AIMS For a better birth...

My Story

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By Hannah Lyons

I gave birth to Stephanie Joy in February 2021. Being pregnant, giving birth and being postpartum in the pandemic was extremely hard, both because of the effect on our lives in general and on maternity services. Stephanie is my second baby, and having conceived her towards the end of the first lockdown I rapidly hired an independent midwife. I had been dissatisfied with my NHS care when birthing my first, Charlie, at home, and I was eager not to have any issues with the NHS Reading Homebirth Team's availability during the pandemic. I was terrified in particular of issues with access to the birthing centre for my husband. I knew independent midwives would be in greater demand than usual but, unlike the NHS Homebirth Team, she was able to keep doing all antenatal appointments at home throughout the pandemic.

Not long into the pregnancy I contracted food poisoning, and my midwife recommended I go to the Early Pregnancy Unit (EPU) at our local hospital, the Royal Berkshire (RBH) – my symptoms suggested an ectopic pregnancy. Partners were not being admitted due to COVID. Scan pictures could not be obtained, and photographing the screen was forbidden[1]. It was too early to see a heartbeat, so I was told I had a Pregnancy of Uncertain Viability and given a follow-up appointment. It was extremely distressing for me to go alone, and I drew pictures of the scans for my husband; at this point the embryo looked like a grain of rice. The next appointment showed a heartbeat. I was diagnosed with a*Camylobacter* infection (the previous theory had been viral gastroenteritis), which came with a significant miscarriage risk. I was

given a third appointment a fortnight later to check if the heart was still beating, which was even harder - we were finding out if our baby was still alive rather than if they had ever been 'viable'.

Communication regarding partners' access to appointments was terrible. The announcement that partners could now attend scans and antenatal clinic appointments was made on Facebook – it was unclear exactly what was included. I was furious. Why was this communicated via a social media platform? What if women turned up alone without having heard only to find that others had brought partners? The posts seemed annoyingly chirpy – as if we should all be thrilled to have access to something that should be a right. At this point I had two appointments booked – my third at the EPU and one at Rushey Birth Centre in RBH, for booking-bloods[2]. Although the post had suggested both would be covered by the policy change I called the EPU to ask if they were included and was heartbroken to hear that they were not. The EPU fell under gynaecology, not maternity, so this was not an 'antenatal' appointment, and they had cancer patients who were not being allowed visitors, and who would not handle it well if I was walking past with a partner. I felt that the stress of complicated issues of policy-making was being passed to me, the patient, and that concern over complaints was eroding empathy in decision-making. I was appalled to hear that Reading Maternity Voices could not represent me as the Early Pregnancy Unit, despite its name, did not fall under their remit. The impression given was that the hospital did not regard me as actually pregnant – mine was a gynaecological issue. I felt like the suggestion was that I was not supposed to be emotionally attached to a pregnancy and baby which did not, in the institution's eyes, exist yet, and so I should not need support to hear if I had miscarried.

This shines a light on a general issue in terms of the NHS's attitude to the father in pregnancy, at birth and postpartum. RBH already had restricted visiting hours for partners on postnatal wards before the pandemic. When the pandemic hit, visiting on postnatal wards was axed. A father has a right to be there to hear that a pregnancy has been lost, and he has a right to bond with his baby. Restricting his access gives the impression that childcare is women's work. I had lived in fear of needing postnatal admission with my first baby because of the conflict of my husband refusing to leave if we couldn't obtain a side room (for which we would need to pay). This stress was dramatically increased second-time round by knowing that fathers can't refuse to leave if they're not admitted, and are being blamed for infection hazard to others and for supposedly not joining in the mass project of pandemic-fighting. In such circumstances expecting access to one's baby is viewed as practically unpatriotic.

The rainbows in windows and 'We love you NHS' signs felt uncomfortable to me – the NHS had already seemed almost impregnable on complaint. Now the system was being set up as a guardian angel and I felt small, powerless and angry in the face of it. I was already traumatised by my care when I was injured in a car crash when Charlie was four months old. My week-long hospital stay had been dogged by incident after incident of terrible treatment regarding me keeping him with me and exclusively breastfeeding. My pages-long complaint had caused me to be invited to address the Trust Board there, and the Chairman had apologised that they had failed me, and said that they would endeavour not to fail others. I could not blindly trust the NHS, and I was frightened by a world that seemed determined to.

Having got through the EPU appointment, thankfully with good news, I had my booking telephone appointment with my allocated NHS midwife, who confirmed that I could bring my husband for booking-bloods. Thrilled to finally go to the hospital together, I arranged childcare for Charlie. I was then called by a midwife at the birthing centre to check I had no COVID symptoms before coming in, and told that I must come alone.

