

The Complaint

November 2004

This letter is written with regards to the poor treatment I received at maternity hospital when I gave birth to my first baby, Jack, on August 13th 2004. I have attempted to list my comments in a logical order.

1. My pregnancy progressed well until week 25 when I developed symphysis pubis dysfunction (SPD) and was signed off work until I commenced maternity leave. I was in a lot of pain and was practically immobile. My antenatal care, provided by community midwives, was of an excellent standard.
2. My first contact with was when I visited antenatal ward to check my baby's heartbeat, as I had not felt him move for 16 hours. I visited ward again near the end of my pregnancy because I thought my waters had broken. The staff in ward were excellent. They took time to reassure me and gave me time to ask questions.
3. My next contact with the maternity hospital was when I thought I was in labour and visited the midwives unit. My contractions were 5-7 minutes apart and I had terrible backache. The midwives confirmed that the baby was back-to-back and gave me a TENS machine to take home and use. The midwives in the unit were very good and reassured me and answered questions I had.
4. On the 10th of August, 3 days after my baby was due, I was given a membrane sweep by my community midwife. That evening at 7.45 pm my waters broke. I contacted antenatal ward who suggested that I go there at 8am the next morning to be examined. I was quite surprised, as I know that in other areas of the country you would be admitted until delivery to decrease any risk of infection.
5. I was examined in antenatal ward at 8 am on the 11th of August. My waters had broken and I was easily soaking a hand towels worth of fluid every few hours. I was contracting but with little frequency or intensity so it was suggested that I went home to return the following morning at 8 am. I explained that I lived twenty-seven miles away and that my husband and myself would stay with a friend in town for the night. With hindsight I wish I had felt able to say that I'd rather stay in hospital. I was in pain from mild contractions and felt undignified at passing so much water. I knew I was being sent away to give me a chance to go into established labour naturally. I was also aware that I could wait a maximum of forty hours from the time my waters had broken until I would be induced.
6. On the morning of the 12th of August I returned to antenatal ward and was examined. I was still less than 1 cm dilated and was still only having mild contractions. I was given a prostaglandin pessery at 9.30 am, thirty-eight hours after my waters broke. Again, the staff in antenatal ward were

excellent. I felt well informed of the induction process and was given time to ask questions. Both my husband and myself received meals on the ward, which made him feel welcome.

7. At 3.30 pm I was examined and I was 2 cm dilated so it was decided that I could be taken to labour ward to be given a syntocinon drip. There was a delay in getting to labour ward, as it was busy. We arrived in the labour ward at approximately 8 pm.
8. During my labour I had three consecutive midwives. The first two were great. I was well informed, encouraged, felt able to ask questions and was supported in my choice of pain relief. There was also a medical student with me throughout the entire labour. I don't know what I would have done without her because she was able to stay with me when my husband couldn't.
9. I was made aware that the syntocinon drip could make contractions more intense than usual. I coped well with the TENS machine then requested a morphine injection. This resulted in me vomiting several times although it did help with the pain. I then tried gas and air and finally requested an epidural. The baby was still back-to-back and the midwife found it difficult to trace his heartbeat so I was asked to turn on my side. On doing so, the epidural felt like it had drained out of the lower left side of my back. The excruciating pain I had prior to having the epidural gradually returned with every contraction. I made use of the bolus dose on the epidural with little effect. The anaesthetist came back and topped up the epidural, which provided complete relief from the pain. I attempted to get some sleep but unfortunately kept waking to vomit.
10. I needed to be catheterised but my midwife had difficulty inserting the catheter so the ward sister performed the procedure. I was moved down the bed for this and I had great difficulty getting back up the bed afterwards. It felt like I was expected to be able to do so even though my legs were numb and I had no upper limb strength because I hadn't slept in days. My husband and the medical student pulled me up the bed together. I feel that there could have been safer ways to move me, for both my sake and those who helped. I am a healthcare professional and I'm sure the way I was dragged back up the bed is not considered best manual handling practice. I would also question why my husband was expected to help when it is not his job.
11. Eventually I was fully dilated and was advised that I had to wait an hour before beginning to push. I was hot and shivery and my husband was putting cold clothes on me to try to cool me down. I had no idea at the time why he was doing this. During this hour the midwives changed shifts and the new midwife asked me to go on my side again. I informed her that the epidural failed the last time I moved onto my side. She did explain that she had to get a trace of the baby's heartbeat so I went onto my side. As predicted, the epidural drained gradually in the lower left side of my back. It was ok at first, the pain was only really bad during a contraction. I

