University of Brighton

UNIVERSITY OF LEEDS

Risks in childbirth in historical perspective

AHRC funded network

Workshop 2:

Date: 29th March 2017

Venue: Hopper Room, Thackray Museum, Leeds

time	session	speaker	Title
10:00	Arrival and coffee		
10:20	Introduction	Lauren Ryall-Stockton	Introduction to Thackray Museum and collections
10:30		Helen King	Reconstructing risk in the Hippocratic corpus
10:45		Seán Lang	Risk in the Raj: Maternal Mortality and the Consolidation of British Rule in Colonial India
11:00		Bahareh Goodarzi	The history of risk selection in Dutch maternal and newborn care
11:15		Margaret Dunlea	**T**he nature and impact of risk discourse in the provision of antenatal care: A literature review

11:30	Roundtable discussion		
12:30	Lunch		
13:00 13:15 13:30 14:00 15:00 15:15	 Roundtable discussion Tour of Thackray collection Tea and coffee Roundtable discussion	James Drife Adrian Bingham Lauren Ryall-Stockton	Doctors and risk management: statistics and stories Childbirth, Risk and the British Popular Press since 1945 Exploring 'having a baby' installation and hands on session with museum objects To consider representations of risk in childbirth to general public
16:15	Last thoughts		
16:30	close		

Abstracts:

Professor Helen King (Open University)

Esther Eidinow, Oracles, Curses, and Risk Among the Ancient Greeks (OUP, 2007) has shown that a key way in which individuals in ancient Greece managed risk and uncertainty was to consult oracles; however, questions 'About the birth of children' were often posed by men, e.g. 'will I have children from the wife I have now?' 'It is surprising, considering how dangerous childbirth was for mother and child, that there are no questions concerned with the details of birth' (2007: 89).

But the dangers of birth come across very clearly in the short Hippocratic treatise Excision of the Foetus, almost entirely ignored in the scholarly literature. This late 5th/early 4th century BCE treatise may be a lost section of the long treatise Diseases of Women (Craik, The Hippocratic Corpus (Routledge, 2015). It concerns a range of serious obstetrical problems, although the opening section on how, in arm presentation, the arm must be excoriated and then removed by cutting the shoulder joint and using a fish skin to help the grip, is enough to horrify most readers.

Unusually, Excision gives us some sense of the reactions of the woman: 'you must cover her head with a cloth, so that she will not see what you are doing and become frightened (phobêtai)'. Yet the operation ends with the foetus removed, the woman lying with her legs crossed, and the advice 'Otherwise treat her as you would any other parturient'. Starting from this awareness of women's fear – presumably for their own lives, as their babies have already died – and men's apparent confidence, I want to consider the fragmentary evidence for the perception of risk in pregnancy and birthing in the ancient Greek world. This will include the roles of anomalous births in myth, stories which women in childbirth would have known well.

Dr Seán Lang (Anglia Ruskin University)

The concept of risk which always underlies attitudes towards childbirth was increased immeasurably in the context of British colonial rule in India. To the usual fears of miscarriage or childbed fever was added the particular horror with which European doctors and midwives regarded traditional Indian birthing practices, which were heavily dictated by religious ritual and in which the central figure was the *dai* or low-caste barber midwife. European accounts of birthing practices carried out by *dais* can be compared with the worst horror stories told of gamps and other such figures in England. But birth in the context of colonial India was merely one prominent example of a whole society and environment in which risk, particularly to women, was ever-present in British minds. Official moves to address the provision of maternity care were prompted by British concerns that Indian society as a whole undervalued women's lives and that an Indian girl was at risk from the moment she was born, whether from infanticide, child marriage, enforced seclusion and widowhood, or sati - immolation on her dead husband's funeral pyre. Moreover, the British in India saw themselves as undertaking an inherently risky existence: until the widespread adoption of measures to combat malaria and cholera by the end of the nineteenth century simply being in India carried its own risks to life and health, so that the British expatriate population always had the feel of a society gambling with death. This paper will look at how the colonial concept of risk and risk elimination shaped attitudes towards risk in childbirth and at how, in seeking to reduce that risk the British sought also to increase their own hold on Indian culture and political opinion.

Margaret Dunlea (Trinity College, Dublin)

Aim:

Risk discourses pervade all aspects of private and public life in late modernity, including maternity care. The purpose of this paper is to elucidate the hidden complexities of this apparently mundane and familiar concept as it applies to antenatal care.

Background:

Risk prevention was behind the widespread adoption of antenatal care in the early 20th Century. The aim of antenatal care is centred on the assessment, prevention, early detection and appropriate treatment of risk. Both risk discourses and the biomedical paradigm are underpinned by assumptions of scientific certainty. This reflects a positivist perspective on risk, presuming it to be objective and knowable. Antenatal risk assessment is viewed therefore as a straightforward matter, measurable and calculable. In contrast, we contend that risk is a socially constructed phenomenon that involves a hidden politics, ethics and morality. Consequently, some people have a greater capacity to define risk than others. We also contend that the search for scientific certainty through antenatal risk assessment has thrown up as many problems as it intended to solve.

