Jennifer Coleman: "I deliver babies with the docs"

Narrative 2 of the Marathon Maternity Oral History Project

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In 2008, we interviewed women about their experiences of childbirth and maternity care in Marathon, a rural community in northwestern Ontario. This narrative is one of a series of stories that resulted from the Marathon Maternity Oral History Project. All of the narratives in this series were edited from the interview transcripts, then reviewed and approved for publication by the women involved. We invite readers to see the accompanying research paper for more on the Marathon Maternity Oral History Project.[1]

My name is Jennifer Coleman. I'm a registered nurse here. That's it! I deliver babies with the docs, maybe one or two a month.

Abigail was my first daughter. Oh, I was terrified of childbirth! You always remember the negative things as opposed to the positive things. I had seen a couple of really bad tears and mom screaming through the whole thing. I wanted pain control. I had a placental abruption at 24 weeks. I was working in emerg and had a patient who arrested. I went to pull him up in the stretcher and I tore my placenta! So I was high risk, had to deliver her in Timmins. I had a 5-hour drive home, and that was the worst experience. I had to stay at my mom's, which was an hour and a half away from Timmins at the time, and then I had to have a booked induction. I had her with an epidural. "I'll just lie here and you guys can do whatever; I'm having a great time." I'm putting music on in the delivery room; it was nice. Great care. An hour of pushing, babe was out, everything was wonderful.

Hired and required to work in every area

I came here 6 years ago. The first couple I did, I was really nervous. I hadn't had a lot of obstetrics training before. It was all education. Learning, learning, learning. I took the neonatal resuscitation course and this and that. Here, you're hired and required to work in every area of the hospital. If that patient comes in on your shift, you're required to labour with them, so the nurses don't really have a ... Well, they have a choice. They choose to work here. They're the ones who made that decision and part of that is you do obstetrics.

When I first came here I had no attachment to anybody who came in. I was more like a robot in function: boom boom boom. Now, if it's a person that I know, I think you function better. You have more trust. You get a sense early on whether they can tolerate labour in Marathon or if they need to go to Thunder Bay. You know their weaknesses and strengths and what they're capable of. It makes your decisions a lot easier. That's what I found, anyway. It's rewarding.

I try to never ever think negative during a delivery. I know that there are things that are beyond what we are able to help them with and at least we can help them with certain things. I remember one delivery; it was really scary. She was bleeding and it was quite a bit, and you knew that there were 2 patients involved. She was really scared. I put it out of my head that she's a friend of a friend. Try to do my best. This is not a large facility. I never shake, and that was the first time I ever shook putting IVs in. You always have in the back of your mind, "Okay, I really can't mess up anything right now. I have to look like I'm a professional." They flew her to Thunder Bay; her bleeding slowed down. She was in there a week.

When it's a friend that delivers a baby, wow, it's so great. But it is scary when you know them because you've got that emotional attachment. I think sometimes it's not fair to the patient because, really, it can be more embarrassing knowing that they know me. They're more exposed, more vulnerable. I'm seeing a different side to them.

If you've got a mom who comes in and doesn't want to talk, doesn't want to give you information, won't help or give you suggestions, won't be open with her birthing plan or care, you know that you're not going to have a very good outcome or be able to help her out as well as you'd like to. That has only happened once to me, and that was a young girl who was just miserable pregnant and she was a very difficult labourer. She just wouldn't do anything. To me, that would have been reason enough to transfer her to a larger facility to manage her, in case. I mean, you go to do a check on her and you say, "Okay, we have to check the baby every 15 minutes." But she doesn't want you to touch her? This is one of the ways that we make sure that everything's going all right, and if it's not, then we start a transfer right away and get her out. That's why we have one-to-one nursing, to pick up on any abnormalities and make sure that she's comfortable and that things are going okay. To advocate for the patient. If we don't have that early

recognition that something's going wrong because they won't let you near them, then that makes them high risk and I believe that they need to go out.

A wonderful place to deliver a baby

Everybody makes their own decision. You have the ones that want to deliver in their small town; they don't think that it's such a high-risk thing to have a baby, you know. Better chance of dying from a heart attack than delivering a baby. If they ask me my opinion, I'll give them my opinion and my experience, but that's as far as it goes. I still say the benefits outweigh the negatives, definitely. I tell them it's a wonderful place to deliver a baby. I think the whole program is special. Why? I like the fact that there's a doc in there coaching all the time. I don't know—do you get that in a large facility? You have great support, and I don't think I've ever had, I've never heard any mother, anyone from the Children's Resource Centre or anything like that, any negative story about any deliveries here. But I always hear negative stories about delivering in Thunder Bay. It's true.

