AIMS For a better birth...

Denial of human rights

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Susannah Sweetman describes the impact on individual mothers and babies

When Irish Self Employed Community Midwife (SECM) Philomena Canning's insurance was suspended by the Health Service Executive (HSE) on 12 September 2014 (see page 27 for more information on this), I was 29 weeks pregnant with my fourth baby. Philomena had been our midwife for my second and third child – we felt absolutely confident and secure in her care.

Although I was concerned to learn of the suspension, I naively assumed that it would be reinstated within days. After all, no charges had been brought against her, no harm had come to any of the women or babies in her care, and 29 pregnant women, all of whom met the stringent criteria for homebirth, were depending on her ongoing care – surely that service could not be withdrawn without reason or explanation – right? It quickly became apparent that this was exactly what was happening, and by 29 September, when Philomena's application for an injunction to prevent withdrawal of her insurance was refused by the High Court, I began to realise that all of my choices and control over my maternity care had also been withdrawn.

To be severed from Philomena's care was like a bereavement – I was distraught at the thought that she would not be present for the birth of our baby. I was suddenly thrown into insecurity over who would provide care for my baby and me, and where I would give birth. Apart from the daunting prospect of attempting to build a relationship with a different SECM at such a late stage in my pregnancy, I also knew that even having that opportunity would be unlikely – all of the SECMs are working at full capacity, and most are booked out for months in advance.

There is one DOMINO scheme in Dublin that provides a homebirth service, but they were fully booked, and I live outside the catchment area (by less than a kilometre). The SECMs were sympathetic, but unwilling to take me on – not only because of existing bookings but because they felt that taking on Philomena's clients would put them *'in the firing line of the HSE'*.

It was difficult to even contemplate having the baby in hospital. Had I been ill, I would have willingly sought the services of an obstetrician. But to be forced into a system that is known to be incapable of providing anywhere near an adequate level of support to women seemed absolutely ludicrous. Engaging with the HSE during these weeks was simply impossible. Phone calls and emails went unanswered, written correspondence went unacknowledged, questions were ignored. By refusing to engage with Philomena's clients in any constructive way, the HSE denied us a voice, reinforcing the sense that in the

context of the Irish maternity services women are the least important 'stakeholders' of all. There was a clear assumption on the part of the HSE that we were a finite problem. After babies are born, place of birth is no longer an issue for the HSE; it is hard to be an activist when you have a newborn baby to look after.

The disengagement of the HSE from the women affected by Philomena's suspension amid mutterings of *'concern for public safety'* had the effect of pushing women into situations that are known to generate physiological and psychological morbidity related to childbirth. This is no secret, it is based on vast amounts of research freely available to the HSE which chooses to ignore it in favour of continued allegiance to a broken system. The HSE has done nothing to resolve Philomena's case, other than construct a situation in which cultural stereotypes of homebirth mothers as unreasonable women making unreasonable demands have been permitted to emerge and obscure the true picture: that is, the utter lack of support for homebirth, the lack of support for women, and the absence of any evidence against Philomena.

One commentary on the witch hunts of the Middle Ages argues that contrary to the belief that they were the result of mass hysteria, they in fact followed *'well organised, legalistic procedures (…) the witch hunts were well organised campaigns, initiated, financed and executed by the church and state'.*1 It is not difficult to draw parallels between such an analysis and the HSE's behaviour in this case: its use of the legal system, the media, its selective use of research findings, the political alliances between institutions that render its power virtually impregnable.

My baby girl was born peacefully at home, on the 3 December, oblivious to the politics of her birth place. We named her Mila Morrigan, after the Irish goddess of war and birth, also known as Macha. Just as I had given up all hope of having a midwife at home, another SECM agreed to attend me, entirely thanks to the efforts of Philomena to find a midwife to take us on. At this immensely difficult time in her life, she has gone to war for her clients, trying to secure homebirth services for us all. The care was wonderful, calm and kind, and I could not have wished for a better birth for my beautiful girl. Still, I feel robbed of Philomena's care, and I know that she feels robbed of being there for us, as she has been of her livelihood, her profession, and vocation.

Shame on the HSE, and on the Minister for Health, and on all of those individuals who have contributed to this situation through their conspiracy of silence and inaction.

Susannah Sweetman

References

1. Ehrenreich B, English D (1972) Witches Midwives and Nurses. Feminist Press at The City University of New York.