

## Birthplace Matters

A summary of the demonstration at NMC HQ on International day of the Midwife - 5<sup>th</sup> May 2017, and the meeting with Chief Executive Jackie Smith

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The recent ruling by the NMC regarding Independent Midwives indemnity insurance means that not only is a woman not guaranteed a known and trusted midwife at her birth, but her choice of birthplace has been exposed to potential staff shortage problems, should she call for assistance in labour and find that her local NHS team are unwilling or unable to come out to her home.

After writing three times to the NMC and we felt very frustrated and dissatisfied with replies from different staff each time. When the last of these was an extremely disappointing standard 'cut and paste' letter, which, upon comparison, had almost the exact wording that many others had received, we felt called to take our complaints further.

At this point I (Paula) was invited to speak at the demonstration being planned outside the NMC building on 5<sup>th</sup> May.

Upon arrival, the demo was already in full swing. The public tooted their horns in support and the atmosphere was buzzing.

Among the many supporters were Caroline Flint, Becky Reed, Beverley Beech, Michelle Quashie, Ruth Weston, Carole Goddard, Liz Nightingale, Adrian Corcoran, Deb Hughes and Katherine Hales.

The speeches were all rousing and the message was clear: The NMC as it currently operates, is failing to honour the individual birth wishes of mothers and their families, it is failing midwives, and not really listening.

When it came to my own speech, I was a little wobbly in my heels halfway up a stepladder, and had never spoken in a megaphone before. I spoke from the heart however, so any amateurism was hopefully made up for in sincerity!

I will try and summarize my points.

I started by saying that we all came to the demonstration because we had an interest in the safety of mothers and babies, so we had something in common with Jackie Smith. Jackie has repeatedly used the words 'safeguarding the public' and in communications with the organization, we have been repeatedly told that the role of the NMC is to 'protect pregnant mothers and babies'.

Following on from this, I pointed out some statistics about our countries track record for maternal safety:

According to the Save the Children Report 2015 'State of the World's Mothers':

- Mothers in the UK were more likely to die in pregnancy and birth than in 29 other countries around the world with 1 in 6,900 risk of maternal death in their lifetime
- Mothers in the US were even worse off with a 1 in 1,800 risk of maternal death in their lifetime
- Mothers in Belarus were SIX times less likely to die in pregnancy/childbirth than in the UK, with a 1 in 45,200 risk of maternal death over a woman's lifetime
- The UK ranked 24<sup>th</sup> on the International Mothers Index

- The US ranked 33<sup>rd</sup>

Given these shocking statistics...why are we trying to emulate the American model where insurance rules all, and where it therefore shapes perinatal practise, when this is ***clearly a step in the wrong direction*** for maternal safety?

I went on to discuss a few statistics from the European Perinatal Report 'Babies' from 2010 which showed that Scandinavian countries are consistently safer than the UK. I gave the example of Sweden (1.5 deaths per 1,000 births).

At this point I discussed what is so good about the Swedish maternity model:

- Known and trusted midwife – continuity of care
- Low intervention rates
- Only 1 ultrasound in 9 months
- Pregnancy and birth are not treated as an illness and a doctor is only seen if problems develop

I pointed out that instead of reinforcing models for birth on countries with the worst midwifery statistics, why isn't the NMC, if it cares about safety and safeguarding so much, not turning its efforts to encouraging the midwifery models which are so obviously working and that are *the safest for babies and mothers*? Why not copy Sweden...Belarus...Iceland...Norway... or Finland? All these countries have better outcomes for mothers.

Right here in the UK, the Independent Midwifery Model is the closest thing we have to achieving what the safest countries are providing.

One can only conclude that the insurance driven model, whilst clearly profitable for a certain sector of business, is *damaging safety for mothers and babies*, since the terms and conditions of how, where and when women give birth is being dominated by insurance companies. The NMC is therefore complicit in reinforcing an inferior, more dangerous model by punishing midwives and pushing mothers down that same road.

I then asked the question: who benefits from the insurance claim culture? Is it mothers?

