

**Personal account**  
How we triumphed  
over our infertility

**Male infertility cure?**  
A break-through  
that could help

**Treatment overseas**  
Why more people  
are going abroad

**MEDIA  
PLANET**

No. 2 / September 2009

# PREGNANCY AND FERTILITY

4  
TIPS

## EXPLORING YOUR OPTIONS

**Finding what's best for you:** From IVF to egg and sperm donation, there are many avenues available to those trying to get pregnant

Get the answers  
Advice from  
doctors and  
fertility experts



Postcode lottery  
How your IVF  
options could be  
affected



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## CHALLENGES

Assisted reproduction is one of healthcare's most dynamic fields, continuously offering new progress and promise - but it's often clouded by hype, hysteria, myths and misinformation.

## Mapping the maze of infertility

The iconic blessing of fertility is well-established - so too is the deep distress of infertility. What is perhaps less recognised is the difficulty of the journey that is undertaken to conceive - the tests and the treatments, the isolation and disappointment.

#### → A deep-rooted issue

It's perhaps not surprising that women diagnosed with infertility have depression scores indistinguishable from those of women with cancer, heart disease or HIV, according to a 1993 study by the American fertility expert Dr Alice Domar in the *Journal of Psychosomatic Obstetrics and Gynaecology*.

"One in six couples suffers from the devastating impact of infertility and experiences feelings of isolation, inadequacy and failure," says Clare Lewis-Jones, chief executive



**Clare Lewis-Jones**  
Chief Executive of Infertility Network

of Infertility Network UK, which works to provide support and advice to those suffering from infertility and to raise awareness of the condition, with options for those seeking specialist help in trying for a child ranging from IVF or ICSI to egg or sperm donation, surrogacy and adoption.

But with every day that arrives there is new and genuine hope: it is one of the most energised fields of medical research worldwide.

According to a report by the Hu-

man Fertilisation and Embryology Authority (HFEA) earlier this year, more women than ever are undergoing fertility treatment in the UK. 36,648 women received fertility treatment in 2007 compared to 34,855 in 2006, an increase of five per cent and more than twice as many women are having treatment now as had treatment in 1992.

"Infertility touches every aspect of your life and couples who suffer from infertility deserve support, understanding and access to treatment which may help them overcome their illness," says Clare Lewis-Jones. "Unfortunately many people do not understand that infertility is in fact an illness - and couples often do not receive the support they need."

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## WE RECOMMEND



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**The kindness of strangers**  
How donors are giving couples the extraordinary gift of parenthood

"We are forever in debt to the kind people who donate the most simple elements we are unable to provide."

# MEDIA PLANET

We make our readers succeed!

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## INSPIRATION

**Question:** What options are available to me if I'm still trying to conceive?

**Answer:** There are many different treatments to be explored if you get the right advice.

# How one family triumphed against infertility

## CHANGE

Like many couples, Lizzy and Giles Spackman started trying to conceive in their early thirties with no reason to expect anything but success. Two years later, just as they were starting tests to investigate why no pregnancy had resulted, they discovered with delight that Lizzy had fallen pregnant naturally. And then, at the routine 12-week-scan, it was over: they were told that the baby had died in the womb.

"We left it for a while after that", Lizzy, a housewife from west London, now 43, says. "It was pretty dismal".

They continued to try again for another year but, after no success, they booked an appointment at Hammersmith Hospital. Informed that her follicle-stimulating hormone (FSH) levels were too high, Lizzy began a course of IUI but, after that failed, moved onto IVF. Halfway through her second IVF cycle, the doctor advised Lizzy and Giles, a finance director, to stop

- Lizzy's body was simply not responding to treatment.

"You feel as if doors are closing and that hope is vanishing," says Lizzy. "It was pretty bleak, especially as all our friends who married at the same time as us began having children, seemingly without a problem - while I spent long hours in waiting rooms putting myself through yet another round of treatment".

No definitive explanation was found for Lizzy's infertility although a history of early menopause in Lizzy's family is possibly related. They decided to look into egg donation, knowing little about it but by now desperate for children. "As far as I was concerned, if it meant we could conceive then we had to do it," says Lizzy.

