



Mental health report for Jessica Mackenzie (DOB: 11/01/1983)

following medical injury sustained during Caesarian section

7th October, 2025

To Whom It May Concern:

Clinical engagement with Jessica Mackenzie

Jessica Mackenzie was initially referred to see me in August 2024 by her GP, for psychological support to navigate a challenging time in her life. She had recently re-married, was expecting her second child, was navigating custody issues with her ex-husband for their eleven-year-old daughter, Lexy and relocating. Jessica responded well to treatment and by the 22nd of November was coping well and reported feeling more settled. My impression of her condition at that time was “situational crisis”, which had resolved and at the time of discharge, her mental health was stable. She had moved to Bathurst and was excited about the pending birth.

I next spoke with Jessica on the 5th of February, 2025. She advised that Reece had been born on the 27th of November 2024 by emergency Caesarean section, during which she sustained a laceration to the bladder that was undetected for two days. During the initial post-operative period, Jessica reported feeling very unwell, with high fevers, high blood pressure, abdominal pain, nausea, diarrhoea, blood in her urine. Midwives noted her deterioration in health, leading to clinical investigations, culminating in a medical transfer and admission to Royal Prince Alfred Hospital for five days for a bladder repair, while Reece remained at Bathurst Hospital. (see excerpt below from Dr Hughes report).

Post-Injury Recovery Journey

Following the birth of Reece, Jessica has been on a challenging journey to regain her health and well-being. She experienced a range of physical and psychological symptoms, which have impacted her daily life and mental health.

Physical Recovery and Medical Consultations

Following the initial post-operative period outlined above, Jessica reported weight loss (8kg in three weeks), ongoing symptoms of recurrent urinary tract infections and significant incontinence issues. Although these symptoms have somewhat improved, Jessica continues to seek reassurance from medical professionals that she will fully recover. She has consulted with doctors outside her local area, including a urologist at Bella Vista. However, she expressed frustration that this



specialist did not conduct a physical examination or review her test results, and instead immediately suggested surgery and a Botox procedure. Jessica was placed on a surgery waitlist, but she advocated for trying a course of antibiotics for three months before considering surgical intervention. She is hesitant about undergoing surgery, especially procedures requiring general anesthesia and an overnight hospital stay, as she does not want to be separated again from Reece.

In addition to medical treatments, Jessica has taken proactive steps in her own recovery. She successfully weaned herself off bladder patches and has attended physiotherapy sessions aimed at strengthening her pelvic floor muscles. She is working on retraining her brain to reduce the frequency of urination, striving to regain control and minimize disruptive symptoms.

Psychological Impact and Coping Strategies

Jessica reported that being away from Reece in the immediate neonatal period was “very traumatic”. She was also separated from her eleven-year-old daughter, Lexy, which she found difficult. She stated “I experienced psychological pain as they repaired me and birth trauma. I couldn’t hold my baby, breastfeed or bond with him. My milk supply dwindled despite pumping. I was distraught and helpless.”

The hospital records noted a ‘clinically significant panic attack’ according to Jessica, and the hospital subsequently referred her to a psychiatrist and to a community mental health professional (Bathurst Community Health) for a limited number of visits. Jessica sought further psychological support with a trusted health provider and reconnected with myself.

Since Reece’s birth and subsequent healthcare problems, Jessica describes experiencing unusual dreams, which may be related to the psychological stress and trauma following her medical injury. She also struggled with embarrassment and social isolation associated with urinary dysfunction, which contributed to low mood over the following six months.

Update

Eleven months on, Jessica reports feeling better within herself over time but acknowledges that her recovery has been a gradual process. She continues to seek reassurance from medical professionals about her prognosis and is committed to her psychological and physical rehabilitation.

Yours sincerely,

Michelle Hookham



Appendix: excerpt from Dr Hughes report

Jessica provided a report from Dr Jade Hughes (dated 09/07/25) outlining the medical injury, including the following excerpts:

42yo female presents with recurrent UTIs associated with voiding dysfunction on a background of a bladder +/- ureteric injury post Caesarean section 8 months ago.

Jessica described 2 days after her surgery, she had marked abdominal pain. She was transferred to RPA where she was diagnosed with a bladder injury. This was surgically repaired and a ureteric stent inserted...

Since then she has been troubled by recurrent UTIs and marked storage symptoms (frequency, urgency, nocturia, urge incontinence)...