

Submission
No 1144

INQUIRY INTO BIRTH TRAUMA

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Dear Members of the Committee,

I write as a woman who has personally experienced severe birth trauma. I share my experience in the hope that it shifts the culture, processes and procedures of birth care in Australia, for the benefit of birthing women, their babies and families.

I experienced birth trauma firsthand with the birth of my child, at _____ Hospital in 2004. The experience was so traumatic I chose not to have subsequent children. In brief, after an emergency caesarean, my son was born flatlined and was separated from me for several days. When we finally got home together, I had a non-ordinary ecstatic experience. I ended up being scheduled to a psychiatric hospital, diagnosed with postnatal mania, and later bipolar. I was then separated from my baby for several more weeks.

It took me seventeen years to finally discover somatic therapy and to heal from the deep trauma that the birth had caused. No mother should ever have to endure what my family and I did, and I believe that the situation was completely avoidable. Somehow up until that point I had managed to blame myself for what happened to my son and me. I felt guilt and shame that I had not been able to bring him into the world safely. It was only after somatic therapy that I realised that it is the maternal health system that is broken, not me.

Please read my story with compassion and curiosity. How did our maternal health system enable this traumatic series of events to happen and how can we prevent this from ever happening again?

Thank you for taking steps to review birth testimonies, and to look at changing the culture, policies and procedures that lead to such profound suffering for women, their babies and families.

Thank you for considering my submission. I am grateful for the opportunity to contribute my experiences and viewpoints to the committee's ongoing inquiry. If necessary, I am willing to provide additional evidence during a hearing to further support my perspective.

With warm regards,
Roesheen Ritchie

"Whenever and however you give birth, your experience will impact your emotions, your mind, your body, and your spirit for the rest of your life..."

"Pregnant and birthing mothers are elemental forces, in the same sense that gravity, thunderstorms, earthquakes, and hurricanes are elemental forces. In order to understand the laws of their energy flow, you have to love and respect them for their

*magnificence at the same time that you study them with the accuracy of a true scientist." ~
Ina May Gaskin*

CONTEXT:

Like most women, I wanted to bring my baby into the world gently and safely. I was a physically and mentally healthy, thirty-nine-year-old businesswoman.

Ten years earlier, my partner had been diagnosed with Acute Myeloid Leukaemia and I had spent a year supporting her in the hospital system as she underwent chemotherapy and a bone marrow transplant. I found the hospital environment alienating and traumatising, but essential and lifesaving in a situation such as cancer treatment. In a birthing context, however, I did not view hospital as an environment that would be conducive to the trust, opening and release required for me to achieve a positive natural birth.

Also, I had done research into hospital births and was shocked by the statistics on the cascade of medical intervention that had become standard procedure in Australia.

I wanted to birth my baby at home. However, so prevalent was the culturally perceived risk of older women giving birth, that my birth support team vetoed the idea.

I visited a wonderful community-based birthing centre in _____, halfway between my home in _____ and _____ Hospital. It would have been perfect in so many ways, but it was in the process of being shut down as insurance companies had stopped providing insurance for the community-based midwives. And so, for lack of other options, _____ Hospital became the place where I would birth my baby.

THE BIRTH:

Giving birth is a uniquely vulnerable time. What other life situation requires a woman to be naked in a room full of strangers grunting, groaning in her own private trance-like revelry, where people she doesn't know are putting their hands her, constantly, often without speaking to her?

To me, giving birth in a hospital environment was like making love in a science laboratory with an audience of strangers around me with measuring sticks. The impulse required to give birth naturally is trust, openness and release. The armour required to protect oneself, and one's own agency, in a hospital environment requires the opposite. During labour, it was as though I lost all rights to my body. People I didn't know came and put their hands inside me, pushing and scraping and hurting me, brisk and cold, often without speaking. It was frightening, disempowering and disrespectful. I just focused on going inside myself and shutting everyone and everything else out.

