AIMS For a better birth...

Balancing the trade offs

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By Isla Wallace

I was 36 weeks pregnant when the UK Government announced that pregnant women were to be classed as a 'vulnerable group', at high risk from coronavirus. This created a great deal of uncertainty, and the changes made by my local maternity services impacted on my experiences both before and after birth. Some of these experiences were challenging, but I also found a number of unexpected positives.

I was being closely monitored during pregnancy because I had been diagnosed with pre-eclampsia with my first child. My community midwifery team continued to provide care during the pandemic, undertaking home visits to monitor my blood pressure and proteinuria. They kept me up to date as protocols changed, and called before attending to check no one in the household had symptoms. When I was asked to attend the Day Assessment Unit at our local maternity hospital, I found the approach of both teams to be compassionate and flexible, as they worked with me to ensure I was able to fit appointments around childcare commitments in light of nurseries being closed.

In terms of antenatal care in the hospital, I worried about the impact of having to attend on my own, especially when I needed to make important decisions about my care. Doing this without my partner to support me was challenging. However, the hospital was much quieter than usual and staff went out of their way to make me feel at ease. This meant that overall I found this part of pregnancy more relaxed and less stressful than I had otherwise anticipated. Compassionate care went a long way to offsetting the

challenge of attending without my birthing partner. For example, a midwife asking if there was anything I wanted to discuss after the medical team had set out options for next steps gave me an extra opportunity to talk things through and to reach a decision about my care that felt right for me. I also found the joined up approach between the hospital and community midwifery teams very reassuring. Ensuring this continuity of care as I moved between services helped to offset the potential for anxiety in a changing landscape.

My experiences of labour itself were also much more positive than I had anticipated, although not exclusively so. A key concern for me had been the new rules about visiting, which would mean I would have to labour in triage without my partner while I was assessed. In practice, this meant a couple of hours when I was in the hospital while my husband waited in the car park, and during this time I was started on medication to lower my blood pressure. This scenario was something I had discussed with my husband in advance, and we had agreed that his role would be to ask questions and help me reach an informed decision if needed. As he was not there, I did not have anyone to advocate on my behalf, and it was only later that I regretted not asking about alternatives. It may be that I still would have opted to take the medication - but what has stuck with me is a sense that my decision was uninformed: while trying to manage my contractions I was not in a good position to ask questions, clearly articulate my views, or weigh up alternatives at what felt like a very intense time.

Despite this, the rest of my labour was incredibly positive. With my partner alongside me I successfully managed a calm and fulfilling VBAC birth. This had been my key aim, and despite the changes to services as a result of Covid-19, it laid to rest many of the difficult memories I had been carrying with me from my experience of an emergency caesarean first time round.

In terms of postnatal care, it was difficult having to say goodbye to my husband just a couple of hours after the birth. However, as we knew to expect this I was prepared. Perhaps the greatest impact of Covid-19 for me was when my baby needed to be admitted to the neonatal unit for a short period in the early hours after his birth. New visiting rules meant parents were only allowed on the neonatal unit for an hour a day. This was hugely challenging emotionally, given that I was not allowed any visitors - including my husband and 3 year old son - on the postnatal ward, and was very limited in the time I could spend with my newborn. Fortunately this experience was short - just 24 hours - during which I was able to hand express and have an hour of skin to skin time. However, I would have found it incredibly difficult to be separated for any longer and I worried about the impact on establishing breastfeeding. This was one element of care where I struggled to fully understand the trade-off being made in terms of risks and benefits - understanding the need to minimise any transmission of the virus to a very vulnerable group of babies, versus the longer term impact on bonding, breastfeeding and mental health and wellbeing for parents.

Again, the care I received from the midwives postnatally was important in shaping my response and helping me to cope. This was a consistent theme throughout my care. Despite the unexpected circumstances and additional challenges presented by the pandemic, I think it was this network of

support across maternity services that made the key difference to ensuring that my experience was ultimately a positive one.