

# ART IN MEDICINE

## The Birth

Paula Lyons, MD

**I**t is 2:30 AM. I am sleeping the drooling, snoring sleep of the exhausted intern, when my beeper, the bedside telephone, and the PA system all go off at once. My brand-new medical student, Chris, shrieks briefly in the bunk above mine.

Heart pounding, sweat starting from every pore, I wrestle with my socks and blood-stained sneakers, the only articles of clothing discarded before dropping on the bed. "Damn," I mutter. "Never take off the socks." Certainly this call will be breech twins or an ectopic bleeding internally. All these dreaded emergencies shove me smack up against my own inexperience and apprehension, along with the added burden of the patient's real terror and peril.

"Dr Lyons, Code 90, Dr Lyons, Code 90." A birth in the emergency room. Great. How could the hospital planning committee have placed labor and delivery and house staff sleep rooms on the top floor, the 16th, and the emergency room in the basement? As I frantically pound the elevator call button, Chris staggers up, and Margie, the night nurse, joins us with the "Birth out of Asepsis" kit. Our crew calls it "Baby on the Fly." ("She's crowning in the parking lot, bring Baby on the Fly!") It has clamps for the cord, a bulb suction to remove the gook from the baby's mouth and nose, a stainless steel bowl for the afterbirth, and more—everything one needs to perform a "routine" vaginal birth anywhere.

As the ancient elevator moans in the shaft, Margie and I share a grimace of impatience. Margie is someone I like and admire. She has an unpronounceable Polish name and thick black hair. Braver than me, she smokes, dates cops, and has delivered more babies in her 10 years of nursing than I have as a second-month intern. I am glad she is here. The elevator arrives, a behemoth to be rushed by no one, and we three descend into the maelstrom.

The emergency room greets us with a blast of heat, noise, confusion, and the smell of half-digested Thunderbird wine. Around us, people reek and bleed and sweat and pray. It is surreal.

A scrub-clad blonde with enormous breasts and blank disc eyes betraying too many nights in this raw environment waves us in the general direction of number 7. "In there. . . . Montgomery's layin' an egg." Montgomery is the internal medicine resident assigned to the emergency room nightshift this month; a nice guy who will someday be a fixture in his native New York. His distaste for obstetrics is common knowledge. As we enter the room, I see him pale, distraught, holding his gloved hand against the perineum in the manner of a traffic cop: "Stop!" In this fashion, he is impeding, rather than assisting, the birth. "Christ!" he explodes. "It's about time you got here!" I pat his shoulder briefly, with affection. He has saved my butt at many "Code Blues." In residency, the premium is on "Knowing What to Do Next,"

From Pasadena, Maryland.  
Correspondence should be  
addressed to Paula Lyons, MD,  
PO Box 1316, Pasadena, MD  
21122.



## LETTERS TO THE EDITOR

and there is just too much for any intern, however dedicated or bright, to know.

Despite my own misgivings, I wink reassuringly at Chris as Montgomery leaves, and notice there are too many people in the 9 × 9 ft cubicle. Many wear the paper and plastic bracelets that identify them as patients. They crowd into the room, watching *ER* on a Saturday night, intent upon glimpsing a bit of truth in the bloody perineum and the woman's cries.

I evoke my father's persona, hoping to borrow, or at least imitate, his unarguable authority: "If you're not DIRECTLY involved in this birth, GET OUT!" A few timid souls scatter. Others stand their ground. The bold stare of a well-muscled youth challenges me. "Are you the father?" I snarl. "No way," he replies with disdain. "Then piss off, before I call Security." I show him my scalpel, and he melts away, as do the rest. Margie, Chris, and I are alone with the laborer. Chris shuts the door, but the heat and the odors of Baltimore and imminent birth remain.

I look at the most visible of my two patients, and try to smile at her, but she is well beyond polite contact. In the throes of second-stage labor, she howls. Her hair is red, naturally so, and tightly curled. She is wearing only an oversized T-shirt, its hem now bloodstained, that reads "Eat Bertha's Mussels." A lizard is tattooed, inexpertly, on her ankle. It is level with my nose, as she writhes in the stirrups. No one has accompanied her.