My younger daughter, Grace, I definitely wanted to have her here. A lot of the other nurses' perspectives were, "Are you crazy? Why would you want to deliver here? What if something goes wrong? You're taking a big chance." And the docs were saying, "Oh, it's a wonderful place." I knew that it was a wonderful place to deliver a baby. I knew that they didn't take chances, flew you out as soon as something started to go wrong. People delivered babies in the middle of nowhere; you know, third-world countries, way up north where you just have a nurse or a midwife, or something like that. I knew that other people could do it. Why can't I? Why do I have to go to a large city to have my baby? It just didn't seem natural to me. I wanted to be here. I felt that there were a lot of people trying to discourage me against having the baby here, but I just didn't listen.

My second delivery was wonderful. I woke up and sat on the couch and my water broke. Holy crow, I've never had my water break before; because I had the epidural, heaven knows what went on. I panicked. Here I am, I'd been working here, but when it's your own experience you're really not too sure what to do. So Jeff, my husband,

Jennifer Coleman

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called Pete at home, Dr Cunniffe, on his cell phone, right from my home, and said, "Yeah, Jen's water broke."

Pete was happy. "Right on. Meet you guys up at the hospital in a couple of minutes." I didn't even have my bag packed because this is Marathon. What kind of bag did I need? I can send someone home to get what I need. So, it was cute. We came to the hospital and I was maybe 1 or 2 centimetres dilated so, nothing at all.

I was so scared, I didn't want to leave, but Pete reassured me, "Small town, it doesn't take long to get here." So, okay. I went back home and had some breakfast and my contractions started getting stronger. I came back in as soon as it got really painful. I was 3 or 4 centimetres. So they offered me a Demerol shot. Why not? I took that.

I am stoned out of my tree. I've never had narcotics before in my entire life. I'm sitting in my bathroom and I look down and think, "Oh, that carpet looks like the perfect place to deliver a baby. I think I need help in here! I need help!" I was in excruciating pain. I wouldn't let anyone touch me, and the fear was incredible because I could feel my body changing. "You need to get me to the hospital now. This baby's coming."

As soon as she was out, I said, "Boy, that was easy. This is great; it's over and done with. I'll be here 24 hours and then I can go home." And then the clock kept ticking and the placenta still wasn't delivered. "Oh … retained placenta."

I can remember Pete going, "It's your decision. You can go to Thunder Bay or we can do a manual extraction."

I said, "I'm not going to Thunder Bay." It would have been so far to go, and I could have bled out by the time we got there, anything. I wanted it dealt with here. I'd seen them before, I knew they were awful, but I knew that they would knock me out long enough that I wouldn't feel too much. They put me out with Versed and fentanyl. They let me choose! Where else do you get that? Maybe not enough Versed. I knew that I was torn. But afterwards, I didn't even realize I had sutures. After that, it was great.

What if something goes wrong?

A lot of other nurses have fear of not having the OR. What if something goes wrong? You can't have a stat C-section. All you need is one baby who dies on your shift and you'll carry that with you through every other experience. The nurses here, we only deliver, like, maybe 1 or 2 babies a month. They feel that they don't get enough experience, and then you get the ones who have been around for a lot of years who have seen a lot. Those ones are more leery and really don't want you to take any chance. I can see their point, I can, but it's still a personal decision. You can have fetal deaths in a large hospital, you know what I mean? I think our record here is phenomenal, compared with other hospitals where you can die from post-op complications from the C-section, infection, stuff like that. I've always had hope that we're gonna open up an OR. I do see us getting closer and closer to that, so, in some ways, the program will change. It won't be family doctors delivering without C-section. You definitely need more nurses, more staff, more instruments, more, more, more. You actually need an OR. It would just alleviate a lot of nervous tension around babies in Marathon that a lot of people do have.