As I was still very seriously ill at this point due to an inexcusable delay in getting the correct prescription, I told the midwife that I would not come without my husband, and to cancel the appointment. She insisted that I must speak to someone more senior, so I then had the community lead midwife on the phone to remonstrate with me. I pointed out that this was a routine appointment – it was not to treat anything wrong with me. I was tired of going alone and not well enough to make it remotely worthwhile. She told me that it was important I be tested for conditions like sickle cell anaemia. Horrifiedly amused, I told her that I had had booking-bloods for my first baby, and I was not going to have developed any genetic conditions in the intervening period. I asked for a full list of things tested for, and identified antibodies as the only one of interest. Since I didn't really need that information until after the birth, I told her there was no need for me to have the blood tests now.

I expressed my complaint at how partners' access was being handled, and the community lead midwife agreed to pass it on. The email I then got from the matron said that she'd been told I wanted to discuss my care (rather than that I had complained); I was exhausted and deflated enough that I never replied.

When I asked my allocated midwife she said she had realised her mistake after telling me that my husband would be able to attend the booking-bloods, but had not thought to update me as she had so many people to deal with. She had expressed bemusement at my choice to hire an independent midwife, and I pointed out that not being one of many was one of the reasons why I had done so. I felt that she was treating being able to bring a partner as a minor detail; it seemed like nobody in the system was paying attention to how important the issue was.

I gradually recovered, although I had significant post-infection food intolerances. I arranged private scans in order to be able to bring my toddler as well as my husband. By the time I had issues with bleeding in the second trimester I was able to bring my husband with me to RBH. I had my booking-bloods while I was there – I was told they couldn't release anti-D[3] to me unless I had them, partly as they couldn't access my records from my previous pregnancy. This was quite convenient – I also doubled-up my follow-up bloods later in the pregnancy with being in A&E for vertigo (checking for concussion).

As I headed into the third trimester we headed into another lockdown, and my mental health deteriorated. Having my husband working from home throughout the pandemic was a blessing, but it was difficult to keep Charlie occupied so he could work, and I felt lonely and isolated. Pre-pandemic we had gone to four baby groups a week and I had spent plenty of time chatting with friends including fellow Breastfeeding Peer Supporters and fellow tandem feeders. Now we felt very alone, and Charlie went months without seeing another child he knew. My midwife's visits were a major highlight – partly as she

was the only person allowed in the house.

We missed our family terribly, and after the blow of the cancellation of the Christmas bubble because of local case rates I developed breastfeeding aversion. Charlie was feeding far more than he would have without lockdown due to the lack of activity; I had always fed on demand and learning to limit feeds when I felt resentful of needing to do so has been a slow and painful process.

The support bubble was a godsend, but also deeply frustrating. It seemed to make little sense to have to wait until after the birth when we desperately needed a mood boost beforehand. It was an emotional nightmare – who were we to pick? Could we legally use the childcare bubble, or would we recruit an additional birth partner? Switching bubbles was not an option for us – there was no way I was going to be able to give up external company for ten days. We decided to support-bubble with my parents. Despite them visiting regularly, I found the lack of variety of company postpartum extremely difficult – it was particularly painful not to be able to see my sister and show her the baby.

In the run-up to the birth there were increasing issues locally with ambulance availability, and we planned out the drive to the hospital should I need to transfer in labour. I was infuriated to read that in London some homebirths were being discouraged to try to relieve pressure on ambulances.



Stephanie was born in our bedroom, healthy and happy. The process took five hours, half of which we spent ascertaining that I was in labour! I went rapidly from working out that this was the real thing to transition, and my poor mental health was noticeable with me being very agitated and full of self-doubt. Once our midwife arrived and I got in the pool everything settled. The water seemed magical. I took my customary pre-birth nap floating in the water, then sprang awake to say that my waters had broken and the baby was coming. The midwives came running, and my independent midwife was a wonderful grounding presence. Having built a rapport with her across the pregnancy was completely invaluable.

Stephanie came eight minutes later and I lifted her out of the pool. My husband and Charlie leaned over the side to meet her. The placenta came of its own accord when I stood up, and she latched on after we'd got to the bed.

Nine months on, Stephanie is an eager crawler, and a wonderfully smiley, happy girl. The effects of the pandemic on having her have been wide-ranging and largely negative, but we are very blessed to have her father still working from home so we can all be together.

Author Bio: Hannah is a mother of two and loves books, comics, films and countryside walks. She has degrees in Biology and Publishing and is currently enjoying learning all about dinosaurs with her very enthusiastic three-year-old.

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[1] Editor's note: Patients have a legal right to record a consultation as this article from the British Medical Association confirms: "Information disclosed during a consultation is confidential to the patient. Therefore, patients do not need doctors' permission to make an audio or visual recording of a consultation". www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations

Birthrights have obtained a lawyers opinion on this and confirm that partners should be able to join maternity scans remotely: www.themdu.com/guidance-and-advice/journals/good-practice-june-2014/patients-recording-consultations

[2] Editor's note: Booking-bloods are the standard blood tests offered to a mother when she books for her maternity care.

[3] Editor's note: Anti-D is an immunoglobulin, given to a mother with rhesus negative blood, that neutralises any RhD positive antigens that may have entered her blood during pregnancy. If the antigens have been neutralised, the mother's blood won't produce antibodies that could cross the placenta and harm a rhesus positive baby.