WE ARE...
because
of NCT

NCT Achievements
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NCT has fundamentally changed the experience of all new mothers and fathers

Since 1956, we have worked to ensure all parents-to-be and new parents feel supported, informed and confident through:

• Pioneering thought leadership in research and information
• Being instrumental in achieving important legislative and policy changes in maternity care and
• Continually listening to the needs of parents so we can advocate on issues that matter most to them.

Our work is underpinned by our firm belief that comprehensive antenatal preparation, a positive birth experience and effective postnatal support can impact greatly on the long-term well-being of both parents and children.

Research – as well as public and political opinion – now confirms our longstanding conviction that ensuring parents are supported early on makes a major difference to the quality of their own lives and their children’s. In a 2011 review of early intervention conducted for the UK Government, Graham Allen MP states:

“What parents do is more important than who they are. Especially in a child’s earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor.”

I KNOW...
because of NCT
Antenatal education can increase a mother’s satisfaction with her birth experience, as well as improving her knowledge and preparation for parenthood. However, when NCT was established in 1956, there was very little preparation provided for women giving birth.

Details about childbirth itself, even for pregnant women, were hard to access, with only the briefest of information provided by the family doctor. Mothers-to-be wanted information and support. We listened and acted—introducing the first antenatal classes in 1959.

Our classes focused on building women’s confidence through education and understanding, so that they embarked on labour believing in their ability to cope. This was an idea decades ahead of its time.

Recent research continues to support the value of antenatal education. Only 3% of women said they felt ‘confident’ about birth before attending an NCT antenatal course, which rose to 98% afterward. Similarly, among dads-to-be surveyed, just 1% said they felt ‘confident’ about birth before their course; afterward this grew to 97%.

To maintain the high-quality of our courses, NCT practitioners’ training is university-accredited and ours is the only educational programme that teaches facilitators of antenatal and perinatal education.

We engage new and expectant parents from a range of backgrounds through our partnerships with local organisations and courses tailored to parents’ needs, including black and minority ethnic families, refugees and asylum seekers, young parents and women in prison.

Our strength has always been the ability to draw on both an extensive range of evidence-based information and a wealth of practical experience. Recognition of this capacity was demonstrated during 2010-2011 when we were centrally involved in the design and development of Preparation for Birth and Beyond (PBB)—a new antenatal education programme developed by the Department of Health in England.

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We have continually called for more midwife-led care, as there is strong evidence that a mother’s experience of childbirth is positively affected by having such care. It was an NCT antenatal teacher who pioneered the Know Your Midwife scheme in England in the 1980s, which followed the experience of women who received antenatal care from just four midwives. The results confirmed that women preferred—and benefited from—this style of care as it created a relationship and environment that encouraged them to voice their questions and anxieties. Their increased confidence meant that women in the scheme requested less analgesia during labour itself.

NCT helped to ensure that ‘Women should have easy access to a midwife as first point of professional contact when pregnant’ was written into the final report of the Midwifery 2020 programme, a unique UK-wide collaboration which focused on how midwives can make the greatest contributions to the health and wellbeing of women, babies and families.

Today, over 90% of fathers who live with their partners attend the birth of their child and studies repeatedly show high levels of satisfaction from both parents after sharing the experience.

Previously, it was widely believed that fathers had no place in the delivery room and no interest in pregnancy or birth. This all changed during the mid-20th century as more and more men wanted to support their partner during labour.

One of the original aims of NCT was that partners ‘should be present during labour if mutually desired’. The campaign to allow fathers into the delivery room began in the 1960s; however, it was not until the mid-70s that it became widely accepted. A generation of babies have now been born with their fathers in the delivery room thanks to our campaigning.

Our research carried out in 2010 showed that 80% of adults think support given to new dads is just as important as that given to new mothers, for the wellbeing of the child. Our services are designed to meet the needs of fathers from pregnancy through to childbirth and the care of their new baby, including resources specifically for dads, to help them handle changes to their lifestyle, and the major questions that fatherhood brings.

