

# Exhibit A

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS

RINAT DRAY,

Plaintiff,

- against -

Index No. 500510/14

Hon. Laura Lee Jacobson

STATEN ISLAND UNIVERSITY HOSPITAL,  
LEONID GORELIK, METROPOLITAN  
OB-GYN ASSOCIATES, P.C., and JAMES  
DUCEY,

Defendants.

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**BRIEF OF HUMAN RIGHTS IN CHILDBIRTH ET AL.  
AS AMICUS CURIAE IN SUPPORT OF PLAINTIFF RINAT DRAY**

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## **STATEMENT OF INTEREST**

Amici curiae (“Amici”) are four organizations – Human Rights in Childbirth, Birth Rights Bar Association, ImprovingBirth.org, and The International Cesarean Awareness Network, Inc. – that advocate for maternity care that respects birthing women’s legal and human rights. Amici are interested in this case because Appellant’s experience echoes the voices of many other women who have related to Amici that violations of the fundamental rights to informed consent and bodily autonomy are systemic and widespread in maternity care; that the violations lead to emotional and physical harms, as well as a loss of trust in the maternity care system; and that most women lack access to any meaningful system of accountability. This Court's decision will impact maternity care and the treatment of birthing women in the state of New York and, due to media attention, the United States. Together, Amici offer the Court a substantive understanding of the frequent dearth of informed consent in maternity care, a detailed explanation of why the resulting harms justify damages, and the possibilities for positive systemic changes in the medico-legal system of checks and balances that could result from a decision in Appellant’s case. The interests of individual *amici* are fully set forth in the Affirmation in Support of the Amici’s Motion for Leave to File Brief as *Amici Curiae*, filed with this brief.

## **SUMMARY OF THE ARGUMENT**

Informed consent and its necessary corollary, the right to refuse treatment, are the basic human rights to physical autonomy and bodily integrity in the healthcare setting. All competent patients have the right to be recognized as the authority in decisions about their care. Healthcare providers have a corresponding

legal and ethical duty to inform, advise, and respect patients in decisions about their care.

This right to informed consent and informed refusal is in urgent need of legal reinforcement in American maternity care. Women giving birth in the United States must navigate a system with a 32% Cesarean section rate, wide variability in provider practices, and recommendations for surgery that are not always based in clinical reasoning or evidence-based practices but, rather, are motivated by economic incentives and fear of litigation. In a climate with these dysfunctions, the right to refuse surgery is important.

Pregnant women, like most patients, typically acquiesce to their providers' clinical recommendations; informed consent and refusal is tested only when patients disagree with those recommendations. Surprisingly, many women are unsure if they actually have the right to refuse care during pregnancy and childbirth. Sometimes, when they try to exercise this right, those they hired to provide care proceed as if the right to informed consent is suspended during labor and birth. Women may sign a "consent" form in such circumstances, but without the right to refuse care, their power to consent to care is meaningless.

Consumer advocacy organizations, like the Amici represented here, have emerged in response to widespread reports of disrespect and abuse in maternity care, including violations of informed consent. These organizations hear from women who report that their right to consent was infringed during childbirth. When they seek a legal declaration that their treatment was unacceptable, they are often told that they "have no damages" and reminded that their babies are healthy. A vicious cycle ensues: because no one expects women's rights to be legally enforced, they become in fact unenforceable. What is most extraordinary about Rinat Dray is not that she was bullied, threatened, and operated on against her will, but that she - unlike so many other women - will have her day in court.

The significance of this case and its consequence for Ms. Dray are best elucidated by the case's placement into the larger context of current maternity care practices. Ms. Dray's story shares themes with many other accounts of forced medical interventions and violated bodily integrity in childbirth. In this brief, Amici include 42 personal narratives of women who have given birth in the United States and who have experienced violations of consent. These women, as well as many others whose stories are not told here, call on the Court to affirm women's right to authority over their body during the vulnerable process of childbirth. The Amici call on the court to affirm that informed consent is not just a signature on a form or a lofty ethical principle -- it is an enforceable legal right.

## **ARGUMENT**

*Women should not be subject to being treated as if their voices don't matter. – A. M. (TX)*

*I am not a mannequin, dummy, or teaching instrument. I am a patient too. – Anonymous I (TN)*

### **I. Introduction**

Informed consent is a core principle of law and medical ethics. As the American Medical Association has explained, “Informed consent is a basic policy in both ethics and law that physicians must honor, unless the patient is unconscious or otherwise incapable of consenting and harm from failure to treat is imminent.”<sup>1</sup> Patients have the right to be informed about the purpose of a proposed treatment, its risks and benefits, and the risks and benefits of alternatives, including the risks and benefits of declining care; to receive recommendations about a course of care; and to be supported in decisions about care, including the decision to decline

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<sup>1</sup> American Medical Association, *Opinion 8.08 – Informed Consent* (June 2006), <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.page?>.

recommended treatment.<sup>2</sup> The principle recognizes that “an individual’s physical, emotional, and psychological integrity should be respected and upheld. This principle also recognizes the human capacity to self-govern and choose a course of action from among different alternative options.”<sup>3</sup> This doctrine, grounded in both common and constitutional law, is recognized not only by courts in this country<sup>4</sup> including the United States Supreme Court,<sup>5</sup> but also around the world.<sup>6</sup>

Amici, as organizations that advocate for the rights of women in pregnancy and childbirth, urge this Court to recognize that the right to informed consent is not diminished during pregnancy, and that the law does not tolerate violations of that right. This brief also examines the mechanisms by which such violations occur in maternity care and the harms that result. It explains that the lack of legal redress for such violations and resulting harms is associated with economic and liability factors that allow forced interventions to continue. Throughout this brief, personal narratives about forced maternity interventions illustrate the scope and impact of violations of informed consent. It is the hope of Amici that this brief will encourage judicial action to correct misunderstandings about the rights of pregnant women and thus incentivize maternity care providers to respect those rights.

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<sup>2</sup> American Medical Association, *Informed Consent* (Mar. 7, 2005), <http://www.leg.state.nv.us/Session/77th2013/Exhibits/Senate/HHS/SHHS1054M.pdf>.

<sup>3</sup> American Medical Association, *Opinion 10.02 – Patient Responsibilities* (June 2001), <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion1002.page>.

<sup>4</sup> See *Cruzan v. Dir., Mo. Dep’t. of Health*, 497 U.S. 261, 271 (1990) (noting that “most courts have based a right to refuse treatment either solely on the common law right to informed consent or on both the common law right and a constitutional privacy right.”).

<sup>5</sup> See, e.g., *id.* at 278 (competent person has a constitutionally-protected liberty interest in refusing unwanted medical treatment).

<sup>6</sup> See, e.g., *Konovalova v. Russia*, no. 37873/04, at 5-8 (Eur. Ct. H.R. 2014) (holding that under the Right to Privacy and informed consent, women can refuse the presence of medical students when they give birth) (noting the importance of informed consent in international authority, including The Convention for the Protection of Human Rights and Dignity of the Human Being, The Committee on the Elimination of Discrimination Against Women, and A Declaration on the Promotion of Patients’ Rights in Europe).

## **II. Legal Recognition That Informed Consent Is Required During Maternity Care Would Have Widespread Positive Effects.**

In law and bioethics, an individual's right to bodily integrity and self-determination is absolute, even when the death of another is at stake.<sup>7</sup> As the *McFall v. Shimp* court explained, in a case where one cousin sued another for potentially life-saving bone marrow:

*For our law to compel defendant to submit to an intrusion of his body would change every concept and principle upon which our society is founded. To do so would defeat the sanctity of the individual, and would impose a rule which would know no limits, and one could not imagine where the line would be drawn.*

The court refused to order forcible extraction of the bone marrow, even though it might have been life-saving, and it warned of the “revulsion to the judicial mind” that such forced procedure would cause, stating that it would “raise the spectre of the swastika and the Inquisition, reminiscent of the horrors this portends.”<sup>8</sup>

Regrettably, the prospect of forced treatment, and its individual and societal repercussions, has failed to constrain the behavior of some hospitals and providers. Accounts received by Amici suggest that some obstetric providers believe they may ignore or override a woman's explicit non-consent. Judicial action in this case would educate providers that informed consent and refusal rights apply with equal force throughout a woman's life, including during labor and delivery.

The World Health Organization recently identified coercive and unconsented medical procedures in childbirth, like those illustrated in this brief and

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<sup>7</sup> See, e.g. *McFall v. Shimp*, 10 Pa. D. & C. 3d 90 (Allegheny County Ct. 1978).

<sup>8</sup> *Id.* at 92.

in Ms. Dray's case, as breaches of women's fundamental human rights.<sup>9</sup> Consumer advocacy organizations, like Amici, have formed in response to such violations -- violations that are not uncommon in this country. For example, a 2013 survey reported that 25% of women who had experienced an induction of labor or a cesarean section felt pressured to accept those interventions.<sup>10</sup> A 2014 study found that women who perceived pressure to have a Cesarean section were more than five times more likely to have a one, more than six times more likely to have one with no medical basis, and nearly seven times more likely to have an unplanned cesarean.<sup>11</sup> Moreover, 59% of women who received episiotomies did not give consent at all.<sup>12</sup> Finally, 20-38% of women reported that the provider made the "final decision" about whether they would receive a planned cesarean surgery.<sup>13</sup>

These numbers can be fully understood only by listening to the women they represent. Their words convey how the birth of a child can be experienced as assault. Women ask advocacy organizations if they have a legal right to refuse labor induction and surgery. An abstract right is a weak shield if maternity care providers do not believe that informed consent is required as part of the care they provide.

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<sup>9</sup> World Health Org., *WHO Statement: The prevention and elimination of disrespect and abuse during facility-based childbirth*, 1 (2014) [hereinafter *WHO Prevention*],

[http://apps.who.int/iris/bitstream/10665/134588/1/WHO\\_RHR\\_14.23\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1).

<sup>10</sup> Eugene R. Declercq, et al., *Listening to Mothers III: Report of the Third National U.S. Survey of Women's Childbearing Experiences*, Childbirth Connection, 35 (May 2013) [hereinafter *LtM III*], [http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III\\_Pregnancy-and-Birth.pdf](http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf).

<sup>11</sup> Judy Jou et al., *Patient-Perceived Pressure from Clinicians for Labor Induction and Cesarean Delivery: A Population-Based Survey of U.S. Women*, Health Serv. Res. (Sept. 2014).

<sup>12</sup> *LtM III*, *supra* note 10, at 36.

<sup>13</sup> *Id.* at 38.

## **A. Clarification that the Right to Informed Consent and Refusal is Applicable During Maternity Care Would be Instructive.**

Ms. Dray's case and the personal narratives excerpted in this brief suggest that some maternity care providers and patients are unclear about the scope of rights to informed consent and informed refusal. For example:

*During labor I had been pushing for about an hour when the Dr. told me he was going to give me an episiotomy, which I said "NO!" to. He did it anyway. This made the healing process much longer and more difficult, and it was totally unnecessary. I had said NO. He cut a part of my body AGAINST MY EXPLICIT INSTRUCTIONS. – C. S. (MO)*

*I was told if I hit the 40-week mark, I would be induced, no matter what. I did not know I could refuse any of her orders. – Anonymous 1 (TN)*

*... the doctor arrived, rushing into the ER and walked right up, w/out saying a word to me, sticking his arm in me (very painful!). After, he declared i was 12+cm dilated. He then looked at my husband, (who was being pushed to a corner, where i couldn't even touch him, during all this) and i and said that he was "either going to take me in the next room and cut me open or he was going to use the vacuum extractor. Which is it?" I told him neither i nor our baby was in distress so there was no need for either one and that i wanted to proceed pushing naturally. He then repeated his threat, in which we both refused again. He then had four to five nurses hold me down while he forcibly used the vacuum! I tried to back away from it as i told him "no!" But he proceeded very brutally, lacerating my vaginal wall in the process. – K. G. (OH)*

*At some point while the midwife was checking me, she said that it might be time to break my water. I, in the vulnerable position of having someone's hand already up my vagina, said, "Well wait, can we think about that first?" She said "I'm the one who will think about it" and then broke my water . . . " – K. K. (NY)*

*I had expressly told my OB and the nursing staff that I did not, under any circumstances, want an episiotomy. During our pre-natal visits, I was assured by my OB that she would not perform the episiotomy . . . . My daughter's head was crowning and at that moment, my OB said "I'm going to have to cut you." and in that instant, she gave me an episiotomy. Later, after the birth, when she was stitching me up without any numbing medicine, I asked why she did it. Her reply was that it's routine for every delivery! – D. M. (CO)*

Women who attempt to exercise their right to informed consent in childbirth are too often told that they are “not allowed” to make decisions about their care due to hospital policy or “doctor’s orders.” When the standards of institutionalized

maternity care leave no room for the legal right of a patient to decline interventions, the judiciary must declare that hospital policies do not trump the fundamental right to informed consent and refusal.

*As soon as I entered my hospital room the nurse started putting an IV into my arm and I politely explained to her that I want a natural birth and I will not be using any forms of IVs, monitors, or anything confining me to my room so that I could walk the halls. She rudely replied “this is not an option, it's hospital policy” and she went ahead and inserted the IV into my arm. Pitocin was given to me shortly after and I tried arguing that I did not want it because my contractions had already started but again they reminded me that I MUST have it because I was 2 weeks overdue. – B. S. C. (TX)*

*Only when my labor became quite fast and painful did I ask my husband to check the bag on the IV pole. He discovered that it was a bag of Pitocin, to which I had not consented. When we asked the nursing staff to remove the drug, we were told it was impossible to do so because the OB ordered it. – D. M. (CO)*

## **B. Any Effort to Reduce the Rate of Surgical Births in This Country Must Ensure that Birthing Women Have a Right to Say “No” to Surgery.**

Although the national C-section rate has risen from 4.5% in 1965 to 32.8% in 2012,<sup>14</sup> increased surgeries have not improved outcomes.<sup>15</sup> To the contrary, the United States is one of only eight nations with a rising maternal mortality rate.<sup>16</sup> The CDC has urged that the C-section rate be reduced, and it has concluded that the state-to-state variations in rates of non-medically indicated cesarean surgery demonstrates that there is no systematic pattern of decision-making about its use.<sup>17</sup>

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<sup>14</sup> Joyce A. Martin et al., *Births: Final Data for 2012*, Table 21, Nat'l Vital Stat. Rep., Centers for Disease Control and Prevention (Dec. 30, 2013), [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf) - table21.

<sup>15</sup> The Joint Commission, *Specifications Manual for Joint Commission National Quality Measures (v2013A1)*, *Perinatal Care/Cesarean Section*, (2013) [hereinafter Joint Commission], <https://manual.jointcommission.org/releases/TJC2013A/MIF0167.html>.

<sup>16</sup> Anna Almendrala, *The U.S. Is The Only Developed Nation With A Rising Maternal Mortality Rate*, *The Huffington Post* (May 19, 2014, 8:12 AM), [http://www.huffingtonpost.com/2014/05/19/us-maternal-mortality-rate\\_n\\_5340648.html](http://www.huffingtonpost.com/2014/05/19/us-maternal-mortality-rate_n_5340648.html).

<sup>17</sup> Wanda D. Barfield, *CDC Expert Commentary, Reducing the C-section Rate* (Aug. 25, 2014), <http://www.medscape.com/viewarticle/830154>.

In other words, the variability of the c-section rate between states and providers appears to be random.<sup>18</sup> Additionally, there is a little science and much personal provider preference behind the decision to perform a surgical birth.<sup>19</sup> Indeed, “[m]any authors have shown that physician factors, rather than patient characteristics or obstetric diagnoses are the major driver for the difference in [C-section] rates within a hospital.”<sup>20</sup>

The widespread violation of the patient’s right to refuse interventions, in a maternity care system with a massive overutilization of expensive interventions and some of the worst perinatal outcomes in the developed world, is nothing short of alarming. No one should face being taken captive by the medical system. No one should be operated on without their consent. We do not allow such infringements on men, non-pregnant women, parents, or the dead – even the procurement of life-saving organs requires proxy consent. It cannot follow, then, that society imposes a special duty on pregnant women to relinquish their civil rights to bodily integrity, autonomy, and informed consent whenever a physician demands. The American College of Obstetricians and Gynecologists agrees:

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<sup>18</sup> See Steven L. Clark et al., *Variation in the Rates of Operative Delivery in the United States*, 196 Am. J. Obstetrics & Gynecology 526e1 (2007) (noting the variations within geographical locations of c-section rates were random and attributable to lack of standardized decision-making and appropriate tools for making these decisions at patient’s bedside).

<sup>19</sup> Joint Commission, *supra* note 15.

<sup>20</sup> *Id.*

*Pregnant women's autonomous decisions should be respected. Concerns about the impact of maternal decisions on fetal well-being should be discussed in the context of medical evidence and understood within the context of each woman's broad social network, cultural beliefs, and values. In the absence of extraordinary circumstances, circumstances that, in fact, the Committee on Ethics cannot currently imagine, judicial authority should not be used to implement treatment regimens aimed at protecting the fetus, for such actions violate the pregnant woman's autonomy.*<sup>21</sup>

The prospect of violations of informed consent being permitted to continue with impunity – as a finding of no liability in the Dray case would essentially validate – should alarm us all, whether pregnant or not. These violations, far from affecting only pregnant or laboring women, speak to the universal right to control our own bodies and to maintain agency and dignity, even in vulnerable moments. They call into question whether courts will adhere to the basic principle of physical autonomy in American law, and enforce that principle with a finding of liability and damages. The core principle behind the fundamental duty of care that runs from doctor to patient is “that every human being of adult years and sound mind shall have the right to determine what shall be done with his own body.”<sup>22</sup> Every human being. Including pregnant women.

*I must stop and say I am stressed writing about this because I feel betrayed. I feel betrayed by my women doctors. I feel most betrayed by the Black woman resident who I thought would be my ally but she was my enemy. Later the Black woman doctor came back to check on me and recommended they use a buzzer on my stomach to awaken the baby. I was like, NO! She turned to my husband and said you need to talk to your wife. (You want my husband to go against my wishes? This is my body! I never said this while she was in the room. I am shy) The baby is not responding, she said. I asked AGAIN, Is she in danger? No but she needs to wake up. You are not putting that on my belly. That is not natural. If she is asleep there must be a reason. She asked my how old I was. I told her 23. Later I realized the doctor may have thought I was younger than I was (she had my chart, she could have looked it up) and that I didn't know what I was talking about. I think she assumed I was uneducated about birth. My sister! Why? – C. D. F. (MI)*

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<sup>21</sup> American College of Obstetricians and Gynecologists Committee on Ethics, *Committee Opinion No. 321: Maternal Decision Making, Ethics, and the Law* (2005).

<sup>22</sup> *Schloendorff v. Soc'y of New York Hosp.*, 105 N.E. 92, 93 (N.Y. 1914) (Cardozo, J.).

### **III. Most Women who Experience Unconsented Maternity Care Cannot Access Accountability or Redress for Their Harms.**

Ms. Dray’s case describes events similar to many other instances of unconsented interventions in maternity care. What is unusual here is not that a pregnant woman was operated on against her explicit non-consent, but that the case has come before a court. Few of the women who relate instances of forced interventions to Amici have been able to obtain redress or accountability for their harms, a fact that plays into the perverse liability incentives discussed in Section IV, below. Access to justice is curbed for many would-be litigants; those who have been threatened with force in childbirth or who have suffered such violations face additional barriers, whether from family, friends, doctors, or lawyers.

#### **A. Access to the Civil Justice System is Inadequate for Women Harmed in Childbirth.**

While access to the civil justice system is far from secure for the general population, women who have suffered violations of informed consent and refusal during childbirth are particularly challenged, all the more so if they are economically or racially disadvantaged. Access requires availability of a public attorney, funds to retain a private attorney, or reliance on the contingency fee structure. Public attorney availability tends to be piecemeal;<sup>23</sup> private attorneys, while abundant in number, charge fees that few new parents can afford.

The contingency fee structure has long been defended as the solution to access problems: attorneys take on cases for the promise of a share of a potential damage award, thereby assisting clients of limited means. However, the

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<sup>23</sup> In 2011, the American Bar Association’s Civil Justice Mapping Project found the overall picture to be “one of a great diversity of programs and provision models, with very little coordination at either the state or the national level.” American Bar Association, *Access Across America: First Report of the Civil Justice Mapping Project* (Oct. 7, 2011), <http://www.americanbarfoundation.org/research/A2J.html>.

contingency fee structure's efficacy is predicated on a case's promise to return sufficient damages to cover the costs of bringing the case, the attorney's usual fee, and the client award. With average case costs alone estimated at \$30,000-\$50,000, the potential award must be large indeed. Attorneys' ability to take on cases like the one described in this brief can therefore be expected to turn on the anticipation of courts' willingness to award significant damages for violations of informed consent in maternity care.

Just as women of color and other marginalized communities face inequitable access to health care, they also suffer from inequitable access to redress and accountability for violations like forced surgery. Although privilege and socio-economic status may not protect women from experiencing force and abuse in childbirth, it does help them later to find lawyers willing to advocate on their behalf. The Brennan Center for Justice reports that 80% of low-income people experience problems obtaining access to civil justice system.<sup>24</sup>

Whatever the reasons, studies show that the instances of medical negligence vastly outnumber claims that are brought, much less any successful awards: "...just about 2% of the overall population that experiences negligent injury appears to make a claim, about half of those receive any compensation for damages, and most of the payouts appear to go to legal expenses rather than plaintiffs."<sup>25</sup> It is fair to say that patients are generally not being compensated for their injuries, with victims of obstetric violence facing more hurdles than most.

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<sup>24</sup> Brennan Center for Justice at New York University School of Law, *Closing the Justice Gap*, <http://www.brennancenter.org/issues/closing-justice-gap>.

<sup>25</sup> Carol Sakala et al., *Maternity Care and Liability: Pressing Problems, Substantive Solutions*, Childbirth Connection, 6 (January 2013), <http://transform.childbirthconnection.org/wp-content/uploads/2013/02/Maternity-Care-and-Liability.pdf>.

## **B. The Medical Malpractice System Discourages Claims for Violations of Rights in Childbirth.**

Restrictions on access are further hampered by findings in medical malpractice cases that downgrade maternal injury, the consequent anticipated and real limitations on potential damages, as well as the impact of statutes of limitation on these cases.

Courts tend to privilege claims for damages to fetuses or babies over those of mothers:

*In the few cases where birthing women have prevailed in maternal harms cases, it is generally through a fetal injury derivative claim where-even in these cases-courts still have to press heavily to maintain the viability of a stand-alone maternal harms claim and defense counsel remains incredulous.<sup>26</sup>*

In fact, mothers themselves tend to downplay their own physical injuries:

*I have not sought any legal action because I don't have serious medical complications from the birth, unless you count a scarred, torn urethra..... – Anonymous 1 (TN)*

A mother who seeks representation for her own physical injury will have difficulty finding counsel, whereas birth injury attorneys - those who address fetal harm - abound. The lasting damage many women incur from forced treatment is emotional trauma,<sup>27</sup> but tort remedies for infliction of emotional distress are still evolving.<sup>28</sup>

The postpartum period is generally a busy and exhausting time for mothers. Physical recovery from birth is taxing enough, as is newborn care. When there is

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<sup>26</sup> Jamie R. Abrams, *Distorted and Diminished Tort Claims for Women*, 34 *Cardozo L. Rev.* 1955, 1980 (2012-13).

<sup>27</sup> A 2009 study identified between 1.7%-9% of the postpartum mothers studied as meeting clinical criteria for Post Traumatic Stress Disorder. Cheryl Tatano Beck et al., *Posttraumatic Stress Disorder in New Mothers: Results from a Two-Stage U.S. National Survey*, 38 *Birth: Issues in Perinatal Care* 216, 217 (2011).

<sup>28</sup> Daniel Givelber, *The Right to Minimum Social Decency and the Limits of Evenhandedness: Intentional Infliction of Emotional Distress by Outrageous Conduct*, 82 *Colum. L. Rev.* 42, 44-60 (1982).

additional emotional trauma, that experience is likely to render women less able to undertake resolution of the issue afterwards.

*I did not take any legal action. I was busy healing and nursing round the clock and I was so so so angry and sad about the whole thing that I could barely even talk about it without crying. ... I still don't think anyone at the hospital would care how I was treated. I was a home birth transfer, some ignorant hippy or whatever, so clearly the Dr was just doing what needed to be done and I was hindering his care for myself and my baby, who I had placed in grave danger by not coming straight to the hospital when I began labor. – P. B. (NV)*

Like many patients who have suffered injuries, most women who have been coerced or harmed in childbirth look to litigation only as a last resort. They turn first to discussions with their providers, then to formal complaints, and finally, in desperation, to litigation in order to uncover the facts of their experience and to make sure that what happened to them does not happen to others.<sup>29</sup> The women who speak through this brief do so not because they can thus secure redress for themselves, but in order to help ensure that other women may be protected from similar abusive treatment in the future.

*I've tried to write my story to my state's medical board. Every time I try though, I hear [the doctor's] voice jeering at me telling me I'm just a baby crying for not getting her way. If writing my story helps just one woman avoid the abuse I've experienced, it was worth the pain of remembering. – Anonymous 3 (TX)*

*I hope change is made in how doctors treat women during childbirth. It is an absolute disgrace what is happening now. – M. H. (IL)*

One Florida mother took her concerns all the way from the Labor and Delivery nurses up to her state's hospital regulatory agency - with no success:

*...[I] was belittled, laughed at, ignored and told I had "issues" by L&D nurses, the hospitals' risk manager, the hospitals' CEO, and AHCA, the board that is supposed to regulate hospitals. These people DID NOTHING. – V. M. (FL)*

A New York woman was forcibly twisted from her position on her hands and knees onto her back for no medical reason, just as her baby's head was emerging.

