

An inner voice told me that Liz would die in their care

As the NHS comes under renewed scrutiny after a series of deaths at a maternity unit, **Andrew Don** tells of his anguish at losing his unborn baby — and nearly losing his wife

JUNE 4, 1997, 2pm: a horrible wail emanated from the woman whose belly was freshly wet with ultrasound gel. It sounded animal in origin and came from a deep place that even I, her husband, had never witnessed before.

I looked again at the monitor. I blinked hard, praying that when I opened my eyes I'd find that this was just another one of those terrible nightmares I'd been having ever since Liz was admitted to hospital.

But this time I did not wake up. I stared at my dead daughter and at my dead dreams. I turned to the person I loved most in the world and saw the despair in her face as if it had been permanently chiselled there.

Then I turned to the image of Lara Jean Don on the monitor once more. I let out a roar and banged my head against the wall, a reaction dredged up from childhood. Both of us lost all humanity in that moment. We were wild animals in indescribable agony.

Just five months separated the happiest day of my life from the saddest. I remember that feeling of jubilation when we discovered that we were expecting. I leapt up and down on the bed, waving the Boots pregnancy test as if it were a winning lottery ticket. "We're pregnant. We're f*****g pregnant!" I screeched. And yes, I was crying. I'm not ashamed of that. I'm no macho man.

In the weeks and months to come I'd sing Al Jolson's *Baby Face* with my head against Liz's womb — it was a precious time. But even in those early stages our joy could not be total. We had suffered an early miscarriage three years before and had taken every opportunity since to conceive, which, while highly enjoyable, proved unproductive.

What made this latest pregnancy all the more remarkable was that having tried and failed with several fertility treatments, we were just about to embark on the last resort — in vitro fertilisation (IVF). But we did not get farther than the preliminary Profasi injections to stimulate ovulation when Liz fell pregnant.

I told myself that this pregnancy was meant to be. God must be on our side at last, I thought.

Our first miscarriage was still fresh in our memories. That time we had told the whole world as soon as we knew that Liz was pregnant. This time we wanted to do likewise but were more cautious. When the third month arrived and we had not miscarried, I insisted on telling everyone about my impending fatherhood.

There is something amazing about telling people that you're going to be a father. Nothing comes close to it. I daydreamed of kicking a ball about with my boy or, if a girl, of buying her her first party dress, or seeing the look in her eyes when she unwrapped the doll's house I'd bought her.

I looked forward to watching the birth of my baby, even to the feeling

GETTY IMAGES/IMAGE BANK



I was frightened. I didn't trust the hospital to look after her. I felt helpless

of Liz digging her nails into my hand while the midwife yelled "push". I fast-forwarded to the moment when, with my best friends Mark and Ron, we'd walk out to the hospital car park and light up the most ostentatious Cuban cigars that money could buy.

I wasn't asking for riches, or to be the next pop idol. I just wanted to be a dad. But two months later our baby's heart stopped beating and an ambulance weaved through London traffic with my dangerously ill wife inside, fighting for life. One minute I held all possibilities in my hand. The next, nothing.

I should have taken it as an omen when our doctor wrote to the hospital to refer us for a 12-week scan and the letter got lost several times. I suppose I should have raided the piggy bank and gone private there and then, but how could I possibly have known what lay ahead?

April 17: The hospital admitted Liz because of high blood pressure. They wanted to prevent her developing pre-eclampsia, a condition that can be fatal for both mother and

baby. The only way to alleviate it is by giving birth, and often the baby will have to be induced early. I was scared, and when staff sometimes forgot to give Liz her blood-pressure tablets at the right times I suffered terrible anxiety. I spent much of my time chasing after the nurses to take Liz's blood pressure and give her the drugs when due.

Liz and I had never spent a night apart. Now I slept alone in our king-size bed, and I was frightened. I didn't trust the hospital to look after her. I felt helpless.

