AIMS Ireland Annual Report

November 2012- November 2013

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Introduction

2012-2013 saw a heavy focus of Human Rights in Childbirth for AIMS Ireland following the fallout of the Nurses and Midwives Bill, use of the High Court against mothers and babies, issues of maternal rights to informed choice, a new consent guideline from the HSE, and a maternal death which put the issue of abortion on centre stage.

The following provides some historical information relevant to AIMSI this year and a synopsis into the main issues of activity for 2012-2013.

There is an overwhelming failure in Ireland to recognize human rights in childbirth. On paper, the Irish maternity system is often described as 'one of the safest' places to have a baby, however, scratching the surface reveals a culture of cherry picked statistics, lack of evidenced-based practice, gross regional variations in maternity care and repeated human rights violations.

In order to understand the complications for women birthing in Ireland, it is important to understand Ireland's relationship with maternal rights and health in a historical context as well as legal obligations and constraints under Irish law which prohibit informed choice.

Ireland is different from every other European legal jurisdiction in that it passed the 8th amendment in 1983 whereby it was determined that the 'unborn' has a legal and equal right to life with that of the mother. The wording of the 8th amendment is as follows:

> *"The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right."*

Many in the legal profession in 1983, including the Attorneys General, felt the wording of this was extremely vague and that the passing of this amendment would cause legal uncertainty and confusion in the courts, particularly for those women who became pregnant through rape or incest or those whose lives were in danger from illness. Nevertheless, the referendum was held in September 1983 with the above wording and it was endorsed by 67% of those who voted.

In this case, the Irish Constitution overrules human rights legislation and a woman's right to where and how she gives birth is eroded significantly by this amendment - which, it is interesting to note, is the only amendment in the entire Irish Constitution (Bunreacht na Eireann) that is not a government amendment as it was constructed and lobbied for by the Prolife Amendment Campaign (PLAC) and members of the Catholic hierarchy. There is widespread agreement among those who advocate for a woman's choices in childbirth that best practice should always prevail; however, good governance should never replace the right to informed consent and informed refusal. The 8th amendment has a significant impact on a woman's right to birth how and where she chooses but there is surprisingly little dialogue and research about the impact this amendment has on maternity or reproductive issues outside of the recent widely publicised abortion debate. Currently, a pregnant women can be taking to the High Court if she refuses treatment and the medical team deem this refusal as posing a 'serious risk' to the 'unborn'. Additionally, even though the *Protection of Life Bill 2013* was recently passed, abortion still remains unobtainable in Ireland unless a pregnant woman's life is considered 'at risk' (through illness or suicide).

Childbirth in Ireland Today - Birth in a Personhood State

The European Court of Human Rights Article 8: *Ternovsky vs Hungary*- December 2010 - found in favour of the right to choose the circumstances in becoming a parent. Any State that has signed up to the European Convention, has agreed to be bound by the judgement of the court. In light of the legislation that already exists in Ireland, there should be no question with regards to a person's autonomy and right to self-determination and privacy in this country. But this is not what is happening in real life - where families are being restricted from the simplest of requests when it comes to their rights and autonomy in childbirth and reproductive health. Even in light of the *Ternovsky v. Hungary* ruling by the European Court of Human Rights in 2010, whereby the court declared that a woman's right to privacy and family life (Article 8 of the European Convention on Human Rights) was breached when she was denied a home birth - we are seeing a stark 'mission creep' with regards the freedom to make this decision in Ireland.

