AIMS For a better birth...

Getting A Normal Birth - Whose Failure to Progress?

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Janette McCabe wanted a normal birth. But as her story reveals the idea that hospital is the 'best' place to give birth is still irrationally strong among both midwives and consultants. Beverley Beech provides commentary to put the story into context.

When women recount their birth experiences there comes a point early in the account where one can foretell the outcome before the woman goes any further. So often it is women who want a normal birth, expecting their first baby, often at home, who end up being attended by a midwife who one knows, particularly if she lives in Scotland, is going to find any excuse to get the woman into hospital as soon as possible. These midwives are often part of a hospital centred team', so that the women may only have met them on a few occasions or , more often than not, just once, and have already expressed the hope that that particular midwife will not be on duty when they go into labour.

Unfortunately for them, that is exactly who arrives on the doorstep and, unaware that they can refuse to admit her, the couple invite her in. Before long, the midwife has either created a problem by her negative attitude, or she has found a problem' and is soon recommending transfer to hospital.

Needless to say, the hospital to which the woman is transferred is usually a high technology baby factory and there too reasons will he found to interfere with what would otherwise have been a normally progressing labour. The drips go up, the clock is watched and soon the woman is being told that she is not progressing' or that she is exhausted' and is whisked off for a forceps delivery or a caesarean section.

The following birth story is such a case. Despite screaming during a vaginal examination and pleading with the doctor to stop, neither the doctor nor the midwife in the subsequent enquiry could remember her doing so; despite having written in her birth plan that she did not want to be attended by any students an SHO was guided through a forceps delivery; despite wanting a private, gentle, birth experience the room was full of onlookers - one of whom the hospital has still not been able to identify - her distress was doubly compounded by the insensitive way her complaint was subsequently dealt with by the hospital.

Many women do not want to meet those who treated them badly during their labours, but some women do. They want to face their tormentors and make it absolutely clear to them the damage they have caused; and this exercise, traumatic for both parents and professionals, can help to heal the mental trauma. The Simpson's Memorial Maternity Pavilion, Edinburgh, refused a meeting on the grounds that,

This is because it may be necessary to call into question their behaviour, attitude or skills and this can he very confrontational or can effectively constrain the exploration of issues where the performance of someone present is under discussion.' On the other hand, it can encourage the staff present to face the implications of their behaviour and it can also establish who is lying and who is not.

Having been refused a face to face meeting with the staff involved Janette asked for an Independent Professional Review, this too has been turned down. The Simpson's saw no reason for independent professionals to assess their inappropriate, damaging, and outdated practices (such as directed pushing, unnecessarily vaginal examinations, accelerated labour, routine electronic fetal monitoring). This high technology baby factory, which even on the Dr Foster survey came out as one of the worst performing hospitals in Scotland, has missed an opportunity properly to assess the over-medicalised inappropriate care that they require women to endure; and as they dismissed the serious assaults committed by their midwifery and medical staff no doubt other Edinburgh women will continue to suffer similar abuse in the future.

Janette's story

Despite the negative reaction from the community midwives, I booked a home birth, as I wanted to give birth naturally in familiar surroundings where I would feel comfortable and in control.

When my waters broke, I rang the hospital to ask them to inform the midwife on call. Apparently women in Dalkeith, Midlothian are not given a rota of the on-call list because some women had previously taken homeopathic remedies to bring on labour to get a particular midwife!

I asked the name of the midwife on-call and my heart sank when I heard that Mary Miller would be attending me. Mary Miller had previously come to my home to seek its suitability for a home birth and made her views on home birth very clear and none was positive. She attempted to persaude me into booking a hospital birth by saying that I could be "in and out within six hours" and focused on the risks I was taking.

When she eventually arrived at our house, husband and were made to feel ill at ease and left in no doubt that she was not prepared to perform a home delivery. Eventually we were told that my blood pressure was on the high side and I needed to deliver in hospital. We were told that even if my blood pressure was normal in hospital, we couldn't return home for the birth, I would need to stay there.

On arrival at The Simpson's Memorial Hospital in Edinburgh, we were taken into an assessment room. My blood pressure was initially on the higher side of normal; minutes later, the readings were all normal. The usual checks were made and in order for the hospital "to manage" my labour I was given a vaginal examination which indicated that I was 4 cm dilated and myself and my husband were taken to the labour ward.

I discussed the birth plan with the midwife and outlined the importance of a natural birth with no intervention unless medically necessary. I also felt strongly that no students should he involved in my

care (the Simpson's is a training hospital) and I did not want an episiotomy. On scanning the cold stark labour room with its bright lights and plastic sheets, I knew my initial plans were going to be compromised somewhat.

