

Postpartum Blue

By Hannah Kimmel Supron

Sometimes, when I close my eyes, I see the cleft lip and palate. The image of the stillborn baby with his mouth split open - pink gums curving up to his left nostril. The sterile blue background of pathologic specimens peeks out from around his light brown tufts of hair, around the curves of his cheeks. At least his eyes were closed.

The question asked me about the most likely genetic mutation, the site of the mutation, or the risk factors. I just stared at the image as the seconds ticked by. The autopsy image was on the right-hand side of the screen, next to some histology slide that I ignored. The images were below the running clock. I had eight more questions in the block, my fifth or sixth of the day. I was nearing the end.

I blinked and leaned back in my chair as my eyes glazed over, still fixated on the missing millimeters of upper lip. I should have brought a lumbar support pillow, but I forgot it in the morning, more focused on how the forecasted rain might slow traffic. I should give myself more time and leave now, I thought. I ensured that all my other items were packed - especially the sticky note detailing my proposed break time meals that topped two meticulously packed bags of snacks and drinks. But I forgot the lumbar pillow.

My right hand stayed on the Prometric computer mouse as my left hand landed on my belly. Totally relaxed, I was certainly showing now. Still small enough that when standing upright or with attention to engaging my core muscles, it was not perceptible. Breathing in and out, I wondered where my son's face was relative to my hand on this dome protecting him from the world. During our anatomy scan, the technician pointed to the outline of his lips, his nose. Ultrasound is limited - was there anything we couldn't see?

Each USMLE exam seems to have a theme. Or maybe it feels that way because we pay greater attention to the topics we feel weak on, hoping for mercifully few pharmacology or neuropathophysiology questions. The experience of floundering for the least wrong answer engages our own sympathetic nervous system, and those answers that we don't immediately know linger long after the block ends. This time, my exam seemed to focus on miscarriages, preterm babies, stillborns, and 30-something-year-old mothers who were previously healthy but died shortly after labor. Which of the following is the hypersensitivity type for the reaction that led to demise?

Was it by chance that my exam had so much embryology and pathophysiology like this? Or am I just attuned to finding it everywhere I look for these nine months? I have to remind myself that the abnormal findings are what we medical trainees see and hear about the most. When peers find out I am pregnant and respond with the recollection of a flurry of motion on the labor and delivery floor when they witnessed a shoulder dystocia during their night shift, I nod and remind myself that is not the norm. The pit in my stomach of all that could go wrong, the risks at every time, is borne in part from too much knowledge and not enough experience. Acknowledging that doesn't stop my heart quickening or eyes welling with tears when I read a question stem and see myself reflected back.

We picked out sheets for the bassinet. I selected the colors and prints - all white or soft gray pinstripes, gravitating away from the bright blues suggested by the retailer for my baby boy. When he's born, I want to see his head against a muted background.

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