



COVID-19 Mistreatment Report

Summary:

COVID-19 has revealed many structural flaws in our carceral and care systems. However, birth-- and the care that surrounds it-- has been a particularly ripe environment for abuse during the pandemic, revealing structural flaws in our healthcare system that have historically been left unaddressed. Elephant Circle conducted a survey over the course of the pandemic that gave people a forum for reporting their experiences of obstetric violence. Several key trends emerged in terms of the forms of abuse that people experienced. Although many of the forms of obstetric violence that participants experienced could have happened during normal times, it is clear that the pandemic has given providers greater license than usual to harm pregnant people.

The most common form of COVID-19 related obstetric violence was forced separation of families-- whether between parents or parent and infant. Survey responses revealed that even when there was no medically indicated risk of COVID transmission, many parents were kept from their children for long periods of time-- some up to six days. These periods of forced separation also opened the door to other forms of obstetric violence, such as refusing to honor parents' wishes about their infant's feeding and healthcare postpartum. Many new parents were denied the opportunity to breastfeed and bond with their newborns. Other people experienced physical and verbal abuse while seeking care. This abuse ranged from disrespectful comments to performing a retaliatory cesarean section without adequate anesthesia. Finally, stigma and discrimination on the basis of race, religion, and socio-economic status could be traced throughout many survey responses. Below, quotes from each of the survey responses have been organized into a series of headings that reflect the most common forms of abuse reported.

Common themes:

COVID-related harms

Capitalizing on COVID-19 to Justify Coercion;
Failure to Respect COVID safety guidelines;
Forced Separation.

Failure to provide care

Failure to Provide Medical Care;
Failure to Facilitate Bonding & Breastfeeding.

Failure to obtain informed consent

Failure to respect the birthing person

Failure to respect wishes pertaining to the circumstances of the birth, method of delivery, location of delivery;

Failure to respect the wishes of the birthing person w/ regards to their, and their child's care, postpartum;

Stigma and discrimination

_____ *Discriminatory Verbal Abuse;*

_____ *Discriminatory Care Denial;*

_____ *Disparate Treatment.*

Physical abuse

Poor communication and verbal abuse

Methods

Early in the pandemic, Elephant Circle distributed an online survey inviting people who experienced, or witnessed, obstetric violence during the pandemic to share and mobilize their story toward policy change and human rights. This survey was not designed for formal research purposes, but rather, as an advocacy tool. Survey items included indicators of lack of privacy, poor rapport, ineffective communication, lack of respect, failure to meet professional standards of care, health system conditions and constraints, stigma and discrimination, and verbal and physical abuse. Participants could then describe their experience in their own words, and include certain demographic information such as whether they identified as Black or indigenous (though this question was added post-release, so the first sixteen participants did not have an opportunity to include this information), their role in the birthing process, and where and when the birth took place.

Results

Survey results showed that most instances occurred early in the pandemic (all responses were entered before June, 2020). However there were no key trends in terms of where this abuse took place-- obstetric violence is both unfortunately and unsurprisingly widespread and non-contingent on one's geographic location. The majority (68%) of participants were either the birthing person themselves or a doula. Of the nine participants who included their race or ethnicity, two identified as Black or indigenous and one identified as a person of color (22%).

The most prevalent forms of abuse that survey participants reported were violations of their personal privacy, poor rapport and communication with their providers, and disrespectful care (23 out of 25 responses, or 92% indicated these forms of abuse). Often, these forms of abuse were accompanied by other, slightly less prevalent types of obstetric violence such as their provider failing to meet professional standards of care (17/25, or 68%), violations relating to health system conditions and constraints (14/25, or 56%), and stigma and discrimination (13/25,

or 52%). The least common forms of obstetric violence reported were verbal and physical abuse (32% and 28% respectively).