The following cases from 2012-2013 are chilling reminders of how Article 40.3.3,the 8th Amendment is a breach of a woman's human rights and is a potentially fatal piece of legislation:

1. In January 2012, a woman on her second pregnancy self-referred to a Galway maternity hospital for miscarriage. She had a scan report from a private scan which showed that her pregnancy had not progressed, was unviable, and there was no foetal heartbeat. The woman should have been 12+6 weeks pregnant, but the pregnancy sac was empty. Upon arrival at the maternity unit and showing them the scan report, she was denied a scan and told to return to the hospital a week later. On her return (13+6 weeks) she was given an internal scan and the pregnancy only measured 5 weeks gestation, no heartbeat. The woman requested medical intervention, a D&C, but was told that there was nothing the hospital could do for her except bring her back in another week for a scan. The woman travelled to Spain for her treatment.
2. In October 2012, a healthy young woman walked into a Galway maternity hospital with symptoms of miscarriage at 17 weeks pregnant and she never returned home. Savita Halappanavar died of multiple organ failure as the result of untreated sepsis. Savita was denied a termination of pregnancy as, while a miscarriage was inevitable, there was a foetal heartbeat and there was legal uncertainty as to if they could intervene. The doctors could not determine if Savita's deteriorating condition posed a threat to her life, as distinct from her health, as per the Supreme Court ruling in the X case. Because a fetal heartbeat remained for 4 days, the doctors were uncertain as to whether they could legally perform a termination due to the 8th Amendment (where the right to life of the unborn is equal to that of the mother). Savita and her husband, Praveen, repeatedly asked the staff to intervene and to perform a termination of this much wanted but unviable fetus, but they were told: "this is a Catholic country" and no treatment was performed until after the fetal heartbeat had stopped. Unfortunately, it was too late for Savita and she had become critically ill due to sepsis. She died a week after she presented herself for care in the maternity hospital.

Savita Halappanavar's death sparked a public outcry for the immediate legislation for the X Case, which would provide legal clarity for abortion where a woman's life is at risk. On the 12th of July, 2013, at 12:30am, the Irish Government passed the *Protection of Life Bill 2013* to legislate for abortion when there is risk to life of the woman (including suicide) as per the X Case decision. This Bill is extremely restrictive, as AIMS Ireland argued in an invited submission to the Joint Oireachtas Committee on the proposed Bill:

It does not protect a woman's health in pregnancy, only her life

- It does not tackle the legal uncertainty of the 8th Amendment
- It will not prevent another case like that of Savita Halappanavar, as it continues to make a distinction between the right to an abortion only if there is a risk to a woman's life, not her health
- It demands a woman see up to 6 doctors in order to be assessed as being genuinely suicidal - which means women will continue to travel outside the country to obtain a legal abortion, with total disregard for their mental state
- It includes the possibility of up to 14 years imprisonment for a woman who undergoes an abortion (including using abortifacients) that falls outside the scope of the legislation.

Despite the passing of the Protection of Life Bill 2013, 12 women a day continue to travel from Ireland to the UK for abortion in the cases of rape, incest, risk to health, choice, and in the cases of early delivery for babies with fatal foetal abnormalities. Families who require Terminations for Medical Reasons (TFMR Ireland) are forced to abandon their care in Ireland and to find compassionate medical providers elsewhere who will provide an abortion in the case of fatal fetal abnormalities. These families have spoken out about having to receive their baby's cremated remains by courier or to smuggle their baby's remains home to Ireland in the boot of their car.

Many human rights and women's organisations in Ireland are now mobilising for a campaign to repeal the 8th Amendment from the Irish Constitution. The belief is that as long as Article 40.3.3 (the 8th Amendment) remains as an impervious legal barrier to a woman's right to a termination in the above circumstances, the risk to a pregnant woman''s life will continue to precariously hang in the balance.

Informed Consent and Refusal of Treatment in Pregnancy

The conflict between maternal rights, practice, and risk can be squarely attributed to Article 40.3.3 and the difficulties in trying to determine equal rights for both the woman and the fetus. This appears to be one of the most serious and tragic details in the Savita Halappanavar inquest, as testimony from a Consultant Obstetrician explained - namely, that there was a refusal to permit a termination until the medical team were convinced that there was a balance of probabilities (51%) of a risk to the life of the mother. These probabilities cannot, and never will, be determined by the recently passed legislation and nothing in the current Bill would materially change the outcome of the Savita Halappanavar case.

