



Editorial

An oral history research project by Jane Stojanovic gives evidence of some of the remarkable changes that have occurred in women's understanding around matters of childbirth, and the way in which some services were experienced 70 years ago. Yet uncomfortable similarities to yesteryear remain with a lack of kindness and compassion from maternity professionals, evident in a mother's narrative of a recent struggle to achieve support for Kangaroo Mother Care in a newborn unit setting when her baby was born at 34 weeks gestation. This gives a clear picture of maternal and newborn services embedded in what can be described as "decision-based evidence-making"¹ – something which can take precedence over an evidence-informed position that shows significant benefit to preterm babies (and their mothers) and is supportive of an attached parenting commitment. We are, however, also reminded in this issue of the basic kindnesses and supportive care that exist in maternity services today in a midwife's (Jenny Johnston) and a woman's (Stephanie Ross) stories.

As 'risk adversity' and its accompanying increase in the range and acceptability of routine screening continue to gain momentum, we are given pause to consider how these impact on women's choices, society and maternity practices. Two aspects of this are considered in this issue. Sara Wickham explores (amongst other things) how, because of the 'bundled up' nature of blood tests, women are unable to be selective in the health information they seek from tests. At the other end of the spectrum is targeted screening. Kim Porthouse discusses this in relation to risk screening and diagnostic tests for Down syndrome and, what often appears to be, automatic acceptance of the need for termination of pregnancy in the presence of a positive result. Bringing a special vantage point as both a midwife and a mother of a child with Down syndrome, Kim calls for more exploration by caregivers to assist women and their families find full information, and offers us her lived experience and understanding of diversity for consideration.

These diverse topics are intermingled in this issue with other specifics, for example, caring for women who have previously experienced shoulder dystocia, as well as working through ways in which we may assist women and babies during active breech birth. This issue, therefore, reflects the wide-ranging and contextual realities of midwifery practice and women's experiences of childbirth.

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Reference

1. Hall P. In: Klein MC. A tribute to Phil Hall. *Birth* 2009;36(1):4.