Analysis

These numbers loosely correlate with the Birthplace Lab’s mistreatment report, which also found that disrespectful care, namely “being shouted at or scolded by a health care provider” was the most commonly reported type of mistreatment (8.5%).¹ This was followed by “health care providers ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time” (7.8%). Although the Elephant Circle survey phrased this question slightly differently, it also found that failure to follow professional standards of care was the second most prevalent form of abuse (68%). A much higher percentage of EC’s participants reported violations of physical privacy than participants in the Birth Place Lab, but similar trends emerged in terms of health care providers failing to obtain informed consent, and forcing unwanted cesarean sections and other procedures. Because we only asked about race and ethnicity after releasing the survey, we cannot reliably ascertain-- based on these results--whether survey participants of color experienced higher rates of obstetric violence. However, several participants did experience obstetric violence that was clearly racially motivated.

Conclusion

Stronger accountability mechanisms are needed to protect pregnant people from provider mistreatment during emergencies. Times of crisis-- like the COVID-19 pandemic-- reveal the weaknesses in our healthcare structures. It should come as no surprise that the chaos of the early months of COVID-19 fuelled pre-existing shortcomings in pregnancy, birth and postpartum care: Human rights violations were already too pervasive in this space, and will continue to occur absent systemic change.

¹ Saraswathi Vedam et al., *The Giving Voice to Mothers study: Inequity and Mistreatment During Pregnancy and Childbirth in the United States*, 16 *Reprod. Health* 77, 78 (2019).

DATA

Summary of Findings:

- 25 survey responses
- 15 states (AZ, CA, CO, FL, GA, MD, MI, MO, NY, PA, SC, UT, VA, WA, WV)

Characteristics of Survey Respondents:

- *Role in the birthing process:*
 - 9 doulas
 - 8 birthing people
 - 5 midwives
 - 2 people indicated “other”
 - 1 nurse
- *Race & Ethnicity:*
 - 16 respondents did not include.
 - 7 indicated that they do not identify as Black or indigenous.
 - 1 indicated that they do not identify as Black or indigenous, but do identify as a person of color.
 - 2 indicated that they identify as Black or indigenous
- *Refugee and Migrant Status:*
 - None of the survey respondents identified as a refugee or migrant.

Forms of Mistreatment:

- 1) Lack of privacy: 23
- 2) Poor rapport: 23
- 3) Ineffective communication: 23
- 4) Lack of respect: 22
- 5) Failure to meet professional standards of care: 17
- 6) Health system conditions and constraints: 14
- 7) Stigma and discrimination: 13
- 8) Verbal abuse: 8
- 9) Physical abuse: 7

Key Quotes, Organized Thematically:

I. COVID-Related Harms

A. Capitalizing on COVID-19 to Justify Coercion

1. “My client went to St. John's at 34 weeks pregnant for vomiting on a Saturday. **She was immediately tested for Covid-19 and then coerced to be admitted. She presented a low-grade fever and dehydration. The following morning, completely prepped for surgery, staff told her her heart rate was elevated**

and baby was in distress. There was no consult, no time allow to consider her options. She was wheeled down to surgery being told to sign papers and provide contact information en route to operating room. My client was alone, overwhelmed and unable to fully comprehend what was happening. Staff held up an Ipod for her to see delivery. Once baby was born, he was whisked away: no skin-to-skin no physical contact at all. According to client she was tested twice, both resulting negative yet she was taken to cardiac floor (covid area). There was no explanation nor support regarding what transpired. Baby was sent to NICU. Healthy weight, 5lbs 2 oz. Baby tested negative. Mother was not allowed to see baby entire stay. She was discharged on Tuesday despite her protests. She had no communication with neither her OB nor the pediatrician assigned to her son's care. When she would ask about details for his care, the answers were clinical, no elaboration nor any indication that the doctors or advocate were interested in her welfare. My client made multiple attempts to get information about criteria for son's discharge. Communications were slow coming and vague. She did not hear directly from the pediatrician nor OB till days after her discharge. When pediatrician called, he was not certain he was speaking with baby's mother in part because he had not met her prior to discharge. Mother received 3rd test results on Wednesday or Thursday and told it was positive. Pediatrician said he would not release baby until she tested negative on 2 consecutive tests after an additional 10-14 days. When mom, sent down colostrum, it was not fed to son. After almost a week, hospital agreed that her mother could bring milk to hospital. By this time, mom was now struggling to produce pump. It took numerous communications to explain why the hospital insisted on tube feeding. Mom was denied any contact with baby until approximately Thursday, two days after she had been discharge when staff called to schedule Facetime visits. The following Tuesday, pediatrician agree to teach mom how to insert and provide tube feeding. Once her mom was trained, he would consent to let discharging baby. Most recently, mom is showing signs of infection at incision site. OB never did a follow up with exam not even televisit. Mom is experiencing swelling around incision, tenderness and inflammation in face and legs. At the time of this submission, I advised my client to seek immediate medical attention.

