what extent were the aims of the day achieved

(To increase awareness, debate the effect, and to suggest improvements for the future of midwifery supervision).

Of those who answered this question:

4 thought the aims of the day were 'excellently' achieved; '10/10'; 'excellent, well done, ARM'; 'fully achieved'.

'Very well' x 3; 'well' x 20; 'satisfactorily/adequately' x 3; 'largely/in general' x 5; 'quite well/fairly well/reasonably well' x 6; 'partly' x 2; 'not really' x 4; 'not to any extent', 'aims too broad and optimistic, too much for one day' x 1.

3 doubted that the aim for 'consensus' was achieved given there was too little time, limited participation and divided views.

The aim of increasing awareness was felt to have been achieved: 'very thought provoking', 'lots of food for thought'.

Although many felt that there had not been enough time to fully explore the subject, the aim of promoting debate was felt to have been achieved: 'good to hear diverse views', 'good discussion', 'good debate/discussion', 'good mix of speakers and attendees', 'stimulating'.

The aim of suggesting improvements was felt to have been only partly achieved: 'formulation of improvements limited', 'explored issues but way forward not clear', 'no questions answered, but good discussion', 'opening debate achieved'.

However, some suggestions for improvement were:

A. to compile a confidential report of untoward

incidents encountered in the course of supervision, with discussion on how they were handled/could have been better handled.

B. to further highlight the difference between supervision and management.

C. to incorporate the experience of counselling supervision.

D. to promote and enhance the public and professional profile of supervision.

2. What did you find particularly useful about the day?

Particularly useful: 'the opportunity to look at supervision nationally'; 'supervision was for once aired genuinely by supervisors concerned about its future'; 'it made me think'; 'the "parallel concept: if we empower midwives we empower women"; 'discussion groups/group work'; 'discussion over lunch'; 'the opportunity for discussion both formally and informally'; 'dialogue with other midwives, particularly independent midwives'; 'dialogue with colleagues at breaks'; 'networking with other supervisors'.

'Diversity/variety of speakers': Irene Walton's presentation'; 'Meg Taylor' (8 mentions) - 'counselling input was essential'; 'Geoff Seaman'; 'hearing about supervision in other disciplines'; 'the afternoon - learning from other professions'; 'Jill Demillew' (4 mentions); 'admired Breda Seaman's bravery'; 'manager session'; 'Jean Duerden'; 'Diane Brears' (3 mentions); 'Beverley Beech'; 'Kate Hammond'; 'opportunity to hear good and bad'; 'hearing views and ideas of how to cope with being a manager/supervisor in time of change and challenge'; 'sharing experiences'; 'permission to air negativity'; 'confirmation of own view that current provision is inadequate'; 'realising that own personal practice of supervision was already at a high level, while recognising the need not to become complacent'.

3. What could have been improved, and how?

Time keeping - could have started on time and this would have allowed more time for questions/debates/plenary discussion. More time for questions after the speakers. It would have been good to have more feedback from the discussion groups, and this would have been better immediately after the group sessions. More time for the group sessions.

The discussion groups were too big, ideal size would have been 6 - 10. A facilitator for each group would have helped. The topics for discussion were too broad and needed to be more specific. One group could have debated whether or not midwifery needs supervision at all, and looked at alternatives to supervision.

More examples of good supervision would have

*'hearing views
and ideas of how
to cope with
being a
manager/
supervisor in
time of change
and challenge'*

been welcome. More positive experiences could have been highlighted. A more constructive approach would have helped. The morning had too many negative speakers. The morning session 'Examples of good supervision' didn't give them, and they were needed to redress the balance of negativity. Would have liked to hear more from Meg Taylor. More on personal experiences. Too many anecdotes.

The map didn't show the Mersey Tunnel approach! Queuing for lunch was frustrating. Lunch was a long time coming after an early start for some. There were not enough vegetarian lunches. Water should have been provided on all the tables. The book stall closed too early, not allowing time to browse and buy at the end. Overhead projections and the microphone PA could have been improved, especially for those at the back of the room. Flash photography and organisers walking around during the sessions was too disturbing. The room was too hot. Seating was too close together.

'Nothing could have been better, it was excellent.'

4. Have you learned anything about supervision which you did not already know? If so please give a few details

Have learned/did not already know: some areas actually have a realistic ratio of midwives:supervisors, e.g. 30:1; information on audits available; surprised that some people have had such negative experiences of supervision; have 'learned lots, made links, picked up useful references'; learned about other forms of professional supervision and found Meg Taylor's presentation about counselling and supervision very inspiring; have learned how not to be a supervisor; learned that there is a great variation in quality of supervision around the country, despite guidelines; people's ideas about supervision seem to be very different; amazed at different perceptions of the supervisor's role;

'realised that supervision in my own unit is working well';

'It was truly amazing to hear about the poor supervision in some areas. I felt that the isolation of some midwives undergoing investigation and disciplinary proceedings is appalling'.

'It is obvious that the role of the supervisor is not fully understood. I'm not sure if I'm any clearer, however, the day was interesting, informative and challenging'.

'I am saddened by the lack of understanding and lack of wanting to understand'.

'As a supervisor I am pleased that the issue of bad supervision is being addressed, but feel that good supervision must be highlighted too'.

5. How are you going to use this knowledge in your practice?

I will use it: in preparing for supervisory reviews 'on my patch'; to educate purchasers about the role of Supervisors of Midwives so that realistic resources are allocated; on a working group in my region; will feed it into my teaching and writing; to improve my performance and to share information with colleagues; to raise the issues with students and discuss the issues with a colleague who is a supervisor; with fear and trepidation; to give supervision a much higher profile; to try to redress the negativity about supervision which we have witnessed.

'I will challenge bad supervision and commend good supervision'.

'I will put more emphasis on my role as supporter/advisor'.