started to push and gradually the pain got worse until it was constant, not just during contractions. I remained numb everywhere else besides my lower back. I reached a stage where I was in constant agony and was trying to communicate that I couldn't push anymore because of the amount of pain I was in. I felt ignored and was told to carry on by the midwife. My response to this was to become absolutely hysterical, screaming and panicking for my life. Looking back this must have been the only way I could get through to the midwife that I could take no more. My husband tried to tell me to breathe properly and use gas and air. I was listening to him to some extent but the midwife suggested that perhaps it was best that I only listened to her. I was still panicking and sobbing. I didn't care about the baby, I just feared the worst was going to happen to me.

12. The next thing I remember is being in theatre. I cried 'sorry' to everyone for being such a failure. I then had the feeling that I couldn't swallow. To my horror, I had lost the muscle power to swallow as the spinal block had gone too far. I was reassured that this was a rare side effect and that I would be able to swallow again soon. This made me panic even more. I could see my chest heave like I was going to be sick and then suddenly my mouth would be full and the oxygen mask was taken off quickly the let the sick out.
13. I told the midwives during labour that I was deaf in my right ear. I had been since the last part of my pregnancy, however, most people spoke to me on my right side so I couldn't hear them properly. In theatre, my husband was on my right side so I was unable to hear his reassuring words.
14. My son, Jack, was eventually born at 10.19 am on Friday the 13th (ironic) of August, some sixty-seven hours after my membranes had ruptured. Ventouse turned him and he was delivered with forceps. The cord had been around his neck. On the way to the resuscitator, the cord clamp fell off resulting in Jack losing blood. I refused to look at Jack initially because I couldn't breathe properly due to spinal block – I felt like I would cry and then my nose would block and I would be unable to breathe. Therefore I missed the first precious minutes that a mother should have gazing into her newborn's eyes.
15. We were taken to the recovery room for two hours and then to postnatal ward. I had a catheter, drip and morphine PCA in situ and was given IV and oral antibiotics. I was exhausted and struggled to breastfeed. I was extremely hot but Jack was cold so I was encouraged to have him against my skin. I couldn't bear it because I was so hot and still felt nauseous so my husband did it instead. An auxiliary nurse expressed a little milk from me and gave Jack this and a formula bottle. Even though this person fed Jack, she did not change his nappy. My husband and myself were so exhausted that we didn't think to change his nappy all day. My mum visited in the evening and asked if he'd had his nappy changed yet and that's when we discovered he hadn't. My mum changed his first nappy and he was covered in meconium that had dried onto his skin both front

and back. I'm sure this did not help his infection levels later on. As this was my first baby, I expected someone to show or help me to change his first nappy or at least remind me that it needed done. I felt extremely unwell and changing nappies was the last thing on my mind. I was well looked after and was checked every hour but noone thought to check that my son was comfortable.