- Doula, Detroit MI

B. Failure to Respect COVID safety guidelines

1. “[**The obstetrician**] was not wearing a mask. When [he] returned, he was not wearing a mask and did not ever put one on the entire delivery nor did he wear one during third stage. Nor did he wear one when he returned to check on the mother briefly after delivery.”

- Doula, Long Beach CA

C. Forced Separation

1. **“She was coerced and bullied into agreeing to being separated from her newborn immediately at birth and indefinitely.** This was due to a positive covid19 test. She was not given any medical information about risks and benefits. Scare tactics were used and she was not allowed to initiate breastfeeding. This was her first child.”
- Midwife, Baltimore MD
2. I get a 10 minute virtual visit a day. This is absolutely heartbreaking. **I cant hold my son. I cant see my son. My son cant see or feel me. This is NOT the bonding that should be happening. I am absolutely devastated!”**
- Birthing Person, Roanoke Carilion NiCU Roanoke Va
3. “The mom had had COVID (lethargy started June 9, fever lasted from June 12-June 14, felt better from June 15 on). **According to CDC guidelines, mom is no longer contagious and in need of isolation since she is at least 3 days past fever and 10 days since onset of symptoms. The hospital chose to keep the baby in NICU for 2 days for observation of infection.[...] Mom and dad have not been allowed to see their baby since the OR.** After talking with hospital staff who would not budge on letting the parents see the baby, we sought legal advice, talked with a CYS representative about the process should they take the baby out AMA and CYS was called. [...] The parents showed up at the hospital on the night of June 26th to take the baby out AMA and asked to sign the paperwork. They were initially told that if they took their baby out AMA, the hospital would call CYS. The parents told them to go ahead and call and that they didn't care. The hospital then told them that the parents were not allowed to take their baby out AMA (no warrant has been place or hospital hold made). The hospital held their ground until the parents turned away empty handed several hours later. On Sunday, June 28, this baby got to be held for the first time by her mom and dad, went home, nursed like a champ, and doesn't let her mom get far away from her (she cries for anyone else unless her mom holds her - she's been traumatized by the separation!).
- Midwife, Litiz, PA
4. **“When she arrived at the hospital she was informed that no one besides hospital staff would be allowed to be with her, including her husband. The written policy says she can bring one support person and she planned to have her husband there. When she asked why her husband could not be present, the staff told her it was because they were stopping her labor. No adequate explanation as to why was provided to my client by the staff.** She didn't understand why her labor was being stopped when she was full term, and the only support she had was via telephone, and only intermittently. Next the staff attempted to place an IV. This turned out to be an exceptionally painful procedure, and no one was available to provide physical and emotional support as she endured no less than seven failed attempts to start an IV. While it's

understandable that it can be difficult for even the most experienced nurses to place an IV in some people due to various reasons, the problem was that the hospital failed to provide someone to fill in the role of physical and emotional support, while also denying my client access to the the support people she had planned to fill that role to begin with. The nurse performing the procedure was incapable of providing this kind of support while also performing the clinical task of placing an IV. After discussing my client's options with her over the phone, she finally decided to leave the hospital. She described the incident as the worst experience of her life, and sent me pictures of her arms covered in bruises and blood soaked bandages.“

- Birthing Person, Roosevelt UT

5. **“I was told they would call security to remove my husband and I had to stay alone** though there were discussions of induction the next morning and I couldn’t do that without my husband.”

