

What No One Teaches You

By Colleen Cavanaugh

Ice crunched under my tires as I drove through the raised gate and carefully pulled into a parking space covered with fresh fallen snow. Roofs and windshields of other cars were covered in several inches of snow. Nurses and docs I had known for twenty years were out brushing windows, with their hats pulled over their ears and mittens covering cold fingers. I waved from inside my car, although I couldn't make out any faces. It was a shift change in the middle of January.

I pulled on my hat and gloves, wound a scarf around my neck and reluctantly left the warmth of my car. Trudging along the icy, familiar path, I made my way to the hospital entrance. The lobby was bright and quiet. A few men and women were sleeping in their chairs. Heads were bowed at crooked angles, arms dangled, unevenly draped over the sides of chairs, and toddlers nestled against warm laps of mothers. The television was muted. When I arrived on the second floor, I entered the locker room to prepare for the day. A cesarean section was scheduled at 7:30 am. It was a patient I had never met and so I arrived earlier than usual to check that all the labs and consents were in order. Donning scrubs and clogs and pulling my hair back into a ponytail, I looked in the full-length mirror as I passed by. Baggy green scrub bottoms hung over scuffed clogs, my red hair was already escaping the elastic and my top was wrinkled. I shrugged, pushed the door open, descended the stairs and entered the pre-op area.

The large room was bustling with nurses, doctors and phlebotomists. Patients were crowded in their curtained cubicles getting prepped for surgery. A solemn looking intern who had been assigned to help me in the OR greeted me. Glancing at his nametag, I cheerfully greeted him.

“Good morning Daniel.”

Daniel looked at me with large, frightened eyes.

“I can't find a heartbeat,” he whispered.

Daniel had only been an intern for six months. I had operated with him a few times. He was conscientious and thoughtful.

I took a deep breath and softly replied, “Daniel, Let me check. Come with me.”

Daniel followed me to the small cubicle where my patient and her husband were waiting.

Pre-op patients were always scanned before going to the OR for their cesarean section. My new patient Alita was lying on her back with her gravid abdomen slightly shifted to the side.

Her head was propped up with a pillow and she greeted us with a smile. Her husband Alex introduced himself. They were unaware of the intern's finding.

I had never met Alita, who was a 39-year-old at 41 weeks with polyhydramnios, which is excessive amniotic fluid. Sometimes the condition can be due to diabetes or an anatomical obstruction, but in her case, there was no apparent reason—but it was necessary to schedule a CS. She was a patient of a friend and colleague, Annie Salvo, who was an excellent doctor. She could sometimes be abrupt when she was under stress, but she was also warm, caring and intelligent. I had known her since residency.

I introduced myself to the couple. "I'm just going to scan you again," I calmly told them as I pushed the portable ultrasound into the small space to rest beside the stretcher. Alex adjusted his chair to give us more room and Daniel pulled the curtain shut to give us privacy. I gently pulled Alita's gown up along her rib cage and tucked the sheet along her pelvic bone. I spread the cold transducer gel along her pregnant abdomen, picked up the rectangular probe and placed it on her. I pushed the probe gently across her gravid abdomen and headed to where I knew the heart should be. The fetal ribs were clearly seen—linear, parallel, echogenic structures. Adjacent to them, in the central thorax I could see the fetal cardiac valves clearly. There was no activity, not a beat, not any indication of movement. I watched for several very long minutes. I replaced the transducer and wiped Alita's belly, cleaning off the thick gel.

Pulling the blanket up around Alita, I pushed the ultrasound out of the room with Daniel's help. The room was silent. No one teaches you how to deliver such devastating news in medical school. Although I'd been in similar situations over the past years, it was never easy. I was always unsure. I always felt powerless.

I wanted to run away but I had to deliver the tragic news. I looked at Alita and Alex. "I'm so sorry but your baby has no heartbeat." My voice quivered slightly.

The harsh moment when their faces transformed from curiosity to disbelief and anguish stunned me. There were a few seconds of silence until Alex spoke.

"What are you telling us?"

His voice was tense and loud. His face was taut. His breathing was slow with short gasps of air.

"I'm so sorry but there is no heartbeat," I repeated, looking into his eyes.

"But we're here to have a baby." Alex shouted.

Alita was quiet and started to cry softly. Her eyes lowered to her belly and her shoulders caved in.

