

Sandra, who was expecting her first baby, had a long and hard labour. She arrived at her local hospital at about 11pm one evening, when her cervix was found to be 3cm dilated, and she laboured throughout the night. The midwives on the night shift encouraged her with kind words, rubbed her back and helped her and her partner through the tough bits with care and humour. When the time came for the morning obstetric 'round', the normally conservative registrar agreed with the midwives that it was a good idea to give Sandra a bit more time to allow her cervix to reach full dilation without the aid of drugs, and told Sandra how well she was doing by relying on massage and TENS for pain relief.

The midwife on the 'early' shift examined Sandra regularly. (Actually, according to Sandra, a bit more regularly than she would have liked, but she decided she was willing to put up with this because her midwives were so supportive). Just after 3pm, during another friendly visit from the registrar, Sandra's cervix was found to be fully dilated. A few minutes later, Sandra began to feel an urge to push. The registrar visited Sandra again after she had been pushing for a bit more than an hour but, rather than threatening intervention, again stressed the ideal of vaginal birth and enquired whether Sandra's midwife was helping her to change position regularly in order to facilitate the baby's progression through her pelvis. Just over two and a half hours after beginning to push, and nearly 19 hours after she had entered the labour ward, Sandra gave birth to a healthy baby girl, delighted to have achieved a normal birth in a hospital which has a 27 per cent caesarean section rate and policies which normally limit the duration of the first and second stages of labour.

Jenny had a similar experience of feeling thoroughly supported in her desire for 'normal' birth, although she gave birth in a different hospital. She gave birth after a slightly shorter labour than Sandra, and feels that she achieved a 'normal' birth because of the encouragement she received from the hospital staff. Keen to help her avoid an epidural, her midwives helped her in and out of the pool, encouraged her partner to use essential oils (in spite of the newly-compiled hospital leaflet warning women that their use of these was at their own risk) and procured an extra birth ball from the parentcraft cupboard when she discovered that the one she had brought in was not the ideal size for her. When, at one point, Jenny began to think she might want an epidural, her midwife brought in the anaesthetist, who told Jenny how well she was doing and suggested that Jenny began to breathe the entonox earlier on in each contraction. Again, Jenny's midwives had the full blessing of the obstetric team, who offered not to

enter the room unless invited. Jenny also gave birth to a baby girl, without needing further drugs or intervention.

Great stories, great women, great midwives and great medical teams. So great, in fact, that I feel reluctant to burst this bubble, even slightly, by adding the postscript in each case. But, seeing as this was the point of writing this article in the first place, it seems only fair to present the full facts, so here they are.

Sandra weighed just over twenty-two stone before she got pregnant, and the obstetric team were very reluctant to do a caesarean section because of this. Knowing that intervention could increase the likelihood of Sandra needing a caesarean section, the registrar on duty went out of her way to support Sandra's midwives in their efforts to avoid surgical intervention and, with the blessing of the consultant on call, stretched every time limit known to womankind.

Jenny was of average build, but had experienced a severe allergic reaction to an anaesthetic when she had surgery as a teenager and so her attendants were also keen to avoid the use of epidural or general anaesthetic. Jenny had bought the birth ball following her consultation with the anaesthetic team during the last few weeks of her pregnancy, and, with the possible exception of Jenny and her husband, no-one was more delighted than the anaesthetist when she had a spontaneous vaginal birth.

Please don't get me wrong. I'm delighted that these two women achieved the births they wanted. There are also, I know, areas where this kind of thing happens all the time. But how fantastic it would be if the kind of individualised care and encouragement that helped Sandra and Jenny to give birth could be a reality for more women. Even those who don't have a contra-indication to operative birth...