After investigating several clinics - Giles flew to Newcastle to visit one, with another in Nottingham - the Spackmans chose the Lister Hospital in London. Advised that her place on the waiting list would improve if she assisted in



"You feel as if doors are closing and that hope is vanishing."

Lizzy Spackman Successfully conceived after an egg donation

the encouragement of donors, due to the shortage of donor eggs, Lizzy began a recruitment drive in the windows of west London newsagents: placing advertisements requesting women consider donation (from which she received, she says, "many touching letters").

A donor was eventually found. The first cycle failed; so did the second. The third, however, worked, producing a son, now six. Two years later the Spackmans returned to the Lister conceiving their now four-year-old daughter with the egg of a different donor.

Lizzy's advice to anyone considering egg donation in their quest for a baby is, simply: "Go for it".

"It was traumatic at points," she says. "But our children have given us more joy that we could ever have anticipated".

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PICTURE PERFECT  
Lizzy Spackman with her son who was conceived following an egg donation.  
PHOTO: THE SPACKMAN FAMILY



## QUESTION &amp; ANSWER



**Dr Gillian Lockwood**  
MD of Midland Fertility Services and orchestrator of all four of the UK's live frozen-egg births

## How much does age matter?

Women in their late 30s and early 40s feel younger than ever before. But you can't Botox your ovaries. Our reproductive lifespan is the same as it has been for the last 10,000 years, when most women didn't even live long enough to see the menopause. Fertility is about biological age, the age of a woman's eggs, not chronological age: a woman's eggs at 40 and over are of a markedly lower quality even though her womb is perfectly fine.

## What about egg freezing?

Egg-freezing is a great development but it is not an insurance policy. We introduced it for young cancer patients for whom chemotherapy had damaged their chances of conceiving.

## Is healthy living important?

Fertility declines regardless of lifestyle. Living healthily will maximise your chances: a woman who has smoked all her life will undergo the menopause three years earlier

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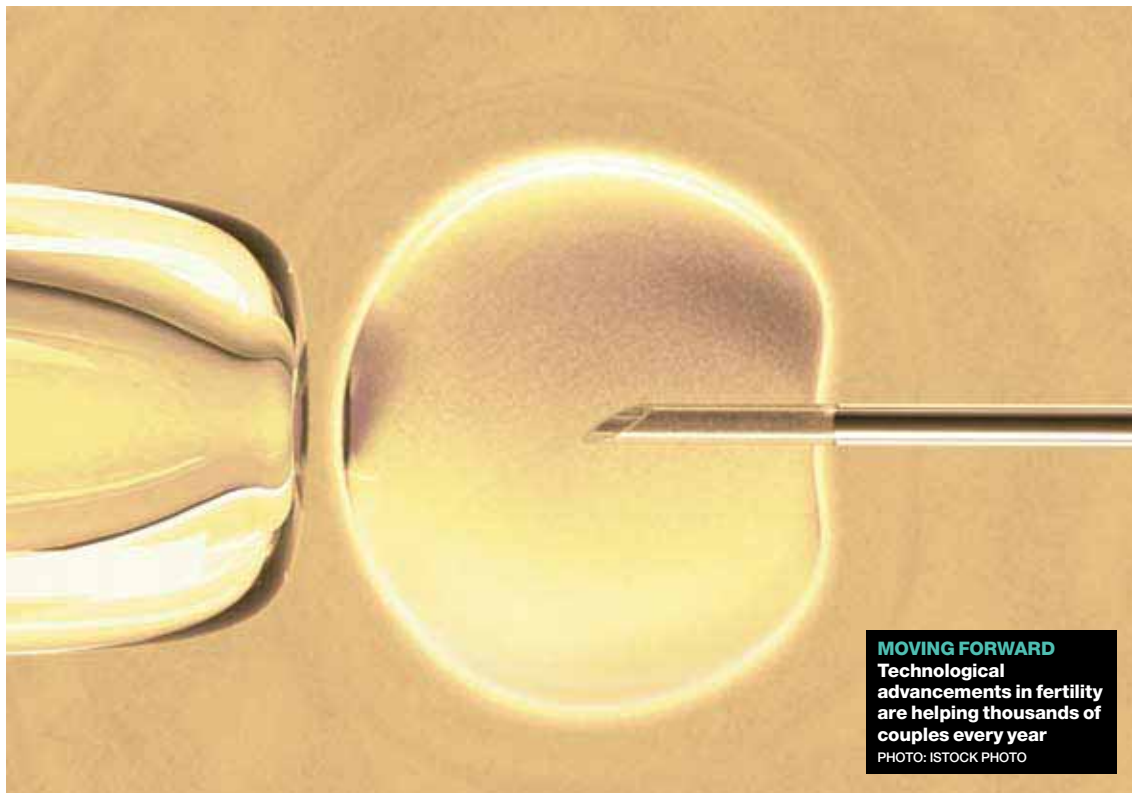
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## INSPIRATION



