

Four pushes later, and not a word more

Danette Dawkin, MD
Family Practice Residency
Program, University of
British Columbia, Fort
St. John, BC

Correspondence to:
Danette Dawkin;
d.dawkin@alumni.ubc.ca

It is 2:30 on a cold, dark, blustery February morning. I am a first-year family practice resident on my maternity rotation in Fort St. John, northern British Columbia, population 19 000.

SITUATION REPORT: an active (and hopefully uncomplicated) labour at 7 cm dilation; a 35-weeker with symptomatic pregnancy-induced hypertension, brisk reflexes and possible HELLP; a PPROM, 31 weeks and 4 cm dilated, awaiting air-evac to BC Women's Hospital; a prolonged but progressing induction we *wish to God* we never induced; 1 RN; 3 LPNs; a full patient ward ... and me. I can't remember the last time I ate or peed. I need a β -blocker. Now. Except I have asthma. Damn.

In walks a tall Russian-German Mennonite woman, 41 weeks, G5, P4, L4. She casually states in her more-Russian-than-German lilt that she is "havink za baby." She is plain but pretty, her long, mousy brown hair pulled into a French braid and contained by a carefully pinned black-lace kerchief. She is wearing nylons under her long dark-red skirt, and black Reebok walking shoes, despite the weather. Her high cheekbones are smattered with fine freckles, and her cheeks are flushed from the cold. Her eyes are framed by more smile lines than someone her age should have. Her husband is away at camp — they are trying to reach him. The kids are with her sister at the farm. She drove herself the hour and a half into town to get here. Alone. In labour. On gravel roads. In midwinter. In low visibility. With blowing snow. She is completely calm. I am pretty sure she took my β -blocker.

She is settled into the lone remaining bed on the ward. She is 8 cm dilated and wants to push. Her membranes rupture. THICK meconium. Glances are exchanged. We triple check the resuscitation equipment and suction. Another 10 minutes. Fully dilated. It is time to push.

Other than a slight sheen of perspiration on her forehead and an increased respiratory rate every 2 minutes (exactly), she has not said a word during any of this. No complaints, no analgesia, no unpleasant utterances, no bodily dysfunctions, not even a *little* vomit. She even smiles slightly when the contractions pass. Having screamed, sobbed, sworn *and* spewed my way through the birth of my 2 children, I am trying desperately not to be bitter.

The fetal heart rate falls and stays too low, too long. More glances exchanged. More hearts dropped. More lips bitten. My attending tells her gently, but firmly, that we need to get the baby out *now*. The room is silent, except for the alarms on the monitor.

Ping. Ping. Ping.

She looks at him with steely determination and suggests, in her more-Russian-than-German lilt, "My husbunt. He yoosis za chains to get za calves out."

More blinks. More pings. More silence.

And then she bursts out laughing. We all do.

Four pushes later, and not a word more, her beautiful baby boy is born.

Competing interests: None declared.

Winner of the SRPC's Medical Resident Essay Contest 2012, abridged version.