

Tanya Pentelichuk MD CCFP

She can't remember why, but at the age of 13, Dr Pentelichuk went to her local library for books about obstetrics. She remembers flipping through an atlas of normal fetal development.

At the age of 19, she entered medical school in Saskatoon. During her first month, a general announcement was made to the incoming class. Interested students could contact on-call physicians and tag along at the hospital. On a Friday night, Dr Pentelichuk called the delivery room and was invited to attend her first birth. The mother was an immigrant who abused intravenous drugs and had contracted hepatitis C. No father was present. The baby was to be given up for adoption. The mother pushed the baby out, turning her head away, refusing to look, saying "I don't want to see it." Her baby required resuscitation and was taken to the neonatal intensive care unit.

Dr Pentelichuk's next delivery occurred during an optional externship. Dad was present. Mom and dad were happy. A C-section was called for failure to progress. When the baby was delivered, Dr Pentelichuk moved to the child on the incubator. The obstetrician who delivered the child was South American. Before Dr Pentelichuk contaminated her hands, he said, "Antonia! Come back here! We do surgery!" Dr Pentelichuk realized she was less interested in procedures and more interested in normal care of pregnancies.

During her rotation in obstetrics, Dr Pentelichuk witnessed several full-term stillbirths. She noticed a difference between the management of grief by obstetricians and family doctors. Though the obstetricians were conscientious and compassionate, family doctors had a context to draw upon in order to assist with grief. This helped Dr Pentelichuk decide to be a family doctor who would practise obstetrics.

As a family practice resident in Regina, Dr Pentelichuk delivered over 100 babies. She was mentored by a female family physician who performed deliveries, who was active in Planned Parenthood clinics, and who spearheaded women's health initiatives. After completing her residency, Dr Pentelichuk adopted the same practice style as her mentor and delivered over 800 children in 4 years.

She moved to Banff where there wasn't constitutive obstetric backup. A young primiparous woman in the delivery room began to have late decels, and Dr Pentelichuk called a stat C-section. An hour and a half later, with the help of obstetric staff who traveled during a snowstorm from Canmore, the C-section began. Dr Pentelichuk was certain the baby would die.

The baby was born healthy.

The next morning, Dr Pentelichuk resigned her obstetric privileges at the hospital. She became involved in women's health instead and ran a busy community clinic that dispensed free condoms, gave out oral contraceptives at cost, and which eventually was able to provide free STI testing to the uninsured transient seasonal population in Banff.

The circle closes. She becomes pregnant herself and has a son. She is working 7/7 call. She falls ill, develops septic shock, and has to be transferred to Canmore for an operation. Worse, just as she is ill, her son falls ill. The circle opens again. Something has to change.

Finding no successor in Banff, she moves to Calgary with her boy and works flexible hours in clinics. When her son is older, perhaps, she will return to women's health. But her son is healthy now, and happy, and so is she, and you can see that; you can see it in the photographs as Dr Pentelichuk and her son run in the snow. 🍂

Cover photo: Curtis Comeau, Edmonton, Alta

Story: Shane Neilson MD CCFP, Erin, Ont

Additional photos and the French translation of the story appear on page 218.

D'autres photos et la traduction en français du récit se trouvent à la page 218.

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