In the summer of 2013, a method of trying to balance these 'risks versus rights' for Irish pregnant women was implemented in a National Consent Policy, created by the Health Service Executive. This document clearly states that the HSE has the authority to deny a pregnant woman her inalienable right to refuse medical treatment due to the legal uncertainty inherent in Article 40.3.3 of the Irish Constitution, whereby the life of the unborn is equal to that of the mother. The 8th Amendment is seen as an 'abortion amendment' and there is very little understanding of the implications for childbirth of this law. Many Irish women are unaware of the fact that their basic maternal and reproductive rights are subject to Irish law, and the impact this has on their right to choose how and where they birth.

The HSE National Consent Policy (May 2013), section 7.8.1 on Informed Consent for pregnant women states:

"The consent of a pregnant woman is required for all health and social care interventions. However, because of the constitutional provisions on the right to life of the "unborn"(12), there is significant legal uncertainty regarding the extent of a pregnant woman's right to refuse treatment in circumstances in which the refusal would put the life of a viable foetus at serious risk. In such circumstances, legal advice should be sought as to whether an application to the High Court is necessary.

Relevant factors to be considered in this context may include whether the risk to the life of the unborn is established with a reasonable degree of medical certainty, and whether the imposition of treatment would place a disproportionate burden or risk of harm on the pregnant woman." (p.41)

Citation: (12) Article 40.3.3 of the Irish Constitution (1937)

The consent policy provides scope for medical professionals to use the High Court or Protective Services where women refuse medical treatment on the basis of risk. While this policy has only recently been implemented, the High Court has been seen as the place to override women's consent in pregnancy in numerous cases. Ireland has heard several High Court cases for forced blood transfusions. Another case involved a woman with HIV who indicated that she would not give birth in her local maternity hospital, The Coombe, as she did not trust the doctors and had 'concerns' regarding the hospital arguing her right to bodily integrity. On hearing the case, Mr Justice Finnegan warned the woman that she must birth in hospital or she would endure "much more serious orders affecting her personal bodily integrity". Remarking on the woman's concerns with birthing in hospital, he added that his own grandson had recently been born in the Coombe and he had 'no complaints'.

This statement, based on ancedotal evidence, highlights ongoing perceptions in Ireland that medical expert opinion and care within the medical care model are (i) superior to maternal rights and bodily integrity (ii) risk free and the safest options. This perception further confuses the issue of maternal rights and bodily integrity as women are often supported in their right to choice within the obstetric care model, regardless of evidenced increased risks to mother or baby, creating an illusion of choice.

An example of this illusion of choice of choice occurred in March 2012 when a pregnant woman was brought before the High Court for refusing the medical advice of her obstetrician. Media reports suggest that Article 40.3.3 was at the centre of the emergency weekend sitting of the High Court. The woman, known as Mother A, wished give birth vaginally where possible or if a Caesarean Section was required, to delay it two days later than her obstetrician. Senior Counsel for the hospital argued over risk of uterine rupture and the possibility that the baby would suffer brain damage if an emergency C-section was not performed.

The evidence against Mother A included: a previous Caesarean section; she was 13 days over-due; the baby was high; and there was a reported non-reassuring CTG. The Barrister for Mother A argued that she was only 8 days overdue, not the 13 days that the hospital was claiming. She wished to give birth vaginally. If a Caesarean was necessary, she would consent, but she wished to delay the procedure 2 days so her partner, who was out of Ireland, could be there for the birth. Consultant Obstetrician John Birmingham provided evidence to the court stating "she doesn't have 24 hours....I cannot be sure of the baby's wellbeing in 24 hours" and he presented uterine rupture in this case as a 'grave risk'. Dr Birmingham also stated that in Ireland a Caesarean section is "almost risk free". Before the Court could rule on whether to force Mother A into surgery, she "consented" to a Caesarean section. She and her baby were both reported to be in good health.