Despite the outside intervention, I loved the feeling of labour and actively stomped, swayed and moved freely through the contractions. I continued to dilate steadily over several hours.

As part of my research on labour, I had learned that as an older woman I was at a higher risk of dehydration during labour, so *my* mother who was my other key support person during the labour aside from my partner, regularly administered water to me between contractions. No one on the medical team monitored my intake of water. No one checked that the water had electrolytes in it, which it didn't. It was busy on the maternity ward, and we were largely left to our own devices. I was continuing to dilate; the medical team didn't seem to monitor anything else.

I had been admitted to hospital around midday and by 3am the medical professionals seemed to want to rush things along. My support team were adamant that I was doing fine, but I started to feel like a nuisance. It was a sense that *they* were busy and important people, and I was wasting their time by refusing intervention to speed things up.

At this point I would have appreciated the humanity and support of the medical professionals involved in my birth experience, not the detachment and sense of annoyance, but it was not to be.

WHEN LABOUR STOPPED:

After a twenty-hour labour my baby was crowning, and I could feel the top of his head with my fingers. It was a very exciting moment, and I was ready to push.

The midwife instructed me to push, which I did.

"No! Push!" she said.

"But I am," I replied.

It appeared that my capacity to push was being hindered. I had all the sensation of pushing, all the associated pain, but nothing was happening. I was put on a bed, given nitrous oxide for the pain, hooked up to all the monitors and the obstetrician was called. I do not remember him introducing himself to me when he entered the room, nor even looking at me. He looked at all the monitors and declared that the baby's vital signs were dropping and that we needed to do an emergency C-section asap.

My major concern was the baby, and I was wheeled into surgery with my partner. Once we were in the operating theatre a green cloth was erected, however I could see through the cloth. I held my partner's hand and watched as the knife was raised and sliced into me, then the baby was lifted out of my body and into the air. The baby was flat, still and lifeless and there was no sound. No one spoke. My baby was taken to a side table and worked on by the medical staff. Still, no one spoke to me and then they began to take my baby out a door into another room. I instructed my partner to leave me and to stay with the baby, to find out what was going on and to keep the baby safe.

As I lay alone, being stitched up, the remaining two medical professionals were silent, no one spoke to me. I began to move in and out of consciousness.

I woke up in a recovery room and my partner and one of the medical team were there to say that my baby was still alive but had been having seizures and intermittent apnoea, or temporary cessation of breathing. It may have caused him brain damage. They were

planning to airlift him to a hospital in Brisbane, but they couldn't take me as I was not well enough to be moved. No one explained to me why I could not be moved or why I was finding it difficult to stay conscious and what was going on, and I fell unconscious once again.

I just remember battling to stay conscious and demanding that I be taken to my baby.

As it was discovered over the next few hours, by a very astute young intern, my baby and I had suffered from water intoxication, or hyponatremia. All the water that I had consumed through my very active labour (approximately 9 litres over 20 hours) had meant that the sodium level in my blood had dropped below safe levels. Once this was discovered both my baby and I were given simple saline drips and slowly over the next few days we both began to recover.

I only found out, from a side comment made by one of the staff a few days later, that the effect of hyponatremia had diluted all my brain chemistry, it had caused water on my brain, hence I was finding it difficult to maintain consciousness. When I *was* conscious, I was begging staff to wheel me to my baby, who I knew had been moved to the Special Care Unit in the hospital. I was repeatedly refused, without any explanation. My strong instinct was that my presence would help to settle the baby (and myself) and help him to heal. We were still unclear what the long-term effects of the seizures and apnoea would be to his brain functioning. The general feeling from staff was that I was lucky to have a live baby, and I needed to stop being so demanding.

I felt that there was no understanding or empathy from the medical staff as to the trauma that my baby and I were experiencing. I was left on my own most of those days and I was terrified.