**MOVING FORWARD**  
Technological  
advancements in fertility  
are helping thousands of  
couples every year  
PHOTO: ISTOCK PHOTO

# How technology is helping fertility treatment improve

■ **Question:** Why is science and technology behind assisted reproduction one of the quickest-moving areas of medicine and healthcare?

■ **Answer:** Its progress produces better chances - and greater hope.

## HOW WE MADE IT

Every week brings a new headline on fertility and infertility research but in an area that is so rapidly changing - and in which confusion is too often rife among even the most informed patients - it's crucial to know what is most pertinent to your own circumstances.

The biggest sea-change presently afoot in fertility treatment and its provision comes after the announcement by the Human Fertilisation and Embryology authority (HFEA) that it aims to cut the twin birthrate by 2012 from one in four to one in ten. Multiple births present significant risks to both mothers and babies, with greater risk of prematurity and low birthweight, as well as an increased risk of cerebral palsy in twins and triplets, among other complications during the pregnancy.



**Clare Lewis-Jones**  
Chief Executive of  
the Infertility  
Network

“Single embryo transfer has now made full implementation of the National Institute of Health and Clinical Excellence (NICE) guidelines of allowing three IVF cycles per patient even more important, both in terms of funding three full cycles of IVF, and in ensuring that a full cycle includes the freezing and replacement of suitable embryos not replaced in a stimulated IVF cycle, as recommended by NICE,” says Clare Lewis-Jones MBE, chief executive of Infertility Network UK.

Other developments seek to optimise the chances of a birth once treatment has been received. One such example is Array Comparative Genomic Hybridisation, or Array-CGH, the new screening technique for chromosomal abnormalities that aims to improve success rates particularly in couples who have had repeated failed attempts at IVF - and which has just seen its first birth at Care Fertility Clinic in Not-

tingham to a couple who had had 13 previous failed IVF cycles and 3 miscarriages. Tony Rutherford, chairman of the British Fertility Society noted that the technology offered much promise but that more wide-ranging use of it should await the results of further rigorous research.

At Liverpool Women's Hospital (LWH), which plans to become the largest IVF centre in Europe, an electronic-tagging system is being introduced to reduce the chance of mix-ups.

Whenever an egg, sperm or embryo is examined under the microscope the new system will recognise which patient it belongs to: radio frequency tags track samples and are attached to all dishes and tubes in which they are stored and alarms will sound if samples from different patients are brought into the same work area in the laboratory. The LWH's Hewitt Centre for Reproductive Medicine performs an average of 1,200 cycles of treatment per year, including self-funded treatments, and is set to expand by March next year.

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## NEWS IN BRIEF



**Developments in fertility treatment**  
Scientific breakthroughs could provide a new start a new start for many

## A cure for male infertility?

■ An injection of stem cells could be a new treatment for male infertility. In the trial, due to start this month in Jordan, bone marrow cells will be taken from men aged 20 to 50 and added to a solution similar to that found in the testes. The mixture will then be injected into and around the tubes in the testes where sperm cells develop in the hope that the stem cells will convert into those that help make sperm - initial tests have found this to be the case.

