

THE CHAPLAIN AS PATIENT

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First of all, I have to begin with a disclaimer, I wasn't chaplain to a maternity unit when I had my baby in July 1997, nor did I give birth in the hospital in which I now work. However, as both a minister and a minister's wife, I was well used to visiting in the maternity ward. Like the majority of people - like most of the people who visited me, in fact - I would first ask relatives if the baby was well, then I would ask after the mother, and on receiving a positive answer I would walk up to the bed beaming and effusing my sincere and heartfelt congratulations. Having now given birth myself, my attitude to visiting has changed completely! I realised soon after Chloe's birth that it's the done thing for relatives and for the mother herself to say that she is "fine", when in fact, she may not be at all. I realised that it's perfectly possible to be delighted with your baby, and thankful that he or she is healthy, while feeling awful yourself. People - and I used to be one of them - expect the baby to compensate for everything, even if you've been through hell at the birth. I thought I would throttle the next person who said to me, "it's a pain you soon forget". That's true for some, but not all and my own experience has made me a visitor who approaches the bedside gently and cautiously, aware of the wide spectrum of physical, emotional and psychological burdens which the mother might be bearing.

I was admitted to hospital at 5 am on Monday, June 30th, 1997, with contractions five minutes apart. I had experienced a "show" at 1. I S am, and the contractions had begun soon afterwards. On arriving at the hospital in quite a normal state of mixed emotions - excitement, relief, anxiety - my husband and I were greeted by a midwife splattered from head to foot with blood. She was obviously harassed, and explained that the unit was short-staffed. As you'll see, this was to have an effect on my entire stay, and it's something that we all have to take into account as chaplains to both patients and staff. We'll all have seen in media reports and perhaps in our own experience that there is a crisis in midwifery, and I definitely suffered because of this. Mistakes and misunderstandings are occurring because of the pressure midwives are under.

To cut a long story short, I was monitored for the next few hours, and the contractions began to die away.

We accepted that it had been a false alarm, and I was sent home at 10.30. The contractions began again around midday, and this time they were excruciating. I was readmitted at 4.30, again with contractions five minutes apart. When an internal revealed that there was no dilation, however, I was advised to soak in the bath to take the edge of the pain. It was the longest bath I've ever had! For the next six hours, a midwife popped in now and again to see how I was doing, but the contractions never became closer than four minutes apart. Both my husband and myself were becoming exhausted, and finally I buzzed for help. I asked if anything could be done for me, because I'd had hardly any sleep since one in the morning, and the pain was terrible. It was made worse by the fact that I'd had problems with my pelvis during pregnancy.

I was taken to a delivery room and given another internal, only to be told that my cervix had not dilated at all. This, for me, was the moment when anxiety turned to fear, although staff assured me that this sometimes happened. It was just frightening that things weren't going as expected, and I've heard this from so many women. The least deviation from the norm makes you feel very vulnerable. The pattern we had been taught at antenatal classes was that contractions would begin, there would be a steady progression, and many hours later the baby would arrive. I had been contracting for the best part of twenty-one hours. I had just spent six hours in the bath with contractions four minutes apart. My husband had informed our families and we all thought the baby would be born in the early hours of the morning. But now we were being told that I wasn't even in proper labour. However, because I was exhausted and in a great deal of pain, I was given an injection of Diamorphine and wheeled along to the ante-natal ward.

I was very surprised at the effect this had on me, because the hospital environment had never worried me before. Then again, I'd never been a patient before. As soon as I was in that bed, in a ward full of strangers for the first time in my life, exhausted, woozy from the Diamorphine, I was overwhelmed. I lost my ability

there and then to assert myself or even to be myself. I was afraid and alone, and that's had a tremendous effect on how I approach a bed as a chaplain in a ward. In the early hours of the morning, I woke feeling damp, and buzzed for a midwife to tell her that my waters were breaking. She was extremely harassed, and said that I'd probably just wet myself, but to wear maternity pads and save them for the doctor to inspect. I felt very upset and degraded by the suggestion that I'd wet myself, as I'd had no problems controlling my bladder at all, and it added to the mounting anxiety I was feeling. To make matters worse, the contractions had completely stopped again, and I didn't understand what was happening, nor was anybody attempting to explain it to me.

The next time I saw a midwife was when a kindly - looking middle-aged woman came into the ward and introduced herself as our midwife for that morning, and asked if any of us required her. I called her over and began to cry, because the pressure was becoming too much. Also, all my fears about Spina Bifida had surfaced. My husband's sister had Spina Bifida, and so we were at high risk, but had refused all the tests. Now I was terrified, as well as wondering what on earth was happening. She apologised for the fact that nobody had told me anything, but explained how badly short - staffed they were; she, in fact, was retired and simply providing cover. She explained that my contractions weren't proper contractions, but were severe because the baby was lying with her spine against mine. She told me that the hospital had a policy of only giving epidurals where they were really necessary, and it was in my notes that I should be advised to have one, as a labour with a baby in this position is very painful indeed. She was kind and caring, and she made me feel better. The consultant managed to undo all that! He appeared at the foot of the bed and addressed his questions and instructions over my head, to the midwife. Neither that day nor the next, when I was in labour, when he was delivering my baby or stitching me up, did he ever look me in the eye or speak to me directly. And I was so overwhelmed by the entire situation, as I've already said, that I felt vulnerable and helpless. I felt as if "I" as a person was disappearing. I've heard others complain in similar terms since then, and not just in the maternity ward. It's a fact of life that some healthcare professionals have a better manner than others. But in the maternity unit, such feelings are particularly dangerous; because for first time mothers it's a time of changing identity, when one's personhood should be affirmed, not undermined. The chaplain has a major

role to play here, especially perhaps after the birth when all other visitors are focusing on the baby.