Following the case of Mother A, more women have come forward and contacted AIMS Ireland with reports of being threatened with the High Court or Child Protective Services for refusing medical

recommendations on how or where they birth. These women have been threatened with mental health assessments, social workers, the High Court and to have their baby made wards of the State for failing to comply with the advice of obstetricians. In more than one instance, women have been door-stepped by Social Workers or risk assessors and threatened with the removal of their child. In more than one instance, the hospitals have carried out these threats. The reason cited for these Human Rights violations is "risk" to the baby and/or mother, as defined by the medical professionals.

Maternal Death and Maternal Morbidity in Ireland

In light of the untimely death of Savita Halappannavar and several other maternal deaths (25 women have died according to the most accurate Confidential Maternal Death Enquiry Report 2009 - 2011 in Ireland), it is no longer suitable to declare Ireland the safest place to give birth. In fact, our maternal mortality statistics were, up until recently, calculated differently to many other countries, including the UK. Ireland has been using an outmoded definition of 'maternal mortality', thereby making our figures appear artificially low compared to our neighbours. The Maternal Death Enquiry (MDE) Report uses a much more robust and valid method of collecting this empirical data and the latest report shows a marked increase in the maternal death rate from CSO figures of 4 per 100,000 to the MDE figure of 8 per 100,000. Out of the 25 deaths reported in the 3 years covered in the MDE report, we know that 2 were suicides and 6 were direct maternal deaths. In addition to these deaths there are 17 other unexplained, indirect or coincidental maternal deaths in the previous three years.

The Coroner's inquest into Savita Halappanavar's death alluded to the legal uncertainty inherent in the aforementioned 8th Amendment (Article 40.3.3) and recommendations were made to implement changes in practice to remove any doubts or fears. However, to date, the newly signed *Protection of Life During Pregnancy Act 2013* cannot alleviate this uncertainty, as long as the 8th Amendment remains a legal statute.

In addition to the legal uncertainties that lie at the heart of the death of Savita Halappanavar, there is also the fact that the CDME report states that maternal death occurs more frequently in women who were born outside of Ireland (p. 7). Savita was a non-national living in Ireland. Two and a half years before Savita's widely publicised death, a young healthy woman named Bimbo Onanuga from Nigeria entered the Rotunda (a Dublin maternity hospital) suffering from severe abdominal pain attributed to the previously diagnosed intrauterine death of her second child. Bimbo's first child, Nellie, was born in Limerick in 2003 and was a quadriplegic. Her mother, Bimbo, was her principal carer.

On March 4th, 2010, Bimbo Onanuga died in intensive care in the Mater hospital, after being transferred from the Rotunda, following severe internal bleeding. Serious concerns regarding Bimbo's treatment and care were highlighted by staff to maternity groups who petitioned the government for answers. Bimbo's partner told of how staff said she was exaggerating when admitted to the Rotunda in pain. The inquest into her death, which was initially not granted by the coroner, followed 4 separate Parliamentary Questions to the Irish Government to gain clarity into why there was no inquest into her death. The insistence by AIMSI to have Bimbo's death investigated was because the public have a right to know why a healthy woman who entered hospital suffered a major hemorrhage and subsequently died - it is a matter of public interest. The inquest has had two sittings and whilst initial details surrounding Bimbo's care, or lack thereof, are on the public record the details will not be available, ironically, until the day after the Human Rights in Childbirth Conference, on November 5, 2013. Sam Coulter Smith "systematic failure"

It may never be known which maternal deaths in Ireland were inevitable and which were avoidable. For example, the MDE report highlights the need for "well publicised guidelines for the prevention and management [of] thromboembolic disease" (MDE Report, 2012, p.7) as this features prominently in the causes of maternal death. Additionally, the two suicides reported may have been avoidable if there had been sufficient and timely mental health support for pregnant women, in the same way that a timely termination may have saved Savita Halappanavar's life. These deaths are all tragic and premature and leave a legion of families and close friends behind to mourn the loss of a woman who should be celebrating the birth of a new baby, but instead is no longer alive. Maternity services are obligated to improve and to offer much more to women in terms of securing their bodily integrity, their overall health and well-being and their basic human rights. As journalist and former Health Promotion Manager Dr Jacky Jones stated in a column in the Irish Times on this issue last December: "We expect more from maternity services than women not dying"