April 19: Liz came home. I bought an electronic kit to monitor her blood pressure. Every time it went up, I went into a panic. Frantic calls, more checks, more drugs ... praying that our baby would get to see the world, even with all its imperfections.

May 24: I took Liz's blood pressure and it was a highly dangerous 190 over 134. Normal pressure is 120 over 80. Liz was admitted to hospital and I spent the next 16 days juggling work with visits. Nothing was more important than being by her side.

Liz's methyldopa [a drug to treat high blood pressure] increased in strength during her stay and another drug, nifedipine, was added.

May 31: One of the registrars promised to do a scan to reassure us that everything was OK because we

were so anxious. But later that day she said that she was too busy.

June 3: The consultant increased Liz's medication to 20mg nifedipine slow-release tablets but the pharmacy had none available. They gave her 30mg quick-release instead, without getting the consultant's approval. This meant that Liz would have undergone a sharp drop in blood pressure that did not last throughout the night, as it would have done with a slow-release form of the drug.

Nursing staff failed to take her blood pressure that night, despite being under instructions to do so regularly. Liz couldn't sleep because of a deranged woman in the next bed who was swearing and screaming. Liz asked to be put into a room on her own but her pleas fell on deaf ears.

6.30am, June 4: After a sleepless night, someone finally took Liz's blood pressure. It had soared to a life-threatening 210 over 140.

8.30am, June 4: The consultant saw her and told Liz that she should not have been given the quick-release nifedipine as a substitute.

Liz phoned in tears. I was outraged at what had happened. I called the consultant to complain. She was sorry, she said; her instructions had not been carried out. She would try to find Liz a room on her own so that she could get some rest. I wanted to

shout at her but I bit my tongue — and spent the next two hours arranging to get Liz transferred to a West London hospital on a private basis. I sensed that I was racing against the clock. I felt sick. And instinctively I knew that I was too late.

Meanwhile, Liz developed chronic stomach ache. She was given Fibrogel for suspected constipation.

10.30am, June 4: Liz complained that she couldn't see properly out of her right eye — a classic symptom of pre-eclampsia.

12.45pm, June 4: It was more than two hours before a junior registrar saw Liz. He prescribed eye drops.

1pm, June 4: Liz was still doubled over with stomach pains. Six-and-a-half hours after her blood pressure first registered 210 over 140, a urine test registered four plusses of protein.

2.20pm, June 4: After we saw our dead baby on the monitor, a registrar confirmed severe pre-eclampsia. She said that Lara Jean must be delivered immediately. An inner voice told me that Liz would die in their "care" and, trying to keep my voice calm, I said that in no circumstances were they to touch her. I wanted to take the monitor that they had insensitively left on and throw it at them.

I got a private ambulance to transfer Liz to the West London hospital and into the hands of two of the country's leading specialists, who operated on her. They had to give her magnesium to prevent her from fitting. I'll never forget the kindness of the staff at that hospital — such a contrast to what had gone before.

A few weeks later Liz received a consolation letter from the consultant at the hospital we now called Fawley Towers. Not Liz and Andrew, just Liz, as if fathers feel nothing for their lost babies.

We started a legal process but I became ill from the stress and Liz wanted us to move on, so we told the solicitors to stop. Alleged negligence cases are never clear-cut anyway.

Finally, our MP managed to get a letter from the chief executive of the NHS trust — as close to an acknowledgment of our grievance as we would get without admitting liability.

We spent the next two years trying to come to terms with what had happened. The grief never goes but there comes a time when you have no choice but to get on with life. This we did, and we went on to adopt.

Today we have two beautiful, remarkable children who always give us reason to look forward. But we'll never forget our Lara Jean. Nor would we wish to.

● Andrew Don's book *Fathers Feel Too* is published later this month, at £7.99, by the Stillbirth and Neonatal Death Society (SANDS). To order, call 020-7436 7940, write to SANDS at 28 Portland Place, London W1B 1LY, or e-mail support@uk-sands.org