

The Maternal Link Newsletter

Maternal Link is developing birth centres with NHS contracts, providing choice to midwives in their practice and choice to women in their care.

One woman's story

Having grown up in a large family where motherhood had been considered an important role for generations, Marina Stockwell developed a passion to be a midwife. *"It started as a desire to cuddle babies when I was very little, but as I grew older developed into an understanding about being 'with woman'".* However, Marina was persuaded not to go straight into midwifery and so attended Edinburgh University to read Comparative Religion with Social Anthropology, a subject that combined many of her interests.



After graduation, Marina worked in London as an office manager gaining first hand experience of running a business and working in a commercial environment. However, this was not fulfilling her desire to make an active contribution to people's lives and so she left her job and enrolled on to a direct entry midwifery degree course at City University in London. *"I could not ignore the feeling that I was being called to midwifery. It is a personal commitment that I think many midwives feel".*

The inner city teaching hospitals where students were placed offered insights into some of the best and worst examples of midwifery. After four months Marina had learnt wonderful things about the human spirit but had witnessed a service so damaging to women that it ran against her ethos as a woman and a midwife. Like many midwives leaving the profession, Marina left her degree course determined to try and make a contribution to the current debate on maternity issues. *"I re-mortgaged my flat and established Maternal Link. I felt that I had been shown the maternity sector from the inside and now had to act on my understanding of the issues for midwives, women and the NHS."*

A vision of maternity care

"I have a dream..." As Martin Luther King found, to achieve change you need a dream, a vision, which will inspire others.

Marina's vision involves:

- Informed choice for women
By developing a trusting relationship between a woman and her midwife, information can be shared that promotes understanding and thus *informed* choice in who, how and where care is provided
- Choice for midwives
By creating a viable option for midwives wanting to return to practice, or any midwife wanting to work in this way, Maternal Link aims to reduce the pressure on hospital-based services and thus increase the quality of care from all service providers
- Highest standards of care
Midwives in control of their workload and practice, able to get to know their clients unencumbered by the pressures of non-midwifery work, are more likely to provide a higher standard of care, take more responsibility for that care and thus provide safer care
- Respect for midwives and mothers
Women have a variety of cultural, emotional and physical needs that should be acknowledged as part of a holistic approach to maternity care. Midwives should be able to respond to these needs knowing that their own personal and professional requirements are understood by their employer. Midwifery is a very emotionally demanding job and proper support should be part of a successful working environment
- A viable service for the NHS
To provide this service through the NHS to all women means this vision has to be commercially viable. Maternal Link needs to work within the constraints of NHS requirements and find ways of providing all the facets of this vision



The current situation

Maternal Link was originally designed to act as a recruitment agency, introducing self-employed midwives to PCTs so that they could practice community-based midwifery on their terms. However, discussions with a variety of individuals and professional bodies showed that, sadly, the NHS did not see insuring 'independent' midwives as a viable answer to their midwifery needs. To operate commercially, Maternal Link needed NHS indemnity.

The idea developed into the concept of birth centres which Marina thought the 'men in grey suits' would understand better. A tangible asset that could be looked at as well as talked of from which an administrative and midwifery service could be provided in a community setting.

By having a base other opportunities become available and the vision grew:

- a café for people to gather providing informal support, or have a coffee and breastfeed unhindered
 - a library making available new research, relevant articles and useful books
 - the services of counsellors and therapists
- the possibilities are endless.

The birth centres will be based in the community, either stand-alone, associated with a GP surgery or a community hospital and guided by the midwives and families who use them. Therefore, each birth centre will adapt to meet different community needs and will no doubt be influenced by the variety of visions from those using the service.

To promote the concept of a national network of birth centres at the highest level, professional lobbyists were consulted. After nine months of meetings with MPs and civil servants a meeting was arranged with Ivan Lewis MP, Minister with responsibility for maternity services, who supported Maternal Link's proposal.

A big step forward came with the news that the law will be changed to allow NHS insurance to be extended to third party providers of PCT services.

"The issue of insurance has been my biggest worry since developing the idea of Maternal Link but now Maternal Link can broker its first contracts and employ its first midwives."

Marina says 'no' has never been an option when talking to people about Maternal Link. Her vision of NHS midwifery-led care for all women and the importance of a holistic approach to maternity care is making progress. The overwhelming quantity of research emphasising that this is the right thing to do showed the issue is so important she had to take an active role in bringing it to fruition.

Many people have said "if you can get this off the ground well done, then come back to me" and so here Maternal Link is. Marina is now in discussions with a number of PCTs to develop the first pilot centres and looking forward to working with all those who share the vision of Maternal Link.

The Next Step

"I am spurred on by the huge number of midwives I speak to who say that they want to work in this way and mothers who say they wished this service had existed for them".

Maternal Link is interested to hear from PCTs or people with links to their PCT who are interested in opening a birth centre.

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If you have any questions or comments please email Marina. All attempts will be made to answer every enquiry but frequently raised issues may be addressed collectively in the next newsletter.