

SPEECH ON THE LAUNCH OF BIRTHRIGHTS

BIRTHRIGHTS FOUNDER, ELIZABETH PROCHASKA

Thank you all so much for coming. Thank you to Matrix and particularly Henrietta, our marketing manager, for supporting us and organizing this launch. We would not exist without the support that you have given us.

As my husband and I worked on the website late last night, we noticed a typo had crept into one of the pages – “Birthrights supports the rights of child-BEATING women”, when of course it should have said childbearing women. We congratulated ourselves for spotting it before we launched the website today.

That was an unconscious slip, but it rather neatly takes me to a question that comes up with amazing regularity whenever I speak to someone about women’s rights in childbirth: are we supporting the rights of women to harm their children through their “selfish”, “unreasonable”, “middle-class”, “teenage” “ill-educated” choices? There’s a legal answer to that question that you can find in our factsheets we just put up on our website, but let me give you a feminist answer, because I believe that childbirth is one of the most pressing feminist issues of our time: women, and particularly pregnant women, are too often dismissed as irrational, emotionally unstable, unable to make wise decisions, and in need of guidance. Some women may be, some might even harbour a desire to murder their child, but most women are capable of making decisions for themselves.

Just like the woman we heard about in the press a few weeks ago, who has such severe learning difficulties that she was told her doctors would apply to the High Court to decide whether she could continue her pregnancy or whether she would have to have an abortion. The judge said in his decision that though she might not be able to manage her own finances or live on her own without support, she could decide what she could decide for herself whether to have a child (and doubtless, how, when it gets to that).

Let me tell you two stories that show you why choices matter to women. Let me tell you the story of Emma (not her real name). She was pregnant in her twenties with her first child. She was happy to be pregnant but she had a profound fear of giving birth. As a teenager she had been raped. And what she found most traumatic was the medical examination afterwards. When she became pregnant she was afraid she would have to have a vaginal examination. She told every midwife she saw at her antenatal visits – and she never saw the same one – that she did not want an examination. She recorded it in her birth plan. When it came to



giving birth, on an overstretched and under-resourced labour ward with a midwife she had not met and who did not read her birth plan, she was told she needed an examination, first by a midwife and when she refused, by a doctor. Resistance is very difficult during birth. And she agreed. The midwives in the room know the rest: her labour stalled. She had a c-section for “failure to progress”. And, of course, she suffered post-natal depression. When she looks back on the birth of her son, she remembers a day equivalent in pain and trauma to the day that she was raped.

My second story is a positive one. Before she became pregnant this woman had a very bad experience of hospital where she had had a gynecological operation and spent days recovering on an ante-natal ward. She witnessed the stress that the staff were under, that led to neglect and disrespect for the women, that led to dirty wards and harsh words for the women from the staff (all too reminiscent of the Mid-Staffordshire scandal will hear so much about next month). She never wanted to go back to hospital again. It was not a safe place for her. When she became pregnant she knew she wanted to have her baby at home. She met the same midwife throughout her pregnancy, who understood her reasons and respected them, even when complications arose, who supported her during her birth with kindness. She gave birth at home, empowered.

That story is mine. My own, empowering experience opened my eyes to the potential for abuse in childbirth. After my birth, colleagues here at Matrix and friends told me their stories. Some were positive, but many, too many, were not. They did not always describe their experiences in terms of human rights violations. But that is what they were.

Like the woman who emailed me last week, who told of being bullied into a cesarean because her baby was breech, who wept on the operating table and asked that they stop. Or the woman who called me a few days ago, who has been reported to social services for discharging her child from hospital when it was a few grams under the acceptable discharge weight.

If these women are suffering - women who are literate and educated, who may not be well off, but know that they have rights and can contact us - what about women who are especially vulnerable, because they are young, or they have a disability, or they don't speak English? What about the pregnant women in immigration detention, who the Prison Inspectorate recently found had been mistreated, hit in the stomach, dragged around the floor by security contractors? Those women who by virtue of their immigration status do not have access to appropriate maternity care? What about the black women in London, where the maternal death rate for women from ethnic minorities is many times higher than for white women? What can we do for those women, and for all women who give birth in fear?



One answer, and it is only one, is to respect women's human rights. How can human rights help? It does two things: first of all, it demands that women are treated with dignity. It doesn't cost much to treat women with respect – to speak kindly to them, not to threaten or coerce, to provide nappies for their babies in hospital and put sanitary towels in post-natal wards.

Second of all, human rights demands that each woman is treated as an individual. It means you need to make exceptions to clinical policies requiring vaginal examinations every 4 hours because the woman has been raped and has said no. And it means respecting choices about how and where women give birth, whether that is in hospital or out of hospital, medicated or unmedicated.

Human rights is forward-looking. It is not punitive and it is not going to lead to drawn out litigation and massive payouts. It has the capacity to inform and educate, to raise awareness of mistreatment, and to put dignity at the heart of maternity care.

So what is Birthrights going to do? We started out by setting ourselves a single task - to provide information about women's rights and the law. And we have already achieved that on our website, through our factsheets, and our individual advisory service, offering information and advice for free to woman and healthcare professionals. But we are ambitious. We have grand plans to campaign on dignity in childbirth and the treatment of vulnerable women, to commission research about women's experience of maternity care and to lead the debate about respect for women's rights.

We hope you will all support us as we go forward, but for now, we hope you enjoy the party.

