

AIMS JOURNAL

I am writing to complain

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AIMS

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Editorial: I am writing to make a complaint

AIMS Journal, 2024, Vol 36, No 1



By Alex Smith

Welcome to the 2024 March issue of the AIMS journal. The theme for this quarter focuses on the experience and process of making a complaint.

Over the years I have made two complaints about NHS staff. Neither of them was directly related to maternity care, but the parallels were striking. Both complaints included:

- not being listened to
- no regard or respect for approaching the consent process in the proper way
- no regard or respect for the knowledge we held
- extreme pressure (amounting to bullying) to comply with a treatment that was not in line with NICE guidelines in one instance, and strongly challenged by current research in the other
- no concern for holistic care needs
- defensiveness and irritation from staff who clearly felt thwarted in their authority by our non-compliance
- and in one case, three (seemingly malicious) safeguarding referrals from nurses about us - all of which (we later read in the notes) were turned down by the safeguarding team with increasing levels of annoyance expressed by the team towards the nurses.

Unfortunately, these were not our first experiences of poor care (only the first we had complained about). We had learned from earlier experiences that we often bitterly regretted not trusting ourselves, not speaking up, and not standing our ground. I want to give examples at this point but they are too emotive. Suffice to say, we became determined to stand our ground in situations where standard care was inappropriate or unacceptable, while remaining calm, clear, courteous, reasoned - and within our rights. That should do it, I thought.

But no, even now, if I or a family member are in a medical situation where a little ground-standing is required, it feels as if daggers have been drawn (*not every time*, but often enough). Expectant parents instinctively anticipate the possibility of this type of response, when they explain that they did not assert themselves in a maternity care situation for fear of 'getting their backs up'. I wrote in one complaint that it seemed as if anything short of grateful compliance was a trigger for the nurses, that anything else simply did not 'compute'. At points where I remember feeling frustrated and distressed in trying to advocate for my dying mother's preferences (at her request), I found from their notes that I was being perceived as *difficult and hostile* - and when I succeeded in supporting her (and I did), this was when the safeguarding referrals began - echoing the significant rise in referrals to social services for declining aspects of care, that parents report to us on the AIMS helpline. These incidents resulted in lasting feelings of trauma yet, in an academic way, I also found them fascinating.

The question I returned to again and again was why?

- **Why were these (presumably perfectly nice) nurses not practising in line with the Royal College of Nursing's excellent Principles of Nursing?**^[1] These principles are intended as a measurement tool for quality improvement and to enable providers and patients to know what quality nursing looks like. They include some wonderful words:



Warming words are also found in 'The Code', the professional standards of practice and behaviour for nurses, midwives and nursing associates^[2]. The first standard set out in The Code includes the requirements to:

Treat people with kindness, respect and compassion...avoid making assumptions and recognise diversity and individual choice...respect and uphold people's human rights.

When nursing and midwifery care measures up to these standards, there is very little cause for complaint.

- **Why were the nurses so fixated on the local protocol?** In both of my complaint situations adherence to the hospital protocol and 'what we always do' was literally the only thing that seemed to drive care. It was their unshakeable modus operandi. I could not understand why senior nurses were unaware of up-to-date research and unable to respond to it even when I had it in my hands for them to see. I could not understand why they were unaware that there were legitimate points of debate to be had. In both situations they would or could not engage in respectful nuanced discussion about treatment options when we invited this, but just looked at us like proverbial rabbits in the headlights - and then reiterated the protocol as if this was all they were programmed to say. If they had been on a screen I might have wondered if they were AI generated. This felt so unreal that I actually felt gaslighted. I know that some maternity service users will recognise this.

"Obstetric providers can gaslight mothers when they deny mothers' realities. Gaslighting includes denials of mothers' humanity, knowledge, judgments or feelings. All four denials work to render mothers noncredible and their claims illegible."^[3]

- **Why did the nurses appear to have no idea about consent?** Not only did the nurses in both situations assume that the patient's consent to treatment was a given, they seemed shocked, puzzled and annoyed when they were asked not to proceed. The Montgomery ruling about consent^[4] was fairly recent at the time (and doctors and nurses can't know everything), so I

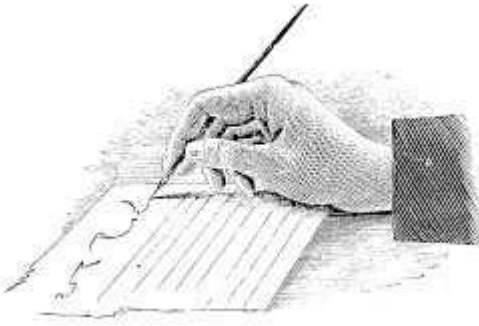
reminded them that gaining consent now required discussion of the options, up-to-date information, time to consider the decision without undue pressure or coercion, and respect for the decision even if they did not agree. I actually thought that this would get us back on track, but no. In both cases, efforts to gain our obedience were stepped up exponentially. It is still an absolute mystery to me why they didn't just say, "Of course, that's fine", and then document our decision in the notes. In both of my complaint situations that simple response would have made the world of difference.

When I reflect on my complaint situations and their similarities to the complaints of maternity service users, and ask that question 'why?' - why did they behave this way? - I find myself boiling it down to *ignorance* or *malice*. Harsh words, but when nurses, midwives or doctors behave in a way where they appear to have: no respect for the principles of their professional practice; no respect for individualised care; and no awareness of their legal duties in approaching the consent process in the proper way - this can only be for one of two reasons. They either do not know about these things and do not know that forced compliance is harmful (ignorance) or they do know, but choose to ignore this despite *the harm*^[5] they know it will cause (malice). In discussion with others, an almost identical analytical conclusion was proposed but with the gentler words of *naivety* or *wilfulness*, however, it boils down to the same thing.

Of course, the vast majority of nurses, midwives and doctors do not get up in the morning and go to work meaning to be naive or wilful, so there is another 'why' to ask - why do caring and hardworking practitioners open themselves to being complained about? The professional principles, codes of practice, and the correct approach to seeking consent, would protect them as much as they would the patient or maternity service user - if only they were embraced. In 2020, a study^[6] showed that since the Montgomery ruling the number of settled claims directly related to the patient not being fully informed before consenting to treatment rose four-fold, and cases where not being fully informed was a contributory cause of the complaint, settled claims rose nearly ten-fold. No one wants an experience of care that leaves them needing to complain, and no one wants to be complained about. The answer is so simple; the guidelines for it are already in place, but here they are again:

Treat people with kindness, respect and compassion...avoid making assumptions and recognise diversity and individual choice...respect and uphold people's human rights.

Did my letters of complaint change things for the better? I wish I knew. I have to say that in 2019, the complaint regarding the nurses who visited my late mother resulted in the promise of county-wide workshops for community nurses, both on *practising with emotional intelligence* and on updating their understanding of consent. Given the disruption to services caused by the pandemic, I do not imagine for one moment that this happened, but it still felt like a good result.



We open this March issue with [Julia Mihaylov's](#) gently-told personal account of a hospital mistake that could have ended very differently had she not trusted herself. This is followed by [Grace Hall](#) sharing the very unsettling story of the birth of her first baby, the events of which continue to haunt her today. While her own complaint at the time got her nowhere - possibly because some of her medical notes mysteriously went missing - Grace believes that the complaint process can be beneficial. [Laura Mullarkey](#) goes on to compare her recent experiences of complaining about her NHS antenatal care, to making a regular consumer complaint. Laura's comparison is very measured considering that her and her baby's life had been put in jeopardy by her GP's failure to provide medical treatment, but [Gemma McKenzie](#) pulls no punches in describing how her experience of obstetric violence, and then the denial of this in a way that amounted to gaslighting, led to her rejecting the futility of the formal complaint and choosing to play the long game instead. Get your crochet hooks ready! While the complaint process often does end up feeling futile, [Anne Glover](#) notes that some of her doula clients receive really encouraging responses from their complaints. Perhaps the process of complaining is like housework in that it doesn't appear to make a difference - unless we don't do it. Unfortunately, as Gemma McKenzie experienced, women are often too bewildered immediately after the birth to make a complaint at that time and yet the troubled feelings do not go away. Reading the AIMS guide to Resolution After Birth, reviewed in this issue by [Sakina Ballard](#), can, in Sakina's words, ease some of the bewilderment.

