

Open reply to the NMC from Birthplace Matters – March 2017

Dear Catherine Evans and Emma Broadbent,

Thank you for your response to our letter. It is clear that your goal is to focus on compensating mothers after the event of their birth. We wish to explore this in broader terms and discuss what really matters to the many mothers we hear from at Birthplace Matters.

It strikes us that when a woman is hiring an independent midwife, it is often done as an act of insurance, to protect herself and her baby from damage which she does not want to repeat from an earlier birth. Sadly, the damage we hear about is occurring far too often as a result of 'routine' or commonplace procedures which are happening every single day up and down the country.

As such, far from being a luxury lifestyle choice for a wealthy and privileged elite, a woman's decision to hire an independent midwife is much more often an act of desperation following anxiety attacks, symptoms of PTSD, and feelings of anger and sadness following an experience of giving birth under NHS care. Often, they just want to avoid the same 'routine' procedures and treatment again.

Your statement that women still have the option of choosing non-IMUK midwives, fine though they may be, is not actually viable for some – since some women live too far from one for that to be a safe option for birth – especially for 2nd, 3rd, or 4th babies etc, who may come too quickly for a midwife to drive 3 hours to her. In such cases women are left facing the option of going back under NHS care, choosing to birth alone with no midwives, or, as we have been hearing more and more recently, actually choosing not to have any more children. All three of these options are unacceptable when taken as acts of desperation. Do you see now what peril women are in because of this insurance fiasco?

Without exaggeration, some stories we have heard by women describe their birth in the language that rape victims use about the violation of their bodies by strangers. Some are triggered for weeks, months and even years afterwards, often suffering silently. Even if a birth appears on paper to have been a success, with no legal category for suing a hospital, it doesn't always mean that a woman walked away from her birth experience unscarred. There are invisible wounds which cannot be accounted for in a tick-box on an insurance claim form. Some feel too beaten down to fight anyway.

We are hearing frequently from women who say they were ignored, laughed at and even abused by NHS staff – ironically, your actions in preventing IMs from practising is pushing some women to have to go back to the same place and potentially go through the same traumas all over again.

When we allow insurance companies, governments, and lawyers to determine the T&C's of birth, it can be interpreted as a carte-blanche to behave appallingly, in the arrogant guise of rescuing women and protecting babies by a highly interventionist approach. The onus on deciding what is safe is therefore shifted away from the mother, where it rightfully belongs, and is assumed by her care team. When a woman is not trusted to make informed decisions, but is instead bullied, this undermines/violates her rights over her own body and her own baby.

This is why so many women seek out an independent midwife - because the word independent means just that – they know full well that whilst their midwife is insured for what is to most mothers, a reasonable and reassuring sum, these midwives are not entirely in the pocket of insurance companies so are not motivated primarily to satisfy insurance company tick boxes over and above the wishes of the mother. They often avoid the same knee-jerk interventionism that is offered within NHS settings, providing instead truly 1:1 watchful, continuous care with the time and

space to be with-woman in the way that midwives in hospitals cannot due to restraints outside of their own control. Without wishing to offend individual midwives within the NHS who offer sterling care, we feel that this continuity actually makes independent midwifery a much safer model.

Even the very best NHS midwives will sometimes admit they are just too busy to truly give the full care and attention they would wish they could give to women, knowing that CTG monitors are a poor substitute for 1:1 care and have not been shown to have saved even one life. Even in those places where the NHS aspires to offer truly holistic care, it is not always consistently available for all women coming through the doors. When women are lucky enough to receive truly individualised and holistic care it is more often than not at a personal cost to a midwives career progression.

There are so many good NHS midwives working within the system who are being disciplined and over-ruled to satisfy bosses who are thinking of insurance and malpractice tick-boxes first and foremost. Many are leaving the system altogether due to stress and burnout in their attempt to balance gold standard care with restrictions from on high. As well as working within ever more restrictive insurance company T&C's, it must also be said that the over-riding of mothers' wishes within the NHS is done in a spirit of old-fashioned paternalism which is very tiring for women to have to put up with in 2017 after all the gains we have made to improve women's rights elsewhere.

In the light of what we have discussed above, we at Birthplace Matters feel that the NMC's definition of what it means to protect women and their babies needs to be re-evaluated. In 2017, it ought to mean so much more than a woman's ability to claim financial reimbursement in the event of life-changing birth complications – since no insurance company should have a monopoly on defining what those complications are. Clearly, many women are left scarred by their birth experiences in ways that are invisible, but are very real and life-changing for themselves and their babies in ways that affect whole families. Offering a wildly inflated sum like £10m is meaningless to a mother who has to drive a 10 mile detour so she doesn't have to go past a hospital where she gave birth and who does not want to relive the trauma all over again by pursuing a legal case – especially if the hospital closes ranks and proposes what constitutes harm by their own definition only, ignoring or belittling her complaints.

