



*This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.*

### Dealing with Infant Mortality

Patient interactions and outcomes can often cause significant emotional impact as well as change how you practice medicine. Some outcomes can shake you to your core and forever change the way you feel and practice. One of these life-changing experiences occurred at the end of my third year with a continuity OB patient. I was taking care of a wonderful young mother of 2. Her pregnancy was uncomplicated from the start and progressed smoothly. She was getting anxious and ready to have her baby, the first boy in the family. She went into labor about a week after her due date. Her labor progressed normally at first, but then quickly, concerns arose. Fetal heart tones dropped rapidly from 120s to 60s. She was rushed to the back for an emergent C-section, and baby was born shortly afterwards with no heartbeat and no respiratory effort. Resuscitation was initiated immediately, and eventually, he had a heartbeat. The baby was taken to the NICU, and it was determined that he had no hope of survival. It was the recommendation of the neonatologist to withdraw care.

In the meantime, I was sitting with a stunned and panic-stricken father, trying to help him deal with these moments of crisis. When my patient awoke from the anesthesia, I told her about her son, his critically ill state, and unlikelihood of survival. This was the hardest thing that I have ever had to say to a patient. The raw, agonizing look of heartbreak on her face will forever be etched in my mind as the definition of tragedy. We then took her upstairs so that she could meet her son and then say good-bye. I felt completely helpless in these moments. I wanted to stay and be a strong presence for my patient, my newest little patient, and their family. I can't cry, I can't cry. I just kept telling myself that. Once I started crying, I wasn't sure that I could stop. A minister came into the room, and the baby was baptized. This was a definite comfort to my patient and her family. Afterwards, care was withdrawn, and the patient quickly left the earth after being here so briefly. I stayed a little bit longer, and then left. Once in the car, my tears flowed freely. I wept for my patient, for her beautiful boy who died way too soon, for her family, for my inability to save him, for my inability to keep her from this suffering, and for my insecurities on whether or not I could have created a different outcome.

I visited my patient every day in the hospital and visited once she was at home. Our relationship has grown stronger and stronger, as we share the bond of the tragedy she experienced and the sorrow we both feel. Staying connected with this patient and her family has been a comfort to me and to her. Another source of comfort has been my colleagues, who are not only colleagues but wonderful friends. They helped me through this hard time every step of the way. It is hard to experience something so tragic and not know how it could have been prevented. Just as my patient looked to her faith for comfort, I also have turned to faith for comfort and peace. Initially I thought that I could never practice OB again. But, I have delivered several beautiful, healthy babies since then. I think that now I take care of patients with greater compassion and humility. I will never forget that day on the OB floor. I don't want to. I want to remember my feelings and remember how fragile and beautiful life really is.