Thanks to women speaking up about their experiences, the first parliamentary debate on birth trauma took place in the House of Commons in October 2023. AIMS volunteer [Elle Gundry](#) reports on the significance of this, and for those of you who may be unsure about how to speak up, [Nadia Higson](#) gives a detailed account of how to make a complaint. Members of [The Campaigns Team](#) tell us about attending The British Intrapartum Care Society (BICS) conference, and [Georgia Clancy and Catrin Evans](#) ask how digital consultations can best be used in maternity care. Years ago, I remember joking that one day maternity care would be offered online (thinking this the epitome of the world gone mad), but here we are and maybe there are some good things to be said. However, the CORE implementation principles that Georgia and Catrin highlight should perhaps be respected with particular regard to the racial and socioeconomic inequalities that, according to [Catharine Hart](#) in her piece on the latest MBRRACE reports, continue and even widen. In our penultimate spot for this issue, and on a happier note, [Stephanie Ernst](#) tells us about screening for twins and why good guidelines matter. Finally, to bring the March issue to a close, [The Aims Campaigns Team](#) tell us what they have been up to during the last quarter.

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition especially benefited from the help of Anne Glover, Danielle Gilmour, Katherine Revell, Julia Mihaylov, Salli Ward and Josey Smith.

The theme for the June issue of the AIMS journal is *maternal morbidity*. This would include pre-existing conditions that may be aggravated by pregnancy, or new conditions that arise as a result of pregnancy or childbirth. If you have experience or insight you would like to share, I would love to hear from you. Please email: alex.smith@aims.org.uk

[1] RCN (updated 2021) The Principles of Nursing - click on link to their poster
www.rcn.org.uk/Professional-Development/publications/pub-003864

[2] NMC (Nursing and Midwifery Council) The Code: the professional standards of practice and behaviour for nurses, midwives and nursing associates www.nmc.org.uk/standards/code

[3] Priya Fielding-Singh, Amelia Dmowska (2022) Obstetric gaslighting and the denial of mothers' realities, *Social Science & Medicine*, Volume 301
www.sciencedirect.com/science/article/abs/pii/S0277953622002441#preview-section-cited-by

[4] Ashworth E. (2021) The Montgomery ruling and your birth rights
www.aims.org.uk/journal/item/montgomery-consent-law

[5] Journal Vol. 34, No. 2 (2022) — The Sound of Violence www.aims.org.uk/journal/index/34/2

[6] D S Wald, J P Bestwick, P Kelly, The effect of the Montgomery judgement on settled claims against the National Health Service due to failure to inform before giving consent to treatment, *QJM: An International Journal of Medicine*, Volume 113, Issue 10, October 2020, Pages 721–725, <https://doi.org/10.1093/qjmed/hcaa082>

Birth Activists Briefing: Making a complaint about NHS services

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By the AIMS Campaigns Team

The procedure for making a complaint about NHS services differs slightly in each of the nations of the UK. In general, there are three stages:

- Raising the issue informally with the care providers or a more senior member of staff. In the case of maternity services this might be the Director/Head of Midwifery, or a Consultant Midwife if the Trust/Board has one.
- Making a formal complaint
- Requesting a review by the relevant Ombudsman (who is appointed by the Government to look into complaints about the health service.)

Before raising a complaint it is often helpful for the person concerned to request a copy of their maternity notes and any other personal information that the Trust or Board holds about them. Under the General Data Protection Regulation anyone has the right to make a “Subject Access Request.” There is more information about what to include in your request [here](#) and a link that you can use to make an online request [here](#).

It may also be helpful to contact an independent advocacy service for information and support before making a complaint. (See individual country sections below.)

For more information about making a complaint see our book [AIMS Guide to Resolution After Birth](#)

If the complaint concerns an individual member of staff there is the option of complaining to their professional body. For midwives this is the [Nursing and Midwifery Council](#) (NMC) and for doctors the [General Medical Council](#) (GMC).

Some people may want to consider taking legal action as well or instead of making a complaint. A solicitor who is accredited in medical negligence work should be able to advise whether there are grounds for a legal claim.

The AvMA ([Action against Medical Accidents](#)) has a series of [self-help guides](#) which cover the processes for making a complaint or taking legal action in each of the four nations of the UK, as well as ones on raising concerns about a healthcare worker.

AvMA should be able to help if someone wants to consider taking legal action. They have a register of AvMA accredited [specialist medical negligence solicitors](#) and a [Helpline](#).

England

The [NHS Constitution for England](#) lists the rights that complainants have.

This webpage [How to complain to the NHS](#) explains the process.

Complaints can be made directly to the service provider (e.g. a hospital trust) or to the local Integrated Care Board (ICB),^[1] which is the body that commissions the service, but not to both. ICBs have taken over the commissioning role formerly performed by Care Commissioning Groups (CCGs.) This website lists ICBs [Find your local integrated care board \(ICB\)](#).

Every organisation that provides NHS services is required to have a complaints procedure. Ideally this should be made available on their website and/or on posters in waiting-rooms and reception areas, but sometimes it's necessary to ask for a copy. The ICB should also have a complaints procedure on their website.

Most hospital trusts have a Patient Advice and Liaison Service (PALS) details of which can be found [here](#). These are intended to offer “confidential advice, support and information on health-related matters” including the complaints procedure. They may also be able to help deal with an issue informally without the need for a formal complaint. There are also a number of independent health complaints advocacy organisations such as [The Advocacy People](#), [VoiceAbility](#) and [POhwer](#) that offer free advocacy services to help people to make a complaint. Different organisations serve different parts of England so check which operate in your area.

There is normally a time limit of 12 months for making a complaint, but it is possible to do it later if there was a valid reason for not meeting the deadline. This could be the case if someone was so traumatised by their experience that they could not face revisiting the event any sooner.

Anyone who makes a complaint has the right to receive an acknowledgement and the offer of a discussion about the handling of the complaint within 3 working days of it being received. This may include a discussion of the timeframe for dealing with the complaint.

Whilst the complaint is being investigated the complainant should be kept informed of progress and if there will be any delay in providing the response. The response must be in writing and set out “the findings and, where appropriate, provide apologies and information about what's being done as a result of your complaint. It should also include information about how the complaint has been handled and details of your right to take your complaint to the relevant ombudsman.”

The Parliamentary and Health Service Ombudsman makes final decisions on unresolved complaints about the NHS in England. They can be contacted on 0345 015 4033 or via their website [Welcome to the Parliamentary and Health Service Ombudsman](#)

. Note that the Ombudsman will not investigate a complaint until the local complaints process is complete, and now say they “will only look further into the more serious complaints about the NHS.” This means that they won’t consider things like delays in responding to a complaint.

Scotland

A person’s rights to give feedback or complain are set out in [The Charter of Patient Rights and Responsibilities](#) (revised June 2022).

There are three stages to the complaints process.

Stage 1 Early resolution

[NHS Feedback, complaints and your rights | NHS inform](#) suggests “If you can, first talk to a member of staff involved in your care. If you do this, they can try to sort out your complaint on the spot. If you can’t or you do not wish to do this, you can ask to speak to:

- a senior member of staff, or
- the Feedback and Complaints Officer for the NHS organisation involved

If you prefer to complain in writing rather than in person or over the phone, you can send a letter or an email to the relevant NHS organisation.”

The organisation should provide an answer within 5 working days of them receiving the complaint.

Each Health Board has a team that works with patients, their families or carers to try to resolve complaints. These have different names in different Boards but the department name and contact details for each area can be found on this webpage [Making a complaint about your NHS care or treatment](#)

Stage 2: Investigation.

