AIMS For a better birth...

The battle for Cordelia

AIMS Journal, 2016, Vol 28 No 1

Jane Reeve shows just how difficult it can be to get support

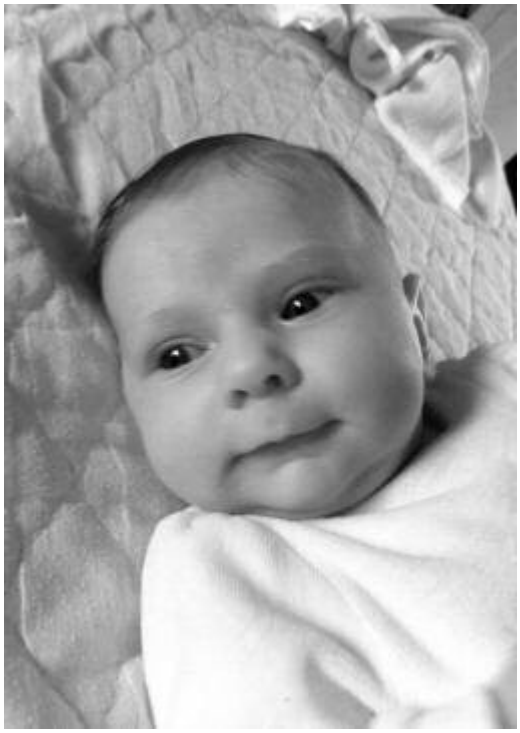
With the birth of my first daughter, in November 2012, 12 minutes after my arrival at the hospital, came the clear knowledge that future babies would be born at home. Who would have guessed that such a clear and simple decision could lead to so much distress and dismay?

December 2014 found me with an appointment with the local midwife service to prepare for the birth of my second child. The midwife, who knows me and already knew my intentions, announced,*'Before you ask, we do not have a home birth service. It was suspended in 2013.'*

And so the first blow was struck! The midwife, helpfully, advised me to contact an independent midwife and to write to Stephanie Pease, Head of Community Maternity services for the Queen Elizabeth Hospital King's Lynn.

In the meantime, I was very fortunate to find and book an excellent independent midwife and I found that the QEH had been having discussions about commissioning the services of independent midwives temporarily. This led me to the belief that funding would probably be available, that the home birth service would be reinstated and to an easing of my concern. Appeasement?

'Birthrights', contacted for advice, proved to be very supportive throughout the ensuing battle for an NHS funded home birth as it became abundantly clear that the home birth service would not be reinstated before my baby was due to be born, confirmed by Stephanie Pease who also refused to answer the question, '*Will the NHS foot the bill for my home birth?*' The battle lines were drawn and on their side was the passage of time. Allies had to be found.



Cordelia Reeve

Letters were written: three to staff at QEH King's Lynn, and the Clinical Commissioning Group (CCG), Maternity services Liaison Committee (MSLC, Health Watch and my local MP. QEH gave a curt and dismissive response, acknowledging the request as reasonable but indicating that I should have my baby in hospital or pay for my IM's service, as the CCG's policy was not to commission IMs to provide this service. Incredibly the CCG put in writing that commissioning home birth service from an alternative provider was not safe. This allegation had to be refuted, The Royal College of Midwives and the Nursing and midwifery Council were both unable to influence my case directly but Cathy Warwick of the RCM confirmed she would take up the issue as part of the NHS England Maternity Review using my case as an example.

Another month passed before the CCG replied, simply reiterating the previous letter about safety and refusing to foot the bill. Frustration was mounting on my side and no satisfactory conclusion was forthcoming. I did have, however, final responses which allowed me to lodge my still on-going formal complaint with the Ombudsman. Here was the necessary ammunition for my continuing battle.

AIMS has been a constant ally, Beverley Beech provided the strongest possible support, writing to the Chief Executive of QEH highlighting the enormity of their shortcomings in maternity services. The burden of distress is somewhat reduced by the intervention of wonderful allies.

Five days after my 'due date' I had my routine appointment with a different community midwife who asked if my induction had been booked. When I confirmed that I would not be induced as I was having a home birth, she immediately changed her attitude, becoming very supportive of my wishes.

Now, the next form of attack was to be subjected to the 'essential' daily attendance at the DAU for CTG monitoring. I was continuously pressured to accept induction and regularly regaled with the risks of prolonged pregnancy. Nothing was ever said about the risks of induction. Despite huge concern expressed over placental health, I was not offered an umbilical Doppler scan which would have given an idea of the risk of hypoxia and I said that I wanted to have this scan at 43 weeks if my baby had not yet arrived.

A hiatus in the battle now occurred during a beautiful, peaceful, albeit completely intense interlude in this whole narrative. I created the ambience I had planned with my Tibetan Mantra and yoga incense, minimised lighting and, with my tens machine switched on, I began my labour until, with my IM in attendance, just two hours after I knew I was in labour, my daughter was born. She was perfect and beautiful. My placenta showed no signs of ageing, which totally vindicated my decision not to be induced and to bring my daughter into the world in the safe comfortable surroundings of her home where she was introduced to her sister within minutes of being born.

QEH King's Lynn subjected us to further atrocious treatment when we were forced to present our 2-day-old daughter to the hospital for her paediatric assessment. The appointment we were given was at 9.30, we were finally seen at 12 noon. This, I suppose, could be considered as punishment fortenacity in the face of adversity. The letter of complaint about such poor care received yet another dismissive response that appointment times are not guaranteed.

We are living in 2015. How can we allow the choices we make as we prepare for motherhood to be dictated? Having the birth experience of our choice should not be a battle.

The most important part of this episode in my life has been the safe birth of a perfect, healthy child. Each and every individual community midwife who has been in any way responsible for my care has been efficient, caring, supportive of my wishes and encouraging. Each of the decision makers has been negative, unhelpful and obstructive.

My battles with NHS QEH, they believe, are over. After all, I have my baby now and will be far too busy to concern myself further with these issues. My battles are mostly lost ... BUT the war is not over.