'Surprisingly, my belief in good supervision has been revitalised and I am more aware of the need of midwives to question supervision'.

'Of course negativity will be evident when midwives feel a need for change'.

'I will implement the 6Ps and 3Rs in my role as supervisor'.

'I will be more pro-active in my role'.

'I will ensure distance-learning packs are made available'.

'The day was a useful grounding as I am about to embark on a preparation for supervisors' course'.

'I am going to explore counselling training for myself, as I now see the supportive role of the supervisor as the most important'.

'I hope that as a newly appointed supervisor, I will now be better able to support the midwives I supervise'.

'As a clinical midwife I am now more aware of the role of my supervisor'.

'I will give my supervisor a present of the Report from the Conference'.

'I have a good experience of the open-door guidance type of supervisor'.

'Meg's presentation has encouraged me to develop the counselling/supportive aspect of my role'.

'I am saddened by the lack of understanding and lack of wanting to understand'

Summary prepared by Jo Hindley, April 1995.



BUSINESS

Maternity Services Group Report

A brief summary of March and June meetings

The Maternity Services Group (MSG) is an informal grouping of voluntary and midwifery organisations who have been meeting for a number of years. Groups representation has varied, but some of the more constant members are ACHCEW (Ass. of CHCs England and Wales), AIMS, NCT, NPEU, MATERNITY ALLIANCE and SANDS. Midwifery organisations include ARM, MIDIRS AND RCM.

Helen Richardson, from ACHCEW had been invited to talk about the role of CHCs. They have a statutory duty to monitor the NHS on behalf of the local community, and can recommend improvements to services, based on what the local people say they want. ACHCEW are working to raise the profile of CHCs; as there is a lack of public awareness. ACHCEW want maternity organisations to tell people about CHCs, explaining their role, and also to refer people to the local CHC when there is a complaint. Information leaflets about CHCs are available from local councils and also from ACHCEW.

The Listen With Mother (LWM) Conferences were organised by MSG with sponsorship from the Dept. of Health Changing Childbirth Implementation Team (CCIT). These conferences aimed to assist purchasers and providers to develop and monitor effective maternity services. There have already been two (over-subscribed) conferences, and a third is planned for July. The CCIT have taken over the administration for organising this. A book of papers from the three LWM Conferences is to be published, hopefully in time for a joint conference on breastfeeding on November 30th.

The CCIT (Jane Cows) has offered to service the MSG meetings, and the members accepted the offer. At the MSG meeting on 6th June Jane Cows said that CCIT wants to produce a guide for CHOICES IN CHILDBIRTH leaflets that could be sent out to providers of maternity services. The idea is to get some kind of standardisation of what to include in such leaflets. Comments and suggestions are invited, to be sent to Jane Cows, CCIT, NHS Executive, Union Lane, Chesterton, Cambridge, CB4 1RF.

Member organisations have been asked to submit their Sponsorship Guidelines (if they have any). A future MSG meeting will then discuss the issue, e.g. From whom will the organisations accept/not accept money? What conditions are to be attached to the sponsorship? Samples of Guidelines to be sent to Jane Cows, who will distribute them before

the meeting. AIMS and NCT have produced theirs.

ARM was concerned about the ways that various Trusts are using CC as a means of reducing costs with inappropriate skill mix, and midwives being downgraded in the process. MA had already written an editorial on the subject in their recent bulletin, Maternity Action. MSG suggested that a stronger statement could be made if more specific information was produced. Suzanne Tyler (RCM) said there were several examples on file, and ARM (Jane Grant) is also being informed of this happening. Further details are to be collated and presented to MSG and also forwarded to CCIT.

CCIT reported that Regions have been instructed by DoH to treat funding bids with a National angle separately from Regional bids - to ensure that good national bids aren't blocked at Regional level.

The short timescale from advertising the funding criteria to deadline for applications has been a problem for organisations wanting to submit bids. The lack of awareness about CC monies among those who don't receive DoH mailings was also cited as a problem. CCIT will report this back to DoH.

The following bids were reported to the meeting

MA - a) series of focus groups with women and professionals in training with regard to women's information needs; multi-media, multi-disciplinary prototype; b) advocacy/linkworker conference to disseminate research and to discuss the implementation of such schemes; c) national guidelines/checklist for those undertaking monitoring visits to maternity units; d) hospital food/choice of diets (Asian women leave hospital early because food is unsuitable); e) educating women about role of midwife, specifically Asian women's perceptions of midwives.

AIMS - Seminars for 'reluctant' midwives re. home birth

NCT - a) CASP (critical appraisal skills programme); training on interpreting research; b) information pack and training for lay representatives; c) work with black/ethnic minority communities in Sheffield (African Caribbean mother and baby group) and London (Somali women) - offering women mutual support, information, etc.; d) production of interactive antenatal screening resource (English and Bengali); e) provision of drop-in service in Hackney (antenatal and postnatal).

Edited by Ishbel Kargar, from reports sent in by Jane Grant (ARM's rep.)



NOTICES

Pregnancy and rheumatoid arthritis

First observed over 50 years ago, it is now widely acknowledged that the majority of women with rheumatoid arthritis usually experience disease improvement or remission during pregnancy. The ARC Epidemiology Research Unit at the University of Manchester has recently received a project grant from the Arthritis and Rheumatism Council to undertake a study which seeks to identify predictors of remission and post-partum relapse of this disease.

The key to the study is recruiting about 200 women with rheumatoid arthritis and interviewing them in the final trimester of their pregnancy, and at six months post-partum. This is not an easy objective, given the number of women with the disease who become pregnant during the course of a year nationwide is relatively small. The study has been approved by the local Ethical Committee.

For further details contact Maggie Fiddler RGN RMN DipN, Research Nurse, ARC Epidemiology Research Unit, Stopford Building, University of Manchester, Oxford Road, Manchester M13 9PT. Tel. 0161 275 5037, Fax 1051 275 5043.