In an article from the Telegraph from 11<sup>th</sup> July 2015, I quoted the following:

"In one case highlighted by the NHS, a claim was settled for £2,000 compensation, four months after it was received – but the patient's lawyers then presented a bill for £53,529. In another, a patient was paid £5,000 in damages after a doctor failed to diagnose a kidney tumour – but lawyers, charging £800 an hour, billed the NHS for £121,701 in costs"

It looks like the insurance companies are onto a really good deal here! Who really wins from the wildly inflated sums the NMC is insisting upon?

It sure isn't mothers. It isn't babies. It isn't midwives.

After thanking everyone who works so hard to offer excellent, safe midwifery to mothers and pledging the ongoing support and encouragement of Birthplace Matters for the cause of truly safer midwifery, it was time to go in and speak to Jackie Smith, the chief executive of the NMC.

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## Around the table with Jackie Smith.

A small number of representatives from various organizations were chosen to come and speak with Jackie. Those in attendance were: Ruth Weston (Birth Choices, AIMS member), Beverley Beech (Chair of AIMS UK), Katherine Hales (ARM National Co-ordinator), Deb Hughes (ARM member), and myself (Founder of Birthplace Matters).

From the NMC there was Jackie Smith (Chief Executive), Emma Broadbent, (Director of Registration), and Rachel Dufton, (Assistant Director of Communications).

I will stick to discussing those bits of the conversation which related to the subject of Birthplace, and the erosion of women's rights and ability to give birth at home supported by midwives on their own terms.

Beverley Beech asked Jackie what she was supposed to say to mothers who were contacting AIMS more and more frequently at 37+ weeks having been told by their local hospital team that they cannot now have the homebirth they had planned for throughout their pregnancy. Jackie's answer was that we should take this up with the DOH, referring to Jeremy Hunt as a more appropriate person to lobby.

I felt moved to speak up at this point. "With respect Jackie, I'm not feeling very confident about the intentions of Jeremy Hunt in the matter of helping women to have choices in birth"

Quoting from an interview Jeremy gave to the Health Service Journal in 2014 in which he had said

"Patient choice is not key to improving NHS performance and there are natural monopolies in healthcare, where patient choice is never going to drive change"

I also quoted David Cameron, who said, post-election in 2010:

"What I want to know is how to drive the NHS to be a fantastic business"

I told her I had grave concerns about the value our government placed on women's birth choices, or lack thereof, and the influence this may have in driving NMC policy.

Later on, the conversation about independent midwives indemnity insurance came up. I again quoted the same figures I had used earlier in my speech outside the NMC to demonstrate who is really benefiting most from insurance claims – and pointing out that the current recommendations that were crippling independent midwives ability to practise, was resulting in mothers losing the guarantee of having a midwife at home. We discussed the implications of this, saying that some mothers are now choosing to free birth out of desperation or are being forced into hospital to receive care.

I brought up the mortality statistics again for the UK compared with the USA, where insurance companies effectively dictate the terms and conditions for birth, and then further compared the data with other European countries. I pointed out that independent midwives were the closest thing that that we had to the model in those countries which were safest for women to give birth, and asked Jackie, why, if the NMC was so concerned with safeguarding mothers and babies, they was being so complicit and integral in pushing our midwifery model down that path towards this US style system? Jackie refused to comment.

There is some light at the end of the tunnel. Both Jackie Smith and Emma Broadbent admitted that the NMC could do better at listening to concerns of pressure groups and engaging more

meaningfully with them, instead of sending out the blanket cut-and-paste responses so many had been receiving to date. Further still, it was suggested there may be a follow up meeting in 6 months or so, and a communications drive, including 'Have your say' sessions around the UK, open to anyone interested to come and have a proper dialogue with the NMC. This felt very positive indeed.

Our Birthplace Matters team cares very deeply about a woman's birth choices and that her human right to give birth according to where she feels most safe is upheld. We will continue to try and engage with the NMC in the hope that this right will be fully recognized and protected going forwards.

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