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<sup>29</sup> Richard C. Boothman et al., *A Better Approach to Medical Malpractice Claims? The University of Michigan Experience*, 2 J. Health & Life Sci. L. 125, 133 (2009).

She pursued accountability directly with her providers, but her treatment was condoned as hospital policy:

*Several months afterward, I asked to meet with the doctor and nurse(s) who attended my birth, but the hospital denied my request. The hospital did allow me to meet with the head of OB/GYN and head of L&D nursing. ... Both of the hospital officials expressed sympathy for my trauma and said they were sorry I was unhappy with my care. However, they firmly stated that all women deliver on their backs in that hospital, and if a woman is not on her back when the doctor wants her to be, she will be forcibly moved into that position. They said they were sorry there had not been time for the doctor to explain that this was the way their hospital worked. They promised to implement new training to help nurses be more gentle when they forced women on to their backs. I did follow up to see what sort of new training they had implemented, but they did not give me any information. – J. R. (NY)*

Forced medical treatment is a clear-cut violations of informed consent, actionable under a tort negligence theory. One would expect the fundamental autonomy rule expressed in *Schloendorff* to have the medical malpractice plaintiffs' bar leaping to represent victims of unconsented obstetrical surgeries.<sup>30</sup> But few attorneys are willing to bring cases for violation of informed consent and refusal, their reluctance reflecting a cultural assumption that injury during childbirth is inevitable, and that a mother should be grateful to have a healthy baby.<sup>31</sup>

*I talked to my husband about it, and while he was so supportive and kind, he ultimately told me I got my healthy baby and that we were all ok, and that was what I needed to focus on. Everyone told me that. – M.H. (IL)*

Both medical and legal actors maintain a curious reluctance to acknowledge that unwanted cesarean surgery, even when perfectly and expertly performed, constitutes an injury. If no meaningful “damage” is perceived, juries will not be instructed with formula to translate significant harms to bodily integrity into dollar values, beyond the professional and facility fees for the surgery itself. While these

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<sup>30</sup> 105 N.E. at 93.

<sup>31</sup> See, e.g., Cheryl Beck, *Birth trauma: in the eye of the beholder*, 53 Nursing Res. 28-35 (2004).

costs are significant for many families, they are insufficient to cover the costs expended by an attorney to win a compensatory award, let alone the real value of the wrongdoing. Attorneys cannot be expected to mount cases without both clear precedent and the prospect of adequate reimbursement. Ms. Dray herself faced these hurdles. As she recalled, “I was turned down by several attorneys before Silverstein & Bast agreed to take my case.”<sup>32</sup>

Broader systemic restraints also act against birth violence plaintiffs. Tort reform is a favorite political undertaking of states to reign in perceived excesses of the civil justice system. Of the measures under that umbrella, caps on non-economic damages are the favored approach.<sup>33</sup> Strictures vary among states, but some are so extreme that recovery is considerably hampered.

*Health professionals have often actively lobbied for caps on non-economic damages, whereas consumer advocates have generally held that such limits ... are unfair to injured parties and especially create burdens for those with more serious injury. Further, caps may provide a disincentive for lawyers to take clients with meritorious cases and reduce incentives for deterring harm.*<sup>34</sup>

*I called over one hundred attorneys and only one took my case. He said the same thing the others did. That Florida is an impossible state to recover damages from medical malpractice, that he would have to try it as a battery... He went ahead, and my case was dismissed on "summary judgment" that my medical malpractice claim was couched as a battery! – V. M. (FL)*

In the end, it matters very little whether attorneys turn away clients because they predict insufficient damages, or because courts have actually refused to recognize certain injuries as damages. Attorneys play the same role of assuming

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<sup>32</sup> Pl.’s Aff., *Dray v. Staten Island Univ. Hosp.*, No. 500510/2014 (Sup. Ct. Kings County 2014).

<sup>33</sup> National Conference of State Legislatures, *Medical Liability/Medical Malpractice Laws* (Aug. 15, 2011), <http://www.ncsl.org/research/financial-services-and-commerce/medical-liability-medical-malpractice-laws.aspx>.

<sup>34</sup> Carol Sakala et al., *Maternity Care and Liability: Least Promising Policy Strategies for Improvement*, 23 *Women's Health Issues* e15, e17-18 (Jan. 2013) [hereinafter *Sakala, Least Promising*].

dysfunction from the tort system as physicians do from perverse malpractice liability incentives. (See Section IV) In addition, most attorneys share physicians' cultural misbelief that doctor knows best, so patients should defer to medical expertise. The result is that women whose legal rights have been violated are told everywhere they turn that what happened to them was actually acceptable. Their rights are meaningless, because nobody expects them to be legally enforced.

#### **IV. Economic and Liability Factors Are Proven to Incentivize Obstetricians to Impose Interventions Without Medical Necessity.**

Obstetric providers recommend intervention on the basis of numerous non-clinical factors, including financial incentives; intervention rates therefore vary widely by provider. When patients' clinical needs are not driving providers' recommendations, patients need a clear legal right to refuse, which can be assured only if courts impose meaningful damage awards for violations of informed consent and refusal.

##### **A. In a Maternity Care System with a C-Section Pandemic and Proven Economic Incentives at Play, the Right to Refuse Treatment has Never Been More Critical. An Enforceable Legal Right to Refuse Interventions is a Birthing Woman's Only Shield Against Dysfunctions in Maternity Care.**

It is widely acknowledged that provider behavior is affected by economic incentives, including perception of liability risk. Economic incentives and liability incentives can lead to good or bad practices and outcomes.<sup>35</sup> The public relies on courts to make rules that deter harm and incentivize the careful assessment of risks and benefits in decision-making. Courts must attune themselves to the economic

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<sup>35</sup> See, e.g., Richard A. Posner, *Economic Analysis of Law* 157-214 (7th Ed., 2007); Louis Kaplow & Steven Shavell, *Economic Analysis of Law*, Handbook of Public Economics, Vol. 3 (Alan J. Auerbach & Martin Feldstein, eds., 2002).

factors and liability incentive effects of cases before them that are relevant to obstetric practice.

Empirical studies show - and doctors confess - that hospitals perform c-sections for non-medical reasons including financial gain, time convenience, and perceptions of liability pressure.<sup>36</sup>

*My doctor came in to the room at 11:45pm. I specifically remember what time she came in, because she said that I would probably want to have my baby within the next 15 minutes because it was going to be Friday the 13th at midnight. She yelled at me to push, repeatedly, as I had contractions. I remember looking down and seeing her grab scissors from the tray beside her. I asked her what she was doing (mid contraction) and she didn't respond. I said "no episiotomy" and continued to push through my contraction. She then looked up at me and said "it's okay, you didn't even feel it. Now you can have your baby quickly." Then my son was born at 11:53pm, 7 minutes before Friday the 13th. ... I truly believe that she was just tired and wanted to go home, and I was taking too long to push, even though I had been pushing for less than an hour which is extremely common for first time mothers. – K. K. (TX)*

*I had an endoscopy this summer and I had flashbacks pretty bad, and the anesthesiologist asked me what was wrong. When I explained, he was angry, and told me they were all a bunch of greedy buggers over at that hospital. – P. B. (NV)*

The fact that doctors perform unnecessary surgery for financial gain or time convenience does not prove their collective or individual moral turpitude, only

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<sup>36</sup> See, e.g., Emmett B. Keeler & Mollyann Brodie, *Economic Incentives in the Choice between Vaginal Delivery and Cesarean Section*, 71 *The Milbank Quarterly* 365 (1993) (finding that pregnant women with private, fee-for-service insurance have higher C-section rates than those who are covered by staff-model HMOs, uninsured, or publicly insured); Jonathan Gruber & Maria Owings, *Physician Financial Incentives and Cesarean Section Delivery*, 27 *RAND J. Econ.* 99 (1996) (analyzing the correlation between a fall in fertility over the 1970-1982 period and the rise of cesarean delivery as an offset to lost profit); H. Shelton Brown, 3rd, *Physician Demand for Leisure: Implications for Cesarean Section Rates*, 15 *J. Health Econ.* 233 (Apr. 1996); Joanne Spetz et. al, *Physician incentives and the timing of cesarean sections: evidence from California*, 39 *Med. Care* 535 (June 2001); David Dranove & Yasutora Watanabe, *Influence and Deterrence: How Obstetricians Respond to Litigation against Themselves and their Colleagues*, 12 *Am. L. & Econ. Rev.* 69 (2010) [hereinafter Dranove] (finding a short-lived increase in cesareans following the initiation of a lawsuit against obstetrician or colleagues); Lisa Dubay et al., *The impact of malpractice fears on cesarean section rates*, 18 *J. Health Econ.* 491 (Aug. 1999) [hereinafter Dubay] (finding that physicians practice defensive medicine in obstetrics, resulting increased cesarean sections).

their very human response to economic incentives. When a provider decides whether to recommend an intervention for a given patient, financial considerations and time-convenience factors likely operate on a subconscious level. While higher costs and longer inpatient stays for surgical deliveries benefit hospitals more directly than individual doctors, these institutional economic forces can translate into imperatives that constrain doctors from providing individualized care, or into a medico-cultural argument that “this is the way we do it around here.” On a macro level, these forces play out in significantly higher c-section rates in for-profit medical settings around the world.<sup>37</sup>

From the perspective of individual doctor-patient encounters, the proven role of non-clinical factors in recommendations for surgery is ethically problematic, as is the lack of transparency about these factors in discussions with patients about their care. While economic pressures and incentives faced by physicians may drive them to recommend surgery that patients do not need, doctor and patient alike must understand unequivocally that the patient can decline.

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<sup>37</sup> See, e.g., Nathanael Johnson, *For Profit Hospitals Performing More C-Sections*, California Watch (Sept. 11, 2010), <http://californiawatch.org/health-and-welfare/profit-hospitals-performing-more-c-sections-4069> (“women are at least 17 percent more likely to have a cesarean section at a for-profit hospital than at one that operates as a non-profit”); Elias Mossialos et al., *An Investigation of Cesarean Sections in Three Greek Hospitals: The Impact of Financial Incentives and Convenience*, 15 Eur. J. Pub. Health 288 (2005) (“[P]hysicians are motivated to perform CS for financial and convenience incentives.”); Hannah G. Dahlen et al., *Rates of obstetric intervention and associated perinatal mortality and morbidity among low-risk women giving birth in private and public hospitals in NSW (2000–2008): a linked data population-based cohort study*, 4 BMJ Open e004551 (2014); Piya Hanvoravongchai et al., *Implications of Private Practice in Public Hospitals on the Cesarean Section Rate in Thailand*, 4 Hum. Res. Health Dev. J. (Jan.-Apr., 200-), available at [http://www.who.int/hrh/en/HRDJ\\_4\\_1\\_02.pdf](http://www.who.int/hrh/en/HRDJ_4_1_02.pdf) (concluding that care in a private hospital includes higher rates of intervention, higher rates of neonatal morbidity and no evidence of reduction in perinatal mortality); Kristine Hopkins et al., *The impact of payment source and hospital type on rising cesarean section rates in Brazil, 1998 to 2008*, 41 Birth 169 (June 2014) (noting that publicly funded births in public and/or private hospitals reported lower c-section rates than privately financed deliveries in public or private hospitals).

Doctors' recommendations for intervention, including c-section, are colored also by their own perspective and values. Studies show that obstetricians choose cesarean section deliveries for themselves in higher numbers than the general population,<sup>38</sup> and are more likely to undervalue physiological birth while considering cesarean delivery a good solution to "perceived labor and birth problems."<sup>39</sup> If providers believe that cesarean delivery is a good choice and vaginal birth is unnecessary and undesirable, they may pressure patients on the belief that refusal of surgery is an unnecessary choice for vaginal birth.

*In 2007 I gave birth to healthy twin boys. I opted for a vaginal birth.... My birth moved quickly and without any complications. I was forced to birth in a surgical suite, just in case. Baby A was born vaginally, after two pushes. I was allowed to hold him for about 30 seconds before I told to focus on birthing baby B. After confirming that baby B was head down and descending, the OB reached for a vacuum to speed up the delivery. I protested, stated that if there was no danger or concern about baby, I didn't want have a vacuum assisted birth of baby B. The OB stated that she didn't have all day to wait for the baby to move down and I was taking up an OR with my twin birth. She also stated I could've saved myself the trouble and had a C-section. She proceeded to use the vacuum, without consent, causing tearing in my vaginal wall." – M. A. (TX)*

The multiplicity of factors that influence each obstetric provider's decision-making process are reflected in the significant variability of protocols and intervention rates across states, hospitals, and individual doctors. Studies show c-section rates ranging from 7.1 – 69.9% across U.S. hospitals.<sup>40</sup> These variations are not reflected in differences in maternal diagnoses or pregnancy complexity of individual patients.<sup>41</sup> From the consumer perspective, this means that a woman

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<sup>38</sup> See Raghad Al-Mufti et al., *Obstetricians' personal choice and mode of delivery*, 347 *Lancet* 544 (Feb. 24, 1996).

<sup>39</sup> Michael C. Klein et al., *Attitudes of the new generation of Canadian obstetricians: how do they differ from their predecessors?*, 38 *Birth* 129-39 (June 2011).

<sup>40</sup> Katy B. Kozhimannil et al., *Cesarean Delivery Rates Vary Tenfold Among US Hospitals: Reducing Variation May Address Quality and Cost Issues*, 32 *Health Aff.* 527 (Mar. 2013).

<sup>41</sup> Katy B. Kozhimannil et al., *Maternal Clinical Diagnoses and Hospital Variation in the Risk of Cesarean Delivery: Analysis of a National US Hospital Discharge Database*, *PLOS Medicine*

could bring her pregnancy to five different doctors or hospitals and receive five different recommendations for induction, cesarean, or episiotomy.

Maternity care's variability of practice, and the ubiquitous overuse of interventions that profit the provider at the patient's expense, might reasonably lead an informed consumer to actively exercise her right to informed consent and refusal as she navigates the health care system. Women need to know that they have a legal right to be supported as the authority in the decisions about their care. All participants bring a constellation of issues, values, and experiences into the decisions of childbirth, but informed consent and refusal means that the birthing woman, like all health care patients, has the right to weigh all the factors at stake and make the final call.

*Because a stranger with credentials assumed that he knew what was best for my body, I had to pay for a medical procedure that I did not want, I was put at an increased risk for infection, and I was denied the privilege of feeling my baby being birthed. – R. M. (NE)*

### **B. Provider Perception of Liability Risk Currently Reflects Perverse Incentives. Courts Must Find Liability for Forced Interventions in Order for Providers to See The Violation of Informed Consent and Refusal as a Liability Risk.**

Obstetric providers experience liability risk as a heavy pressure in their practice.<sup>42</sup> Perceptions of risk turn into hospital policies that tie doctors' hands from providing individualized care. Sometimes doctors turn to hospital lawyers and administrators for advice or assurance. It is not apparent that the hospital attorney who approved Ms. Dray's forced surgery perceived the violation of her right of informed consent and refusal as a liability risk. Whatever liability analysis directed Ms. Dray's care seemed to assume that the doctor's risk assessment

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(Oct. 21, 2014),

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001745>.

<sup>42</sup> See, e.g., Sakala, *Least Promising*, *supra* note 39, at e16.

trumped the patient's, and that a competent woman's explicit non-consent could be overridden without a court order.

Doctors commonly report a strong perception that liability mandates the overuse of interventions in maternity care, citing these liability concerns as a significant driver of the rising c-section rate.<sup>43</sup> A series of studies show that the role of liability pressure is in reality far more modest. Doctors are not necessarily rationally responsive to litigation, nor do c-section rates fall with tort reform.<sup>44</sup> Nevertheless, doctors report a strong *belief* in liability pressure, and perceptions about liability risk shape discourse about problems and solutions in maternity care.<sup>45</sup>

If liability is even just one factor in obstetric decision-making, it should incentivize careful provision of the health care support each woman needs as she is giving birth. It should direct doctors to utilize interventions at the moment when a careful provider would recognize that they are needed, while encouraging them to keep births healthy if they are healthy. It should call on doctors to remember their fundamental medico-legal relationship and obligation to the patients they are serving: the duty of informed consent and refusal.

Liability incentives in obstetrics currently do not incentivize good care. For this reason, judicial action is urgently needed. Reports on the role of liability pressure in obstetrics rest on an assumption that providers can protect themselves from liability risk if they impose interventions, including cesarean surgery.<sup>46</sup> A

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<sup>43</sup> See, e.g., Dubay, *supra* note 42.

<sup>44</sup> Janet Currie & W. Bentley MacLeod, *First Do No Harm? Tort Reforms and Birth Outcomes*, 123 Q. J. Econ. 795 (2008); see also Dranove, *supra* note 42.

<sup>45</sup> Jeffrey Klagholz & Albert L. Strunk, *Overview of the 2009 ACOG Survey on Professional Liability*, 16 ACOG Clin. Rev. 13 (2009); Richard Hyer, *ACOG 2009: Liability Fears May be Linked to Rise in Cesarean Rates*, Medscape Medical News (May 20, 2009), <http://www.medscape.com/viewarticle/702712>.

<sup>46</sup> See, e.g., Sakala, *Least Promising*, *supra* note 39, at e15.

liability rule that inclined doctors toward cesarean delivery might make sense if cesarean surgery carried no risks or costs, and vaginal birth were risky and dangerous. But that is not what the evidence shows. When cesarean surgery is medically needed, it can save lives. But when it is not needed, it carries a long list of risks and costs, including a significantly elevated risk of maternal death.<sup>47</sup> Courts must recognize that women are giving birth in environments where doctors claim that “liability” compels them to push for a surgical birth that happens to profit and convenience the hospital, but imposes risks on mother<sup>48</sup> and baby,<sup>49</sup> up to and including the risk of death. Obstetric providers currently perceive a “liability” mandate that urges intervention and ignores informed consent and refusal, while failing to incentivize judicious decision-making or health care that optimizes maternal and infant health. Instead, the perceived rule accrues profit to the provider while externalizing to the mother and baby the interventions’ short- and long-term costs, as well as the risks.

### **C. Providers Should Not be Held Legally Responsible for Patients’ Informed Decisions.**

When the day comes that courts hold providers liable for violations of women’s right to informed consent and refusal in maternity care and, moreover, impose damage awards that recognize the individual and social significance of the

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<sup>47</sup> Catherine Deneux-Tharaux et al., *Postpartum maternal mortality and cesarean delivery*, 108 *Obstetrics & Gynecology* 541 (2006).

<sup>48</sup> See Henci Goer, *Do cesareans cause endometriosis? Why case studies and case series are canaries in the mine*. *Sci. & Sensibility* (May 11, 2009), <http://www.scienceandsensibility.org/?p=147>; Anne K. Daltveit et al., *Cesarean delivery and subsequent pregnancies*, 111 *Obstetrics & Gynecology* 1327 (2008).

<sup>49</sup> See James M. Alexander et al., *Fetal injury associated with cesarean delivery*, 108 *Obstetrics & Gynecology* 885 (2006); Anne K. Hansen et al., *Risk of respiratory morbidity in term infants delivered by elective caesarean section: Cohort study*, 336 *Brit. Med. J.* 85 (2008); March of Dimes, *Analysis shows possible link between rise in c-sections and increase in late preterm birth* (Dec. 16, 2008), [http://208.74.202.108/24497\\_25161.asp](http://208.74.202.108/24497_25161.asp); Astrid Sevelsted et al., *Cesarean Section and Chronic Immune Disorders*, *Pediatrics* (2015).

harm, doctor-patient dynamics in obstetrics will be liberated from perverse incentives and reorient toward woman-centered care. Along with the right to informed consent comes responsibility for the decisions of care. Providers deserve assurance that their responsibility ends where their patients' rights begin. Legal reinforcement of informed consent and refusal must cut both ways: just as courts must find liability for violations of women's right to consent on the basis of information and advice, courts must also protect doctors from liability in cases where they are blamed for a woman's informed choice. Decisions that hold doctors or midwives legally responsible for a woman's informed decisions undermine the right to consent for all patients, and leave doctors vulnerable for providing respectful support.<sup>50</sup> When doctors honestly share their knowledge of risks and benefits, and support women in the decision at stake, they must not later be found liable for that decision on the theory that the patient lacked the expertise to assess and understand the risk. Informed consent and refusal rests upon the assumption that, despite the esoteric nature of medical knowledge, ordinary people can assess their medical alternatives and make decisions about them—including decisions to go against doctors' advice.

How much would change in childbirth, if it were clear to everybody in the room that the birthing woman has the right to be supported and respected in all decisions about her care? As the stories of these women and many others have suggested, the effect could be transformative in reducing intervention rates as well as disrespect and abuse, and in improving maternal health in the fullest sense of the term.

As Justice Cardozo affirmed in *Schloendorff*, liability in damages is the mechanism through which the human right to autonomy in health care decision-

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<sup>50</sup> Steve Lash, *Hospitals: \$20.6M Award Could Spur C-Sections*, The Daily Record (Dec. 7, 2014), <http://thedailyrecord.com/2014/12/07/hospitals-20-6m-award-could-spur-c-sections/>.

making becomes a legally enforceable right.<sup>51</sup> We call on the Court to protect that right in a maternity care system in which it is in critical need of reinforcement.

V. **Women Need Legal Assurance of Their Decision-Making Authority Over Their Babies Throughout the Birth Process, in Order for Their Fundamental Right to Informed Consent and Refusal to have any Meaning.**

A. **Violations of Informed Consent and Refusal in Maternity Care are Committed Through an Assertion of Maternal-Fetal Conflict.**

Despite the many factors that drive providers' recommendations of cesarean section,<sup>52</sup> only one tends to be discussed with their patients: clinical need, expressed in terms of risk. Doctors usually fail to disclose to their patients when "liability pressure" is causing them to recommend surgery. Instead, they warn the patient that her baby might be at risk of injury or death, as is always going to be true to some extent, because risk exists throughout the birth process, no matter how a baby is delivered. People give birth at the hospital for the express purpose of minimizing the risks of childbirth, so when their doctor suggests that their baby is in danger, they are likely to do whatever their doctor says is necessary to save the baby.

*It was only many months later, when I requested my medical records, that I learned that my baby's heart rate had stabilized before we ever went to the OR. My baby was fine. I was already pushing when they took me up. If anyone had told me the baby was ok I never would have agreed to the c-section. I only consented because I was told my baby was in danger. Which he wasn't. – K. M. (FL)*

*[My midwife] did not relay to us that over a one-hour time period after the balloon catheter was removed, during my surgical prep, and up until the monitors were off in the OR, my baby's heart rate had stabilized. She brought this to our attention at a follow-up visit that was scheduled to discuss what happened and how similar circumstances could be prevented in the future. Although she admitted that his heart rate was strong and*

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<sup>51</sup> 105 N.E. at 93.

<sup>52</sup> See section IV, *supra*.

*stable with maintained strong contractions during this time frame, her reasoning for proceeding with the surgery was 'that train had already left the station.'* – S. L. (KY)

Some women, like Rinat Dray, disagree with their attending doctor's assertion that the circumstances mandate intervention, and decline treatment. The disagreement can therefore turn on a discussion of risk to the baby. Without legal clarity that birthing women retain a right of informed consent and refusal, some providers assert the authority to make the decision on behalf of women's unborn babies. When women are pressured, bullied, and forced into submitting to unconsented care in childbirth, it happens in the name of their babies.

Rinat Dray reports that the doctor who bullied and forced her into surgery threatened at one point to have authorities take her baby away if she didn't submit. Unfortunately, the use of that particular threat is a theme in the coercion of laboring women:

*When I asked why I needed a c-section, they started to threaten me. The nurse said in a very strict tone that I needed to cooperate, otherwise I could have my baby taken away. She pointed out that I was a young mother. – S.I. (AZ)*

*The physician's assistant told me she'd call the OB and see if he could see us the next day. When she came back she told us that he was very upset with me and that I wasn't to leave until I saw him or they'd have to call CPS [Child Protective Services]. The physician's assistant was incredibly sympathetic, and told me she'd let us go, but he would definitely follow up on his threat. . . . When he finally did arrive, he called us into his office, and told me that I had to be induced today for the safety of my baby. He said this without so much as even listening to her heartbeat. I told him that I knew she was ok, and I wanted to wait until I went into labor on my own. This seemed to infuriate him. He verbally abused me, and my husband - yelling at the top of his lungs about what a horribly selfish and dangerous parent I was. He said if I didn't go through with the induction today that he would do everything in his power to make sure CPS would take my children. – Anonymous 3 (TX)*

1. No Law has Nullified the Right to Informed Consent and Refusal for Birthing Women by Conferring on Doctors the Right to Make Decisions for Babies *in utero*, or the Right to Perform Surgery on Women Against Their Will in the Name of Their Babies.

Under the U.S. legal system, individuals bear no legal obligations to save others or to allow use of their own bodies to do so. While it is sometimes suggested that parents' special duties to their children override this tenet, the law does not in fact impose such obligations. No court has compelled a father to submit to an operation to remove a kidney – something that he could survive without – to save a child dying from renal failure. If parents are not held to a heightened obligation to undergo surgery to save their ailing children, why must a pregnant woman submit to any bodily intrusion that a physician deems necessary? Indeed, the U.S. Court of Appeals for the District of Columbia has explicitly opposed this stance in *In re A.C.*, stating, “Surely, however, a fetus cannot have rights in this respect superior to those of a person who has already been born.”<sup>53</sup>

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<sup>53</sup> 573 A.2d 1235, 1244 (D.C. 1990).

