

Abstract

This is an essay that chronicles days in the life of an obstetrician working amidst the COVID-19 pandemic. There are stories that weave in and out of the lives of patients and doctors and compel us to acknowledge the interconnectedness of humanity. Doctors heal patients who heal doctors.

Keywords

Pandemic, obstetrics, COVID-19, emergency, babies

OVERHEARD IN A PANDEMIC

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THAT'S THE TRICKY thing about pandemics. What exactly are we supposed to learn from a virus decimating people when they least expect it? To be paranoid? To be cleaner? To not go to Chinese wet markets? No. I think what the pandemic has shown us is our interconnectedness. At the very core of it all, swiping to the right all that is the social media hydra and swiping to the left all our busy-at-work-I-don't-have-time-to-be mess, we come to acknowledge what is truly essential. Showing up matters. Doing good work matters. Keeping your word matters. The word “emerge” is found within the word “emergency.” We are all emerging into a new reality where we must keep on working even if we are afraid. Pared down to the essential, this is what I have learned—doctors heal patients and patients heal doctors.

I look at patients all day long. I wear masks till it cuts me across my face, chafing my skin as the virus chafes at our collective psyche. I have learned I can still do my job even when I feel fear gripping me tightly. It is way harder now, and I need for so many more things to line up to ensure a safe outcome. I have also learned how much more we must be there for our patients—

the feeling of isolation, courtesy of the world's longest quarantine to date, has left so many people stranded within themselves. We must reconnect. Perhaps, these stories, overheard in a pandemic, could be the start.

The New Abnormal

You get startled out of deep sleep by the shrill, metallic notes of the alarm on your phone. It is four in the morning and time to get up. You get up from bed and shuffle to the bathroom, in the darkness, taking care not to wake anyone up. In the bathroom, you take a quick shower, dry yourself, and take a look at your face in the mirror. Yesterday's red lines are now pink reminders of themselves across the bridge of your nose and cheekbones. You apply some antibacterial cream, hoping the skin won't break while at work today. You gather your hair up in a ponytail and brush your teeth. Then off to the kitchen for a jar of overnight oats, eaten while standing up and preparing coffee to go. You pack the duffel bag with extra clothes, some unused N95 masks in a Ziploc bag, and off you go.

Slide into the driver's seat, start the car, and make your way to work as the sun makes what appears to be a lazy effort to rise amidst the fog. The parking lot is half-full; the shift is changing. You wear your mask (don't forget that the upper straps go down to the back of your neck and the lower straps go up on your head) and punch in. There is the usual buzz of conversation, murmurs and some high-fives, the smell of antiseptic and sweat. You enter the dressing room and start the new abnormal routine.

You remove the mask you are wearing and store it in a paper bag inside your locker. You then head off to the donning area. It's a small space and diagrams are mounted all across the walls. Step 1. Step 2. The tables in front of you have the requisite equipment, and so it begins. Step 1, you pump some alcohol in your hands and vigorously rub your hands while mentally singing the happy birthday song twice. You then place shoe covers over your operating room shoes for step 2. Step 3 is a repeat of Step 1. Step 4 is wearing latex gloves. Step 5 is a repeat of Step 1. You then take a one piece, white coverall that has a zipper from the crotch to the neck. It has long sleeves that have garters at the wrist and long pants that have garters at the ankles. It is made of plastic and is waterproof and sweat guaranteed. This is your personal protective equipment (PPE) and the wearing of it is Step 6. You put it on, zip it up, and close the first of Velcro flaps across the neck. Step 7 is a repeat of Step 1. Step 8 has you tucking your pony-tailed hair into a surgical cap. Step 9 is a repeat of Step 1. You now get your personal 3M

respirator. It is a latex mask that covers you from nose to mouth and has two filters at the side. This is Step 10 which you have dubbed “gearing up to look like Darth Vader.” And you still giggle every time you think of this. Step 11 is the repeat of Step 1. You then grab the protective eyewear (that look like ski goggles) and place it securely on your head for Step 12. Step 13 is the repeat of Step 1. Step 14 has you finally pulling up the hood of the PPE to cover your head and you close the last Velcro flap across your neck. You are now ready for work and you are smiling underneath your respirator because you really, really want to say “Scottie, beam me up!” Instead you say, “Good morning, guys! Another day at the new abnormal!”

Check-up

The air was fraught with tension. It was the second week of the enhanced community quarantine. All cars were being searched, quarantine passes were being required. She had placed a laminated sheet of paper inside the car, attached to the windshield. It read “Do Not Delay! Medical Frontliner” and most policemen just waved her on in the inspection lines. She parked the car and surveyed the scene. The parking lot nearest the hospital had been converted into a huge field tent. All suspected COVID-19 cases were being seen in the Emergency Room proper, and the field tent was designated the clean case area. She adjusted her mask, zipped up the door to the tent, and entered the area. This was where she was going to hold a prenatal clinic, to see the throng of anxious pregnant women outside. Suddenly, she heard raised voices behind her and she walked nearer to the door flap and zipped up a portion to peek and see what the commotion was all about.

