

One of the consequences of our society becoming increasingly consumer-focused and more aware of what goes into the food we eat has been a vast improvement in the labelling of the foods on supermarket shelves - with special care given to highlighting whether a particular food contains animal products, a common allergen or one of the dreaded E-numbers. Having grown up with a serious food allergy, I couldn't be more pleased by this move, which allows me to eat things that formerly I would have had to avoid because the label wasn't specific enough.

It is not only people with allergies who are avid label-readers; better labelling also pleases people who have chosen to be vegetarian or vegan, who try to avoid unnecessary chemicals, who prefer to buy local food (thereby helping cut down on carbon emissions) and those who simply like to know what they are eating. But I'm often surprised that the same consumers who can be seen poring over the contents of a particular brand of biscuit in the shops rarely question what is in the pharmaceutical drugs that they take, particularly given that these drugs often include animal products, common allergens and chemicals which are very similar to those that they would reject were they found in a tin of beans! In fact, some of the chemicals included in pharmaceutical drugs would be considered unsafe for inclusion in food, but that's another story...

Of course, we don't 'label' drugs nearly as well as we label food. It is now fairly well known that some brands of HRT are made from horses' wee, and that those horses are kept in appalling conditions for this purpose, a fact which has made a number of women reject this drug. Yet women utilising the maternity services often do not know what is in the drugs they are given, whether because they do not ask, or perhaps because of professional fear of what would happen if they did know. For example, they may not know that diamorphine is heroin by another name, that anti-D is a blood product, or that any number of common drugs contain milk or wheat derivatives which can cause a serious reaction in susceptible people. Of particular amazement to me is the fact that, while we have seen the disappearance of mercury thermometers from maternity units because of the risks involved, women (and perhaps some of their midwives) do not know that a number of vaccines contain mercury-based preservatives.

A proportion of the women whose labours are induced are either vegetarian or vegan. I often wonder if they know that some of the drugs that they are given to induce labour contain animal products, and if they might make a different choice if they were told this? My question was answered when I met a

couple of midwives who had decided, in the name of informed choice, to offer women the product information leaflets to read before they were induced with prostaglandin gel. One of the women chose to reconsider her options. The consultant was brought in to persuade her that she 'needed' the gel, despite its contents, the woman eventually acquiesced and the midwife was reprimanded and told never to 'allow' a woman to see a product information leaflet again.

Although it does seem ironic to me that the same people who diligently study food labels do not ask the same questions of other substances that enter their bodies, the blame can hardly be placed on women, who put their trust in us. As was the situation with food labelling until relatively recently, you either need a degree in chemistry or a translation leaflet to understand what some of the products listed on the information sheet actually are. (Just ask my mum, who used to have to go shopping with a list of all of the alternative names for milk derivatives in her purse!) It seems to me that, if we feel this is an important aspect of informed choice, some pressure needs to be put both on the pharmaceutical companies who write the labels and on the people who determine what kind of information makes it into women's hands. Where midwives work autonomously enough to decide this for themselves, then great. Where midwives, like those mentioned above, are pressured to not give out this information, then perhaps we need to collectively find ways of challenging this.

Food manufacturers live with the fact that, by allowing us to read the contents of their products, we might decide to favour some product lines over others. We buy those that suit our particular needs and beliefs, reject those that contain things we want to avoid, and boycott those that are made by unethical companies. While supermarkets can be criticised for many other things, they do tend to supply goods according to consumer demand. One day, perhaps consumers of maternity care will demand cruelty-free, environmentally friendly or organic drugs en masse. Then there will be no option than for the pharmaceutical companies to find ways of providing this, and for the maternity services to offer women the kind of care - and products - they choose.