

# Speech to Rita: giving birth to a voice

**Sheena Byrom, Kirsten Baker, Caroline Broome and Jennifer Hall** report on how a theatre group is helping women who have suffered traumatic births come to terms with their experiences

## Sheena: listening to women

As I sat and listened time after time to women recounting descriptions of their births, I knew I had to do something. Part of my role involves meeting with women who self-declare 'trauma' following their childbirth experiences, listening carefully and openly to their stories, then taking them through their birth notes and offering support to maximise the opportunity for a future positive birth experience.

Sometimes the story will be told in my room, sometimes in their home. Wherever the place, the impact is always the same. Invariably, the themes that emerge are of the woman's feelings of loss of control, lack of self-belief and of powerlessness. The women often feel let down, by their bodies and by the system. Frequently, and more disturbingly, they believe they have somehow harmed their baby.

I asked myself what was happening to

birth and how these women's messages could be heard beyond the confines of one room and be used to prompt changes in maternity care.

Intervention in the physiological process of childbirth is associated with negative memories and post-traumatic stress disorder (Thompson et al 2002, Murphy et al 2003). The experiences of the women I see have had an impact on their physical and mental health to varying degrees. Some are affected to an extent that ripples out to their whole family. My findings were validated by expert opinion that proclaims that birth is a public health issue because of its impact on the health and wellbeing of women, children and society as a whole (Sandall 2004, Downe and McCourt 2005).

## User involvement

Involving women in service improvement is

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a key focus of my role, so I considered how the 'voice' of women I meet could be heard more widely. At the university departmental research meetings, I shared my desire to help women more than on an individual level, and my colleague Soo Downe and I discussed ways this could happen. We arranged a meeting in a local children's centre with some of the women with whom I had worked, and asked them how they thought we could use their experiences to influence positively maternity service provision.

The first meeting was memorable, with women who shared similar histories ►

## Caroline's reflections

I will admit to experiencing some reservations prior to seeing the Birthday Theatre Group. The supervisors' study day I attended came at a time of staff shortages and grave uncertainties about the provision of maternity services in the area, a common theme experienced by many midwives across the country. Was this experience going to be another episode of NHS 'bashing' which appears to have become a frequent occurrence, particularly in the media?

The theatre group consists of women who have experienced traumatic births. They use the arena of drama both as a cathartic experience but also – and clearly most importantly – as a medium to relay to midwives and medical staff the impact 'maternity care' has on them as individuals. The frank simplicity of the production was breathtaking. The black conformity of the outfits worn symbolised the whole message – they were seen by those caring for them not as individuals but en masse. Yet, experiences were pertinent to every woman.

The women's experiences were expressed in the context of a frantic shift on a delivery suite of a local district hospital. Any midwife watching could easily identify with the dilemmas facing the 'shift leader' who, faced with staff sickness and problems with the operating department, was trying to be 'all

things to all people'. At no stage was she portrayed as being anything other than kind, compassionate and clearly competent, but the situation she faced was impossible. Would we have done anything differently?

The loudest message was not one of criticism, apportioning blame for the hurt and disappointment that these women must have felt, but more about what was most important to these women during their birth experience. The message to me was about truly listening to women to help provide a positive birth experience whatever the eventual mode of birth. These women were not asking even for what most midwives believe is their fundamental right, that they receive the full attention of a midwife supporting them through labour.

The production concluded with the positive aspects of their care that they really valued: the kindness of midwives, the "one who ran a bath and cleaned me" and the midwife who "came to see me afterwards to go through my notes and explain what had happened".

Far from this being a negative experience, I realised that watching this theatre group enabled me to 'hear' what women across the country are saying. Among the myriad agendas placed at the door of midwives, perhaps the greatest challenge is simply remembering to listen to women.

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## Jennifer's reflections

The first feeling I wrote down on my list was embarrassment. Here I was, sitting with a large group of midwives from around the world laughing at a play that was depicting others' pain. I suddenly caught myself doing it and looked round at the others laughing and felt a flood of embarrassment that we were doing this. I also wondered whether our laughter was a way of expressing the embarrassment that sometimes happens. But then I felt deeply ashamed at what I was watching. As someone who trained as a midwife more than 20 years ago, what I was seeing was happening then: that women were feeling abandoned, treated like pieces of meat.

I felt angry and guilty – with myself, for behaving that way myself at times and for not doing more to change things; and with those midwives who behave this way regularly. I felt desperately sorry for all those women who have been put through these experiences and still are. At the end I felt really delighted that these women had been courageous enough to stand up and do this for us, and proud to have been there.

I identified most with the portrayal of the midwife coordinator, who had a definite 'haunted' look. I am not sure it was panic she expressed but despair, hurt and that all she

wanted to achieve was an impossibility. I recognised that the compassion in her was being squashed by the system – the only way she could survive emotionally intact was by employing self-preservation tactics and running from place to place giving all she could. I have been in places like that; I have known many midwives like that, who either become so hard that they find it difficult to allow anything to break them or others who do finally crack and leave the profession.

I found the ending hard; the small gratitudes didn't feel right somehow. For me it didn't feel enough for a midwife to have 'held a hand' through such devastation – the devastation shouldn't have been there in the first place. How can women still feel able to thank us?

