Witness Name: Tracey Carter
Statement No.: WITN7503001
Exhibits: Nil
Dated: 7 October 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF TRACEY CARTER

I provide this statement on behalf of West Hertfordshire Teaching Hospitals NHS Trust (the "Trust") in response to the request under Rule 9 of the Inquiry Rules 2006 dated 05 September 2022.

I, Tracey Carter, will say as follows: -

Section 1: Introduction

1. My name is Tracey Carter, RN, BSc (Hons), MSc. I am the Chief Nurse at West Hertfordshire Teaching Hospitals NHS Trust and have responsibility for maternity services within my portfolio. I am a registered nurse and based at Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB.
2. I am providing this statement on behalf of the Trust, in my capacity as the Executive Officer with responsibility for maternity services.

Section 2: Response to Criticism by WITN3847001 of criticising witness

3. I write in response to the Rule 13 notification to West Hertfordshire Teaching Hospital NHS Trust on 23 August 2022, notifying the Trust of significant criticism by a witness to the Inquiry (Inquiry reference W3847) in relation to her treatment at Hemel Hempstead Hospital between 1997 and 1998.

4. I am sorry to learn of the treatment described by the witness and am grateful to the inquiry for providing the Trust with the opportunity to respond.

5. In order to respond to the concerns raised within the inquiry, I asked Mitra Bakhtiari, Director of Midwifery, Gynaecology/ Deputy Chief Nurse to review what has happened and advise me of changes and improvements made to the service since the events took place.

6. Consideration was given to the guidelines for the management of HIV in pregnancy at the time and a review of all available notes and documents reflecting the care given. This included requesting maternity notes transferred to Isle of Wight (IOW) in relation to the patient's pregnancy. Whilst we were able to locate the maternity notes relating to previous pregnancies, unfortunately there was no information available, relating to the 1997 pregnancy.

7. The remainder of this statement is written as if I am responding to the patient herself. I hope this response is helpful to her and I am sorry for the distress that she experienced during her care from Hemel Hempstead Hospital.

8. It is likely, in view of your HIV status, that your care would have been shared with a midwife and an obstetrician and involved a neonatal team as well as pharmacy and virology, with input from John Radcliffe Hospital (JRH) who looked after your HIV care.

9. I understand from the information you provided that on confirmation of your pregnancy in 1997 you were placed under the care of JRH and commenced on medication as soon as you were diagnosed with HIV. This would have been safe to take in pregnancy to control your viral load and reduce the risk of HIV transmission to your baby. At the time the available medication on the market was limited although many international studies were in progress to improve care.

10. You planned to give birth at Hemel Hempstead Hospital, which during the period 1997/98 was called North West Hertfordshire Health Authority (NWHHA) (combining St Albans City Hospital and Hemel Hempstead General Hospital). According to your medical records obtained from IOW, your baby was born by a caesarean on the GRO-A GRO-A 1998.

11. I am sorry to learn about the side effects of the HIV medication. I am aware that at the time of your pregnancy, the choice of medication was limited although research

trials were starting to look extensively at HIV transmission in pregnancy and combination drug therapies that pregnant women could better tolerate

12. At the time in view of limited knowledge and the ability to control viral loads which determine the likelihood of HIV vertical transmission to baby of a HIV positive woman, the recommended mode of birth was a caesarean section in 1997/98.

13. Currently, with the effectiveness of drug therapies the viral load can be almost undetectable, which means that women are offered a vaginal birth. Improved control of HIV transmission is better understood and since 2004 women are referred to a specialist team which consists of midwives, allied health care professionals and doctors to support pregnant women living with HIV. This includes information and management of every social, psychological aspects of care individualised around the needs of every woman.

14. Looking back as far as 2004, according to RCOG Green top guideline (Management of HIV in pregnancy), the recommended mode of birth for HIV positive women with a detectable viral load was an elective caesarean. This was of clear benefit in reducing the risk of mother-to-child HIV transmission. The care included treatment for the baby and a plan to test the baby after birth. The care of a baby born to HIV positive involves starting the baby on treatment and several blood test at birth and several blood tests at intervals to monitor HIV status. It takes 12 weeks for HIV to be fully transmitted, as such it is appropriate that your baby remained under ongoing care from birth.

15. I am sorry that you were required to travel and suspect that in 1997/98, there would have been limited centres that were able to offer care for HIV for mother and baby. I am pleased to say that currently this is not the case and the knowledge, understanding and capability of medical teams is such, that care is provided closer to home. I appreciate that this will not change your experience, but I hope you take some comfort in knowing that the standard of care has improved significantly due to research, applied knowledge and training, which has positively influenced the standard of care, including information and support.

16. I understand that you were told by a doctor that you would not be able to birth your baby at NWHHA, due to the risk of infection to staff. Your HIV status should not have prevented your care taking place at Hemel Hospital and you should not have been

advised that your baby could not be born at Hemel Hospital. I apologise for this incorrect advice the distress that it caused, including any contribution to your decision to transfer your care to IOW. The absence of any documentation relating to your 1997 pregnancy prevents me from commenting on specific detail about your care and I hope that my general observations below are helpful.

17. At the time, universal precaution was practised by all health care professionals. This was to ensure that the same process was followed to reduce the risk of any hospital acquired infection, not just HIV. This was important as not all HIV status was known amongst some patient groups at the time.

18. I am pleased to hear that your birth went well. It is regrettable that IOW were not able to offer the option to have your baby cared for in a nursery, especially if this made you feel that your baby could not mix with other babies.

19. Whilst I appreciate that the above point relates to a different organisation, I can confirm that at this Trust, we do practise rooming in, to encourage bonding. Babies stay next to their mothers, and maternity wards no longer have an allocated nursery other than a designated baby clinic to carry our baby examinations, blood tests or other investigations. Any other care takes place by the mother's bedside.

20. Finally, I am extremely sorry that the behaviors of some of the staff fell below the expected standard of care and caused you distress. Whilst our care has come a long way, we will ensure that we share your comments with wider teams for shared learning and to improve women's experience.

Section 3: Other Issues

21. I have had access to the patient's records for the purpose of preparing this statement. These records are not attached to this statement as they are confidential to the patient.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed _____

Dated 7 October 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
n/a	n/a	n/a