



## Founding the British Association of Perinatal Medicine in Bristol in 1976\*

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I am grateful to Alan Fenton, our President, for the opportunity to speak about the founding of the British Association of Perinatal Medicine (BAPM) some forty years ago. Let me start by showing you a list of our founding members (Fig 1).

Figure 1.



### BAPM Founder Members, 1976

David Baum (Oxford)  
Malcolm Chiswick (Manchester)  
Forrester Cockburn (Edinburgh)  
Gerald Cussen (Cork)  
David Davies (Leicester)  
Pamela Davies (London)  
Peter Dunn (Bristol)  
Harold Gamsu (London)  
Gillian Gandy (Cambridge)  
David Harvey (London)  
Roger Harris (London)  
Edmund Hey (Newcastle)  
Margaret Kerr (Glasgow)

Garth McCure (Belfast)  
John MacLaurin (Glasgow)  
Tony Milner (London)  
Niall O'Brien (Dublin)  
Richard Orme (Exeter)  
Mark Reid (Belfast)  
Osmund Reynolds (London)  
Cliff Robertson (Cambridge)  
George Russell (Aberdeen)  
Jonathan Shaw (London)  
Brian Speidel (Bristol)  
Colin Walker (Dundee)  
Brian Wharton (Birmingham)

Report in 1968 the domiciliary midwife service had been disbanded. As a result our maternity hospitals had become over-crowded. There was pressure on a rapid throughput of mothers with a high rate of surgical inductions and use of accelerated labour. This led to a rising rate of forceps deliveries and caesarean sections, with their associated complications.

The care of newborn infants was also dire. Traditionally they were the responsibility of the obstetric team and were looked after by midwives and junior obstetric housemen, often with little or no paediatric training. Only after registration by their parents within six weeks of birth or after referral to paediatric care did they become official NHS patients with their own identifying numbers and medical

underfunded. Many paediatricians were singlehanded. In addition they were based in children's hospitals which were often geographically situated apart from maternity units. Paediatricians already had their hands full coping with older infants and children. It is true that special care baby units had been set up in the larger maternity hospitals in the 1960s, but these were often ill-equipped and inadequately staffed, especially at a senior level. The result of these deficiencies and problems was that the perinatal mortality in the UK was five times higher than it need have been and that as many newborn infants died in the first three days of life as in the whole of the remainder of infancy and childhood.

In 1974 I wrote a leader in the *Lancet* on 'The price of perinatal neglect'. It aroused a lot of interest. Perhaps as a result the Department of Health wrote to the British Paediatric Association in 1975 enquiring how many paediatricians were working full-time in newborn care. The BPA passed this request on to me. Following enquiries I was able to identify twelve paediatricians working at least 80% of their time in maternity hospitals or some twenty if the cut-off was made at 60%. This small group were singlehanded and hard pressed as they sought to cope with the problems of some of the 70,000 newborn infants that were estimated to require special or intensive neonatal care each year.

After making this enquiry it occurred to me that it might be helpful to organise this small group together to see what we might do to improve the situation. First, I approached the BPA.

Donald Court, the President, gave me his blessing, though Roy Meadow, then Secretary to the Academic Board, warned me of the problems I was likely to face, including a charge of empire building. Neonatal medicine was, of course, not a body system specialty like cardiology or nephrology but part of the daily workload of every general paediatrician. He warned that some of them were likely to resent exclusion from the small group I was planning to create. Furthermore professional leadership in the neonatal field was firmly in the hands of senior paediatricians who had made

Although I can look back now with pleasure and satisfaction, the founding of this Association was by far the most difficult task I ever attempted. To understand this you need to appreciate the state of perinatal care at that time. It was deplorable. Following the Peel

records. Some obstetricians guarded this anomalous situation and furthermore resented the intrusion of paediatricians into what they regarded as their territory. On the paediatric side there were problems too. As a relatively new discipline, the paediatric specialty was still small and



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their reputations on neonatal research. Most of them were prominent members of the Neonatal Society, founded in 1958. Fortunately on enquiry, this Society stated firmly that they did not wish to be involved with service matters.

Since 1970 I had been running successful annual Neonatal Symposia in Bristol. So in 1976, after an abortive attempt at the BPA Spring meeting, I wrote to the group of paediatricians I had identified asking if they would speak at a Perinatal Symposium I was organising in Bristol in November; and at the same time be available to discuss the formation of a pressure group to be called the British Paediatric Perinatal Group. All agreed to come except Malcolm Chiswick whose wife was expecting a baby.

So that is how the forerunner of the BAPM came into existence. We had an excellent meeting, prepared a constitution and I became Hon Secretary and Hon Treasurer, and also Convenor to the BPA to which we became affiliated. We had our photo taken (Fig 2) and then celebrated with a splendid dinner in the cellars of Foster's Rooms.