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6 Ipsos MORI. NCT Brand Tracking Research. 2010
7 Dad’s view: Early days with your baby and Dad’s view: Becoming a parent. Available from: http://www.nct.org.uk/about-nct/becoming-father
As early as 2003, studies suggested tiny amounts of Bisphenol A (BPA) could leach out of plastics into food or liquid and be absorbed by the body. This was of particular concern for parents because until that time baby feeding bottles had been made using BPA.

Fears increased that the chemical could interfere with healthy growth and mimic the effects of the hormone oestrogen. Babies are thought to be particularly vulnerable to hormone-mimicking effects as they grow rapidly in the early months and years. Parents were largely unaware of any potential risk and did not know which bottles to avoid.

In response, we campaigned for bottles and other products containing BPA to be labelled in a standard and easy-to-read way as a first step, ensuring parents were informed about the products they used.

When the use of BPA was banned in Canada and many companies in the USA removed it from their products as a precaution, we called for similar action and legislation in the UK. In April 2010, we supported the Breast Cancer UK campaign, No More BPA, joining them in calling for companies producing baby bottles to stop using the chemical. This led to an announcement by the European Commission that the use of BPA plastics in baby bottles would be banned from 2011.


I CAN...
because
of NCT
We have tried to prevent the use of unnecessary and intrusive procedures routinely carried out on women during pregnancy and birth. One of NCT’s original aims was ‘...the idea fostered by many medical people today that natural childbirth includes routine internal examinations, routine administration of analgesia, routine episiotomy should be dispelled’.

In the 1970s, the use of medical ‘interventions’ such as induction, episiotomies (cutting of the perineum), shaving pubic hair and enemas during childbirth was widespread. However, there was no evidence of overall benefit and women who had such procedures reported lower satisfaction levels than those who did not.\footnote{11} Since the 1960s, NCT has lobbied government calling for an end to the overuse of interventions and our campaigning ensured that both shaving pubic hair and enemas during childbirth were stopped by the mid-1980s.

Our research into episiotomies also highlighted the fact that women who had them suffered more pain and found intercourse more difficult after birth.\footnote{12} Now, the National Institute for Health and Clinical Excellence (NICE) guidelines supports our view and recommends avoiding unnecessary episiotomies.\footnote{13}

\begin{itemize}
\item \footnote{11} Green JM, Baston H, Easton S et al. Greater expectations? Inter-relationships between women’s expectations and experiences of decision making, continuity, choice and control in labour, and psychological outcomes: summary report. Leeds: Mother & Infant Research Unit; 2003.
\item \footnote{12} Kitzinger S. and Walters R. Some women’s experiences of episiotomy. London: National Childbirth Trust; 1981.
\item \footnote{13} National Institute for Health and Clinical Excellence Intrapartum care: care of healthy women and their babies during childbirth. CG55. London: National Institute for Health and Clinical Excellence; 2007
\end{itemize}
Our 2005 research into birth environments found that having easy access to snacks and drinks during labour was of high importance to the majority of women.\(^{14}\) However, in the 1940s, there were concerns about the dangers of women regurgitating undigested food and inhaling it into their lungs when under general anaesthesia during childbirth.

It was recommended that local anaesthesia should be used where possible and food should be withheld during labour. The impact of this decision meant that women were being denied food when giving birth – a process which actually requires a huge amount of energy. In the mid-1980s, nearly 40% of consultant units didn’t allow women to eat in labour with 50% only allowing food in early labour.

We know that for healthy women in normal labour, eating a light diet is not usually problematic, and that withholding food and drink doesn’t ensure that the stomach is empty.\(^{15}\)

NCT has been active in raising awareness on the issue of eating and drinking during childbirth for many years, carrying out research reviews to inform the development of practice across the UK. The 2010 Cochrane review of evidence concluded that such a policy is not necessary,\(^{16}\) and findings from 2003 show that the vast majority of UK maternity units now allow women to drink and eat during labour.\(^{17}\)

Breastfeeding is beneficial for babies’ health, growth and development. Through breastmilk, they receive vital immunity needed to protect against illness as well as helping the growth of their nerves, brains and gut with special factors that are not present in any other milk.

However, we saw a decline in breastfeeding rates in the late 1960s and early 1970s. This is one reason why NCT set up mother-to-mother support groups and started training breastfeeding counsellors.