If the complainant is not satisfied with the response, they can make a Stage 2 complaint. They can also go straight to stage 2 if they think the issue requires a detailed investigation.

The organisation should send an acknowledgement within 3 working days, then within 20 days either a response about their decision or an explanation of the delay and a revised time frame.

Stage 3: Ombudsman

If not satisfied with the response to a Stage 2 complaint the complainant can appeal to the Scottish Public Services Ombudsman (SPSO) Post: Freepost SPSO Freephone 0800 377 7330 or call 0131 225 5300 Email: ask@spso.org.uk Website: www.spso.org.uk Online form: www.spso.org.uk/contact-us. If they decide to take on the case a complaints handler is appointed to investigate and give a reply. The decision of the SPSO is final.

The Patient Advice and Support Service (PASS) is an independent service, delivered by the citizen's advice network. It "advises those who wish to raise concerns, make a complaint, and give feedback or comments about an NHS treatment or service." It does not provide legal advice but "PASS Advisers provide free specialist support, both via our advice line and through face-to-face appointments in local citizens advice bureau." www.patientadvicescotland.org.uk 0800 917 2127. They can help someone to prepare a complaint and support them through the process.

Wales

The process for raising concerns or complaints in NHS Wales is called 'Putting Things Right'. There is an information leaflet about the process available [here](#). It suggests first talking to the staff involved but "If this does not help, or you do not want to speak to the staff, you can contact the health board or trust's complaints team." There are links to each Health Board's complaints information on this webpage [NHS Wales complaints and concerns: Putting Things Right](#) and these give details of how to raise a complaint. Often, they have a form to complete but it's not essential to use these.

Once a complaint has been received by the complaints team, they are expected to acknowledge it within two working days and respond to the majority within 30 working days. If they cannot respond within that time they should explain why and say when they will respond.

If the complainant is not happy with the response, they can request a review by the Public Services Ombudsman for Wales 0300 790 0203 www.ombudsman-wales.org.uk

Llais Wales is an independent advocacy body "which provides free and confidential complaints advocacy and support." Telephone: 02920 235558 Email: enquiries@llaiswales.org Contact details for local Llais teams are [here](#).

Northern Ireland

The process is set out in the NI Department of Health's document [Guidance in Relation to the HSC Complaints Procedure - April 2019](#). This states that "The HSC Complaints Procedure has been developed around four key principles:

- openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so
- responsiveness – providing an appropriate and proportionate response
- fairness and independence – emphasising early resolution in order to minimise strain and distress for all
- learning and improvement – ensuring complaints are viewed as a positive opportunity to learn and improve services."

Each local Health and Social Care Trust has a Complaints Manager whose role includes advice and

assistance with the complaints process. Information about these should be freely available (e.g. on a website) but there is a list of the contact details for each Trust at the bottom of this [webpage](#). The Complaints Manager or their team can assist a complainant to put their complaint in writing. Alternatively, complaints can be made directly to a care provider to a senior member of staff or the Chief executive of the Trust.

The Patient Client Council is an independent public body that offers advice and information about the complaints process by phone or email as well as advocacy services to help people with all the stages of informal or formal complaints, including making a submission to the ombudsman. Their service is independent, confidential and free, so they may be a good first port of call.

A complaint to a Health and Social Care Trust should be acknowledged within two or three working days of being received, and a full response should be provided within 20 working days. If the complaint will take longer to investigate, the complainant should be told and given an explanation of why this is.

If the complainant is not satisfied with the response they can refer it to the [Northern Ireland Public Services Ombudsman \(NIPSO\)](#). This can only be done once the Health and Social Care Trust has provided a response.

We hope that this information is useful to anyone who wants to make a complaint or is supporting someone who wishes to do so. The AIMS Helpline (helpline@aims.org.uk) can also provide information and support for making a complaint about the maternity services, although we cannot make a complaint on your behalf.

[1] Editor's note: Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022

Doulas supporting clients to make a complaint

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By Anne Glover

I work with women from all walks of life, but one thing that is important to them all, is having a positive and satisfying birthing experience. It is important as a doula to provide a safe space for them to chat about previous births, to unveil any fears, to talk about why their birth unfolded as it did, and to discover what is important for any future births. It's important for everyone to have the confidence to ask questions, and to understand why their birth happened the way it did. Feeling powerless, not being listened to, not understanding what is happening and feeling out of control can all contribute to birth trauma, which is exactly what we are striving to avoid for the mental health and well-being of the whole family.

Sometimes I am asked to support my clients to make a compliment, comment or a complaint about the care they received during their birthing journey. When making a complaint, it's usually about something someone said or implied to them, or subjected them to, or when they felt scorned or laughed at. Sometimes it's the fly-away comments that stick and are the most scathing. More often it is something someone did to them during their care, for example, performing a sweep without their consent, prising open their legs, or taking their baby into another room.

It can be very difficult and extremely challenging to talk about hurtful memories when you are a new mum trying to get to grips with a newborn. Being in the throes of motherhood and adapting to parenthood are not conducive to raking up disturbing memories and can feel like rubbing salt into raw wounds. And it's because of these reasons that many don't make any comments or complaints. "Sure you're fine now and you have a healthy baby" can be persuasive enough to stop an emotional mum in her tracks. Most people don't want to be a nuisance, or to be seen as a trouble maker. Also they ponder, what's the point in going through everything again as it can't be undone?

So, why do some people go ahead and make a complaint? In my experience, many clients are looking for their account of the situation to be acknowledged and respected, and ultimately, for an apology to be given. They want to understand why something happened the way it did, or why someone spoke to them the way they did. Also the thought that it shouldn't happen to anyone else is enough to drive them to make a complaint. In many situations it's sufficient to have a chat with a midwife or doctor and go through their maternity notes to achieve clarity and understanding. However I have heard mixed reactions on the outcome of these meetings. Some women feel enlightened and very content, whilst others come away from these meetings feeling very low and unhappy, with unanswered questions and wishing they hadn't bothered. It's heartbreaking to see the dismay and disappointment especially when some women go to great lengths to have their voices heard, and then realise that some authorities just appear to close ranks and dismiss their complaint as a normal expected situation. A sincere apology does not always come through, and too often they feel they have been fobbed off with a headed piece of paper saying they will discuss their comments with staff. Generally this is thought of as a complete waste of time and energy on their part.

To end on a positive note, I can share that there are really encouraging responses from some complaints. Often these may be promises of steps to better educate midwives and facilitate further training, and sometimes a complaint can even be used, with the mother's permission of course, as a case study in the training or further training of midwives and doctors. So, while the complaint process can be frustrating it also has the potential of making a real difference.

Author Bio: Anne has been working as a doula for almost 9 years in Northern Ireland and has supported well over 150 women at some stage in their birthing journey. She currently volunteers on the AIMS Campaigns Team.

My Complaint

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Editor's note: *In this quite shocking account of disrespect and neglect, Grace describes the arrival of her first baby. With Grace's permission, the section that explains what actually happened at the hour of his birth is written in my words. This is because, for Grace, the emotions attached to this time are so complex, and her memory of the trauma so detailed, there weren't enough words, or a way of putting them together, that made sense. In fact, what happened was senseless. Not all of her care felt bad though. Her good experiences came from being listened to with respect and trust by practitioners with whom she had built a relationship. If her care had been like this throughout her time in hospital, Grace would have had a very different story to tell.*



By Grace Hall

Our story starts as first-time parents, full of dreams and preparations for our firstborn's arrival, informing my GP that I was pregnant and really looking forward to the journey. We did much planning and preparation for this magical moment in our lives. I had the majority of the offered screening tests done, saw complementary therapists and followed the suggested guidelines.