## Break-through in endometriosis diagnosis

■ A new test for endometriosis, the painful condition that affects more than two million British women and which frequently affects fertility, could be diagnosed with almost 100 per cent accuracy by a simple new non-surgical test according to a study published in the journal Human Reproduction last month. A simple vaginal biopsy is done while the patient is conscious, that will replace the current test under general anaesthetic and speed up the often-lengthy wait to be tested.

## Hope in fight against hereditary diseases

■ Scientists in Oregon have found a way to eliminate the risk of diseases passed from mother to child by “fixing” the DNA of unfertilised eggs, removing the genetically abnormal parts. The research, conducted successfully in monkeys, could eventually eradicate disorders with a hereditary element such as cancer and diabetes.



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## NEWS



**Question:** Why are an increasing number of people seeking conception via egg and sperm donation?

**Answer:** The treatment offers the chance of hope to many for whom IVF and ICSI is not a possibility.

# A WISH GRANTED BY THE KINDNESS OF STRANGERS

For Lee and Kate Wray, a commercial manager for an airline and a primary schoolteacher from Nottingham, the realisation after several months of trying to conceive that Lee produced, in his words, “literally no sperm” was a shock. Now, finally blessed with Thomas, a bright and peaceful ten-month-old, the Wrays are evangelical about sperm donation and the happiness it bestows.

## → Searching for options

“Although I have the greatest respect and admiration for those who adopt, I found it was something I couldn’t consider,” says Lee, 33. “I felt that I wanted a child that was at least partly ours”. After initially receiving little help from their GP, the Wrays researched sperm donation themselves. “There seemed to be scant information about male

infertility,” Kate, 34, says. “Female infertility is perceived as much more “normal” and talked about far more freely – male infertility seems to suffer a particular stigma”.

The Wrays chose Care, a private clinic in Nottingham. After eight weeks’ wait they chose a donor with the dark eyes and dark hair that matched their own familial tendencies. The first attempt at DIUI (donor intrauterine insemination) was successful: Thomas was born healthy and well, although with light hair and blue eyes.

Choosing a donor based on extremely limited information was initially stressful as donors, who are in short supply, are provided based on hair, eye and skin colour only, says Lee. “Donor detail is only supplied once matches are established based on this most basic criteria,”

he points out. “It was incredibly important for me for the donor to be someone with whom I could find a common interest or connection - by having this connection your unborn child seems less of a stranger.” The Wrays were helped considerably by the Donor Conception Network which provides advice for families considering starting or adding to families using a donor.

## → Legal developments

Since the change to the law on 1 April 2005, those who donate sperm, eggs or embryos are identifiable although donation through any HFEA-licensed clinic means that the donor does not bear responsibility to a child born.

Egg donation offers hope for women who have gone through a premature menopause. As Dr Gil-

lian Lockwood, medical director of Midland Fertility Services which has orchestrated all four of the UK’s live frozen-egg births, says: “It is the age of the eggs, far more than the womb, which is important”.

“We are forever in debt to the kind people who donate the most simple elements that we are unable to provide,” Lee adds.

“Without them our worlds would be devoid of that which some people take for granted: our beautiful children.”

They plan to conceive using a sperm donor again soon and to return the favour: Kate now intends to become an egg donor.

