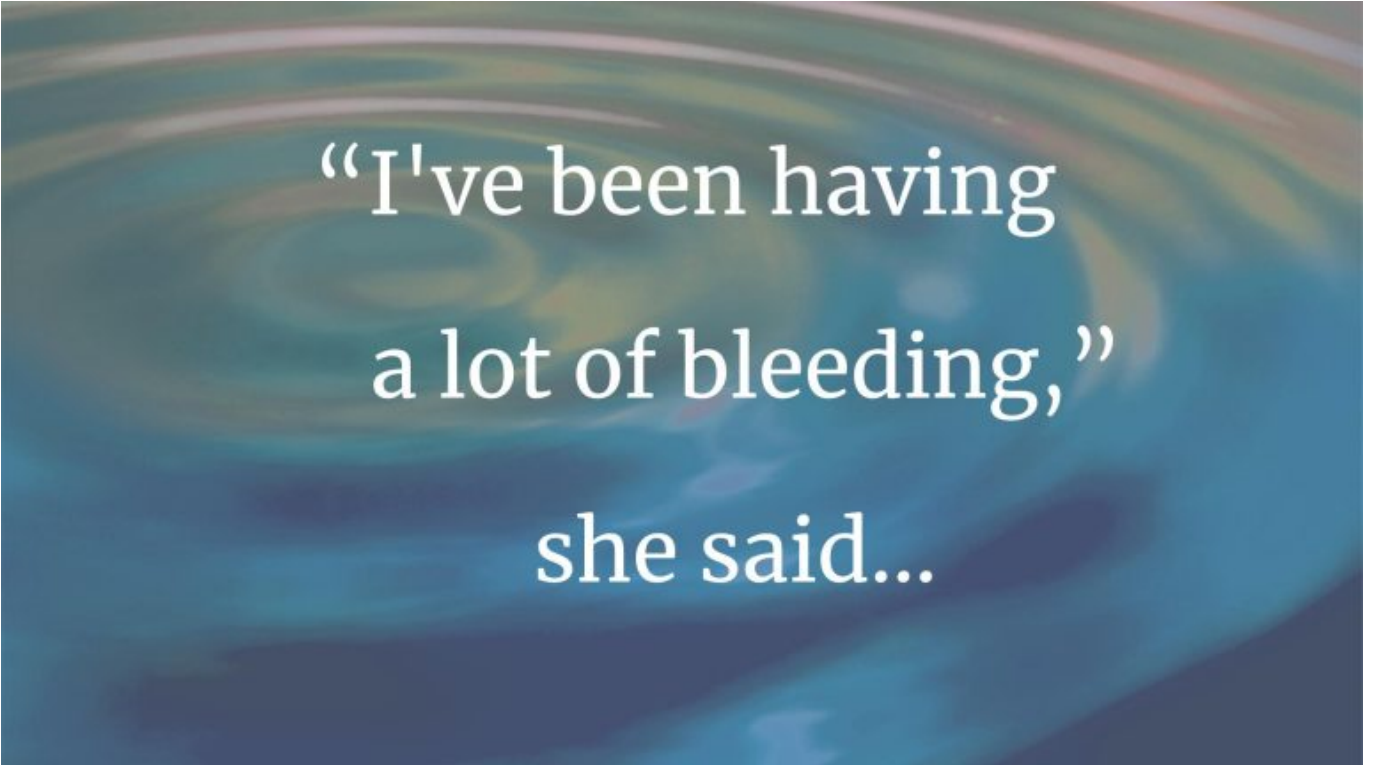


What Little Separates Us

Category: Stories

written by Adam Lalley | March 3, 2023



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Among the handful of patients who visited the emergency department one night in June with abdominal pain, rashes or fevers, I especially remember Michelle. She was a woman in her late twenties, eight weeks pregnant with her second child. I was a second-year resident, and she had come for help with something I'd already encountered over a dozen times in my training.

“I think I might be having a miscarriage,” she said. She stopped herself, then looked at me as if to gauge my reaction.

As calmly as I could, I said, “Okay,” meaning, *I'm here to listen. Meaning, Let's take it one step at a time, and we'll work through this together.*

“I've been having a lot of bleeding,” she continued.

She told me more about her pregnancy, and after a basic physical exam, I wheeled an ultrasound machine up to her bed. A few suspenseful minutes passed, but I eventually found a familiar speck within her uterus, right where it should be—and within that speck, a reassuring strobe-like flicker, 150 beats per minute.