I was offered a test for gestational diabetes (GD) due to my apparent ethnicity, and was referred to a consultant despite results being normal, and despite me being very healthy and classed as low risk. The referral was useful however, as I developed pelvic girdle pain later on in pregnancy and the consultant obstetrician was very supportive. He provided me with ideas on how to relieve the discomfort and further explanations on how to have a positive pregnancy and labour experience. He helped me create a birth/care plan based on my preferences, explained how to cope with pregnancy and labour discomforts, and made recommendations for a comfortable labour. I saw the same consultant, who was at the time the

Head of Obstetrics at my local hospital, three times through pregnancy and I felt that the continuity of care was reassuring and a positive experience.

When I first went into hospital, after labour started, I saw several different midwives and, after being sent home once for not being in active labour, we returned to the hospital and I was examined, and offered a side room in which to rest – and there I stayed for the next 14 hours. During this time I was given a dose of pethidine, but otherwise was without any assistance. I felt secure being in a place I could call midwives anytime if I felt unwell, however my labour slowed down and I was finally able to sleep.^[1] During my awake intervals I ate the food and drank the water I brought in my suitcase and I used hypnobirthing to cope with the pain.

What I did not realise at the time, was that the absence of anyone to check on me after strong pharmacological medication was administered, or even to provide me with food and water, was the start of neglect and a pattern that set the unsafe scene of malignant neglect that almost led to my baby and I not surviving labour and birth. There were systematic errors, broken communication between staff, and all the recommendations made by my consultant obstetrician were disregarded and written off with drastic and long-lasting consequences for both my son and me.

This is what happened: After 14 unsupported hours of labour in a sideroom, a midwife finally came at the very end of her shift and offered a vaginal examination to assess whether Grace's cervix was opening. The midwife apologised and said that she was only 2cm dilated. Grace accepted this and got up to walk about. Only a little while later she felt the need to push and told the midwife. The new midwife responsible for Grace's care said that she could not possibly be ready yet and that she could not perform another vaginal examination so soon after the previous one. Grace insisted on an examination and sure enough, in under one hour she had dilated to 8 cm. At this point she was admitted to the labour ward. The midwife on the labour ward appeared fed up and unwelcoming. She tutted and sighed and told Grace that it would be another three hours before her baby was born. Grace then started 'vocalising' (making the sort of noises that women make as they are about to give birth) and the midwife told her (in what felt like an unsupportive tone) not to scream as it was a waste of her energy and wouldn't change anything. Grace's original plan for a waterbirth had already been changed, and now she had her request for an epidural declined. She remembers that no attempt to comfort her physically or emotionally was offered instead. Very quickly Grace felt ready to give birth and asked to be examined again. The midwife asked her to lie on the bed but instead of examining her applied a belt monitor and started asking detailed questions about her name and address - even though it was clear that Grace could not speak at this point. Unable to manage the contractions in this position, Grace tore off the monitor and stood up by the bed. A student midwife asked permission to remove Grace's underwear and a quick look showed a bulging bag of membranes clearly visible at the introitus (entrance to the vagina), a sign that the birth was imminent. Instantly, the membranes ruptured covering the student midwife and going into her eyes so that she could not see properly for a moment. A pillow was quickly placed at Grace's feet, but it was not enough. Her baby followed so quickly that Grace did not have time to catch him herself.^[2] He shot head first onto the floor and slid under the bed yanking on the still attached placenta and snapping the cord. This resulted in a very shocked baby (otherwise unharmed), a very heavy bleed for Grace, and a sense of trauma that she carries to this day.

After the birth I was so confused, in shock. My body started to somatise^[3] the experience and the midwife made a referral for me to be seen by my GP. The meeting with my GP was generously paced and welcoming and he was able to hold the space for me in a way I had not yet felt or seen since the birth of my child. He was appalled with my birth story and helped me identify several failures in the care we received, issues that I had previously attributed responsibility for to myself. My GP kindly wrote a letter to the Head of Obstetrics to ask for his assistance with a Birth Reflections session and in addressing the negligence.

My GP letter initiated our process of complaint. He was able to articulate the failures from the physician's point of view. He described how I felt, my medical history and how the event was impacting me at that moment. This felt very positive. Being my GP, he already had an idea of who I was, he knew my husband and our family, and he was able to paint a picture of how much the events leading to the birth of my child had affected me.

The consultant obstetrician promptly responded and invited us for a meeting to hear from me about my concerns and grievances, and to try and explain how so many mistakes, that led us to feeling unsafe, scared and scarred, had happened. We attended the meeting at his office in the hospital. He was kind and warm with great listening ability. He held space for us while he explained how the events reflected an unacceptable standard of care. He said that there were several midwifery errors and that he fully supported our formal complaint with PALs (patient liaison services). The consultant also recommended that my labour and son's birth records were reviewed by us in this meeting; however the documentation was not available, so he recommended that we return when he had all the records with him. We were made aware that legally we had the right to copies of my record and to review the documentation with a clinician. So we requested it and agreed to return to discuss it.

Unfortunately, the warm and caring atmosphere of the previous meeting with my obstetrician was not repeated at the following meeting we attended at the hospital. We had a consultant midwife and the Head of Grievances join the meeting. She was extremely formal, cold, and defensive. She used very harsh language with us and, while she had our records with her, they were missing the page recording the time period in which the negligence at the birth of my son happened. She also mentioned that many of their procedures had changed since we gave birth at the hospital (only a few months prior to this meeting) and that the changes were unrelated to what happened to me - despite the fact that she had heard what happened on the night of the horrific events of my son's birth, as she was on duty at the time.

This was so heartbreaking to hear and face as we hoped that by reading the records we could make sense of what happened. But this was not possible. I felt even more lost and broken inside to see that what happened to my son was not worth one single acknowledgement from the midwife responsible for grievances. Midwives are professionals supposedly responsible for supporting women emotionally during one of the most crucial life changing events in their life. My husband even cheered to hear that some of the procedures had changed, believing that it was due to our near-death experience. However, as mentioned previously, the consultant midwife took pains to say that these changes were unrelated to

events that occurred at the birth of our baby, which felt like continued gaslighting - so much so that the consultant obstetrician asked for the meeting to come to an end until further investigation was carried out to discover what had happened to the missing page in my records.

I believe this doctor put a stop to the meeting as a compassionate gesture because he could see how the consultant's midwife's cruel indifference, and her defensive way of using legal terminology and detached jargon, was affecting us - especially so recently after the experience that would mark us for the rest of our lives. Once the consultant midwife left the room, the consultant obstetrician was very empathic and said to us that this was such a tragic and embarrassing incident, and that further investigation would be done to find my missing records. The doctor said to us that we could continue to bring our grievances forward and beyond the NHS.^[4] However, he questioned whether this was something we would be able to cope with or wish to do for the next few months and probably years while the whole case went further. He graciously explained to us that continuing with the grievances would be like a dark shadow of a cloud over our heads accompanying us wherever we went, preventing us from enjoying our son who was alive despite all the occurrences. The consultant obstetrician then said that many couples who come to see him with lesser complaints, and who sit in the very same seats as we were sitting, did not have the opportunity to hold an alive baby in their arms.

We walked away feeling very reflectful, grateful for our lives, looking forward to meeting again to understand what happened to my records and to having some sort of closure. Months after this meeting, we were contacted once again by the obstetrician and informed that a part of my records was still missing. He asked if we would like to come in and discuss next steps. We decided against it. Despite his very strong remark about other parents who had fatal outcomes for their babies, we appreciate that my obstetrician's intentions appeared to be good.

In hindsight, was his gentleness and supportive ways a tactic of "good cop, bad cop"? We will never know.

The only thing we know is that being listened to, acknowledged and validated made us feel held enough to move on, at that time.

What is my take from experiencing the complaints and debriefs processes first hand? It is that it can be extremely draining. It can be very upsetting to have to review and learn from the information recorded (if they have not lost it) as it is often in medical jargon and comes from a different perspective than the parents' experience. Sometimes the notes are written in a way that makes it sound as if the events were a failure or incapability of the mother. It can be extremely hard to relive the labour story and accept that the things that could and should have been done did not occur. However, there are some people who have found the experience an aid to their healing process. I work with birthing families every day and I see all situations in the birthing rooms (at home, in ambulances, birthing centres, labour wards or theatre) and some of the families I have worked with have found consolation, validation and understanding from the process of a birth debrief with their Trust and facilitation through PALs.