With the help of gas and air and sitting on a birthing ball, I felt quite able to cope with the pain of contractions and everything appeared to be going well.

I had not wanted electronic fetal monitoring, particularly as this meant moving from the birthing ball where I was most comfortable onto a flat bed. However, we were in hospital and I was not given an option.

At 7.30am, the midwife gave me an internal examination to see how far my cervix was dilated and I was told that there was a small rim of cervix left to dilate on one side. The midwife tried to encourage me back onto the birthing ball but despite several attempts and with the support of my husband, I couldn't move because of the pain.

However, the midwife was about to go off duty but she told us that she would go and speak to one of the midwives about to come on duty and tell her of my wishes.

My care was taken over by Siobhan Gormley. She told us that the rim of cervix needed to be dilated and without any real discussion, set about organising a syntocinon drip and gave me a shot of diamorphine (heroin).

Soon after the community midwife who was supposed to have carried out the home birth arrived in the labour room, unannounced and most unwelcome. I pointed to the door and told her to get out.

I soon began to feel removed from what was going on around me (probably due to the diamorphine) but tried to concentrate on getting through the contractions. An hour or so later the midwife told me that she was going to give me a vaginal examination to check if I was fully dilated, as this was very important. The examination proved inconclusive so she told us that she would get a doctor to check.

Moments later Dr Alison Scott (Specialist Registrar) arrived. I asked her if she could wait until my contraction had passed before performing an internal examination. She mumbled something about that not mattering anyway but nevertheless she did wait.

The examination seemed to take forever and I soon began to tell her it was very sore. However, she carried on examining me so I began to scream repeatedly at her to stop. I felt like I was being raped. She ignored my pleas until the examination was complete. Dr Scott said she was sony for any "discomfort" she had caused and told the midwife that I was fully dilated. At this point, both doctor and midwife left the room.

Even though I was very distressed by the examination, my mind was soon focused again on the contractions. Moments later the midwife returned to the labour room wearing a plastic gown and said that "now we will try some push- ing". I told her that I felt no need to push but she responded that she

would instruct me how to push effectively.

I found it very difficult to push properly given the pain and my instincts, which were telling me to wait. However, I tried my hardest and began to push like crazy. I was determined to deliver naturally.

Instead of the usual support a labouring woman would expect, the midwife made humorous comments about the expression on my face as I pushed and encouraged my husband to watch. I tried to ignore my surroundings, but it seemed impossible in such an unsupportive atmosphere. All of the time I felt very exposed and didn't feel that I could labour properly in this environment.

Every so often the midwife would give me a vaginal examination to check if the baby's head had moved down the birth canal. She kept telling me that she would only be inserting one finger and would not hurt me. In retrospect, I believe that she was shocked by my reaction to the previous examination the doctor had carried out.

After an hour of pushing I still felt no urge to push and the midwife told us that the head had not moved and that it is usual practice for a doctor to become involved at this point. However, given that I was coping so well, the mid- wife agreed to an extra 15 minutes of pushing.

Once this time elapsed, the midwife called the doctor again, who happened to be the doctor who had given me the previous vaginal examination and I felt terrified - particularly as she was now accompanied by another doctor.

They stood at the fetal monitor and looked at the fetal heart printout, whispering with the midwife. The midwife then turned to us and told us that there was no prospect of our baby being born naturally and that a forceps delivery was necessary to ensure the safety of our baby.

My husband asked if I could go on pushing or have a caesarean section, but we were told that for the sake of our baby, a forceps delivery was required immediately.

At this point, I told my very tearful husband that no matter what, the baby's life must come first, even if it meant myself not pulling through. At no point did any of the medical staff offer reassurance. The midwife then told me that I was to be taken to theatre and given a spinal otherwise the pain would be excruciating. She told us that we would get a full explanation after the operation as to why it was necessary. We felt that there was no option but to trust her believing she was acting as an advocate for our wishes.

Once in theatre, I instantly felt overwhelmed by the amount of people in theatre and the sobs of my very distressed husband.

I can clearly recall a young man in theatre (not even the hospital has been able to identify him to date) who was totally shocked by the situation. He was very frightened and appeared to be in the way of what was happening.

I looked down to find a group of onlookers watching two men put my legs in stirrups. I looked away to my husband and tried to offer reassurance, my mind racing with fear. One of the most abiding memories of my experience was the midwife Siobhan Gormley going into detail to tell me how I was being washed and then holding up a bag and proclaiming "look how full your bladder has been." I couldn't quite take what she meant as I had earlier refused a catheter during labour. I had no idea what was happening or who was delivering my baby and was in no position to ask!