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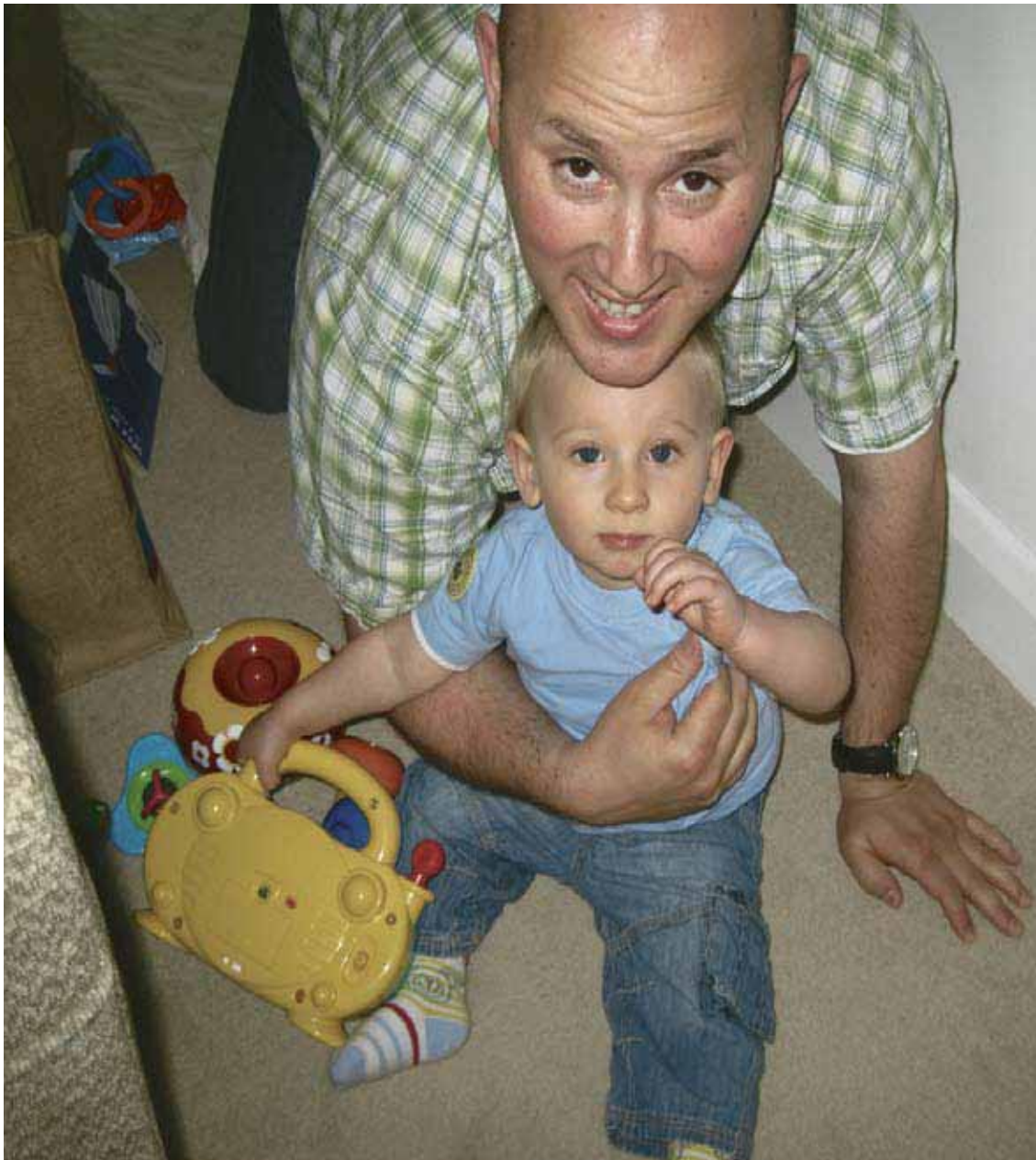
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NEWS IN BRIEF



**Egg donation**  
Donors may receive remuneration

**Time to pay for charity?**

The HFEA has announced that it will reconsider the current law that prohibits payment of egg and sperm donors.

Many feel that egg donors should be given payment to reflect the physical risks involved: drugs used to boost egg production can cause ovarian hyperstimulation syndrome, a potentially dangerous condition, while the retrieval of eggs using a long needle can be painful.

It has been suggested that paying donors would allow better regulation and keep more patients in the UK. Currently, donors can be given up to £250 to cover lost earnings, travel and childcare expenses. Many clinics also offer egg-sharing schemes, which entitle patients to free or reduced-price IVF treatment in return for giving some of their eggs to another IVF patient.