In terms of maternal morbidity, a report was published in July 2013 that audited 'severe morbidity' in the Irish maternity system. It is only starting to be acknowledged that maternal deaths are not the most accurate way to measure outcomes for pregnant and birthing women. There is a pressing need to develop preventative measures and quality of care in maternity services in order to decrease the rates of maternal morbidity. This particular report only collected data if criteria was met for 'severe maternal morbidity'. This was limited to 15 categories including: major obstetric haemorrhage (MOH), eclampsia, septicemia, pulmonary embolism and cardia arrest.

The key findings of this audit were that, overall, 260 women were reported as experiencing at least one severe maternal morbidity, which translated as a national morbidity rate of 3.8 cases per 1,000 maternities, or 1 in 263 maternities. The majority of women (57.7%) were diagnosed with one severe morbidity and one third (32.3%) were diagnosed with two severe morbidities. A small proportion were diagnosed with three or four morbidities. The perinatal mortality rate among women experiencing severe maternal morbidity was 32.6 deaths per 1,000 births. This was substantially higher than the national rate, which was estimated recently at 6.6 per 1,000 births. An interesting finding, with regards to rising Irish Caesarean section rates, is that the majority of cases of MOH occurred in the postpartum period, with Caesarean section the most common associated mode of birth. MOH was also the most common morbidity associated with ICU admission.

One of the most alarming discoveries in this report was that the incidence of severe maternal morbidity was disproportionately higher among ethnic minorities. AIMS Ireland has been highlighting concerns regarding care received by ethic minorities for some time. Clare Daly has put in numerous Parliamentary Questions from AIMS Ireland on the disproportionate instances of maternal mortality and morbidity among women of ethnic minority backgrounds. According to UK and Irish data, maternal deaths, while a rarity, nonetheless statistically affect non-national emigrant women almost twice as frequently as women born in either the UK or Ireland (CMACE, 2011; MDE, 2012)

Aja Teehan vs HSE

Earlier this year (July 2013) a mother challenged the right of the HSE to deny her access to a home birth by virtue of a blanket refusal based on her previous birth experience. This woman's name was Aja Teehan. Aja, a mother of one who had given birth by caesarean section on her first baby, demanded the right to individual assessment for a home birth for her second baby. Under the current MOU she did not even qualify to apply for a home birth. Evidenced based practise, the NICE guidelines in the UK and The European Court of Human Rights state that women are entitled to choose the way in which they become a parent, even the HSE's own guidelines state that patients are entitled to individual assessment.

AIMS Ireland fundraised and provided funding for necessary medical reports from the UK for the case. We also organised rallies of support at the High Court and supported Aja personally and in media publicity.

Aja filed her case for a judicial review. Would a judge rule that prohibiting her from exercising her choice in childbirth without any individual assessment was lawful? As it turns out yes, the judge ruled that the HSE should not be forced to take on types of care that its own risk assessors had decided were too risky. So it would appear that insurance rules the day in Ireland. Women's human and constitutional rights to choice and bodily integrity don't matter at all. After the judge had found against Aja's right to individual assessment came the nail biting decision for costs. Thankfully the judge ruled that each party were to pay their own costs, which indicated that the judge felt that the case was of public interest. The judgement makes for interesting reading, especially the part in which the judge states that there is nothing to stop Aja having a home birth on her own, but what of Aja? What birth options were now available to her? Hospital was of course the option that "most women" would accept at this point, but Aja is not "most women" and so she continues to pursue her home birth. She has become in her own words a "birth refugee", having to leave Ireland and go to birth in the UK in order to get her birth choice recognised. The fact that she can, and in all likelihood will, get her home birth in the UK just goes to show that the rules here have little to do with safety and more to do with power, control authority and a wholesale "buy in" to the medicalised model.