- Birthing Person, Morgantown, WV

6. “Once baby was born, he was whisked away: no skin-to-skin no physical contact at all. According to client she was tested twice, both resulting negative yet she was taken to cardiac floor (covid area). There was no explanation nor support regarding what transpired. Baby was sent to NICU. Healthy weight, 5lbs 2 oz. Baby tested negative. **Mother was not allowed to see baby entire stay.**”

- Doula, Detroit MI

II. Failure to Provide Necessary Care:

A. Failure to Provide Medical Care:

1. “I sent a patient to the ER for high suspicion for ectopic pregnancy (failed diagnostic aspiration with rising beta hcg) **the ER did not treat the patient and sent her back to me, so I sent her back to the ER for treatment. I requested records. I fear this was malpractice and in relation to COVID 19 fear that they did not treat her appropriately.**”

- Midwife, Vallejo CA

2. “She was discharged on Tuesday despite her protests. [...] She did not hear directly from the pediatrician nor OB till days after her discharge. When pediatrician called, he was not certain he was speaking with baby's mother in part because he had not met her prior to discharge. [...] Most recently, mom is showing signs of infection at incision site. **OB never did a follow up with exam not even televisit. Mom is experiencing swelling around incision, tenderness and inflammation in face and legs.**”

- Doula, MI

B. Failure to Facilitate Bonding & Breastfeeding:

1. “I was put on a vent due to respiratory failure on 3-31-20. On 4-1-20 they delivered my son while I was "asleep" at 31 weeks. I awoke a couple days later to find out they had taken him and put him in NICU. I had to wait for my covid test to see him. Then 24 hours later they changed their policy to absolutely no visitors in nicu. **I was wanting to exclusively breast feed. The nurse said that's not an option now. I get a 10 minute virtual visit a day. This is absolutely heartbreaking.** I cant hold my son. I cant see my son. My son cant see or feel me. This is NOT the bonding that should be happening. I am absolutely devastated!”

- Birthing Person, Roanoke Carilion NiCU Roanoke Va

2. **“Mom is planning to breastfeed but is being refused that option even though no data shows transmission in breastmilk and that mom isn't contagious anymore.”**

- Midwife, Litiz PA

3. **“Once baby was born, he was whisked away: no skin-to-skin no physical contact at all. According to client she was tested twice, both resulting negative yet she was taken to cardiac floor (covid area). There was no explanation nor support regarding what transpired.** Baby was sent to NICU. Healthy weight, 5lbs 2 oz. Baby tested negative. Mother was not allowed to see baby entire stay.”

- Doula, Detroit MI

4. **“I was separated from my baby, thus never encountered the "golden hour" because i was told after the fact, that my babies blood sugar was low. This whole ordeal was told to me after a bottle of formula was given to her and not asking me first for permission.** Breastfeeding her was very hard and I wasn't able to breastfeed successfully. It breaks my heart still to think about it.”

- Birthing person, New York., NY

III. Failure to Obtain Informed Consent:

1. “My client went to St. John's at 34 weeks pregnant for vomiting a Saturday. She was immediately tested for Covid-19 and then coerced to be admitted. She presented a low-grade fever and dehydration. The following morning, completely prepped for surgery, staff told her her heart rate was elevated and baby was in distress. **There was no consult, no time allow to consider her options. She was wheeled down to surgery being told to sign papers and provide contact information en route to operating room. My client was alone, overwhelmed and unable to fully comprehend what was happening.**”

