

The Push

By Sheila Ojeaburu

“I don’t understand how people can be so selfish. Can I just tie her to the bed and cut her open?”

The nurses *mmbmmed* with shouts of praise.

So selfish!

I really don’t understand how she can just let her baby die.

You better make sure you document the shit out of that.

“There must be a reason,” I murmured, loudly enough for the doctor to hear, but demure enough to avoid invoking the wrath of the nurses who had coalesced at the nurses’ station.

“But sometimes there’s not.”

“There must be a reason.” In my hesitancy to speak more directly, my repetition pleaded with them to try harder.

Earlier that evening, the triage nurse had called to report a soon-to-be admitted patient. The patient was past term and had presented to urgent care with dangerously high blood pressure. She had been receiving prenatal care at a midwifery center somewhere *down South*, which I had come to recognize was code for *poor, limited access, and patient was probably Black or Brown*.

She stood at the reception desk, with the signature pregnant waddle. I knew immediately this was our patient, and my heart sank. I am ashamed to admit it, but a feeling akin to second-hand embarrassment rose forcefully through my body. There were so few of us here, in this city, let alone this affluent hospital, that I was always keenly aware of our presence. It’s the idea that we must always be excellent; that any individual public act of truancy or inadequacy is a commentary on us all. This woman’s blood pressure had somehow become an indictment of all Black people. It’s ludicrous. And yet, I acknowledge how readily the thought came.

She held her back at its natural curve, and fully embodied the space her progressively expanding body had temporarily allowed her to take. Her niqab was a rich black, embossed with delicate gold flowers. The depth of the colors allowed her nutmeg skin to present strongly to the surface. Her niqab flowed effortlessly to match the cadence of her waddle in a way that was at once private and dignifying.

She now lay in the hospital bed, round and on her side, with her oxygen mask fitted clumsily around her head. Her niqab had been removed and tucked away. She was, for all intents and purposes, fully naked and exposed—despite the hospital gown and numerous blankets cradling her body. Her belly protruded from her frame, engorging her whole being, it seemed.

Dr. Nelson slowly made her way around the bed, attempting to find a comfortable position where she would be eye-to-eye with the patient. She explained to Fatima the baby would need to be delivered that night.

“It’s unlikely you will be able to deliver vaginally.”

“Oh.”

“The monitor shows your baby is under quite a bit of stress. I would recommend a c-section.”

“No....no c-section.”

All the muscles in Dr. Nelson’s body visibly tightened.

“I really think that would be safest. A vaginal delivery would—”

“—well. If it’s God’s will I die, then I die...I’m going to try the vaginal. The baby will come when she’s ready. In fact, I should just go home.”

This conversation repeated itself several times, each prompted by an abnormal tracing on the fetal heart monitor. I sensed increasing tension between Fatima and Dr. Nelson. The doctor’s tempered pleas were followed by curt, immovable answers from Fatima; it was striking how quickly Fatima failed to make simple eye contact, even as the doctor persisted. I knew before I could adequately articulate why that something was not right. The two women were clearly speaking past each other, and the narrow space of understanding was inhabited by Fatima’s baby.

After our third panicked conversation, like a gentle breeze, I suddenly sensed what I needed to do.

“Dr. Nelson,” I said softly, before my brain really knew what my mouth was doing. “Can I speak to her alone?”

Without meeting my eyes, the doctor mumbled, “That’s fine.”

I wondered whether I had acted appropriately. To think I alone could shift the conversation was akin to a harsh rebuke, especially after we had tried numerous times as a team.

My scrubs suddenly felt too tight; the waistband pressing uncomfortably on my skin. I ignored this, and my growling stomach. I shuffled down the dimly lit hallway tiled with that special

hospital-grade linoleum. The kind that squeaked with each step, reminding you that in spite of the life and death situations you might encounter in its halls, you too, are just a humble sojourner. Distant labor screams punctuated the otherwise eerily empty soundscape.

Fatima's door was slightly ajar, a thin ray of barely-there artificial light emitted playful shadows. I stood self-consciously by the door, realizing I had no fully formed intentions in visiting her room again. I already felt out of place, but I made my way over to the large mahogany rocking chair, explaining that I just wanted to "see how you were doing." The chair was rock solid, though my scrubs kept threatening to slide me off the edge. I stopped fighting the urge to sit on the precipice and found myself fully engulfed by the chair, my thin frame overwhelmed by its out-of-place stateliness. I'm sure I looked as small as I felt.

Fatima lay on her side, her protuberant belly covered in blankets and towels. An oxygen mask fit haphazardly around her face; her discomfort fully formed.

"You've been through a lot," I said with a knowing laugh.

