AIMS For a better birth...

Jacob

AIMS Journal, 2016, Vol 28 No 3

Emma Ashworth tells the story of 'risk' and an independent approach

My third child, Jacob, was three when I was asked to do a presentation of my birth story to an audience of midwives as a home birthing, water birthing high-risk woman. It was only then that I realised that the NHS had classed me as 'high-risk' during my pregnancy with him. Not once was the term mentioned by my midwife, not once did I have anything but absolute faith in myself and my baby, and not once did it even cross my mind that I was 'high-risk'.

This doesn't mean for a moment that the 'risks' (to use common, but flawed terminology) were glossed over or ignored between me and my midwife. On the contrary, we discussed them at great length as I needed to understand them and to make my decisions from a position of knowledge. It simply means that I was considered and cared for as a healthy woman with a healthy baby who had specific and personal considerations that were relevant to my pregnancy, birth and beyond.



Here is my 'high-risk' list: previous PROM (prolonged rupture of membranes) and slightly early baby (born at just over 36 weeks after 5 days of PROM), previous PPH (post partum haemorrhage), high BMI, aged 39. Of all of these, the only one to cause me any concern was my previous PPH. There's nothing

more likely to really focus your mind on your next birth than watching your blood flow away from you as you lose consciousness. I was very, very keen to work out what the possible causes might have been, and what could be done to reduce the risk of it happening again.

Jacob's birth was planned as a home birth. I chose to have an independent midwife with Jacob because I wanted to know who I was having as my midwife, and my husband and I to make our own informed decisions rather than having to navigate NHS guidelines which may not be suitable for us as individuals, and in our own personal circumstances. With my previous baby, Toby, we had experienced amazing care through my pregnancy from a lovely NHS midwife, and getting to know and trust one midwife was hugely reassuring and it filled me with confidence. Unfortunately, when my waters broke a little early in that pregnancy and my labour didn't start, I was taken away from the midwife that I trusted and thrown into the hospital system which is when the fighting began. *'You have to…'. 'No, I don't. Please explain your advice so I can make my decision.' 'But you have to…' 'No, I don't. Please talk to me so that I can understand.' 'But your baby will die…' 'Now I have lost trust in you, I don't know where to turn and I am terrified. This is not helping me to go into labour and neither is it helping me to know what is best for me to decide.'*

During my pregnancy with Jacob, my independent midwife, Debs, and I would spend much of the time that she was able to give me talking about my experience with my previous son, Toby. I had been frightened by the PPH experience that I had with him. I needed to understand why it might have happened and what could be done at home if it were to happen again. As well as talking to Debs, I used the AIMS book Birthing your Placenta to learn more about the physiological processes of how the placenta is released.

Over the course of the time that I spent in antenatal sessions with Debs I decided that I understood what was likely to have caused the PPH that I experienced after birthing Toby and rather than making me more fearful, which can so often happen when women are just told that they are at higher risk of something happening because it happened before, I was able to take back some control of the situation. I was able to change most of the triggers for PPH by controlling my environment. The lights would be dimmed, I would be warm, dry and covered if I came out of the pool. My oxytocin bubble would be protected with people that I trusted. I knew that there are some aspects of PPH that are entirely uncontrollable and I understood what could be done at home to help with that if necessary, and what I'd need to transfer in for. I understood, I was in control of what I could be and I knew what would happen if things happened that I couldn't control.



I hear women who are told that because they've had a previous PPH, they're at high risk of another, so they must birth in hospital. Birthplace (2011) showed that women who plan to birth in hospital have a significantly higher risk of a PPH needing a blood transfusion than women who plan to birth outside the hospital. There seems to be a faulty logic in telling women that they need to birth in the place which is most likely to lead to the situation that they are trying to avoid in the first place! Most importantly, midwives are not given the time with the women that they care for to get an understanding of that individual woman's fears and wishes. There is no time to build up a trusting relationship, and even if that does happen, it can be for nothing when the woman has to take her chances with someone she has never met when she is at her most vulnerable, at her birthing time.

In the end it took 1 hour 50 minutes for the placenta to arrive, just 10 minutes less than it took for Jacob to be born after my waters broke. That was all fine, there was no pressure as there would have been in hospital and I know my midwife was watching me like a hawk so I could relax. I know I'm very sensitive to oxytocin release stopping after birth which messed up the placenta birth for my older two, and this time it worked like a dream, just slowly.

The placenta was intact and lovely and I enjoyed watching Debs check it over and she showed me all the different parts, and we took some photos. Some time later I wanted to get out of the pool, so I did. I didn't dress Jacob for ages, not even in a nappy, I don't think I did until we went to bed that night. I just laid on the sofa holding him against my breast allowing him to feed when he wanted and just stroking him and smelling him. He'd not been dried off or cleaned and he had a lot of vernix and I felt that it was important to allow him to keep that smell that he knew and not to bath or rub him down. He was very calm and lovely and happy.

I had some food and we all just chatted – it was so lovely. My friend arrived armed with champagne, cakes and some lovely baby vests and got her first cuddle. Debs cleaned up although there was really no mess at all – and Philip got our children from the neighbour. Debs cut Jacob's cord short and sealed it with a

tiny Sterifeed cord ring rather than the huge and uncomfortable plastic clips. Eventually we went up to bed and my family was snuggled up together at about midnight, so utterly different from in hospital where my husband had to leave me, bereft, and go home alone. I'd hated the postnatal ward and to be together with my family was just amazing.

Jacob's birth was an extraordinary experience and I would do it every day. I desperately want to do it again. I envy anyone who may be able to! However it was seven years in the making and it took two less than perfect births to get there. I took everything I'd learnt from my first two boys and added into it seven years of research and more than anything a wonderful midwife. A wonderful midwife who I was able to work hand in hand with, as equals and with trust in each other. Knowing and trusting your midwife works both ways. She knew that she could trust me to tell her if I had concerns because I knew that I could trust her to hear me and understand me.

Continuity of carer : we know that it leads to healthier babies and mothers. This logically leads to healthier families. But, done properly and with the rightful respect for the autonomy of the midwife it leads to happier and healthier midwives as well.

Editor's note: Click for the AIMS' information page on PPH