AIMS For a better birth...

Issues of trust led to me becoming a volunteer for AIMS

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By Ryan Jones

This is a journal article about trust, and it's also a journal article about my journey to becoming a volunteer at AIMS.

I have a high trust in the medical establishment. My experience is I have generally received high quality care when I have needed it and that it has 'worked' i.e. I have felt better after it. However, as a white, straight, cis gendered, middle class, university educated man in my late 30s I am in the least likely category of people to receive poor care. This is both because I am vanishingly unlikely to be discriminated against and almost all medical research considers a body like mine to be the default.

My wife was keen for me to read books on birth to better support her and after a bit of cajoling, I got started. As my wife was part way through the first on the reading list, I started with another. My first

book that I read on birth was “How to give birth like a feminist”. The lack of care, unnecessary medicalisation and obstetric violence discussed in the book, angered me and made me worried for my wife. It made me realise how important it was for me to be an advocate for her, especially when she would be at her most vulnerable. Also, crucially, it made me doubt the maternity services, becoming the first step in eroding my trust.

I became very aware of the phrases of permission that midwives used and the policies that they were working to.

This is how my trust in the maternity services changed throughout my wife’s pregnancy.

Week 16 – Continuity of Carer

At our second appointment with the very pleasant midwife, my wife asked about whether she would have continuity of carer during pregnancy and the birth. After having to clarify what that meant, the midwife scoffed and laughed at the idea explaining that there were no-way enough midwives for that.

Loss of trust.

Week 16 – Care Quality?

During the same meeting, we were told to our surprise that our local hospital’s maternity services were excellent. We were told that the Care Quality Commission report agreed. When we got home, we looked up the report: “Requires improvement”.

Loss of trust.

Week 25 – Gatekeeping

My wife told the midwife at the next check-up that she wanted a home birth. The midwife said that we didn’t need to decide that yet, we’d talk about it later on, and it triggered a set of gatekeeping language such as “we’ll have to see your bloods” and “if you’re allowed”. This meant that in the leadup to the next checkups we were prepared for a ‘fight’ over the right to a homebirth – an adversarial relationship is not optimum with your caregivers.

Loss of trust.

Week 31 – Permission and Silos

At this appointment we were given the go-ahead for the home birth. Hurrah! We were confidently told of the process and how the midwives would be supporting us. This was fantastic.

Big improvement in trust.

We did learn something of concern, however. Because we live on the boundary of two maternity units’ areas, our home birth midwives would be coming from another NHS Trust from the one she had been

cared by to-date. Blood test data could not be shared between the systems, so my wife needed to have repeat blood tests just so results could be loaded onto the other NHS Trust's system. This did make us wonder about whether there were any other important details about my wife's pregnancy that may also slip through the cracks.

Loss of trust.

Week 41 – In the hour of need

After my wife's contractions were coming every 5 minutes, I phoned the midwives as we had been told to. I was informed that there were no midwives available to attend. The recommendation was for my wife to go to the obstetrician led unit as the midwife led unit was closed. I was called back by the senior midwife on duty and told the same thing.

I felt no compassion from them. I felt that my wife was completely let down. I felt useless and helpless.

We decided to stay at home. Around two hours later, I phoned again and was told the same thing.

Loss of trust.

Our doula managed to make some calls and have midwives attend from our original hospital. I thought doulas were great even before she pulled off this amazing feat!

Week 41 – Poor system, excellent carer

Around 6 hours after my first call to the hospital, our midwife arrived. My wife was exhausted by this point, and she was worried as she didn't feel like she was making progress.

Our midwife immediately made my wife feel at ease. Our baby had a heartbeat that raised no concerns. The midwife also offered my wife an internal examination. My wife explained she would prefer not, but was open to it if it was recommended. Our midwife said there was no need as she could see how much she had progressed without the examination. Knowing that avoiding an internal examination was important to my wife, it was great to see the consideration the midwife gave.

Improvement in trust.

Our baby was born a few hours after the midwife arrived.

Supporting my wife through her pregnancy opened my eyes to how difficult it is to navigate the maternity services and receive the care you are entitled to. I am also struck by the fact that anecdotally it appeared, despite the challenges we faced, that my wife felt the most positive about her birth experience out of all the mums in our NCT class.

This can't be right. With the challenges we faced with my wife's low risk pregnancy, it must be unimaginably difficult for those from minority backgrounds and those with complications or special circumstances.

We have discussed what we would do, if we have another baby. We would pay for a private midwife, so my wife can receive the care that she is legally entitled to and has been recommended in review after review of the maternity services and inquiry after inquiry of failing departments. We are very fortunate to be able to afford this.

It was this injustice, along with the belief that it's possible to really make a difference to the maternity services and those that use them, that drove me to volunteer for AIMS.

Author Bio: Ryan Jones is a trustee of AIMS and full-time dad, having taken a break from his previous roles as company founder and data team lead in cyber security and insurance.