AIMS For a better birth...

Booking a Home Water Birth in Glasgow

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Jane Howell wanted a water birth at home but found that a huge number of hurdles were placed in her way.

I gave birth to my son, William, on the 1st of February 2005 in a hospital in Glasgow. My fore waters broke at 2.45am and I had hard, strong contractions immediately. I laboured at home for 24 hours but made the decision to go to hospital for an epidural because I was exhausted, swollen and rather weak having spent the previous 6 hours continually pacing my house - but that's another story.

I had booked a home water birth, however, towards the end of my pregnancy, I found myself facing a number of surprising obstacles trying to ensure that a competent, qualified and supportive midwife would be present at my birth. Unfortunately, my direct experience with the Glaswegian system has led me conclude that Glasgow's attitude to birth, home birth and especially water birth is stuck firmly in the dark ages.

In my opinion, there exists an institutionalised mentality in which women are discouraged from thinking outside of the hospital model norm. You are viewed with suspicion and bewilderment for intimating that you'd like to give birth at home and the mere suggestion of giving birth in water throws most doctors and midwives into turmoil. I had to swim against a tidal wave of negativity - whether that was loose, inappropriate comments made by medical staff or outdated hospital policies. It all amounted to an overwhelming lack of support.

I am staggered that in Glasgow, unless you comply with the standard route - a hospital birth with induction at term +10, diamorphine, pethidine, epidural, ventouse, forceps, caesarean - you are considered 'trouble'; a selfish force who is putting unnecessary pressure on the system. Forget the fact that you are a woman who is entitled to give birth how she wants, where she wants and with whomever she likes in attendance - Glasgow doesn't want to know.

In the months following my birth, like many women I have replayed my experience many times in my head. I suppose I am looking for answers to how I might go about things differently should I get pregnant again. Amongst those thoughts is what sort of impact did my experience have on hospital policy? And did my case lead to a change in attitude amongst hospital staff? However, I fear that next time around, if I am still living in Glasgow I will likely face the same types of obstacles.

My story

My husband and I moved up to Glasgow from London 2 years ago and from the moment I knew I was

pregnant, I instinctively felt I wanted to give birth in my home. I hadn't had a bad experience with hospitals, nor did I fear doctors, however, I fundamentally believed that birth was not a medical event and should not involve doctors unless it was absolutely necessary.

It seemed like common sense to me - you see a doctor when you are ill, not when you are well - and as long as myself and my baby were healthy, I wanted Midwifery Only care. I had never been under the illusion that everything would naturally go smoothly and if, at any moment mine or my baby's health was being compromised, I would have transferred to hospital quicker than lightning.

Another reason why home birth made sense to me was that I felt it absolutely ludicrous that I sleep next to my husband every night of the year (well, almost) and yet, if I chose to give birth in hospital, the night that I will need him the most, the night when we're supposed to share the most fantastic experience of our lives to date, he would be kicked out of a hospital ward to leave me and a new baby all alone to fend for ourselves in amongst a group of strangers. I found that a very odd way to meet and greet our newborn.

So, that was my starting point - instinct. I am a Television Producer by profession - I am not shy or retiring and I am also very experienced in researching a wide variety of subject matter having spent 10 years doing just that for a living - researching in depth, getting my facts right and speaking to people in the know. Therefore, almost as soon as the pregnancy test came up positive, I jumped onto the internet and began investigating my new project - pregnancy, birth, my options and in particular, Home Birth.

I first became aware that Home Birth was not 'the norm' in Glasgow at my 12 week booking-in appointment when the midwife asked me if I was "wanting anything weird, like a Home Birth?" Once I replied that yes, it was something I had researched in-depth and definitely wanted to book, a second midwife made some very positive comments about Home Birth, which temporarily put my mind at rest.

The hospital system then handed me over to their community midwives and it was then they informed me that they only booked one Home Birth a month. Apparently, I was in 'luck' as I was the first person to ask for the golden service that month - if anybody else came along with a due date for Jan 2005 after me, they would be told that the home birth slot was already taken and they would 'have to' give birth in hospital.