I carried on contracting painfully but sporadically for the rest of the day, and by the afternoon my waters had gradually trickled completely away. From then on I was in extreme discomfort, and couldn't find any way to lie down. By midnight, I was pacing the corridor, bent double holding my bump, and clinging to the wall until contractions passed. I was given a TENS machine, but it made no difference. Finally, I was taken to the labour ward and given twice the dose of Diamorphine that I'd had the previous night. An internal revealed that there was still no sign of my cervix dilating, but I was assured that I would now be induced. My husband was sent for and we waited ... and waited. Nobody explained that I wouldn't be induced until morning. By the time the epidural and the other drips had been set up, labour didn't actually begin until around 8 am. It was now Wednesday, July 2nd.

I felt better now that something was definitely happening, but I had had so little sleep in the last fifty - five hours that I was absolutely exhausted. I wouldn't have been fit to bear the pain, and, in fact, I still felt a considerable degree of pain because the epidural didn't work properly. The areas of my pelvis in which I had experienced moderate - severe pain from the eighteenth week of pregnancy were very sore, and this made me worry about the strain of the birth itself. However, in the last two hours of labour, there was a bigger worry, because my baby turned sideways, lying across my stomach, and refused to budge. Finally, the decision was taken to go to theatre. Forms were thrust in front of me, although I didn't know what I was signing; I was given a spinal block and rushed down the corridor, in a state of anxiety that only those who've been there can know. The hospital's policy : was that Caesareans were a last resort, so the Ventouse ' Cap was tried first. I could feel nothing, but thought ~ they were being terribly rough with me. However, I believed it was probably necessary to get my baby out. Chloe was born at ten past seven, and she was perfect. Despite the fact that I'd gone sixty - six hours from my ; first contraction, the longest moment of my life was ~ waiting for the answer to my question, " Is she alright ~ ? " But it wasn't over, because I wasn't alright. I ~ passed out and had to be worked on for twenty min- ; utes while my poor exhausted husband stood holding the baby. I had torn badly and needed a lot of stitches. Despite that, within fifty minutes of the birth I was

wheeled into the post-natal ward. I can still remember all the visitors on their way out staring down at me. They looked horrified. My husband said I wasn't just pale, I was transparent. I was bemused, because this wasn't how we had been told things would happen. We had been assured that we would be given time alone in the labour suite as a family and I had neither been given a bed-bath nor the promised tea and toast.

To cut yet another long story short, I did not receive these basic services until my husband buzzed for help two and a half-hours later. He'd sat with me for some time, then had gone away for a while to make phone calls, and he was mortified to discover that still nothing had been done to make me comfortable while he'd been gone. It turned out that the staff from the labour ward hadn't informed the staff on the post-natal ward that I hadn't been seen to. It also turned out that I hadn't even been given any sanitary protection, because when the sheets were pulled back, they were saturated in blood. That was a dreadful moment, and one that I had flashbacks about for many months.

In the early hours of the morning, the spinal block wore off, and I found myself in agony between the legs. The first time I tried to go to the toilet, I had to bend double and hold myself in order to walk, and I told the midwife that something must be terribly wrong, but she assured me that this was natural after a difficult birth and a lot of stitches. It was the worst night of my life. My 8lb 4oz daughter wanted breastfeeding every hour. I could hardly lift her for the pain between my legs, nor could I find any way to sit or lie. I kept sending for the midwife, only to be given paracetamol and told, repeatedly until I felt like a proper nuisance, that what I was experiencing was natural.

By morning I was so exhausted and in such pain that I felt I was trapped in a nightmare. I had lost all confidence in the staff, because I felt that to them I was just a slab of meat to be processed and passed down the line. I know I'm not the only one who's ever said that about their experience in a maternity unit. At 7 am, I asked to be discharged. [I was distressed and crying, and ended up shouting at the midwife that I could neither sit, lie, nor walk for the pain, and if they weren't going to do anything about it, then I was going. She told me to consider my baby, and to stay until breastfeeding had been properly established. She repeated that the pain I had was normal, and from then on until I finally got out in the afternoon, I felt that the

staff had written me off as a difficult and whining woman. When I complained to the hospital, they said my distress had been recorded in my notes, and that I was being monitored; but I saw very little evidence of that. At no time was it ever acknowledged to me that my distress had been heard. I received no sympathy, and certainly no TIC.

