



Do we deserve trial by media?

There has been relentless media attention directed at maternity services in the past year or so, highlighting poor staffing levels, maternity unit closures and inferior care. In *Panorama: Midwives Undercover* (BBC 2007), video footage showed a range of practices and conversations that the undercover reporter, Hayley Cutts, observed and captured. In between the video footage, Jeremy Vine interviewed key people, notably Professor Mavis Kirkham, showing them a clip before asking questions and exploring their responses to what they had seen.

As a midwife who has undertaken something similar – I spent many hours ‘observing’ on postnatal wards to collect data for my doctorate study (Wray 2006) – I watched this programme with great interest. To be honest, my instant reaction when it finished was, “Thank goodness I am not pregnant; that was scary”.

Of course, there are many ways in which the programme could be interpreted. For example, I began to consider questions related to the ethics, consent, access and the function of volunteering in the NHS. There were many issues worthy of debate above and beyond the actual content of the programme. Certainly, as with any television show, we only get to see what the production team want us to see, and the subject of editing is not touched upon.

However, I am still left with a grating feeling about the genuine point of the programme: for example, was it designed to simply entertain, boost BBC ratings or hit out at the government? Or was it attempting to help the midwifery profession in its struggle to improve retention and recruitment of midwives within the NHS?

Importantly, the thorny question as to what impact such a programme has on pregnant women and mothers emerges. Moreover, who cares? I think practising midwives care a great deal, but so many I know are absolutely exhausted and feel unsupported by management. The programme omitted to highlight the context of midwifery management and

budget constraints in any depth; and so, for me, countless elements were missing from this story.

I would argue that current media reporting is not impartial: the roles and responsibilities of NHS managers, chief

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executives and civil servants – who have a major influence on staffing levels, both in terms of actual numbers and the skill mix – are rarely exposed. It seems much easier to blame those on the ‘frontline’, but do midwives deserve such negative attention? It feels like midwives are the scapegoats here.

‘Maternity crisis’

Months later I bought my Sunday newspaper as normal, only to discover yet another dramatic and sensational story about the ‘maternity crisis’ (Campbell 2007). The focus of this broadsheet piece was the abundant errors and scale of negligence linked to staff shortages and problems in NHS maternity units, with a summary table of medical compensation payouts and claims to illustrate the extent of the problem.

Notwithstanding the fact that, historically, maternity care (by the very nature of dealing with human life) has consistently been the subject of a great deal of medical litigation, such reporting in newspapers is quite worrying. On the one hand, it is absolutely terrible that anyone has to suffer the loss of a baby or any form of disability due to pregnancy and childbirth. In my experience, no one would deny the fact that meticulous investigations into why this occurs are of paramount importance. Yet, it is the case that poor birth outcomes as a result of childbirth are not all – or solely –

due to error or neglect.

Things do go wrong, and childbirth carries inherent risks, but maternity services in the UK are extremely safe and some of the most sophisticated in the world. Huge progress and improvements have taken place, and continue to take place, with the noble and explicit aim of minimising both mortality and morbidity rates for both mothers and babies. Policies and procedures exist in the NHS to protect and safeguard the public and staff in order to reduce any unintended harm. The good news is that many mothers benefit from the policies and procedures and thus have positive experiences. However, these kinds of stories do not reach the press as they are not deemed newsworthy.

A barrage of negative press

I feel quite concerned about the current barrage of negative press, portraying staff – in particular, midwives and obstetricians – as people to fear and not trust. Of course, some individuals may fall into this category, but that applies to the human race at large. I argue that public expectations have moved into the realm of ‘wants’ rather than ‘needs’ – and the distinction between the two is quite profound, in my view. The NHS by design, in its philosophy and objectives, is unable to meet the ‘wants’ of people. Indeed, the media has to take some responsibility for contributing to the expectation that ‘wants’ can be met within the NHS.

A factor that ought to be highlighted in terms of healthcare provision is what I call ‘the hierarchy of illness’, whereby certain illnesses or diseases reap vast amounts of attention and funds at the expense and disregard of investments in health and wellbeing. In other words, a lack of parity exists in the illness, disease and health continuum. Typically, there are certain mainstream illnesses and diseases that are able to establish a firm power base with healthcare commissioners, the public and government. For example, reproductive health – in particular, sexual health – is way down the ‘hierarchy of illness’, as is

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children and family health. Linked to this is the competitive nature of health and illness and the associated importance of different kinds of work and skills. A heart surgeon is seen as being invaluable to healthcare whereas genito-urinary medicine is viewed as being less important and glamorous.

I think this analogy relates to childbirth in that the arguments about health and illness are very much embedded in maternity care provision, and role boundaries between midwives and obstetricians are often blurred. Childbirth and maternity services have received a lot of bad press, but it would seem that this is much more related to the economics of medical payouts than to investments in a highly skilled workforce that we can be proud of as it deals with a contemporary maternity service.

I am not sure we totally deserve this 'trial by media'. As mentioned previously, childbirth is a complex endeavour. Our leaders could do far more to address the prejudiced interpretations inflicted by the media and NHS management. *The Practising Midwife* would be interested in your views. **TPM**

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TRICIA ANDERSON



It is with regret that we have to tell you that one of our well-loved midwifery colleagues, Tricia Anderson, died in mid-October.

Tricia was one of the instigators of *The Practising Midwife*, writing challenging and significant articles over the last decade. It is poignant that her Last Word with us this month should be about being assertive – Tricia always had that strength.

We will be publishing tributes to Tricia in next month's issue. For now, all of us at *TPM* would like to express our sorrow to Roger, her family and friends.

Book of the month



This month we are giving away a copy of ***Breastfeeding Special Care Babies (2nd ed)*** by Sandra Long (2002, Baillière Tindall £22.99).

This is a practical guide which covers the basics of breastfeeding and lactation, positioning and attachment and milk supply, as well as breast conditions and problems.

Email tpm@elsevier.com or write your name and address on the back of a postcard or sealed envelope and send to: Leanne McGill, TPM (1107) prize draw, Health Professions Marketing, Elsevier, 32 Jamestown Road, London NW1 7BY. Closing date: **Friday 30 November**

SEPTEMBER'S WINNER:
A McVay, Glenboig, North Lanarkshire

Editor



Maternity in the media – help or hindrance?

Maternity services and midwifery have been constantly in the media recently. In some ways this has been positive, reminding the public and the government that the difficulties being faced by midwives and midwifery students are real. On the other hand, some of the publicity has been less than complimentary – even demoralising. It is pertinent that Julie Wray, in her Comment, should consider the effect of the media on us as a profession. Her suggestion that there may be prejudice in reporting is not unusual for any subject, but we would be interested to hear of any evidence where this has been the case for midwives.

This month's theme is nutrition. We are pleased to present Suzanne Colson's award-winning research on biological nurturing; it is important to consider how we can use it to support women as they begin breastfeeding. We also learn how students are making a difference to breastfeeding education in Scotland and globally from Maria Cummings and her students. Babies crying can be stressful to women in the postnatal times and we are delighted to reprint the first part of a recent National Childbirth Trust briefing on colic. We are also pleased to print the first of two articles on preconception care by Foresight founder Nim Barnes.

Meanwhile, Sara Wickham joins forces with Lorna Davies, a New Zealand-based midwifery educator, to present this month's 'Thinking outside the Box'. Their enlightening article challenging worldwide midwifery education is significant and worrying. Any suggestions for how we can improve midwifery education, and change the focus of the EU directives, would be welcomed.

Jennifer Hall
Editor