The main thing I would love is for families to set their expectation at the right level when deciding to pursue a complaints process, as, in my observation, NHS members of staff will rarely admit error if their admittance will lead to a court case being lost. Nevertheless, parents may find closure to their stories and be able to restart their journey with a better understanding for next time.

So, please do not think that making a formal complaint is a useless exercise, or something to fear. Women who feel broken, guilty, let down and unable to cope with caring for themselves and their families, should not have to suffer in silence. It is your midwife and doctor's moral, ethical and legal duty to provide safe and dignified care to you and your baby. Making a complaint can be very beneficial both for your recovery process and for highlighting your concerns about the standard of care provided by the professionals that may be letting you and the system down.

The journey has not been easy, however, being able to express my truth in safe places, and being supported through the process, enabled me to transcend the pain to a place where, after some years, I was able to reframe my experience and give birth to my second baby at home, calmly, respectfully and well supported by those that I love.



Grace's useful reading list

Birth Crisis by Sheila Kitzinger - ASIN: B000OI18QI

The AIMS Guide to Resolution After Birth - ASIN: B086T266KQ

The AIMS Guide to Your Rights in Pregnancy and Birth - ASIN: B08SWTVFMJ

The Birth Debrief by Illiyin Morrison - ASIN: B09DK3MYJ9

Listening to Women after Childbirth by Alison Brodrick - ASIN: B084PY476Q Why

Human Rights in Childbirth Matter by Rebecca Schiller - ASIN: B01LYGNL1J

Birthing Justice edited by Alicia D. Bonaparte and Julia Chinyere Oparah - ASIN: B0BX9HTYKB

Author Bio: Grace Hall is a mother, Hypnobirthing educator, holistic doula, complementary therapist and ceremonialist, supporting women to reclaim their autonomy as they enter motherhood. Grace believes that she has inherited her deep calling to this work from her paternal grandmother and great grandmother, both of whom were traditional midwives in Brazil.

[1] Pethidine will slow labour in the early stages and it also acts as a powerful sedative.

[2] Editor's note: Had Grace been given empathic support and not disturbed by the opinions and moods of others, her own perception and instincts might well have guided her to move closer to the floor where she could have received her baby safely into her own hands. This powerful instinct is completely disrupted when other people tell you what to do and when they suggest that you cannot trust what you are feeling in your own body. A note to anyone who is with a woman in labour: Listen to the mother, believe her and support her.

[3] Editor's note: Somatise means to manifest (psychological distress) through physical symptoms.

[4] Editor's note: When the outcome of a person's complaint is unsatisfactory, they can take it to the ombudsman.

My complaint about complaints

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Laura Mullarkey, lawyer, AIMS volunteer, and mum of three, compares her recent experiences of complaining about her NHS antenatal care, with making a regular consumer complaint. The juxtaposition highlights some reasons why the former can be so dissatisfying for service users, and she concludes with an idea for an alternative model for NHS complaints.



By Laura Mullarkey

I've made two complaints in the last year or so. In both cases, I had received refusals from a service provider to carry out the service that I was entitled to. In both cases, armed with my legal training to help me marshal my arguments, and buckets of determination, I called this out. And in both cases the service provider first tried to minimise and dismiss my complaint, but I persisted.

However, there the points of commonality end. Because whilst the first was a regular consumer complaint to a service provider, the second was a complaint to the NHS (in my case, my GP, who had repeatedly refused to listen to me or prescribe the medication I needed to combat my hyperemesis gravidarum^[1] (HG)).

As a result, whilst in the consumer complaint case I ended up satisfied that my complaint had been heard and the right, fair and sensible outcome prevailed, in the NHS complaint case, I honestly don't even know what the outcome was. It was dissatisfying and disheartening and added a final sour note to what was already a deeply upsetting experience.

I fully appreciate that for some people, making a complaint about their maternity 'care' can make a really

positive difference to how they feel about their experience. The mere act of writing and sending a complaint can be cathartic, and receipt of a validating response and a commitment to change, even more so. Sharing my experience, therefore, is not intended as a general statement that NHS complaints are inevitably fruitless, but simply a personal account of my own recent frustrations with the system, which left me with the question: *why is complaining to the NHS so difficult, even for someone who is a pretty effective complainer?*

Lack of a clear contractual relationship

The first thing that makes life tricky is the absence of a single contract or other legal document that you can point to that expressly covers all the services to which you are entitled, and the manner in which they should be provided. Yes, I know we have protected legal rights in all medical settings – we have human rights protections, the wonderful Montgomery^[2] ruling on consent, and the Health and Social Care Act 2012^[3], plus other “soft law” we can reference like the NHS Constitution,^[4] and the professional standards that doctors, nurses and midwives sign up to when they enter their professions.^[5] However, the difference between trying to set out in an email the full factual matrix to prove how the conduct of a GP fell short of the standard of shared decision making, how that left you feeling, and what you think ought to have happened - and a simple, “you have not performed your obligations under clause 9; please now do so”, is stark.

Lack of effective remedies

The next issue lies with the ‘remedy’, or solution, to the complaint. The first part of this problem is that, with a complaint to an NHS institution there is often a lack of clarity as to what the remedy can and should be (for this purpose I am talking about complaints that fall short of clear negligence and do not require a medical professional to be disciplined or struck off). You can, of course, suggest your own remedies, but there is generally no requirement for the body receiving the complaint to agree to what you have asked for, even if they are sympathetic to the complaint itself.

By contrast, with my consumer complaint, it was obvious – ask for the breach of contract to be rectified and, if it was not, I would have the right to pursue a damages claim for non-performance of the contract. This instantly meant my email of complaint carried weight.

And this brings me to the second part of the problem with successful resolution to NHS complaints – the difficulty in actually obtaining a remedy. As mentioned, with my consumer complaint, there was no way the company could simply fail to respond without serious risk of legal action. Furthermore, I had other weapons in my arsenal to help improve my chances of obtaining an appropriate remedy – when the company tried to minimise my concerns and argue I was not protected under the language of the contract, I had the ability to publicise their disingenuous behaviour, and/or go to the Consumer Ombudsman (or, at least, threaten that I might do so).

On the other hand, when I first wrote my complaint to my GP surgery, I did not even receive a response. It took me two and a half months of chasing, by phone and in person, before finally receiving a letter back,

which excused the behaviour of the GP, dismissed my concerns, and ignored all of my suggested solutions as to changes that could be made to improve procedures and care.

Lack of transparent follow through

Of course, I did not leave it there, and was in the end offered a meeting with a senior partner in the practice, the assistant practice manager and the GP concerned to discuss. I really believed at this point that, finally, there would be a chance for a meaningful discussion.

And then, on the day, with less than an hour before the meeting was due to be held, I received a text. The GP complained about GP could no longer attend – did I still wish to go ahead? We were now seven months on from the original GP appointment which started all this. The GP in question was apparently out of the country for “family reasons” and had no date set to return (it was implied that she might be away for some months). Did I really want to cancel today’s meeting, which was fixed and certain and which I had fought for, in exchange for a possible future meeting on an unspecified date, which could happen only if and when the GP returned? Plus, there were questions of logistics – my mum had already travelled to support me for today’s meeting, and I really wanted her there. She might not have been available when a new date finally arrived. And whilst I had been happy to bring my three-week-old into this meeting, I knew from experience that having to bring an active, older baby was likely to be distracting and difficult, making it harder for me to get my points across effectively.

So, for all these reasons, I went ahead with the meeting. The other, senior GP and the practice manager were both sympathetic, and they promised some long overdue changes to their appointment booking procedures for patients with conditions like HG, that home visits would be made available, and that the GP in question would be required to undertake some compulsory learning about HG, and would then be asked to present to the practice on what she had learned. Wonderful, I thought. Success.

