

Submission  
No 984

## INQUIRY INTO BIRTH TRAUMA

**Name:** Mrs Erin Wall  
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Partially  
Confidential

My name is Erin Wall. I am 38yrs old. I have been a Registered Nurse for 16 years, working the majority of this time in Intensive Care and most recently as an Organ Donation Clinical Nurse Consultant. I am addressing this committee in regards to my experience at \_\_\_\_\_ Hospital delivering my daughter in February 2022. I wish to address my experience with birth trauma and the ongoing impact of this has on every facet of my life.

I cannot tell you if my trauma falls into the 'preventable' category – it is hard to know if anything was done differently, would the outcome be the same?. My birth has been explained to me as the 1 in 10,000, the 'never seen before in my 35yrs experience', the 'it is just something that can happen'. I have heard 'I'm so sorry that happened to you' too many times to count – it is hard to know what to say, at first it was thank you for saving my life.

I was a patient of the antenatal clinic with GP shared care for my pregnancy. I applied for MGP but was declined. I was upset about this, because as a nurse, you just want nurse-led patient-centered care, and the opportunity to develop rapport and trust through the process. Through the clinic I received none of this. I had a senior clinician see me at 37 weeks and comment that I had 'fallen through the cracks' in terms of investigating my medical history and the effect this may have on my baby and delivery. The choice for induction vs caesarean due to baby of large size for dates, was a very brief, <3minute conversation, on my own due to covid restrictions. I guess I wanted to try for a vaginal delivery so agreed for induction.

I went in for induction at 39 weeks. I was very nervous given the size of the baby that this would even be possible. The induction proceeded in the afternoon and I had some amazing support from the midwives during the labour. After a few hours of labour and close to 2 hours of pushing and severe pain in my hips due to my history of rheumatoid arthritis, I was so fatigued and the baby had not moved, I requested an emergency caesarean. This was organized quickly, and progressed normally. I delivered my baby girl and had some skin-to-skin contact before my husband went with her and the midwife to the ward while I was in recovery.

While I was in recovery I began to haemorrhage. I was very aware of what this meant and what my blood pressure and heart rate observations were indicating. I felt at this time before getting into theatre again, that if I closed my eyes, I wouldn't make it. I also knew the trajectory of treatment for severe postpartum haemorrhage from my time in ICU, and told the OB registrar that I didn't want a hysterectomy unless it was life and death. This is the last thing I remember, I woke up in ICU a day and half later. My husband spent 3 hours waiting on the ward, holding a newborn baby on his own, before someone told him what was happening.

I had suffered ongoing uterine bleeding and had an atopic uterus. I had a B-lynch suture, bakri balloon, interventional radiology, 30 units of red cells, and more than that in clotting factors. The end result of being unable to stop the bleeding was a total of 12.4L of blood loss and a life-saving hysterectomy.

I remember my daughter being placed on my chest while I was sedated in ICU – the feeling was so surreal but unforgettable. The care we received in that immediate period was second to none. I couldn't have asked for more at the time. The ward allowed my husband to stay with me in the room as I was in no state to care for a newborn and could not even pick her up. I had many Specialists come and see over my week in hospital, all recounting the events again. I was running on adrenaline, and unable to really process what had happened, just grateful to be alive and be with my baby.

Following discharge from hospital and starting to attend appointments with GP and Child Family nurses, I became aware that I needed more professional help to process what had happened. I had to seek this privately for specialist psychological care. The follow up from the hospital was minimal. I attended a 6-week appointment with an OB specialist, but basically this was just to go over the events of what happened again. He did explain that I had possible placenta creta, which gave me a tangible explanation for what had happened. I did have a debrief with the Midwife consultant from the hospital at around 8 weeks. She mentioned to me that they were doing an internal investigation into the events, and I let her know I would like to hear the results when available.

In April this year (over 12 months after the fact), I was contacted by the hospital with an outcome of the review that had been undertaken. I was offered to come into review the findings with a support person (my husband). I thought this would give me some closure as to what happened. The way that this was delivered to us was like re-living the trauma again in infinite detail. I understand it was a very clinical review and more about policies and procedures, but the way that it was presented wasn't trauma informed or overly receptive of my feedback. The reason for my bleeding previously described as placenta creta, was also told to me to be incorrect and it wasn't that – so everything I understood for the last 12 months was taken away and now I had no clear explanation. This left me feeling more confused and angry.

I have suffered significantly since the birth with PTSD and anxiety, requiring medication and Psychology therapy that is ongoing to this day. This is being subsidised by medicare, but I still have to pay for this service, and would not be able to afford this if I was unpaid leave.

My husband was required to be off work on carers leave for 6 months, and then return to work gradually. I was due to return to work in January, but felt I could not do this and took an extra 6 months leave. I attempted to return to work in June, but was unable to and now remain off on sick leave.

The trauma has affected every aspect of my life – I am not the same person I was, and will never be. I understand that I needed a life-saving intervention but dealing with the consequences of having that choice taken out of my hands has been very hard.

From my experience there are a few suggestions for consideration of this committee:

- Access to MGP for everyone that applies for this model of care
- Having the time and space to discuss options for delivery – eg having support person in appointments at all times and given a few days to respond to medical team – time to consider, discuss, weigh up options.
- More support for partners and families during/immediately after traumatic event
- Trauma-informed postpartum care – debrief service offered to families
- Trauma-informed communication of review results – support person in professional capacity mandated – eg social worker, psychologist, GP.

Thank you for your time reading this submission.

Kind Regards,

Erin Wall