

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

Where Are You From?

My first continuity OB patient was Asian. We never had any conflict of beliefs, nor did I have a conflict of beliefs with any of my attendings regarding her care, but I did have a complete absence of knowledge of my patient’s beliefs, and this can be just as difficult a situation. Because of the large Hmong population that I care for, I had assumed that my OB patient was Hmong. She was a teenage mother and was not married by American law to the baby’s father. Prior to this patient, I had not spent much time talking about ethnic heritages with any of my Asian patients, primarily because most do not speak English. My OB patient was born in the US and speaks English as well as I do, although like many first generation Americans, still follows many of her cultural traditions. I am of European decent and most of my family has been in the United States for many, many generations. My family has many traditions, but these are very American in nature. One of the only cultural things that my family does is have a traditional Polish Christmas Eve without meat and with homemade pierogies and pzackis. Other than that one day a year, there is not much traditional European culture in my life, and it certainly doesn’t affect my medical care. Because of this I was uneasy about broaching the topic of culture with my patient.

I had heard that many Hmong patients have very strong beliefs, especially when they are pregnant and immediately post-partum. One of the items that I read was that you should never tell a Hmong mother that her child is beautiful because traditional Hmong beliefs are that this statement can put a mark on the baby for the evil spirits to recognize. I have seen other Hmong patients who have taught me that the mother must have a home to bring baby to or else the baby’s spirit will forever wander in the afterlife because they do not have a home. Since my patient was a teenage mom, I decided to broach the culture/beliefs topic by asking her about her home-life and what she planned to do once baby was born. She looked at me like I had three heads and told me that she would bring the baby home and the baby would live with her, her brother and her mother. That was the first time I think my patient thought I was nuts. But, it didn’t stop me because I truly wanted to provide the best care that I could.

At one of our next appointments I decided to ask her if there was anything that I should or shouldn’t say in the delivery room. Again, she looked at me like I was nuts, and said “I don’t think so.” Because of her very strange reaction, I felt like I must explain where that question came from, and I said many of my Hmong patients do not want me to comment on whether the baby is beautiful or perfect. This is when I learned that my patient and the baby’s father are both Laotian, not Hmong. I must admit that I don’t know enough about either culture’s beliefs to even know the difference, so at that appointment, I told my patient that she needed to teach me as we went along. She was thrilled to do so.

My OB patient, the baby’s father, and my OB patient’s mother were present for the labor and delivery. My OB patient’s mother is also one of my patients, so I knew her. However, she only speaks Laotian, so we communicate either through an interpreter or through my OB patient. Labor and delivery went great, without any complications, no pain control, and barely a perineal tear. Baby’s father cut the umbilical cord and I sent mom, dad, grandma, and baby home happy and healthy from the hospital two days after the delivery.

I have since had the privilege to follow up with the family many times, between newborn and monthly appointments and post-natal appointments. In the process of these many appointments, I learned that my OB patient had been engaged to the baby’s father for several years. In fact, they were

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already married in the Laotian culture, just not according to American law. I learned that it is uncommon in the Laotian culture for the father of a baby to live with the mother-to-be while she is pregnant. This is one of the reasons why my patient and her fiancé did not live together; the other was because she was still in high school and they didn't have enough money to live on their own. I thought it was a true reflection of how first-generation Americans often end up blending their two cultures.

At my OB patient's post-partum visit she told me "my mom wishes you had cut the baby's umbilical cord, and she definitely wants you to cut the next baby's cord." I thought this was kind of a funny thing to say, so I asked her about it. I was finally able to look at my patient like she was nuts, but then she explained to me that in Laos they believe that the baby takes on the spirit of the person who cuts the umbilical cord. She said her mother has so much respect for me and my manner that she wishes the baby would have taken on my spirit. I was very touched by this.

Overall I am pleased to say that I think the care of this patient went very well and could not have asked for a better outcome. I know that in the future I will ask patients about their cultural beliefs early on. A continuity OB patient is a great patient to learn from because you see them so regularly for so many months. I have since acquired another continuity patient who is of Swedish decent, but she married a Hispanic man. At one of her first visits, I asked her to tell me about their beliefs. It worked very nicely and I have found that patients like to teach me something!

I had thought that I was a blundering idiot in regards to my patients' customs and culture, (which I still think I was), but it turns out that all they expected from me was the best care that I could perform. In retrospect I think that my OB patient and her mother were pleased that I was interested in learning about their cultural beliefs. I think the biggest lesson that I learned from this patient is that although it is important to understand other people's cultures, but the most important thing is to be a compassionate, competent physician.