NCT/Kings fund workshops on research-based information booklet

The NCT has been funded by the King's Fund Centre in order to raise awareness among maternity self-help groups and other community groups, of available sources of research-based information about maternity care, and how it can help them. As part of the project, NCT is putting together a booklet detailing sources of research-

based information about maternity care, and will be having workshops with self-help and community groups. The first phase will act as a pilot stage for the booklet, where groups can have an input into the final version.

ARM Local groups could apply to host a workshop, or individual members can become involved. Contact Sue Gauge, Outcomes Project Officer, NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH, tel. 0181 992 8637, fax. 992 5929.

Using research reports to answer health care questions

'Critical appraisal is the process of weighing up the evidence of research reports to see how useful it is for making decisions about health care. The Critical appraisal workshops for consumers are being run by the Critical Appraisal Skills Programme (CASP), of the Institute of Health Sciences, as part of a project funded by the King's Fund Centre. They teach these skills to people who encourage informed choice. People from many different backgrounds can use what they learn from the workshops to inform and support those turning to them with questions. The Workshops are organised in pairs, at least a fortnight apart. Each lasts about 4 hours'.

Unfortunately we only received notice of these at the beginning of June, so by the time you read this it will be too late for the first workshop (13th July), but there may still be places for the second one (Tuesday 19th September). For further details, contact Claire Spittlehouse, CASP Project Assistant, Institute of Health Sciences, PO Box 777, Oxford, OX3 7LF, Tel. 01865 226968.

A taste of Andalusia

Holidays for women in a villa situated in the foothills of the Sierra de Mijas, overlooking the Mediterranean, with acres of its own grounds to explore. Outdoor swimming pool, walking distance of Mijas, a village in the mountains. The villa is only a short distance to the beaches and night life of Costa del Sol resorts. Ideal for group booking where the whole place is yours for the holiday period. Enquiries to Tremain Haydon-Meyer (midwife teacher and ARM member for many years). Address: The Spanish Experience, Ponderosa, Denstead Lane, Chartham Hatch, Canterbury, Kent CT4 7NJ, tel. 01227 730132.

Health Rights audio cassettes

Health Rights has produced audio cassettes to help patients make the best of GP services. The cassettes explain how the GP services work, to help those who lack basic knowledge of the health service in this country. There are suggestions to help people communicate effectively with their GPs, as well as information about services on offer. They are useful for people who have recently arrived in this country and for those who have difficulty in reading or whose first language is not English. They will benefit marginalised groups, homeless people, refugees and blind people. The cassettes can be obtained in English, Bengali (Sylheti), Chinese, Gujarati, Hindi, Punjabi and Urdu.

For more information contact Health Rights on: 0171 501 9856, or write to Health Rights at: Unit 405, Brixton Small Business Centre, 444 Brixton Rd., London SW9 8EJ.



Illustration: Helen Unwin



● LIBRARY HIT LIST

The following books are overdue. Members are reminded that the use of the library is a free service, and is for the benefit of all members. Generous loan periods are given, plus the opportunity to extend the loan if really necessary and if there is no waiting list for the book. It is with regret that the following list is considered necessary to jog memories, and ensure the return of valuable books, or the cost of replacement. This list was prepared for the deadline of 10th April 1995.

LONG OVERDUE, INVOICES SENT BUT BOOKS OR REPLACEMENT COST NOT RECEIVED

BORROWER	TITLE OF BOOK
Lois Bowman	Water Birth
Robyn Roots	Caesarean Birth in Britain
Robyn Roots	Coping with Caesarean Birth
Robyn Roots	Caesarean Experience
Lorna Davies	Empowering Women
Chris Stewart	Woman as Healer
Ceri Evans	Women and AIDS
Michelle Brown	Exercises in Fetal Monitoring
Michelle Brown	When a Baby Dies

OVERDUE BOOKS

Suzanne Colson	Childbirth Unmasked
Vanessa Brightwell	Doing your Research Project
Mary White	Essays on Women
Shelley Bennett	Teams and Caseloads
Virginia Kennedy	Science of Women
Caroline Nelson	Reactions to Motherhood
Caroline Nelson	Midwifery Practice - Antenatal Care
Jenni Meyer	Meditations and Positive Thoughts
Fiona Manson	We are all Water Babies
Rehana Car	Aquanaal Exercises

LOST BOOK

WOMEN GIVING BIRTH by Astril Limburg and Beatrix Smulders is missing from the library, with no record of the borrower's name. Could the person who borrowed it please contact me so I can correct the library records!

Many thanks for your help.

Sally Herbert
Librarian

● ITEMS FOR SALE

MIDWIFERY MATTERS

(back copies, each) (p+p 50p)

£2.00

BADGE

(blue enamel on gilt, Pinard logo) (p+p 50p)

£3.00

PINARD Stethoscope

(varnished beech wood) (p+p 50p)

£6.00

PEN, ARM name & address plus

'For Choices in Childbirth' (p+p 50p)

£1.00

MUG, handmade beige stoneware,

ARM logo in black. (p+p 50p)

£2.00

T SHIRT

Royal Blue - small 'MIDWIFERY MATTERS' logo in white. L+XXL

£6.50

White - large 'MIDWIFERY MATTERS'

Logo in Blue, Green or Red XL+XXL

£6.50

CAR STICKERS

'MIDWIFERY MATTERS + Pinard, red on white) (p+p 25p)

50p

WALL POSTER

'Did You Know?' (facts re midwife's role, etc.) (p+p 25p)

30p

CHOICES IN CHILDBIRTH

information leaflet (p+p 25p)

30p

RE-USE ENVELOPE GUMMED

LABELS (ARM Logo)

50 labels (p+p 25p)

£1.00

CALICO BAGS

(ARM logo) (p+p 50p)

£1.00

N.B. For multiple items and bulk purchases, please contact address below for cost of post and packing.

