The issues of global warming, climate change and our over-usage of the Earth's resources are hitting the news more and more often these days. Increasingly, we understand that we can all do our bit on an individual level to help redress the problem, yet I wonder how many people are aware that modern health care services are leaving an enormous ecological footprint?

In 2001, for instance, NHS staff in England and Wales travelled 25 billion passenger kilometres. This is the equivalent of nearly 33 million trips from the Earth to the Moon and back!

Additionally, the NHS:

- Consumed 2.4 million tonnes of resources, excluding water and oxygen. This equalled the weight of 600,000 fully grown male elephants.

- Discarded 400,000 tonnes of this as solid waste and sent 3.2 million tonnes of emissions (mostly carbon dioxide) into the air. If you piled all of the solid waste onto a football pitch, it would reach roughly the same height as a 5-storey building.

- Consumed 12 650 GWh of energy - one per cent of the total energy consumed in England and Wales - most of which came from non-renewable sources. This is the equivalent of leaving nearly 86 million televisions turned on for a whole year.

- Was supplied with nearly 50 million litres of water, which is enough to fill nearly 50 Olympic sized swimming pools. Unfortunately, 14 per cent (or 7 pools' worth) of this water was lost as leakage.

    - Original data from Royal Society for Nature Conservation (2006).

Does the NHS Care?

In a recent BMJ editorial, Anna Coote raised the question of whether the NHS is too focused on efficiency and not focused enough on the environment. She points out that,

> "If medicine is about saving lives, not just by last ditch interventions but by trying to avert illness, then working to alter patterns of behaviour that contribute to climate change could arguably become a priority for clinicians—as an urgent preventive measure." (2006: 1343)

She goes on to argue that, as one of the largest employers in the world, the NHS could make far more of a contribution to the reduction of climate change than it is currently doing. Yet real change often begins from a 'bottom-up' approach, where the individuals who work in large organisations can better see how improvements can be made.

Towards Greener Birth?

I know many midwives who are very committed to recycling, conservation and other 'green' issues in their homes and at work. Over the past few years, environmental issues around women's health and childbirth have tended to be linked to discussion around the impact of disposable menstrual products and nappies. To a lesser extent, infant feeding has become an environmental issue, not least because exclusive breastfeeding leaves no carbon footprint unless you start adding accessories such as pumps to the mix. Even then, the carbon footprint of these is far lower than the carbon footprint of artificial milk, bottles, sterilising equipment and the energy used to boil tens of litres of water every week. Given this, and the fact that 8 million disposable nappies - each of which will take hundreds of years to decompose - are thrown away each day in the UK, our talking to women about how they can have a 'greener' birth and baby can make a huge difference. (Next month, I will list a number of other things that can make a positive difference, but which aren't discussed as often).

Interestingly, some of the things that we are rather proud of in the UK are among those that

are impacting the environment. I suspect, if we added together the distances that community and independent midwives drive while visiting women in their homes, that this would account for a good few of the trips to the Moon and back. Some midwives cycle, which is great, but it is not a realistic option for everyone, and particularly not for those midwives who cover rural areas.

Striking a Balance

Addressing these issues is not about using no energy. It is about using energy and other resources appropriately. As such, there is a need to ensure that energy is being used well. This does not necessarily mean that we should automatically decrease things like the postnatal support that new mothers receive, as this is a fundamentally important way of helping them ease into their new role and can also be a vital arena in which to discuss these issues with women and families. It does, however, mean that we need to think about what is being consumed on a local level and whether this is appropriate. If midwives can become more involved in this debate, we can help ensure that the most significant footprint babies leave as they enter life on Earth are the ones that are created when their tiny, squirming, environmentally friendly ink-covered feet are gently pressed onto recycled paper.

Royal Society for Nature Conservation. Material health: a resource flow and ecological footprint of the NHS. www.materialhealth.com/downloads/Material%20Health%20-%20summary.pdf