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## NEWS

TIP/STEP

3

SEEK EXPERT  
ADVICE

# Here is a method that is helping some people conceive

■ **Question:** Why are increasing numbers going abroad in the hope of bettering their chances of conception with assisted reproduction?

■ **Answer:** The cost and constrictions experienced by many seeking fertility treatment in the UK

Luis Español Bajo, the manager of a Spanish fertility clinic which treats over 3000 patients every year, many of them British, says that the main reason British patients approach his clinic is the ability to have accessibility to the same resources and treatment as that in the UK but with, as they view it, the benefit of donor anonymity - donor anonymity in the UK has been prohibited since 1 April 2005.

Many countries within Europe also offer reliable and safe donation facilities at a considerably lower cost than the UK - and with less waiting time, due to the greater number of available donors. "The high level of awareness amongst the Spanish population of egg and sperm donation, combined with the possibility of anonymity means



**A HELPING HAND.** More and more people are going abroad for fertility treatment

PHOTO: ROBYN MACKENZIE

that there is a ready supply of donors," Mr Bajo says.

The Human Fertility and Embryology Authority (HFEA) advises thoroughly researching a potential clinic in advance. The HFEA points out that although some doctors in

the UK are allowed to refer patients abroad, the HFEA has no jurisdiction over doctors or clinics operating in other countries - and thus no power of recourse nor any power to regulate.

If your treatment will involve us-

ing donated sperm, eggs or embryos, the HFEA advises asking about the following: the clinic's recruitment and screening process; what screening processes do they carry out on donated sperm to make sure it is free from any infections; how do they recruit egg donors; what information will you be able to have about the donor.

The HFEA also suggests checking whether a clinic has implemented the EU Tissues and Cells Directive, who a clinic is accredited by; what happens to the personal information you will have to provide during your treatment and who will be able to access it; what information about the donor the clinic holds; and what limits to the process (such as a limit to the number of live births achieved by one donor) exist. They also suggest you seek legal advice to clarify the position on any responsibilities the donor is considered to have to a child that results from their donation (the law in the UK states that the donor has no responsibilities to children born as a result of their donation).

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## FACTS

Research by Dr Francoise Shenfield of University College London Hospital found that more than 60 per cent of the women in Britain having IVF treatment in another country are over the age of 40, a survey of fertility clinics in Belgium, the Czech Republic, Denmark, Slovenia, Spain and Switzerland found.

Across ages, British patients account for nearly 5 per cent of patients who travelled abroad for treatment, the survey found.

! **Read more on the web:**

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

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Estudio de la Esterilidad  
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## NEWS



TIP

4

RESEARCH  
YOUR AREA

## UP TO CHANCE

Many of those trying for a baby are at the mercy of their postcode

PHOTO: ISTOCKPHOTO

# Know your chances - check your postcode

■ **Question:** Why could any treatment I receive be affected by where I live?

■ **Answer:** Allowances vary from area to area depending on the local NHS trust.

The NHS is still the first port-of-call for many women and couples seeking assisted reproduction such as IVF, whether through their GP or a specialist clinic. But many quickly switch to private provision with the aim of maximising their chances.

At least 35,000 women a year go through the process of IVF, with 80 per cent paying their own bills. 1 in 5 will pursue through it the NHS.

But assisted reproduction treatment allowances vary widely on the NHS depending on the policy of each primary-care trust (PCT) in what has been criticised as a postcode lottery. As a spokeswoman for the Infertility Network UK puts it, inequalities in access criteria mean that many couples are being denied access to treatment which they

would receive if they stayed in another part of the country.

The news earlier this year that after May 1st 2009 patients across the east of England would have access to up to three cycles of fertility treatment on the NHS was welcomed by campaigners for awareness of infertility but also drew attention to the lack of provision in other parts of the country.

Clare Lewis-Jones, chief execu-

## FACTS

■ A recent survey by the Department of Health showed that 30 per cent of NHS primary care trusts are providing three cycles of IVF, 23 per cent are providing two cycles and 47 per cent one cycle.

■ Only two trusts out of 150 not routinely providing infertility treatment in England.