'WHAT IS A MIDWIFE?'

(information leaflets for clients and colleagues)

(Leaflets themselves are free, you pay p+p only - £1.50 for 100, £4.50 for 500)

All items from 62 Greebly Hill, Ormskirk, L39 2DT
Tel: (01695 572776).

● NOTICES

SATFA (SUPPORT AROUND TERMINATION FOR ABNORMALITY)

A new, expanded and updated 1995 edition of the Parent's Handbook was published in February 1995 by SATFA. The 35 page book has been specially developed to help parents at the time of a diagnosis of abnormality in their unborn baby, through the difficult and painful decision-making process. It contains detailed and supportive information not available elsewhere, which helps parents to prepare for the physical, psychological and

emotional issues they may face.

SATFA offers a specialist training programme for health professionals and has a number of parent members who are willing to talk publicly about their experiences.

The Handbook is available free to any parent in need, and is widely distributed through hospitals. Contact SATFA on 0171 631 0280

ROYAL COLLEGE OF MIDWIVES BRANCH

Royal College of Midwives Branch. 'Go with the flow' - use of water in labour and birth Trinity College, Carmarthen. Fee £30. £15 bursary students, includes lunch.

Date 6th October 1995

Contact: Anita Dickinson or Jane Manley, R.C.M. c/o Dynevor Ward, Carmarthen and District N.H.S. Trust, Dolgwilli Rd., Carmarthen, Dyfed, SA31 2AF tel 01267 235151 ext 2591.

WESSEX MATERNITY CARE

Forthcoming Study Day
'Midwives and Doctors Working Together in the Community'
'Preparing for the Future'

Date 28th October 1995, 08.45 - 16.30

Venue Hilton National Hotel, Southampton

Organised by Wessex Maternity Care

Chaired by Lesley Hobbs

Speakers to include Dr David Paynton, Marion McKenzie, Dr Tim James

Aim of the day 'To promote community based maternity care'

Objectives Foster good working relationships
Identify a booking criteria Update on management of obstetric emergencies Be aware of current research on the management of the first stage of labour
Identify where the responsibility lies

Cost £40 to include all refreshments

PGEA approval obtained, ENB applied for

For further details call the Wessex Maternity Centre on 01703 464721

BIRTH RITES MIDWIFERY PRACTICE

in conjunction with
Kingston & St. Georges' NHS College of Health Studies

Home Birth in Practice

14 October 1995

A morning of talks by midwives currently practising with home birth, both in and outside the NHS followed by an afternoon of practical workshops getting down to the nitty gritty.

At
College of Health Studies
2nd Floor, Grosvenor Wing

St. Georges Hospital
Blackshaw Road
Tooting SW17 0QT

Cost: £40 to include lunch and refreshments
ENB approval sought.

For further details and an application form contact:
Alice Coyle
Birth Rites Midwifery Practice
94 Auckland Road
London SE19 2DB
Tel: 0181 771 7143

BIRTH CHOICE

Ante-natal Classes

For women who are, or who are thinking of becoming pregnant, Birth Choice is an intimate and personal focusing on the birth process, using an active and natural birth as its model. The classes look at breathing, relaxation, body and voice awareness and provide practical ways of moving through labour.

Course dates: 14 & 21 September 1995.

The classes are run over two sessions, with an introduction and a follow up, one week apart. Further dates to be confirmed. The price for each course is £39.00 (concession £29.00)

Venue: Chelsea Complementary, 174 Ifield Road, London SW10 9AF.

Info: IBISS management and Administration, 10 Barley Mow Passage, London W4 4PH. Tel & fax: 0181 742 2349.

THE NATIONAL CHILD BIRTH TRUST

The National Childbirth Trust offers information and support in pregnancy, childbirth and early parenthood and aims to enable every parent to make informed choices. Donations to support our work are welcome.

LIVERPOOL NCT INVITE
all concerned with childbirth in the 90's to an
ENB approved Study Day

CHANGING CHILD BIRTH
Towards Midwifery Caseloads
led by: Caroline Flint (President Royal College of Midwives & Independent Midwife)

at Liverpool Medical Institution
114 Mount Pleasant, Liverpool L3

on Saturday 14th October, 1995
10 am to 4.30 pm.

Cost: £32 including lunch (NCT members £25).
For further details and booking forms contact
either: Moragh Bradshaw, 28 South Road,



EVENTS





EVENTS

Grassendale Park, LIVERPOOL L19 0LT Tel 0151 427 2880

or

Wena Evans 32 Mayville Road, Mossley Hill, Liverpool L18 0HQ Tel 0151 475 0345

CONFERENCE: 'CAESAREAN SECTIONS - WHO'S FAILURE TO PROGRESS?'

Date 22nd November

1995 Fulham Town Hall, London SW6*
£50, E.N.B. approval pending

*Speakers to include: Wendy Savage, Mary Cronk, Jean Robinson

Contact: A.I.M.S., 21 Iver Lane, Iver, Bucks, SL0 9LH Tel: 01752 652 781

BABY SLINGS

I thought midwives might be interested in a new profit sharing scheme I am running specifically for them to help promote the benefits of The Better Baby Sling. This over-the-shoulder carrier is suitable for preterm babies right up to 2 years of age. It can also be used for the disabled and for twins.

Over-the-shoulder carriers have been popular in the U.S.A. for a while, perhaps one of the reasons for their popularity is that they so easily allow for discrete breastfeeding. Unlike traditional carriers which hold the baby in a vertical position, over-the-shoulder slings allow the baby to be held in a natural breastfeeding position across the body.

The Better Baby Sling also distributes the weight evenly across the wearer's body. Newborn babies are cradled in front while older babies and toddlers sit naturally on the wearer's hips. I'm still using the sling with my own son, now over 16 months old.

