Two international maternity meetings: ‘birth, culture and society’ and ‘BICOG 2007’

Multidisciplinary meetings focusing on different aspects of maternal health were held in London, UK, in June and July 2007

Biomedical knowledge, culture, safety and maternal health policy: international perspectives

Midwives, doctors and others gathered for this symposium at King’s College London, UK, on June 18, 2007. Jane Sandall, co-chair of the ICM Research Standing Committee, and Edwin van Teijlingen of Aberdeen University, on behalf of the Birth, Culture and Society International Study Group, were organisers. They aimed to illuminate cross-national comparisons of the social shaping of biomedical knowledge production and the relationship with maternal health policy.

Gene Declercq of Boston University, USA, opened with a talk on ‘The caesarean imperative in industrialized countries and its relationship to maternal attitudes’. He explored the often repeated statement that women’s own choices are the cause of rising Caesarean (CS) rates, but found little evidence for this, showing that the pressure comes from obstetricians onto women, not vice versa. He noted that clinical indications for carrying out a CS have not changed over several decades, but attitudes have. He felt that there was a common ‘one-percent-doctrine’ among obstetricians, i.e. if there is a 1% risk then the solution is to behave as though it is a certainty.

Ray de Vries, of the University of Michigan, USA, spoke on a similar theme in ‘Professions and the use of evidence: The US National Institutes of Health State of the Science conference on Maternal Request Cesarean Delivery’. His talk touched on the ethics of the CS/vaginal birth decision, and the effect of the varying ‘desires’ of doctors and women.

Jane Sandall, Professor of Midwifery at King’s College, presented on ‘Safety and maternal health policy in the UK – professions, policies and people’. She queried some statements made in recent UK policy documents, such as ‘Increasing choice will increase the safety, quality and friendliness of services’, but agreed that the evidence should not be based on a mortality endpoint but have a woman-centred focus.

Susan Murray of King’s College London reported on her work in Chile where she tracked the effects of an increasingly privatised health system, finding that the highest CS rates were among women who had private health care but only at the cheapest level. In labour they often suffered from the midwives having to either speed up or slow down the contractions in order to time the delivery for the doctor’s arrival, as medical presence was required.

Many other speakers contributed to the day and the audience joined vigorously in the stimulating discussion. There was debate on the question of ‘turning research into policy’, and how researchers can relate to policymakers – and vice versa. Jane Sandall expressed the concern that ‘Policymakers may see ‘research’ as the opposite of ‘action’, rather than the opposite of ‘ignorance’.

The British International Congress of Obstetrics and Gynaecology 2007

The International Office of the UK Royal College of Obstetricians and Gynaecologists (RCOG) was introduced to participants at this congress by James Dornan, Senior Vice President, RCOG, in his presentation on ‘Global maternal mortality – what the RCOG is doing about it’. He pointed out that the RCOG was originally founded to address the problem of maternal mortality in the UK in the 1920s and, while thankfully this has been drastically reduced, there are countries in the world where it remains at devastating levels. The first objective of the International Office is: ‘to draw on the expertise and experience of the RCOG and its global network … to reduce maternal and neonatal mortality and morbidity by increasing awareness of maternal health at global, regional and national levels to politicians, professionals and the public.’ The Office maintains a database of members and their skills to provide technical assistance where required. They publish a manual and offer courses on life-saving skills and emergency obstetric care. Among new guidelines being developed are those relating to the care of women with HIV and with malaria.

Professor Dornan referred to the College’s support not only for the 5th Millennium Development Goal (MDG) which aims to improve maternal health, but also to the 3rd goal which is to ‘Promote gender equality and empower women’.

Midwife Fran McConville, UK Dept for International Development (DFID), explained the commitment of the new government Minister for International Development, Gordon Alexander, who said on taking up his post that ‘The health of women is our priority’. She reminded attenders that maternal mortality is the single greatest indicator of inequity between rich and poor nations and appealed to RCOG members to keep the profile of their work high, and not to hesitate to speak out about potentially difficult topics such as abortion and female genital mutilation.

Dr Monir Islam, Making Pregnancy Safer Department, WHO, reiterated that there are nearly 200 million pregnancies in the world each year and 75 million of these are unwanted. If effective family planning and safe legal abortion were accessible the number would be massively reduced and many of the deaths of women and babies would not happen. He encouraged community care, warning that building large city-centre hospitals is rarely the best investment: they are expensive to maintain and the poorest people in great need do not reach them.

Professor S Arulkamaran reported on postpartum haemorrhage (PPH), outlining a number of strategies that are currently helping to reduce mortality, as in the ongoing joint FIGO/ICM campaign.