The insurance cartel that is taking over birth practice is turning this very natural process into an increasingly clinical event with unhappy consequences for many mothers and babies. If such insurance-dominated practice was translating into safer and more satisfying birth it would make sense – yet the opposite seems to be true, judging by the soaring rate of inductions and other interventions which drive up the cesarean rate.

We ask that you pay attention to the voices in the [#savethemidwife](#) campaign and recognise the ridiculousness of telling independent midwives they are not insured for enough without stating what 'enough' is, leaving them and their clients in a state of confusion and despair.

Why not let mothers decide on what level of insurance they want to choose rather than letting the insurance companies dictate whether a woman can afford an independent midwife, or not? Independent should mean just that – forcing them to fall in line with the NHS suggests you do not appreciate the difference between the two uniquely different models. They should remain separate as they have been to date, and women should rightfully be at the helm in choosing what they need.

Yours in frustration,

Paula, Jeanette and Anna - The Birthplace Matters Team

Women Speak Up for Independent Midwifery

Birth stories March 2017

These are just a few voices from mothers and midwives talking about their birth experiences. It is interesting to note that even in situations where birth did not go smoothly, the experience of mothers and their journey into mothering that baby after their birth is often so much more positive with the loving support of a personal 1:1 independent midwife – something the NHS as a whole cannot replicate.

All stories are shared with permission.

Caroline Leitch

“It's very clear there are so many women suffering from birth trauma physically, emotionally and psychologically.

As a midwife within the NHS I have been complicit in sub-standard care.

I have left high risk women on CTG'S to run to the other women I am simultaneously caring for. You do your bit and stand up to the obstetrician who wants to do his delivery suite ward round and enter every room. You block the door. You delay the partogram with women ...go have a walk, have a shower. You use every tactic to support women and their choices. But you cannot match true one to one care... The system, the litigation-oriented practice, the obstetric model of care, the over medicalisation of birth is the problem.

As a mother...I have experienced it. 1st section due to "failed" IOL led to 3 further sections. Placenta previa near missed preterm birth at 26 weeks got to 32weeks in bed rest in Portsmouth hospital 3hrs drive from family confined to a room for weeks on end rushed to theatre with every bleed. Then uterine rupture and very poorly 33 weeker with my 4th baby... all very unpleasant. All a cascade from that 1st section. Caesareans aren't always about healthy baby...they have devastating consequences for future pregnancies. “

Belinda Fountaine

“My first baby was born at 42+1 via an induced labour followed by a cascade of interventions; epidural, episiotomy, forceps. I was left unable to walk (due to undiagnosed PGP), with a pressure sore the size of a small frying pan (I wasn't moved after the epidural), and my baby was put in a cot 20cm out of my reach. Overstretched maternity services meant I never met the same midwife twice, throughout my pregnancy, I was told I would be induced at 41 weeks (no options given) and I spent several hours in recovery in a hallway. I walked away and swore I'd never birth in hospital again.

My second baby was hypnobirthed in a home waterbirth at 41+2. Once again, I never saw the same midwife twice. Every appointment I had to argue for home birth and was told I wasn't 'allowed' to have one. I faced derision, prejudice and downright bullying. I was told I was too overweight (and given slimming world vouchers) I was told I'd haemorrhaged in my first delivery (first I'd heard about it!), I was told by the SOM if I

home birthed, my baby would die. When the midwife arrived, I was told I wasn't 'allowed' to get into the birth pool. I got in anyway. My delivery went so smoothly the attending midwives weren't even aware I had delivered my son's head. When I told them, they got flustered and started firing information at me. She said she couldn't 'reach' me in the pool and ordered me to get out (I ignored her). I delivered my son into the water and reached down to receive him myself. None of the midwives I saw had any belief in me or my ability to birth my baby and I did not trust them.

After my experiences with my first 2 births, I wanted to have continuity of care with someone I could trust. I wanted to choose when and where and how I gave birth. I was tired of explaining myself repeatedly and arguing the same points over and over. I wanted a midwife who understood hypnobirthing and would respect my space while I was focused on what I was doing. I wanted my older children to view birth as normal and natural. I didn't want to go away pregnant and come back with a baby, I wanted our baby to be welcomed into the world in their own home with their own family attending. I was so blessed to have the services of [Liz Nightingale](#), [Meg Miskin-Garside](#) and [Sarah Ifill](#) for the births of my youngest two children. Their care during my pregnancy, birth and after gave me the confidence to believe in myself as a woman, in my ability to grow my babies, to nurture and feed them and to follow my instincts in all aspects of my children's lives. I am a better woman and a better mother for having had the care and support of these amazing women."