Any midwives interested in promoting the babysling to new mothers can order a batch of leaflets from me free of charge. I will then issue them with a

special code number which can be found on the order form. For every five leaflets that I receive back from them, I will send them a cheque for £20. In addition, midwives can purchase a sample sling and instructional video which demonstrates five carrying positions at a 15% discount.

For further information, midwives can contact me at The Better Baby Sling Company, 60 Sumatra Road, London NW6 1PR. Tel: 0171 433 3727. Suzanne Noble

PAY FOR MIDWIVES

We as a group of newly qualified midwives would like to highlight an issue which has radical implications for the midwifery profession.

Without any written communication or consultation, it appears that as the first group of Direct Entrant Diploma Midwives to qualify, we are to be offered a lower standard of grade and therefore pay than any midwives who have preceded us.

We have completed a 3 year programme which is entirely midwifery orientated, fulfilling all the requirements of the E.C. directive regarding midwifery education. We will be accountable practitioners adherent to the same rules, codes of practice and regulations. This proposed downgrading is in spite of higher educational standards, increased theoretical and practical midwifery input and a raised ability to disseminate and implement research.

A midwife is a midwife, distinct from the nursery profession, therefore comparisons are not appropriate. Midwifery has been fighting for more recognition of their skills and professional status, thus downgrading of Direct Entrant midwives affects the whole profession and has implications for the provision of maternity care.

We are a group of highly motivated midwives, here by consumer demand and encompassing all that is good in 'Changing Childbirth'. In raising your awareness we hope to enlist your support.

August 1992 Midwifery Diploma Programme



BOOK REVIEW

THE MENOPAUSE INDUSTRY: A Guide to Medicine's 'Discovery' of the Mid-life Woman

Sandra Coney. 1995. The Women's Press. ISBN 0-7043-4398-3, 306pp. Paperback. £8.99.

Forty something! Female! £8.99 in spare cash! Then do yourself a favour and buy this book. It's getting a bit hard to look forward to the menopause nowadays what with all the media coverage of osteoporosis

and hormone 'deficiency'. On the other hand the sight of Teresa Gorman has always given me the hee-bee-jeebies about HRT. 'The Menopause Industry' doesn't quite explain why taking oestrogen makes women go out and buy pink jackets with shoulder pads but it has stopped me getting into a sweat about hot flushes.

Sandra Coney analyses the social and medical construction of the mid-life woman, and moves on to explore the menopause itself, osteoporosis, hormone replacement therapy, and

breast and cervical screening programmes. There are extensive references to research throughout the book with a level-headed appraisal of the choices women are faced with during middle and old age. Despite the small print and large amount of information presented, 'The Menopausal Woman' is very readable too. This is a book for personal use as well as being a value-for-money candidate for midwifery, nursing and general practice libraries.

Deborah Hughes RM, Halifax



LETTERS

Independent Midwifery in Germany - update

I had my 50th home birth baby 2 weeks ago - not very much yet, but who's counting! We are in talks with the Health Ministry and sickness insurances concerning re-evaluation of the profession. It's all very tedious and unsatisfactory, the work and commitments on top of a heavy daily workload (7 days of 8 to 10 hours and around 4500 km travel per month!). But thank heaven I'm out of the hospital scene!

Best wishes to all

Eva-Maria Muller-Markfort
Ahlen, Germany

LCGB welcomes babies

Following my letter criticising the Lactation Consultants of Great Britain and their 'no children' at study days stance, I feel it is fair to point out that they have since changed the wording they use on their programmes. The most recent notice I received stated that babies in arms were welcome, and if creche facilities were required for older children, delegates were asked to let the organisers know.

Well done, LCGB!

Stephanie Carr, (mother and midwife)

ERROR

WHO NOTICED THE EXTENDED SPRING SEASON 1

There was a printing error on the cover of the last issue of MIDWIFERY MATTERS, (no. 65), which was actually the Summer issue, not the Spring issue, as printed.

New members whose subscriptions began after June 1995 may have thought they were receiving a back copy, for which we apologise. We have arranged for labels to correct all future issues of the journal going out, and suggest you mark your own copy to prevent confusion in case you use the articles as references at any time.

Obstetrics cholestasis support group

I wrote to you in July 1994 regarding a serious condition of pregnancy called Obstetric Cholestasis (OC). I mentioned that the British Liver Trust was producing a leaflet on OC which has at last been published. If any of your members would like a copy of the leaflet, they can be obtained directly from the British Liver Trust (Central House, Central Avenue, Ransomes Europark, Ipswich, IP3 9QG. Tel: 01473 276326)

Thank you for printing my letter in the Autumn issue 62 of MIDWIFERY MATTERS. Quite remarkably, a woman who lives near me had OC diagnosed when she was 36 weeks pregnant due to her independent midwife reading the article. She was safely delivered at the Birmingham Hospital the following week!

Jane Redfearn, (Obstetric Cholestatic Support Group)

STOP PRESS REMINDER !!!

Please ask everyone send in their DRAW ticket stubs and money before the AGM. The DRAW will take place at the AGM in Nottingham, 16th September 1995.

HELPING MOTHERS TO IRON SUFFICIENCY

Getting enough iron is a familiar problem during the ante-natal and post-natal period. To keep fee-

skin supple and elastic. Vitamins from the B group are included in the Floradix formulas for

ling energetic and able to cope, mothers need ample iron. Fortunately, you can help your mothers to obtain a supply of sufficient iron and keep them feeling lively.



their supporting role in food metabolism, energy release and the formation of red blood cells.

In addition, the fruit acids from the fruit juices, together with the herbal extracts, may help to

maintain digestion and regularity compared with some conventional iron products.