Bimbo Onanuga Inquest

Since March 2010, AIMSI have been campaigning for justice for Bimbo Onanuga, who lost her life following a litany of errors and failures in care in the Rotunda Hospital. Bimbo was admitted at nearly 30 weeks following a stillbirth. She was induced with cytotec and died of uterine rupture. A HSE review of her death was done on the quiet and took 3 PQs by AIMS Ireland to have the recommendations published. Initial requests for an inquest into her death were denied by the Coroner - citing death by natural causes - however, fresh information and appeals reversed this decision and an inquest was granted. In June, AIMSI committee member ran the Dublin Woman's Mini Marathon in aide to Bimbo Onanuga. The money was used for expert witnesses. On November 5, 2013, the Coroner gave a verdict of medical misadventure. AIMS Ireland are pushing for a HIQA report into her death and have publicly sought accountability from the Rotunda on their guidelines on use and dosage of the drug Misoprostol. AIMS Ireland intends on pushing the issue of the use of Misoprostol as an 'off label' drug to various bodies.

42 Weeks

On Sunday 9 June 2013 AIMS Ireland launched an innovative new public information campaign for women having babies in Ireland. The campaign, called 42 weeks, aims to inform and support women and their partners so that they can put decisions about their maternity care firmly in their hands, to ensure that they make informed choices, and have the best possible birth outcomes, for their babies and themselves focusing on healthy births for babies AND mothers.

Our research has shown that mothers have better birth outcomes when they feel fully involved in their maternity care, well informed, aware of their options, listened to and have adequate support from caregivers. Our goal with 42 weeks is to provide women with all the unbiased, evidence-based information that they need to make informed choices about their care in pregnancy and birth. Every woman, pregnancy and baby is different, so it's important that each expecting mother has

options and care specific to her needs. We aim to help her make that right decisions for her to have a healthy positive birth for baby AND mum.

Additionally, the 42 weeks campaign will address some myths about pregnancy and birth in Ireland, so that mums can make informed choices about their care. For example, many mothers often believe that their first baby must be born under consultant-led care in a hospital. The reality is the full range of options are accessible by low risk women in their first pregnancy including midwifery led care and homebirth.

42 weeks is also compiling an anthology of birth stories and photographs of women's experiences of giving birth in Ireland which will be published on the 42 weeks website, http://www.42weeks.ie, and a dedicated Pinterest Board, http://www.pinterest.com/42weeks.

Popular 42 weeks articles:

"No Thank You" – A Guide to Informed Decision Making: http://42weeks.ie/2013/08/07/no-thank-you-a-guide-to-informed-decison-making/

How and Where your baby is born – Who gets to decide?: http://42weeks.ie/2013/07/31/how-and-where-your-baby-is-born-who-gets-to-decide/

The Mysterious Placenta and the Third Stage of Labour: http://42weeks.ie/2013/08/28/the-mysterious-placenta-and-the-third-stage-of-labour/

The ten best things about having a home birth: http://42weeks.ie/2013/07/29/the-ten-best-things-about-having-a-home-birth/

June 2013: National Women's Council of Ireland pass AIMSI motion

AIMSI submitted a motion at the AGM that calls for changes to maternity services that will ensure women are treated with the dignity, respect and equality of health that is inherent in a woman's basic and inalienable human rights.

The motion was voted on by the NWCI members and passed, meaning that AIMSI will be given the support as well as the extensive knowledge and experience of the NWCI in seeking to improve Irish maternity services.

Here is an excerpt from the AIMSI motion:

"*Ireland has the highest birth rate in the EU yet our maternity system is primarily focused on one patriarchal model of care, in which women have limited choices and a limited voice. On an administrative level this has fostered a grave lack of accountability and transparency, and a lack of equity in access to care based on geography, ethnicity and wealth. The media rarely picks up on the extreme cases of violations to women's autonomy and human rights in maternity services and the HSE does not investigate unless they are forced to do so. Recent years have seen maternal deaths, forced c-sections and hundreds of other cases of maternal morbidity go almost completely unnoticed. Disturbingly it would appear that these affect non Irish and disadvantaged women disproportionately. Other less extreme cases, but equally as damaging, may involve restricting or ignoring a woman's choices in childbirth or forcing certain procedures on women in this setting without seeking informed consent/refusal. The common thread in all of these cases is that the*

maternity units will ultimately put the rights of the unborn child before the life and health of the mother, sometimes with fatal consequences. AIMSI believes that a woman's human rights should not be compromised in pregnancy, labour and birth or, indeed, at any other time in her life."