"I know this is so very painful for you. There is nothing you have done wrong. I am so sorry," I repeated softly, trying to console them.

I reached out to hold Alita's hand. Tears were running down her pale face. Alex was shaking. I reached for his hand also. I stayed there holding their hands in silence. I didn't know what else to do. Again, I felt like running away.

There was no way I could console this beautiful couple. I was the thief who took their happiness away. They were here to welcome a baby girl. Instead, they learned she was gone. Rising slowly from the stretcher, I looked at them.

"I'm going to leave for a few minutes and I'll return to go through everything with you." I pulled the drape behind me so they could be alone. I could hear Alita crying. Her sobbing grew in intensity and I could hear it above the cacophony of sounds in the pre-op area.

Nurses I had known for years approached me and asked if I was ok. I nodded, holding back my tears. My intern stood alone by the desk. I approached him and gently touched his shoulder. He looked up at me as I spoke.

"I know this is difficult. Most of what we do is beautiful and incredible. Sometimes it is heartbreaking. You were calm and helpful. Thank you." I said, hoping to ease our grief with words.

I left the pre-op area and found a quiet corner to call Annie. I sadly told her what had happened.

"What?" Annie cried out in disbelief. "I saw her two days ago and everything was ok."

Annie rearranged her day and canceled her office hours so she could be with her patient. I returned to Alita and Alex. Sitting on the edge of the bed, I slowly reviewed what would happen next and what they could expect. We would still proceed with a CS and Dr. Salvo was on her way. I stayed with them, helplessly listening to their grief, and was only able to offer my sympathetic silence. Annie arrived and joined them in their cubicle.

The OR was quieter than usual. Only Alita's soft whimpers broke the silence. She received her spinal anesthesia while Annie held her hand and continued to talk with her. Alita was then helped to a supine position and we prepped and draped her for the CS.

Usually Annie and I chat a little as we operate. We had been residents together and knew each other's moves like a well-choreographed dance. But on this day, we were quiet. Annie gently eased out a beautiful baby girl. The baby was lifeless. There was no movement, no cry, no gasp for air, no wiggling of hand and feet.

Tears were streaming down Annie's face. She asked me if I could finish the surgery. I had never seen her this upset and had never seen her leave a case. I finished the surgery alone.

Annie remained at the head of the bed with Alita and Alex during the rest of the surgery.

I methodically closed the uterine incision, closed the fascia and then the skin. Helen, my scrub nurse, handed me instruments in silence. We finished and Alita was wheeled to recovery. I trailed behind the stretcher with my focus on the floor. I could feel the eyes of colleagues on me as I followed the stretcher. I was alone, numb in my grief yet still performing my job.

I hurried to the locker room to catch Annie, but I was too late. She was gone. I could only imagine her grabbing her bag and rushing out of the hospital. I would call her later in the day.

I was on call the rest of that day and night. It was a long, frigid, lonely 24 hours. Alita stayed in a labor room used for recovering CS patients. She held her swaddled, lifeless baby all day. The nurses were quiet and respectful, caring for Alita and also allowing her to grieve while holding her child. I went in and out of the room many times throughout the next eight hours. On my frequent visits, I quietly asked her if she needed anything. Alita looked up at me, declined any help, thanked me, and her soft gaze always returned to her child.

I continued my visits. Later that evening, Alita turned to me.

“It must be so difficult to do your job,” she said.

Tears blurred my vision. Her compassion and generosity made her loss all the more tragic; all the more unjust.

No one teaches you how to grieve in medical school or residency. No one teaches you how to help others grieve. To this day I'm not sure. I'm not sure if my quiet presence and support is enough. Alita delivered a beautiful baby boy twenty months later. Annie was with her. I went on to deliver many healthy babies and I still struggle with hemorrhages, eclampsia, strokes, and miscarriages. I struggle with telling someone they have cancer. Yet, I continue to take the best care of my patients, always hoping it's enough.

Colleen Cavanaugh, MD has practiced Ob/Gyn for thirty years. She is a graduate of the Warren Alpert Medical School of Brown University and an assistant clinical professor. Her patient population includes grandmothers, mothers and daughters. She started collecting their stories over the past two years. Cavanaugh, who is an avid master gardener and mother of two adult children, also danced ballet professionally in New York City.

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