It's very scary, but we choose to live here. Everyone chooses to live where they live and it's one of the drawbacks of living in a small community. With our transportation system, we're not getting the patients out quick. You can be looking at a few hours' wait time. Weather plays a big role in it. If it's foggy, you can't get them out. You're waiting for a plane to come in, that plane could land in 45 minutes or it may not, and you can't have an air transfer and a land transfer happening at the same time. So most of the time, you're trying to make the decision. Would it be worthwhile to pack this patient up? You've got a 3-hour drive to Thunder Bay. Or, do we wait for the plane to land and hope that it lands, and then it's only an hour. So those are decisions that I don't like. I'm sure up north it's worse. Further up north it's worse.

The babies I've had to land-transfer or fly out are drug withdrawal. I've had two this year. Mom didn't have any antenatal care, refused to tell her parents she was pregnant, and then came in in labour. One of those. Lied about the amount of MS Contin she was taking. If they're taking a certain amount of medication and they tell you, never believe the amount. Especially here. So, sure enough, that babe went into severe … I'd say moderate withdrawal, and had to go on morphine in Thunder Bay. Then 1 month later is one that was to go to Thunder Bay but didn't. It was cost. Mom missed her methadone dose during her delivery. We had to transfer baby with tremors and all the side effects from methadone. That's a big reason why people deliver here, I find: economics. A lot of people don't have the resources up in Thunder Bay. Can't afford a hotel, y'know? They can't afford for their whole family to go up there. It's more cost-effective for babysitting, finding a ride to go up to Thunder Bay to deliver your baby, finding a way back, finding a place for the dad to stay. A lot of the younger moms, like in their teens/early 20s with no support, on social assistance and stuff like that, don't really have a lot of money, can't afford to go unless something really bad happens. They don't really have a choice, but they're the ones that benefit from our program, I think, the most.

Every case is a learning experience

I think our program is really good. You have a lot of pregnant women here in town. If we didn't offer an obstetrics program in town—you know, and they went into labour and had to be shipped out, and their choice

was to deliver at home, or if they had an emergency and had a precipitous delivery—that's kind of sad. We gotta do what's safe. That is just a huge blow to our program, if a poor mom who has expected to deliver in Marathon throughout her whole pregnancy is shipped out to Thunder Bay because of lack of staffing. All our deliveries, they can't happen unless you have an RN to come in and assist.

There have been some issues with staffing. Not enough RNs. They're always complaining about nursing budget. Oh, I know. We're just so overpaid! Not! But I wish that there was more postpartum care than there is. There's times that they fall through the cracks because we're so busy. Breastfeeding, it usually ranges from nurse to nurse. Usually they wait for a nurse who has nursed to come in. I always get, "Oh, Jen's coming on. She'll do it all day with you, help you through the whole day. All the teaching you need, she'll do it." Sometimes it's great. If it's quiet, they get extra care. Not all the time though.

If we didn't have this program here, we wouldn't be ready for anything. If we didn't have any physicians to do it the program would fold and you lose all your equipment. It becomes obsolete and you don't get new stuff. You don't have policies, you don't have kits made up, and you don't have anything—or the know-how.

We had a breech delivery. Tried to get her out but didn't have enough time. She progressed very rapidly so they had to deliver her here. It was only because our docs deliver babies and that they were able to manage. I had just finished a delivery in the OBS room, so I went to assist with the breech in emerg and the baby was really, really blue at the perineum. They couldn't get the head out; it was really, really stuck. Forceps. It was really, really close. I think there was, like, 4 nurses in the room, so the amount of staff for that delivery was just incredible. They had to resuscitate babe afterwards, but the outcome was favourable for the baby. At least we have the equipment, we have the resources, we have the doctors who are experienced and keep up their qualifications.

As a new grad, I was really afraid of saying what I'm seeing for fear the doctor might jump down my throat. You second-guess yourself. The docs here, they educate us, "If at any time you're unsure, you just let us know and ask questions." I think that's the difference. Usually the docs debrief after with us—very important if it's a scary one, or anything out of the norm. I don't ever like having a case where there's no debrief afterwards, it just leaves you wondering if the whole case was managed properly. "How could we have done anything differently?" You know, you shoot through ideas. To me, every case is a learning experience, so, you know, if they can suggest any other ways that it could have been managed, then I'm like, I just take that in like a sponge. I enjoy that.

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Competing interests

None declared

Reference

1. Orkin A, Newbery S. The Marathon Maternity Oral History Project. Exploring rural birthing through narrative methods. *Can Fam Physician* 2014;60:58-64. Available from: **www.cfp.ca/content/60/1/58.full**.