



“These mothers should be asking Granny. If Granny doesn’t know, that’s the time to worry.”

How the NCT will bring down the NHS

For some time now I have been a double agent. By day I work among those who would guard against the frivolous waste of NHS resources but by night I consort with those who are most greedy for them. I am a GP trainee who has joined a National Childbirth Trust (NCT) group.

Emerging from my hospital rotations I wasn’t surprised by the minor ailments with which people attended general practice. What did surprise me was the legion of mothers attending with well babies earnestly asking if their baby’s poo was the right colour or if it was the right time to change the teat size on baby’s bottle.

These consultations surprised me for two reasons. Why were mothers so worried about these things? And why did they think a doctor was the best person to ask?

My answer came over the weeks of sitting in a circle discussing water births and placenta smoothies. A little knowledge is a dangerous thing and the NCT offers many little bits of knowledge about many complex things.

Despite my headline I actually support the aims of the NCT. Parenthood is scary and the NCT offers valuable guidance. The problem is that babies are infinitely varied things. The NCT can only ever provide ‘typical’ examples and can’t possibly hope to teach all the bewildering deviance from the norm that exists.

To safeguard themselves, every morsel of advice is caveated with the phrase, ‘if you have any concerns consult your GP’. And they do. Endlessly. The maternal obsession with poo was a mystery until I was handed an information pack that included a chart of what baby poo should look like. One mum diligently pinned this above her baby’s changing table and has been scrutinising her daughter’s productions ever since.

It is wrong to suggest that this technique is limited to the NCT. No doubt you have noticed the same mantra being repeated every 5 minutes throughout most magazine programmes. It seems that public health education gives with one hand and takes away with the other.

Health education is tricky. Ignorant people are clearly a danger to themselves but teaching people red flags without the basis

for understanding them is asking for trouble. Much anxiety and valuable NHS time could be saved if the mother panicking about the ‘non-blanching rash’, which is actually milk spots, had known that a non-blanching rash is generally only significant if the child is ill at the time.

Seeing these happy babies is a pleasure, but it’s a worry because young, motivated mothers are very good at getting appointments whereas 60-year-olds with chest pain are not. And so the latter lose out; then die.

Having consulted with the greybeards of my training practice, the consensus was that these mothers should be asking Granny. If Granny doesn’t know, that’s the time to worry.

Imagine my dismay on my first paediatric A&E shift when a mum arrived complaining that her baby had ‘feeding difficulties’. Granny accompanied and was, as expected, telling everyone in earshot that the baby was fine. Mum was unconvinced. She was not reassured by Granny, she had not been reassured by the weighing and measuring of health visitors, and there was absolutely no way she could wait 48 hours for a GP appointment.

The penny dropped painfully. Three generations of universal health care and a frenzy of health journalism has created such a state of health neurosis that, not only can Granny not reassure our patients, but often neither can the health professionals whose attention they crave.

The easy answer is a return to paternalism. If we take the worry out of everybody’s hands and place it back in our own then perhaps the problem will disappear. The better answer is to improve public health education. We do need to educate people, but we need to find a way to educate them where every lesson does not end, ‘if you have any concerns consult your GP’.

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