! **Read more on the web:**

[www.fundingforfertility.co.uk](http://www.fundingforfertility.co.uk)  
[www.HFEA.gov.uk](http://www.HFEA.gov.uk)

tive of Infertility Network UK (IN UK), says: "It is five years since the National Institute for Health and Clinical Excellence (NICE) recommended eligible couples receive three cycles of fertility treatment - and it is good to see at least some PCTs now working to this recommendation. We would now urge those PCTs who still do not provide patients with access to three full cycles or who apply such restrictive social criteria to reconsider their policies and follow the example of the East of England and put an end once and for all to the postcode lottery which denies patients the treatment they deserve."

According to Ms Lewis-Jones, the most frequently asked question received by IN UK concerns entitlement to NHS funding - and, even more frequently, why a woman or couple has not been able to get NHS funding.

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## HFEA'S BEST TIPS



### How convenient is your location?

1 If you opt for a clinic that is further away you may be able to have certain treatments carried out at a local hospital.

### Ask questions

2 Bring a list with you. Ask to talk to other patients to hear their personal experiences of the clinic.

### What treatment is available

3 Does the clinic offer the treatment that is best for you? What about services such as a support group or free counselling?

### Check eligibility

4 Some clinics only take couples under a certain age and only some welcome single women.

### What's the catch?

5 What is the clinic's cancellation policy? Find out how many cycles of treatment are allowed before trying another or stopping treatment.

### What are their figures?

6 How successful is the clinic treating women in your age group? How many women of your age do they treat?

### Determine their embryo transfer policy

7 clinics can replace up to two embryos at each attempt of IVF (or up to three if you are 40 or over and using your own eggs). What is their rate of multiple births? How do you feel about this, and the risks associated with multiple births? stopping treatment.

# THE KEY VITAMIN FOR PREGNANCY

## Folic acid – what you need to know

13

### What is folic acid?

Folic acid is one of the B Complex group of vitamins. These are usually found together in foods and often work closely together in the body. When folic acid occurs naturally in foods it is called folate.

Folate is found in cooked eggs and green vegetables particularly spinach, broccoli and peas, wholemeal flour, and bran. Some breakfast cereals are fortified with folic acid and so can provide a great, healthy way to start the day. If you cook foods or store them for a long time the folic acid in them is reduced. You can also get folic acid supplements in the form of tablets.

### Why is folic acid important?

Folic acid plays a vital role in the development of a healthy brain and spinal cord in the unborn baby. Without enough folic acid the baby may develop major birth defects known as neural tube defects (NTDs), such as spina bifida and hydrocephalus.

### How can I make sure I get enough folic acid?

The Department of Health states that everyone can obtain enough vitamins and mineral nutrients from a balanced diet which includes five portions of fruit or vegetables a day. However, the Department of Health has made an exception for folic acid. It recommends that when planning a pregnancy, a supplement containing a guaranteed 400micrograms of folic acid must be taken once a day<sup>1</sup>.

### When should I start taking a folic acid supplement?

If you are planning a pregnancy, start taking folic acid today. The Department of Health recommends that women take folic acid from the time they stop using contraception

until the end of the twelfth week of pregnancy. However, the most critical time is the three months before conception and the first six weeks of pregnancy for reducing the risks of NTDs when the baby's brain and spinal cord are developing.

With many pregnancies unplanned, Folic Acid Action - an expert panel of healthcare professionals and patient representatives – has suggested that all women of child-bearing age could routinely take a folic acid supplement<sup>2</sup>.



### Is a supplement really necessary?

Even with a healthy diet including five portions of fruit and vegetables daily, people often only obtain 150-200micrograms of folate from food<sup>3,4</sup>. Researchers have found that supplements provide a more reliable source of essential folic acid than everyday foodstuffs<sup>5</sup>.

