AIMS For a better birth...

Blowing the whistle

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The story of a midwife brave enough to say that things were wrong for women in her care

Being a midwife is part of who I am; it's written throughout the centre of my body like a stick of rock. I am and will always be a midwife; truly 'with woman' and I am that midwife through the teachings and observations of truly inspiring midwives whose wisdom I absorbed like a sponge; to them I will be forever grateful.

Now time has passed and healing has begun, I can try and tell my story; not for resolution but to demonstrate how actions of NHS Managers have far-reaching consequences. I was part of a team of eight midwives who ran an MLU in a rural area of England. We had a high home birth rate; we case loaded; we were very much part of the community and we worked as a team, with no hierarchy, where a culture of mutual honesty and respect was the norm. Sadly our senior manager retired. A new manager was installed; a midwife whom we knew and had grave concerns about due to past history within the Trust. We quietly voiced our concerns, not for ourselves but for the women's unit, a special place, unique in fact.

Our concerns were realised quite rapidly in the form of a micro-controlling and aggressive management style that was totally foreign to the ethics of our unit. This situation was then further aggravated by the tolerance shown by management to colleagues who were not doing their jobs competently. One example of this was a midwife who had previously worked with the new manager and was blatantly manipulating the system. Several of us had seen timesheets that were incorrect: this was challenged and as so often is the case in the NHS was 'kicked into the long grass'. This midwife also had a reputation for bad timekeeping which had been highlighted for years by other teams, but nothing had been done. One day I had worked 24 hours on call and caught three babies; I was desperate for the day-call midwife to arrive for her 8am start, as a woman needed suturing and I was in no fit state to suture competently. At 8.45 when she had still not arrived, I rang and she had overslept for the umpteenth time. That was the turning point; I could no longer just 'do nothing' when a woman's standard of care is compromised. I will never forget that day; the husband went into the kitchen made me coffee and toast with Marmite and said 'Sit down and have a break. We are fine. We will wait. You can do this you just need to close your eyes for a bit.' It was such an act of kindness. I called another colleague in who was not on call and together we sorted the situation out. At 9.55 the day call midwife arrived to commence her shift. This was the day we decided to put our heads above the parapet.

Another midwife who had limited hearing (and had been transferred from an acute setting due to her having problems hearing in a busy delivery suite) had been causing much concern with the women,

midwives and maternity support workers and, without a doubt, it was affecting her work. We tried to raise this issue with the manager as we had had written concerns from women. Again this was kicked into the long grass (some NHS managers are experts in this field). We had tried to help this midwife by taking on some of her caseload; actually this was a big mistake. It is important to remember there is a pathway you HAVE to go through when raising concerns, and this pathway directly protects the managers from addressing any concerns.

The situation deteriorated over a period of months and the manager refused to confront these two issues. Things came to a head when several incidents happened, which included a woman trying to access the unit (in advanced labour) who could not get the midwife to hear the bell or phone. She eventually drove to a nearby hospital and birthed there. A letter of complaint was received. As a consequence of several such incidents, including this midwife's inability to hear the difference between fetal heart and maternal pulse, a fellow midwife and I decided to make two formal complaints about the potential dangers to which women were being exposed. All the other midwives were too frightened to write a letter. This wasn't just about the women, although they are always my first concern, but also about our jobs as any adverse outcome would affect our unit.

The immediate reaction by senior management to whom the complaints had been made (in line with Trust policy) was to accuse us of bullying and harassment and in one case we were accused of Disability Discrimination. I believe that this is how managers historically behave, to protect their own interests without tackling the root causes. They then started disciplinary procedures against us. A year of sheer hell commenced, I don't know how we survived and I thank the Lord that we had each other. Many a time I thought I could not continue and wanted it all to stop, I can understand why many whistle-blowers have taken their own lives.

Four hearings later and an enormous amount of suffering, for purely technical reasons, my colleague was sacked and I was transferred to an acute setting which was foreign to my philosophy and ethos. In my view disciplinary hearings within the NHS are judge, jury and executioner in which you are not allowed any legal representation. In fact, I wish I had been sacked; that would have been less of a punishment than the one I was given.

As for my co-whistle-blower, it is appalling to think that a midwife with thirty years of devoted service to women in the community, caring and very much loved by the local community lost her job, livelihood and raison d'etre because of management decisions taken, in my opinion, for protectionist reasons.

You may ask why they want to destroy our unit, a 'gold standard unit' which interestingly the HOM stated during the investigation was not an attribute she wished to have in our Trust; that we were all to practise to a 'bronze standard' otherwise we showed up other teams for their lack of enthusiasm. But we only did what we felt was morally right to ensure the safety of women and babies in our care as the NMC advises, yet we were naive: I think we are called 'tall poppies' and I'm proud to be one. We do not regret any of our actions; we have to live with ourselves and if we have saved one baby's life then it has been worth it. The outcome for mothers was that the transfer rate to the obstetric unit, which had been 8-

12%, swiftly rose to over 50%, and the midwifery unit was closed for a year.

My story and that of my co-whistle-blower unfortunately does illustrate that reporting fraud, inefficiency, incompetence and any other harmful misdemeanour by NHS employees to senior management, far from resulting in a resolution of the matter, more often results in the reporter being sacked or pushed or removed. The only way this will be resolved is to be able to report incidents to a totally independent body outside the influence of the management who have allowed the situation to exist in the first place. With an independent body people will feel confident to report, at present they don't and won't, they may get sacked then may lose their house: everything that is dear to them. So my advice is to be very careful about highlighting poor practice. Would I do it again? Not in the NHS, it's a juggernaut. But for that one baby or mother we may have saved due to being 'tall poppies', I hope they are aware that a massive price was paid along the way. To conclude in a message to my fellow whistle-blower, not only have I seen us in the depths of despair I remember the beautiful empowering births we had together and I am in awe of you. We truly know what sisterhood means. I will forever hold you in my heart.

A True Midwife