

Could be Reality Television - this is 100% a true story

It was a typical day on the L&D floor. Three ladies were on the board in various stages of labor, none of them imminent to deliver, and I, the lowly med student was reading and waiting for babies. We received a call from the ER stating there was a new patient coming up. She had come to the ER for upper abdominal pain, the patient suspected severe heartburn which she'd been having for a few months. The ER physician though, thought she was pregnant, which is why he called us. Wait. Possibly pregnant? As in had no idea she was pregnant before this? Isn't there a TV show based on this premise? Everyones' first comment was, "Is she morbidly obese?" I mean, that's clearly the most logical explanation for a woman not knowing. The next was, "Is she young? Too young to understand?" Nope, 28. The clerk then added, "She says her religious preference is Pagan." Correct me if I'm wrong but isn't that the one where they worship mother earth and the rhythms of nature in their bodies? Much speculation followed until the illustrious arrival of our now-famous young lady.

After she was wheeled in I followed the resident and attending into the labor room. A young woman was lying in bed with her boyfriend and an older woman, possibly the boyfriend's mother. She was fair with a shock of maraschino red hair, Brunette roots and blunt bangs like Betty Paige. She was also really, *really* pregnant. Her torso was like an isosceles triangle (like your arithmetic teacher always told you - as wide as it is tall). She looked vaguely but not exceedingly perplexed. As the hubbub of preparations began around her and the fetal heart monitor starting ticking at a happy 140, our attending doctor announced, "You're pregnant." This was met with very a minimal ripple of perceivable reaction. The soon-to-be-mom seemed to chew over the idea for a moment and said, "I'm pregnant? So that's what it was... Well is it a boy or a girl?". What a trooper. Boy or girl, though, not so much on our priority list. Her slightly breathless woman I assume was the mother-in-law burst out, "See I knew it! I said it with 99.9% certainty!" Again, little perceivable reaction from soon-to-be-mom or boyfriend. What's your relation to our patient again? The boyfriend reached over with his ornately tattooed arm and held her hand, his studious black rimmed glasses and narrow eyes showing possibly tender concern. Of course, our patient did not have any prenatal care, or any sort of formal medical care in many years. Her last hit of marijuana was a few hours ago and she regularly consumed a ritual drink which included among its various ingredients, a shot of vodka. Surprisingly, and to everyone's relief, the ultrasound showed a vigorous term baby, with no problems that could be detected. Really. How do you not know you've got a baby inside you, especially one that was clearly kicking and wiggling regularly.

She was in latent labor, with regular but infrequent contractions on the monitor. She refused an epidural but agreed to IV fentanyl, and we watched her closely for any signs of fetal distress. We went to check her at the two-hour mark – the intern on deck, me and Dr. B our attending of the day. The exam was uneventful showing minimal progression when suddenly the baby's heart rate started dropping precipitously – 100...80...60! Oxygen mask, hands-and-knees and other maneuvers failed to raise the heart rate and I ran to change for a crash section. Typically, there were no scrubs of any decent size (I stand a lofty 5'2 on the best of days) to be had for love or money on the OB floor and all I could find was a medium top but no bottoms to speak of. I rushed out to find my intern saying she had to stay on the floor, the attending said, "What am I going to do for a surgical assistant?" I peeked from behind the intern and obediently raised my hand waiting silently for approval. "You! Med student. Come with me, crash section!" I ran with behind the patient's bed and rode the elevator down as the attending

explained the procedure to our mom. “The baby’s heart rate is very low, we’re not sure of the reason but we have to get baby out now with a C-section.” The patient looked truly alarmed this time asking, “Is the baby ok?” “Yes, for now, it’s only been a few minutes.” When we reached the surgery floor I split from the group and yelled, “I’m going to get changed!” with a brief nod from my attending. I slammed into the women’s locker-room door and started flipping through scrubs hoping the OR was better stocked than the OB floor. I became more and more frantic all I found in the ‘small’ and ‘medium’ shelves were L and XL and XXL tops and not a single bottom to be found! There’s a baby that needs to come out people would it kill you to stock some small scrubs?? I finally uncovered an XL bottom. I shucked my pants and put on the XL bottoms... which immediately fell down. I twisted them at the waist and tucked them into my underwear... and they immediately fell down. Finally I put my pants back on again, put the scrub bottoms on over them, tucked them into the waist and I was finally ready to go. The attending was already draping the patient and in my haste I scrubbed my arms without putting on a face mask. I back my way into the OR ready for a change, and was immediately rebuffed with, “You don’t have a mask, re-scrub.” Great. My first direct activity with Dr. B and I look like a total twit. I re-scrub and gown up just in time for the first cut. A few slices and rips later we were past the abdominal muscles. My attending grabbed one side of the peritoneum and said, “Grab and pull as hard as you can.” I grabbed my side, leaned back and heaved-to. I felt muscle stretching and then separating under my hands as the peritoneum gave way. The gruesome thought that popped into my head was ‘this feels just like the muscle tearing when de-boning a chicken breast’. We literally used all of our body weight to stretch, and I was slightly terrified we would reach a critical pressure where the patient’s abdominal cavity would simply tear from side to side, but our tremendous effort only produced a few precious inches of stretch. Another slice, slice, liberal use of a strong fingertip on the uterus and we were in. We received a deluge of murky fluid flecked with baby cheese and a fuzzy head pressed against our incision. The opening was small and pushing on the abdomen alone didn’t yield a baby. I stretched up on my tiptoes, elbowed mum in the gut and, with several tries and much protest, a blue writhing baby squeezed out. Sterility rules be damned! The pediatrician retrieved baby which began to cry with a sound like a strangled cat. The nurse looked up at the attending and hesitated before saying, “Does that baby sound funny to you?” “Nope it’s just baby sounds, every one sounds different.” The nurse and I made eye contact for a moment and moved on. Definitely like a strangled cat, though maybe it was, as the attending said, just the way this baby was. The uterine artery tributaries were gushing blood, like two hidden Niagras filling our field of view with red. We stitched and tightened and after three layers of closure, we stopped the bleeding. And by we, I mean Dr. B while I held tension on her suture and tried to control my heartrate. Dr. B closed the fascia, we stapled. A hearty massage produced a small river of clot and blood, after which mom’s vaginal bleeding slowed to a minimal ooze. Baby’s APGAR’s were 6 and 9 (normal vigor after birth), we all thanked each other for a job well done. Mom, exhausted, chose not to breastfeed and baby was placed in the very capable hands of our nurses. Maybe one day I could guest-write on an episode of I-Didn’t-Know-I-Was-Pregnant? This day reminded me that life is more profound and exhilarating than even the best reality TV.