However, I left that meeting, and that was that. No written follow up from them (not even a response to my email where I thanked them for their time, and set out what I had understood the outcomes to be), no timeline for carrying out what they had promised, nothing to evidence whether any procedures had changed, or whether the GP in question was ever even communicated with, let alone required to learn anything or present on it. And, of course, no one external to the practice, able to hold them to account. And so, I’m left wondering – was I an idiot to believe them? Am I being unreasonable to have expected more? Has anything at all changed for HG sufferers at that practice?

Compare that to my consumer complaint where, after some admittedly increasingly irate trading of emails, the company agreed to honour their contractual obligations and then actually did so. Job done, we could all move on.

And an alternative model?

I think it’s clear from the above why writing a complaint about maternity care can be so dissatisfying, and that’s if you’re lucky enough to be starting from a position (as I was) where you aren’t traumatised, you aren’t continually gaslit during the complaints process, and you aren’t targeted for your “audacity” with

threats of children's services referrals. And, sadly, things are more difficult still if you are simultaneously having to contend with other barriers: being black or an ethnic minority given the systemic racism in UK maternity services,^[6] speaking English as a foreign language, being disabled, not having the education, confidence and/or time to make pursuing a complaint practicable, all compound the unfairness inherent in this system. I write this account in full awareness of all my privilege here.

And so, I am left pondering what alternatives to this ineffectual complaints system might be possible. Loath as I know most people are to hold the banking industry up as a role model for anything, I do wonder if the Financial Ombudsman Service (FOS) might offer a significantly better paradigm. The FOS is an independent body (established by parliament) which investigates consumer complaints against financial services firms. Consumers can apply to the FOS, free of charge, and ask them to resolve most types of complaints regarding financial services and products (provided certain time limits are complied with). Consumers are not required to have any legal counsel or advice in order to make such complaints and the FOS gathers information from the consumer using plain language and no jargon. If, having undertaken an independent investigation, with evidence requested from both parties, the FOS finds the financial institution has acted unfairly or unreasonably, it has the power to make legally binding decisions as to how the financial institution should provide redress to the consumer, including requiring the payment of compensation. If the FOS finds there was no unfairness or unreasonableness, it must provide reasons for this, so that the consumer can understand, and the consumer remains free to reject the FOS's findings altogether and pursue their complaint through the courts.

Furthermore, not only must a financial institution who is found to have acted unfairly take the steps required by the FOS to remedy the issue and apply lessons learned to avoid a repeat, but the FOS shares anonymised information about cases with all businesses under its remit, thereby ensuring that a single complaint can help to raise standards across the financial services industry as a whole.

It isn't all good news: the FOS is funded by a specific levy paid by financial institutions, whereas it's hard to see how an NHS equivalent would be funded by anyone other than the taxpayer. And, of course, not everyone who goes through a FOS complaint necessarily winds up happy with the outcome. Nonetheless, the potential of such a scheme to improve individual outcomes and to raise standards right across the NHS ought at least, in my view, to make such a scheme worthy of consideration.

But then again, I won't be holding my breath for impending change. If I feel that my complaint about my antenatal care was not really heard, then who is there to listen to my complaint about complaints?

Author's footnote: As this article goes to print, the failures of Jessica Cronshaw's GP and midwife to recognise the severity of her HG, and their incorrect assertion that she should reduce her medication as it could harm her baby, have made [headlines](#). Her story is devastating and my thoughts are with her, baby Elsie, and their family. It will surprise no one familiar with this condition, that my complaint concerned extremely similar treatment from my own GP. I would urge anyone currently struggling with this illness, or who knows anyone who is, to contact [Pregnancy Sickness Support](#).

Author Bio: Laura Mullarkey is a lawyer with over a decade of experience. She is a volunteer on the AIMS helpline, a peer supporter for Pregnancy Sickness Support (where she was shortlisted for their 2024 Rising Star award), and recently trained as a doula. In her spare time, she's also a mum of three.

[1] Editor's note: Hyperemesis gravidarum is the medical term for severe nausea and vomiting during pregnancy, a condition that often requires hospital treatment.

[2] Montgomery v Lanarkshire Health Board [2015] UKSC 11 www.supremecourt.uk/cases/uksc-2013-0136.html

[3] Health and Social Care Act 2012 Fact Sheets www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

[4] NHS Constitution for England (2012) www.gov.uk/government/publications/the-nhs-constitution-for-england

[5] Professional standards: www.nmc.org.uk/standards/code and www.gmc-uk.org/professional-standards/professional-standards-for-doctors

[6] Birthrights (2022) Systemic Racism, Not Broken Bodies: An inquiry into racial injustice and human rights in UK maternity care. file:///tmp/mozilla_gwelfor0/Birthrights-inquiry-systemic-racism_exec-summary_May-22-web.pdf

Navigating a hospital mistake that could have changed everything

AIMS Journal, 2024, Vol 36, No 1



By Julia Mihaylov

On the way to motherhood, every twist and turn draws a unique story, and my second pregnancy took an expected detour. Now, as I watch my vibrant 18-month-old daughter giggling and playing, I reflect on the difficult experience that unfolded exactly two years ago today.

It all kicked off when I found out quite early in the pregnancy that I had a hematoma, an occasional hiccup during pregnancy. Despite the disconcerting bleeding, physically, I felt fine. However, a visit to the hospital became inevitable as the bleeding persisted. Little did I know that this visit would set off a chain of events that could have led to a heartbreaking outcome.

Upon arriving at the hospital, the shocking revelation hit – my waters had broken at just 17 weeks. Or so they claimed. Bewildered and confused, the medical team recommended terminating my pregnancy. Struggling to grasp this sudden and grave news, I called my husband for support. Despite the emotional whirlwind, I decided to take a moment to digest this information, as it was quite a lot to process already.

Hospitalised and left to my own devices for the evening, the isolation and lack of care heightened the distress. Not forgetting to mention that the food was awful, and they even forgot to include me for the dinner all together. Grateful for my husband's intervention, he brought comfort, food, and a semblance of

normalcy to an otherwise unsettling environment. It was also distressing, as I had a toddler at home, who was still being breastfed, and had never spent a night without me.

The next day, the doctors came for a discussion again, urging me to terminate the pregnancy. This time, the reasoning was the potential trauma if I lost the baby further down the line, say around 28 weeks. As if you would not experience trauma, if you terminated now, or at any point in pregnancy, thought I. And anyway, nobody explained to me what it would be like to continue with the pregnancy or what the risks would be.

My husband and I, both having only experienced the miracle of home birth previously, with our first child, felt out of place in the clinical and cold hospital setting. We decided against the medical advice, and left the hospital, on the condition that we understood the risks that they claimed i.e., I might go into labour in the next 24 hours.

During my time in the hospital I sought information from online communities, as I was not given enough information from the midwives or doctors. I found women who shared similar experiences, and a whole Facebook group with thousands of women who had either lost babies or had incredible survival stories of women with premature rupture of membranes. I was determined to fight for my baby's survival, even to fight through the rupture of membranes.

Days later, we had an appointment with our obstetrician, who delivered surprising news. We had a scan with a specialist doctor, who told us that my water levels were normal, and there was no evidence of a rupture. She questioned the initial results, prompting further investigation.

The same doctor decided to discontinue the use of the test that led to my misdiagnosis. Despite the claims of accuracy from the pharmaceutical company, the hospital acknowledged the fallibility of the test for pregnancies below 20 weeks. After my case, three more women had their babies saved, because of this change within the whole hospital Trust. Instead of using the tests, they started observing the amniotic fluid levels instead. Ironically, this was already the process in the other hospital Trusts, and in some other countries anyway.

This made me wonder about the whole hospital Trust system in the UK, and how it operates. How can it be that when other hospital Trusts are not using these tests anymore, my Trust persisted in using them? Clearly other Trusts adopted up-to-date research evidence regarding the use of these tests, whilst in my hospital Trust, they needed my case to happen before they changed their practice.