Elizabeth Collins

"At 42 weeks pregnant with my first child, broken by the system, I was bullied and coerced by various medical professionals into an unnecessary and unwanted induction because my baby was overdue. I spent all day crying and asked to go home since my arrival at 11am. By 8pm I was asked if I wanted a live baby by a well-meaning midwife. My baby was showing no signs of distress but having suffered the loss of a baby in early pregnancy before, I finally relented and agreed to the induction.

Traumatised by my experience first time round, I have instructed a brilliant and highly specialised independent midwife to look after me during this pregnancy, who I trust implicitly. Already, she has helped heal so many wounds and has instilled me with so much hope for a better experience this time round. NMC – please don't take my choices away from me, without her I am without support at my home birth and will be forced to free birth."

Laura Anderson

"I had a hospital birth in 2012 which went incredibly well, no complications or pain relief, but the aftercare was pretty shocking. I was fed a sandwich immediately after birth but they insisted I stayed in overnight.

There was no doctor available to discharge and when I suggested discharging myself and baby they jumped in and said I could discharge myself but I'd have to leave the baby there and if I tried to leave with both of us they would get social services involved! I stayed. I had the worst night's sleep I think I have ever had. A lady on the ward spoke in Portuguese loudly on her phone all night and no one came to shut her up, even after pleas from the patients.

When I got pregnant in early 2015 there was no way I was going back to hospital to have a baby. In between children I'd also had an appendectomy and the aftercare again was rubbish. However, there was a problem. My local trust had removed homebirth as an option and the only option was to have a hospital birth. They were building a new Midwife Led Birth Unit but it wasn't due to open until a month after my baby was due. Then my lovely mum came to the rescue. She had noticed an advert in our local NCT magazine for an independent midwife and as an ex-midwife she knew that they were as good as an NHS midwife.

I contacted her and another independent midwife who would come to the area to see who I would get on with the best. I chose the more experienced midwife and my mum offered to pay as she knew how much I had

hated my first experience... My independent midwife was the best thing about my second labour and birth. She was calming and I got to know her - she trusted me.

I had a very hard labour with my baby getting stuck and no progression but she trusted my instincts and I trusted hers. I know being at hospital it would have been incredibly different. I gave birth to my second child, a daughter, in the back of an ambulance delivered by my independent midwife half a mile from my house on the way to hospital. She even sided with me asking the ambulance crew to turn around and take me home.

After a 20-hr labour and 6 hours stuck at 6-7cm dilated, if I had been in a hospital I would have been put on a drip and epidural and I would have most likely had an emergency c-sec. I ended up with a natural delivery with just gas and air. I will forever be grateful to the most fantastic independent midwife and if I ever had another baby it would be the option I would choose. Now not only for birth but my entire care.

I believe that every woman should be able to choose her care. One person may get every form of care available but there will be women who, like me, don't get a choice. This was my way out of being told what to do by my local NHS trust. Getting out of my only "choice" that I didn't agree with. Something that I never wanted to experience again. Why should women feel that they don't deserve to not have that choice?"

Emma Connelly

"I had a consultant, a registrar and an anaesthetist do this between my open legs - I'll never forget how unprofessional they were."

Louise Park

"My Independent midwife colleagues empowered me to homebirth with NHS midwives, when my consultant was pushing me to have a medicalised hospital birth"

Sarah Dixon

"I didn't want to give birth in hospital; past experience meant it didn't feel like a safe place for me. Choosing an IM reassured me that I had the best chance of birthing at home, and if I needed to go to hospital I would have an amazing advocate.

My independent midwives provided all my antenatal care, allowing me to feel informed, supported and nurtured."

Laura Harben

"My refusal to be induced, going to 42 weeks and 3 days, resulted in the removal of my birth choices. A 'long labour resulted in pressure to go against birth preferences. A Huge spiral of interventions resulted in trauma and emergency caesarean. I birthed through tears. Not the kind of tears I had envisaged. How I wish I'd been guided throughout by an independent midwife. How I wish I had the choice to have one next time"

Hannah Palamara

"Having two independent midwives for the birth of my son changed my life forever. After two previous traumatic caesareans, the NHS advised me to have another one. They did not support my plans for a vaginal birth and made me feel crazy for planning one. The care I received from my IMs made me believe in myself

and my ability to give birth at home. The birth was so beautiful and empowering and it changed me and healed me in so many ways. We need independent midwives”

Anonymous (to protect identity)

“Being from abroad, I didn’t know what to expect in the NHS. I found out very early on that even at 10 weeks the system wasn’t geared up to help support women with more complex needs where I live locally. As a survivor of long term abuse and molestation as a child, I have complicated emotional needs which I have spent years in therapy dealing with and undergoing CBT so I can manage the landscape of my life emotionally on a day to day basis successfully. I’m in tune with my needs, the support I have to have to manage those, and also my family relationships because they aren’t aware of the situation (I’ve never told my family as it would rip them apart and they wanted to be with me at my birth). The situation was incredibly delicate and someone doing the wrong thing can literally set off a tide of emotional vulnerability or increase my stress levels significantly (i.e. protecting my family); and I didn’t want to start my journey into motherhood with those feelings or a situation happening if I could avoid it.