I am ignorant of the status of the fetus, and this frightens me. "Get the Doppler," I snap. Margie systematically charts the gravid abdomen with a miniature ultrasound probe. Ominously, there is only static. Where is the reassuring, washing-machine "swish-swish" of the heartbeat? Margie's eyes meet mine, grim, and I am gripped with the horrifying image of delivering a dead baby. I panic. "Get me some Simpson's!" I have never used these forceps without supervision. "Call the second-year!"

I manage, with the imperative of that awful vision lending substance to my soprano, to pene-

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trate the corona of suffering that surrounds the woman in labor. She hears me, and for just an instant, I can fix her rolling eyes. "Push!" I command. She does, with vigor, and the head, full of blood-and-amniotic-fluid-matted hair, leaps from the introitus. I wince, knowing this will mean many stitches, and silently curse my own lack of control.

After briefly suctioning mucus from the gray mouth and nose, I grasp the wet head and pull, first down, and then up. As the infant slithers into this precarious world, I catch a glimpse of her tiny swollen labia. I secure the slippery fish

in my arms, and hear, with relief, the miraculous outraged wail, see the cyanotic skin become pink. My trembling gloved fingers clamp and cut the cord. Behind us, Chris quietly vomits in the sink.

The mother, now quiet after her excruciating ordeal, without comfort, companion, or analgesia, lifts herself up on elbows, and eyes the new arrival. "Jesus, a girl," she laments, and flops back on the gurney, crossing her arms over her face. We try to show her the scrappy mite, now dried and wide-eyed, blinking at the lights, but she won't look.

Just then, Melissa, the second-year, appears at my elbow. "What the hell's going on?" she says. "I was just about to scrub in on a great case, and then I get this crazy message about you wanting forceps in the ER." I feel ashamed. "I got scared," I whisper. She taps me gently on the head with the chart and smiles. This is a kindness. Then she leaves.

I sew the third-degree tear, feeling rotten, and try to speak to the woman, but we have no common ground to build on. She is impatient: "Ain't you done yet?"

After she is deposited into the postpartum ward, I am swept away into the chaotic rhythm of our busy city labor and delivery ward, and forget about her. It is not until 6:00 AM, after delivering a handful more of white, black, and Mideastern babies, that I think of her and her infant again, and venture to the nursery.

There she is! A standout, carrot-top, eye-catch-



ing amidst the muted tones of the rest of the newly born. Her large eyes are open, and she frantically sucks her fragile fingers, which have somehow found her mouth.

A nurse sees me, waves through the display glass, and runs to the hallway door. "Hey," she greets me in acid tones, "the Madonna's gone."

"What?"

"You know, the ER delivery. Left in the night."

I run to the woman's room and it is indeed empty. She has taken all the clean sanitary pads. "Good," I think absurdly. She has stripped off the flowered hospital gown, and left it balled upon the linoleum. Looking for clues, seeking some understanding, I enter the bathroom. There is only a bloody footprint on the floor, soon to be obliterated by Housekeeping.

Dizzy, fatigued, and with pounding head, I return to the nursery glass, and lay my hot forehead against the cool surface. My eyes are angled downward, and after a moment, I make out two drips of blood, barely dried, looking back at me from the floor, and I know. She stood here. She

looked at her tiny girl, in the plastic bassinet, and thought. What did she think? Did she view her own act as abandonment, or the most piercing sort of bravery? Did she resolve not to risk her small daughter in her own world where 17-year-olds sport homemade tattoos, and bear their children alone, in pain, among uncaring, gawking strangers? Or could she feel nothing but her body's incessant screaming for the next fix? I don't know, and I'll never know. Would I never see "Bertha's Mussels" again, or would she arrive in the ER 3 days hence, septic, with a raging postpartum endometritis?

As I lean against the glass, watching the wail begin to fuss and then to squall angrily, I feel very young, and ridiculously naive. Only one thing seems certain: that I know nothing, understand nothing, of these people whom I have fantasized myself saving. My years of sterile study, Anatomy and Physiology, seem suddenly beside the point. Here begins my true education. I will have to wrestle repeatedly with harrowing coursework such as this, before earning my true degree.