### Where can I get the supplement?

Folic acid supplements can be obtained from all good pharmacists and health food shops. To top up dietary levels, choose the only easy to swallow, micro formulation Cantassium MICRO FOLIC ACID™, which offers the recommended daily allowance – 400 micrograms – as a one-a-day, inexpensive mini-tablet available that comes in a con-

venient click-pack to fit a pocket or handbag. It costs just £4.25 (3p per day) for a three month supply and is available in leading chemists nationwide or click on [www.microfolicacid.com](http://www.microfolicacid.com) for information about trial packs.

If you are on a low income you should ask your doctor for a prescription for folic acid supplements.

### What if I am already pregnant?

If you discover you are pregnant within the first 12 weeks, folic acid still has a vital role to play in the development of the unborn baby, so you should begin taking a 400 microgram supplement once a day as soon as possible. If however, you discover your pregnancy after this period then don't panic. Consult your GP for advice on how best to protect the health of your unborn baby.

Throughout pregnancy a healthy balanced diet rich in fruit and vegetables is really important to deliver all the required nutrients to both you and your baby. By eating a balanced diet you will continue to provide folic acid from food to aid your baby's growth.

For further information on the benefits of folic acid please visit [www.microfolicacid.com](http://www.microfolicacid.com)



## GROWING CONCERN

*The Scottish Spina Bifida Association has called for all sexually active women of childbearing age to take a folic acid supplement because so many pregnancies are unplanned.*

*It echoes the Folic Acid Action recommendations as long ago as 2004 (2), which also called for a government-funded*

*health campaign to raise awareness of the role of folic acid in pregnancy. 15 babies - double the normal rate - have been born with spina bifida in Scotland since January.*

*Micro folic acid supplements can be taken daily.*

## PERSONAL INSIGHT

In an attempt to gain more choice and control, increasing numbers of mothers and parents-to-be opt to pay for their antenatal care and birth - and it's often the first time they choose private healthcare.

## How to know what to pay for

**M**ore than two years ago, in April 2007, the government launched Maternity Matters, its blueprint for modern maternity services and which promotes, among other issues, women's right to the choice of a place of birth.

Whether or not it will be fully implemented by the end of this year as planned, Maternity Matters will affect some of the most important - and emotive - aspects of pregnancy and childbirth.

Just as infertility treatment and assisted reproduction are areas in which many people experience private healthcare for the first time, so too are pregnancy and birth. Many women and many couples, are increasingly choosing to pay for the ability to define their experience of pregnancy and birth and to make as much their choice as possible.

Madeleine Ward, a 37-year-old interior designer from north London, chose to have her daughter Freya privately after enduring three miscarriages and hearing stories of

the comfort of choice in birth from friends. "Every time a pregnancy failed it became so much more precious the next time," she says. "When it finally 'stuck', and we realised I was carrying a healthy baby, we felt the need to really make things as comfortable as possible. Going privately was not about getting better medical care but about the supposedly little things, such as having a private room with a bed for my husband Tom and having some continuity of care with the same midwife attending me throughout".

The release last December of the Healthcare Commission's report, 'State of Healthcare 2008', "paints a picture of an improving maternity service and one that is amongst the safest in the world", says Cathy Warwick CBE, general secretary of the Royal College of Midwives. The Royal College noted that the report showed that significant inequalities still exist across the NHS' maternity service, and that it highlighted the problems some women

## PRIVATE HEALTHCARE



"People thought I was being pretty decadent in choosing to go privately for Freya's birth, especially as we have always valued the NHS"

**Madeline Ward**  
The 37 year old to give birth privately after three miscarriages

face getting access to antenatal and postnatal care and one-to-one attention in labour.

"Maternity care could be better, and it could be even safer," says Prof Warwick. "The RCM is working with the Government to tackle those areas where investment is not getting through, where inequalities exist and where women are not receiving the care they deserve."

"I know some people thought I was being pretty decadent in choosing to go privately for Freya's birth, especially as we have always valued the NHS and have never considered private healthcare before. But it was not about having anything extravagant - or even anything such as a water birth, which I know the NHS offers widely and is far from unorthodox these days," says Madeleine Ward. "It was about having as much comfort and control in an experience that I have longed for, for so long - and which at my age and with my history I am not certain I will be able to repeat".



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