I couldn't understand why the doctor carrying out the delivery was being instructed step by step from Dr Scott. I presumed it must have been because of the emergency of the situation and the danger we were in. I have later discovered that the doctor was performing her first forceps delivery and basically gaining experience on my child and myself.

On 30th March 2000 and 1.l5pm, after a seventeen and a half hour labour, our baby was delivered. Despite the midwife's attempt to dissuade me of skin to skin contact, given the "mess of the baby", I persuaded her to give me my baby. My husband was silent and I asked what he thought; he asked if the baby was brain damaged. The midwife said that it was the marks of the forceps. Her face was bleeding with a bust lip and swollen eye. We have since been told by the hospital that the forceps were probably incorrectly applied.

The midwife then explained that she and my husband would go away and check the baby whilst I tidied up.

I was left lying alone and recall the horror as I watched a stranger sit between my legs with a needle and thread - my immediate reaction was to presume that I had torn during the delivery not even imagining that an episiostomy had been carried out without my knowledge or consent. Apparently permission is not required at Simpson's.

The room was silent as I lay on the table being stitched up. Two men sat on a bench facing me. I looked away and tried to distract my mind from the embarrassment and humiliation I felt. Then I heard one of the men saying, 'She looks shattered", to which the other replied, "She's not shattered, it's that shot of diamorphine she's just been given. She's spaced out." I couldn't believe that these strangers were talking about me in third person. I felt as if they were talking about an object, not me, a person with feelings and dignity!

A doctor then asked if I wanted "a pain killer putting up my back passage" whilst inserting the pessary. Again, I couldn't believe the lack of control I felt.

We were then taken back to the labour ward only to find that the room we had been occupying had been cleared of our belongings and we were made to wait in the corridor whilst our belongings were located.

The labour ward was very busy that day but we were eventually taken to a room and instead of the promised explanation of what had happened and being allowed time alone with our baby, another

midwife came in and gave inc a bed bath whilst the other midwife wrote up her notes.

The postnatal ward was pretty grim - no curtains in the bathroom so people across the building could see you going to the toilet, no help with breastfeeding and I never saw a midwife again until my postnatal discharge. Even during the night when I needed to use the toilet, a nurse came hanging on the cubicle demanding to know what I was up to as my baby was left crying in her cot - I had been gone all of two minutes and had nobody to leave my baby with!

Needless to say, I left the hospital at the first opportunity. It took some days for me to come round from this shocking experience and I then began to question what had happened. Why if our baby was in danger did she have an Apgar score of 9? How come the discharge notes gave the reason for intervention as "failure to progress" and not fetal distress?

I have been going through a nightmare of an experience in attempting to get answers from the hospital. The doctor involved refuses to meet with us to explain the rational for her decisions and why there'd been a panic.

We even went to my local MP in order to secure a meeting with the hospital to get answers to my questions. We eventually met with a senior doctor and midwife from the hospital, and they told us that Dr Scott and the midwife had acted at best hastily and that perhaps staff were not familiar with my birth plan or wishes.

However, in a written response (some 12 weeks later), the comments from the hospital representatives have been retracted and I have been told that it was my own exhaustion and failure to progress that caused the situation and if I wasn't happy with the doctor's decision making, I should have said so at the time.

When I have questioned the hospital telling them that I was not exhausted, they tell me that a midwife can tell if a woman is exhausted without even asking!

I feel like I have been raped. I am just another statistic in the Simpson's high intervention rates. No care or thought has been given to the effect it has had on me physically, emotionally or spiritually. I still have problems with the episiotomy scar I am left with and even one year after the birth, the flashbacks still remain - and all for nothing.

I could never contemplate having another baby; I found the whole experience extremely traumatic. I have been told by the hospital that the doctor who delivered my baby was under supervision and technically not a student so I have no grounds for complaint. The vaginal examination given by the doctor has been ignored by the hospital saying that there is no proof that I withdrew my consent. The notes are vety sparse and do not represent the situation at the time. In fact the notes only contain details from the waist down, nothing which my husband or I said at the time is recorded.

The manner in which the birth was handled has effected everything in my life. At times I have wished that

I was left to die at the hospital, but my daughter is wonderful and fills me with such joy and the support from AIMS has kept us sane. I just wish I knew then what I know now.

I was treated like an object on a conveyor belt in a hospital where birth plans mean nothing and home births are very rare - now I know why.

I resent the fact that I was never given the opportunity to deliver my baby naturally and as a result we have been subjected to unnecessaiy intervention and abuse. My complaint is ongoing, but I do not have any confidence in a system which is set up to protect the medical staff and not the woman and child.