In explicitly finding that a forced cesarean section violated A.C.'s rights, the court pondered aloud the "practical consequences" of court orders that force care or permit physicians and courts to unilaterally override informed refusals.

*What if A.C. had refused to comply with a court order that she submit to a caesarean? . . . Enforcement could be accomplished only through physical force or its equivalent. A.C. would have to be fastened with restraints to the operating table, or perhaps involuntarily rendered unconscious by forcibly injecting her with an anesthetic, and then subjected to unwanted major surgery. Such actions would surely give one pause in a civilized society, especially when A.C. had done no wrong.<sup>54</sup>*

As unthinkable as such a scene was to the A.C. Court, Ms. Dray and the women who shared narratives for this brief have experienced such scenes. If obstetric providers are in the practice of imposing care in the belief that they possess legal authority over their patients' babies *in utero*, courts must declare that no legal basis supports that belief.

## 2. Women Need Legal Protection Against the Contention that Declining Obstetric Intervention Puts Them into Conflict with Their Babies and Nullifies Their Right to Informed Consent and Refusal in Maternity Care.

The assertion of maternal-fetal conflict in cases of forced care rests upon the assumption that a woman is aligned with her baby's needs only so long as she complies with her provider's recommendations. Should she exercise informed consent by declining or even questioning a recommendation, she is said to fall into conflict with her baby to the point that she loses the basic parental authority to make health care decisions for a child she has not even given birth to yet.

The assumption that a medical provider is more invested in the outcome of a birth and the well-being of the baby than is the baby's own mother would be disrespectful toward any woman who has for nine months devoted her body to her

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<sup>54</sup> *Id.* at n8.

baby. In an obstetric system with perverse economic incentives and a 32% c-section rate, this assumption is both preposterous and dangerous. Yet it is in play every time the right to informed consent and refusal in childbirth is debated with the question, “What if a woman puts her baby at risk?” No decisions in childbirth are risk free; bad outcomes sometimes occur whether or not the doctor’s advice is followed. Women must be upheld in the process of assessing the risks and making the best decisions they can for themselves and their babies.

*When I met [Dr. B. to discuss birth options], she was surrounded with two interns. I was by myself. Instead of explaining the risks and consequences of the interventions (ECV, vaginal breech birth, c-section...) she aggressively told me: "There are 5% risks of complications for vaginal breech birth. Do you want to take them?" "Imagine your son crossing the street. A car is coming. Do you grab his hand or do you wait?" "We are going to schedule a c-section one week prior your due date." ... It's only after the c-section that I discovered that grabbing my son's hand had nothing to do with being sliced open. That it had risks, high risks that were never explained to me ahead of time, even though I did all I could to gather information at that meeting. ... It's only after meeting with the medical staff afterwards that I learned that Dr B. was trying to clear litigation records due to past complications with a breech birth. ” – A. P. (IL)*

The information provided in the informed consent process can be manipulated and presented in a way that is coercive and misleading to the patient. Putting aside the inaccurate representation of perinatal risk in the account above,<sup>55</sup> cesarean delivery for breech babies can result in the mother’s death.<sup>56</sup> When the choice for surgery carries a risk of death to the woman, only the woman should have the authority to decide whether she will take on that risk.

If heard, birthing women exercising informed consent and refusal reveal that they are trying to make good decisions for themselves *and* their babies, and should

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<sup>55</sup> Society of Obstetricians and Gynecologists of Canada, *Clinical Practice Guidelines: Vaginal Delivery of Breech Presentation* (2009), <http://sogc.org/guidelines/vaginal-delivery-of-breech-presentation/>.

<sup>56</sup> Joke M. Schutte et al., *Maternal deaths after elective cesarean section for breech presentation in the Netherlands*, 86 *Acta Obstetrica et Gynecologica Scandinavica* 240-43 (2007).

be supported in that process. The person giving birth is the person best positioned to weigh her needs and options in combination with the needs of the child *in utero*, in whom she is investing her womb, her labor, and her life force. The first decisions that women make for their babies are meaningful to them as parents and important for their babies' short- as well as longer-term health and well-being.

*Both babies were taken from me immediately after delivery. I don't know that I can say this was without consent, except that I was totally unaware I had the choice to consent or not. I wish I had asked. Or that they had actually used the words "do we have your consent" - in the first case, where NICU was warranted, I would have given consent. In the second, just to the nursery, I likely would have at least asked for a little more time first. This can have an impact on breastfeeding success, etc. – K. K. (CA)*

Women want to trust providers' assertions that babies are in danger and intervention is warranted. In the current maternity care climate, however, where blind trust is not always merited, some consumers will decline unnecessary interventions that carry risks and can cause harm. When doctors are recommending surgery to a third of their patients or more, with the assertion that vaginal births carry "risk" to the baby, some women may decline surgery that was actually essential in their individual cases, and bad outcomes may result. The solution to this possibility is not to force surgery on all women. The medical community should focus on rebuilding patient trust in its recommendations by reducing the rate of unnecessary interventions and respecting every patient's right to meaningful informed consent.

The enforcement of meaningful informed consent and refusal in maternity care would verify to providers and women alike that the woman, and nobody else, holds the final authority to make the decisions for herself and the baby she carries, on the basis of information, advice, and support from her health care providers. The resulting reorientation of responsibility and support would promote the respectful exchange of medical information and opinions to best equip women to

make the complex personal decisions that arise throughout pregnancy and childbirth.

**VI. The Violation of Informed Consent in Childbirth Causes Damages that Must be Assigned Meaningful Monetary Value.**

Women subjected to violations of informed consent in childbirth may experience a range of injuries as a result, including physical, psychological, emotional, and social harms. Because physician discussion of risk often focuses on dangers to the baby should the patient refuse interventions, Amici feel called upon to catalog real, individualized harms that result from interventions carried out against birthing women without their consent.

**A. Forced Interventions in Childbirth Impose Physical Injuries.**

Although maternity care providers often minimize the risks of interventions, and by definition fail to disclose the additional risks of *non-consented* interventions, these risks nevertheless exist and have real, individualized consequences for mothers and babies.

*After nearly 2 weeks and I was still in the same shape I was in following delivery. I couldn't take care of my baby or myself. We failed at breastfeeding because I was in too much pain to sit and feed him every 2 hours. My milk never fully came in due to the trauma of the delivery. ... My husband is scheduled to return to work next week and [my doctor] advised she didn't think it was a good idea for me to care for our son alone. We are now faced with the decision of him going back to work and hoping that I can manage to care for the baby and myself without further injury or my husband has to take additional time off work at no pay, causing us to fall behind on our bills. I am now 9 weeks post-partum and still having daily pain. I am still on full doses of laxatives, still not walking correctly, and still not able to wipe upon using the restroom. I cannot have sex with my husband, nor do I see being able to in the near future. – K. W. (OH)*

*They forgot to restart my epidural before using the forceps. The horrible pain I endured at their hands still causes issues for me today. With no anesthesia the doctor pulled and pulled on my baby's head until she gave a last ditch effort by placing her foot up on the table between my legs for more leverage and ripped my baby boy from my body. I suffered third degree tears as well as severe emotional trauma, knowing my screams didn't mean anything to any of them. – M. C. (LA)*

The right to informed consent and refusal exists to protect the fundamental human right to physical autonomy and integrity. *Schloendorf* and *McFall* both demonstrate the expression of this right in the context of tort law. Informed consent and refusal applies the right to physical autonomy in the healthcare setting, as traditional jurisprudence on informed consent has acknowledged.<sup>57</sup>

Women who have suffered violations like Rinat Dray should receive judicial acknowledgment that the encroachment upon their right to physical integrity is an injury in itself. When a woman's baby is removed from her body through unconsented abdominal surgery, she is physically injured by the surgery itself, regardless of whether she suffers an infection, embolism, or other additional damage. Similarly, physical injury occurs when a woman's vagina is cut or penetrated without her consent, or when she is forcibly twisted onto her back and held down on a gurney over her protests. For the right to informed consent to have any meaning, the law must recognize the violation of physical autonomy and integrity as an actionable injury in itself.

To acknowledge the basic physical injury caused by a forced intervention in childbirth is to grasp the transformative significance of consent for medical treatment, as for other forms of contact. This concept is understood with sexual violence. When a man penetrates a woman's vagina without her consent, the law recognizes that he has violated her right to physical integrity, whether or not she sustains any identifiable pelvic injuries. When a man penetrates a woman *with her*

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<sup>57</sup> See Sections I & II, *supra*.

consent, the same action isn't an injury; it's intercourse. When a cesarean section is performed with consent, it isn't an injury; it's health care. When that same surgery is performed *without* consent, it is a traumatizing violation of physical integrity at one of the most vulnerable moments of a woman's life. That violation is *in itself* an injury, no matter what peripheral or additional harms result.

*I've never been raped in my life, but soon after the surgery I felt like something sacred had just been stolen from me. I actually felt violated!! I was angry and I felt like these people were butchers. I felt like they pushed me into the surgery and I knew in my heart that I did NOT need surgery! I still cringe when I think about it. – S. I. (AZ)*

*I read recently an article that likened a traumatic birth experience to rape. I don't want to compare it to that but there is something about people doing things in your nether regions, something that you did not give them permission to do that is traumatic. – C. D. F. (MI)*

*Even though my treatment resulted only in PTSD and minor, if permanent, injuries, it is on the same spectrum as that of women who emerge with severe complications from unconsented procedures. Even if no permanent damage results, I still believe it is wrong for women giving birth to have no say over who touches them where, and what procedures are done to them. – J. R. (NY)*

## **B. Unconsented Interventions Cause Emotional Damages that Affect the Health of Both Mother and Baby in the Short and Long Term.**

When medical intervention is forced upon a patient who has refused it, the physician, in usurping the patient's power to make decisions about a deeply personal matter, undermines her autonomy and personhood.<sup>58</sup> Women frequently suffer from the betrayal of trust and resulting sense of powerlessness caused by providers' actions at a particularly vulnerable time. Their symptoms may range from mild distress all the way to Post Traumatic Stress Disorder (PTSD). These new mothers are left with depression and trauma, struggling to reconcile their emotional suffering with their love for their new babies. Well-meaning loved ones often encourage mothers to move on, reciting the common refrain, "all that matters

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<sup>58</sup> Studies show that satisfaction in childbirth is felt primarily through a sense of personal control. See, e.g., Petra Goodman et al., *Factors related to childbirth satisfaction*, 46 J. Advanced Nursing 212, 216 (2004).

is a healthy baby.” As important as healthy babies are, they are not *all* that matters. The physical and emotional health of mothers also matter. The demanding care needed and deserved by every newborn is sufficiently challenging without the addition of flashbacks and sorrow from treatment in childbirth.

*I had nightmares and could not sleep more than 10 minutes because I would be jolted awake by a nightmare and then was afraid to fall asleep again. I was nursing my daughter at the time, so the added lack of sleep was unbearable. – M. H. (IL)*

*When I got home, the flashbacks and nightmares started. For weeks I woke my new baby and her father each night, screaming. It was the same dream, over and over. I was having a baby. I could feel her coming out of me, first the head, then the shoulders. There were a lot of people in the room, but no one could hear me shout for help, no matter how loudly I screamed. I was diagnosed with post-traumatic stress disorder about six weeks after my baby’s birth. I was still having the nightmares, and my normally low blood pressure was sky high. Typical sounds, like the quick honk of a car locking on the street, made me jump. For the first time in my life I had no appetite, and I lost 40 pounds – all the baby weight and more – in less than two months. To top it all off, my episiotomy was taking its time to heal. Imagine, with every single step you took for six weeks, being reminded that someone violated you without your consent. And that you were supposed to be happy about it because you had a healthy baby. – E. S. (MO)*

*I can’t stop thinking about it all the time, reliving every detail. I am experiencing nightmare flashbacks and anger about the entire event. What should have been the happiest day of my life is mired in humiliation, degradation, and suffering. I am mad at the hospital staff for their treatment of me. I am mad at my husband and mom for failing to protect me and allowing those people to treat me that way. I am mostly mad at myself for letting this all happen and giving other people the power over my experience. I was so mistrusting of myself and my abilities, that I just went along with whatever “experts” recommended, to be a “good patient,” and for that, I am ashamed. My husband does not fully understand my emotions regarding this event, and any time I try to talk to my mom about it, she just points out that “we got a healthy baby.” It almost makes the entire thing worse because it makes me question myself and my experience, like I imagined all the mistreatment. In my heart, I know I will never fully heal from this experience, but I hope over time, it won’t hurt so much that the birth of my first born child was so dehumanizing. – M. D. (IL)*

Understandably, women who suffer such emotional harm are even less likely than the average new parent to be able to attempt any kind of redress for her injuries.

*I did not attempt to discuss the birth with my providers due to PTSD symptoms that I did not want triggered in their medical office. – C. D. (NY)*

*I did not try to take legal action. Interventions without consent seem to be the standard in childbirth and I don't think anyone would understand what I lost that day. How do I prove what was damaged when my perineum was cut open without my consent? The lasting physical damage pales in comparison to the emotional damage. I did not file a complaint because I didn't think anyone would listen. - H.E. (GA)*

Violation of bodily integrity may cause not only direct emotional harm in the form of PTSD, but also an additional layer of injury that accrues as a result of violation of dignity that comes with the dehumanization of unconsented care. Rinat Dray is not alone in experiencing forced care as “frightening and degrading:”

*I was hardly addressed at all. I felt like I was an animal they were working on.--K. W. (OH)*

*It took me almost 5 years til I was pregnant with my next child that I finally healed from all the emotional pain I went through, having my birth experience taken from me, being treated by the entire staff like a piece of dirt and not taking my feelings into consideration. – B. S. C. (TX)*

*Had he taken 15 seconds to say, “Baby’s heart is telling us she needs to come out quickly, I’m going to use this vacuum and I might have to make an incision, OK? Alright, now 1, 2, 3, push...,” I probably would have spent the first weeks of my daughter’s life writing thank-you notes to the hospital instead of complaint letters. Instead, I was treated like I didn’t exist, like I didn’t matter. But it did matter, certainly to my health. ... During labor I pushed for a very short 13 minutes. All those hours crying on the bathroom floor, all those dollars spent on a counselor, all the stress on my husband from caring for an ill wife, all the stigma of having a mental condition that I now battle every day – it all could have been avoided if I’d been treated like a human being for 13 minutes. Every mother deserves that, no matter what kind of birth she has. – E. S. (MO)*

*The Dr. was very rude to me and treated me like a non-person. Often asked questions directed at the nurse about me like "when is the last time she voided?" and made me feel afraid. Above all, I was severely traumatized by the experience and suffered PTSD afterwards. – C. G. (CT)*

## **C. Additional Social and Emotional Ills Result from Forced Treatment in Childbirth.**

Forced interventions can harm mothers and babies by creating difficulty with bonding and breastfeeding. These processes are heavily dependent on hormonal balances, which in turn are easily disrupted by fear and stress.

*My birth experience left me feeling violated and disconnected with my daughter. Every time I looked at her, I had a flashback of the condescending tone used on me and experienced the shameful, helpless emotions that I felt in labor all over again. My heart would race and I had a few night terrors continuing to remind me of how I had been disrespected. – A. W. (MO)*

*They told me they would be putting me to sleep and deliver my baby. I panicked. I couldn't breathe. I tried to sit up but they restrained me to the table. And the next thing I remember was waking up in recovery. I didn't get to hold my daughter until she was 10 hours old. Being under medication and coming out of surgery, I don't even have the memories of holding my daughter for the first time. They had fed her formula while I was asleep, something I requested NOT to be done. We never had the successful breastfeeding relationship I so had dreamed about. I pumped for 6 weeks but never responded well to the pump. I couldn't even get an ounce from both sides. – Anonymous 10 (IN)*

*Following the surgery, the prolonged time waiting to hold my baby was torture. My doula was with me and the incessant beeping of the monitors. The question settled with me again: how is this happening? Once our family was united in the triage bay, I held him. I looked into his eyes; he latched. We didn't have much time before the nursing staff persistently and repeatedly asked to return him to the nursery and take us separately to the mother-baby unit. At least three separate times, they insisted that as part of their policy, we would need to be transferred separately. Each time I refused, but I could feel the panic rising in my chest. I'm so thankful for my doula in that moment. "You're right," she reassured us, "they have no reason to take him." Sure enough, when the nurse in charge realized that we would have stayed in triage all night if needed, she allowed us to be wheeled down together. – S. B. L. (IN)*

Finally, violation of informed consent can easily cause a loss of trust in the medical community. The World Health Organization recognizes that “disrespectful, abusive or neglectful treatment . . . constitutes a violation of trust between women and their health-care providers and can also be a powerful disincentive for women to seek and use maternal health care services.”<sup>59</sup> After experiencing abusive care from medical providers in hospitals that appear to condone the abuse, women hesitate to turn to such systems of care in the future, for themselves or their families. In addition to their wariness surrounding provider motives and actions, they also fear that the medical process will trigger their earlier trauma.

*Mentally and emotionally I have a deep distrust of all OBs now. I am afraid that doctors will pretend to be kind and then flip out and turn into a monster like that OB. We had to*

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<sup>59</sup> WHO Prevention, *supra* note 9, at 1.

*move away from that town because just going \*near\* that hospital would send me into a panic attack. – Anonymous 3 (TX)*

*I had a lot of negative feelings surrounding my daughter's birth which I feel contributed to my post partum depression. I also absolutely do not trust Drs anymore. I am due with another baby in december, and he will be birthed at home with a midwife in attendance. It is a travesty that the medical establishment is able to get away with what are, beyond a doubt, human rights violations under the guise of something being "medically necessary". – C. S. (MO)*

*I do not plan to give birth in a hospital the next time around. In case my next pregnancy requires hospital care, I would like to have an attorney on retainer, and I plan to pre-print "Against Medical Advice" forms to bring with me. I am even considering having a male friend serve as my "bodyguard." I am also giving some thought to the possibility of giving birth unassisted in case I cannot find a trustworthy medical provider. – Anonymous 4 (NY)*

*I kept blaming myself for my experience. I should have spoken up more. I should have chosen with the mean midwife. I should have stayed at home longer. I should have said no to the fetal monitor. I should have pushed on my own. I still get weepy and angry and though I have had gentle births since, I am now always terrified of hospitals. I pray I never have twins. I pray I don't have a breech baby. I pray my baby is 100 % healthy because I am scared of doctors and hospitals. It is very hard for me to trust them. – C. D. F. (MI)*

## **CONCLUSION**

Pregnant American women are currently giving birth in the world's most expensive maternity care system, with some of the world's worst outcome rates. Medical interventions that were developed to save lives are used to actively manage healthy births, at great cost to consumers and insurers. Direct accounts like the ones appended to this brief indicate that the use of interventions has been institutionalized to the point that hospital staff impose them as "policy." These reports suggest a need for legal clarification that hospital policies do not trump human rights. Pregnancy and childbirth are challenging enough without mothers being disrespected, abused and traumatized by the health care professionals they hired to support them. When institutional mandates and economic incentives drive providers to impose surgeries that patients do not need, every patient must be

legally armed with the right to say “No.” That shield against dysfunctional or abusive care is the right to informed consent and refusal.

Rinat Dray courageously sought out a lawyer in order to obtain a legal declaration that her providers violated their fundamental duty of care toward her by performing surgery on her without her consent. She was lucky to find one who was able to raise this issue before the Court. Behind her stands a long line of women who were subjected to surgery against their consent. Although none of them attained a courtroom, they share Ms. Dray’s desire to see that what happened to them does not happen to other women. The only hope for that is if Courts, like this one, will unequivocally assert patients’ legal right to informed consent and refusal, and its undiminished validity during pregnancy and childbirth.

Respectfully submitted,

Human Rights in Childbirth



Dated: New York, NY  
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# **EXHIBIT B**

**APPENDIX A**

**Letters of the Amici Curiae Women who Experienced Forced Interventions, Including Forced Cesarean Surgeries, During Labor and/or Childbirth**

The texts set forth herein in numerical order are the complete transcriptions of letters quoted in part in the brief of Amici Curiae, women who experienced forced interventions, including forced cesarean surgeries, during labor and/or childbirth, in the last decade. The authors of these narratives have been identified by state and by name. Those who wish to be referred to anonymously are identified as Anonymous.

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## **I. Letters of Amicus Curiae**

### ***Anonymous 1, Tennessee***

I had a traumatic birth experience. Because I have hepatitis c, I was required by law to see a high risk obstetrician. I only had two options of providers, both at a teaching hospital. Since I don't have family, I educated myself by reading about pregnancy and development, labor and delivery, as well as post-partum issues. I had one request of my ob, which was difficult to assert. I knew I had to tell her, or my experience could be horrible. I explained that I had severe PTSD from sexual assault at a young age, and fear about childbirth. I requested that even though I was at a teaching facility, I wanted privacy and compassion during exams, and that I wanted no students present at the birth. She adamantly agreed to this.

I was told if I hit the 40 week mark, I would be induced, no matter what. I did not know I could refuse any of her orders.

I stayed home when I started labor, to avoid unnecessary cesarean. I timed my contractions, starting from 10pm, and I packed my bag, ate, took a shower, and rested. By sunrise, about 6am, I bled and decided to go to the hospital. My water had broken partially, my contractions were consistent, our vitals were perfect, and I was effacing/dilating perfectly. Cervix was soft, baby descending, vertex, 4cm dilated, 50% effaced. I was for once in my life, proud and confident. I was put on an iv, and tried to relax. I made very quiet moaning sounds, as I was refused my epidural, despite my progress. A nurse snapped at me to be quiet.

Then my ob came in with students. She examined me again. This is when things started to turn. Although everything was more than ideal, she used my body to teach students about inducing labor, unnecessarily and without any consent. The second time she examined me, in

front of male students, she assured me that she was only looking at my progress, and wasn't doing anything. I had started to dissociate, because of the humiliation. She quickly and violently manually stretched my cervix open and tore the membranes. I shrieked, moved away from her, curled up, cried, and faced the wall as I cried. She charted "AROM, pt is relaxed and resting". Nothing was further from the truth. I was suicidal, having flashbacks. It was then advised that they had started the pitocin. This caused quick, relentless and excruciating contractions. I did not give consent to either of these. I was denied my epidural until minutes before my son's birth. Having experienced the abuse I had, I did not want to experience similar pain and relate it to my son. The nurses called me a baby when I cried.

Looking back, I should not have had the epidural as late as I did. It was dangerous. I had to be held down by my shoulders because the contractions were non stop. I had dissociated so badly by that point that nothing mattered to me. My dilation was not checked again, even when I asked them to check repeatedly, but they smugly insisted it would take much longer, since it was my first child. I finally had relief from the relentless pain. My doctor busted in with the students, announcing to check my progress. I was ready to push. They immediately coached PUSH, PUSH, PUSH PUSH. My bladder or urination haven't been checked in several hours, and I was on IV steroids. With 6-8 pushes, maybe two minutes, my son was born. I was hemorrhaging from the pitocin and bilateral periurethral tears, skid marks, and perineal tears. The placenta was immediately removed. I was not spoken to after I was yelled at to push. I couldn't hold my baby because of the placenta delivery, and stitches. I wasn't told that at the time though, so I thought something was wrong with my son. When I realized it was me, I watched a student screw up my stitches. I did not receive periurethral stitches. Because of the fast, uncontrolled, unsupervised birth with a full bladder, too much pitocin, and no time for my vaginal tissues to stretch, I have a

urethra that makes a 'y' shape because it is so damaged. My open perennial flaps of skin burn with touch of clothing, bathing, etc. At 25 years old, I am developing bladder prolapse. This means my torn urethra and ripped tissue stick out of me. Everything hurts now. Sitting down is always painful. I have to force myself to void completely, yet I have occasional leaking.

Again, I am just 25, and had spontaneous, textbook perfect labor. Until I was augmented so "students could learn". I was ignored, belittled, violated, and physically hurt. My mental health rights were trampled, as I was lied to about receiving privacy from curious students. I was lied to, so that I would open up for a vaginal exam, so my obstetrician could forcefully stretch my cervix, as demonstration to students.

She did this to me, after looking me in the eye, acknowledging I had experienced significant sexual assault as a child, and agreed to ensure my privacy during birth.

I am not a mannequin, dummy, or teaching instrument. I am a patient too.

I have not sought any legal action because I don't have serious medical complications from the birth, unless you count a scarred, torn urethra from being ignored. I don't think my bladder was emptied before pushing either. I don't have the energy for a legal battle.

### **K. G., *Ohio***

Since I had no insurance and couldn't afford a midwife, I labored at home until transition. At this point, my hubby kinda panicked and suggested transferring. I was too 'involved' to argue so i agreed. I transferred via ambulance and the hospital is about a five minute drive from our house...quicker via squad.

they got me in the maternity ER and put me on a table, where they forcibly stripped me of my robe and left me naked, laying there for at least 10 strangers (several men and a few

women) to gawk at me, for quite some time, before coming back with a gown. I mean, i know i was in labor but that doesn't mean i didn't deserve the dignity of being covered!

They asked me to sign the paperwork but since my contractions were constant at this point, needing to push, they had my husband sign it. The nurses, while asking for my age etc were berating me for "attempting to home birth".

At this point, they strapped the fetal monitor on, which i refused, not wanting constant monitoring, but would've been fine with intermittent. They refused to remove it, stating hospital policy and left me there again, telling me to wait to push, because the doctor hadn't arrived yet....even though i had been ready to push when i arrived and told them as such. They just kept insisting i wait. I wanted to get off my back as well, as it was more painful, closes the birth canal by 30% and is against gravity. If i tried to sit up, they pushed me back down and insisted i wait. In this time , they gave me an iv w/out asking...took a gbs anal swab w/asking...and gave me antibiotics (that i told them i could be allergic to) w/out asking, via the iv!

