

Duncan Baxter

# Pregnancy care 'fails to help our problems' say women

by Lesley Garner

PREGNANT women who attend antenatal clinics find that the service they are given is often badly organised, unfeeling and ineffective, according to a survey of 6,000 mothers by 22 community health councils—the health service's local community watchdogs.

The councils' reports, analysed for the first time by The Sunday Times, also say that the clinics often fail in their vital role of detecting problems early in pregnancy to prevent complications and infant deaths, and even fail to reassure women worried about their symptoms.

The findings, covering all regions of England, are backed up by our own interviews with mothers. And there is every reason to think that things are no better in Wales, Scotland or Northern Ireland. Many doctors are now questioning the value for many women of the present system of routine antenatal visits.

The evidence of widespread dissatisfaction has emerged a few days after the publication by the health service ombudsman of an annual report criticising the maternity services. The ombudsman notes problems of communication at antenatal clinics, and he proposes as a solution that women should attend regularly and make their wishes known to the staff.

However, the evidence of many of the women surveyed is that the staff are not interested in their wishes. One mother in Yorkshire told her community health council: "I felt in many ways that antenatal care interfered with a happy pregnancy and that it would have been better not to have gone."

The failings unearthed by the survey were strikingly echoed by women interviewed independently by The Sunday Times.

For example, a London woman who was having her third baby in a teaching hospital (a place ranking far above the average) said:

"At the booking clinic I was asked by four or five different people in turn, all with my notes on their lap, if this was my first baby. Even when they looked at them, the notes were wrong. I saw a completely different person at every single appointment, and they just kept telling me that everything was all right. The fact that the baby was in a breach position wasn't diagnosed until the final stage of labour. Of course I felt the whole thing was a waste of time."

A big problem appears to be the lack of continuity in care. In Barnsley where 159 women were interviewed, 32 per cent had seen three or four doctors and 21 per cent had seen more than four. This constant changing leads to a lack of communication among the staff—so that

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information is not passed on—and gives mothers the distinct impression that nobody knows, or cares, about them.

Every area surveyed shares the same fundamental problems. Complaints that were repeatedly heard included:

• Long waits in clinics. "You all get a 9.30 appointment and you might get seen by 11.30," said one mother. "The time actually spent with the doctor can be as little as 2 per cent of the total travelling and waiting time."

• Very few clinics have any



A mother-to-be gets her orders at Whipps Cross Hospital in north-east London

play or crèche facilities for small children.

• Women often have to stand for lack of chairs, and usually there are no refreshments or magazines.

• No explanation is given for delays or complicated clinic procedure as a matter of course, and results of tests are rarely passed on.

• Women are seldom encouraged to ask questions—and have to be persistent to get a satisfactory answer. Too often they are simply pacified. "They didn't tell me nothing," said a Cambridge mother. "Every week I went I'd ask about something, like I felt sick and they'd say 'Oh, don't worry about that.' I didn't want to go any more."

The health councils (which exist in similar form in Scotland and Northern Ireland) are composed of representatives of local statutory and voluntary bodies. By law they must be consulted by officials on health service planning. The reports of individual councils in the present survey firmly support the patients' complaints. Here

are typical comments from two councils:

Westminster: "Campaigns to persuade women to attend clinics as early as possible in pregnancy may be pointless unless GPs also encourage their patients."

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Barnsley: "Doctors and midwives should be aware of the difficulties some women have in asking questions which are worrying them and should try to put them at their ease... more imaginative use could be made of waiting times."

A further cause of discontent is that many women must make long journeys to the clinics, which have been caught up in the general movement toward centralisation in the health Service.

The picture of the antenatal clinic built up in the surveys is of a place so unattractive and time-consuming blamed for not attending. But the traditional health service attitude is to treat irregular attenders and non-attenders as irresponsible. Women who attend only after 16 to 20 weeks of pregnancy are considered the most irresponsible of all, partly because "late" attendance is linked with high risk. The rate of perinatal mortality—baby deaths one week either side of birth—is five times higher among women who book in late.

Ideally, antenatal care is valuable both for detecting physical problems and for giving mothers information to help them maintain a healthy pregnancy and prepare for labour. Early attendance is essential for both aspects since the first 12 weeks are the most important for development of the foetus. It is in the first third of pregnancy that bad diet, drugs and infection have the most devastating effects. It is only during the first 20 weeks that the option of detection and abortion of a deformed foetus is available.

Doctors in Aberdeen have conducted a study which, while questioning much routine antenatal care, emphasised the importance of early attendance for specific procedures—such as screening for mongolism, and stitching of the cervix for some women likely to miscarry. Yet the survey shows that a four-week delay between the first GP appointment and the hospital clinic is normal.

Doubts about the present system are supported by recent expert reports to the Department of Health from the National Childbirth Trust and the Spastics Society, both of which aim to promote radical change in antenatal care.

The Aberdeen doctors' study questioned the value of much routine antenatal care for low-risk mothers. If this view were acted on, a great deal of pressure could be taken off the average by eliminating unnecessary tests and visits. But in any case, the survey indicates that changes of attitude in antenatal staff are needed.

The increased centring of the maternity services on hospitals, at the instigation of the obstetricians, coupled with the inadequacy of public transport, poses great problems for women in small communities.

It also fosters inappropriate attitudes in a branch of medicine which is preventive, not acute. Pregnant women are not ill and passive, but healthy and active—and are demanding to be treated as such.

A further factor is the acute shortage of midwives, who are specifically trained in the care and understanding of pregnant women. Only one fifth of trained midwives are now practising—because, it is thought, of the inflexibility of hospital work—

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Sheila Kitzinger of the National Childbirth Trust recommends increased community care as opposed to hospital antenatal care, more power to midwives and GPs, and the moving of low-risk mothers out of hospitals—to leave specialist clinics to the high-risk mothers who need them. Mothers in the survey are also in favour of more localised care, but their prime demand is to be treated as human beings. "They've improved my antenatal clinic," says one. "They've lowered the ceiling and papered the walls but they haven't changed the things that really count, like the appointments system. You see women coming in with hopeless expressions on their faces."

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