- Doula, Detroit MI

2. **“[My client] and her husband were stressed, harassed, and threatened with a CPS investigation, over declining medical procedures and vaccines for their daughter.** This went on for an hour or so until I reminded dad that he was a police officer and could & should put end to that as it was illegal for them to harass his laboring wife. Miraculously as soon as his badge came out, they were brought an ama form and nothing else was said or reported. . . .”
 - Doula, Florence, SC

3. **“The [birthing person] asked the doctor behind her to support the perineum but she misheard and held out the episiotomy scissors by that time the head was out. The doctor delivered the baby without an episiotomy or any perineal support.** The woman suffered a 2nd degree tear.”
 - Midwife, location unknown

4. “While giving birth, my membranes was ruptured, and I was told that I needed a foley bag placed when giving birth and I was given pitocin after birth. Later found out 7 years later during a doula mentorship that what I experienced was obstetric violence because **I advocated for myself and said that I didn't want the foley bag, but one was inserted anyways.** These where tactic to speed up my delivery process. From rupturing my membranes as stated, to giving me pitocin instead of me delivering my placenta naturally and in due time. Guess I wasn't quick enough for them.”
 - Birthing Person, New York NY

5. **“[I experienced] aggressive interventions with no opportunity for informed consent** including two internal probe like monitors, one to measure the strength of contractions and one attached to the babies head (these interventions caused me tremendous pain and gave me a fever and horrible shakes), operated on by residents rather than the OP on staff without any informed consent, emergency c section took much longer due to the fact that it was used for teaching residents.”
 - Birthing Person, New York NY

6. **“[The] Dr walked into the room in the morning and said, “I’m going to check you.” As we all know, they are supposed to ask consent for this. It happened again when he walked in and checked her without saying anything. And it happened again and my client said “please no” and the dr pulled the dead baby card.** And the nurse proceeded to say yes after the client so no. They also never bothered to communicate to the couple that there was a suspected problem with the baby, according to the fetal monitor, until it was too late to do anything about it and then they pressured her into a c-section. Wouldn't even give the two of them 2 minutes to talk with each other without pressuring them. It was very disturbing.”
 - Doula, Bryn Mawr PA

IV. Failure to Respect Wishes of the Birthing Person:

A. *Failure to respect wishes pertaining to the circumstances of the birth, method of delivery, location of delivery:*

1. **“Hospital won’t allow women to bring anything into their birth, cesarean included,** except wallet and cell phone. How can someone not have toiletries, clothes, pump, baby clothes, birthing ball, etc? This is nuts!”
 - Birthing person, Lafayette CO

2. “I wanted look at my options for an out of hospital birth and spoke to our local birthing center. [...] I got a call from my OB once the records release to inform me I was being discharged. I notified them that I was simply gathering information at this point and was not yet accepted at the birthing center. **They informed me that even thinking about a midwife or birthing center results in immediate discharge from the practice.[...] Once I was discharged, my options were to accept care from Birthways without vetting them as fully as I would have liked or look for another OB which could be difficult at 33+ wks.** I understand that any patient can be discharged at any time for any reason, however, from the perspective of a patient, this policy has left me with few options and with the feeling that my ability to make an informed decision was lost.”
 - Birthing person, Sarasota FL

3. “The doctor entered the room and did not introduce himself. He simply walked up to the mother and stated “I’m going to rupture you and then will do Pitocin. When I get back from a C-section I’m going into, you’ll be ready to have a baby.“ **This was not part of her plan. [...] The mother said that she did not want to have a C-section and began to ask questions. He announced “please note that she’s refusing a C-section and does not care what happens to her baby.”**”
 - Doula, Long Beach CA