Meanwhile, I had midwives wanting me to express milk every few hours to take to the baby. I was finding this very difficult under the circumstances. Even though I knew that the colostrum would be liquid gold for the baby, my milk was not flowing easily, due to the trauma I was experiencing. I told the midwives that I was happy for the baby to take formula until I could be reunited with him, when I was confident that my milk would come down. An older midwife told me that I was being selfish and proceeded to work on my breast, roughly, with the breast pump. I felt like I was in a living nightmare.

Finally, about 48 hours after my son was born, I was wheeled into the Special Care Unit to meet him, and I was able to reach in and touch him in the humidicrib. It was the most profoundly beautiful moment. I had the most wonderful sense of relief that we were both still here and somehow, we would be okay. After a very short period, I was taken back to my room and only allowed to see him each four hours for feeding. I was desperate to just sit with my baby, to nurse him and hold him, so I just sat in my room watching the clock until I could get back to him. And so it was that I did not sleep for several days as I waited to be allowed to be with my baby.

Several nights later he was finally allowed out of Special Care, and we spent a blissful night together in my private maternity room. By now I knew that he had no adverse brain

function, and the relief was palpable. My milk came down with gusto, as I knew it would. My son gleefully suckled all night long. The next day we were finally able to get home, as I had dreamed, we would.

The following morning, I woke with him early, so after feeding I rugged him up and carried him down to my local beach to watch his first dawn. There I had an ecstatic, non-ordinary experience, that I found profoundly meaningful and spiritual. When I told my family about it later, they worried that it was not normal, and they decided that I was too speedy. And so, after another day I was returned to the maternity ward by my family, via the Emergency Department.

After a few days on the maternity ward my family were told that they did not have the available nursing staff on the maternity ward that was required to properly care for me. The visiting psychiatrist believed that I had had a postpartum psychosis and I was now declared in a post-partum mania. They needed me to be admitted to _____ Psychiatric Unit where I could receive 'appropriate psychiatric care', without my baby.

My family tried to organise private nursing staff for me at home, but this was not an option. There were no other maternity services, private or otherwise, that I could go to and so I was scheduled to The _____ Psychiatric Unit against my will.

The next few weeks were undoubtedly the most traumatic, brutalising and dehumanising of my life. I was drugged beyond recognition, thrown against a bed by a member of staff, my caesarean wound became pussy and infected and was not administered to properly, I listened to the howls of mentally unwell people day and night, and I cried for my baby. I was labelled by the psychiatric profession with Bipolar 1 Disorder, despite never having had serious mood disturbances in the past, nor was it in my family.

In short, I felt that I was unheard, disrespect, invalidated, pathologized and trapped in a psychiatric unit against my will, all the while with a two-week-old baby at home who needed me.

I was released a few weeks later and told not to complain as I had a healthy baby. "Just focus on the baby," was the advice.

No-one from the maternity care sector or the psychiatric teams ever came to my house, to check on myself or my baby. But each week I had to visit my psychiatrist, sitting in a waiting room at the local hospital for up to two hours with other severely traumatised people. It was another job on my massive to do list. It required me to find someone to care for the baby and it made me feel broken, worthless and unfixable.

I remained on a cocktail of "mood stabilising" medications for the next seventeen years. I tried everything to heal myself including extensive therapies, CBT, meditation, intensive yoga, diet, exercise, a range of alternative health professionals and much, much, more but I could not escape the bone crushing mood cycles that tormented me. That is, until a few years ago when a therapist suggested that I could be suffering from trauma.

I then began EMDR with some effect, but it was the somatic breathwork that immediately turned my life around and resolved my trauma. I have now returned to stable moods and take no medications. Technically however, the psychiatric system still labels me with Bipolar. No one has taken any responsibility or apologised to me for what happened.

My trauma affected my parenting capacity, my relationships with my partner and my family, as well as my capacity to do both paid and domestic work. It affected every aspect of me as a human being. I completely lost my compass. I was drowning and had absolutely no idea which way was up.

