

TRANSCRIPTION

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
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[0:00:06] My pregnancy, I lost the baby because she had a true knot in her cord. I went for a routine visit at about 18 weeks and they didn't find a heartbeat and did an ultrasound and that's how I learned she had passed.

[0:00:22] I was given a prescription for a drug, Cytotec, and it causes extreme bleeding and severe cramping that then becomes like labour. My doctor told me, when I was terrified with the amount of blood loss, and after I had inserted the tablet [ph] at home, when the bleeding became really severe and the pain was severe, to get to the hospital, and that he would come right in. I was really close to delivery and so I went to emerge thinking that I would then go to labour and delivery, and that my doctor – he had also provided me with a note and called the emergency room saying, “I want to care for my patient. She's been given Cytotec,” not to include other physicians, that he would come in.

[0:01:12] After about 20 minutes, I was triaged and I was told because I was two weeks shy of the hospital policy for when they consider your baby “human,” that I would be kept in emerge to deliver. And from there, they got me a room. But we ran into major issues because my doctor never ended up showing up. Not only did he not come in; it took over three hours to get a return phone call. And because he had asked for me to stay under his care, no other obstetrician or emergency room physician was contacted. So all of the pain medication, all of the IV fluids, all of the support I was told I would have, my husband and I got none of that.

[0:02:09] And then for seven hours, I was left completely by myself with my husband, where we were told to really just clean up our own blood and our mess, for me to try not to bleed on the floor, and a soiled laundry hamper was brought to us with stacks of towels. I wasn't given the IV fluids. I was incredibly dehydrated from blood loss. In fact, my husband and I were – I mean, it sounds melodramatic – but really, we were afraid I would die as well. The blood was terrifying, the amount of bleeding. And I was feeling incredibly lightheaded because there was no fluids provided, and by that point, I'd been 12 hours without any fluids, without anyone monitoring blood loss.

[0:03:02] And around 4:00 in the morning, I could feel that she was coming so I woke my husband up and asked him to get help. He went to get the nurses and an older nurse and the one young nurse who was new to the job, who had tried to at least be comforting and would occasionally peek in and say she was sorry for what I was going through, came in.

And the umbilical cord, the placenta, had not delivered. And she started tugging on the cord and said, "It's still alive. It's moving," not to me, to the other young nurse. I was sort of almost screaming at that point. And she proceeded to tell the other young nurse to throw a towel on "it" and they left the room. And I was left there with the baby and my husband for a half an hour 'til the physician arrived.

[0:04:08] The doctor arrived approximately 20 to 30 minutes later and he delivered the placenta, which didn't come out all the way so I needed to go and have a D&C. He showed me why. Sophia had died. He showed me the knot in the cord. He allowed me to hold her, look at her.

[0:04:39] And then I had already decided before going in that I wanted her remains to be cremated. So I asked for the baby's remains for cremation and he told me that the hospital policy, usually that's not the way it works, that the hospital would be respectful of the baby's remains. And we had quite a long conversation, and I didn't change my mind, but I was exhausted and emotional and felt I couldn't fight another fight at that point, so I gave in and allowed him to take the baby. But the moment I woke up from the D&C, I got a phone to call him and say, "I have to have my baby's remains."

[0:05:25] When you lose it, you lose a part of you and your dreams that you had for this baby. It's a loss and it shouldn't be judged as anything other than a loss. I went in there with an attitude of, "I don't want to be wearing boxing gloves. I want us all to work together to make sure this doesn't happen to other women. I want our hospital to become the model for compassionate care for women that have suffered a loss of a stillborn or miscarriage loss.

[0:05:58] So far, what has happened? there has been policies written up that are now at the point of being going through the obstetrics board where all women that have been given Cytotec will now be triaged in labour and delivery instead of emerge. There's also been a grief and loss pamphlet. They now have a social worker with a perinatal background at the hospital and she has developed a grief and loss pamphlet that will be the education component. She will train all the emergency department, the surgical and labour and delivery, with the information, the grief and loss pamphlet. And also, there will be the option for cremation. That was another one of my big – I insisted that all women be given the option of having their baby, instead of just the hospital disposing of the baby's remains. So that now will become part of standard care.

[0:06:55] There's been a perinatal bereavement committee of which I've been asked to be a member of with the social worker, the director of quality and patient safety, an obstetrician, and myself to go over – we'll meet quarterly to go over how we're meeting the needs of women that have had perinatal losses and sort of how we can support them after the fact within the community, themselves and their families.

[0:07:23] Going to the hospital and initiating these changes, telling my story, and having good come from awful, has been really healing for me. To go through this for the years or the two years or the three years that it's going to take to commit to making these changes happen, but for me, it was really important for my daughter's legacy. She already has had a huge impact by getting these policies in place and creating change, positive change for other women and for their families. She will always be important.

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