4. “She wanted to do a repeat cesarean from the minute my butt sat on the bed. I convinced her to let me get an epidural, which wasn’t an easy feat, and to labor for a few hours relaxed to see if I progressed. [...] Dr. Hoekstra came in before 11:15pm and told me that because I was not progressing, we needed to do the c section right now, and if I said yes she could do it and have it done in the next hour. I was #1 confused why it was so urgent baby and I were monitoring fine. And #2 not understanding how an hour was allowing me time to labor. I requested that we wait for my doula because I didn’t want to be alone. She was visibly annoyed the eye roll gave that away. [...] By that evening I had dilated to a 9.5 but had stalled there. Dr. Hoekstra was again the OB hospitalist and within minutes of her coming on shift she is telling the nurses I need to have a c section. [...] Baby and I were both still stable, laboring again with no epidural. But within 5 minutes of being able to partially move around she stops my Pitocin. Did not

have any dcalls or any change in baby or I, she then proceeds to tell the nurses to tell me that she will not turn my epidural on unless I have a c section.[...] **As I was being taken to the OR I was sobbing, I had tried so hard for my VBAC and I felt I had to fight the doctor every step of the way. ”**

- Birthing Person, Springfield MO

B. Failure to respect the wishes of the birthing person w/ regards to their, and their child's care, postpartum:

1. “I was wanting to exclusively breastfeed. The nurse said that's not an option now. I get a 10 minute virtual visit a day. This is absolutely heartbreaking. **I cant hold my son. I cant see my son. My son cant see or feel me. This is NOT the bonding that should be happening. I am absolutely devastated!**”

- Birthing Person, Roanoke Carilion NiCU Roanoke Va

2. “Once baby was born, he was whisked away: no skin-to-skin no physical contact at all. According to client she was tested twice, both resulting negative yet she was taken to cardiac floor (covid area). There was no explanation nor support regarding what transpired. Baby was sent to NICU. Healthy weight, 5lbs 2 oz. Baby tested negative. Mother was not allowed to see baby entire stay. [...] **When mom, sent down colostrum, it was not fed to son. After almost a week, hospital agreed that her mother could bring milk to hospital. By this time, mom was now struggling to produce pump. It took numerous communications to explain why the hospital insisted on tube feeding.** Mom was denied any contact with baby until approximately Thursday, two days after she had been discharge when staff called to schedule Facetime visits.”

- Doula, Detroit MI

3. “[My client] and her husband were stressed, harassed and threatened with a **CPS investigation, over declining medical procedures and vaccines for their daughter.** This went on for an hour or so until I reminded dad that he was a police officer and could & should put end to that as it was illegal for them to harass his laboring wife. Miraculously as soon as his badge came out, they were brought an ama form and nothing else was said or reported...”

- Doula, Florence, SC

4. “**I was separated from my baby, thus never encountered the "golden hour" because i was told after the fact, that my babies blood sugar was low. This whole ordeal was told to me after a bottle of formula was given to her and not asking me first for permission.** Breastfeeding her was very hard and I wasn't able to breastfeed successfully. It breaks my heart still to think about it.”

- Birthing person, New York., NY

5. “Upon reading the discharge paperwork, the mom discovered that the baby was given erythromycin eye ointment and Vit. K against mom's wishes (who declined both), and Mom specified that her baby was ONLY to be given her breastmilk, but the staff was giving the baby formula despite that the mom gave them plenty of colostrum/milk supply.”
 - Midwife, Litiz PA

V. Stigma & Discrimination

A. *Discriminatory Verbal Abuse:*

1. “A vulnerable client has experienced body-shaming, condescension passive-aggressive threats from physicians who don’t want to answer.”
 - Doula, Los Angeles CA
2. “A few nurses were nice but others treated me as though I was not educated or competent.”
 - Birthing Person, Kansas City MO
3. “No-one updated my wife on how my surgery went, she was harassed by security guards, misgendered in the NICU, given no chair or cot to be with me in my hospital room. It was a truly awful and deeply painful experience.”
 - Birthing Person, New York NY

