

Description

Women's Needs in Maternity Services in a Pandemic

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Abstract

Much has been written on the experience of medical paternalism during pregnancy, where women are held hostage to their fetus and aspire to be seen to be doing the right thing, being a good patient, and adhering to medical advice. This paper briefly explores paperback literature on women's needs in the light of the Covid 19 pandemic.

Introduction

Much has been written on the experience of medical paternalism during pregnancy, where women are held hostage to their fetus and aspire to be seen to be doing the right thing, being a good patient, and adhering to medical advice. [1-3]

Paperback literature easily available to the general public is awash with lay commentary regarding the female experiences of pregnancy, motherhood and of the state of our maternity services. Some genuinely colourful opinions serve to fuel the discussion on whether or not female needs are met. One might reach for any of the following authors and muse with them on these subjects: Naomi Wolf[4]; Rachel Cusk[5]; Rebecca Asher[6]; Pamela Druckerman[7]; Barbara Almond[8]; Susan Douglas and Meredith Michaels[9]; Adrienne Rich[1] and Heidi Murkoff. [11] Even Amy Chua[12] has earned her place on this bookshelf with her terrifying and yet hilarious account of mothering the *Chinese way*.

Mothers are the countries that we come from

Cusk wrote that "Mothers are the countries that we come from".[5 p206] She wrote of trying to imagine what it would be like to have her as a mother and marvels at the process by which a mother has been made of her, and confesses that it is the hardest work she has ever done. The truth is that if women really knew what they were letting themselves in for they might think twice before entering on their motherhood journey. In fact a survey of fifty thousand American parents in the 1970s illustrated this last point as 70% said if given the choice to do it again, they would not have children as it just wasn't worth it.[13]

Covid-19 opportunities to shine

Whilst this is both a strange and sad revelation, it does give us as midwives an enormous scope for re-energising our maternity services alongside the general perceptions of our particularly niche world of healthcare in the light of Covid-19. In the UK, the Nursing and Midwifery Code tells us that we must prioritise people, treating them with kindness, respect and compassion[14 p6], and it is my belief that many of us have absolutely striven to achieve this, even more so since Covid-19 entered out language this year. The emergency guidance sent out to maternity services in the summer of 2020 clarified that the first postnatal visits should be prioritised as face-to-face, while also adding further face to face

recommendations in the light of women at increased risk of serious illness if they contracted Covid-19, including BAME women and those with underlying health conditions, in support of the development of trusting relationships.[15 p4,7,14] In some respects areas able to develop their Continuity of Carer models in the light of Better Births[16, 17] have absolutely shone during these recent torrid months, living up to the concept of 'Leaving no woman behind', as discussed by Gayle back in 2019 before Covid-19 was even on our radar.[18]



inist new momism, Douglas and Michaels[9] mother comes last in the race for constant cultivation, and adoration, or else the children will become failures and hate you forever! "Each of us has her own individual history as a mother, her own demons and satisfactions, her own failures and goals".[9 p25] I write as a working mother, remarried divorcee, and a wife with two teenage daughters of my own. Pregnancy and Motherhood were surely never meant to be easy, and made even more challenging for maternity staff by irreconcilable off duties, barriers to safe staffing, and misplace brand loyalties which impede freedom to speak out for safety, hindering improvements in our shared capacity to care.

Paperbacks such as Byrom & Downe's 'The Roar Behind the Silence'[19] encouraged and empowered us to challenge the pervading culture of fear within maternity services, and this genre has evolved into 'Hard Pushed'[20], and Overdue[21], where our comrades have 'told it like it really is', much like Kay did back in 2017 with his obstetrician's view of the staff experience of maternity services.[22]

Feminism needs oppression…the way a vampire needs fresh blood

Within the confines of a brief article on women's maternity needs in a global pandemic it may appear controversial, yet abortion promised to women sex with men on the same reproductive terms as men have sex with women.[23] What legalised abortion did was allow pregnant women the choice to avoid back street abortions, which were once popular as a method of contraception prior to the introduction of the oral contraceptive of the 1960s.[24] Paradoxically, since the Human Fertilisation and Embryology Act 1990, women seeking a legal termination have not automatically had the right to abortion, and are reliant upon the 'good faith' of two medical professionals agreeing to her request.[25]

'Feminism needs oppression…the way a vampire needs fresh blood', observes Flanagan, noting that this narrative of boredom, oppression and uselessness is a key literary device of the feminist success story.[26] Do women choose to become pregnant or choose to abort? Do women perhaps fail in their pregnancy ambitions through fertility difficulties and go down the route of counselling and assisted conception? Do they delay pregnancy and motherhood preferring to further their careers? Do they juggle career and family? Do they endure pregnancy with all its potential complications yet to be revealed to them? It would seem that women really are trapped in a cycle of maternal ambivalence.[8]

Questions, questions? Hill's Give Birth Like a Feminist encourages women everywhere to stand up and be counted. [27] Women we care for need us more than ever thanks to the social isolation of Covid-19. The more we can listen, and explore what is not being said, the more opportunities we will have for supporting our kin and each other on these individual journeys to motherhood.



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Date Created
2nd February 2021