A little while later, the doctor arrived, rushing into the ER and walked right up, w/out saying a word to me, sticking his arm in me (very painful!). After, he declared i was 12+cm dilated.

He then looked at my husband, (who was being pushed to a corner, where i couldn't even touch him, during all this) and i and said that he was "either going to take me in the next room and cut me open or he was going to use the vacuum extractor. Which is it?" I told him neither i nor our baby was in distress so there was no need for either one and that i wanted to proceed pushing naturally. He then repeated his threat, in which we both refused again. He then had four to five nurses hold me down while he forcibly used the vacuum! I tried to back away from it as i told him "no!" But he proceeded very brutally, lacerating my vaginal wall in the process. That's

when all the nurses started screaming for me to push, which i did only for the sake of saving my child, hopefully, from a hemotoma. She was born extremely fast bc of this and i told them i wanted to hold her immediately, but wanted to wait for the cord to stop pulsating first. The doc refused and cut it instantly and the nurses snatched her away, despite my requests to touch /hold her first. It was nearly 15 min before they brought her back. During that time, the doc had come over taking a syringe to the cord...i asked what he was doing and he said he was banking her cord blood. I told him that i signed no consent to that and he then actually turned and RAN off w the syringe! A nurse approached and proceeded to push on my abdomen..i told her to stop, just as the doc walked up and was attempting to pull the placenta out of me! I told him to stop it bc i wanted to wait till i could breastfeed so the blood vessels could close off naturally, so there'd be less likelihood of hemorrhage, and that i wanted to deliver it naturally. He actually stopped and sat down in a chair a few feet from my feet, just glaring at me.

In the meantime, they brought my daughter...finally. (i still cannot recall seeing her face for the first time..i wish i could)

They had put drops in her eyes w/out asking. I also told them no heb b vaccine, but was unsure if they did or not.

I finally got to breastfeed her, which triggered more contractions, of course, which hurt greatly from still being on my back, so they gave me a pain reliever. All the while, the doctor sitting in this chair, a few feet from me, staring at my vagina, for an hour. Any time i looked at him, he would glare at me. (You see, it was the wee hrs of the morning when he was called in and he was obviously upset). After an hour, he decided he needed to pull the placenta out, even though I was having contractions, so he did, despite my wishes. Thankfully, I did not hemorrhage.

He then decided to stitch vaginal wall up- which he used no anesthetic for. He sat there stitching away, giving me dirty looks. When done, said nothing and walked off.

i was then escorted to a bathroom, while hubby held our daughter, so i could clean up. Afterwards, walked to my room. Where my hubby and daughter met me. From then on, i had no contact with that doctor, refused a checkup from him the following day (as i didn't want him to touch me again).

**K. K., Texas**

During my pregnancy, I regularly saw my obstetrician for my prenatal care. I was young at the time, 17, but had tried to do research and ask questions during my pregnancy. At an appointment near the end of my pregnancy, I told my doctor that I wanted to try to have a natural childbirth and that I did not want to have an episiotomy and wanted to be able to keep my son with my after delivery. She agreed that those were very reasonable requests and would not be a problem. When I got to the hospital, I was given pitocin to help move my labor along. My doctor came in and out of the room a few times during the 12 hours I was in labor. At around 11 pm, the nurses said that I should practice pushing. My mother was in the room with me and was helping to keep me calm. My doctor came in to the room at 11:45 pm. I specifically remember what time she came in, because she said that I would probably want to have my baby within the next 15 minutes because it was going to be Friday the 13th at midnight. She yelled at me to push, repeatedly, as I had contractions. I remember looking down and seeing her grab scissors from the tray beside her. I asked her what she was doing (mid contraction) and she didn't respond. I said "no episiotomy" and continued to push through my contraction. She then looked up at me and said "it's okay, you didn't even feel it. Now you can have your baby quickly." Then my son was born at 11:53pm, 7 minutes before Friday the 13th. After he was born, she stitched me up while I was elated to meet my son. She kept telling me to stay still while I was being stitched. I truly believe that she was just tired and wanted to go home, and I was taking too long to push, even though I had been pushing for less than an hour which is extremely common for first time mothers.

The next day, I asked the nurse why I was in so much pain. She looked at my chart, then checked me and said that I had received a 4th degree episiotomy which was a cut all the way from my vagina through my perineum and into my anus. I instantly started to cry, knowing that I had specifically told my doctor I did NOT want an episiotomy and even told her no when I saw her grab the scissors. The nurse pitied me because she said that she had a 3rd degree episiotomy during her daughter's birth and knew that it didn't feel good. I received a lot of pain medication throughout my stay in the hospital and constantly had to keep an ice pack between my legs. I wasn't 'allowed' to get out of bed because the nurse said I could pull my stitches out. I spent 3 full days in the hospital, in bed, crying whenever I moved because of the pain between my legs.

After I went home from the hospital, I was in constant pain. I went back to my doctor a week after delivery because I wasn't able to have a bowel movement due to the pain. She re-stitched me in her office using local anesthetics because she said I wasn't healing correctly. I asked her if I needed the episiotomy and she said that I did and "aren't you glad you have a healthy baby?" I wasn't sure how to argue with her, so I didn't press any further. She was very impersonal with me. I ended up going back to her office two more times to be re-evaluated because of the constant pain I was in from the episiotomy. 5 months later, I went to a colorectal specialist in search of someone to help me get back to normal. I had surgery on May 8th (5 months after my delivery) to reconstruct my perineum and to repair an anal fissure that was a result of the large episiotomy that I had received.

I never went back to that doctor because of the way I was treated during labor and afterwards. I saw a new doctor that next year and she told me that I had so much scar tissue from the episiotomy, that I should really never have a vaginal birth with my next children because I could tear through the scar tissue and be incontinent for the rest of my life. I saw another ob/gyn

and she told me the same thing; that having a vaginal birth for my next children would be too risky and I would need to have cesarean sections for any future children.

I cried for months after my son's birth from the pain, and from thinking about the sound I heard when my body was mutilated by my doctor. I told her no. I felt so assaulted and violated. I cried every time I talked to a doctor and told her my story, then heard that I would be required to have c-sections.

I have since had a natural birth with midwives in a birthing center (Feb 2014) who were 100% supportive and who helped give me the confidence to give birth vaginally and trust my body. It took me 8 years to finally emotionally come to a place where I could be comfortable having birth after the traumatic experience I had with my son.

### ***Anonymous 2, Michigan***

I had discussed my desire to attempt VBAC with my GP, Dr. D. She agreed that while there were risks I was in such a state of health that the attempt would be acceptable provided I went to the hospital as soon as I knew I was in labor to be monitored. Knowing that there are risks to VBAC, and wanting to be careful for myself and my baby, I agreed to this on two conditions. 1) That I would NOT have an IV or be given Pitocin or any other drug to augment labor. 2) That I would NOT accept care from Dr. H, who had been my OB the first time I was pregnant, because he would not answer my questions, and did procedures to me without my informing me of their potential to cause complications (Pitocin) and two without telling me he was doing them before he did them, (swept membranes, ruptured membranes) which I believed to have caused the fetal distress that led to my first c-section. Dr. D agreed to this.

At 41 weeks, 4 days, Dr. D insisted I go to the hospital for induction. I objected on the basis that Pitocin could cause unnaturally strong contractions that could cause uterine rupture. Dr. D insisted that if I did not comply she would cease being my care provider, and I would have to try and find another doctor who was willing to allow me to attempt VBAC, knowing there was not another doctor who would allow this within 200 miles. Under this compulsion I went to the hospital the next day to have Pitocin induction. It was unsuccessful.

I went home and drank lots of Red Raspberry leaf tea, and spent a lot of time on all fours, in hopes of helping labor begin. 60 hours later, labor started naturally. As I had agreed with Dr.D I went to the hospital. This was at 4AM. The nurse insisted that I must have an IV and start Pitocin immediately. I insisted I would not because I had an agreement with my doctor that if labor had started naturally, I would not have Pitocin. The nurse was disgusted and insisted on installing a Heparin Lock. I conceded to this to settle the nurse down, but I insisted there would be no Pitocin. At 6AM the nurse came in while I was dozing (labor had slowed dramatically when I arrived at the hospital and had the confrontation with the nurse), and I woke to her attaching the IV cable to the Heparin lock on my arm. I tried to draw my arm away saying "What are you doing," but she held onto the Heparin lock to pull my arm back, and put the IV tubing on it saying, "I called the doctor and she ordered this or said you could go to a different hospital." (The next nearest hospital where a VBAC attempt would be allowed was over 200 miles away.) Again, under this compulsion, I submitted. The labor went from very gradual with manageable pain to very fast with tremendous pain--it was happening so quickly I could not adjust to it and I was feeling panicked. In 7 hours of this, I dilated from 2cm to 4cm. I had been fully effaced for weeks. Dr. D came in and the amount of Pitocin was increased. I was permitted to walk the halls for a half hour at a time- a half hour walking, a half hour in the bed being monitored. After 9

hours in the hospital, Dr. D came in with Dr. H, who I had specifically excluded as a doctor I would see for the reasons I mentioned above. Dr. D declared there was "failure to progress" I asked if there was fetal distress. I had been watching the monitor very closely and my baby's heart rate would go down during the contractions, but never below 106bpm, and always came back up to between 132 and 154 bpm when I was not contracting. I did not believe this was distress. I said to Dr. D that I had specifically disallowed Dr. H, and that I did not want him examining me. Dr. H laughed. Dr. D said she wanted to check to see if I had dilated any more. I agreed to this and "assumed the position". While she was, She asked Dr. H to check as well. Before I could object, he was checking my vagina, and had swept the membranes. They agreed I had dilated to 7cm. Then declared that the decelerations during the contractions were fetal distress syndrome, and began prepping me for a c-section. I objected that the baby's heart rate was within reason. They insisted that I was putting my baby's life at risk, and I needed to allow the c-section to save the baby's life. This was all said while the nurses were prepping me for the c-section as though it was already decided. After a few minutes I consented on the condition that the incision would be transverse, because of the way the vertical one had disfigured my abdomen (It looked like buttocks). Dr. H, who would be doing the surgery agreed to this. I begged to be awake during the procedure so I could hear my baby's first cries. I was told that I was being selfish and that there simply wasn't time, and I shouldn't risk my baby's life for something so silly. It was time to be practical. I was put under general anesthesia, and when I woke several hours later, I had 51 staples running from my navel to my pubic bone--my insistence upon a transverse incision had been ignored. My baby was in perfect health, and I was told that my feelings of failure and that I had been violated were nonsense, and I should just be glad I had a live, healthy baby.

### **Anonymous 3, Texas**

In 2009 I was pregnant with my 7th child. I had planned to have a home birth, but was seeing an OB for shadow care (back up for my midwife if I had to transfer to the hospital). My pregnancy was healthy, and my daughter was healthy.

On December 24th, when I was 39 weeks pregnant we were in a car accident and our van was totaled. Everyone was ok (my midwife came and checked us over that night), but I mention this because it was our only vehicle and it's loss made transporting myself to my appointments with my OB difficult. I cancelled that week's appointment, and told them I'd call to reschedule.

December 30th my OB's office called, and left a message for me to reschedule my appointment. December 31st an acquaintance of mine from my church showed up at my doorstep. She told me that my OB called her and expressed how very worried he was about me and that she really felt it would be best if she drove me to his office right then. Feeling pressured, I gave in and went to the OB's office with her.

Once there, my husband and I waited for about an hour in the waiting room. When we were finally called back the Physician's Assistant who I'd seen through most of my appointments warned that the OB was out of the office, but would want to see us right away when he got back. She did a quick ultrasound, and noted that my daughter was nice and active, and that I had plenty of amniotic fluid.

We waited for another hour, before I asked if we could schedule the appointment for another time. I had left my children at home with a very short notice babysitter, and I wanted to get back to them. I also didn't want to keep my ride from the rest of her day.

The physician's assistant told me she'd call the OB and see if he could see us the next day. When she came back she told us that he was very upset with me and that I wasn't to leave until I saw him or they'd have to call CPS. The physician's assistant was incredibly sympathetic, and told me she'd let us go, but he would definitely follow up on his threat.

Thinking that I could see him and discuss what his concerns were, I chose to stay. I wish I hadn't.

When he finally did arrive, he called us into his office, and told me that I had to be induced today for the safety of my baby. He said this without so much as even listening to her heartbeat. I told him that I knew she was ok, and I wanted to wait until I went into labor on my own. This seemed to infuriate him. He verbally abused me, and my husband - yelling at the top of his lungs about what a horribly selfish and dangerous parent I was. He said if I didn't go through with the induction today that he would do everything in his power to make sure CPS would take my children.

I tried to talk to him reasonably. I tried to tell him that without a clear medical need, inducing me (I had had a previous cesarean, this would be a vaginal birth after cesarean or vbac) would increase the risk to both my baby and I. I told him I was willing to wait until I went into labor. He told me he was going on vacation the next day (January 1) and wouldn't be back for a week. I told him I probably would still be pregnant when he got back. He told me that he wouldn't see me after his vacation, and he'd tell every OB in town not to see me either. That I was a horribly selfish bitch and I needed to think of other people. He told me he hoped my baby would die, to teach me a lesson.

I told him I had to make arrangements for my kids, and that I couldn't agree to anything today. He told me if I didn't walk over to the hospital right now he'd call the police. He followed up the threat by picking up his phone.

I walked out of his office intending to talk to the acquaintance who brought us. She had overheard his yelling and told me that she'd already called other people at our church to arrange child care, and that she wouldn't be taking me home, but she'd happily drive me to the hospital right across the street.

I felt trapped, and railroaded. I had no other option left open to me, and so I went to the hospital.

The nurses there were cold. The OB had told them that I was a difficult patient, and that I was to do exactly as ordered. I was not to leave the bed. I was to be continuously monitored. Fortunately once they finished hooking me up to the pitocin (that I clearly told them I did not want ) they left me alone. Several hours after being admitted the OB showed up. He roughly broke my water (which I did not consent to), told me that now I was on a time limit - and that my baby would be born before midnight or I would be having a cesarean. If I dared disagree he'd have it court ordered. He left again and I did not see him for several more hours.

At 7pm the nurses had a shift change, and the new nurses were amazingly kind and wonderful women. They let me up to walk and use the restroom (the previous ones would not), though I had to be back in the bed every 15 minutes for monitoring. From there my labor progressed rapidly.

My husband who knows my signs of impending birth warned my nurse to get everything ready, because everything happens very quickly once I start pushing. Fortunately she listened. About 20 minutes later I started pushing. Our daughter was head and shoulders out before the

OB made it into the room. He roughly grabbed her and pulled her the rest of the way out with his bare hands, and then had the audacity to ask me if I wasn't glad he was there to save her.

My daughter and I escaped that birth physically unscathed. Mentally and emotionally I have a deep distrust of all OBs now. I am afraid that doctors will pretend to be kind and then flip out and turn into a monster like that OB. We had to move away from that town because just going \*near\* that hospital would send me into a panic attack.

I've tried to write my story to my state's medical board. Every time I try though, I hear his voice jeering at me telling me I'm just a baby crying for not getting her way. If writing my story helps just one woman avoid the abuse I've experienced, it was worth the pain of remembering.

### **C. D. F., *Michigan***

With my first child I was not offered a natural birth but I fought for it. My mother had always told me how horrible it was to give birth. All 3 of her children were induced. I was the first one. She had preeclampsia and an emergency induction. I was supposed to die or kill my mother as the story goes. So they never allowed her to birth without being induced because my birth had set the tone. I was born 2 months early in 1982. As a teenager I figured if I never took pain medication for my period, then when I had children, whatever drugs they administered could hit me full force and I would not have to feel any pain. I was extremely afraid of giving birth. I decided to take birth classes with the intent of just figuring out how to deal with the pain but what happened changed my views on birth forever. I took Bradley Husband Coached Childbirth Classes with a lady name Beth in Williamston, Michigan. Let me say I love you Beth wherever you are. I had confidence to birth 4 children naturally and knowledge after the first birth to choose better providers. In the beginning, the people in the class weirded me out. They were "ultra granola" and the women were all white. When I say "ultra granola" I mean they

actually made their own granola, grew vegetables with no pesticides, their family members had breastfed and used cloth diapers and a host of other things that I as a young 23 year old Black woman who grew up in the Chicagoland area was not used to. I was a little frightened but everyone was really nice to me and I learned so much. My fear turned into confidence. I was warned about objections the medical staff could have and told to come with a birth plan and have every doctor sign it and talk over it. My care was supervised by [a woman's health clinic] in Michigan. I tried to go with the Midwife there but I had a negative experience with her. I saw a different doctor at each appointment. No one liked to answer my questions and they only replied with offers to write prescriptions (I did not need medication) for pregnancy ailments or they just dismissed them as normal. I never received any advice about ways to alleviate my discomfort or advice on foods to avoid that could allow me to feel better. I must add that I had about 5 books about pregnancy and I hardly ever seemed to fit the descriptions. Sometimes I suffered things way before the books said it would happen. Sometimes things happened way later. Many things happened that were not mentioned in any book I owned. I am shy so I didn't ask my childbirth instructor; I just quietly sat through the class for the most part. I had everyone sign my birth plan except one doctor who was always busy when I was supposed to have appointments with her. But I was assured that all the doctors had the same views and everyone would support my birth plan. The only thing they could not accommodate was my request to avoid residents. I was told because it was a teaching center they trust their residents like any other physician. This would turn out to be a huge problem for me later. My mother was visiting when I started having crampy feelings that did not go away. In fact they got progressively worse. My mother even asked me was I in labor because she could stay. Well based on my mother's views on labor and birth she could not be present. Thursday, I put my mother on a train back to Chicago and went home to lie

in the bathtub off and on until Saturday between 1 and 3 in the morning when the pain was so bad, I was having trouble relaxing and I couldn't concentrate enough to time my contractions. This was not Braxton Hicks! My husband worked nights and so I timed my own contractions. I could not afford a doula and was not close to anyone in Michigan so I was alone most of the time. I called my husband and told him I think we needed to go to the hospital. I could barely climb in our van and I felt every bump in the street. He was driving about 5 miles an hour and every time I had a contraction I would make him stop driving.

A note about my contractions: My contractions were not textbook. They are never exactly 5 minutes apart. I would have 1 mini contraction that came at the 7 minute mark and then a longer one would follow a few minutes later. This happened with all 4 of my children. With my first child I thought that my contractions were not at regular intervals yet and this is why I waited to go to the hospital even though I was in a lot of pain.

When we arrived they gave me a vaginal exam and put the fetal monitor on me. This is when the trouble began. I brought copies of my birth plan but they showed me they already had it in my chart but it seems like either no one read it or didn't care. First I was told that I would be taken off the fetal monitor in a few minutes. They just wanted to see how the baby was doing. When I was admitted to the hospital because they were sure I was in labor, I asked could the fetal monitor be removed and I was told to wait and see what the doctor said. The nurse then started to get her IV equipment ready. I said excuse me, in my birth plan I asked not to be connected to an IV and I was told that would be fine. She smiled at me so patronizing and said, Oh this is just in case you get dehydrated. I said, look at my bottles of water that I have been drinking. I have water, I will not get dehydrated and I don't need an IV. I am not sick. Well this makes it easier for us to hook you up if you need drugs, she said. Well my birth plan also says I do not want

drugs and if I NEEDED drugs it does not take long to hook me up. She left out. A resident doctor came in and told me that my baby was not responding to stress the way that she was supposed to. I asked is something wrong. She said no, but we will let you off of the fetal monitor when the baby is awake. The baby seems to be sleeping and with the contractions you are having she should be awake and stressed. I have never heard anything like this before or since and I have 4 children now. Since she was the doctor and she wasn't worried and they kept promising to take of the external monitor I didn't argue. I tried to walk around with the stupid monitor hooked up to me but basically that meant I had to walk in half-moons around my bed. Throughout this whole time I was having very painful contractions. Every time I had a contraction I would stop speaking, hold my finger up signaling for the person speaking to me to wait so I could breathe and relax during my contraction. I made no noise for fear that they would keep offering me medication which by the way they did anyway even though my birth plan specifically said not to ask me if I wanted pain medication. I must stop and say I am stressed writing about this because I feel betrayed. I feel betrayed by my women doctors. I feel most betrayed by the Black woman resident who I thought would be my ally but she was my enemy.

Later the Black woman doctor came back to check on me and recommended they use a buzzer on my stomach to awaken the baby. I was like... NO! She turned to my husband and said you need to talk to your wife. (You want my husband to go against my wishes? This is my body! I never said this while she was in the room. I am shy) The baby is not responding, she said. I asked AGAIN, Is she in danger? No but she needs to wake up. You are not putting that on my belly. That is not natural. If she is asleep there must be a reason. She asked my how old I was. I told her 23. Later I realized the doctor may have thought I was younger than I was (she had my chart, she could have looked it up) and that I didn't know what I was talking about. I think she

assumed I was uneducated about birth. My sister! Why? She then told me if I wanted a natural birth, I should have chosen Sameerah, the midwife. Since when can't doctors deliver a baby naturally? Why didn't anyone tell me that they did not want to give me a natural birth? Maybe I would have chosen the midwife instead. The "sweet" nurse then came in and said Oh honey it's just a little buzzer. Look I'll put it on your finger. It won't hurt the baby. What in the... No! you may not awaken my baby with a buzzer.

I had to buzz for the nurse every time I had to go to the bathroom. I had the feeling I needed to defecate so I kept ringing the buzzer so that the nurse could unstrap me. Turns out I felt like I needed to push but I kept thinking I had to go to the bathroom. No wonder nothing came out. Later I found out I missed the class about what it felt like when you need to push and how to push and so on. Around 7:30 in the morning I wondered who the regular physician was. At this point I had only seen residents. Finally, around 12:30p.m. Dr. R. came in. She was the only doctor I had never had an appointment with (of course!!!) I asked had she seen my birth plan she said yes and that my requests were standard requests that they have seen before. I then started to have a contraction. While I was concentrating on my contraction she had the nerve to keep speaking. She used this opportunity to say when I come back we are going to burst you bag of waters and you can start pushing. Wait a second! She left the room before I could say anything. My husband had been falling in and out of consciousness. I felt so alone. I asked my husband did he hear what she had just said. My birth plan specifically says no artificial rupturing of my membranes! (If you haven't got the picture by now, no one cared about my birth plan.)

When she came back I said, you do not need to break my bag of waters. She told me that she did. I said no you don't, babies have been delivered with their bag of water fully intact. She

left the room and no doctor came back to see me until 7p.m.!!! I was in horrible pain and I had to use the bathroom so bad but nothing was coming out!!!

I believe this strategy of ignoring me was so that I would beg for drugs but I just suffered in silence never screaming. At 12:30 she told me we were ready to push but no one came back until 7:p.m.? Well the nurse came in periodically but no doctors. I don't even know how I survived. Pure stubbornness I guess. Around 7:30p.m. Many people came in including Dr. R and Dr. W. You may recognize that I remember only 2 of the physician's names. This is because they are the ones who signed my paperwork and arguably traumatized me the most. I told them I did not want to lie on my back and they told me we would try it that way first. Now I didn't know how to push and I wasted a lot of time concentrating on opening my vagina when I should have been trying to take a dump. Dr W started yelling at me and made me switch to being on my back. They then told my husband to grab one of my legs and someone else held my other leg.

In this point in my writing, I am feeling very stressed. I read recently an article that likened a traumatic birth experience to rape. I don't want to compare it to that but there is something about people doing things in your nether regions, something that you did not give them permission to do that is traumatic. Even today my husband feels bad about his participation and lack of support.

They were hurting me. They were forcing my legs open spread eagle and making me lie on my back and then they forced an oxygen mask on my face. This mask was hot and as soon as they put it on, I could not breathe. They told me the baby needed oxygen. I eventually grabbed it off my face because I seriously could not breathe. The nurse finally told me to act like I was defecating. After I did that the baby came out in 45 minutes. I thought when her head came out that they were injuring me with their hands (this is how paranoid I had become) I kept saying

take your hands off of me. I neglected to tell you that while Dr. W did a vaginal exam earlier she was hurting me and I winced in pain and she said to me that giving birth would hurt more than that so I should get used to it. She was the 2nd medical professional who gave me a vaginal exam, hurt me in the process and stated doubt about my ability to birth because she was not gentle! What does your roughness have to do with my ability to birth?! I swear she must have been a man. How can you own a vagina and treat someone else who has one in that manner? This why I thought they were physically harming me. While I was pushing Dr. W yelled if you don't get this baby out soon we will have to seriously discuss a C-section. I have too many feelings about this threat, about the yelling, about everything. I have since had other vaginal exams that were not painful and ones that were my provider apologized and did not yell at me.

One thing made me happy. While I was pushing, my bag of waters exploded on Dr. W's clothes and shoes. HA! She was born at 9:45p.m. on Saturday. This means that I did not take too long pushing and though to me it felt like I had been pushing forever it was actually only less than 2 hours. Why the C-section threats? My baby was 5 lbs. and 13.5 ounces and I had to get stitches because I pushed her out too fast. She literally flew out. They barely caught her. I have had 3 bigger children since, with midwives attending me outside the hospital and not torn at all, not received any stitches. MY second child was 8 lbs. 8ozs and I pushed her out slowly and gently and no one told me when to push. I waited on no one.

