

3:43 AM

By Sunidhi Ramesh

It was 2AM, and I was the only medical student on the labor and delivery service. It was my last night. I was sleepy. I had two shoelaces tied around my thigh in an attempt to practice throwing knots.

One of the residents came in to ask me if I wanted to see a triage. I obliged; in fact, I was *excited*. Finally, some action.

“Decreased fetal movements” was all I knew about Jess before I walked into the exam room. She was 21 weeks pregnant. She hadn’t felt any movement since the afternoon; she had a throbbing headache and a 103.5 fever. This didn’t look good. I called for back-up. The resident reeled in an ultrasound machine, hoping to give all of us (Jess especially) some good news. It didn’t come. The fetus was tachycardic. Jess had an infection... and a dire version of it.

The resident tried to do the careful dance of explaining what needed to happen; the fetus had to come out, or Jess *and* the fetus would not make it through the night. Her eyes welled up. She wanted to call her husband who, because of our precautions with COVID-19, had been forced to wait in the car. The two of them talked for a while, as the resident and I waited outside. A few minutes later, Jess ushered us in.

“I want to try to labor,” she said. Her uterus had already started contracting— an ominous sign that her body was attempting to eject the infection on its own. The resident (and the attending physician who had joined us) tried to explain this was dangerous— that, regardless, her fetus was below the age of viability. That, no matter how the fetus was removed, it would not survive. That the other option (a dilation and evacuation, a D&E) would be safer, more controlled, and more promising in allowing her to carry a child to term in the future.

But, Jess was adamant. She didn’t want to give up, and I later found out why. This was not her first fetal loss, but her fourth. She had no children of her own at home. She was older, what OB-GYNs call “advanced maternal age,” and she knew it. We walked out of the room again, telling her to take a little time to think about her options. I watched her monitor from the TV in the residents’ lounge; the fetus’ heart rate was climbing. 170’s, 180’s. Jess was getting sicker as she lay in our triage room.

The attending left to talk to Jess alone; I stared at the knots I had tied earlier. How did I have the audacity to be *excited* walking into the worst day of Jess’ life? She woke up this morning with a fetus growing inside of her, and she would leave tonight without one.

I felt sick and walked into the locker room to get a drink of water. Maybe I shouldn’t have chugged that coffee earlier.

The door opened with the resident pointing at me again. “We’re doing a D&E downstairs,” she said. “Are you okay with being there?” I knew what I was in for, and I agreed. I wanted to be there for Jess and to know what hundreds of women endure every day. “I’ll meet you on 7 Gibbon. Text me when Jess is down there, and I’ll come over,” she told me. I walked down the glass hallway and checked my phone. 3AM.

The ICU adjacent to the ORs was cold, and an older patient across the hall yelled at me as I walked by. Jess was on a bed in the corner of the room. I walked over and asked her if she was cold too. We got her some blankets, and she closed her eyes. The silence was deafening. I felt an urge to fill the void, but I had no words to say. What do you say to a woman who has been told she has to relive a loss she has lived three times before?

Jess’s contractions were stronger now. Her body was fighting itself... vigorously. She writhed in pain on the bed, and I held her hand in silence. As the anesthesiologists shuffled by, I asked Jess if she wanted me to update her husband on what had happened. She nodded and gave me his phone number, telling me he was still waiting in their car downstairs. How cruel, I thought. How cruel that the two of them have to mourn this loss *in the same building*, alone.

The OR was colder than the ICU. My job would be to hold the ultrasound probe in place as the resident and the attending physician completed the D&E.

Jess went under quickly. The room became quiet and methodical.

The clock on the wall read 3:43AM. I put my probe on her abdomen and... another surprise. There was no heartbeat. Between when I had first walked into the triage room and this moment, the fetus had died.

The procedure itself was quick—no more than ten minutes. I tried not to get caught up with the emotions and the sheer calamity of the moment. I tried to stay stoic—to not think about how Jess may have felt the other times this had happened to her. I tried not to think about how she would feel going home, empty-handed. How she would have to break the news over and over and *over* again to her friends, her family, and to the people she loves. I tried not to think about her husband, alone downstairs—wearing a mask in the name of this pandemic that perhaps hid his emotions underneath.

I just stood there and moved the probe. Up, down, left, right. Up again. And it was over.

The resident squeezed Jess’s hand to wake her up, telling her the procedure was over and that it had gone well. She stirred and mumbled something. She mumbled it again. I leaned over to hear her better, until I could finally make out the words. “Where is my special baby?” I tried to stop the tears, but I couldn’t; they welled and slid under my mask.

We told her the baby was a boy and she could see him once the “doctors downstairs” (the morgue) were able to take a look at him. “It’s a boy??” she exclaimed excitedly. “My special

baby is a boy??” The resident nodded, knowing we would have to speak to Jess again once the anesthesia wore off. I held her hand as we drove the bed back to the ICU.

It’s been a few months now, but I still think about her every day. I had thought that night did not phase me, that I was unaffected by the reality of what went on in that OR; but that is far from the truth. The truth is I have been lucky in my training thus far to have seen only the beauty and the magic and the inspiration that ties so neatly into medicine.

That night reminded me there is another side—one of human suffering and pain. When I applied to medical school, I touted that side of medicine. Now, a few years later, after seeing a dozen births and my first death, I am realizing it is not what I thought it was—it is more fluid and raw and real. And, for me right now, knowing that much is enough.

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