16. At 8pm a doctor took Jack away to have blood taken but he did not explain where he was going and why he needed to take blood. I just assumed that it was a normal procedure for newborns. Jack was away for over an hour and noone had told us anything so my husband searched the ward to find out what was happening. He found Jack in the nursery under a radiator. My husband was told to tell me that he was cold, pale and lethargic so was being heated up. Why was it left to my husband to tell me? Surely a midwife could have taken the time to reassure me? My husband went home at 9 pm and at approximately 10.30pm a midwife came to say that Jack had been taken to the special care baby unit (SCBU) and that the doctors would see me shortly to explain why. The doctors came to see me at approximately 2 am and spoke very quickly. I was still half asleep and they spoke to me on my deaf side and they were gone before I had time to ask them to repeat what they had said. I hadn't heard a word, so was left feeling very anxious. Luckily the midwives were able to fill me in. I asked to see Jack but unfortunately when I went to get in a wheelchair I passed a large clot so was told that I should rest in bed.
17. The neonatal midwives were excellent. Myself, my husband and our family were made to feel very welcome when we wanted to spend time with Jack. We were informed of his progress on a regular basis.
18. On day two I was still in a lot of pain because 1) my pelvis and hips were still painful from the SPD 2) because of stitches and bruising. I also felt light-headed from the morphine and dihydrocodeine I was taking. Despite this I was instructed to stop using a wheelchair to go to the neonatal unit to feed Jack. I felt this was cruel and tried to explain that I was building up my mobility gradually and that I was in control of getting better. I did not feel able to say that I was a healthcare professional and would know when and when not to use a wheelchair. I feel the wheelchair was taken away not for the sake of my mobility but because the midwives found me it an inconvenience in the middle of the night when I asked them to walk with me for the rest of the way. From day three I hobbled slowly to the neonatal unit, stopping halfway at the main entrance to sit and cry because I was in pain and because I knew my son would be crying waiting for a feed.
19. Jack developed jaundice on day three to day eight. This was never treated.
20. On day 3 I was told that Jack would be having a lumbar puncture and ultrasound head scan to test for infection and meningitis, as they could not find the exact site of infection even though his CRP levels were raised.

The doctor started her sentence with 'This baby had such a horrific start to his life...' It was true but as soon as I heard this I started to blame myself for being unable to push him out and becoming so hysterical when in labour. I cried all the way back to the ward and several hours later a midwife noticed I was isolating myself from others by keeping my curtain round my bed. I broke down and explained that I felt extremely guilty about the birth. This midwife was extremely supportive and discussed the birth with me. It became apparent that I didn't really know exactly what had happened. She suggested that she go through my notes with both my husband and myself to try and fill in some gaps in my memory. I am glad I did because I might have still been blaming myself to this day. It was clear from my notes that I was taken to theatre, not because I was hysterical but because I had a high temperature (forty degrees), was tachycardic and my blood pressure was low. I had an infection so probably wouldn't have been able to give birth naturally anyway due to being so ill. Jack's heartbeat was also showing decelerations on the monitor. This was the first time that I realised that I had been stitched. I honestly had no idea. I think it would have been helpful to be debriefed after the delivery when I felt I could take in information. Simple things like the fact that I'd been stitched, Jack was delivered by ventouse and forceps and the fact that the cord clamp fell off. I was relieved to learn it was not my fault but I believed that it was for three days because I had no information on what had actually happened.

21. On day five, I was delighted when Jack was returned to the ward. I then realised that I had not been told where I could get babygros etc. for him. I feel that it would have been helpful to receive some sort of induction to the ward. Just simple information like where to get things for the baby, tea making facilities etc.
22. On day five I felt awful. I felt dizzy, sick and light-headed. My blood results showed I was quite anaemic. The auxiliaries helped with feeding and changing Jack and I was very grateful for that.
23. Jack usually wanted fed when I got my meals on the ward. Being anaemic, I really needed nourishment but I can honestly say that 90 % of my meals were reheated or taken away as it was so long before I asked for them back. I was very lucky to have my husband visit me from 9 am to 9 pm but of course he was not permitted to stay at patient mealtimes. I feel that if he had been allowed to stay and feed Jack I would have been able to eat my meals and get the nourishment I deserved after all I'd been through. Due to partners visiting times, my husband had to leave the hospital twice a day to get something to eat so we accrued parking ticket costs of over £42 for our visits before the birth and our stay in hospital. The parking fee is fine if you are only in hospital a few days but we weren't. Perhaps an all day ticket system would be cost-effective.
24. After the birth I remained deaf in my right ear. I sleep on my left side so, at times I was unable to hear Jack cry. Occasionally, a midwife would need to wake me. Some were polite and civilised but on one occasion I was

given a few light slaps on my cheek to wake me up. I did not know the midwife and she never introduced herself. After this incident my husband printed a notice to put above my bed to alert staff that I was deaf in my right ear. It worked well.