The system also involved a commitment to continuity of care with the same midwife for all antenatal and postnatal checks, but with a pool of 30 midwives, it would be pot luck who turned up at my house when I went into labour.

19 weeks into my pregnancy, I had a home visit from my assigned midwife, 'Anne', and the Supervisor of Midwives. They took me through all the dangers and risks I was placing myself and my baby under by opting for a Home Birth - nothing of which I wasn't already fully aware. I understood that they had their job to do and they had to be sure I was making an informed choice. Although I was dreading the visit, overall they were very positive about Home Births and I felt happy that everything had been discussed at length. At this stage I definitely mentioned that I wanted to give birth in a pool but I do not recall meeting with any negative comments or resistance.

By this time I had also joined AIMS - I had found their website to be an invaluable source of information, in fact, without it, I doubt I would have stood my ground so firmly. Knowledge is definitely power.

I was also aware at this stage that the midwifery-led unit at the hospital had its own birth pool, however, women weren't 'allowed' to give birth in it - they may only use it for labouring. This knowledge had actually strengthened my decision to stay at home - having a water birth was so important to me, I didn't want to have to meet with any resistance during my labour from a midwife trying to force me out of the water. I was always open minded about giving birth in the pool, but if I wanted to stay put, I knew I would have more control over this decision if I was in my own home.

I'm fairly sure that it was after this visit by the Supervisor of Midwives that the confusion started and at each antenatal visit onwards, my midwife seemed more confused. The crux of Anne's concerns were that because the community midwives perform so few home births, she felt they needed to be given clear definitive guidelines from her superiors in terms of where a Community Midwife's responsibilities began and ended, especially in relation to a home water birth. Over the next few antenatal checks, Anne informed me that she was still trying to obtain these definitive guidelines so that if she was not on duty when I went into labour, the midwives who were could be assured of what was expected of them.

Her main concern was that there was a limited number of staff on the midwifery led unit who had any training or experience in water births. It was the birth in water part that seemed to be phasing them - because women in the hospital were normally forced to leave the pool for the actual birth, the midwives didn't have much experience with how to handle a planned birth in water.

Yes, the very odd 'mistake' had occurred with women accidentally giving birth while labouring in the hospital pool, but the pool was used so rarely, the staff were unsure about how to utilise it properly. I enquired as to what would happen if a woman refused to get out of the pool and was told that to date, when asked, the women had all been complicit and made their exits.

I found this to be utterly absurd. This was a new hospital that was built in 2002 and yet, this fantastic resource clearly wasn't being used properly - what a complete waste.

At each antenatal visit thereafter, the confusion and discussion continued between myself and Anne and as each appointment unfolded, I made sure that she was under no illusion that when I went into labour and I phoned the hospital, I expected a competent midwife to be sent out to me - I had never wavered in

my decision for a home water birth. Anne herself was very supportive of my decision to give birth at home and in water and I trusted her - it was a pity that the system meant I couldn't guarantee she would be present at the birth.

At 35 weeks' pregnant, Anne arrived at my home for a routine antenatal check, however, she also had with her a list of 'issues' which she needed to discuss with me, so that she could write my reactions and decisions into my hospital notes. We also went through my birth plan.

It was during this meeting that Anne informed me of two major areas of concern she had pinpointed - firstly, I could only 'qualify' for a home birth if I went into labour between 38 and 42 weeks gestation. I told her that I didn't believe in induction unless it was for a good medical reason and therefore asked what the plan was if I went into labour at 42+ weeks and refused to go into hospital.

Anne told me that hospital policy stated the home birth kit would be removed from my house at 42 weeks and when I telephoned the hospital in labour, they would send around a paramedic team. Thanks to the AIMS website, I was aware that so far a case has not been reported where a woman in labour (which is classed as an emergency situation) has not been sent a midwife and I told this to Anne. We therefore agreed that it would be best to cross that bridge if we came to it.

The second major issue was that the hospital did not provide midwifery care for women who gave birth in water and would only 'support' me if I laboured in water and then got out to deliver. I asked Anne what the implications were for this