2013 - Ongoing - FOI Concerns

In the Spring of 2013, following a tip-off from a member of staff in one of Ireland's maternity units of rising rates, AIMS Ireland decided to look into rates of certain procedures and request the birth statistics in each maternity unit to publish for women to use when deciding on their birth options.

AIMSI requested birth statistics for several key interventions which have short and long-term effects on women. We wanted to know how many labours were induced, the current C-section rate per unit, the episiotomy rate, rates for forceps delivery, and how many women were breastfeeding on discharge, and more. AIMS Ireland made a Freedom of Information Request to the HSE to try obtain this information for the public. Our request was denied. We were informed that the HSE did not hold this information centrally, and as such the information does not exist. Individual member hospitals under the control of the HSE do however hold this information. We were informed that the NPRS does hold this data, but they are not allowed to produce data on individual hospitals, in order to protect patient confidentiality. AIMSI have since sought independent advice and are continuing to push this issue.

This issue is ongoing.

March for Choice

AIMS Ireland participated in the 2013 March for Choice on September 28th this year.

Our statement on why we participated is available in full on our blog Ireland: No Country for Pregnant Women.

AIMS Ireland are an organisation committed to supporting all women in all choices in maternal health, autonomy for women, and evidence based care practices in issues surrounding maternity services. Maternal health/maternity services covers a wide spectrum of care and care options - from fertility, reproductive health, pregnancy, labour, birth, postpartum and beyond - some queries extending into physical complaints as the result of childbirth decades following the birth experience.

AIMS Ireland accept that there are times in which to maintain this commitment of support to women, some may feel disconnect. We also accept that taking a stand on a particular position, practice, incident can and will cause some fallout in some areas of support. However, AIMSI firmly believe that in order offer full support to women and campaign for improvements in maternity services, we must recognise all women in the right to autonomy of choice. The 8th Amendment affects all pregnant women - your birth choices, your right to accept or refuse a test or treatment, your right to individual assessment, your right to be pregnant or not.

Women's Support

This continues to be a huge issue for AIMSI. As our profile towards human rights increases, the nature of support services has changed from basic information and complaint assistance to areas concentrating on women's rights in maternal health and legal queries.

AIMSI have assisted several cases since March with regards to threats to use of the High Court regarding informed choice in decisions relating to birth choices. The majority being VBAC and homebirth women.

Unassisted birth at home has also become a reoccurring issue following the Nurses and Midwives Bill.

The HSE's use of Section 12 has also seen several cases this year in which threats or removal of a newborn baby were carried out under section 12.

No further details can be provided to protect identity of families involved but this is an ongoing issue.

AIMS Ireland Presentations

AIMSI presentation at the Home Birth Association (HBA) Ireland conference (April 21, 2013) on 'Human Rights in Childbirth'

AIMSI Liaison Officer presence at the Human Rights in Childbirth conference in Blankenberge, Belgium on November 4th, 2013

AIMSI lectures to 4th year University College Dublin (UCD) midwifery students on 'Promoting Normal Birth' on October 21, 2013 and on 'Health and Social Policy in Midwifery Practice)
Link: http://www.ucd.ie/students/course_search.htm

AIMS Ireland blogs and social media

Ireland: No Country for Pregnant Women: http://nocountryforpregnantwomen.blogspot.ie/

42 Weeks: www.42weeks.ie

AIMSI Facebook: https://www.facebook.com/aims.ireland

AIMSI Twitter: https://twitter.com/AIMSIreland

42 Weeks Facebook: https://www.facebook.com/42Weeks

42 Weeks Twitter: https://twitter.com/42_weeks