I had used the word perinatal rather than neonatal for our group not only to stress the importance of fetal life before birth but also to indicate that our members were working in maternity rather than children's hospitals. Unfortunately this usage heightened the suspicions of some obstetricians that we were trying to horn in on their territory. Indeed one senior obstetrician wrote to me with indignation protesting that 'perinatal' was an obstetric word and that I had no right to use it! We not only had to guard against the suspicions and sometimes the active opposition of both obstetricians and paediatricians but we also had to contend with the lack of support from the Department of Health that was unhappy to see the development of a specialty that was likely to prove very expensive. Indeed financing our endeavours in both staffing and equipment was to prove a major problem for many years to come.

Meanwhile from the start our group maintained a very low profile,

concentrating on audit of what was available for perinatal care and what was needed. Each year our AGMs and scientific meetings were hosted in a different city – Glasgow in 1977, Birmingham in 1978, Dublin in 1979 and Manchester in 1980. At each meeting our Council met for a half-day debate on current problems. From the start we had hoped that our obstetric colleagues would form a similar obstetric group interested in maternal and fetal medicine, so that we could join forces, work as a team and form a joint association. I approached Professor Richard Beard of St. Mary's, London and he was enthusiastic until warned off by senior obstetric colleagues. The same happened when I subsequently approached Professor Charlie Whitfield in Glasgow and then Knox Ritchie in Belfast. So instead we opened up our membership to those obstetricians who were interested in fetal medicine. Gradually we expanded representation on our Council to other disciplines interested in perinatal care – in particular the neonatal nurses.



**Figure 2. Founding Members of BAPM, Bristol, 1976**

Left to right, standing: Niall O'Brien, Roger Harris, David Davies, George Russell, Colin Walker, David Harvey, Brian Wharton, Forrester Cockburn, Cliff Robertson, John Maclaurin, Richard Orme, Mark Reid, David Baum, Garth McClure.

Sitting: Pamela Davies, Osmund Reynolds, Peter Dunn, Margaret Kerr, Brian Speidel. [In absentia: Malcolm Chiswick and Harold Gamsu.]



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Figure 3. BAPM Officers and Council Members, Cambridge, 1981

Between 1978 and 1980 the House of Commons Social Services Committee studied the standard of perinatal care in the UK and reported that it was very seriously inadequate. One of our members, Osmund Reynolds advised the Committee and many of us provided evidence. The report of this Committee, chaired by Renée Short, MP, strongly supported the expansion of our new specialty.

In 1981 we met in Cambridge for our annual meeting (Fig 3). The time had come to amend our constitution and become the British Association of Perinatal Medicine with officers, council and executive committee (Fig 4).

I became President and Harold Gamsu, Honorary Secretary. We also registered as a charity. The range of our activities included defining standards for perinatal care, audit of facilities and workload, training for perinatal medicine, postgraduate education, scientific research, multicentre trials, advice and pressure to improve perinatal care and, most important, fostering fellowship and collaboration. We had finally evolved into a multi-disciplinary organisation representing perinatal care. At this

time too, after six years of negotiation, we at last managed to persuade the SAC Paediatrics to grant us a training programme for those wishing to become perinatal paediatricians. We also took the opportunity to mend bridges with those senior and distinguished paediatricians

that may or may not have felt aggrieved at not having been included in our group back in 1976. We did this by making them Honorary Members of our Association.

I must mention three other events occurring at this time. First of all, the Government's Körner Committee in 1982



Figure 4.

BAPM Executive Committee meeting at Tramore, Bristol, 1983  
From left to right: Garth McClure (Belfast), John Maclaurin (Glasgow), Harold Gamsu (London), Malcolm Chiswick (Manchester), Colin Walker (Dundee), Peter Dunn (Bristol)



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recognised at last that all newborn infants should be registered at birth. Second, an RCOG Committee under the chairmanship of Professor Whitfield recommended that maternal and fetal medicine should be recognised as a subspecialty of Obstetrics and Gynaecology; and finally the RCOG acknowledged the contribution that the BAPM had made to obstetrics by making two of our members fellows of their College. Perinatal medicine had come of age.

In the year 2000, the BAPM celebrated our 25th jubilee AGM in Bristol under the presidency of Andrew Wilkinson. Andy Whitelaw and myself were hosts. On that occasion I also spoke about *The history of BAPM: The first 25 years* (Arch. Dis. Childh., 2003: 88, 181-4).

A full account of those early years may be found in the BAPM Archives, Vol. I: The Early Years, 1975-1984, held in our Library in London. Let me show a photograph of the president on that occasion, Andrew Wilkinson, together with the five previous presidents (Fig 5).

May I end by wishing our Association and you every success in the future. I hope to be around for the Golden Anniversary in ten years time.



**Figure 5,**  
Presidents of the BAPM (1976-2000)  
Left to right, standing, Clifford Robertson, Forrester Cockburn, Andrew Wilkinson,  
Garth McClure, Peter Dunn.  
Kneeling: Philip Steer, Richard Cooke.