Floradix and Floravit are natural iron, vitamin and herbal supplements, in a pleasant tasting liquid form, that help to maintain normal haemoglobin levels. The ferrous gluconate gives a high absorption rate of iron II of about 20%. Taken twice a day, the iron is readily absorbed by the body because of the liquid formulation aided by vitamin C.

Both supplements are free from alcohol, colourings and chemical preservatives and are suitable for vegetarians.

The Floravit formulation contains no added sugar and is yeast and gluten free. Therefore, you can safely recommend these iron supplements with confidence.

Vitamin C plays a part in tissue renewal, bone formation and acts as an important antioxidant for the tissue cells. It is also required for the maintenance of healthy connective tissue throughout the body and helps to keep the

Floradix and Floravit are available from Health Food Stores, Holland & Barrett and selected Chemists.



To obtain professional samples for your patients to try, write to:

FLORADIX (UK) Ltd., 15 Rivington Court, Woolston Grange, Warrington WA1 4RT • Tel. 01925-825679

ANNUAL GENERAL MEETING

**SATURDAY
16th SEPTEMBER 1995**

9.30 am to 4.30 pm

**NOTTINGHAM YMCA,
4, SHAKESPEARE STREET,
CITY CENTRE.**

AGENDA

SPEAKER: CAROL PYE, 'CHIRAG, INDIA - A MIDWIFE'S EXPERIENCE'

She will be showing slides and telling us about her work there in 1994.

REGULAR ITEMS

Setting the rota for 1996 National Meeting venues

Setting the rota for 1996 Local Group input to

MIDWIFERY MATTERS

Steering Group elections

(Three valued members (Lois Bowman, Sarah Montagu and Jane Tucker) have come to the end of their first 3 year term of office, and may stand for election for a second term if they wish. Other members of ARM may be nominated, or self-nominate for election to the group).

PROGRESS REPORTS AND SHORT DEBATES:

Midwifery Matters

Working Parties

Supervision - Report of Conference April 1995

Education - Progress reports on Conferences:

'Approved Teacher' and 'Changing Education'

Roadshow

ARM Representatives on other bodies

International Confederation of Midwives

Olga Parker (resigning after the 1996 ICM

Congress, replacement needed), Gill Halksworth

Joint ARM/ASM/IMA/RCM Forum Frances

Black, Jane Flanders

National Council for Voluntary Organisations

Suzie Bonifant

Maternity Alliance Jane Grant

Joint Committee of Professional Organisations

Chris Warren (v.Chair), Sarah Montagu has

resigned, replacement needed.

Midwives Journal Jenny Hall

Midwives Legislation Group Chris Warren,

(needs a new Team)

Treasurer's Report

Secretary's Report

OTHER ITEMS

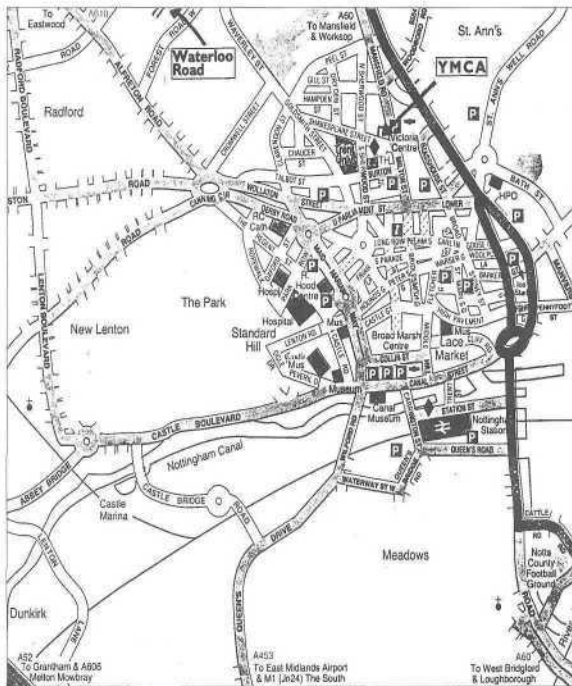
Discussion about the 20th Anniversary

International Conference, tentatively planned for September 1996. Feasibility, publicity, venue, etc.

If you have other items which you would like the AGM to consider, please contact either ISHBEL (01695 572776) or AMANDA (0115 963 7702) a week or so before the AGM so that a slot can be arranged.

As this is the Annual General Meeting there will be no entrance fee.

A contribution of £5 towards the cost of the venue, lunch and refreshments will be collected on arrival



HOW TO GET THERE:

CAR: See map, head for City Centre
TRAIN: Taxi or bus from station, or 15 minute walk

Ask your local group contact (see list on back page) about travelling as a group and sharing transport.

A free creche will be provided if places are booked by 26th August. Without prior bookings we cannot guarantee creche facilities. Please contact Amanda Moulton 0115 963 7702 or Kerri-Ann Gifford 0115 978 0628 with numbers and ages of children for which creche places are required.

Overnight accommodation with local members is usually available. Prior booking is not essential, but is very much appreciated in order to allocate space, please contact Amanda Moulton or Kerri-Ann Gifford. Sleeping bags appreciated

N.B.1 THE STEERING GROUP WILL MEET ON FRIDAY 15TH SEPTEMBER FROM 8.0 PM AT: 8 WATERLOO ROAD, (Kerri-Ann Gifford's house, see map). ALL MEMBERS OF ARM ARE WELCOME TO ATTEND AND TAKE PART IN THE STEERING GROUP DISCUSSIONS, THOUGH IF A DECISION BY VOTE IS NEEDED, THIS WILL BE TAKEN BY MEMBERS OF THE STEERING GROUP ONLY.



