A Breech Insecurity

Early in my 2nd year, I met a young couple for prenatal care. The mom-to-be was a pharmacist and her husband was a PhD candidate. Each visit they came together with a list of questions. They were smart and funny. I eagerly anticipated each visit. Her pregnancy was uncomplicated—normal exams, weights, labs and ultrasounds. They had a strong desire to have a natural childbirth and were interested in a dula. By the 37th week, we had a strong bond, so I was really happy when she arrived in triage after rupture of membranes. She was checked in triage and was dilating with regular contractions. She was covered during the day by our family medicine resident and I received a call later in the morning to report that her baby was in the breech position. I came down from the MICU to see her as she was being consented for a cesarean section. It was horrible to watch her eyes as the surgeons talked about the risks of surgery and the risks of a vaginal delivery. I could see her dream of a natural birth crumble. Over and over in my head I replayed the recent Leopold exams from our clinic visits. I now realize that what I thought was the head was really the hips. I was crushed—this was one of my favorite families and I felt that I had let them down.

I processed the events with my faculty on call during the c-section. We spent time talking about the morning, things that could have been done differently and then tried to frame the experience in a positive way. Mom and baby did well during the surgery. At the end of the day, everyone was happy and healthy. At the subsequent visits, different lists of questions reinforced our strong relationship—this time about newborn care. I continued to look forward to our appointments and I think that they did too. Unfortunately, the family moved to Minnesota when the father found a teaching job. I received a Christmas card from the family that year and everyone was thriving.

Even though this experience was awful as it was happening, our ultimate goal of a healthy baby and mother was realized. There were several lessons that I took from this series of events:

--Personal relationships with families are really important and the strong bonds are crucial when the unexpected happens.
--I always ultrasound babies when patients are coming out of triage and have shared this experience with my fellow residents, some of whom have caught breech presentations earlier.
--I realized the importance of that early processing and reflection when unfortunate events occur.

As I transition to more of an attending role, I hope that I will be able to use this technique with the residents and students I work with when things don’t happen as planned.