Young women from low-income areas are least likely to breastfeed for a number of reasons including embarrassment, lack of role models and fear of pain.\(^{18,19}\) NCT peer support schemes were set up primarily in disadvantaged neighbourhoods, with peer supporters recruited from the same community who understood the social and cultural influences in the area and were more likely to be trusted by local women.

NCT runs an Open College Network accredited Breastfeeding Peer Support programme and it has been shown that peer support for breastfeeding has an overall positive effect on the initiation and duration of breastfeeding.\(^{20}\)

14 Newburn M, Singh D. Are women getting the birth environment they need? London: National Childbirth Trust; 2005
We had a strong influence on The Equality Act, which now gives women in Britain the right to breastfeed in public without being discriminated against and the Breastfeeding etc. (Scotland) Act, which gives Scottish women the absolute right to breastfeed a child under two in public places.

We also influenced Government thinking when in 2003, it recommended that solid foods should be introduced at six months, which the World Health Organisation and a growing body of evidence indicates is more appropriate for babies’ development.\(^{21}\)

Free or reduced-cost milk was made available to women and children on low incomes under the Department of Health’s Welfare Foods Scheme, originally created in 1940.

However, parents eligible for the scheme only received tokens for liquid milk and infant formula milk, which didn’t meet the nutritional needs of pregnant women and children, and was also discriminatory against women who breastfed their children.

NCT helped to transform the Welfare Foods Scheme to the more equitable Healthy Start Scheme, which was introduced in 2006. We supported the principle that vouchers should cover the cost of formula milk for babies who are not breastfed and also provide the equivalent value for all mothers to be spent on a variety of healthy products.

The weekly vouchers can be used to buy fresh and frozen fruit and vegetables, as well as milk and vitamin supplements. All pregnant women under 18 should now receive the vouchers.

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I HAVE... because of NCT
**I have a voice**

For a long time, the views of mothers and their experiences of childbirth were not taken into account when maternity services were developed. NCT changed that.

Since the 1970s, our ground-breaking research studies have helped to give women a voice and demonstrated the importance of listening to their views. We continually ask parents to tell us about their experiences and opinions on pregnancy, childbirth and parenthood. We use that knowledge to inform policymakers and improve not just our own services – but those at national level.

We also enable parents to represent the views of other parents at a local level. Maternity Services Liaison Committees (MSLCs) act as a forum for maternity service users, health professionals and commissioners to help improve the design of their facilities. There are currently over 200 NCT user representatives throughout the UK.

To support their work, we developed a training programme which helps them to identify and prioritise key issues facing parents in their community and increase the effectiveness of their MSLC. The VOICES training programme has proven to be so successful it has now been developed across other health fields such as cancer, diabetes and coronary heart disease.

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**I have better birth facilities**

In the past, women were under pressure to become more like patients during labour, hooked up to machines and monitors, which restricted their movement and reduced their chance of giving birth in the way they wanted.

In 2005, we examined the experiences of almost 2000 new mothers throughout the UK. The findings showed that many had limited access to facilities that they felt were highly important during labour such as the ability to walk around during labour and having an en-suite toilet.

We campaigned for the Government and the NHS to recognise the importance of the physical environment in maternity units through our Better Birth Environment campaign. This work greatly influenced the Health Building Note on Maternity Care Facilities, which gives best practice guidance on the design, planning and extension of new healthcare buildings in England. Thanks to us these guidelines now ensure that all future birthing rooms offer women in labour freedom of movement, en-suite bathroom facilities and provision for partners to stay at night.

We also ensured that ‘access to water during labour to relieve pain’ was included in the Health Building Note as studies show that women who labour in water need fewer interventions and are less likely to need other drugs. A number of birth centres across the UK have now been designed with better birth environments following the involvement of NCT user representatives, NCT antenatal teachers and our specially-created audit tool.

There is now clear evidence, supported by the NICE Intrapartum Guidelines (2007) that reinforces the need for birth environments which support a woman’s sense of control and increase her comfort. To ensure women have the best possible environment in which to give birth, we continue to work closely with hospitals and birth centres.

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14  Newburn M, Singh, D. Are women getting the birth environment they need? London: National Childbirth Trust; 2005


NCT upholds the value of women being able to choose where they give birth.

