

We need a profession of midwifery

Dr Jon Garvey argues that the divisive triumvirate of obstetrician, GP and midwife should be abolished and replaced with the single profession of midwifery.

Natural childbirth is coming back into the news again.

During the few months' lull there has been time to produce the next batch of documentaries and exposés upon the deficiencies of British obstetrics.

But there have been few constructive plans for the future of our obstetric organisation, and it is clear some radical changes will soon become necessary.

Professor Peter Curzen, of Westminster Hospital, made some suggestions several months ago, which were greeted as a major step to 'de-medicalising' childbirth.

He proposed that, for low-risk pregnancies, management should be entirely in the hands of midwives, thus avoiding some of the cattle-market atmosphere of antenatal clinics.

This seems a hospital-orientated view, and I would prefer to go further and abolish obstetricians altogether.

Midwives are now highly selected and highly trained, with the nurse's caring atti-

tudes, and a fair amount of technical expertise.

I suggest this should be built upon so it becomes possible, over time, to dispense with the inefficient and divisive triumvirate of obstetrician, GP, and midwife, and replace it with one profession of midwifery.

Midwifery training would be distinct from both nursing and medicine, because the links with these professions are accidental, tenuous, and often counterproductive.

Tomorrow's midwife would need all the skills of today's, but would be trained and equipped to deal with many complications at home or in hospital.

Clearly more experienced grades would be required for sections, and other complicated deliveries.

Existing obstetricians could either opt for midwifery, or concentrate on gynaecology.

I feel, regretfully, that there is no place for part-time GP obstetrics.

Four years ago I was a dab hand at breeches and forceps, and could probably have managed a section, but I now would be a liability in an emergency.

I would see midwives, though a different type of midwife from today's, being definitely in charge of the mother's care.

This might mean GP surgery-attached midwives and combined antenatal clinics.

But it would be the midwife who, primarily, would liaise with the maternity hospital.

Most deliveries would be at home, but a home equipped with a nearby vanload of equipment which the midwifery team were fully competent to use.

It may seem a lot to expect midwives to combine the role of accoucheur, surgeon and anaesthetist, but they would only need to know the general principles involved, and those details that are necessary to obstetric care.

Obstetricians will oppose my scheme because they believe doctors only can do clever things.

Midwives will oppose it because they feel doctors are the only people who are able to do clever things.

GPs will oppose it because they secretly feel they can do anything as well as anybody else, even if they last did it 20 years ago.

Politicians will say the cost is too high. But if you paid midwives less, than doctors you'd have plenty of spare cash.

So probably nothing will change, and women will continue to feel misused, and cranks will find support for campaigns to ban scalp electrodes, Syntometrine and bath-water for babies. Pity.

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