



Dear Editor

I would like to thank you for your detailed coverage of the reform of the maternity services in Australia and of the campaigns there to protect home birth. I believe that it is so important for us to be aware of the issues affecting women and midwives in other countries and around the globe. It reminds us that our own experiences (be that as mothers or midwives or both) are not isolated, and that in different ways across the world midwives and families are working together to protect the rights of women to birth their babies in peace.

On that note I would like to bring your attention to an on-going campaign to support a group of midwives within the UK. The Albany Midwifery Practice was set up 12 years ago in a socially and economically deprived area of south London (Peckham), and was closed down at the end of 2009 when the hospital with which they held their contract (Kings College Hospital) terminated their contract. Since then a campaign has been launched to save the Albany Midwifery Practice; a campaign made up of women who have given birth with the Albany midwives, their families, and midwives and campaigners in the UK and beyond.

The Albany Midwifery Practice was well-known within the UK, and was viewed as something of a 'gold standard' when it came to continuity of midwifery care and case-loading. The Albany's statistics were exemplary, with spontaneous vaginal birth rates well above the national average, caesarean section rates below the national average, a home birth rate of nearly 50 percent and an excellent record for successful breastfeeding.<sup>1</sup>

The reason given by Kings College Hospital for the termination of the contract is that over a specific period a disproportionately high number of babies developed Hypoxic Ischaemic Encephalopathy (HIE) when cared for by an Albany midwife than in the Trust as a whole.<sup>2</sup>

The study contracted by the hospital to investigate the Albany cases of HIE (carried out by the Centre for Maternal and Child Enquiries) has not been made available to the general public. However, the study apparently does not advocate the termination

of the Albany Midwives contract. Professor Mavis Kirkham has argued that the report is based upon "bad science". There are queries about how accurate the diagnosis of HIE can be, and there is also concern that consideration has not been given by the management of Kings College Hospital to the long-term outcomes of the babies diagnosed with HIE.

Interestingly, the 2008 figures reveal that the perinatal mortality rate of the Albany midwives is better than the national average, and much better than that for the Southwark borough as a whole. This raises the possibility that the babies cared for by the Albany Midwifery Practice admitted to the Special Care Baby Unit with a diagnosis of HIE might have been more likely to die had they not been in the care of Albany midwives.<sup>2</sup>

In the light of this, and as the Save the Albany campaign has suggested, it may well be the case that it is ideological differences over who controls birth and whether a social or medical model of care should prevail that is at the heart of the termination of the Albany Practice's contract, rather than a genuine concern over public safety. The campaign is calling for publication of the CMACE report, an independent enquiry into the care provided by both Kings College Hospital and the Albany midwives, and the reinstatement of the Albany Midwifery Practice. To support the Albany midwives, to find out more or to sign the petition to reinstate them, please go to: [www.savethealbany.org.uk](http://www.savethealbany.org.uk)

**Anna Fielder**  
**Mum and UK midwife**  
**Ohope, New Zealand**

6 January 2010

### References

1. Information taken from [www.savethealbany.org.uk](http://www.savethealbany.org.uk) (including the Briefing Document for MPs). The website provides details on the source of original statistics. Accessed 4/1/2010.
2. Kings College Hospital website: [www.kch.nhs.uk/news/archive/2009/albany-midwifery-practice](http://www.kch.nhs.uk/news/archive/2009/albany-midwifery-practice). Accessed 4/1/2010



Dear Editor

Thank you for the opportunity to respond to Kim Duggan's article 'Giving birth and parenting outside the box' published in the November 2009 issue of *Birthspirit Midwifery Journal*.

In her article Kim raises some excellent points about the value of research and the responsibility researchers have to their participants to include all the diverse choices parents make for their children during pregnancy, birth and lifetime care.

In the Growing Up in New Zealand study, we have endeavoured to word our questions to collect as many diverse responses as possible. This is why the answer options are open-ended (for example: more than six months) with the equally valid option for the interviewer to record detailed answers given by individual mothers (for example: I intend to breastfeed for more than 2 years). We also state at the beginning of each interview there are no right or wrong answers as each family is unique and their views and intentions are all valuable, reassuring participants that we are not expecting homogenous answers.

The phrasing of these questions about breastfeeding and the options for answering them are designed to capture the range of intentions across all New Zealand families currently having children, knowing that because this is a longitudinal study there would be an opportunity to revisit these questions once again in the child's first year of life, and later on.

Kim also discusses the questions we have about parents returning to work after having their children. Growing Up in New Zealand asks (if there is an intention to return to work outside the home): "How old do you expect your child to be when you start or return to paid work, either full or part-time?" Growing Up does not give a range of

options for this answer; participants can state any (or no) age for the child.

Then we ask about the options for childcare the parents may have considered before the child is born. These include: partner; non-family child minder (in your or their home); family member (in your or their home); early childhood centre or similar; looking after the baby at work; other (please tell us). Each of these options is important and is not designed to limit choice but rather to capture the range of options considered by families.

The purpose of the antenatal interview completed by our participants is to record parents' intentions relevant to their child's early years, including intentions regarding the breastfeeding and return to work examples given by Kim. In our participants' next interview when the baby is nine months old, intentions are re-visited to see if their plans have been realised, and what contributed to them either being realised or not.

In addition to the second face to face interview when the babies are nine months old, a brief phone call is made to the family when their babies are approximately six weeks old. This is an important call to see how mum and baby are doing in particular, and a chance to ask further questions about breastfeeding as well as a few other brief questions about how things are going at home.

During this call we do ask where babies were born, and although the majority of mothers give birth in hospital, we are also very keen to follow up babies who are born at home or elsewhere, and whether this was planned or not. This is not intended to be judgmental, but to once again provide a complete picture of birth choices and options for families having children in New Zealand today.

I'd like to reassure Kim and your readers that the answers being collected

from parents are very diverse indeed, and as such they will be statistically useful and reflect the diversity of our current New Zealand births. No other longitudinal study of this size or scope in New Zealand has ever begun in pregnancy, so the findings from Growing Up in New Zealand will be very useful in informing policy that improves the lives of all our children from before their birth.

If any of your readers would like more information about Growing Up in New Zealand, we are very happy to talk to them in more detail. We provide all our participants with our free phone number and we welcome their calls on 0508 476946. Alternatively they can email us at [contact@growingup.co.nz](mailto:contact@growingup.co.nz).

We greatly appreciate Kim and her family being part of the Growing Up in New Zealand study. Their stories and experiences, together with those of the several thousand other families who are also taking part, will contribute to a much more complete picture of what it is like for all our children to grow up in New Zealand in the 21<sup>st</sup> century.

Yours sincerely,

**Dr Susan Morton**  
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**FAFPHM**  
**Research Director**  
**Growing Up in New Zealand**  
**[www.growingup.co.nz](http://www.growingup.co.nz)**

12 January 2010

Hi Maggie

I have so enjoyed reading your journals. They are a 'breath of fresh air' and so encouraging.

Many thanks.

**Liz Jull**  
**Midwife**  
**Otaki, New Zealand**