Review Methods

Relevant databases such as MEDLINE, Google Scholar, CINAHL, EMBASE, PsycINFO were search using these key words; risk, maternity care, antenatal care, risk approach. Social Science Citation Index and key text books were also reviewed.

Findings

Three themes that emerged from the literature will be discussed here

- The implications of who defines risk in maternity care.
- Individual interpretations of risk: the factors that influences the pregnant woman and her family's decision-making in relation to perceived risk
- The impact of antenatal risk discourses on the provision and organization of antenatal care

Conclusions and Implications

An understanding of risk in maternity services is the first step to introducing sustainable reform in the maternity services.

Bahareh Goodarzi (Amsterdam)

Risk assessment and referral during pregnancy and birth is important globally to achieve effective care. In the Netherlands, the midwife has been ascribed the role of gatekeeper by tradition. This role was officially recognized by the Study Group Revision Kloosterman List (WBK) in 1987. Comprised of representatives of the professional organizations of midwives, obstetricians and general practitioners, this group declared the midwife to be the appropriate professional for deciding when referral to specialist care is necessary.

The Dutch organisation of risk assessment and referral — also referred to as 'risk selection' (RS) — is praised internationally because it is believed to minimize unnecessary medical interventions. However, recent research on perinatal mortality, referral rates, and inter-practice variation have created doubts about the traditional organisation resulting in a move toward shared care. In some regions, for instance, obstetricians are now routinely involved in RS. These changes are being reinforced in newly written regulations. It is noteworthy than these developments run counter to international policy, in which midwife-led care is encouraged. However, theoretical and empirical

knowledge about the quality and outcomes of different models of risk assessment and referral is lacking.
To make sound decisions regarding the organisation of RS in the Netherlands we need to better understand the social, cultural and political factors at work in the history of the Dutch system. Therefore, we studied the reasons underlying the WBK's preference for midwives as gatekeepers. Looking at the drivers of Dutch maternity care policy will also shed light on changes in systems internationally. In this study, we interviewed six key players who were involved in the WBK's decision-making process in 1987 and analysed archival data about the committee's work. Data analysis will be completed in April 2017. We will present our preliminary results at the RCHP workshop.

Professor James Drife (University of Leeds)
The term "risk management" first appeared in The Lancet in 1986 and within a few years was being widely used throughout the NHS. Originally it referred to managing the financial risks of litigation but it broadened to include all types of risk, including those created by the healthcare system itself. In 2000 an official report, An organisation with a memory, used examples from the aviation and petrochemical industries to show how the NHS could develop systems to reduce the consequences of human error. Today "patient safety" is a priority in the NHS, and incidents such as wrong-site surgery are called "never events".

Aspiring to perfection reflects the demands of modern society and its changing attitudes to the professions. Doctors, once people who could do no wrong, are now people who should do no wrong. Being a healthcare professional is now a risky business. How have doctors – particularly obstetricians – reacted, and how do they perceive risk?

Doctors have always been risk-averse – indeed, the phrase "patient's safety" first appeared in The Lancet in 1824. At that time the easiest way to measure risk was by the death rate, and that still holds true today. In obstetrics, the maternal mortality rate has been accurately recorded since 1847 and has remained the primary driver for improvements in maternity care, even after its dramatic fall between 1935 and 1955. The perinatal mortality rate has become increasingly important, and the introduction evidence-based medicine in 1989 brought more sophisticated ways of measuring risk.

But obstetricians' perception of risk is driven as much by stories as by statistics. Vignettes were an important part of the triennial maternal mortality reports. Medicolegal cases have a major influence on clinical practice. Witnessing a maternal death, or the loss of a baby, can have devastating and long-lasting effects on the staff involved.

Dr Adrian Bingham (University of Sheffield)
This paper will examine the changing ways in which the British popular press represented and narrated childbirth in the period since 1945. In particular it will explore the tensions between providing information about childbirth for (female) readers, sensationalizing about risks and failures of policy and practice, and defending particular moral agendas ('family values', avoiding extra-marital births etc).

Participants:

Dr Cathy Ashwin	Editor MIDIRS	MIDIRS
Dr Fran Badger	History	University of Birmingham
Beverley Beech	Honorary Chair of AIMS [Association for Improvements in Maternity Services]	AIMS
Dr Adrian Bingham	History	Sheffield University
Rebecca Brione	Medical ethicist	Birthrights
Professor James Drife	Obstetrics	Leeds University
Margaret Dunlea	Midwifery	Trinity College Dublin
Rebecca Fallas	Classics	Open University
Bahareh Goodarzi	Midwifery	University Amsterdam
Louise Jenkins	Midwifery/ history	UEA/ Leeds University
Professor Helen King	classics	Open University
Dr Laura King	History	Leeds University
Dr Sean Lang	History	Anglia Ruskin University
Dr Tania McIntosh	Midwifery/ history	Brighton University
Gemma Newby	Radio producer	
Professor Mary Nolan	Antenatal education	Worcester University
Magdalena Ohaja	Midwifery	Trinity College Dublin
Catherine Robbins	Curator	Thackray Museum, Leeds
Lauren Ryall Stockton	Curator	Thackray Museum, Leeds
Caitlin Stobie	Project intern	Leeds University
Dr Adrian Wilson	history	Leeds University