B. *Discriminatory Care Denial:*

1. “When I arrived I was told I couldn’t be seen due to having my three-year-old with me. Courtney, the receptionist informed me because of the coronavirus no one could be present with me at the office. She asked when I could reschedule and I stated when the world opened back up. At that time, my county was under a shelter in place order and all schools and day care were shut down and I unfortunately am a single mother. [...] On May 4, 2020, I called the office to set an appointment. [The receptionist] informed me I had been dismissed as a patient and would need to find other care. I questioned this as it came as a surprise. Rhonda stated I hadn’t been seen in two months and they were no longer liable for my care. **I explained I had been turned away from my last appointment, had been sheltering in place, and was a single mother.[...] She then said I was axing her to care about something that she didn’t care about. There were several times when I asked her to not be rude to me and if I could speak to my provider. [...] I explained I never missed an appointment, and was turned away at my last appointment. [...] She stated she understood I was a single parent as she is also but sometimes you have to make things happen or something in that sense.**”
 - Birthing Person, Atlanta GA

2. "10:30am [the nurse] came back in the room and asked me why I didn't let anyone check the baby, what was my address, how many children I had, who's with them. I informed her due to my religion I didn't want baby to be vaccinated and due to the Corona virus I wanted to be at home with baby and I didn't want anyone to touch baby." [...] She comes back 15 mins later and wants me to admit baby the hospital wanted to check baby out. I say no because baby and I are waiting for a car seat to go home. They insist and I keep telling the hospital and the staff that I want to go home. [...] They insist and I keep telling the hospital and the staff that I want to go home I already allowed them to check baby vitals as well as weight and height. **I informed them that I am spiritual and cultural I incorporated this into christianity and it goes against my religious beliefs. Hospital staff kept insisting that I admit baby and I begin to cry and say no I feel like I'm being discriminated against due to my religion and my color.** Dcs comes in my room at 5pm serve me with a temporary custody order take Najah from me and go pick up my other 2 kids and accuse me of child neglect."
 - Birthing person, Phoenix AZ

C. *Disparate Treatment*

1. **"A woman who did not speak English was denied a proper interpreter.** She was coerced and bullied into agreeing to being separated from her newborn immediately at birth and indefinitely."
 - Midwife, Baltimore MD
2. "I also had urinated in a bed pan for the nurse and the nurse took my urine for a drug test which was negative. Social worker came in my room about 930 am and asked what insurance I had if I had my insurance card what was my first and last name and date of birth. I informed her I didn't have my insurance card but gave her the rest of the information to look up my insurance. [...] I then asked the social worker what did this have to do with me getting a car seat. The social worker informed me that it was procedure in order to get a car seat and she would be back. 1:30pm the hospital social worker enter the room and says dcs is here to speak with you and once they are done speaking with you you can get a car seat and go home. Now I feel like I'm getting the run around and I begin to get frustrated and sad. [...] Rebecca states that when a baby is delivered it's her job to go and check that baby has somewhere safe to sleep. **I asked her what she is there for she informs me she can't tell me because I may switch up my story. She reads me a bunch of rules and have me sign a paper saying that I understand the rules. I ask her again why she would need to go to everyone house who delivers a baby to see if baby have somewhere safe to sleep she then rephrase the sentence and say I have to go to individual homes if there are any allegations. She then begins to ask me questions and I'm tired and weak and I want to get a car seat for my baby so I can go home I tell her I'm frustrated she starts asking personal questions. I inform her my husband**

has custody of the kids because CPS keep accusing me of things that's not true. [...] Dcs comes in my room at 5pm serve me with a temporary custody order take Najah from me and go pick up my other 2 kids and accuse me of child neglect.”

- Birthing Person, Phoenix AZ

3. “The parents [could] finally see their baby after 6 days and found a security guard staffed outside of the room and a nurse staffed inside the room. While with her baby, the mom said to the nurse, "You know that I have every right to leave the hospital tonight with my baby!" The nurse replied, "Oh yeah? Did your midwife tell you that?" **The mom said, "No! I know my rights! I researched it!" (this mom is Amish, and I believe the hospital was taking full advantage of the Amish way and was acting illegally in the mistaken thought that the Amish aren't up on research and rights)."**

- Midwife, Litiz PA

4. **“Denial of parental rights in NICU, unnecessary separation and detainment of infant due to nurse/provider/unit/institutional racism.** Failure of hospital social services, public health, children and family services, and hospital patient advocate to protect and support family unit before, during, after discharge. Failure of continuity of care.”