She also laughed; I heard the equivalent of a shoulder shrug.

"I came in to check my blood pressure, and now this," she said, gesturing in the general vicinity of the wires that extended from her body.

"It's a lot to process," I said. "Are you from Africa?"

"Yes," she smiled and looked at the young man standing quietly by the window.

"We're from Eritrea," he said.

"Oh, nice. When did you move to Seattle?"

"Just a few years ago...you're Nigerian?"

"I am, but I moved here when I was very small." I suddenly felt the weight of my assimilation—I have never felt fully Nigerian or fully American. But we had found a point of connection; I knew I would be foolish to let it pass.

"I've met many Eritreans since I've been in Seattle. There's a really strong community here. I wish there were more Nigerians," I said with a laugh.

"We have lots of family members here," he said, perking up.

"Yes, his mother—my sister—and her family are here," Fatima included.

I paused, clearly surprised—all of the events of the evening rushing now to my mind. "You're his aunt?"

“Yes,” she laughed at my surprise, “don’t we look alike? Everyone says we look like twins.”

“What a wonderful nephew,” I said, suddenly deeply touched by the care and dignity he had shown his aunt. We had all assumed he was her partner. I cringe as I recall how the triage nurse had berated him for not being present with Fatima when she was initially placed in the triage room.

“You! You need to be with her!”

“Now!”

The scowl on the nurse’s face was all that was needed to make him oblige, even if doing so was awkward and inappropriate. But he did so and sat by her side even as the doctor completed the pelvic exam. His eyes fixed on his phone, as was befitting such a public-private moment, especially one grounded within his culture. His body language told us clearly they were not intimately involved. And yet, we freely judged his apparent lack of involvement.

In fact, Fatima’s nephew was a senior in high school—a boy we had assumed was a man. And whom we had disparaged for renegeing on responsibilities that were not his to bear, but which he handled with humility and decorum.

As the conversation lulled, I felt it was time do what my instincts had intended to do all long.

“I know you had your other children vaginally—they’re both girls, right?”

“Yes, two girls.”

“So, a c-section was definitely not what you were expecting...”

“No,” her laugh, a shrug again.

“Do you have a sense of why Dr. Nelson is recommending a c-section?”

“Because it would help the baby?” her nephew jumped in, hesitatingly.

“Exactly.”

I explained her baby was telling us she was ready to enter the world but that she was exhibiting signs of distress. That if Fatima attempted to deliver vaginally, the baby might not do very well.

She understood. A silence permeated the room, electric with the question we all knew came next.

“I’m just scared,” Fatima said slowly, but deliberately.

“The decision is entirely yours. Whatever you choose to do, we will do our best to take care of you and your baby.”

“What do *you* think I should do?” She looked at me, pointedly now.

This question, I was not expecting. I knew I had to tread carefully. I felt, again, the enormity of my smallness. The mahogany chair was sturdy beneath me.

“I think the doctor is highly knowledgeable and experienced. She’s done many of these surgeries. A c-section would be recommended, but there are also risks.”

I explained the potential complications, many of which I had recently learned.

I turned to Fatima’s nephew. “Do you have any thoughts?”

“Aunty, I think you should do it. It’ll be safest for the baby...right?” he said, again looking at me.

I nodded and felt a responsibility I had never encountered before.

Fatima hesitated, “Can I call my husband first?”

The room suddenly felt lighter; there was something exhilarating about sensing, almost in real time, that our words had finally found a shared rhythm. I exited the room, much in the same way I’d entered, my feet treading lightly along the shiny linoleum. The tightness of my waistband much more tolerable, and the hunger somehow salved by greater purpose.

When Fatima’s husband arrived, we wheeled her back to the operating room.

“Well, I’m glad she finally changed her mind,” Dr. Nelson said.

I nodded and prepared to scrub.

The next morning, I visited Fatima in the post-partum room. Her beautiful baby wiggled beside her, unaware of the events that had precipitated her birth.

“Ah, it’s great to see you,” she smiled.

“How are you? I know things were definitely not what you expected,” we both laughed knowingly, “but I’m so glad you and your baby are doing well.”

“You know...I was telling my family you’re the reason that I finally decided to do it.”

Internally floored, I responded, “I’m just glad everything went well.”

I left the hospital that day fully aware this was all that medicine needed to be. That the chasm of difference could sometimes be navigated by fully embracing the feeling that *something is not right* and following that road wherever it might lead. Certainly, my racial and ethnic identities served as a type of inflection point—the implications of which cannot be overstated. And yet, I did not need to be Black or African to find a space of shared understanding. Medicine is only transcendent when it is at its most curious—assuming the best in others, while humbly seeking to understand.

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