

Heartbeat  
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The day my sister's child was born I went for my first pregnancy ultrasound. My husband was signing for our new house, so I went alone, but he was texting me for updates in the clinic as I waited to go back. I felt nauseated all the time and could feel my body changing with the first stages of pregnancy. I couldn't wait to call him and tell him all the details as I waited for my OB to come in and start the ultrasound. Friendly and efficient, she pulled down the drape and put gel on my abdomen. I watched on the screen next to my bed as the images came up. I could see my uterus right away and a little blob that I figured was the fetus. I waited to hear a heartbeat. But, instead, my doctor said carefully, "Let me see if I can get a better look with a transvaginal." Something wasn't right. I was far enough along that she should have been able to get a good look already. I suddenly felt frigidly cold, willed myself to stay nonchalant, knew she was gearing up to deliver a huge disappointment.

My doctor that day was pitch perfect. She sat with me for almost an hour. She told me about her own losses, normalized my misery, held my hand and said everything I was feeling was normal. I walked out of the clinic feeling hazy, suddenly exhausted, unsure what I was supposed to do next. "Do you need a follow-up appointment?" One of the clerks said. "I guess not," I answered.

As I walked out of the building, my siblings and parents were calling to hear updates. I ignored all of them. I couldn't imagine announcing something like this the day my new niece was born, so I just avoided saying anything. I called my husband instead. "There's nothing there," I told him, "She couldn't hear a heartbeat." Silence on the other side. "Where are you right now?" He asked me. "Sitting on the curb outside the hospital," I told him. "I'm coming," he answered.

I called another friend and said we should all go drinking since now I could have cocktails again. I decided that night to shake it all off. "It was just a chemical pregnancy, really," I assured my family. I took the misoprostol tablets and waited for everything to bleed and cramp its way out. The pain of all the bits coming out of me was sinister, but I figured it would end quickly. My doctor called in the middle of it. "I'm checking on you. How are you feeling?" She asked. I answered brightly, "Oh, yeah, just some cramping, but I'm sure it'll be over soon." I returned to the bathroom to watch the bright blood, darker clots, and pieces of tissue continue to push their way out. I tried to remember back to embryology class. "Is that what a tiny fetus looks like?" I wondered to myself and my husband.

I didn't ask for time off work. New Zealand recently passed legislation entitling couples three days of paid leave after they experience a miscarriage.<sup>1</sup> It felt like a revelation when I read about that, but when I was going through it this didn't even occur to me as something I might need. I trained at a male-dominated medical school where we were told during an introduction

to the orthopedics residency that “one man is worth two women because most of the women need time off for kids anyway.” In four years of medical school and three years of internal medicine residency, I had a total of zero discussions on trauma-informed care, breaking bad news, resilience training, grief support, or personal wellness. Instead, I felt pressured to push my physical and psychological reactions aside and always put the job first. At some point, this stuck. I’ve gone to work with glass embedded in my face from a bike accident and a concussion. I’ve taken ICU call while vomiting from gastroenteritis. I worked the weekend my cousin shot himself. And, always, I felt stoic, dedicated, proud. Never did it occur to me that perhaps someone would have given me one or two days to recover from any of these things – that maybe it might even be better for my patients if I did. I didn’t understand how to ask.

After this miscarriage, I told everyone “I’m a palliative-care doctor. People lose their children and their parents. This is nothing.” Some doctor friends sent me flowers with a note saying, “Everything you are feeling is okay.” “What if I’m feeling nothing?” I thought to myself.

My first day back in my busy hospital in San Francisco a few days later, I picked up a full panel of consults. I told no one what I was going through. Inpatient medicine has a way of taking your mind off everything. I figured that would be useful. One of the patients on my list was in the local papers. A woman in her 30s, like me, she had suffered a massive seizure while awaiting surgery for a brain tumor. She was in the ICU in our large teaching hospital, suddenly unable to talk to anyone or respond in any way. But the reason she had ended up in the papers was that she was also in the third trimester of her pregnancy. Our hospital had set up an open ICU room next to her in case she started to die and needed a crash c section to save her baby.

I shrugged off the idea that this might be too much for me on my first day back. I’d spent years witnessing other people’s trauma and supporting them and their families through it. Why should this be any different? Isn’t that what doctors are supposed to do? I grabbed my white coat, stethoscope, and a small notebook. I hurried over to the neuro ICU, washed my hands, and quickly slid open the sliding glass door. I stepped confidently into the room and immediately saw a woman my age with her head shaved and staples in place from the brain surgery she went through after her seizure. Like all the thousands of ICU patients I’ve seen, she had wires everywhere connected to beeping monitors. Her athletic husband sat nearby, hypervigilant, searching her constantly for signs of consciousness. Their wedding pictures from the year before were tacked all over her wall as well as framed photos along the windowsill. She was smiling in them, with striking green eyes and glossy hair, completely alive. I stood quietly taking it all in, maintaining my professional composure. But suddenly I realized the low beating sound wasn’t my patient’s monitor. It was her baby’s heartbeat on a fetal monitor. Buh dum. Buh dum. Buh dum. I stood there paralyzed, completely without words, impotent.

Feeling dizzy and confused, I walked behind her bed and pretended to stare closely at the wedding photo near the window. Really, I was trying to compose myself. “Get a grip, Marcia. Get a grip.” The grand imbalance of it all - the absence of heartbeat for me, the low incessant thumping in that room, me completely awake and normal, this patient unconscious and unable to communicate. It all just hit me at once, and I was smacked with a physical grief so exquisite I

almost couldn't stay upright. I felt both a tremendous sadness for her and a paradoxical yearning. I didn't want to be in that state, but she had a baby who was alive right then. I stood staring at one photo in particular, her enthusiastic smile, her hair waving in the breeze, her husband right next to her beaming on some outdoor adventure. All patients should have pictures around them like this to remind us there was a life before this sterile hospital cell. Finally, I shifted my gaze out the window and told myself, "Everything you are feeling is okay." And then I walked back around to the side of her bed.

#### References:

1. Frost N. "New Zealand Approves Paid Leave After Miscarriage." *New York Times*. March 26, 2021: 9.