- Nurse, Ventura CA

VI. Physical Abuse

- A. “About 5 to 6 minutes after Baby was born and the cord was cut, [the obstetrician] began to direct for Pitocin and then **proceeded to go forearm-deep into her body and wrestled with the placenta for a good 3 to 7 minutes. It was the most horrific thing I've ever seen.** [...] Based on our previous interaction with him, I was terrified to say anything for fear of what he might do to her. He was clearly retaliating as it was.”

- Doula, Long Beach CA

- B. **“The anesthesiologist gave me the spinal but I was still able to feel and partially move my legs. I had repeatedly told them this and the next thing I know Dr. Hoekstra is cutting me. And I can feel it. Not the pressure, I can feel this woman cutting through my skin.** I hang up on my husband as I throw up, and I start screaming that I can feel that she is cutting me. Crickets. No response from her or anyone else in the OR. I say again I can feel what she is doing, please stop. Still silence. I scream many vulgar words and beg her to stop because I can feel her cutting. The anesthesiologist tells me he “I can give you something that will put you to sleep and you won't remember what

is happening.” I tell him no, because I don’t want my baby being born alone. The next thing I feel is her trying to pull my baby out of my incision, she says something about how he is too big to fit through the incision, so she pulls harder. She pulls so hard I can feel my butt lifting off the table. Baby still won’t come out, so she tells two nurses to push on my stomach to force him out. I see the two nurses’ heads pop up above the divider and then I cannot breathe. They are pushing on me so hard I am trying to scream but nothing is coming out. When they finally let off my stomach I start screaming for help. The doctor tells the anesthesiologist to give me something to make me go to sleep. Whatever they gave me didn’t work like she had anticipated because I was still partially coherent, I was still screaming for someone to help me. I called my husband back and tried explaining to him what was happening, but I wasn’t making any sense. One of the nurses took my phone and went to show my husband our son. Dr. Hoekstra was stitching me up at this point. I remember hearing her say something about how I had a lot of keloids and then I could once again feel her cutting. I had already repeatedly asked for help with no one even acknowledging that I was screaming, crying and obviously terrified. My son was born at 9:07PM, I was finally coherent enough to hold my son at almost midnight.”

- Birthing Person, Springfield MO

- C. **“Rushed, aggressive epidural that hurt my back and did not work until it was adjusted 8 hours later by another anesthesiologist.** Aggressive interventions with no opportunity for informed consent including two internal probe like monitors, one to measure the strength of contractions and one attached to the babies head (these interventions caused me tremendous pain and gave me a fever and horrible shakes). [...] The emergency c section took much longer due to the fact that it was used for teaching residents, extremely rough c- section that shook my body.”

- Birthing Person, New York, NY

VII. Poor Communication & Verbal Abuse

- A. “I wouldn’t recommend this doctor to my worst enemy. To start this woman has such awful bedside manner she should be ashamed of herself. [...] From the moment Dr. Hoekstra walked into my room she wanted nothing to do with listening to what I had to say. She talked through me, ignored my questions and talked to me as though I was an idiot. [...] **This entire experience felt as if Dr. Hoekstra was trying to prove a point to me that I should have done what she wanted from the get-go. That I was just a stupid mother and she was God.** I truly hope no one else has to experience the “care” given by this Doctor.”

- Birthing person, Springfield MO

- B. **“I was verbally abused, told I will go with the program for my baby if I want to be a good mother and given no time to process anything—I was told they would call security to remove my husband and I had to stay alone** though there were discussions of induction the next morning and I couldn’t do that without my husband. This is only the

very brief overview; there is so much More. I have been so anxious since this event and
Feel so upset that this was allowed to happen.”

- Birthing Person, Morgantown WV