I kept blaming myself for my experience. I should have spoken up more. I should have chosen with the mean midwife. I should have stayed at home longer. I should have said no to the fetal monitor. I should have pushed on my own. I still get weepy and angry and though I have had gentle births since, I am now always terrified of hospitals. I pray I never have twins. I pray I

don't have a breach baby. I pray my baby is 100 % healthy because I am scared of doctors and hospitals. It is very hard for me to trust them.

I did not try to report my coercive care until 9 years later. I felt that I was at fault for not fighting harder. I felt like my husband was at fault for not speaking to the doctors. I felt like it was my fault I was too poor to have a doula or have my birth somewhere safer. I did not feel that anyone was on my side. Everyone assumes the doctors are always right even my husband. I did not know I could report the doctors because my baby was healthy and so was I physically. I did not think the emotional harm that was done to me could be seen or quantified therefore my mental state was inconsequential. I was so angry it took 9 years for me to completely write my thoughts down. People assume natural/vaginal birth means good experience but that was not my case. I never took any type of action other than to tell other women my story and how to avoid it happening to them.

**M. A., Texas**

In 2007 I gave birth to healthy twin boys. I opted for a vaginal birth, and worked with a nutritionist to optimize weight gain for the babies. When I went into labor, I labor at home for as long as possible and arrive at the hospital already dilated to 7cm. My birth moved quickly and without any complications. I was forced to birth in a surgical suite, just in case. Baby A was born vaginally, after two pushes. I was allowed to hold him for about 30 seconds before I told to focus on birthing baby B. After confirming that baby B was head down and descending, the OB reached for a vacuum to speed up the delivery. I protested, stated that if there was no danger or concern about baby, I didn't want have a vacuum assisted birth of baby B. The OB stated that she didn't have all day to wait for the baby to move down and I was taking up an OR with my

twin birth. She also stated I could've saved myself the trouble and had a C-section. She proceeded to use the vacuum, without consent, causing tearing in my vaginal wall. Baby B, born a mere 22 minutes after his brother cried if I touched the top of his head for the next two weeks. I have suffered with residual damage from the injury to my vaginal wall, which unlike the perineum is difficult to treat or remedy.

***C. S., Missouri***

After having an epidural after almost four days of prodromal labor, the Drs and nurses let me sleep a bit so I could progress. At about 10 am I was woken up with "ok, time to push now!" This meant that at some point, while I was sleeping and therefore unable to consent, someone put their hands in my vagina to check me. This absolutely blew my mind. It is assault. Had they asked for my consent, I would have said yes, but to put their hands inside my body without permission is 100% assault. It is a violation of my body. Since I was not woken up to give permission, I also was not given time to ask the nurses to have the anesthesiologist turn the epidural off so that I could feel myself pushing and therefore push effectively.

What this meant was that during labor I had been pushing for about an hour when the Dr told me he was going to give me an episiotomy, which I said "NO!" to. He did it anyway. This made the healing process much longer and more difficult, and it was totally unnecessary. I had said NO. He cut a part of my body AGAINST MY EXPLICIT INSTRUCTIONS.

I had a lot of negative feelings surrounding my daughter's birth which I feel contributed to my post partum depression. I also absolutely do not trust Drs anymore. I am due with another baby in december, and he will be birthed at home with a midwife in attendance.

It is a travesty that the medical establishment is able to get away with what are, beyond a doubt, human rights violations under the guise of something being "medically necessary" when it is often the result of a practitioner simply wanting to expend as little time and energy with a patient as possible.

**Anonymous 4, *New York***

I went into labor at 35 weeks and my home birth midwife said I needed to go to the hospital because the baby was too premature to have at home.

I went to the hospital, which has a large, highly respected labor and delivery unit, and explained that I had planned a home birth and had had a healthy pregnancy with no complications. I filled out forms, etc. and was admitted to a labor room. The labor was quite intense and before long I felt like pushing. For a few pushes, my husband, doula, and a nurse were in the room, and the doctor came in.

Suddenly about 4-5 extra people came into the room. (I later learned they were nurses, and pediatricians.) The doctor began shouting at me to "PUSH!" All the people were looking at me and I was on all fours in the hospital bed. The nurse screamed "GET ON YOUR BACK NOW" and two nurses grabbed my arms and legs, violently flipping me onto my back. They wrenched my legs open, forcing my knees toward my ears, while several people (nurses? the doctor? I don't know exactly who) screamed at me to "PUSH!" The doctor put her hand in my vagina which caused a great deal of pain. I was filled with terror as the nurses held me down and I pushed my baby out.

I later learned that the heart rate monitor had shown a normal, healthy fetal heart rate the entire time. The baby's APGAR score was 9/9, he breathed and cried right away, and weighed

almost 6lbs. The medical record that the hospital released when I requested my and my son's records has only one phrase describing the delivery: "uncomplicated nsvd [nulliparous singleton vaginal delivery]."

The noise, pain, screaming and unknown people's hands touching my vagina and my thighs terrified me and I still have PTSD symptoms. I received a minor, but permanent, injury during the delivery.

Because my Group B Strep status was unknown, the doctors wanted to give my baby broad-spectrum antibiotics. They did not discuss benefits, risks, and possible alternatives with me. I consented because I was afraid if I did not, they would call Child Protective Services.

My baby was fed formula during our entire hospital stay, without my consent. During the postpartum stay, the nurses often separated my baby from me for many hours in a row and did not bring the baby back when I asked. In spite of this, I was able to initiate breastfeeding after we were discharged from the hospital.

Several months afterward, I asked to meet with the doctor and nurse(s) who attended my birth, but the hospital denied my request. The hospital did allow me to meet with the head of OB/GYN and head of L&D nursing. Because my PTSD symptoms centered around flashbacks from the delivery itself, I decided to center my complaint around that, rather than around the antibiotics, formula, and forced separation which took place postpartum.

Both of the hospital officials expressed sympathy for my trauma and said they were sorry I was unhappy with my care. However, they firmly stated that all women deliver on their backs in that hospital, and if a woman is not on her back when the doctor wants her to be, she will be forcibly moved into that position. They said they were sorry there had not been time for the doctor to explain that this was the way their hospital worked. They promised to implement new

training to help nurses be more gentle when they forced women on to their backs. I did follow up to see what sort of new training they had implemented, but they did not give me any information.

I sent a formal complaint to The Joint Commission, thinking that my treatment might qualify as an inappropriate use of restraints. The Joint Commission has several guidelines regarding restraints, usually referring to psychiatric patients. The guidelines say that they may be used to ensure patient and caregiver safety, but may not be used for staff convenience. ACOG also has stated that using restraints on incarcerated women in labor can compromise their health and is demeaning. There is a Cochrane review which found no significant difference in health outcomes for babies or women whether they gave birth upright or on their backs.

The Joint Commission said it would do an investigation. The investigation found that the hospital staff had behaved appropriately.

I wrote a detailed complaint letter to the hospital. I received a formal apology letter in return, and the hospital honored my request that it forgive the 20% coinsurance payment that was part of my insurance provider's agreement.

This experience has affected me in a number of ways. I do not plan to give birth in a hospital the next time around. In case my next pregnancy requires hospital care, I would like to have an attorney on retainer, and I plan to pre-print "Against Medical Advice" forms to bring with me. I am even considering having a male friend serve as my "bodyguard." I am also giving some thought to the possibility of giving birth unassisted in case I cannot find a trustworthy medical provider.

Finally, my family and I are seriously researching other countries where we might move. Certain countries do give women choice and control over their own bodies, and provide legal

recourse if their rights are violated. If I have any daughters in the future, I want them to be able to seek medical care without fear.

Even though my treatment resulted only in PTSD and minor, if permanent, injuries, it is on the same spectrum as that of women who emerge with severe complications from unconsented procedures. Even if no permanent damage results, I still believe it is wrong for women giving birth to have no say over who touches them where, and what procedures are done to them.

**K. M., *Florida***

When I was in labor with my first I was upset to find out the baby's heart rate had dropped. An OB was called to the hospital in case a c-section was needed. I was given an epidural in preparation for surgery, as I'd been laboring without drugs prior to that. The OB, when he arrived, went directly to the OR. He never came to my room, never examined me, didn't ask if the baby's heart rate had recovered. Just called down from the OR demanding to know why I wasn't up there yet. I had the surgery, with an epidural that didn't fully take, probably because I was rushed to surgery without enough time, to satisfy the doctor that had been called away from his dinner. He was discussing what wine he drank at dinner while cutting me open. It was only many months later, when I requested my medical records, that I learned that my baby's heart rate had stabilized before we ever went to the OR. My baby was fine. I was already pushing when they took me up. If anyone had told me the baby was ok I never would have agreed to the c-section. I only consented because I was told my baby was in danger. Which he wasn't. I was in pain for months. I couldn't change my own baby's first diapers. I couldn't be there when he was bathed for the first time. I couldn't even sit up for days. So many things were stolen from me, all

because the doctor felt that his dinner was interrupted, so he wanted to do the surgery and be done.

### **V. M., *Florida***

I had an obstetrician perform an episiotomy over my objections. She did not even bother to use anesthetic. She also vacated the room, allowing a CNM to repair the wound, which I later found out was either third or fourth degree. The episiotomy did not heal correctly. I was told repeatedly there was nothing wrong, as the CNMs at the office I used for prenatal care swabbed the wound with silver nitrate. These same CNMs used to work for that obstetrician. The episiotomy healed "open", leaving me with nearly no perineum. I went to several different physicians, and they denied that anything was wrong. A lay midwife and one obstetrician told me that I now needed repair surgery, under general anesthesia. Three more physicians agreed. In the meantime, I suffered horribly with anxiety, nightmares, and vaginal infections. I lost a substantial amount of weight and was belittled, laughed at, ignored and told I had "issues" by L&D nurses, the hospitals' risk manager, the hospitals' CEO, and AHCA, the board that is supposed to regulate hospitals. These people DID NOTHING. I was asked repeatedly how my baby was by these people. My baby was fine. There was absolutely no distress whatsoever. As if I was less than a good mother for making this an issue. I was a single mother at the time and I had no support. At all. I had to have two reconstructive surgeries. I called over one hundred attorneys and only one took my case. He said the same thing the others did. That Florida is an impossible state to recover damages from medical malpractice, that he would have to try it as a battery because the obstetrician did the episiotomy over my objections. He went ahead, and my

case was dismissed on "summary judgment" that my medical malpractice claim was couched as a battery! Unbelievable .Not only that,,a defective mesh was used without my knowledge for my first repair, and is causing me health issues. I take anti anxiety medication now. The obstetrician who cut me has expanded her practice to include plastic surgery. I was used as a guinea pig. Twice. This same hospital shamelessly told a mother to be who requested a trial of labor for a VBAC that they would perform a cesarean section on her with or without her consent. This was a CEO issued statement.(This story is all over the internet.)I'm not surprised. If they can mutilate your vagina without consent, they will cut your belly open without consent. It is a sad day when corporations have more rights than mothers/women, and we are dismissed. Thank You.

### **M. C., *Louisiana***

Prior to my experience in the L&D room, I had never met any doctor or nurse who worked with me.

They wanted to induce my labor because I was a week "overdue" (40 weeks, scheduled induction for 41 weeks) So at 9:00pm they inserted this string thing (later research indicates Cervidil) to make me thin and dilate and the nurses conversed in front of me that they should give the 12 hour dose so I wouldn't go into labor at 1am, so they gave my the 12 hour version. But instead of being ready to go at 9:00 am, i dilated 8cm and broke my own water by 1:00 am. My bed and I are soaked, contractions started hitting a little harder, but I couldn't find the call button- the one on the bed was broken and I did not know there was a secondary one on a remote placed above my head out of reach. So I yelled for my husband, Chris, to wake up and the nurses to come, but he was sound asleep across the room. After I ran out of things to throw at Chris to wake him, I yell for a nurse thinking someone should hear me and come, but they don't. So I

used my cell to call the hospital- to labor & delivery: "Hi I'm in room 7 and my water just broke, can I see a nurse please?" After they came I was checked and given an epidural and was told to wait to finish dilating. Before the epidural I told the nurse I needed to use the bathroom but was denied access because the anesthesiologist was already on his way. I was told I could get up after he came. However, once the epidural was administered (I never wanted, was asked, or consented to one verbally) I was not allowed to get up. Instead I was given a catheter, with out being told until afterwards. By 7 am I was pushing and did so until 10. By then there was little progress made so they wanted to stop the epidural as they decided it was the reason the baby wouldn't come, because I couldn't feel to push. It didn't help. By 10:30 I was moved to the OR in case they had to do a C-section, following the forceps delivery they forced me to consent to by using scare tactics such as the "You are killing your baby" line. Only my husbands tears made me sign the consent form. They forgot to restart my epidural before using the forceps. The horrible pain I endured at their hands still causes issues for me today. With no anesthesia the doctor pulled and pulled on my baby's head until she gave a last ditch effort by placing her foot up on the table between my legs for more leverage and ripped my baby boy from my body. I suffered third degree tears as well as severe emotional trauma, knowing my screams didn't mean anything to any of them. My son had a few blood spots in his eyes from the ordeal, as well as marks and bruises on his head, and a broken clavicle. He also had a large hemangioma from the internal fetal monitor I didn't know was inserted until after the delivery. I additionally (still) suffer from horrible hemorrhoids from "pushing wrong" for three hours. It is also worth noting that through the entire process at least six different doctors took their turn between my legs at some point, including one man who thought it prudent to stick his finger inside my rectum as I pushed to

make sure he could tell I was pushing wrong. There were always at least four or five different nurses also rotating in and out of my room at a time.

When the delivering doctor was stitching me up is when she realized and mentioned to a nurse that the epidural had not been restarted, that that must have been why I was screaming so loudly. At 10:43 am my son was "born." It took the hospital staff 30 to 45 minutes to bring me my baby to breastfeed him for the first time. I do not know what caused the delay or if he was fed formula in the interim.

Postpartum nurses gave the baby formula without asking when they took him to run tests even though he was to be exclusively breast fed, which was prominently displayed above his crib. I was not offered a shower until my second day, about an hour before I was allowed to leave.

### **J. V., *Oregon***

I was told an internal fetal monitor was going to be used. A resident (possibly, I don't know who he was) tried to insert the monitor but my membranes had not fully ruptured and so the monitor didn't get put on my baby's head. Instead it fell off the membranes and became lodged in my vagina. After tugging and injuring my vaginal wall a nurse was able to untangle the monitor and remove it. I stated, "I want a second opinion." I was laughed at and the nurse proceeded to attempt the monitor again after breaking my water.

### **S. L., *Kentucky***

During my pregnancy, I did a lot of work and research to become well informed. I read books and articles on evidence-based care, investigated risks/benefits of interventions, took

Bradley classes, went to birth care network events, talked to friends and acquaintances about their birth stories, watched documentaries, regularly met with my doula, wrote a birth plan, and interviewed my midwives on how they would handle potential issues. I was diligent about my nutrition and exercise routine, planned a natural delivery with as few interventions as possible within a hospital setting, and selected a hospital across state lines because it was known for encouraging and accommodating natural deliveries.

At the end of my pregnancy, I was comfortable, content, and had been experiencing regular contractions for several weeks. Between 41 and 42 weeks, non-stress tests and biophysical profile results were favorable. My first cervical check at 42 weeks showed >80% effacement but minimal dilation. Although I had been uncertain of my due date since the beginning of the pregnancy, my midwife strongly recommended induction (based on the 20-week ultrasound results).

We discussed the risks and benefits, including meconium in the waters, deterioration of the placenta (which she said would be autopsied to confirm the condition), and potential decrease in fluid levels. There were no indications other than my 42-week estimated term, and following my son's delivery, none of these were found to be true. I was uncomfortable with the idea of an induction, but ultimately agreed at 42.5 weeks to a balloon catheter due to its nature as a mechanical device that could be removed, understanding that it was a lesser invasive alternative for induction. She described that I would feel some pressure when it was inserted, but should be able to sleep through the night, and a low dose of Pitocin would be administered in the morning if contractions had not started by then.

Labor was a very brief and scary process for me. The balloon catheter was extremely uncomfortable with intense pressure, and my contractions increased significantly immediately

after it was inserted. At this point, my midwife left the hospital. Although I had requested a telemetry monitor and had arrived at my scheduled time, the staff said that the batteries weren't charged, but it would be ready in the morning. This limited my mobility at a time when my and my baby's comfort and safety needed it most. Without our awareness, the nursing staff (and my midwife remotely) noted heart rate decelerations from the EFM, and their only explanation to us was that the "monitor was picking up my heart rate rather than baby's" when they came to prod and help me turn. About 90 min into the process, they removed the balloon catheter, but did not indicate that we should be concerned until the anesthesiologist burst in and yelled, "Why isn't she prepped for her C-section!" My midwife and the doctor on call had agreed to move forward with surgically removing my baby without being present, without observing their patient, or without talking to me. My doula and husband were there with me when the midwife arrived 20 min later and explained that my baby was in severe distress, and a cesarean was the only safe alternative, adding that this would be her choice if it were her child.

Once we verbally agreed to her recommendation, everything happened very quickly. The prep for the surgery was horribly painful and distressing, during which time a nurse brought me the very detailed consent form to sign. Even in that moment, my secondary concern to the safety of my child was the safety of our future children, and I wanted to be ensured the best chances for a successful VBAC upon consenting to the surgery. My only question and request to her was regarding the suture type that was best for VBAC. I knew that many providers prefer the traditional double-layer suture and believe that it is more reliable for preventing uterine rupture, so I requested a double-layer suture for this reason. She assured me that "Dr. Grady always does what's best for VBACs."

When they brought me into the OR without my husband or doula, I looked around and thought, “How is this happening to me?” Tears came uncontrollably and the masked nurse in front of me held my hand. The spinal anesthesia was strong and administered very high. I could only take short, shallow breaths, and lost some sensation in my chest, hands, and arms. I was terrified, tied down, feeling the pressure and tugging from the surgery, and not being able to breathe. The nurse just kept saying, “take deep breaths for your baby.” Once they let him in, my husband was at my side; “I’m here, I’m here.” All I knew to tell him was that they had already cut me open. Our baby was healthy, a boy. At five minutes before midnight we heard his lusty cry. Still struggling to breathe, I saw his floating, scowling face above a tightly swaddled bundle before baby and overwhelmed but elated husband were gone.

Following the surgery, the prolonged time waiting to hold my baby was torture. My doula was with me and the incessant beeping of the monitors. The question settled with me again: how is this happening? Once our family was united in the triage bay, I held him. I looked into his eyes; he latched. We didn’t have much time before the nursing staff persistently and repeatedly asked to return him to the nursery and take us separately to the mother-baby unit. At least three separate times, they insisted that as part of their policy, we would need to be transferred separately. Each time I refused, but I could feel the panic rising in my chest. I’m so thankful for my doula in that moment. “You’re right,” she reassured us, “they have no reason to take him.” Sure enough, when the nurse in charge realized that we would have stayed in triage all night if needed, she allowed us to be wheeled down together.

There were many critical communication gaps and blatant lies during my induction, but the most significant were regarding my baby’s condition. Just as my midwife did not communicate the Bradycardia detection in an appropriate or timely manner, she also did not

relay to us that over a one-hour time period after the balloon catheter was removed, during my surgical prep, and up until the monitors were off in the OR, that my baby's heart rate had stabilized. She brought this to our attention at a follow-up visit that was scheduled to discuss what happened and how similar circumstances could be prevented in the future. Although she admitted that his heart rate was strong and stable with maintained strong contractions during this time frame, her reasoning for proceeding with the surgery was "that train had already left the station."

Another shocking miscommunication that hit me like a ton of bricks was that the doctor did not use a double-layer suture for my uterine closure as I requested. It is unclear whether he disregarded my request or if the nurse decided not to relay it to him, but it was not documented in my records. This choice of theirs may not necessarily affect my risk for uterine rupture (studies have not produced definitive results), but it has certainly affected my options for future pregnancies. My preferred provider was a world-renowned midwifery center, but upon reviewing my medical records, they would not accept me as a patient because I do not have a complete double-layer closure. Although other OBs I've interviewed have not gone so far as to refuse my care, their responses have been similarly discouraging towards VBAC for this reason.

My healed uterus is untested, but if it's anything like my baby who has become a boy, it will be strong and nurturing and good. He is my source of inspiration and love. This is the first time I've sat down to document my son's birth story, and I'm finding that I still have regret for the decisions that were made that day. When I see the paragraphs upon paragraphs of what was done to us rather than what I was able to do for him, it fills me with sadness and determination. The forgiveness I've found for those involved in our care stems from the new relationships that I have formed and the strengthened conviction that I have towards evidence-based care for all

women. I want more than ever for him to understand the process of gentle, trauma-free birth and share in that experience for his future sibling (even if he's not immediately present). We have sought out a truly supportive midwife and birth team despite the personal violations from my former care provider. In our hopes to expect a second child, I know that building that sacred trust and having the ability to reciprocate with vulnerability will be the key to completing my healing process.

**D. G., *New York***

I was forced into a induction with my second child. They broke my water. Then told me an hour later I had to have a c-section due to her heart rate and failure to progress. I was scared. It was my first section. My husband was there. During surgery they had an argument in the operating room about how many "rags" they used. Nothing was explained in recovery or there after. I went on to have my third child via VBAC. When I had my fourth they didn't want to listen to my pleas for another VBAC and were consistently trying to schedule me for a repeat section. I finally gave in after I was 41 weeks 6 days. During that section they didn't make a big enough hole and it took 10 minutes to get her out after her head had came out. The midwife had to get on the table and elbow me and my chest until she came out. I was not pleased at all for either of my sections. It was painful and sad. It took away from me as a woman. I understand that some sections are necessary. But I think if the doctors weren't so hasty during my second pregnancy I wouldn't had any at all. Please make a difference. When women go into the hospital to have a baby they're not allowed to walk around or use other labouring techniques. They are locked into a bed with monitors. Please use mine and others stories to help future mothers.

**P. B., Nevada**

I planned to give birth at home. When things did not go to plan and I needed care that my providers could not provide we transferred to the hospital. I was met with scorn and ridicule. I was subjected to repeated unconsented vaginal exams which were very painful. The doctor 'offered' to use either a forceps or suction device to 'help' me along, and told me that if I went that route I'd receive 4th degree tears. He didn't say they could happen, he said they would happen. Or I could take the easy route and have a c-section, which I adamantly did not want. Then, while having the unwanted surgery the anesthesiologist argued with me about my pain level, and then told me it was ignorant people like me who don't bother to get prenatal care that end up with c sections. After surgery I was deposited in a recovery area where I wasn't acknowledged until one of the nurses came in demanding my midwives charts and her phone number, right now.

All in all, a horrible experience that has left me scarred and terrified of having another child. I did not take any legal action. I was busy healing and nursing round the clock and I was so so so angry and sad about the whole thing that I could barely even talk about it without crying. To this day I still flip the bird at the hospital every time I drive by. I'm discreet on account of the kiddo in the car, but ehh. I had an endoscopy this summer and I had flashbacks pretty bad, and the anesthesiologist asked me what was wrong. When I explained, he was angry, and told me they were all a bunch of greedy buggers over at that hospital. Thank heavens when I woke up there was someone there, who stayed and talked to me until I went home, which was such a relief after what I went through after the csection. They all ignored me, except when they were badgering me for my midwives contact info. I still don't think anyone at the hospital would care how I was treated. I was a home birth transfer, some ignorant hippy or whatever, so clearly the

Dr was just doing what needed to be done and I was hindering his care for myself and my baby, who I had placed in grave danger by not coming straight to the hospital when I began labor.

### **M. D., *Illinois***

At one of my prenatal visits, I had high blood pressure. My OB had me go to the hospital and to have a non-stress test, then bloodwork for preeclampsia screening and 24-hour urine collection. No preeclampsia, but that didn't stop the monitoring. Every visit with my OB from then on, my BP was high. She put me on medicine and sent me to get non-stress tests and amniotic fluid index ultrasounds weekly. When I was about 36 weeks, she said she would induce me at 39 weeks, and set the date for December 29.

When I was 38 weeks, my amniotic fluid index (AFI) from that week was supposedly low, so my OB wanted me to get checked again. I went to my OB visit on a Friday. I had a pelvic exam, which was pretty painful; I don't know why, but it was. She told me I was 2cm dilated and 50% effaced, but I should go to the hospital to check the fluids again. While at the hospital, my OB's partner came to check me and demanded a pelvic exam again. I told her I had just had one done with her partner and could tell her the results. She said she had to do one herself. I grudgingly let her do it. It was even more painful. She said I was in early labor, 2cm dilated, same as what I just told her.

They sent me home. I went about my day. I had the occasional contractions, but I was able to get some stuff done. Sunday, my mom came over because she was going to take me to my tests on Monday (Christmas Eve). We were just sitting around, watching TV when my water suddenly broke around 3pm. It gushed, and continued leaking, so there was no mistaking it. I

started keeping track of contractions, which were far from regular. I started getting anxious, so I took a shower. The contractions pretty much ceased, so I started getting more anxious. My mom kept telling me to just relax and not bother calling the doctor because the contractions weren't regular, but I had to call anyway because I was so nervous and my prenatal class instructor had said to go to the hospital immediately if my water broke. Around 8pm, I called my doctor's service and the covering doctor (whom I had never met) called me back. She said "Your water broke 5 hours ago?! Now, what do we do when our water breaks? We go to the hospital." I said "well, I wasn't having regular contractions." She said "It doesn't matter. Go now!" So my mom, husband, and I gathered our things and drove to the hospital.

They admitted me in labor and delivery. They had me put on a gown and lay in the bed. When I asked if I could avoid having the IV, they said it was "hospital policy" that I had to have one, so they inserted it. Then a male doctor I never met, came in and just started to check me without introducing himself. Pelvic exams were getting more painful each time. He just said "Yep, your water broke. If you don't have regular contractions soon, we're going to start Pitocin." I never saw him again.