25. On day six Jack seemed more energetic and wanted to breast feed constantly. I felt unable to cope and became tearful, low in mood and felt resentful towards Jack. I broke down to a student midwife who was great and asked her supervisor to speak with me. The midwife was extremely supportive and made the time to listen to my worries and thoughts. She explained all the options available to me and encouraged me to discuss how I was feeling with my husband. The midwife was supportive when we decided to change to formula feeding. You hear stories that the midwives will try to encourage you to keep breastfeeding but I really didn't feel this was the case at all. I was grateful that the midwife supported my decision.
26. Jack was given IV antibiotics until the day before we were discharged. Jack received a double dose of antibiotics on at least one occasion because the paediatric doctors had not been available when they were bleeped. He also had his antibiotics either a bit early or late at times because the paediatric doctors were on the ward anyway to give drugs to another baby. At other times a midwife took Jack to the neonatal unit to have his antibiotics given at the request of the paediatric doctors. I'm not sure that being taken out of a warm ward past the draughty main entrance helped Jack's infection levels. The midwives did make the best effort they could to bleep the doctors in advance of when Jack was due his antibiotics. The ward sister took Jack to the neonatal unit one day and told the paediatric doctors that they should come to the ward to administer drugs. I was very grateful for her attempt at righting the situation.
27. There was a general lack of consistency and communication on the ward. Firstly, I was told that I should only use cotton wool on Jack's bottom. One day a midwife asked around to see if she could borrow some baby wipes if anyone had any to clean meconium off a baby, as 'they were the best things for the job'. I thought afterwards that it must be fine to use wipes and did so. When I was 'caught' doing so, another midwife reprimanded me like I was a child. I am an adult and was capable of a civilised discussion on the matter. Secondly, the neonatal midwives suggested that I get Jack some dummies to soothe him whilst I made my way from the ward to SCBU to feed him. On Jack's return to the ward, an auxiliary pulled the dummy out of his mouth saying 'yuck, dirty dummy, you don't need that'. What a contradiction. Was it not my decision whether I used a dummy or not? That same auxiliary then approached me three days later when Jack wouldn't settle and suggested that I send my husband out for some dummies to settle the baby! Thirdly, Jack was taken to the ward nursery once during the night as he was crying and wouldn't settle. It was a great relief and he was returned to me a few hours later swaddled nicely in a blanket. I thought that he must have liked it because he was settled. I used swaddling to try and settle him thereafter but again I was reprimanded for doing so. I also received a lecture on how Jack would

overheat and the implications of this. I felt patronised but wasn't able to say that it had been a midwife that gave me the idea in the first place. I felt like bursting into tears. The above are just three examples of the lack of consistency on the postnatal ward. I was made to feel very confused. I believe it should be the parents' choice if they use wipes etc or not. I do understand there are some rules for security purposes and that is fine. Perhaps it might have been helpful to be given a leaflet on the definite rules and the preferred rules.

28. After Jack returned to the ward, at least one midwife each day would comment on the fact that he still had dried blood on his head. They would ask if he'd had a bath yet but then notice the cannula and say that he couldn't have one till the cannula came out. I just accepted this but did wonder if having dried blood and mucous on his head would contribute towards his raised CRP levels. I watched a show bath on day six and wondered how long it would be before Jack had his first bath. On day nine a midwife made similar comments about the blood and invited me to help give him a bath. I pointed out the cannula and she stated that this was not a problem and that I could just hold his arm out of the water. Jack should not have waited nine days to have his head cleaned especially when he had an infection. The midwives should at least have washed his head.

After the birth I was on a morphine PCA and taking dyhydrocodeine so I felt quite detached from what had happened. Once I stopped taking so many painkillers, I realised that I was felt really anxious when I recalled memories of the birth and passed the theatre on the way to the neonatal unit to feed Jack. One of my friends gave birth within six weeks of myself and it took a lot of effort to control my anxiety to visit them in hospital. Driving passed the hospital still makes my heart palpitate. I like to discuss birth stories with other mothers and I suppose I am just trying to make sense of what happened and how it compares to the 'normal' birth if it even exists. I also experience two specific flashbacks and have nightmares. The memories I do have still haunt me.