Steering Group September 1995

■ ELECTED MEMBERS

Louis Bowman

Flat 6
16 Watermill Lane
London N8 1QX

Suzanne Coulson

Flat 2,
125 Crouch Hill
London N8 9QN
0181 3417394

Jane Duggan

30 Birchwood Road
Birmingham B12 8AP
0121 4498862

Helen Elwood

4 Hopefold Drive
Manchester M28 3PN
0161 7992859

Gillian Halesworth

14 Clos Caradog
Meadow Farm
Llantwit Fardre
CF38 2DQ
01443 205475

Sally Herbert

12 Sutch Lane
Lathom L40 4BJ
01704 894258

Dorothy Hibbert

4 Mancroft Close
Warrington WA1 4DH
01925 491380

Jo Hindley

22 Birchwood Close
Birmingham B12 8BP
0121 4490092

Sarah Montagu

6 Springfield Road
Birmingham B14 7DS
0121 4442257

Olga Parker

37 Springbank Crescent
Gildersome
Morley
Leeds LS27 7DN
0113 2539087

Jane Tucker

The Stables
Higher Grants Farm
Exbridge TA22 9BE
01398 323185

Chris Warren

The Warrens
Eagle Farm House
Cundall YO6 2RN
01423 360324

■ CO-OPTED MEMBERS

Mary Cronk

Milburn Cottage
Clippers Lane
Earnley, Nr Chichester
PO20 7JJ
Mobile: 0860 726662
Home: 01243 670382
Fax: 01243 670382

Soo Downes

34 Larges Street
Derby DE1 1DN
01332 294876

■ EXECUTIVE MEMBERS

Shelley Bennett

(Treasurer)
1 Peterborough Road
Liverpool L15 9HN
0151 7346016

Ishbel Kargar

(Secretary)
62 Greetby Hill
Ormskirk
Lancashire L39 2DT
01695 572776

Sandra Arthur

(Editor - Midwifery Matters)
71 Plymouth Road
Perarth CF64 3DD
01222 711765

ARM contacts with other organisations

NATIONAL COUNCIL OF VOLUNTARY ORGANISATIONS

Suzie Bonifant

3 North Court, Clevedon Road,
Twickenham TW1 2HS
0181 891 4152

MATERNITY CARE DISCUSSION GROUP (Association of Supervisors of Midwives, Royal College of Midwives, Independent Midwives Association and Association of Radical Midwives)

Frances Black

c/o Peterborough Hospital
Peterborough PE3 6DA
01733 67451 x 456

Jane Flanders

41 Dellands Overton Hants RG25 3LD
01256 770666

MATERNITY ALLIANCE

Jane Grant

36a St Marks Rise, London E8 2AL
0171 254 2353

INTERNATIONAL CONFEDERATION OF MIDWIVES (Council) members)

Gillian Halksworth

14 Clos Caradog, Meadow Farm,
Llantwit Fardre CF38 2DQ
01443 205475

Olga Parker

37 Springbank Crescent, Gildersome, Morley
Leeds LS27 7DN
0113 253 9087

JOINT COMMITTEE OF PROFESSIONAL N/M/HV ORGANISATIONS

Chris Warren

(Vice Chair)
The Warren, Eagle Farm House
Cundall YO6 2RN
01423 360324

MIDWIVES JOURNAL

(ARM's quarterly supplement in Nursing Times)

Features Editor:

Jenny Hall

16 Rodbourne Road, Bristol, BS10 5AS
0117 944 5758

Contacts

(SPECIAL ACTIVITIES)

Election Campaigns: Deb Hughes 01422 368659

Education &

Practises: Belinda Ackerman 0181 4442503

Midwifery Legislation Group B. Beech 01753 652781



HOW TO GET IN TOUCH



**ASSOCIATION
OF RADICAL
MIDWIVES**

**LOCAL
CONTACTS**

**SEPTEMBER
1995**

**IS THERE A
CONTACT OR
GROUP NEAR YOU?**

Some local groups cover a large area, and other areas have no local group at all. If your area is not covered by this list, or if there is no local group near you, why not get together with one or two colleagues to start your own? Contacts are also needed in all areas, to provide information on the local maternity care situation. Please write to:

Isobel Kargar,
62 Greetby Hill,
Ormskirk, L39 2DT.

W.BERKSHIRE
Isabel Evans
9 Crossingham Road
Reading, RG2 7RT
01234 314289

BRISTOL AREA
Ceri Evans
22 Surrey Road
Bristol, BS7 9DJ
0117 987 0438

CAMBRIDGESHIRE
Sarah Worrall
5a Merritt Street
Huntingdon, PE18 6HF
01480 459463

CHESHIRE
Jane Grant
54 Panton Road
Hooles, CH2 3HX
01244 319577

CUMBRIA
Janet Hitchon
6 Orleau Street
Carlisle, CA1 2AB
01228 512093

DERBY
Diane Walters
60 Nottingham Road
Belper DE56 1JH
01773 826055

DEVON (TIVERTON)
Maggie Bonner
59 Banksea Close
Lea Road
Tiverton, EX16 6TU
01884 243065

DEVON (EXETER)
Teresa Ashford
29 Dean Street
Exeter, EX2 4HH
01392 76365

DEVON (TORBAY AREA)
Terri Bass
8 Lower Brookfield Terrace
Lustleigh, TQ13 9TP
and Jane Fowler
5 Gounders Lane
Kingskirwell, TQ12 5DZ,
01803 873139

DORSET
Glynis Vye
Mount Lodge, Mount Road
Bournemouth, BH14 0QQ
01202 745212

ESSEX
Monika Pompi
Combs, Boreham Road
Little Waltham, CP13 3NB
01245 360348

FARNBOROUGH AREA
Helen Kennedy
46 Frere Avenue
Fleet, GU13 8AP
01252 625144

GLOUCESTER
Sue Dennis
84 Bath Road
Stroud, GL5 3LE
01453 757992

HANTS (SOUTHAMPTON)
Kate Walmsley
22 Chaisale
Arlington Lane
Southampton, SO3 3SF
01703 464721