I had fetal monitors strapped to me the whole time, but every time I tried to move, I guess they slipped. A nurse kept coming in, visibly more agitated each time, to move them and tell me it wasn't giving an accurate heart rate, so I needed to stay still. She said they'd start the Pitocin at 4am if I didn't have contractions regularly sooner. My mom and I stayed up, watching TV and my husband napped. Around 4am, the nurse came in and hooked up the Pitocin to my IV. Soon, I started to have some very painful contractions. A few hours later, the nurse came and said they needed to turn off the Pitocin for a while because the baby's heart rate was decreasing. Things calmed down for a bit, but eventually, the nurse came and turned the Pitocin back on.

After some time, the nurse came and said the external monitors weren't working well enough, so they needed to put in an internal fetal heart monitor. Knowing that it needed to be screwed into the baby's head, I said "no, I don't want that." She said "it's for your baby's safety. The heart rate is decreasing and your baby is in distress." I only agreed because I was terrified of killing my baby. The nurse came with a doctor and they began. From the moment the doctor began, it was extremely painful. I screamed "No! Stop! That hurts!" She kept going. I kept screaming "Stop!" and started thrashing my body around. The nurse put an oxygen mask over my face and told my husband and mom to hold me down, which they did. I kept screaming until the doctor was finished. It hurt so much! She just left, and the nurse took the oxygen mask off. My blood pressure had soared so high that I had a bloody nose. The nurse said "you're kind of high strung, aren't you?" and handed my mom a wad of paper towels and left. I was sobbing and asked, "Why didn't you stop them?!" My mom just said "it's for the good of the baby" and smeared the blood and tears across my face. My husband held my hand, trying to comfort me.

By this time, the Pitocin was making my contractions come fast and hard. I would get two in a row, and I felt like my whole body was being ripped apart. Then it would pause for a minute or two, then 2 more intense contractions. The nurse kept coming in to tell me to quiet down. Apparently, I started cursing when I could feel a new round. My mom and the nurse both said things like "oh, we don't talk like that!" and "there's no need for that language." By this time, I was no longer allowed to even sit up. I had so much fluid pumping through me that I kept needing to pee. The nurse gave me a bedpan and left. My mom helped me on it and shoed everyone out of the room. During one of these times, the instructor of my Lamaze class (a nurse with the hospital) tried to come in. My mom told her I was busy on the bedpan and the lady said

“it’s ok” and tried to walk in. My mom stopped her for the moment, but she came in right with my mom when I was finished “just to say hi.”

The pain had been so excruciating for over 6 hours, that I finally said “I need an epidural.” The nurse said “I’ll ask” and left. The doctor came in and did another pelvic exam while I cried from the pain of it. She said I was 3cm dilated, so I could get the epidural. A little while later, the anesthesiologist came in, but the nurse told her “She can wait” so the anesthesiologist left.

After another hour and a half of grueling, almost continuous contractions, I started to feel like I needed to push, so I said “I need to push!” Everyone started scrambling and telling me “DON’T!!” A doctor rushed in and checked me. She said I was now 8cm and it might be too late for the epidural. She also said the baby had swallowed meconium and needed a pediatric team for when the baby was delivered. I started crying again. My husband said “no, she needs this. Get it.”

The anesthesiologist came in again and said “Is this the c-section?” My husband and I said “WHAT?! NO!” She said “oh, right...” The nurse said I had now “missed my window” to deliver vaginally, so I was going to have a c-section, but my husband somehow convinced her to give me more time. Thank goodness I missed much of that conversation due to excruciating, continuous contractions. Then the nurse said my husband and mom needed to leave the room because the epidural was a “medical procedure.” I started pleading “please don’t leave me!” The nurse said they had to and physically pushed my husband out of the room. My mom said “I’ve been an RN for 30 years; I can handle it.” The nurse then said “well, some women turn into babies when their mom is present, so you need to leave.” My mom refused to leave and after about 2 more minutes of arguing, the nurse finally gave in. My mom held my hand and

whispered calming things to me as they put in the epidural. Four times, the anesthesiologist said “this will be the last contraction you’ll feel” as I kept feeling contractions. Finally, it started working and everything went numb from my chest to my toes. My husband was allowed to come back in.

Soon, the nurse told me it was time to push. Since I couldn’t feel anything, she had to watch the contraction monitor and tell me when. She and my mom held my legs, while my husband held my hand. I had been on my back the entire time. The nurse told them to look, but they knew I’m a pretty private person and didn’t want anyone down there, so they told her no. The nurse kept pushing them, saying “I don’t want to be the only one” so my mom looked. More and more hospital staff started coming into the room. Eventually, there was a team of at least 6 doctors, just chatting and waiting for the baby. At one point, an intern popped his head in and asked about a lunch order.

After pushing for an hour and a half, the doctor who had done the internal monitor came back and delivered my daughter. It had been over 22 hours since my water broke. They immediately took her over to the side table for all those doctors to look at. I had no idea what was going on, but she was crying, so I felt a little better. No one was talking to me. She had swallowed some meconium and had the cord wrapped around her neck, but no one told me any of that. I was so dazed.

Finally, they brought her, all wrapped up in a blanket for me to hold. All the hospital staff left the room. My mom said she was going to go tell my family in the waiting room. My husband and I got less than 10 minutes with her before they came back. The anesthesiologist and nurse came in to take out the epidural and said I needed to be moved to the recovery room. I was still completely numb from the chest down, so the nurse and my husband rolled me over to the

gurney. I asked if I could finally take out the IV and was told “no.” They made me keep it in for the next 6 hours. They took my daughter to the nursery and my husband followed her, while I was wheeled to the recovery room.

I visited with my mother-in-law and a friend for a while and a nurse said we’d be getting my daughter in my room soon. Two hours later, they finally let my husband bring her back.

Over her first night, my daughter started choking, and when my husband and I rolled her over, she spit up a frothy green fluid. We were pretty scared, so we told the next nurse who came in. I finally fell asleep, after being awake for over 40 hours. While I was sleeping, the staff told my husband they were going to take my daughter for some routine tests, so he allowed them. I woke up after an hour nap as my daughter was gone. It was kind of scary, but my husband assured me she’d be right back. Soon enough, a pediatrician came in with her and started off by telling us that they had scoped my daughter’s stomach due to the green spit up. Neither my husband nor I agreed to that, and I was very mad that my daughter had to be alone during such an invasive procedure. The doctor dismissed my concern and just told us that everything was fine, but if she spit up green again, she would have to be airlifted to a neonatal intensive care at another hospital. Thankfully, she had no more green spit up.

By the time my daughter was 6-months-old, I realized I was traumatized by my birth experience and the lack of care after it. I can’t stop thinking about it all the time, reliving every detail. I am experiencing nightmare flashbacks and anger about the entire event. What should have been the happiest day of my life is mired in humiliation, degradation, and suffering. I am mad at the hospital staff for their treatment of me. I am mad at my husband and mom for failing to protect me and allowing those people to treat me that way. I am mostly mad at myself for letting this all happen and giving other people the power over my experience. I was so

mistrusting of myself and my abilities, that I just went along with whatever “experts” recommended, to be a “good patient,” and for that, I am ashamed.

My husband does not fully understand my emotions regarding this event, and any time I try to talk to my mom about it, she just points out that “we got a healthy baby.” It almost makes the entire thing worse because it makes me question myself and my experience, like I imagined all the mistreatment.

In my heart, I know I will never fully heal from this experience, but I hope over time, it won’t hurt so much that the birth of my first born child was so dehumanizing.

### **D. M., *Colorado***

I experienced birth trauma during the birth of my first child, 10 years ago. We were at a large hospital, with my OB, of whom I was beginning to question late in my pregnancy. Her views changed rapidly during the last few weeks and I was leery of what would happen during birth. I experienced trauma and was subjected to procedures I had not consented to 3 times. The first time was when I was given Pitocin to speed up my labor. I did not consent to the drug and the nurse that administered the medicine told me it was routine saline fluids. Only when my labor became quite fast and painful did I ask my husband to check the bag on the IV pole. He discovered that it was a bag of Pitocin, to which I had not consented. When we asked the nursing staff to remove the drug, we were told it was impossible to do so because the OB ordered it. The second time my consent was disregarded was when it came to the actual delivery. I had expressly told my OB and the nursing staff that I did not, under any circumstances, want an episiotomy. During our pre-natal visits, I was assured by my OB that she would not perform the episiotomy and would protect my perineum. My daughter's head was crowning and at that moment, my OB

said "I'm going to have to cut you." and in that instant, she gave me an episiotomy. Later, after the birth, when she was stitching me up without any numbing medicine, I asked why she did it. Her reply was that it's routine for every delivery! The last procedure to happen that I did not consent to involved my daughter. I specifically requested that the procedures for delayed cord clamping be followed, since research has determined that delaying the clamp results in the best outcomes for infants. Both my husband and I, as soon as my daughter was out, told the OB not to clamp the cord but she disregarded our request and told us we didn't know what we were talking about. These unconsented procedures, along with the general attitudes of the nursing staff and my medical staff were what prompted me to immediately leave the Obstetric practice and seek out a midwife with my 2nd and 3rd births. I have many stories of the verbal abuse and coercion I suffered through during this birth as well, however, since it isn't specifically a procedure, I'll leave them off. I do believe however, that the verbal abuse and coercion speak to the attitudes of the staff and the fact that they very clearly thought they were in control and what I wanted or needed from them didn't matter.

### **C. D., *New York***

I was attended by my husband, my birth doula and the nurses and midwives at the hospital. I was scheduled for a non-stress test in the hospital, which takes about 30 minutes and I consented due to continued pressure and coercion. After the stress test, the midwife walked into the room, loudly announced "This baby needs to be delivered now! I have already ordered your induction" and an induction of labor was ordered without my consent, before I was briefed with any information about my situation.

After refusing the induction, asking for information and then finding that the testing results given to me verbally were NOT the actual results given to me in the written report, I signed out against medical advice to discuss the induction of labor with my husband and my birthing assistants. I ended up delivering the next day via primary cesarean with no trial of labor, however on my hospital bills, not only was I charged for a cesarean and anesthesia, I was blatantly also charged for the labor induction medications as well as a full vaginal delivery, even though I had refused both the day before and did not consent to induction. I was told that I had pre-eclampsia and that my baby would possibly die if I did not consent to immediate, coerced induction (even though the testing results I received did not qualify under ACOG standards as pre-eclamptic diagnostic material.)

I did not attempt to discuss the birth with my providers due to PTSD symptoms that I did not want triggered in their medical office.

I strongly believe though, that the blatant lack of respect for my informed consent of my own body did lead me to a career of assisting other women in learning their own bodily rights. So in that respect I am thankful.

### **A. M., *Texas***

After an uneventful pregnancy I began developing preeclampsia at 38 weeks. My doctor said we should induce so we said ok. We were not given any other information or options at that time. We went home and packed a bag and arrived at the hospital about an hour later. We were chastised for not coming immediately. We had an uneventful labor with pitocin only (no risks were discussed). We were mostly alone without anyone attending us and did not see my doctor until she came in to break my water. No discussion or explanation given. She just said... I'm

going to break your water. After 8 hours I was fully dilated and she rushed into the room. It was 7:45 pm on a Friday night. After several productive pushes my daughter began to crown. She grabbed the scissors and cut a 2nd degree episiotomy without warning and without asking. I was in mid-contraction and could not cry out or tell her no. My daughter's heartrate was perfect the entire labor. Dr. J. then proceeded to yank out my daughter and flop her on to my belly. She then yanked the cord and placenta out. My daughter was born at 8:01, 16 minutes after I began pushing. Dr. J. then sewed up the wound she inflicted and left by 8:10pm. The whole pregnancy I felt as if she was too busy to listen or be concerned or even give my health her full attention. My questions were brushed off and dismissed and I had the feeling I was an imposition on her. I healed fine long term but it was very painful at the time. I was also very angry after my daughters birth and that anger followed me until I gave birth 5 years later with an OB who was compassionate, competent and kind. Women should not be subject to being treated as if their voices don't matter. Evidence shows the episiotomy to do more harm than good and she should have known better than to cut one in the first place and secondly she should not have cut me without fully informing or asking permission.

**M. W., *South Carolina***

I was going to have a homebirth but after being in labor for 24 hours my contractions stopped completely. We decided it was time to go to the hospital for pitocin. My midwife came with us. Shortly after being admitted, going over my birth plan, and starting pitocin the nurse said she was going to check me. I was screaming in pain and she broke my water then told us that she had broken my water. I had explicitly stated in my birth plan that I did not want an artificial rupture of membranes and was never asked to have it done. Because of this my

contractions again stopped completely. A little later the doctor came in and told us she was putting in an internal fetal monitor that we had also clearly stated we did not want. They stated that the belly monitor was slipping and that it would be more accurate. The baby's heart rate was great, and he was moving fine. However I was not allowed to walk or go far from bed.

Thankfully my husband was able to stop her. The whole time I was bullied and put down for not just having an epidural and c section but I was handling the pain fine and never once asked for medication. When we did finally consent to a c section about 15 hrs later the doctor kept telling me that my baby could never have fit. He was 5 pounds 5 ounces. My son had bruises and a cut to his face and head and still has a scar from it. My doctor never told me that the cord was around his neck and that the cord was half the normal length, my midwife heard the nurses talking about me which prompted me to request my records which confirmed that. But I was never given my full records even after requesting complete records for myself and son. I felt like I was robbed of the birth I wanted and wondered if the c section was really truly necessary. Even though the c section was probably needed I felt like I had to fight every step of the way to even have a chance and still wonder if the unnecessary stress put on my by the hospital staffs treatment caused the cessation of contractions even with the pitocin. I still struggle thinking about it and the way that I was bullied and treated and am scared to ever have to go back to a hospital. When we were trying to be discharged my husband and I both felt like we were being held as prisoners and had to fight to prevent unnecessary procedures on our baby the entire hospital stay.

**K. H., Florida**

I had a natural, drug free labor up until my OB came in while i was pushing. Baby was descending quickly so they couldn't get fetal heart rate via external monitoring. I was forced onto my back while protesting that i wanted to stay on hands and knees, an internal fetal monitor was forced into my vagina without warning, request, or consent. I was then very forcefully catheterized in an unsterile fashion as i had defecated while pushing, with no anesthesia (I was told at a postnatal check up 'it took 3 tries to get it in, his head was so low!' When I asked why it hurt so much) and wheeled to the OR for a general anesthesia cesarean with no consent asked or given. My husband was not allowed in the OR, but a male OB who was not my attending was brought in to 'assist' while I was fully naked and unconscious, despite my preferred female OB being the doctor on call, the same dr who used the IFM and then forcibly cathed me. Our newborn son was given hepatitis B vaccine and eye ointment against our expressly written wishes.

I was never asked, nor did I consent to: internal fetal monitor, forceful catheter insertion, a cesarean for a minor heart rate dip during a contraction, hep b vaccination, or antibiotic eye ointment for my son. My husband was denied OR admittance for no specified reason. As a result, we were both absent from the birth of our first child, who was subjected to procedures we had agreed against before the birth.

#### **A. W., *Missouri***

Thursday, December 27th, 2012, my water broke at noon. I was working as a home daycare provider, and my husband was at work. He rushed home, took all of the kids to my mom's, and came home to be with me. My homebirth midwife (who had attended my first birth as well and has now gone on to help me deliver #3 at home) came to check on me and to bring

the supplies for the home birth I was planning. She advised that I rest, then we'd try to get things going. She did a natural induction, using herbs and pressure points, then sent us out walking. We walked for 2 hours, came home, ate, and I bounced on the exercise ball. Nothing helped to jumpstart my labor.

After 30 hours of my water being broken, 2 rounds of natural inducing, lots of stairs, walking, and bouncing, we all faced the inevitable; I wasn't getting a homebirth this time. After a shower, I went in to the hospital and was told that I was only dilated 2cm. I was given antibiotics and was started on Pitocin and continual fetal monitoring, via external monitors. At 6 in the morning (Saturday), I was informed that the doctor would be due off at 7. That started the worst 2 hours of my whole experience.

They kept wanting to check me. I knew I was nearly complete, so I declined, multiple times.

I began to hear things like, "If we don't check you, we won't know when to come in to catch your baby." and "Please let us check you, then we can let you know if you are ready to push." I continued to reiterate that I would know when \*I\* was ready to push, and I would inform them.

"We have done a lot of things YOU wanted, now we need to get things done OUR way."-  
My 'professional' OBGYN

Around 7am, I knew I was ready to push. About this time, they had lost track of her heartbeat (of course, she's moving down the birth canal, behind the pelvic bone. I have seen this before and I was certain birth was imminent, NOT that my baby was dead.) So, the whole team comes in and won't stop touching me. They want to check me and place an internal monitor. My

new day nurse, who's shift is starting, comes in and tells me, "It's going to be okay." and attempts to reassure and comfort me through transition.

The doctor replies with, "No, it's NOT okay, baby could have no heartbeat right now and we would have NO idea." I know this isn't the case, as I have been hearing a good solid beat, but it wasn't making a line on the monitor screen that will satisfy the medical professionals in the room.

So, I rolled over, believing that they would just find baby on the external monitor, check long enough to be satisfied and be done with it.

Oh no... the doctor checked me so fast my head spun and she placed the internal monitor that I had specifically declined. The cord for the internal monitor wasn't working and they were looking for a new one to put in instead.

The pleasant day nurse suggested asking me if I consented.

My OB replied with, "You should probably wait until she is done with that contraction, maybe you won't get such a nasty answer!"

At that point my body took over and my daughter was out in 3 pushes. Ironically, they never were able to obtain a heartbeat despite placing a fetal monitor against my wishes. She was out, the doctor never even asked my husband if he'd like to cut her cord. She then started pulling out the placenta. Because she didn't let it come by itself (it is now nearing 7:45) it is now in pieces. So she has to go in to see if she left anything. Wow... no epidural, so I felt the entire invasive procedure.

That was the worst. I was told I could 'let' her manually check for pieces or I would end up in surgery next week. I chose to consent to an internal check.

My birth experience left me feeling violated and disconnected with my daughter. Every time I looked at her, I had a flashback of the condescending tone used on me and experienced the shameful, helpless emotions that I felt in labor all over again. My heart would race and I had a few night terrors continuing to remind me of how I had been disrespected. I should not be shamed for my birthing decisions.

In retrospect, I believe I dealt with some mild postpartum depression. I never sought treatment for it, but it robbed me of nearly a year of enjoyment of my daughter's life. The birthing wing of the hospital closed about 3 months after my birth experience with them. At that point I didn't think it would be productive to file a complaint outside of possibly helping me heal emotionally.

### **M. H., *Illinois***

I have a history of PTSD (I was attacked at gunpoint in an attempted kidnapping when I was 25, and a few months after that I was mugged) so when I got pregnant with my first child at 32 years old, I knew that I needed all women in the room when I gave birth, and I needed it to feel like a safe place with people I trusted. I found that in Dr. H., and to be honest, she treated me with respect and dignity and respected my wishes to have a natural childbirth, which I did have.

My story is not as traumatic as so many other stories I have heard, but I feel that it needs to be told because it did affect my childbirth experience significantly, and I did have a re-occurrence of PTSD after I gave birth. At 38 weeks, my doctor, who I trusted wholeheartedly and promised me she would be there when I gave birth told me that she was going to be gone for a week, the entire week of my due date. She is the only doctor in her practice (which is very

problematic for several reasons) so her backup doctor was whoever was on duty at the hospital at the time, most of them were men. She knew my history of PTSD and I told her I could not have a man in the room (except my husband) while I gave birth. For the next two days I called every hospital in Chicago trying to switch where I gave birth, trying to give birth with midwives at a birthing center, but nobody would let me switch at 38 weeks. I was so upset. At my 39 week checkup, I told her how upset I was. She kept reassuring me that SHE was going to deliver this baby, and for me not to worry, but this was of no comfort and I knew she was only trying to make me feel better with a false promise, because she was going to be thousands of miles away for an entire week surrounding my due date.

At that appointment, without telling me she was going to do this, she ruptured my membranes during the physical exam to check my progress, which was 2cm. It was extremely painful. Having never given birth before, I had no idea in that moment that she was rupturing my membranes. When I stood up after the exam I was gushing blood everywhere. I had to yell out for someone to get me a pad there was so much blood. The doctor at that point was in another patient's room. The nurses told me not to worry; it was probably my mucus plug (it wasn't). The bleeding continued throughout the day, lighter, but still I was so worried and I called the office again but they said not to worry. I went into labor several hours later, at 39 weeks exactly, and I know it was because she ruptured my membranes. I had hired a doula, an amazing woman named Tanya Mchale, who was with me every step of the way. I was in active labor for almost 34 hours, and pushed for an hour and a half, and ultimately gave birth to a healthy, 9.5 pound baby girl without any medication or intervention, but I believe that the labor was so long because my body was not ready yet to give birth, and my doctor rupturing my membranes made me go into labor early, and prolonged my labor which was ultimately very

traumatic to be in labor so long, I felt very trapped, and had a re occurrence of PTSD for several weeks after the birth. I had nightmares and could not sleep more than 10 minutes because I would be jolted awake by a nightmare and then was afraid to fall asleep again. I was nursing my daughter at the time, so the added lack of sleep was unbearable.

I want to also share what happened with my second childbirth experience. While I did not end up having a procedure done to me without informed consent, I was not treated well by the doctor who delivered me.

For my second childbirth, my doctor missed my birth, so when I arrived at the hospital, a resident was there. I was in transition, and ultimately gave birth only 30 minutes after arriving at the hospital. I understand that they needed to gather information about me, but the resident went way too far. She was trying to get my mental health history, and I answered all her questions, telling her that I had a history of depression and anxiety. She asked me why. I told her I had PTSD in the past. She asked me what happened. (All of this was through non-stop contractions, during transition, which is an extremely emotional part of childbirth! I did not have an epidural, so I was feeling it ALL and it was very difficult to speak) I told her I had been attacked at gunpoint, and I got extremely angry with her and told her that I was about to push out a baby and the last thing I should be asked about and discussing is being attacked at gunpoint, and asked her why she even needed that exact information at that time. (At that point my husband gave her the info she wanted, which was what medications if any I had been on and told her to stop the questions) My water broke shortly after that, and I had the urge to push. At that point I was calling for my doctor, who still wasn't there, and I was lying on my side. The resident told me I had to lie on my back to deliver, and I told her that my doctor had told me I could push in any position I wanted to, and that I was not moving. She told me I must lie on my

back, and I told her that it was physically impossible for me to flip onto my back (I had a 10.5 pound baby in there!) and that I was going to push on my side. (My baby was NEVER in any distress by the way) She continued to argue with me that I MUST be on my back, and then the nurse told me to lie on my back at which point I flipped out and told them that was not what my doctor and I had agreed to, and at that point my doula told them to stop telling me to lie on my back, that I can deliver a baby on my side, at which point I did, after only 4 pushes, my healthy 10.5 pound baby boy slide right out. I firmly believe that had I been on my back, that my large baby (I'm a very small woman) would not have come out so easily, and the main reason I fought to be on my side, aside from the fact that I physically could not move on my back, was I had watched the documentary Birth Story a few weeks prior about my hero, Ina May Gaskin, and I had this image in my head of a scene in the movie at The Farm when a woman's baby was not coming out, and she was pushing on her back for quite a while, and they suggested she move to her side, and she did and the baby popped right out because of that positioning.

My doctor walked in about 20 minutes later, having missed the birth. I told her about what happened, but she sort of brushed it off and told me that I had a healthy baby and that was what mattered. Even though I had the natural childbirth I fought for, and pushed the way I wanted to, I was extremely upset by the fact that I had to argue, twice, while I was about to push my baby out, and I was distraught that the doctor made me recount my experience of being attacked at gunpoint while in labor, and angry I was attended by a doctor that had so little knowledge about childbirth that she believed the only way to deliver was on one's back. I replayed the arguments over and over and over and over again for days. That first night in the hospital, I did not sleep for one second, I was so angry, and all I could think about was how wrong that experience was. (I should also mention that in my birth plan we said we did not want

my son to get the eye drops after he was born. They did it when I wasn't looking, and when I asked them why they did it even though I had said not to they were like, oops)

I talked to my husband about it, and while he was so supportive and kind, he ultimately told me I got my healthy baby and that we were all ok, and that was what I needed to focus on. Everyone told me that. No one was hearing me. My feelings were not validated. At my six week checkup, I told my doctor that I wanted the name of the resident who delivered my baby, because I wanted to tell her that she needed to know that she should never ask those questions to a woman as she's about to deliver a baby, and that she should never force a woman to lie on her back. My doctor said that the resident was not even training to be an OB, she was just on her OB rounds, and she had never seen not only a natural childbirth, but was unaware of the fact that a woman could give birth in any other position other than her back. To that, I said, she had NO business delivering babies at a hospital if she did not know that simple fact. Doctors are not trained properly! They are only trained to intervene and this is harming women ultimately.

I should also note that I ended up with severe postpartum depression after this birth, and I was suicidal, and ultimately came out of it after a lot of therapy and a supportive husband, but I could have very easily died at my own hands from the PPD.

I hope change is made in how doctors treat women during childbirth. It is an absolute disgrace what is happening now.

Thank you for letting my story be heard and for trying to right all of these wrongs.

