

## Briony's Story

When I first discovered I was pregnant, I approached the medical services with some trepidation. My previous contact with them had been almost negligible, but over the course of the pregnancy I came to be reassured. I had a nice community midwife, the hospital did not suffer from severe midwife shortages, and it offered a home from home room which seemed to be a good compromise between the home birth I instinctively wanted, and the hospital birth every one else wanted for me. I felt encouraged to take the view that the bad old days were over, that the midwives would do their best for me, and that if there was intervention it would only come about because nature was being awkward and deciding that a normal delivery was not for me. I can see now how naïve I was to put my trust in a system which I knew had failed others, and involving people I had never met and about whom I knew absolutely nothing.

On the day I went into labour, we arrived at the hospital at 2.30pm on a scorching hot summer afternoon. The midwife assigned to me had the next day off, and I think wanted someone nice and easy to take her to the end of the shift. Instead she got me. The baby, it transpired, was posterior, and I had by then had several hours of close together contractions. I had expected the atmosphere to be calm and supportive; instead there was dismay, consternation, impatience and frustration. Much of it was focused on my inability to take up position on the Electronic Foetal Heart Monitor as I could only cope with the pain leaning forward. (I did not know then that two months earlier the National Institute for Clinical Excellence had issued guidelines saying that EFM should not be used where there has been a straightforward pregnancy.)

Two hours after arriving, the Senior Midwife and the midwife assigned to me came into the room together. The Senior Midwife told me forcefully that they thought it was going to take a long time and that I should have an epidural. She went on to say that I could have the pethidine I had earlier requested, but that it would not take away the pain, which I hadn't asked for anyway. In the course of the two hours, it was insinuated, but not stated, that my baby was in distress. I was told, in suitably stern tones, that I had to do things for the sake of my baby. The room I was in was treated like a public waiting room. At one point, someone came in and berated the staff already present for letting the bed linen become stained. I do not think she was directing her ire at me, but I felt responsible, and I had to move so that it could be removed. In my pain addled state, all I could assume was that they were all, indeed, doing their best for me, and that I was somehow doing it all terribly wrong. Of course I now know that had I stayed at home, I could have maintained the position I wanted to be in, my baby would have been fine, and I might have managed the pain. As it was, the effort of trying to deal with the pain, and negotiate the demands of the hospital staff, was impossible. I accepted the epidural with alacrity. It was the only thing I could do, but my part in giving birth to my daughter ended as soon as I did.

In due course, I was asked to change my top, and I was aware that the male anaesthetist was in the room. I hesitated, and the midwife began her 'you have to do this for the sake of your baby' refrain. Being in pain, I was in no position to respond, so I complied. I felt humiliated by it, but there was more to come.

The obstetrician had issued an instruction that there should be no pushing for the first two hours of the second stage. The midwives (different to the ones I started out with) left it for three. It might have made no difference, but I feel deprived of a proper chance to deliver my baby. When I did start pushing, I could soon see that the eyes of the midwife telling me when to push were flickering constantly towards the dials on the

machine. When they reached (I presume) the requisite places, she announced 'Ventouse!'. It was by now the middle of the night. I was made to put my legs up in stirrups with the curtains open, and the lights full on. Then I had to wait when it became obvious that the obstetrician had gone back to sleep and she had to be re-woken. (I know how lucky I was to have a female obstetrician.)

Afterwards, all those present at the birth disappeared and a new set of people, who started clearing up, arrived. I asked one of these people how long I was going to have to stay in stirrups, and she said, very sympathetically, something to the effect of not a minute longer than necessary. But she still carried on what she was doing.

Within weeks, I knew, from the searching the internet, that I was suffering from Post Traumatic Stress Disorder. For those fortunate enough to have avoided it, it is an exceptionally debilitating combination of grieving for something you feel you have lost, and reliving the experience over and over in your mind. Reliving it involves not just what actually happened, but also what might have happened if something or things had been differently done. I have told myself many times that what happened, happened, and I cannot change it. I have also looked back on it in total disbelief.

Additionally I have had to deal with the feelings of degradation the actions of the hospital staff inflicted on me. My main comfort was to tell myself that time would heal, which it more or less has, but the experience has taken a heavy toll on my mental well-being. My husband too, has had to watch, bewildered, as I retreated into what seemed like unreachable unhappiness. I mind awfully that I don't have a happy experience to tell my daughter about, and one day I will have to tell her what happened and its aftermath in a way that won't leave her feeling that she is somehow responsible.

Three months after the birth, I had a telephone conversation with my community midwife. I was trying to establish initially why I had to have an epidural, especially as the hospital ante natal class had given the definite impression that it was just one method on a menu of pain relief options that the woman in labour herself could choose from. I found out that one of the first entries made in the notes after our arrival in hospital was that I had back pain and the urge to push, neither of which I had. I was also incredulous to learn that the ambush approach used to get me to agree to an epidural was described in the notes as a *discussion* about pain relief.

Nine months or so later, I met with the Midwifery team leader, and we went through the notes fully. This time I discovered the number of instances where others had been informed or consulted about me, and about which I wasn't told. For example, late in the first stage, I remember one of the midwives becoming concerned that I was having too much sensation. According to the notes, she contacted the anaesthetist, who told her to increase the epidural dosage. I knew nothing of this at the time. I was the classic piece of meat on the table.

In the course of our meeting, the team leader asked if I would like to meet any of the people involved. I declined. It was the right decision at that time, I was feeling the worst of the trauma about then, and any defensiveness or hostility on their part would have increased it even more. As well as that, I did not feel able to disclose the top-changing or stirrups incidents. I did, however, make a complaint about the bed linen incident. I got a very polite reply, although it apologised for an incident that took place *after* I had given birth.

After our second child, who we had with the help of an independent midwife, was born, I decided that I wanted to try to put this behind me once and for all. I took advice from the NCT and AIMS, and as a result wrote another letter to the hospital. The reply was a pile of platitudes, including one particularly distressing comment 'I am confident that the staff who looked after you would not have intended to cause you distress', when they plainly had caused me enormous and enduring distress. However, it did enable me to move on, and that is the main thing.