



## STUDENT ESSAY ARTICLE D'UN ÉTUDIANT

---

### A November night in Whitehorse

*Nadia Widmer, BScH,  
BSN, MD  
Internal Medicine Resident,  
University of British  
Columbia, Vancouver, BC*

*Correspondence to:  
Dr. Nadia Widmer,  
Department of Medicine,  
University of British  
Columbia, Gordon and  
Leslie Diamond Health Care  
Centre, 2775 Laurel St.,  
10th floor, Vancouver BC  
V5Z 1M9;  
nadia.widmer@gmail.com*

It was  $-25^{\circ}\text{C}$  outside. I looked out the window of the doctor's lounge hoping to see the aurora borealis, but there were no bright green lights that night, only big snowflakes falling from the sky. It was 11:00 pm in the Whitehorse emergency department, and almost time to go home. It had been a busy night. A man partially amputated his thumb while chopping frozen meat for his sled dogs with an axe. A worried mother brought in her wheezy baby. An elderly man with heart problems had been transferred down to us from a small isolated northern community. Of course there were also the usual sore throats, vague abdominal pains and back injuries.

One last patient was waiting to be seen. "She's in the gyne room," my preceptor said. "Her vitals are normal." Grabbing my stethoscope, I walked through the department to the small examining room in the back corner. Just as I was about to open the door, a nurse came out holding a bottle containing very cloudy looking urine. We both looked at it, then looked at each other. She raised an eyebrow and said, "Good luck, I don't know what's going on." In my head I went through a quick differential: most likely a urinary tract infection or a sexually transmitted infection.

A pale young girl with long brown hair tied loosely in a ponytail was sitting on the examining table. Her friend, wearing dark eyeliner, was sitting on a chair in the corner. I introduced myself and sat down beside her. "What's going on tonight?" I asked in a casual voice. "I feel like I got kicked in the box," she said, very matter of factly. She sat quietly and did not look to be in pain. With my differential in mind I went

through a detailed history during which we clarified that she had not actually been "kicked in the box" (by which she meant her vagina). The pain had started earlier that day in her lower abdominal area. She had no discharge or unusual urinary symptoms. She said she had a normal menstrual period 3 weeks prior. She and her new boyfriend of 2 months always used condoms. She had never had a Pap test or been screened for sexually transmitted infections.

I did the pelvic examination first, and supported her back as she lay down on the bed. As I inserted the speculum I noticed some fluid sitting in the vagina. I advanced the speculum, and all of a sudden saw a round mass covered with hair. In a split second I realized what was going on. It did not even require medical training to diagnose. She was having a baby.

"Just stay right where you are," I said. "I'll be right back." I ran to the nursing station. My preceptor was in the process of ordering more blood tests on my patient. There was so much protein in her urine that he thought she was having serious renal problems. I said "Could you come help me out? This might sound crazy, but she's having a baby. Right now."

A quick ultrasound revealed a live fetus, its 4-chamber heart beating rapidly on the small screen. The mother was almost fully dilated already. She was in tears and covered her face with her hands, and her friend was at her side looking helpless. In the same sentence we had just told her that she was pregnant, and in labour. As the snow continued to fall outside, she delivered a healthy 8-lb 5-oz term baby girl later that night.

---

Although there has been an overall decline in adolescent pregnancy in Canada since the late 1970s, teenagers having babies continues to be a reality across the country. Following the Northwest Territories, the Yukon has the second highest rate of teenage pregnancy in Canada. What was going on in this young girl's life? How had she either not known about, or denied to herself, a major change going on in her body for 9 months? Did living rural-ly have anything to do with the situation she found herself in? It must be scary to find out that you are pregnant as a teenager, and further challenges

related to access to education, health care, resources and supports would make this life-changing experience even harder.

I finished my cup of tea and got ready to go home. In the next room, the young girl, holding her baby in her arms, set forth on her new life as a mother.

**This essay was the winner of the SRPC Student Essay Award 2009.**

**Competing interests:** None declared.

---

## INSTRUCTIONS FOR AUTHORS

---

The *Canadian Journal of Rural Medicine (CJRM)* is a quarterly peer-reviewed journal available in print form and on the Internet. It is the first rural medical journal in the world indexed in Index Medicus, as well as MEDLINE/PubMed databases.

*CJRM* seeks to promote research into rural health issues, promote the health of rural and remote communities, support and inform rural practitioners, provide a forum for debate and discussion of rural medicine, provide practical clinical information to rural practitioners and influence rural health policy by publishing articles that inform decision-makers.

Material in the following categories will be considered for publication.

**Original articles:** research studies, case reports and literature reviews of rural medicine (3500 words or less)

**Commentary:** editorials, regional reviews and opinion pieces (1500 words or less)

**Clinical articles:** practical articles relevant to rural practice. Illustrations and photos are encouraged (2000 words or less)

**Off Call articles:** a grab-bag of material of general interest to rural doctors (e.g., travel, musings on rural living, essays) (1500 words or less)

**Cover:** artwork with a rural theme

### Manuscript submission

Submit 2 hard copies of the manuscript to the Editor, *Canadian Journal of Rural Medicine*, PO Box 4, Station R, Toronto, ON M4G 3Z3, and an electronic version, preferably by email to [cjrm@cjrm.net](mailto:cjrm@cjrm.net), or on CD. The preferred electronic version is an older Word format (in doc format such as Word 2003 or older — not docx). Digital art and photos must accompany the manuscript in separate files (see "Electronic figures and illustrations").

Hard copies of the manuscript should be double-spaced, with a separate title page containing the authors names and titles and a word count, an abstract of no more than 200 words (for original articles category), followed by the text, full references and tables (each table on a separate page). Reference marks should be typed in the text and enclosed by brackets <1> and listed in the order of appearance at the end of the text and not prepared using electronic EndNotes or Footnotes. The approved style guide for the manuscript is the "Uniform requirements for manuscripts submitted to biomedical journals" (see [www.cmaj.ca/authors/policies.shtml](http://www.cmaj.ca/authors/policies.shtml)).

Include a covering letter from the corresponding author indicating that the piece has not been published or submitted for publication elsewhere and indicate the category in which the article should be considered. Please provide the name and contact information of a potential independent reviewer for your work.

### Electronic figures and illustrations

Illustrations should be in JPG, EPS, TIFF or GIF formats as produced by the camera at a minimal resolution of 300 dpi (typically a 2 mega pixel or better camera for 10 × 15 cm image). Do not correct colour or contrast as our printer will do that. Do not include text or captions in the image. If you need to crop the picture ensure that you save with the highest quality (lowest compression). Do not scan art or reduce the resolution of the photos unless you indicate in the cover letter that you have done so and will also be forwarding high resolution copies on either CD or as camera ready art.

### Written permissions

Written permission must be provided for the reproduction of previously published material, for illustrations that identify human subjects, and from any person mentioned in the Acknowledgements or cited as the source of a Personal Communication.