The play fired me up enough to ask what I can do to make a difference. I wonder about campaigning for more midwives – but also for caring, holistic midwives; a service that is human, that serves the women and their families and not the staff. I want to stamp out bullying and intimidation, but through support and more midwives release the stress on those who are bullying. I want to see a service that truly 'listens' in a meaningful way.

coming together for the first time. We explored some parts of their stories at that meeting, and even with such a small group (eight women) definite themes emerged. At the second meeting we shared ideas that included possible research projects and the suggestion of the use of their voices through theatre! Although the majority of the women present didn't want an 'acting' part, they were keen to pursue the idea.

I am involved and in contact with two colleagues who have successfully employed theatre techniques to convey messages to healthcare workers (Baker 2005, Reid 2004), and I contacted Kirsten, who was willing to help me to work with the women and to develop the idea.

## Kirsten: first meeting

What I heard most powerfully when I first met the women were two key messages: "It's not just me, then" and "Why didn't anyone listen to me?". The wounds were still evident and deep, but had been healed to some extent by the safety and support that had already been provided for them so brilliantly by Sheena. I also sensed a real hunger to find a voice to convey these two crucial points. I had no doubt from the outset that we could find and use that voice.

I had also felt varying degrees of despair at the maternity services' capacity to brutalise both carers and the cared-for; what I was hearing in the women's accounts had a powerful and disturbing familiarity.

What I had to offer was some experience of working with theatre both before and after I became a midwife. I had also felt varying degrees of despair at the maternity services' capacity to brutalise both carers and the cared-for; what I was hearing in the women's accounts had a powerful and disturbing familiarity. This resonated not only with my experience of midwifery (as an 'insider') but also as an actress in breaking bad news workshops, articulating the patient's voice in training

for health professionals.

I knew that I had to nurture the safe space that had been created by Sheena – and, within that space, give the group the resources to turn what they had experienced so privately into a public presence. We began slowly, but by the end of the first day we had already begun to find some incredibly powerful ways of conveying aspects of the women's stories. In pairs, they listened to each other, and the listener chose a word that described their partner's experience. Nightmare, clutching, disbelief, object, alone... the words tumbled out. I then read these back to them and asked them, with their eyes shut, to find an 'image' – a physical posture – that demonstrated this. As they opened their eyes to reconnect with each other, the depth of emotion in the room was awesome. We then used the image of putting on a mask to turn these contorted, troubled bodies into what is presented to the outside world.

## Gestation

Over six months we met another three times, on each occasion gradually developing the material. In one session we looked at the 'back stories', what the women felt might have been happening around their

stories – what happened after someone left the room or just before they entered it. This was borne out of a frequent observation made by the group: they perceived their carers to be busy and distracted – indeed, sometimes traumatised themselves. The world of ‘pretend’ that is offered by drama gave them the opportunity to explore that, too.

Slowly, a cohesive and increasingly confident group of performers emerged. Each woman developed her own style, and all of them grew in presence and stature. Taking to the ‘stage’ was quicker and easier at each successive meeting – and the task of undertaking a physical and vocal warm-up was readily undertaken, everyone taking a turn at initiating an exercise. The rawness of their experiences was still there, while the capacity to present this publicly was taking off apace.

I then added another resource: I asked playwright Mary Cooper to work with the material to craft it into shape. She and I pored over the recordings of the workshops – unfortunately our budget did not allow for her to come along to them – and she took all the recordings away with her to immerse herself in them further. The script then appeared, a collation of much of the generated material given shape and form.

I felt nervous when I presented this to the group at our next meeting. Would they feel that their stories had been sanitised or misrepresented in some other way? Would the directness of the performance style we had engendered so far be compromised by these new words, the script? There was some hesitancy at the outset, and the group dynamics changed as the casting implications sunk in. This presentation of the script coincided with two consecutive days of rehearsals. The timing proved

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perfect, as we were able to grapple with this new beast and restore some of the raw emotion we had encountered at the outset. We were also able to celebrate the project and the remarkable achievement it represented; this two-day excursion represented both consolidation and tribute.

### The birth of Speech to Rita

The name, Speech to Rita, was chosen as a consequence of the women telling their stories when developing material for the performance. One of the women talked about how she was cleaned up after her birth by a midwife called Rita, and she wanted to thank her. The ‘speech’ is used in the performance at the end and articulates the key message of the piece.

Bookings for the Birthday Theatre Group to perform have been consistent and steady, from the North of England to the South. The women have felt mixed emotions from this response, and this will be described more fully in a later article. They do feel that taking the play higher within the NHS hierarchy would be beneficial in making the necessary changes to resourcing maternity services. However, the focus of the play is on the fact that midwives and

doctors are the ones who can make a difference, and that it is the ‘small things’ that really matter. Two midwives who witnessed the play were willing to reflect on the impact they felt, and these are presented in the panels.

### The future

Suggestions and requests have been made for the production of a video to allow wider viewing of the ‘play’. However, there is a mutual feeling that this would not be a fitting medium through which to relay such sensitive issues, and it would not be appropriate without post-play discussion. The opportunity to research the process of development and the impact the project has had on the group has been discussed briefly as a possibility, in addition to the writing of the stories as narratives for publication.

We feel incredibly proud and humbled by these wonderful women. They give their time freely and passionately to try to improve maternity services. We are not sure where the future will take them, or whether the message they give will be enough to influence radical change. But we do know that if one woman’s positive birth experience has been influenced by her carer seeing the play, then it has all been worthwhile. **TPM**

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