Reflecting on my story, it was a great reminder of the importance of questioning medical information, trusting mother's intuition, and advocating for evidence-based care. If I hadn't challenged the initial diagnosis and decision, my daughter might not be here today. This narrative serves as a call to women everywhere – question, demand the evidence for recommendations, and be your own advocates. Healthcare decisions can be life-changing and mother's intuition is a formidable force that should never be underestimated.

Author Bio: Julia Mihaylov is a passionate birth worker, antenatal teacher and trained as a doula. She is also a yoga teacher, ex-professional gymnast, physics graduate, ex-finance professional for almost a decade and a mother of two. After having two beautiful home birth experiences, her life changed. Her babies gave her a gift of passion for childbirth. She got empowered to help other women with sharing evidence-based information and leading them to trust their instincts that are crucial in the birth process.

Playing the Long Game: Threads of Protest and Human Rights in Childbirth

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By Gemma McKenzie

What do obstetric violence, human rights in childbirth, and crochet have in common? Well, it's quite a long story and spans the last 15 years of my life. It starts with misogyny and ends in protest. And it includes a way in which we as women and activists can come together to challenge the widespread abuses we experience and hear about in the UK maternity system and beyond.

Last summer, as I was daydreaming, strolling alone to pick my 9-year-old daughter up from school, a car full of laughing men sped past and threw water over me. The incident joins a long list of other indignities that I – and no doubt most women reading this – have experienced on the street as they go about their day-to-day lives.

What strikes me as I look back on this type of street abuse is that I was unable to complain. Who could I complain to? I might tell my girlfriends at some point, and they would likely recount similar stories. But in a society in which these incidents are so frequent they have almost become normalised, who is going to appropriately respond to this misogyny? The reality is, on all these occasions, I had no choice but to shake off the experience and carry on with my day.

It is with this same understanding that I entered the birth room. At twenty-eight and pregnant with my first baby, I was acutely aware of the misogynistic society in which we live, but blindly naive as to how that could manifest in NHS maternity care. Infantilised, coerced, uninformed and manhandled, I left that birth physically and mentally scarred. I had been sucked into the obstetric machine, crushed, and spat back out again.

At the time, I was too bewildered to complain. I didn't understand whether I even had anything to complain about. When I spoke to other women, almost everyone else's birth seemed to be as dehumanising and unnecessarily violent as mine. Sometimes, their accounts were even worse than what I experienced. In a routine that I have seen countless times since, women conferred with each other about the violence they had experienced, but so normalised was the abuse, that there seemed to be nowhere to turn.

By the time I was pregnant for the second time, I had sought help from AIMS. I remember being supported by Debbie Chippington-Derrick. She had suggested I contact my maternity unit to explain that my previous experiences at the hospital had traumatised me and that I would need extra support. Numb, I read the midwife's response out to Debbie over the phone. Instead of reaching out to me in a supportive way, the midwife had instead gone through my hospital notes and against every medical intervention I had endured she had written in bold: You consented. You consented. You consented.

I had been dismissed. I had been gaslit. I had been blamed for not speaking up at the time. Like the street abuse, I was now expected to shut up, shrug my shoulders and carry on with my day. With that letter, I knew that no amount of complaining to midwifery staff would alter the fact that their abuse of me was systemic; it was so frequent, so common, so widespread, that the behaviour was not recognised as problematic. Mirroring approaches we often see in other forms of violence against women – her skirt was too short, she walked in an unlit area alone, she should have left her partner sooner – I was now to blame for the violence that had been inflicted against me.

I was left reeling from that letter. Unlike other forms of gender-based violence that I had experienced in the past, I couldn't just shake this off. I never made any official complaint about my treatment at the maternity unit as I knew it would be futile. Instead however, I decided to play the long game. As my babies became toddlers and children, and then teenagers, I investigated these violations against women and the way in which their human rights were often decimated during pregnancy and childbirth. Now armed with a postgraduate certificate, a master's degree and then a PhD, I knew with certainty that the treatment I was subjected to was not only immoral, but unlawful – and perhaps even criminal.

I could also see the parallels with all the other forms of misogyny and violence against women that permeate our society. Whether a woman is cat-called on the street, coercively controlled by a partner or subjected to a non-consensual vaginal examination by a midwife, she is treated as something less than human. Her right to move freely and safely through the world is compromised. Problematically, the more frequently this abuse happens, the more normalised it becomes and the harder it is to make a complaint that is taken seriously and acted upon. Instead, there is the expectation that we remain silent, submissive, and accepting of the abuses that people and institutions dish out to us. The violence we experience becomes just another ordinary event in the life of a woman.

When those men drenched me last summer, an exhausted yet furious thought hit me: *I am so fed up with this sh\$t*. I concluded that I am not in a position to challenge all forms of violence against women (yet), but given my job and my educational background, I am now in a position to speak up about abuses during childbirth. With funding from the Economic and Social Research Council, I decided to do something that at first blush seems totally bizarre – I would create a crochet exhibition promoting human rights in childbirth.

You may consider crochet and human rights to be a million miles apart. However, when I was really struggling after the births of my children, I learned crochet as a way of calming my mind. By watching YouTube videos and copying what I saw, I could begin to mentally switch off and the weaving and bending of the yarn became cathartic. Before I knew it, I had a house full of random crochet blankets and an official craft cupboard housing all my paraphernalia.

The exhibition I came up with is called 'Threads of Protest: Human Rights in Childbirth' and almost unbelievably, it will run for 3 months at the [Atkinson in Southport](#) from July to September 2025 and then for 3 months at the [Curiosity Cabinet](#) in London until January 2026. As always, AIMS is supporting my efforts. In fact, one of the pieces I will present links to the [Wellcome funded graphic zine](#) we worked on together, entitled 'My rights in the Maternity System.' Using tapestry crochet, I will recreate sentences from the zine¹ in crochet, such as, You can't touch me without my consent; I have rights; I am an individual; I am more than my pregnancy. I am also pairing professional crochet artists up with charities that support asylum seeking women, LGBTQ communities and those birthing in the criminal justice system, to highlight the human rights issues associated with these situations.

But perhaps most ambitiously, I am asking members of the public to donate a granny square to the exhibition. The idea is to sew the squares together and present them as a form of yarn bombing or craftivism. There is a whole history of women protesting using thread, ranging from the [embroidery of the Suffragettes](#) to the numerous examples of yarnbombing challenging violence against women (see [here](#) for an example). I want this piece to demonstrate how people – especially women – come together to challenge human rights abuses during childbirth. I aim to highlight that it is not normal or acceptable to be abused during birth and that these abuses are part of the wider problem of misogyny that we experience in society.

If this is the type of social activism that you are interested in, then I would encourage you to get involved.

Whether you are an experienced crocheter or you fancy learning for free like I did via YouTube, all you will need is a ball of yarn and a hook. All squares can be any pattern, any colour, any yarn – and don't worry if your stitches aren't perfect or things look a bit wobbly. It's more important to get involved in raising awareness of the issue. I only ask that squares are a maximum of 15cm x 15cm (6 inches by 6 inches) and don't contain any offensive or derogatory wording. Once you have completed your square (or squares!), you can send them to:

Threads of Protest

PO Box 239

Liverpool

L37 8YU

If you live in the North West, you may find it easier to drop your square(s) off at A Modern Yarn, 39 Chapel Lane, Formby, L37 4DL.

Do I expect the crochet exhibition to change the world overnight? Of course not. However, it might get people talking - and perhaps more dangerously - it might get people thinking. It might also help people to understand the way gender-based violence we see throughout our society emerges in the birth room. Perhaps this way, we can stress the point that we do not lose our rights once we become pregnant or enter the hospital, and that our bodies belong to *us* - they are not to be manhandled, penetrated, or cut without our consent. And possibly most importantly, when we are abused or violated, it has a hugely negative impact. No longer can abuses be normalised in a system that does not understand these acts as violent. We need ways to be heard, to challenge and to call out this behaviour. I refuse to shrug my shoulders any longer and just accept that this violence is too monumental, too ingrained, and too widespread in our society to challenge. I couldn't complain at the time –*but I am complaining now*. I might not be able to eradicate the misogyny that runs through our society and our birth rooms, but I can chip away at it – one granny square at a time.