At times during my thirteen days in hospital I felt degraded, dehumanised, extremely vulnerable and most of all I did not feel able to defend myself and my actions. I did not have the energy to make a complaint at the time. I was just about coping with looking after my newborn never mind anything else. I thought the treatment I received in hospital was just normal but discussing my experiences with my husband, family and other midwives, I now realise that I have a lot of complaints to make. I am a health professional myself and would be disgusted to think that I made one of my patients feel the way that I felt.

At my six-week postnatal check I discussed how I was feeling with my community midwife. We discussed the birth and the complaints I wanted to make. It was apparent that I still had gaps in my memory of the labour and delivery. The midwife suggested that I see my consultant to go through my notes again and discuss the complaints that I wanted to make.

I met with my consultant at her clinic in October. She spent over an hour discussing the birth and the complaints I had to make. I am satisfied with the explanations I received regarding: the length of time between my waters breaking and delivery; the wait to get into labour ward; the spinal block and the cord clamp falling off. The consultant stated that she could not turn the clock back but could make my next experience of childbirth better by offering me 1) pre-pregnancy counselling and 2) a bit more control over the type of delivery. The consultant is aware that I am making this complaint.

The consultant did talk through the main parts of my labour notes with me but I feel that I would like to know what happened word for word. I want every time space filled in my memory. The consultant did offer to see me again but I think I would rather have a copy of my notes to keep and look at when I want to. I would appreciate some information on how to get a copy of my notes and the cost of this. I found my meeting with the consultant very helpful.

When you have your first baby you have nothing to compare your experience with. I didn't realise how traumatic my experience was until 1) my usually laid-back husband didn't cope with watching me go through it – he suffered panic attacks himself in the days following the birth and 2) at least three doctors who had witnessed the delivery stopped me in the corridors of the hospital to ask if I was OK and to tell me what a traumatic time I'd had. Luckily at the time the delivery and subsequent few days were vague in my memory. Since leaving hospital I repeatedly asked my husband for more details of the labour and delivery and was horrified and frightened to learn what it entailed. The scariest part being when I honestly thought I was going to die from the pain and seemed unable to communicate this to the midwife.

I think I could give Jack a little brother or sister in the future and I feel reassured after my discussion with my consultant. I only hope the anxious thoughts and flashbacks will fade over time. I have a beautiful healthy son for which I am very grateful. I do not feel angry over what happened, just robbed and cheated. I don't remember Jack's entrance into the world, his first cry or the first time I saw him. I am jealous of friends who do have these memories to treasure. I can't turn the clock back but I have to live with these feelings every day and it hurts. My son's birth and the days that followed should have been one of the happiest times of my life but I only feel pain at it's memory. It was the worst time of my life. This was my start to motherhood.

I really hope this letter of complaint prevents anyone else having to go through such a traumatic experience. It has taken a lot of courage and time for me to recall my experience for your benefit. I look forward to your response.

Yours sincerely

Lizzy

Outcomes

My husband and I met with clinical director and head of midwifery and my community midwife to discuss my complaint in December 2004. This meeting was good as we discussed my notes again and I received some clarity on the issues I had. The head of midwifery confirmed that my delivery midwife should have debriefed me after the birth and explained everything but she did not. After this meeting I received a formal written apology from the clinical director. I also received a full photocopy of my maternity notes. I was also invited to be a user representative on the twice yearly strategy forums at the maternity hospital. Some people suggested that I should sue the hospital but I really didn't want to go down that route as 1) it could drag on for years 2) it is very difficult to prove medical negligence and 3) I am an NHS employee so it would be like suing my employer. All I wanted was to put my points across and to be listened to so that no one else would have to endure such a horrific experience.

Update

My son is now 8 months old and I don't have nightmares or flashbacks anymore. I think getting a written apology and meeting with the staff from the hospital gave me some closure and the ability to move on. I will never forget what happened. Jack's 1st birthday will be a celebration and I just hope that the memories of his birth will not overshadow it.