**E. S., *Missouri***

Leading up to my daughter's birth, I did everything I could to be a good patient. I didn't care about natural childbirth and couldn't relate to people who wanted music and yoga balls and inflatable birthing tubs in the delivery room. I took four hours of hospital childbirth classes. I told my doctor I planned to go with the flow and see what happened. I considered tattooing "epidural at 4 centimeters" on my forehead. I went straight to the hospital when they said I should, signed the consent forms mid-contraction, and happily did everything they told me to do, even when I learned my doctor was out of town. I knew a lot could happen during delivery, but I trusted I would get through it and make good decisions with the help of the on-call doctor and nurses. After all, I was in labor, and a little scared, and I knew the hospital would be my partner in delivering a safe, healthy baby.

I was wrong. During my fast but medicated delivery, the on-call doctor lied to me, hid things from me and secretly performed surgical procedures on me and my daughter without my consent. While I was numb and unable to feel anything below the waist, he draped my legs with surgical paper so we couldn't see what was going on. While I pushed, he and the nurses told me things were going great. I learned later that was not true. My baby's heart rate had dropped, something I would learn only after complaining and ordering my medical records. Under that surgical sheet, the doctor was cutting an episiotomy and vacuuming my daughter out of my body with a suction device. He literally hid my legs, cut open my vagina, and sucked my baby out by the head, all without my knowledge and certainly without my consent. My first memory of my daughter is seeing a blue and purple ring on her head from the suction machine and panicking about what was wrong with her. A blood vessel in her eye had popped during the procedure, and there was a ring of blood around her pupil.

As the nurse nonchalantly told me these were normal because they had to use a vacuum on my daughter's head, I realized that all of these things had happened to me – and to her – without my knowledge.

Well-intentioned people asked me later about the first thing I noticed about my new daughter. Was it her fuzzy red hair? Her sweetly long fingers and toes? The sad answer is this: The first things I noticed were her bruises. And when I saw her, I realized that in my very first moments as a mother, I couldn't protect or care for my child because I didn't know what was happening to her.

(Vacuums are used in less than 5 percent of deliveries, usually when a mother is exhausted or a baby is in distress. Vacuum attempts sometimes fail, and if they do, an immediate C-section is necessary. Every clinical standard of care – the hospital's terminology for acceptable behavior from a healthcare provider – says the physician should address the patient before using a vacuum during delivery and obtain her verbal consent – not just a signature on a hospital admission form, which covers permission to treat a patient. In fact, the American College of Obstetricians and Gynecologists lists “failure to obtain informed consent” as an absolute contraindication [translation: a deal breaker] for use of a vacuum. Though he and the hospital later apologized after a firm complaint letter, I never got an answer from the doctor about why he felt I did not deserve respect for my consent rights, why I wasn't important enough to be part of the decisions about my body and my baby. There was no indication from the hospital or the doctor that any emergency existed that prevented him or the nurses from communicating with me. To perform the vacuum procedure, they first had to place a catheter. So they had time to cut me and catheterize me, but the only thing anyone took the time to tell me was that my pushing

was “going great” and we were going to have this baby quickly. In my medical charts, the notation after the procedure was this three word sentence: “Procedure well tolerated.”)

Later, the doctor said he was surprised that I was upset and he “wished he knew I wanted to be so involved,” making me realize I was probably not the first or the last woman he’d treated this way. He actually said in a follow-up meeting in front the head of the hospital’s obstetrics department that he believed “most women don’t really want to know what goes on down there.”

I wasn’t against using medical intervention if it meant helping my baby arrive safely. But I trusted that the doctor would involve me in my care. Had he taken 15 seconds to say, “Baby’s heart is telling us she needs to come out quickly, I’m going to use this vacuum and I might have to make an incision, OK? Alright, now 1, 2, 3, push...,” I probably would have spent the first weeks of my daughter’s life writing thank-you notes to the hospital instead of complaint letters. Instead, I was treated like I didn’t exist, like I didn’t matter.

But it did matter, certainly to my health.

In the hospital I was treated for high white blood cell counts attributed by the doctors to stress. When I got home, the flashbacks and nightmares started. For weeks I woke my new baby and her father each night, screaming. It was the same dream, over and over. I was having a baby. I could feel her coming out of me, first the head, then the shoulders. There were a lot of people in the room, but no one could hear me shout for help, no matter how loudly I screamed.

I was diagnosed with post-traumatic stress disorder about six weeks after my baby’s birth. I was still having the nightmares, and my normally low blood pressure was sky high. Typical sounds, like the quick honk of a car locking on the street, made me jump. For the first time in my life I had no appetite, and I lost 40 pounds – all the baby weight and more – in less than two months.

To top it all off, my episiotomy was taking its time to heal.

Imagine, with every single step you took for six weeks, being reminded that someone violated you without your consent. And that you were supposed to be happy about it because you had a healthy baby.

I filed three different complaints: one with the hospital, one with the Joint Commission of hospitals, and one with the Missouri Board of Healing Arts. The complaint to the hospital was handled quickly and seriously. They arranged a meeting to discuss it with me, the doctor involved, my regular OB/GYN (who was on vacation at the time of my birth), the head of women's services nursing and the head of the OB department. This was less than two weeks after delivery. They wrote me a letter saying they had conducted an investigation, and their conclusions were as follows: 1. that the care I received was in alignment with the hospital's standards, and 2. that the hospital recognized that there were opportunities to improve communication with their patients. It is worth noting that the hospital decided a year or so later to close its maternity ward. I highly doubt my complaint had much to do with that, but I do hope that at some point they thought about my complaint and decided the maternity ward was not worth saving.

The Joint Commission, a national board for hospitals, sent me a letter saying that they'd contacted the hospital and required a response, and that the hospital had complied with an adequate response. They did not indicate what the response was, only that it met their requirements.

The Missouri Board of Healing Arts, the state medical licensing board in Missouri, opened an investigation. They sent two investigators to my home to talk about my complaint, and indicated they would also be talking with the doctor who performed the procedures. The

investigators took the case to the state board, who heard my case in April 2014. They decided not to take action against the doctor, and sent me a letter saying the doctor had not violated any specific licensing regulations.

As far as legal action, I contacted some personal injury and malpractice attorneys. All of them declined to take my case, saying the doctor appeared to have followed the legal standard of care.

I fired my OB—the one whose partner had treated me so poorly. A few weeks later, her office sent me a bill for the remainder of my delivery fee. Instead of a check, I sent her a note telling her to sue me for the money so we could talk in open court about her partner's negligence and the PTSD it caused. I never heard from her or her billing office again.

Thousands of dollars in treatment later – and hundreds of hours of lost bonding time with my little girl – I am feeling much stronger. But the trauma caused by my mistreatment during delivery has had a major impact on my family's life.

During labor I pushed for a very short 13 minutes. All those hours crying on the bathroom floor, all those dollars spent on a counselor, all the stress on my husband from caring for an ill wife, all the stigma of having a mental condition that I now battle every day – it all could have been avoided if I'd been treated like a human being for 13 minutes. Every mother deserves that, no matter what kind of birth she has.

Respect for our bodies, our babies, and our rights is never too much to expect.

### **J. U., *Indiana***

I was 21 years old and did not know much about pregnancy or birth. But I did know I did not want any unnecessary interventions and wanted no pain-killers. When we discussed this

during the early stages of my pregnancy I knew right away he did not support my choices. I remember him saying "I highly recommend the epidural" after telling him I did not want one.

My pregnancy progressed beautifully throughout the hour + waiting times at my OB's office and my due date came around. He started to talk induction. I made it a point to tell him that I wanted to go into labor naturally and would keep being monitored but I refused to be induced without a medical reason (yay me!).

10 days past my due date I started going into labor. My contractions started at 5 minutes apart lasting longer than 1 minute and stayed that way immediately so off to the hospital my husband and I went. Once I arrived my contractions started to slow down (of course) but my OB came in to check me anyway. He said he wanted to break my water to "get things moving." He also casually mentioned that I was so past my due date that my placenta was not giving my daughter the nutrients she needed and every day she was being harmed. Then my husband and I talked we agreed that he could break my water.

My contractions kicked back into gear and I was handling them beautifully. I was walking, bouncing, lunging and doing everything I could to keep the contractions going. My 1st nurse was very supportive and never even put in a hep-lock. She just occasionally monitored me and let me do my thing (yay!). Then, who I like to call "the nurse from hell" came on shift. She yelled at me for not being in bed, with the blood pressure cuff, fetal monitor, or hep-lock in. She said it was hospital policy and what was best for my baby. So, of course I complied and got into bed and labored there for a few hours which was terrible. I had been in labor for about 7 hours at this time.

I was then checked and was at 4 cm. and I stayed there for about 10 more hours. After that the nurse recommended pitocin, which I refused. She went to talk to my OB and returned to

tell me that I had a "time table" after my water had broken and I either needed augmentation of labor or a c-section; and that a c-section would happen if I was not progressing past 6 c.m. after 24 hours. I then took the pitocin. After 2 contractions on that, and 17 hours of no food or water (hospital policy of course) I decided that an epidural was the only way I could endure any more.

The anesthesiologist came in an hour or so later to administer my epidural. He was rough with me but it was successful. But I started to feel funny after lying down. My heart was racing like crazy and I could not calm it down. I told my husband I was scared and he ran out to get help. The anesthesiologist popped his head in and said it was the heart accelerant he gave me and I would be fine. I tried to settle in and get some rest. When I woke up I felt like I needed to push. and my epidural was wearing off. I did not care it was wearing off though. I was rested and ready to go!

My awesome nurse was back on shift and sad to see me with the epidural and lying in bed. She checked me and I was at 8 c.m. she told me not to push. Yeah. That was the most miserable thing ever. But eventually with the help of my awesome husband I got to 10.

I hated how they coached me to push. It felt so unnatural. I was pushing so hard I burst a vessel in my eye. Then I felt some strange pressure and saw a scalpel. I asked my OB what he was doing and he said he gave me an episiotomy. He cut me without my consent. Hell he never bothered to tell me.

My daughter was born and we were overjoyed that she was healthy. And at my follow up appointment my OB sat at his desk and folded his hands and said "now aren't you glad you got that epidural?"

Almost 5 years later I still feel violated and cheated. I just wish I would have known I had a choice. I did not try to take any legal action. We could not afford it, plus taking on a

hospital seemed like a huge undertaking and I was a full time student, a soldier and now a mother.

### **C. T., *Virginia***

My labor started and progressed completely normal and 5 days before my "due" date in 2003 with my first child. I was 20 years old and in excellent health. Nothing remotely concerning during my pregnancy. I arrived at the hospital at 9 cm. My water broke on it's own shortly after admittance. I received, at my request an epidural. My 2nd stage was 3 hours long. There was light meconium stained fluid, but fetal heart tones remained perfect. I was threatened by my then OB that I "had 10 minutes to push him out, or you need a c section." We were dying the two steps forward, 1 step back and had been for a while. There was no indication that he wouldn't fit. His head was remaining a little more each time. I was completely numb from the waist down, and have no doubt this is the reason it took "so long." Upon my sons birth, cord traction was started. At that moment another male in scrubs came into my room. And told my OB there was a crash c section and he needed him immediately. My OB then said to me, "your placenta is stuck." And proceeded to put HIS ENTIRE ARM TO HIS ELBOW IN MY UTERUS, wearing only a glove. My baby had been born for maybe 10 minutes. He scraped out my placenta, breaking it as he did so. He did not ask, he did not explain. There was no medical indication to necessitate this. I was not bleeding heavily. My blood pressure was normal. Only made me feel as if I was a horrible, uncooperative patient that he had to deal with so he could get to that section. I will never forget the violation I felt.

### **H. E., *Georgia***

During the birth of my first child I was completely dilated and began to push during the obstetricians' shift change. When the new OB came in, I had just started pushing. I pushed for less than ten minutes. He put his gloves on and cut a large episiotomy without obtaining my consent or even informing me that he was doing it. There was no medical indication for performing this procedure. As a result, I had a difficult recovery even though my baby was only 7 lbs, 9 oz and was never in any distress. Since then, I've had unmedicated (home) births with 9 lb, 9 oz babies and never tore. I've never had another episiotomy either.

I did not try to take legal action. Interventions without consent seem to be the standard in childbirth and I don't think anyone would understand what I lost that day. How do I prove what was damaged when my perineum was cut open without my consent? The lasting physical damage pales in comparison to the emotional damage. I did not file a complaint because I didn't think anyone would listen.

***M. K., California***

On the morning of October 10th, 2013 I woke up to contractions at 4 AM.

Upon arrival to the hospital Dr A. had me admitted and ordered pitocin when it was not needed. I respectfully declined and the nurse respected my wishes. He came into my room to check me and was very angry I refused the pitocin.

I declined the epidural 5 times, and he still ordered it for me. This made me angry because it was not and is not his choice to make. Again, the nurse respected my decision and encouraged me to decline it.

When I was 7 cm Dr A came in to the room and stretched me from a 7 to a 10. He did not tell me what he was doing and when I screamed in pain and begged him to stop he told me to

"shut up and sit still". It was extremely painful and I did not know until afterwards that he had stretched me.

He made me start pushing and yelled at me that I was not doing it right with my first few. When I finally pushed correctly I peed all over him (yes it's okay to laugh I still do). He got very angry with me and left the room to change his clothes. As he walked out he said "this is why kids shouldn't have kids". He barely walked back in in time to catch my son and then started to wipe me up and told me it didn't hurt because it was just gauze. I said to stop because it hurt and he did not respect my wishes. He stitched me up and left without another word. 2 days later he came back in to discharge me and did not check my tummy or anything as i have since been told he should have. My birth experience was hell and I hope by sharing my story I help prevent others from going through this

### ***L. D., California***

At the age of 20 with a doula by my side and endless support from my partner, I was induced by my OB/GYN Dr. B. after complaining about simple sciatic pain and slight swelling in my joints/feet at just (what we assumed was) 37 weeks gestation. To my surprise, 2 other women were present from Dr. B's office during my induction check-in at the hospital. We were all sent off to our L&D rooms separately at 11PM, Sunday June 21st (Father's Day). I was administered Cervadil around my Cervix and instructed to sleep for the night, as my doctor would check my progress in the early AM. Approximately 7am, my OB/GYN came in to check the progress of my cervix as I could hear his other clients groaning from down the halls, in labor and progressing. I was firm and closed, as the doctor put it. Dr. B then put a time constraint on my induction, started a Pitocin drip and said if my baby was not ready by 4PM (only 9 hours later to go from FIRM to 10CM), I would be c-sectioned. However, first he would attempt to

rupture my waters in a few hours. Dr. B arrived just after 10AM with the Amnihook in hand, most likely after delivering the neighboring clients' babies, and proceeded to hand it to my doula, which made her nervous as it is considered out of scope for her certification agency. He had her, ungloved hands, open the Amnihook as he attempted to manually stretch my VERY FIRM and TIGHTLY shut cervix. He kept trying. He tried until my body went into shock, and through my begging and shaking, my body convulsing, continued to shove the Amnihook through my cervix. Dr. B. abruptly gave up, instructed more Pitocin and agreed that upon 4PM, my c-section would be prepped.

I remember being in no pain, no labor. I hugged Dr. B. as 4 failed spinals were placed in my back, saying "I don't want a c-section, I want to breastfeed my baby". He replied "Oh, you'll still breastfeed. That's no worry". After the 5th attempt at my spinal, it took, and my young, able and healthy body was cut open to reveal a preterm infant, covered in vernix "thick enough to smear on a bagel" as the surgeon's assistant claimed. My baby was grunting, had trouble breathing and before I could touch her with my own skin, she was placed in the NICU.

June was born at approximately 35 weeks gestation, weighing just over 6lbs, despite the approximated 8lbs my OB/GYN had warned at a previous measurement ultrasound. I was told I was preeclamptic, however, all of my vitals were picture perfect throughout my induction. My blood pressure and proteins were not abnormal. My daughter refused to nurse for near 16 hours. I struggled with PostPartum Depression, but thankfully had a great and rewarding breastfeeding relationship.

### **J. R., *Pennsylvania***

I know my story is minor, but I wanted to share just to help this very important cause.

In my first pregnancy I went to my 40 week visit. I was a healthy woman who was well aware that the average first pregnancy lasts 41 weeks 1 day, I had no indications that I had a medical need for labor induction.

During an internal exam to check my cervical effacement and dilation (a procedure of extremely limited clinical value, it probably should NOT be used routinely during pregnancy), my doctor proceeded to "strip my membranes." This is a procedure where the care provider inserts his finger through the partially dilated cervix, and runs it in a circle between the bag of waters and the uterus. It can induce labor.

My doctor did this without asking for my consent, or even warning me he was going to do it. He had completed checking my cervix for dilation/effacement, and then all of a sudden what he was doing hurt me a LOT. I was seriously trying to back up away from him. As I was doing that, he cheerfully said "what I'm doing now might cause you to go into labor in the next 24 hours." My husband and I said in unison "You aren't stripping my (her) membranes are you? I don't (she doesn't) want that done!"

My doctor stopped right away. I don't recall if he apologized or not. Here is the thing...I had even written in my birth plan that I did not want my membranes to be stripped. Of course I could understand that my doctor couldn't memorize every patient's birth plan, but not ASKING me before stripping my membranes was unacceptable. I felt violated. I actually left the office shaking, and sat in my car in tears.

As a result of having this done, I have refused cervical checks during pregnancies in all of my subsequent pregnancies. If I don't give my care provider access to my cervix, my care provider can't strip my membranes without consent.

**K. K., *New York***

During my first labor (with a midwife in a hospital) I had to be induced for cholestasis of pregnancy. Because the induction and labor took so long, I became aware of the impatience of the providers and their desire to move things around. At some point while the midwife was checking me, she said that it might be time to break my water. I, in the vulnerable position of having someone's hand already up my vagina, said, "Well wait, can we think about that first?" She said "I'm the one who will think about it" and then broke my water with the tool that looks like a knitting needle. This was witnessed by my husband. I later learned that for posterior (face up?) babies, which mine was, breaking the water is advised AGAINST because it makes it harder for the baby to turn. My labor later resulted in a c-section after 3 hours of pushing, which would be because my water had been broken by the provider, robbing baby of the opportunity to turn.

In both of my labors, I requested delayed cord cutting. In both, the cord was cut immediately. The second was a scheduled c-section, so my provider and I both knew in advance that baby would be delivered via c-section, we discussed the plans, and he still indicated a willingness to delay cutting the cord. This one bothers me particularly, because the baby was sent to the nursery for observation for slightly shallow breathing and for body temperature - seems entirely possible, since these were not severe enough to warrant nicu - that delaying cord cutting and giving baby time on mom's chest may have corrected this without forcing mother-baby separation (which also exposes baby to different germs than those on mothers chest, which has it's own implications for baby's genome). It seems to me someone should have to get my permission to CUT a part of my body or my babies' - especially part that contains blood that should be traveling to baby.

Both babies were taken from me immediately after delivery. I don't know that I can say this was without consent, except that I was totally unaware I had the choice to consent or not. I wish I had asked. Or that they had actually used the words "do we have your consent" - in the first case, where NICU was warranted, I would have given consent. In the second, just to the nursery, I likely would have at least asked for a little more time first. This can have an impact on breastfeeding success, etc.

**A. L., *Montana***

I intended to have an unmedicated and natural vaginal birth. When I reached 7cm my doctor recommended I get an epidural. I said no. He spoke with my husband and my husband then was coerced into coercing me into an epidural because there are "no side effects or risks." I gave in. I should have been encouraged to get up out of bed instead, but being the only person supporting my natural birth, I decided that maybe they're right.

My baby went into distress when I began pushing upon reaching complete dilation. Luckily they didn't rush me into the operating room, but they did not give me any options except vacuum assisted delivery. They failed to tell me that they would be slicing my vagina open as well as yanking my baby out with a suction device. I had trouble with the scar for two years, it hurt to have sexual intercourse because of it, and I bled every time I had a bowel movement.

I did not take legal action. At the time (nearly 8 years ago) I didn't know my rights. I had no idea the affect it would have on my life, and the disgust I would develop toward the medical community because of it. I did, at one point, complain to the hospital about my after birth care (they didn't feed me until about 10 hours after a mostly uncomplicated vaginal birth, citing shift

changes as an excuse). What I've done is become a doula, becoming an advocate for informed choices in birth and helping others to have better experiences.

**N. D., *New Jersey***

I was pregnant with twins after a successful in vitro fertilization. We had an 80% chance of one taking and were lucky enough that both did. We switched from my original provider to one who would deliver out of M. hospital. During one of my routine visits with the new provider at around 5 months we were trying to discuss the possibility of natural birth for the twins as long as the circumstances were right. I was healthy, the babies were healthy and there were no complications at that time (or for the rest of the pregnancy). My mom had uterine cancer at the time and my husband and I live reasonably far away from both of our parents and wanted to minimize the post birth difficulty I would have if it was at all possible, since we didn't know how much help we would be able to get. The provider's response was "Well, then you shouldn't have had twins." I have never been more horrified in my life, and my husband was downright angry and said that woman was never going to touch me or his kids. It took me several more visits and some serious encouraging/poking/prodding from one of my "birthy" friends and support from my husband to make me realize that I was going to potentially put myself in danger with a provider who had that attitude. Other providers in the office seemed mortified by her behavior, but basically made it clear that C-section was probably going to be my option. When I switched providers I found someone much more reasonable and did actually deliver naturally. I'm not sure if this counts as having my rights violated since no procedure was performed and it was not during child birth, but I certainly felt violated by that attitude alone. I would hope in the fight for human rights in childbirth this aspect of prenatal coercion would be considered as well.

With regard to the birth of the children, the doctor I eventually selected was out of the country and when we told the doctor on staff that we had a birth plan, she said "Oh, I never read those things." I labored from November 13, 2012 to November 15, 2012 at 2:04 and 2:17 am. They were very difficult about letting me eat, even after bringing me a tray of food which I apparently wasn't supposed to eat. Also, they did try to play the dead mommy and dead babies card with my husband (which he didn't tell me until after the fact) even though there was never any fetal distress at any time. They also kept me on the fetal monitors for most of the 2 1/2 days making it difficult for me to get up and move around to help facilitate the labor process.

#### **A. P., *Illinois***

I had my baby girl five months ago through [Women's Health Clinic X]. I was planning a natural hands off birth. Well I ended up with a c-section with Dr B.

At 35 weeks I discovered through an ultrasound that my baby was breech. I tried everything to turn her (moxibustion, chiropractor, positions...) nothing worked. The midwives group automatically scheduled an ECV with Dr B. at 37 weeks.

I pushed back. Given what I had heard about this procedure, and found online, I really wanted to measure the risks. I also wanted to discuss the c-section, its pros and cons for breech births. So I scheduled a meeting with the midwives and a meeting with Dr B. right after.

When I met with the midwives they were very reassuring about the ECV (not so much about the c-section) and they mentioned that I could try the ECV and deliver my baby breech since Dr B. had a training. I was pretty happy about this so I went to see Dr B. full of hopes.

When I met her, she was surrounded with two interns. I was by myself. Instead of explaining the risks and consequences of the interventions (ECV, vaginal breech birth, c-

section...) she aggressively told me: "There are 5% risks of complications for vaginal breech birth. Do you want to take them?" "Imagine your son crossing the street. A car is coming. Do you grab his hand or do you wait?" "We are going to schedule a c-section one week prior your due date." Then she pressured me to do the ECV the next morning at 6 am! I was paralyzed with fear, guilt and shame. She made me think that it was a shame to even think about delivering my baby.

Well I went home and anyway I couldn't do the 6 am appointment for the next day so I pushed it back for the next Friday, still afraid of this crazy procedure. I had to sign the consent form on the table, the IV in my arm. The midwife and the Dr spent 10 minutes on my belly until the Dr's phone rang... My baby's head went right back into my ribs. Later on, we discovered that I had contractions and that I was already 3 cm dilated and that they had made my baby footling breech instead of complete breech... I yelled that we were not ready so they let me go.

When I came back 48 hours later, in early active labor, Dr B. said "Perfect timing, I am not on the Lakeshore front!", again she made me sign the consent form on the operating table, an IV in my arm. She poked my belly for fun after the anesthesia, telling the other midwives not to mention it to the other Dr. She lied about my records, telling everyone that I was 39 weeks when I was just 37... She was horrible! I ended up with a general anesthesia because the spinal wasn't working.

It's only after the c-section that I discovered that grabbing my son's hand had nothing to do with being sliced open. That it had risks, high risks that were never explained to me ahead of time, even though I did all I could to gather information at that meeting...

It's only a few months later when going to France that I met with experienced Drs and girlfriends who had had successful breech birth with no issues.

It's only after meeting with the medical staff afterwards that I learned that Dr B. was trying to clear litigation records due to past complications with a breech birth.

It's only now that I am starting to recover from a very traumatic experience. I had to find a psychologist and have been seeing her for a few months now.

On the physical side, I have lost sensations on my belly one inch above the scar.

### ***C. G., Connecticut***

Dr. W. performed a vaginal exam while I was in labor and proceeded to push an anterior lip of cervix out of the way. She did it with such force that it caused a hematoma on the babies head. She did not inform nor consent to the procedure. I screamed in protest but she did not stop.

She directed a nurse to force me to lay on my back even though I said "no" and "I can't push a baby out on my back" I was physically forced to lay on my back against my will.

Dr. W. probed me with all 4 digits to do some form of vaginal massage. I did not consent to this and when I said to "Get your fingers out of me" she continued. When I said "What is this?" she stopped just long enough for me to push. She stated "Labor!!!" and then quickly grabbed a pair of scissors and cut my perineum without consent without informing me and without any antiseptic applied. She did not use any pain medication during the repair. I had to request it. She also applied traction to the cord and upon the placenta coming out continued to push on my abdomen without any use of Pitocin. The Nurse finally asked the Dr. if she could give me the injection. The Dr. was very rude to me and treated my like a non-person. Often asked questions directed at the nurse about me like "when is the last time she voided?" and made me feel afraid. Above all, I was severely traumatized by the experience and suffered PTSD afterwards.