For more information on Threads of Protest: Human Rights in Childbirth see [here](#).²

Author Bio: Gemma is currently an ESRC post-doc fellow and research associate at King's College London. She centres her research on maternity care, obstetric violence and the experiences of women who exercise their right to decline services they do not wish to access. Her website is: www.gemmamckenzie.co.uk

¹ Editor's note: A zine (/zi n/ ZEEN; short for **magazine** or **fanzine**) is a small-circulation self-published work of original or appropriated texts and images, usually reproduced via a copy machine.

² Gemma McKenzie - Threads of Protest: Human Rights in Childbirth -

www.gemmamckenzie.co.uk/threadsofprotest

Report of Parliamentary Debate on Birth Trauma

AIMS Journal, 2024, Vol 36, No 1



By Elle Gundry

The first parliamentary debate on birth trauma took place in the House of Commons on Thursday 19th October 2023.^[1] Thankfully, the word 'debate' is a misnomer here; there was no disagreement on the reality of birth trauma, or that NHS services to help women with birth trauma are inadequate. Theo Clarke MP led the debate and started by sharing her own experience of birth trauma and a birth injury. It was powerful to see women MPs supporting Theo Clarke through the difficult moments of sharing her story. The rest of the debate was largely a collection of personal stories with a clear message that more needs to be done to support women with birth trauma. Both psychological and physical causes of birth trauma were discussed with a sense of evenhandedness. I was concerned the focus would be solely on physical causes and psychological factors would be overlooked, so it was reassuring to see acknowledgement and discussion of both.

We heard Maria Caulfield, Minister for Women's Health, confirm the government's commitment to a rollout of postnatal services and acknowledge that birth trauma can often be prevented. Frustratingly she did not commit to actions that directly address preventing birth trauma, the focus was on (much needed) postnatal support. There was also a lack of nuance to the debate regarding the pressures or factors that influence how pregnant women and people feel in the perinatal period. It felt like the complex interplay of power, medical misogyny, an underfunded maternity system, race, sexuality, gender, previous trauma and social pressure, to name a few, were not unpicked or discussed. There was no mention of the role of obstetric violence as a cause of birth trauma. There was also little said about the huge disparity in care and outcomes for Black and Asian mothers. The ways in which hospital policy or

culture impede women's decision making was not mentioned. Similarly, the UK's rising induction and caesarean rates were not discussed nor was there much focus on informed consent or refusal. It is my feeling that this is where the work needs to happen to prevent birth trauma, but this requires us to be willing to listen to traumatised women and understand their experiences.

Perhaps this debate is the start of that broader conversation on preventing birth trauma.

It is important to recognise the significance of this first debate on birth trauma and to thank Theo Clarke MP for organising the debate and sharing her own experience. Dame Andrea Leadsome MP said that Theo Clarke MP had “the support of Members right across the House”. I think she also had the support of women, birthing people and families right across the country who have been failed by our NHS maternity system.

Author Bio: Elle began volunteering for AIMS in 2023. She lives near Shrewsbury, and is happiest in the garden learning by trial and error to grow veg with her enthusiastic toddler. She has an interest in human rights, and after experiencing NHS perinatal services first-hand has sought to understand how maternity services can better serve women.

[1] Debate on Birth Trauma 19th October 2023 | Maria Caulfield MP

www.youtube.com/watch?v=cvdT9QG_97c

The full debate can be viewed here: <https://hansard.parliament.uk/commons/2023-10-19/debates/D9DC6BAC-118F-4EA1-BE02-F815D5BE6436/BirthTrauma> and the transcript is accessible via Hansard Online - <https://hansard.parliament.uk/commons/2023-10-19/debates/D9DC6BAC-118F-4EA1-BE02-F815D5BE6436/BirthTrauma>

The AIMS Guide to Resolution After Birth

[Complete list of book reviews on the AIMS website](#)

[AIMS Journal, 2024, Vol 36, No 1](#)

Principal author Shane Ridley

Published by AIMS (27 Mar. 2020)

ISBN-13: 978-1874413448



Paperback, 114 pages

£8.00

Buy this book from [AIMS](#)

Reviewed for AIMS by Sakina Ballard

The first thing to mention is how digestible this book is, especially considering the challenge of needing to seek resolution after birth and the complexities of navigating systems that can feel like mazes to the service user. This book breaks down lots of the barriers that may prevent people from moving forward in their practical resolution and is especially helpful for those who need to engage with maternity systems.

The book is succinct, clearly laid out and each chapter packed with the key insights and knowledge in accessible and understandable language, not lots of jargon. The contents page is comprehensive, so the reader can find the parts of the book that feel most relevant with ease. This was a great feature and a welcome relief as a reader, given the topic of birth resolution is often emotive and can feel overwhelming to tackle as a service user.

The introduction of the book sets out who it is aimed at, maternity service users and those that support them, it is definitely highly useful to both, being both accessible and informative in a broad range of areas of resolution after birth, whilst holding the sensitivity this subject requires. There was also some consideration to the different experiences and needs birthing people have, noting the need for language and services to be inclusive for all.

This book covered every topic, from the foundational concepts of human rights and consent in birth, which impact all, to reflective prompts to support maternity service users to process their experiences and emotions around birth, as well as plan for subsequent births.

Whilst the process of resolution is not linear, this book sets out each chapter in a way the reader may often process their experience. From initially understanding what has happened and processing it, to then explaining the feedback and complaints routes, including the legal ones, so the reader can discern what feels like resolution for themselves with knowledge and understanding of the procedures.

It was great to see guest contributors adding further insights: human rights in birth, by Birthrights; birth trauma and diagnostic PTSD (which are not necessarily the same), from Make Birth Better; baby loss (a subject not often covered in maternity literature), by Sands; and a legal perspective on medical harm, from AvMA. Rather than try to brush over these topics, or leave them out entirely, these guest contributions added signposting and a richness to the voice of support this book offers.

Overall, a great resource for service users and practitioners alike, demystifying complex systems and procedures into a concise step by step format, so that those navigating the various paths of resolution, can consider what the next right step is in their individual circumstance.

As someone who has walked down the parent and practitioner paths, I read this book with a sense of relief that firstly, it exists and secondly, I can continue to use it as a valuable resource at work.

I would definitely recommend this book, a thoughtful, informative and vital book that eases some of the bewilderment of how to practically deal with this challenging topic.

Author Bio: Sakina Ballard birth trauma and perinatal mental health practitioner working inside and outside of the NHS. She is Community Lead for Make Birth Better.

The British Intrapartum Care Society (BICS) conference 2023

[AIMS Journal, 2024, Vol 36, No 1](#)

By the AIMS Campaigns Team

The British Intrapartum Care Society ([BICS](#)) was initially set up in 2018 by a group of obstetricians but is for anyone involved in intrapartum care including obstetricians, anaesthetists, midwives, doulas, GPs and neonatal specialists, as well as service users.

AIMS attended the 2-day conference, which was to share research and learning and to promote standardised best practice for intrapartum and maternity care throughout the UK. There were oral presentations, workshops and opportunities for networking at a conference dinner.



AIMS was represented by 3 volunteers who displayed a poster, designed by our own Physiology-

Informed Maternity Services (PIMS) group, titled '[AIMS Campaign for Physiology-Informed Maternity Services](#)'. They also had a stand set up where attendees were able to come and see what AIMS was all about, read some of the materials available and chat about using our resources or volunteering for AIMS.

The conference was a fantastic opportunity to not only attend the various presentations and participate in the workshops, but also to enable AIMS volunteers to network with other birth workers across the country and promote the work of AIMS.



AIMS volunteer, Jo Dagustun (on the left), with a conference delegate, sharing the Maternity Continuity

Network's poster. Jo is also a co-creator of the [AIMSposter](#).