The following day, at home, I was diagnosed as suffering from shock. It developed into Post Traumatic Stress Disorder, which affected me for many months. It's estimated that 51,000 women a year develop this after childbirth. I suffered one infection after another in my wound, which took six months to heal. And the severe pain between my legs wasn't only due to my wound, but also to a condition known as Diastasis of the Symphysis Pubis. It's when the pubic joint separates, and it happens to 1 in 600 women. There was further damage to my pelvis, probably because of rough use of the Ventouse Cap. I could have been spared all of this if I had been given a Caesarean Section. In recent years, there's been a backlash against Caesareans for very good reasons, but I heard on a television programme that it's now reckoned 10 percent of women suffer damage to the pelvis which could have been avoided by sectioning. My pelvis is, in fact, permanently damaged. Physiotherapy has failed; I rely heavily on painkilling medication, have to wear a firm support, and am fairly debilitated. Looking after a baby has not been easy. Without the amazing support of my husband, I would not have got through. A very interesting survey done by the National Audit Commission in January 1998 revealed that 50% of new mothers are dissatisfied with the standard of care they've been given. You might well wonder why I ever wanted to set foot in a Maternity Unit again! It was simply because I felt I had something to offer as a wounded healer. Although my experience was horrendous, there are elements in it which you'll find every week on a maternity ward. I admit that I was all for the patients at the start, and was, in fact, afraid of the staff but getting to know them has been a tremendously healing experience for me, because I've seen the pressures that they're under, and I accept that it's all in a day's work and they just don't always have time to dish out TLC. I've also come to realise that they don't always agree with Consultants, but they're the ones who have to pick up the pieces and bear the brunt of patients' anger.

For all these reasons, we chaplains have a crucial role to play in a Maternity Unit. Another reason, as far as patients are concerned, is that well-meaning visitors

of the type that I used to be can do more harm than good. I know that, although I received my visitors at home. People don't understand, and in general, they don't even want to try ; there's still a taboo about matters concerning birth. Another aspect is that visitors want to celebrate with you ; they want to fuss the baby, not listen to the mother's moans. And many of them don't like it if you're sitting with a long face, because you're making things awkward - you're not playing the game by being the serene, radiant mother. All this heaps guilt on by the shovelfull. You're hardly getting any sleep, you may be sore between the legs or along the bikini line -your hormones are to pot; need I go on ? A woman who has recently given birth needs a visitor who is gentle, and non judgmental, and who will affirm her identity as a woman without thrusting upon her the mantle of pre - conceived notions of motherhood.

I'd like to quote a passage from a book by Penelope Wilcock, entitled "Spiritual Care of Dying and Bereaved People"... "The subject matter of this book is life, not death. Spending time with the patients in the hospice where I work, I have often been struck by the atmosphere of expectancy. When the people who are with us approach death, there is a sense of awe, the solemnity of a great moment approaching. A sacred moment. i have sensed that moment before, once - in the ante-natal ward of a maternity hospital, where again there was a certain electric tension of waiting, a sense of souls looking all one way towards a great approaching moment. Birth, and death. Charged with the holy, with mystery, entwined with pain, with the loss of self and the looking up to something beyond self. Birth and death, moments where onlookers may lose their nerve and run away, shaken by the terror and the cost and the power of the holy. For birth and death, being intense moments flaming with life, are holy ground."

I think it's significant that two clergy colleagues told me that they had seen my name among the admissions, but didn't come to see me because they feel threatened by maternity wards - and they were both fathers! An unmarried female colleague did come to see me prior

to the birth, but admitted that she felt very uneasy. Knowing this added to my sense of isolation and abandonment, especially when compounded with the well-meaning visitors who came to see the baby and couldn't understand me at all. My heart bleeds for those who suffer post-natal depression, because what I went through was bad enough.

I say again that yes, my experience was horrendous and not common - place, but there are elements in it which you'll find every week on a maternity ward, even if it's just run-of-the mill painful stitches. The point is that it's not run-of-the mill for the woman experiencing it, and every patient has a right to have his or her pain heard and acknowledged. Sometimes the midwives are just too pressurised. Sometimes it's all so routine to them that they forget what it's like for the person going through it This is where we, as chaplains, come into our own, because birth is "holy ground", a life-changing event charged with the spiritual.

I've taken a quote from the leaflet advertising this year's Crieff Conference - "The spiritual dimension transcends and holds together the physical, psychological and social dimensions. The spiritual integrates the other three into "I," an individual who is more than the sum of his or her parts." ("Mud and Stars - The Impact of Hospice Experience on the Church's Ministry of Healing") For me, giving birth was sadly an experience of disintegration. I suffered in every aspect of my being. I felt like a slab of meat. Many women who've been through a difficult and frightening birth' feel this to a greater or lesser degree. I get annoyed! with people who say that my visits to the maternity; unit are the nice" part of my job. We're not there just; to admire the babies, but to listen to the mothers in a z way that other visitors probably won't. We have the privilege of meeting women at a crucial time in their ~ lives. And mothers are crucial to the good of society, ~ How we as chaplains respond to their needs at this time could make a very big difference.

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