How could I breast feed with a man in the room?

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As honorary chair of the Association for Improvements in the Maternity Services I have a heavy postbag of letters from women asking for help. In early December I received a letter from Annette, an inmate of Holloway women's prison: "Every other day a girl pregnant is taken to the hospital in handcuffs; I have spoken to seven women who have had children, all have been made to give birth in chains with male

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officers present but behind a screen; when your child has been born, you have only three hours and then you're brought back to prison, at no time are these chains removed, only on the last stage of birth; I am terrified of what I have to go through. I can't sleep at night as I have terrible nightmares, I wake up and cry myself back to sleep." I was so concerned I offered to visit her.

When we met she told me she had already been to the Whittington Hospital three times. The thought of going again terrified her. On one visit the officers used category A shackles: these were heavy and normally reserved for very dangerous male prisoners. They hurt and bruised her wrists. She begged the guards to remove them but they refused. The hero of this story is an unknown ambulance man, who on one visit refused to drive her anywhere with the shackles on—they had to be removed.

One admission had been for premature labour. After she had spent a night shackled to the bed the labour stopped and she returned to the prison. She cried and said: "I don't know how I am going to give birth to this baby. If they keep treating me this way I shall die."

I was so worried about her emotional state that I offered to be her birth companion. If she had nothing else, she would feel she had a friend, and we know that having a companion in labour is beneficial. But I was worried about what the strain was doing to her and the baby.

Ten days overdue, Annette was admitted to the Whittington Hospital for induction. Around 7 30 am I walked into a tiny room. The prison guards, a man and a woman, who had been with her all night, were removing

the shackles. Annette burst into tears: "I have been chained like this since I got in here last night, I have had hardly any sleep. Every time I move the chains jangle. I feel exhausted."

Annette was having niggling contractions and decided to go for a bath. She gathered her personal effects and the guards put on the shackles. I could not believe my eyes; I felt appalled and humiliated to witness this scene in a British hospital. "Is that really necessary?" The officers frowned: "The prisoner has to be cuffed at all times outside her room." We walked through the antenatal ward with Annette flanked by two guards and me bringing up the rear. Women stared at us, open mouthed. I felt shocked and increasingly angry that a pregnant woman could be publicly humiliated in this way. The shackles were taken off while she bathed in peace and privacy, and we stood guard outside the windowless cubicle.

When we returned, I suggested that the guards could stay outside the room as there was only one exit. "We have to remain in eye contact with the prisoner at all times." I continued, "I presume the rationale is to prevent Annette from escaping?" Instantly, the guard replied, "There is always the window." I looked out, "We are on the fifth floor. What do you expect her to do, shin down the drainpipe?"

At around 9 00 am Annette was taken down to the labour ward; on went the shackles. They were taken off as soon as we walked into the delivery room. I suggested to the midwives that during the labour it was essential for Annette to have privacy, feel confident in her attendants, and feel at ease with her surroundings. To achieve that, the two female guards should be outside the room, at least during any examination, and certainly during the latter stages of labour. The midwives brought in some screens, which I later moved so that the guards sat behind them, only a few feet from Annette's bed.

Annette expected her labour to be quick as she had given birth to her other three children within five to seven hours. Although she was having regular contractions, they were well spaced and the midwife decided to rupture the membranes to speed things up. She was not sure she was successful and asked the registrar to try. He succeeded and ordered a saline drip. "Nothing by mouth, and I expect she will have a caesarean in about five hours."

Progress was slow. I encouraged her to walk about as much as she could. Occasionally she left the delivery room to go to the toilet, ring her mother, or have a smoke. Each time, the guards put on the shackles. After a time, the futility of shackling her while her other hand was attached to a drip and she and I were trying to push the drip stand around became apparent even to the guards, and they gave up.

Annette was becoming increasingly upset at the delay. The midwife suggested they

might have to use oxytocin. Two hours later, she went to fetch it. As she left the delivery room Annette had a massive contraction, and she had another one as the midwife returned with the drug. She looked at Annette and smiled, "I don't think we are going to need this." After half an hour of painful and frequent contractions, Annette gave birth to an 8 lb 9 oz baby girl at 7 19 pm, delivered by a kindly midwife. Shortly before the birth, the midwife asked Annette if she wanted the guards to leave the room. Annette was totally focused on the contractions and past caring. She shook her head, "No."

Annette is one of the few women I have seen give birth who did not immediately look at her baby and reach out to pick her up. When I asked later what was going on she said that after all she had been through she was convinced her baby was dead. It took

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time before she allowed herself to look at her baby and a little longer to hold her. The shift had changed and one of the guards was now a man.

Later, at the prison, I asked her why she had changed her mind and was bottle feeding her baby. Her eyes filled with tears. "How could I tell my husband that I was breast feeding with a man in the room?" Angrily, she added, "Did you see him looking around the screen while I was trying to deliver the afterbirth? It was humiliating."

Throughout the five days of her hospital stay, two prison officers, one sometimes a man, remained in her room. Annette was deprived of privacy. The guards listened attentively to conversations and frequently made notes. There was no possibility of doctors or midwives following their professional codes of conduct to protect a patient's confidentiality.

It is vital for a woman to have control over decisions about treatment and care and what is happening to her during pregnancy and birth; not only for her wellbeing and satisfaction with her birth experience but also for her subsequent emotional health. A woman in labour is vulnerable. If she is treated with little respect, if her efforts to maintain dignity and control are rebuffed, the consequences can be serious and their impact permanent.

It is important for all women that their birth experiences be empowering and that they are offered the chance to be cared for and cared about. For those who are locked up 23 hours a day in a prison cell, in insanitary conditions, it is essential.—BEVERLEY A LAWRENCE BEECH secretly filmed the exposé seen on Channel 4 TV News when she visited Annette in the Whittington Hospital two days after the birth