HANTS (PORTSMOUTH)
Contact needed

HIGH WYCOMBE
Flaine Batchelor
463 London Road
High Wycombe, HP11 1EP
01494 446182

HUMBER(S)/LINCS(N)
Loise Spain
7 Caddle Road
Keeby, DN37 8ET
01469 60146

KENT
Diane Garland
53 Sedley Close
Rainham, ME8 9QZ
01634 372170

LEAMINGTON SPA
Elspeth Thomson
68 New Street
Leamington Spa, CV31 1HL
01926 489374

LANCS(N)/CUMBRIA(S)
Yvonne Whyte
Longlight House
Longlight Road
Lutgho, BB6 8AD
01254 245261

LANCS(W)/MERSEYSIDE
Isobel Kargar
62 Greetby Hill
Ormskirk, L39 2DT
01695 527276
and
Shelley Bennett
1 Peterborough Road
Liverpool, L15 9HN
0151 734 0016

LEICESTER
Nargisa McHugh
43 Ivy Road
Leicester, LE3 0DF
0116 234 1670
and
Lindsay Hobbs
22 Brighton Avenue
Leicester, LE7 8BB
0116 369 2331

LINCOLN AREA
Contact needed

LONDON (NORTH)
Suzanne Colson
Flat 2, 125 Crouch Hill
London, N8 9QN
0181 341 7394

LONDON (SOUTH)
Nicky Lasp
79 Holesworth Road
London, SE13
0181 692 8590

LONDON (WEST)
Susan Burvill
52 Crickleade Avenue
London, SW2
0181 674 3166

LUTON AREA
Tricia Jones
48 Compton Avenue
Luton, LU4 9AZ
01582 503806

MANCHESTER (N)/SALFORD
Sarah Davies
14 Hope Street
Salford, M7 2EJ
0161 792 8266

MANCHESTER (S)
Susan Crittgs
19 Reynard Road
Chorlton
M21 8DB
0161 881 8186

MILTON KEYNES
Isobel Maddox
20 Huckleberry Close
Milton Keynes MK7 7ER
01908 675290

NORTHUMBERLAND
Shona Kerr
3 Monks Terrace
Hexham, NE46 1HS
01434 604439
and
Breda Szasman
The Old School House
Presson, TU11 3TQ
01361 82203

NORWICH AREA
Jenny Fraser
12 Lowther Road
Norwich, NR4 6QW
01603 504463

NOTTINGHAM
Amanda Moul
1 St Michaels View
Church Lane
Hucknall, NG15 7AN
0115 963 7702

OXFORD AREA
Jane Burgess
12 Gilebeeds
Headington, OX3 7EL
01865 66003

SCOTLAND (ABERDEEN)
Alison Scott
12 Whingark Circle
Portlethen, AB1 4SS
01224 780608

SCOTLAND (DUMFRIES)
Georgina Sparrow
Mossview, Mossview
Dumfries, DG1 4LT
01387 830695

SCOTLAND (GLASGOW)
Liz Connolly
226 Wilton Street
Glasgow, G20 6BJ
0141 946 7537

SCOTLAND (PETERHEAD)
Liz Howard
18 Dickie Drive
Peterhead, AB42 6HA
01779 480260

SCOTLAND (ORKNEY ISLANDS)
Maureen Brand
"Lariness", Shapinsay
Orkney Islands, KW17 2EA
01856 71236

SCOTLAND (STIRLING)
New Contact needed

SHROPSHIRE
Mavis Gormez
54 Main Road
Norton in Hales
Market Drayton
01630 3365

STAFFORDSHIRE
Helen Jones
8 Vernon Close
Ponkirk, ST19 5TQ
01785 714830

SUFFOLK (WEST)
Pat Clarke
Upper Green Cottage
Fetisam, IP30 0PL
01449 736202

SUSSEX (WEST)
Nicola Holmes

20 Chain Pier House
Brighton, BN2 1PE
01273 603843

SUSSEX (EAST)
Mary White
13 Clive Avenue
Harringay, TN35 5LN
01424 440641

SURREY
Catharina Mostyn-Williams
16 Jengor Close
Sutton, SM1 4DX
0181 661 2501

WILTSHIRE
Jane Harrison
36 Elmridge Road
Salisbury, SP1 1JW
01722 329554

WEST MIDLANDS
Sarah Monagu
6 Springfield Road
Birmingham, B14 7DS
0121 444 2257

WALES (BRIDGEND)
Catharina Dowling
Rhyd House, Pynfari
Bridgend, CF31 4LP
01656 663871

WALES (CARDIFF)
Anette Grant
1A Sully Terrace
Penarth, CF64 2DS
01222 712928

WALES (DYFED)
Sue Sovell
14 Gwarselin
Llanilar, SY23 4PE
01974 7406

WALES (PORT TALBOT)
Fran Haymer
35 Old Road, Baglan
Port Talbot, SA12 8TS
01639 814551

WALES (WREKHAM)
Gillian Pritchard
108 Mla Barn Road
Pos Goubourne
Wretham

YORKS (DARLINGTON)
Gwynor Williams
Lauriel House
Southside
Sooton, DL10 6DN
01748 818386

YORKS (NORTH & EAST)
Linda Allen
Woodville Cottage
North Street
Scalby, YO13 0RP
01723 373870

YORKS (SHEFFIELD)
Mavis Kirkham
221 Albert Road
Hosley
Sheffield, S8 9QY
0114 255 7945

YORKS (LEEDS)
Clips Parker
37 Springbank Crescent
Gildersome
Leeds, LS27 7DN
0113 253 9087

NORTHERN IRELAND
Sarah Loughridge
7 The Gables
Bansdowntown, Co Antrim
01849 473296

Return address: 62 Greetby Hill, Ormskirk, Lancashire, L39 2DT