AIMS For a better birth...

High risk and high and dry

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I am currently pregnant with my first child, and have been going to my local hospital for maternity care. The quality of care has mostly been good throughout my pregnancy but, with the Coronavirus, it appears they are prioritising the safety of their staff above that of expectant mothers.

I have gestational diabetes (GDM) which classes my pregnancy as "high risk". Nevertheless, the hospital wanted to cancel my high risk scans so that I wouldn't come in - as a measure to protect the staff, not me. They told me I should not only cancel my scans, but then also that I could wait up until week 42 before being induced. This was concerning as NHS guidance is that women with GDM are to be offered induction or caesarean by week 40 if they have unmanaged gestational diabetes (which I did, until my late diagnosis at week 34 which only came because of my request for the test as I had signs and symptoms of it, even though they said I definitely didn't have it) in order to avoid complications, and at the latest by 40 weeks + 6 days if it had been managed.

Further, it would be these scans which would show if there was any abnormal fetal growth and whether earlier induction would be appropriate. I suggested that both cancelling the scans that would indicate if earlier induction was necessary and not planning for an induction by week 40+6 seemed too high risk to me, and that I would prefer to at least plan for one or the other. As a result, they suggested I could still come in for the scan, but that I wouldn't be able to speak with a doctor in person and that they would call me later, which I said was fine.

After I had the scan, the doctor called me an hour later than scheduled, explaining she was delayed as she had been waiting to get my scan results, but said everything looked fine. I asked if a 13% growth increase in one week for the baby's abdominal circumference (AC) was normal, as that seemed significant to me, and she said she didn't actually have my growth charts yet and would need to call me back. The doctor actually called me and told me the growth looked fine without even looking at the growth chart! She then returned my call and said it was fine as the AC was in the "70s or 80s" for percentile which was fine. I said that was not what my scan report read, which plotted the growth at the far right end of the scale, and the sonographer told me it was at the 90th percentile. I asked if that was incorrect - that it wasn't actually in the 90th percentile - and the doctor said that was actually correct but still nothing to worry about.

I wasn't sure if she lied or misread the information, but after having first told me the growth looked fine

without actually having looked at the growth chart, I was a bit sceptical. This prompted me to ask if there was ever any AC number that would give them cause for concern, and she basically said no - they just look at total growth - but then, when pressed, did admit that AC alone is a sign of complications arising specifically from GDM but they just didn't look at it. I finally decided to drop this line of questioning as it was going nowhere, so asked my next question which was how they would know if I was having signs of pre-eclampsia - a possible compilation arising from GDM - given that they didn't take my blood pressure after the scan like they usually do. She said they would normally check it via taking the blood pressure, but aren't now because coronavirus pressures. She then said that I should be fine because I don't smoke or have a high BMI. I asked if those are general correlations for pre-eclampsia in normal women, whereas GDM alone is a risk for pre-eclampsia. She said it was but they didn't think it was worth the risk of having someone take my blood pressure when I was in the hospital, given the virus. So again, as a pregnant woman, they were putting me at higher risk of a complication - this time of pre-eclampsia - as they wanted to reduce services provided to pregnant women to protect their staff.

As a final point, they said that my husband wouldn't be able to come with me to triage or the labour ward whenever I do go into labour - that he would have to wait outside until I was in the delivery suite - at which point they would call him. The combination of suboptimal care and not allowing partners in convinced me to go private instead, despite the high cost.