The relief I felt on her behalf was familiar, too. Not only because I'd seen this with so many other patients—the instant relief, quickly followed by renewed uncertainty over what might happen in the next few weeks or months—but also because my wife had recently learned of her own pregnancy.

Ten weeks before I met Michelle, my wife Amy had tested positive for her first pregnancy—on the very same morning that she also tested positive for COVID. Immediately, we felt the uncertainty of what the virus might do to my wife, to her embryo or to the placenta. This uncertainty was compounded by COVID-era policies designed to protect patients in waiting rooms, which forced my wife to postpone her first visit with her obstetrician. As a result, we waited weeks to confirm that the embryo had implanted in the right place.

When my wife finally made it to her first appointment, her obstetrician warned of her “advanced maternal age” (a more palatable term for what used to be called a “geriatric pregnancy”), which boosts the odds of complications like preeclampsia and gestational diabetes.

As the risks and uncertainties piled up, my wife was aware, of course, that newly pregnant people often withhold the news of pregnancy until after the first trimester, and that the risk of miscarriage looms beneath this social norm. She did not know, as I do, the many shapes that a miscarriage can take.

Because I work in the emergency department, most of the pregnant patients I meet are suffering from complications. And when the worst happens, I’m frequently the doctor who must share the news, then help patients and their partners process their initial grief. As my wife’s pregnancy progressed—as we began to brainstorm names or shop for car seats—thoughts of those patients recurred more and more often in my mind, as did the question of what little, if anything, separates them from us.

Twelve weeks, I learned, is a long time to remain silent about the possibility of a new life. Now that my wife is further along and we’re sharing our good news with friends and family, they invariably ask us if we are excited. They want us to say yes. But excitement, at least for me, assumes confidence in a happy outcome. And though the statistics are now stacked more firmly on our side, my experience with patients in the emergency department is stacked on the other.

After everything I’ve seen, a pregnancy without hiccups feels like too much to ask.

Excitement, when it does come, takes the form of monthly ultrasounds. That’s our chance to see our future son’s face, already cast in the profile of a child. At our twenty-week appointment, we gazed in awe at his femur, shins and fingers. Staring up at the screen hanging from the ceiling, I learned firsthand that ultrasounds have medicinal power. I began to empathize with the pregnant patients who come to the emergency department with no specific, immediately treatable complaint—for abdominal discomfort that has already resolved, for example, or a single episode of vomiting a few days back.

For these patients, there’s little more I can do than offer them a glimpse of their child. And so I take the time, even during my busiest shifts, to wheel the ultrasound to their bedside. I rotate the screen toward their faces, find their child, then see something of myself in their expressions as they forget

for a moment that they're in a noisy emergency department, and perhaps even why they came.

People avoid hospitals for a host of reasons—the cost, the wait, the gowns, the crowds, the risk of contagion, the finality of a diagnosis they've been shunning. Above all, I find, some of my patients worry that I won't share their concerns, or that they'll be misunderstood.

"My wife is pregnant, too," I told Michelle as our visit was ending, hardly knowing why I said it. I hadn't told anyone else yet—not my parents, not my friends, not my colleagues—and I wouldn't tell anyone else for weeks. A part of me must have thought that it might help her to know that the stranger who'd taken care of her understood why she had come, and what she might lose.

Her face brightened, and she smiled as though we were just now meeting for the first time.

"That's so good to hear," she said, putting her palms together as if in blessing. "Best of luck to you and your wife!"

I am a different doctor now than I was only a few months ago. I find myself thinking often, with hope and apprehension, of the silhouette of our child sucking his thumb, the length of his bones, as something whose preciousness arises from its difficulty to obtain. I'm even more careful now on the pediatric side of our emergency department, more deeply moved by the rare deaths of young children in our resuscitation bay, by the times when I've placed toddlers on a ventilator or manually inflated their lungs, breath by little breath.

When I grieved with these children's parents in the past, I used to think their anguish sprang from the loss of all that they'd invested in raising a child. Now I see that their grief is all of that, and more.

The ultrasound images of our son's chambered heart remind me that in many ways his growth is already beyond our control, above our intentions, more than we've earned; our child feels less like something we made together and more like something we've been given—something given to us, but also *of* us. To lose him would be to lose a part of ourselves, irreplaceably.

So am I excited? Yes, of course, much of the time. But more than that, my training makes me feel humbled, almost religiously so, by the uncertainties and the promise of our experience. My wife and I have many things to be grateful for—but for now, when I hear people talk about counting their blessings, I count the weeks, one by one.