

Stillbirth

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On-call hand over from David. “Sorry, Chris, this one isn’t nice to hand over. ... Thirty-two weeks, intrauterine death; on an oxytocin drip.”

My optimism for the day vaporizes. I have to dismiss the fleeting thought, *how do I get out of this?* All of these years delivering babies and this is a first, but no one needs to know. “Don’t worry, David, no problem; I’ll look after it.” The words come from the mouth, not the soul.

On the labour and delivery ward, I recognize the pall associated with the letters IUD on the board. I can’t skirt around it; this time it’s mine. “So you’re the lucky one on today. ... Here’s the chart.”

No movement for 2 days. Seen 3 days ago and intrauterine death confirmed. On the list for induction since then and only able to start last night. Not dilated last night. And, of course, the note from Children’s Aid Society. Serious concerns about her ability to parent ... history of drug abuse ... other child permanently in care of foster parents. So many layers. A quick glance inward reveals that some of the layers are mine, but I quickly turn away from them because I have a job to do.

I walk into the dim room, the chart as my shield, no words to say. I know her; saw her and her partner at the Maternity Centre for some prenatal visits. I think she looks relieved but I’m not sure whether I am. Some kind of platitude about “this very difficult circumstance” comes from my mouth and drops on the floor. Best to get clinical. “How often are the contractions? Where do you feel them? Let’s check your cervix and see what kind of progress you’re making.” As much as I want this to be

over, I know that I do not really want to go through the process. I tell myself once again that this is not about me, but about this woman and man.

She does not want an epidural. Why would she want to feel any of this? It would be so good to do this like a surgery. Anesthetize, perform the procedure painlessly and humanely, and then report to the patient, “It’s gone, disposed of; we got it all.”

On to see another patient. A happy couple, full-term pregnancy lovingly cared for, no Children’s Aid Society involvement, baby with a heartbeat. I notice how wonderful it is to see the screen on the fetal monitor and hear the rhythm of life in the electronic beeps. A brief respite.

Sooner than expected the nurse calls, “I think she’s ready to deliver.” In the room the blank monitor screen; distressed woman; and quiet, anxious man confront me. Push. There is dark blood and copious brown fluid causing a reflexive glance at the monitor for decelerations—I wish there were some. The “thing” is birthed: misshapen head, peeling skin, purple—not pink—but definitely human. I know she is supposed to see the baby but it would be gruesome and thankfully the nurses whisk it away from us. She does not want to see it. I finish and leave with the promise to return to check how she is doing.

Outside I try to identify my feelings—sadness, repulsion, anger—no labels seem to fit just right. Thankfully, I can get lost in paperwork and phone calls. I have to go back into the room to get a form signed for a postmortem examination. She seems too relaxed, too detached, and too cavalier as she digs into a plate of macaroni and cheese. In him, I recognize silent agony as our gazes meet.

I meet the obstetrics social worker, and she asks how I am. She pushes my words aside and guesses that I have not been in this place before. She has been here many times before, knows this woman, and knows what to do. She has been in to see her, had a heart-to-heart with her about her drug use and says now that they want to see Jeffrey. Do I want to come along? Jeffrey. The baby. Of course—there was just a birth. I feel my emotions resetting as I follow her into the utility room.

I suddenly feel ashamed by what I have allowed myself to miss, but as I involve myself in dressing baby Jeffrey in a gown and toque, I notice my shame melting. But for some minor signs of decomposition, he is intact and normal. We are able to make him look like a little person. I see his mother and

his father in his features: not just human, but a person.

Doctor, social worker, and photographer bring baby back to mother and father to celebrate a birth and grieve a loss. This mixture of celebration and sadness seems to fit, and I notice that now I am emotionally present for it. After a time I leave the family to continue their process. I thank the nurses and they comment that my manner and demeanour made this experience easier for them. Were we at the same birth? Thankfully, my process also continues. ❁

Dr Giles worked in Hamilton, Ont, at the time of writing and now works with Sioux Lookout Zone Family Physicians in Ontario.