However, there was a move away from giving mothers-to-be a choice with the 1970 Peel Report stating that hospitals ‘were the safest environment and everything possible should be done to move all births there’. There was no evidence for this conclusion and little attention was given to what a mother-to-be might actually want.

For us, listening to the needs of parents and responding to those needs is pivotal to everything we do. We believe that, for most women, being pregnant is not a medical condition and the birth should take place wherever a woman feels safest and most comfortable.

In the 1990s, we helped develop the key maternity policy document, Changing Childbirth, which introduced the concept of the 3 Cs: choice, continuity and control. It called for greater and more widespread choice for pregnant women and pioneered what has become known as ‘woman-centred care’ where the focus of maternity care shifts to what a mother-to-be wants and needs. The idea of choice and control has now been taken on board throughout the NHS with a 2010 White Paper clearly stating: ‘Shared decision-making will become the norm: no decision about me without me’.

We also contributed to Maternity Matters, the previous government’s maternity care strategy for England. It offered a commitment to a maternity service that is high quality, safe and accessible. It introduced a new national choice guarantee for women to ensure they could give birth where they wanted – in hospital, in a midwife-led unit, or at home. Our 2009 Location, location, location campaign, along with the statistical report, An investigation into choice of place of birth, successfully raised awareness of this pledge.

We believe that being pregnant is not a medical condition and should take place wherever a woman feels safest and most comfortable.

Research repeatedly reveals more dissatisfaction among new parents in relation to hospital postnatal services compared to any other aspect of maternity care.

We actively support the NICE guidelines on postnatal care, which set out what every healthy woman and baby should be offered during the first 6-8 weeks after birth, and we campaign at national and local level.

We know that new parents need support and information to help them feel more confident in their role, especially in the first two years of their child’s life. As traditional family networks have become more fragile due to geographical mobility, postnatal support from external groups has become even more important. This is why NCT offers much needed support to new parents, enabling them to cope with the physical and emotional demands of their new roles and responsibilities. Our online support and national helpline are available to all parents and have been essential lifelines to millions of new mothers and fathers, complementing our traditional local telephone and face-to-face help.


I have the right to maternity/paternity leave

As traditional family networks have become more fragile due to geographical mobility, postnatal support from external groups has become even more important.

We also have over 300 branches throughout the UK offering face-to-face support to parents and parents-to-be. They run events such as Bumps and Babies groups where new parents make friends, and NCT Nearly New Sales, where parents can pass on their old baby clothes and pick up low-cost toddler essentials, saving money and reducing waste.

Having a baby is a major life-change, so taking the time after childbirth to adjust to parenthood, as well as to bond with your child, is essential.

In 2009, we looked at the experiences of over 1,500 mothers who returned to work after having a baby, which showed that one in three women found it difficult or very difficult to return to work after maternity leave.

NCT has repeatedly lobbied for improved parental leave and was an active member of the Maternity Alliance, which during its 25 years of operations championed maternity and equalities. In our 2010 Westminster general election manifesto, we called on the Government to ensure parents can access an adequate income around the time of the birth and in the early years to balance work and family life. Whenever there are changes in this area, we support campaigns for increased paid maternity and paternity leave.

We continue to support parents in the workplace, publishing guidance for all parents returning to work and their employers to help make the transition as smooth as possible (NCT’s Returning to work guides, updated 2011). NCT’s resources include information on flexible working, childcare and holidays.


We will... because of NCT

We believe that a world in which parents are valued and supported will build a strong society, and that a child’s early years significantly impact upon the future they help to shape.

For this to happen, the significant role that parents play must be recognised and their rights and needs championed. We are committed to doing so and our 2010-2020 Strategy outlines how and why we need to do this.

Going forward, our work will focus on:

- Growth as a charity to enable us to support more parents
- Working in partnership with others to broaden our reach
- Continuing to create and promote breakthrough ideas in maternity services and antenatal and perinatal education.

Our work and services have benefited millions of parents over the past 56 years. We will continue to do the same and empower all new mothers and fathers in their exciting and challenging journey as parents.

**NCT’s vision is a world where parents are valued and supported to build a strong society.**