If you would like details of my time in _____ Psychiatric Unit and Hospital, I have a 120-page pdf file of my medical notes, that I attained through the Freedom of Information Act earlier this year. It makes me so sad to read these medical notes, as I see this whole tragic scenario as avoidable. I am a white, middle-class, tertiary educated woman who had a loving partner and family. If this cascade of traumatic experiences happened to me, it could happen to any woman.

For all the mothers who come after me, I demand that we change the culture of birthing. All mothers, their babies and families deserve to birth in an environment that is respectful, intimate, secure and safe.

RECOMMENDATIONS:

Drawing from my personal experience, I would like to propose specific solutions and changes to enhance maternity care in Australia, with the aim of preventing future instances of birth trauma. The following are the changes I advocate for:

1. Funding and support for community-based birth centres and home birth midwives: The medical profession teaches staff to view the body as a machine, and one that functions in a very particular way, under select parameters, that is disembodied from the mind. Any deviation from the prescribed parameters is viewed as abnormal, and therefore medical professionals are poised to jump in and intervene. Birthing is not a medical emergency, far from it. Birthing is a sacred rite of passage for every mother and her baby. Therefore, we need real options for women to birth their babies outside of the medical paradigm. We need community-based birthing clinics, and a well-supported home birthing option for women.
2. Funding for independent postnatal mental health units throughout NSW, where a woman can be cared for alongside her baby. I applaud the government initiative to open the unit at the _____ last year, however they are needed right across NSW.
3. Professional training for medical teams in hospitals: for women who choose to birth within a hospital setting we need to retrain medical professionals, that:
 - a. Birth is not a medical emergency
 - b. The health and wellbeing of the mother is symbiotic with the health and wellbeing of the baby

- c. Birthing is an experience of the mind as much as of the body
 - d. That the respect and dignity of the birthing woman is paramount
- 4. All professionals working with birthing women need to undergo trauma informed training, as per the work of Gabor Mate, so they can do all they can to prevent the traumatising of birthing women
- 5. Hospital birth protocols need to change to:
 - a. Ensure that there is a minimum of one midwife per birthing woman, who sits quietly in the room throughout the birth, as per the home birth model, to ensure that the woman is cared for and there is continuity of care throughout the birth process.
 - b. Care is taken for the whole of the woman, not simply the physical mechanisms of birth such as dilation.
- 6. Undergo research and shift the lens on non-ordinary, expansive post-partum experiences outside the limited psychiatric model: The DSM views non-ordinary, expansive post-partum experiences as 'postpartum psychosis' and usually then diagnose the mother with Bipolar 1, which is a very serious mental health diagnosis, without a cure. Statistically 1 in 500 women in Australia have spontaneous postpartum ecstatic experiences – and by undoubtably many other women who are never diagnosed. We need more research into the relationship between traumatic birth, the delayed release of oxytocin and other extraordinary 'love hormones', and non-ordinary postpartum experiences. If our current medical system cannot measure or understand an event it is seen as 'abnormal', and the person is labelled as dysfunctional. Many women, like me, become what we are told to believe about ourselves, and the traumatic effect of the mental health label creates an exacerbation of problematic mood cycles. This destructive cycle is avoidable. We need to stop seeing these experiences simply as 'abnormal' and view them as potentially healing and transforming when viewed within a positive frame.
- 7. Support and fund midwives, rather than predominantly male medical and psychiatric professionals, to conduct research into women, birthing and postpartum mental health. The gender and cultural bias are so strong in this space, and historically this has drowned out the knowledge and experience of midwives, most of whom are mothers, who intrinsically understand the sacred power of birth.
- 8. The reinstatement of home-based maternal health visits by midwives.
- 9. All women should have the right to birth in the company of women who are experienced in positive birthing, who are able to share their wisdom and experience and guide women through this most sacred rite of passage, with reverence and awe. A healthy baby is only one half of the birth equation. Now is the time to ensure that we have healthy mothers as well. A healthy society depends on it.

Thank you.