

Crisis in NHS Maternity Care Resolved

London
Circa 2012

The BBC reported today an end to the crisis in NHS maternity units across the nation. In an interview yesterday the Health Secretary stated, "We are pleased to announce that the beneficial effects of educational programmes, initially established 5 years ago, are having almost universally favourable effects on families and our healthcare system".

Until fairly recently there had been regular reports in the media about parents' widespread discontent with the care they were receiving, or lack of it, in maternity units across the UK. The most common complaint was that there were too few midwives and parents were left alone on the wards for extended periods of time during labour, and felt unsafe as a result.

Simultaneous to parents' experience, midwives were also having it tough. Midwives on the wards had been significantly over-stretched in their responsibilities and often had numerous births to attend to concurrently. Their stress levels were at an all time high and burn-out was commonplace. This also resulted in midwives leaving the profession at record rates. Satisfaction levels for everyone, professionals and parents alike, were alarmingly low.

At the time NHS Trusts, the government and the public believed that many thousands more midwives were needed to solve the problem and provide the support labouring mothers needed. There were however several systemic problems with this approach. One is that it would take decades to actually train the numbers proposed. Another is that this remedy would carry a price tag of tens of millions of pounds for training new midwives as well as huge annual increases in Trusts' budgets in ongoing costs. Financially this was unrealistic and unsustainable for an already over-stretched public purse.

The situation also needs to be seen within the context of the sociological evolution in birth over the previous century in two significant ways. The first is the location of births had moved from the home, to hospital. With the dawn of medical advances, birth had departed from the realm of a normal and natural family occurrence and entered an era of technology. The second, by the start of the 21st century nearly 90% of fathers were in the room for the birth of their children. Both of these shifts were unprecedented in human history.

Over time hospital staff had managed to accommodate the social trend of fathers being present at birth, albeit some more readily than others. Although a father's presence was good news for the family and their early bonding experience, it was not without its problems. Many men were afraid, intimidated and emotionally challenged by the intensity and unfamiliarity of labour and birth. Also, those in charge of the birthing environment sometimes had ambiguous or even hostile reactions to a father's presence. Culture had shifted but neither fathers nor the birthcare professionals were actually being supported in it.

For a father, it was a bit like him sitting down at a piano for the first time and being expected to play Chopin and do it in front of an audience. For a midwife, it was similar to a conductor being asked to have this same novice play in her orchestra. There were problems inherent, as you can imagine.

So what has brought about the turnaround in satisfaction levels?

There are two major factors. First there were programmes initiated which focused on antenatal education for expectant dads. These were offered through private, public and charitable organisations. Their availability quickly became wide spread and within a few short years virtually all expectant dads were attending these classes. Even the courses being offered for women only or for couples adjusted their curriculum and became more father-inclusive in their ethos and information. Another social evolution was underway.

Fathers were provided with education involving not only the 'mechanics' of birth but also the all important emotional, psychological and hormonal environment, and the father's role in these. Familiarity on the physical level helped dads to have an idea what to expect, and thus fewer surprises. Likewise, his understanding of the hormonal and emotional changes indicative of labour and birth allowed him to be more calm and capable of supporting his partner in a useful way. These programmes also supported men to explore their own emotional needs and experiences which allowed them to be better prepared for impending fatherhood and all that entails. Men began to feel safe with birth and his partner's ability to give birth as well. This of course benefited mothers...and therefore babies and the family.

It has been known for some time that for an optimal outcome at birth a woman needs to be well supported and to feel safe. This is not just an emotional need but a physiological requirement, for normal birth to occur. Her production of the necessary 'birth hormones' depends on it. Some of the elements that support a sense of safety for a birthing woman are familiarity, trust, comfort and informed decision making. Calm, quiet, privacy and the presence of people who have confidence in her ability are also very important. This pertains to the physical environment she is in, as well as the attitude of those in it with her. An informed and well prepared father can contribute significantly to his partner's successful birthing. They share an intimate and powerful relationship that can benefit the birthing process, if 'allowed' to.

Recent interviews with parents revealed that this new education for fathers has provided them with more confidence as a birthing couple. They feel like they are birthing together. With right kind of support a woman can let go more easily and relax.

Mothers report labour as more manageable, they feel more confident and safe. They need less pain relief and actually enjoy being left to labour alone for periods of time with just their partner. Fathers are over the moon at having something of real value to contribute to their partner's labour and the birth of their child. Couples are now enjoying their birthing experience more; with the midwife nearby and supporting as and when needed.

The second factor seen to be contributing to increased satisfaction is on the professional front. Additional programmes were developed for midwives, antenatal teachers and doulas to help them learn more about the dynamics of men being involved at birth.

Midwives report they now feel more comfortable in their interactions with fathers and relate to the family better as a whole. Midwives also report feeling more comfortable regarding fathers' capability in the birthing environment, knowing he has been better prepared. Many of them pronounce the value of a father's contribution for the mother.

Midwives interviewed state they also now feel more relaxed. They are no longer expected or needed during every moment of a mother's labour so there is less stress.

Fathers used to be a decidedly under-utilised resource during the birthing time, but that time has passed. They are taking their place along-side mothers as an important and irreplaceable participant in family life, including at the birth of their children. When the

family has a healthier start to their life-time together and are better bonded, all of society benefits. Interestingly, separation rate for couples is on the decline of late and it is possible that a more secure and better integrated start to family life could have an influence on this shift.

The Department of Health estimates the financial saving to the NHS, on an annual basis, runs into hundreds of millions of pounds. There are also 'social savings' regarding midwives' satisfaction levels and retention rates in the profession. Additional benefits to midwives and society are also gained through a reduction in midwives' burn-out.

The improvement of antenatal education for parent and professional, designed around fathers, has had positive results benefiting families, midwives and society.

Looking forward...to the future

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