The hospital ignored my complaints. No attorney would represent me.

**B. S. C., Texas**

It was 13 days past my due date and my midwife at the birthing center (that I was planning to "water birth at" told me that their ultrasound technician was on vacation so to go see my OBGYN to check amniotic fluids. While I was at the hospital seeing the doctor he confirmed my water levels were high and baby was fine. I had planned on leaving and letting labor hopefully start naturally at home or birth center. He was VERY aware of my plans and highly disagreed with them and let me know this often. Before I left he said he would like to check my cervical dilation so I consented, while his fingers were inside me he mentioned briefly "your water may break when I do this", I immediately responded "it better not". One second later it DID! Water gushed everywhere and contractions started, I was so shocked by what was happening and couldn't believe HE broke my water, I felt he did it purposely so I was terrified. He then proceeded to tell me to "go wash up, put the gown on & get into my hospital bed". I reminded him that I had planned on having a natural water birth and would be leaving to head home. He warned me "if you leave I will not allow you back into hospital if you decide to come back". I looked at him in terror and asked "but what about our plan about you being my back up doctor in case of emergency during labor or birth"? He basically told me he would not help me, that it's hospital policy to force me to go elsewhere. This frightened me so horribly that I ended up staying because I felt guilty to possibly put my baby in danger knowing I would have no where to go to now in case of an emergency. As soon as I entered my hospital room the nurse started putting an IV into my arm and I politely explained to her that I want a natural birth and I will not be using any forms of IVs, monitors, or anything confining me to my room so that I could walk the halls. She rudely replied "this is not an option, it's hospital policy" and she went

ahead and inserted the IV into my arm. Pitocin was given to me shortly after and I tried arguing that I did not want it because my contractions had already started but again they reminded me that I MUST have it because I was 2 weeks over due. I was not allowed to walk the halls so instead I sent a friend to get a birthing ball for me and I used this for a while to labor on until the nurse came back in and told me I would be getting a water catheter (on of those tubes that gets put up inside the uterus to give continuous synthetic amniotic fluid to the baby). At this point I was not able to bounce or roll on ball since I had a giant tube coming out of my vagina and every so often after all the water would fill up, it would fall out again. Similar to rupture of water every hour so I was constantly getting soaking wet by massive amounts of water. I kept slipping on the wood floor in my room from all the wetness and decided it would be best to just stay in my bed on my hands and knees or squatting position to keep the baby over my cervix so I could still dilated. The nurses refused to take the baby monitors off my stomach even though the baby was perfectly healthy and as was my pregnancy. Many hours later the pitocin started to become unbearable mixed with my horrid "back labor" I had been having. The nurses kept offering me an epidural and my boyfriend at the time kept reminding them that I had wanted a natural birth and to please stop offering drugs. On top of the doctor continuously checking my cervical dilation and effacement EVERY hour, the nursing staff kept turning on the lights (which I had dimmed) and turning the air back to cold (even though I had wanted it warm). I was uncontrollably shaking from my amniotic sac being broke, which is a common symptom in some women and is why I wanted the room on the warmer side. Finally I ended up asking for an epidural but was not told any side effects or that I wouldn't be allowed to get out of bed after having it. I felt extremely better after receiving the epidural but I hadn't realized I would be confined to the bed on my back. I kept sitting my bed up straight so that I could keep the baby on my cervix and off

of my tail bone because my "back labor" was so intense but every time the nurse came in she told me I needed to put my bed back down flat so that I didn't pinch a nerve in my spine. At this point the doctor told me I had a slight fever but it wasn't high enough to distribute antibiotics or Tylenol yet but to keep warm blankets on me and cold wet cloths on my head (which I was already doing). The epidural started to wear off and it had been about 12 hours since my water had been manually broken. I was SIX centimeters dilated and then was told that the baby was in an OP position which is why I had back labor and he didn't think the baby would be able to come out so I should seriously start considering a C-Section so that he could go home. It was his daughters birthday and he had never missed any of his kid's birthday dinners before but since he was a family friend of my family that he would make an exception. Honestly that was probably the ONLY thing he did or said to me that I truly appreciated. After Four more hours I was still a SIX dilated and he let me know that he was extremely exhausted and he stayed past his shift time and if I wouldn't consent to a C-section that he would leave me and let me labor with another doctor (who by the way I had been seen by before and HATED). I got scared and gave in but it wasn't as easy as that, I put up a fight for another two hours with him. Eventually he wheeled me into the operating room with me in tears, feeling like a failure because I could not dilate according to his "watch". He had some place to be and threatened me with a doctor who I knew I would not click with. So I had my C-section and it was an awful recovery of many months of pain, PPD and milk supply issues. Looking back everything that was forced upon me is what sent me into an unnecessary surgery with a domino effect of one forced thing to another until finally getting my "natural birth" dream ripped from me. It took me almost 5 years til I was pregnant with my next child that I finally healed from all the emotional pain I went through, having my birth experience taken from me, being treated by the entire staff like a piece of dirt and not taking my

feelings into consideration. There was no need for a C-section and at my 6 week post partum visit I asked why I had the surgery and he replied "because the baby was OP". That very next week my friend had her baby vaginally and her baby came out OP. I wasn't given a chance, I was cheated.

**R. M. M., *Nebraska***

The labor of my second child was difficult because my baby was poorly positioned, facing the opposite direction. Nevertheless, I was coping with the pain. I had given birth previously without an epidural and did not fear labor pain. But then my labor stalled at nine centimeters for three hours, and I agreed to let the on-call doctor manually rotate my baby in order to get him into a better birthing position. The procedure was excruciating. After that point I was unable to relax. The doctor suggested I get an epidural to ease the pain, help my body relax and finish dilating. I agreed. The epidural was administered while I was sitting on the edge of the bed. As soon as the procedure was complete and I lay back down, I felt an urge to push. The nurse told me to wait while she called the doctor back. My family physician was unavailable; therefore I had to use the on-call doctor who was an obstetrician I had never met. When he finally arrived, the urge to push was very strong. The stirrups were put in place, the bed was adjusted, and the doctor sat down in front of me. I was lying on my back. I assumed he would tell me in just a moment when he was ready for me to push, but after a minute of lying there he still was not directing me to push. I then felt him touch my vaginal area. I sat up a bit to look at him over my belly and I said to him, "What are you doing? I want to push." He told me that since I had received the epidural less than 30 minutes ago, I would still feel some pain during pushing. He was giving me "a little something extra" to ensure I would be numb. At the time I

was a bit angry and thought that whatever he was doing was completely unnecessary, but since I did not know him and felt intimidated by his directness, I waited until he was done. Once he was ready, I pushed my baby out quickly and thanked the on-call doctor in my ecstasy of birth hormones. A few days after, I began to process what had happened. Without my consent or even telling me what he was doing, the doctor had given me a Pudendal Nerve Block. I had to research it on the internet since I was never told what exactly was done. It is a local anesthetic to the nerves in the vaginal canal. He did it to ensure I would be completely numb. While some women may value numbness, I clearly did not. I only choose the epidural to help ease the pain therefore relaxing my body (which we had discussed before the epidural was administered). Because a stranger with credentials assumed that he knew what was best for my body, I had to pay for a medical procedure that I did not want, I was put at an increased risk for infection, and I was denied the privilege of feeling my baby being birthed. While I thankfully did not suffer any physical or emotional trauma, I felt ignored, disrespected, and treated in a paternalistic manner. A year later I made contact with this obstetrician to confront him about his behavior and actions. He did not remember me, but said that it sounded like I had had a difficult birth which was the source of my anger. I reiterated that my anger was not due to the physical circumstances of my birth, but to the way I was treated. My feelings and the fact that he had illegally performed a medical procedure on me was disregarded.

***Anonymous 5, Nebraska***

When I had my son in 2001, I was told by the doc he had to be a c-section since my hips weren't right to deliver a baby. No x-rays or tests to figure this out. In addition, this was after being induced for 8+ hrs and them trying to break my water 2x's. Each time resulted in the hook

being removed with tissue and a lot of pain since his head had never dropped. We (Hubby and I) were given the choice to agree to a c-section or go home. Doctor advised a c-section would happen either way. We decided to go with the c-section since we had seen decells on the fetal monitor most of the day. Doc said it was likely because the baby kept moving. Had a spinal block and fell asleep during c-section. I came to with the nurses telling me, "Here's your son!" They passed him in front of me to see. He was blue and not breathing. I passed out again. When I came to, there was still no cry from the baby. The doc was standing over me closing me up discussing his golf game with another doc. I asked about the baby. Doc looked up and said, "Is that baby breathing yet?" No response from the nurse. Again, I passed out. When I finally woke up, I was alone in the hospital room. In extreme pain I called the nurse. She came in and gave me more pain meds and I finally found out my son was doing ok after 6 min of not breathing. Fast forward two days. My doctor was on vacation and his coverage doctor came in to do the hospital release. I informed him the staples were burning, so he removed them and sent us home. The next morning, after a shower I found blood on my towel when drying off. Panicked, I called the hospital. They told me to put a pad over the incision site and come into the office later in the afternoon. After changing two pads, it was time for the appointment. Since my doc was still on vacation, I got to see another doc in the practice. She looked at the incision site and stated it was infected. Not to mention it had sealed itself shut again. Without pain meds, she started to forcefully tap the incision with her finger. When she finally broke it open, she started to scrap it out. I was crying and trying to get up off the table. My Mom was there holding my hand through it all while the nurse was telling me to breath and relax. Since I was crying, she forcibly packed the incision site. By the end, my Mom was crying with me and the nurse looked very pale. It was

horrible! The incision had to be packed three times a day for weeks. It made me never want to have another child for many years. No woman should ever have to go through this stuff!

**Anonymous 6, Arizona**

When I was pregnant with my first I knew I wanted a natural birth and avoid all pain medication. I got a Nurse midwife she was awesome, but once I got to the hospital to deliver everything went out the window. I was told that I would be able to birth in the tub they had I was only allowed to be in it until my water broke and I was told to get out of the tub and be monitored every so often another thing I wasn't informed about. When they insisted on breaking my water because they said I wouldn't progress I had to stay in bed and stay on the monitor and then they wanted to put an IV in and I said I didn't want it they said they had to just incase I needed it for some reason and they proceeded to put it in. Not too much longer I was given pitocin because labor wasn't progressing. Being so young I didn't know better. I didn't say hey back off the baby will come when the baby will come and I wish I had the voice to do so. My midwife happened to be in vacation that day.

**Anonymous 7, *Missouri***

I was planning on a home birth with absolutely no interventions or any post-delivery procedures. However after 16 hours of labor I decided to transfer to a hospital for an epidural so I could rest. I received the epidural but without my consent I was also given pitocin - SOMETHING I DID NOT WANT FOR ANY REASON. And when my labor still wasn't progressing like the doctor wanted (a male), he did an episiotomy without my knowledge or consent at all. I felt incredibly violated that I didn't even know that he was cutting my body. I delivered my daughter, and they still didn't follow my desires for delayed cord clamping and to be skin to skin with my baby. They cut her cord and took her away from me before they would let me nurse. I love my daughter and I'm glad she's here and healthy but I still feel incredibly violated. I will never give birth in a hospital again unless it is literally life or death for one of us.

**Anonymous 8, *Indiana***

I had my son via c-section in 2007.

I had researched the heck out of birth, but in the years since I've learned way more and know what went wrong, but regardless...I was educated on birth going into it and I was also a JR as a Biology major in college. I had an extensive birth plan that I went over with every doctor in the practice as well as having extra copies at the hospital and would not let any nurse enter without reading it first. I was going to have a natural birth with minimal vaginal checks, squatting to push (they had a squat bar for me even), dim lights, baby put on my chest immediately and all checks there, delayed cord clamping, immediate breast feeding etc etc. I planned it in the hospital just "in case anything went wrong." I knew what was unnecessary and

was ready to refuse all of it unless a real emergency popped up. I hear a lot of the times people saying things like "if you're educated on birth and have a birth plan then they can't take advantage of you" but that is so so wrong. I did everything "right" and got severely traumatized. I now have PTSD as a result of his birth.

I spent early, not quite active labor at home for 11 hrs (painless and easy, not patterned yet), and 3 hrs of active labor at home. I ate at home and on the way to the hospital knowing their idiot policy wouldn't let me eat (But I told them I'd be drinking water). I was already 5 cm when I got there and got checked in. I got to 7 cm quickly. Then I stalled. I was at 7 cm for 12 hrs. This is the point of critical mistake on the doctors parts, but I'll explain later. I didn't know the solution to this yet (I do now). It was posterior arrest. They broke my waters during a vaginal exam without consent. After 12 hrs they hooked up an IV to the lock on my hand and gave me pitocin against my wishes. I started crying because it hurt really bad. They then labeled me hysterical and took away any consent I had left. They gave me an epidural against my will (I know that sounds weird, but 26 hrs into labor I wasn't thinking about flopping around to resist this or getting up and walking out. I was a first time mom and they were manipulative).

I slept for a few hours and then hit 10 cm. I had told them before labor even began at appointments that Native Americans have a different pelvic structure and cannot birth a baby on our backs (not that anyone should) so I could not be restricted to that, they thought I was crazy and wrong (which I'm not, anthropological data and scientific literature backs this up). In labor they told me they would turn off the epidural for pushing. I started to push after they turned it off, but without telling me they didn't turn off the pit. After the epi wore off I started to cry again because the pit made the contraction pain constant and not go in waves, so for an hour and a half of pushing I was in constant pain. They turned my epi back on without asking me. I was on my

back this whole time because they refused to let me get up. I kept telling them I couldn't give birth on my back due to my pelvic structure, but they said I was wrong. I pushed for 4 hrs and didn't get passed +2 station. They said I had to have a c-section. I said to try the forceps or the vacuum, they said it was too late for that (what kind of lie is that?!), I told them no c-section and to try other options, but they said too bad and prepped me for surgery anyway. We did NOT sign consent forms. I believe one may have been forged, as my husband and I both refused to sign repeatedly.

In surgery they started to cut and I screamed in pain. They said to calm down and that pressure was normal and I said it's not pressure, it's pain. They gave me a little more meds and then started again. I screamed again. They said I wasn't feeling pain, just pressure and I assured them it was full feeling pain. They lied and said they couldn't give me any more meds and they'd just have to do it "really fast" (??? they couldn't knock me out!?) So they started to cut, I screamed, and they wouldn't stop. My family could hear me down the hallway in the waiting room. My husband was panicking. And I was forgetting to breathe. I felt the whole thing. My son was ripped out of me to me screaming and instead of going into my arms he was on a heated table being poked and prodded by masked strangers. He was 9lbs 9 oz, 21.5 in and a 15 in head. 40 hrs total labor. They said something about blood sugar worries and through the pain I managed to pray for him, but I don't remember this.

Once in my room they let me try nursing, but with flat nipples, c-section and no LCs on staff at night or on weekends (???) I wasn't doing well. They said his blood sugar was dropping and they'd HAVE to give him formula. I told them hell no. A random LC was subbing for a nurse in the nursery and came to help me hand express colostrum into a syringe and finger feed him., it boosted his blood sugar and the nurse was pissed that she couldn't give him a bottle for

some reason. Anyway, 3 days of hell and jerky nurses we went home without a pain med prescription. They would also come in in the middle of the night or while I was sleeping and start pushing on my abdomen VERY aggressively with no warning and without asking. It would literally take my breath away, I would wake up gasping in pain, unable to speak or scream. They would say nothing and walk out. This happened over and over and over again. Never did they wake me up nicely, ask, tell me what they were doing, or anything.

### **Anonymous 9, Ohio**

We arrived at [Hospital F] ER at 5am for an assisted delivery after a planned homebirth where baby was not progressing, prior to leaving home we had no issues – the baby showed no signs of distress. When we explained to the man in the ER that my water broke at 2am he laughed and said "your water broke 3 hours ago and you are just now getting here?" He also asked if we had called ahead. We explained there was no time, as I was having back to back contractions. He stated Labor and Delivery was going to be upset with us.

When I got into a room the first nurse looked at me and nastily said "you are going to need to take that off" pointing to the dress I threw on before leaving home. At this point I was having strong back to back contractions and couldn't focus on much of anything. My husband told her that I was unable to undress myself and that he would take care of it. This is when they noticed the meconium and the nurse yelled out the door that we "had meconium". I got into bed and they put a monitor on the baby. They went to start an IV, when I asked if it was necessary the nurse said yes. That was all the explanation I got about the medication I was given. I discovered later that I was given Penicillin after I had informed them that I was allergic to Amoxicillin. (Since I have developed a very itchy rash – after further research I found that if you

are allergic to amoxicillin you should avoid penicillin and other related antibiotics.) They also took blood but never explained what they took it for.

One of the many people in the room said I needed to wait for the doctor before I pushed - which was an impossible request. When the doctor arrived he performed a very rough vaginal exam and said "we will try the vacuum and if that doesn't work we will do a C-section" not to me, but just announced it as he came in the room. I started feeling all these needle pricks in my vagina. When I started to scream he said "I'm numbing you for delivery" I yelled "do not cut me I want to tear naturally" and my doula repeated, "she does not want to be cut." My husband continuously talked with me and attempted to encourage me that everything was going to be ok and then a nurse very sternly told him "you need to stop telling her what to do she needs to be listening to the doctor" which is understandable except the only reason my husband continued talking with me is because the doctor never spoke another word to me nor did any of the nurses in the room. I then felt him put the vacuum in and I felt a sharp horrible pain- I learned later that this is when he performed the episiotomy that I had refused only moments before. I felt 3 pops and was informed by my doula that the baby was out. When I started screaming again my husband asked the doctor what was going on and he said "I have a lot of work to do down here" I kept asking how much longer as I screamed in agony telling the Dr I could feel everything he was doing as he stitched me up. He did not stop or offer any pain relief. He stitched me up and then delivered the placenta. Then he shoved something long and white into me saying "I need to see if I am done". He left without speaking another word to me.

The nurse started pushing on my stomach at some point after the placenta delivered and said she was going to have to give me a shot of pitocin in the leg I asked if it was necessary and she explained that I was already getting pitocin in the IV (which I was never informed of and

never consented to) and I had passed a golf ball sized clot and two smaller ones. I then consented to the pitocin shot. Another person walked in and said "it looks like someone died in here" No one ever addressed the risks of vacuum delivery; they never stated if the baby was in distress, they never explained if there was a shoulder dysplasia. I was hardly addressed at all. I felt like I was an animal they were working on. The only person who even treated me like a human was Nurse Katy. I wasn't offered any pain medication until I requested it hours later. I was told by the nurse that I had a 4th degree tear. I had no understanding of what a 4th degree tear meant or how I should treat my injury moving forward. She explained that I should use the peri-bottle when I went to the bathroom and that I should use tucks pads and Dermoplast spray; And that I should take Colace to help me have bowel movements. My hospital discharge paperwork stated that I should eat "whole grains, fruits and vegetables." The doctor that discharged me said I had no restrictions. I could drive and do stairs as I pleased. He mainly discussed birth control with me and told me to follow up with my midwife in 2 weeks.

In addition, while I was in the nursery seeing my baby for the 1st time one of the nurses told me that I needed to have blood work done again to check for syphilis, Hepatitis B and HIV. I explained that it was UN-necessary. She explained if they didn't have those tests my baby would need the Hepatitis B vaccine and a treatment to stop him from getting Hepatitis B from me. I told her I was declining that treatment for my son as it was unnecessary. She then walked the 10 feet to the pediatrician and said "you need to talk to her!" The pediatrician came over and gave me the same speech. I explained that I had done plenty of research and I knew that these tests and treatments were completely unnecessary for our situation and I was declining. I offered to sign any paperwork necessary to refuse. He then threw up his hands as he walked away and said "well, ok then."

I chose to follow up with my GYN after such a terrible experience with the delivering doctor and due to the severity of my condition. She stated that I should have been on a special diet upon leaving the hospital so that I didn't have rough bowel movements. She stated that I have practically wasted 2 weeks of recovery time because I have been eating a normal diet and having normal bowel movements (which was re-injuring me every time). She also said we should have been talked to about the risks of vacuum delivery (we contacted our pediatrician on day 5 because our son had a very large lump on his head that had us very concerned. Turns out it is a typical hematoma from the vacuum.). She continued that I should have had more explained to me about the 4th degree tear I sustained as well. She also said that the 800mg of Motrin that I was told to take every 4 hours was entirely too much and I was probably hurting my stomach taking so much. After nearly 2 weeks and I was still in the same shape I was in following delivery. I couldn't take care of my baby or myself. We failed at breastfeeding because I was in too much pain to sit and feed him every 2 hours. My milk never fully came in due to the trauma of the delivery.

I followed up with my GYN at nearly three weeks postpartum. She is concerned that I was still not moving the way I should be at this stage in recovery. My urine test showed a bacterial infection so I am now on an antibiotic as well. My husband is scheduled to return to work next week and she advised she didn't think it was a good idea for me to care for our son alone. We are now faced with the decision of him going back to work and hoping that I can manage to care for the baby and myself without further injury or my husband has to take additional time off work at no pay, causing us to fall behind on our bills.

I am now 9 weeks post-partum and still having daily pain. I am still on full doses of laxatives, still not walking correctly, and still not able to wipe upon using the restroom. I cannot

have sex with my husband, nor do I see being able to in the near future. F. Hospital billed my insurance for \$15k+ that included less than 5 hours of care for my son and less than 12 hours of improper, unprofessional care for myself with no overnight stay – and are asking for impossible amounts as a monthly payment. I feel that my right to informed consent was violated and that I was discriminated against because I had tried for a planned homebirth. I felt like I received no respect and minimal quality of care because my arrival at the facility was unplanned and less than ideal for the doctors and nurses. I am disgusted with the way we were treated by Dr. A. and the majority of the nursing staff at F Hospital.

We met with staff at F Hospital 11 weeks PP to discuss what had happened. They were sympathetic but have yet to answer some of our more specific questions. Medical records indicate that the baby was not in distress (heart rate was never above 156). The baby received APGARS of 7/9 yet I was not allowed to hold him immediately following birth or later in the nursery. The Dr. performed a 3rd degree episiotomy after I specifically told him not to do one at all. The hospital has agreed to pay for any co-pays for the therapy that I requested.

**Anonymous 10, *Indiana***

I was tired... so tired of being pregnant! Which is strange because I was one of those girls OBSESSED with pregnancy, natural childbirth, and babies.. but when it came down to it, I had to face the facts. My pregnancy was a nightmare. My OB was big into interventions. He told me at every appointment how HUGE my baby was. So at my 38 week appointment, he suggested induction, and I couldn't have been happier. I was ready to meet my baby girl, who according to ultrasounds was well over 8 pounds. So at 39 weeks on the dot, I arrived at the hospital.

It was a Sunday afternoon, and after getting settled and filling out paperwork, they inserted cervadil into my cervix at around 7pm. By nine o'clock I was feeling contractions.. big time. But we would find out soon that my body wasn't ready, and neither was my precious baby... She wasn't born until Tuesday! Back to the story: I was having horrific, painful contractions from this cervadil, but they simply weren't productive. 12 hours after insertion, I was still only at 2cm...which I had been at for over a week! Then came the pitocin. The next 12 hours was spent moaning in pain. I couldn't hold it back... I literally moaned out loud for 12 hours straight. I begged for the epidural I was once so against.. and they finally gave it to me when I reached 5cm. I felt NO relief. The doctors wouldn't listen. The nurses told me it was just pressure, and that my brain registered it as pain. Hell, even my fiance chalked it up to me having a low pain tolerance. But I knew something was wrong. The anaesthesiologist came back 6 hours later and finally tried again. Only to discover it hadn't been properly in place the entire time. He tried again with no luck. They upped the pitocin because I was stuck at 6cm. And a few short hours later I finally reached 8. It was midnight by this time and my doctor left to go home. When I was at 8cm. 20 minutes later, I felt the urge to push. I was so tired. I had been up for 2 days. I told them over and over, no one would listen. But my body was pushing all on its own. I couldn't control it. They finally checked at I was a full 10cm and they called the doctor. He arrived 45 min later and announced I was to have an emergency csection. I couldn't believe what I was hearing. My baby was right there! I begged him to let me push, but he wouldn't even let me try. He told me I was irresponsible and that I was risking the life of my baby by pushing. And I gave up the fight. Nurses rushed in, shaving me and getting me ready for surgery. It felt like a dream. When we entered the OR they tried again to place the epidural with no luck. They tried a spinal. Nothing worked. I could feel everything, my baby in the birth canal at 10cm. Their main

anesthesiologist was called out of bed. He arrived 20 minutes later and wasn't able to place the epidural. They told me they would be putting me to sleep and deliver my baby. I panicked. I couldn't breathe. I tried to sit up but they restrained me to the table. And the next thing I remember was waking up in recovery. I didn't get to hold my daughter until she was 10 hours old. Being under medication and coming out of surgery, I don't even have the memories of holding my daughter for the first time. They had fed her formula while I was asleep, something I requested NOT to be done. We never had the successful breastfeeding relationship I so had dreamed about. I pumped for 6 weeks but never responded well to the pump. I couldn't even get an ounce from both sides. I know now that my impatience caused me to make the mistake of inducing. My `huge` baby was only 6 pounds... I feel cheated. I feel lied to. But most importantly, I am eternally grateful for my daughter. We didn't name her until right before leaving the hospital. Five days after her birth. But Arya Leigh just celebrated her 2nd birthday on Aug 21st.