When at our booking in appointment, we hadn’t been referred to the right hospital (our GP didn’t know to make the referral) and when my blood results never appeared (I’m A-, but since I knew that the midwife never sent them and I had to tape a post-it into my birth notes), it became clear something wasn’t right. I couldn’t reconcile why some friends had had good births and others hadn’t locally with our Trust. Subsequent research into our local area, statistics on intervention volumes, and the levels of midwife, combined with understanding the commitments made under Midwifery 2020 brought it into clarity; our area didn’t have enough staff and this strained the system. Given the above, my husband and I debated for days as we could afford the commitment for an independent midwife, but the situation and my own needs really made that an easy choice. We negotiated a payment plan and we had our IMs, Corina and Eva.

They were great from the get go at around 16 weeks when we appointed them. We ran our care in tandem with the NHS and they helped us to navigate a system that felt a little like being through own there. In the wind. I had the typical awkward pregnancy; no sleep, nausea for nearly 20 weeks, sinus pain – but mostly I was told to just live with it. And that’s the way the rest of my pregnancy would go by the NHS. They worked with me; listened to me; made suggestions to help get some relief and provided that emotional support to hang in there.

However none of us knew that unlike most women who have to fight to stop interventions or a birth they didn’t want, we were going to have to fight to get the care I needed because I didn’t present with the symptoms expected with typical NICE guidelines and I was considered fit and healthy. I started with severe right run pain and pain under my back and shoulder blades at 26 /27 weeks and I was told it was because the ligaments around my uterus were stretching. It was my baby getting lodged under my ribs, head up on a transverse diagonal. We were referred 3 times to the NHS by our IMs and there was also a late-night trip to the maternity A&E. It was the doctor who told me I was perfectly fine instead of bringing me back in for a simple ultrasound (the pain was a 9/10 on the pain scale).”

And then the itching started; I don't have words to describe the horror that is OC and how I made that through it having gone undiagnosed. I presented as atypical because the itching started at around the same time and it literally came on overnight all over my body; pins and needles, itching racing up my spine, my scalp, my eyes, inside my ears.... But it was too early; OC is only a third trimester condition according to the NICE guidelines and presents only as itching on the hands or feet; which it's not. And itching can start as early as 8 weeks. Significant fatigue, pale stools, dark urine; meconium in uterine; I also had excessive bleeding after my section. I had all the signs; but they never ran a bile acid test (I know as the two tests for OC are Liver Function and Bile acids. Bile acids take a minimum of 24 hours and I had all my results in less than 2. They never tested

me for the right thing and I didn't know to ask). Our IMs constantly worked the system; they kept researching; they managed to find some suggestions by changing my diet and other minor lifestyle changes that gave me some relief.

Given we didn't know my daughter was stuck had I gone into early labour I would have bled out. With the OC, she should have been delivered at 38 weeks as it's a 15% chance of stillbirth literally any time. But I did t present normal so it was just written off as 'normal' pregnancy stuff and I was dismissed. When they finally found she was transverse it was only after my IMs fought the system to argue to get me in for a scan at 39 + 6. It took another four days before the superior of midwives could pin down the only consultant who could do an ECV to determine if it was even possible (Ashford and St Peter's Trust). I was not told there was a plan in place had I gone into labour bar call 999 and get into a prayer position so you don't bleed out. Our IMs supported us emotionally as a family when the NHS simply could not due to demand and pressures; and they made what was a complicated journey due to my history of abuse manageable – I never had to repeat my story, except in the NHS where I had to tell people, over and over and over again – all so I could control a situation that was in reality uncontrollable.

My daughter was thankfully born safely at 41 weeks. But I still have cyclical itching every month and some months it's constant. I will itch again (I have spent 18 months involved over at ICPCare.org, researching, and self-treating). Because I don't have it according to the NHS. Some nights I can't sleep. My legs and feet itch so badly. I can't eat normal meals with friends out because what I eat affects it. But hey, I was NORMAL. I will live with this condition til menopause because the doctors who knew what was best didn't believe me and I am now doing alternative therapies at my own to deal with the issue....”