“My wife needs to see a doctor! What is taking so long?” The calm voice of the nurse tried to appease him “Sir, we need to follow rules. Each patient has to fill up a health declaration form and then we will decide if the cases require immediate care or not.” “But I’m telling you, it is an emergency!” The agitated man pushed back his sweaty hair. “We have been waiting here for two hours! This is our first baby and she hasn’t seen her doctor in two weeks because her doctor isn’t holding prenatal clinics! What are we supposed to do? What doctor does that?” and now the hum of murmuring voices was growing into a crescendo.

The little space left over after the field tent had taken command of the parking lot was filled with people. Plastic chairs had been brought out to accommodate the pregnant women but it was just a tight fit. It didn’t help that the 9 a.m. sun was beating down on them, ensuring discomfort all

around. A few had umbrellas to shield them while others had made makeshift visors out of some cardboard boxes left behind.

"I know how they feel," I thought, as I leaned back on the tent wall. When the lockdown started, we reconfigured all the working areas to allow for COVID and non-COVID patients. We made the areas safe for patients and for staff. The virus was the unseen enemy, and we were all afraid.

The nurse outside the tent now raised her voice to be heard above the angry buzz of murmured comments. "Please, everyone, stay calm. The doctor has arrived and will see you all . . ." and she got cut off by the man saying "She better see everyone! There better not be a cut-off because we have been waiting so long. I won't leave until my wife is seen!" "Yes!" "That's right!" "You better be fair!" The staccato of voices grew louder.

"They are so afraid" was uppermost in my mind as I zipped up the door and stepped out. I raised both my hands up to the crowd, and they fell silent. "Okay, everyone. Let's get this started. Please fill up the health declaration forms then come over here to Ma'am Jane, who will list you down. I will be starting, and I will see everyone who is here today." I turned to go back in the tent, and I caught the nurse looking at me. We hadn't seen each other's faces in two weeks, but I could see her eyes smiling thanks. I nodded my head and stepped back in the tent. It was going to be a very long day.

Tiger

I cannot forget Tiger. The patient had a husband employed as an overseas worker and Tiger, the cat, was her only companion for the last six months of her pregnancy. He would gently tap her on the face with his paw to wake her up in the morning. He meandered between her legs as she cooked her dinner at night. And he sat beside her at night, as she watched television shows before going to sleep. He was her extraordinary partner in her pregnancy.

Then one day, as her pregnancy approached term, she found him on her porch, lying rigid and drooling. She rushed him to the vet, certain he had been poisoned by neighbors. But it was too late. She cradled Tiger in her arms and cried, disconsolate and bereft. That day, she came in for her regular check-up and I noticed the red-rimmed eyes. I inquired, and it broke her resolve to be brave. She cried and told me the events that transpired, and I was brought to tears as well. She asked me "What will I do? Who will wake me up in the morning?" and she bowed her head and tears dropped into the tissue that I passed to her. Missing her husband had

been such a burden and Tiger had helped her survive all the loneliness. I reached for her hand to share in her grief.

The days passed, and we finally delivered her baby. A ribbon of grief still ran through the picture, but we rejoiced at the arrival of the baby boy. For a little while, she forgot her sadness as the son became the sun and sum of her life. When she followed up, two weeks later, I saw a sleep-deprived mom with a twinkle in her eye. “Doc,” she started, “I got a new cat with yellow stripes like Tiger! But I will call him Ginger.” I smiled. I was certain that Tiger was sitting up in heaven, tail flicking back and forth, content that his beloved owner had someone to watch over her and the baby.

Mosaic

I remember the stillness in the room. The labor had been agony, the patient crying out in pain and pushing, sweat beading her forehead. And then the bag ruptures and I am partially drenched as I rush forward to catch the preemie suddenly deposited in my hands. He does not cry. That moment of stillness gets magnified a hundred times, a thousand times, a million times in my mind. The stillness of the delivery room. The quiet, muffled weeping of the mother. The staff standing there, not knowing what to do, where to look or what to say. I have the enviable task of making time move forward. I cut the cord, and I bring the infant to his mother after drying him up and wrapping him. His breathing is so shallow.

He is a mosaic, a chimera of nature, and it is hard for her to accept his early birth and his upcoming death. The cells followed other paths as he developed in his mother’s womb. And now here he was, with severe congenital anomalies incompatible with life. We cannot resuscitate her beautiful baby boy. Instead of spending time with invasive procedures that would still have the same outcome, I chose to place him in his mother’s arms. The sobs. The heartrending sobs from the mother who had anticipated so much joy for her newborn. She held him and kept saying, “I’m sorry, I love you, I love you, I’m sorry,” until it felt like a chant hammering at my heart. The little boy smiles as he hears his mother’s voice.

I bend over and ask her if I can show him to his father and the family, waiting beyond the delivery room doors. This was not a normal procedure, but he had minutes left alive and his father should see him so. She nods and lets me pick him up, and I bring him to the family beyond the doors. I run with the blanketed child into an anteroom where both maternal and paternal grandparents wait with the father. They cry and coo and laugh and

touch him, cradle him, push back his hair from his face and tell him over and over again how deeply and irrevocably loved he was. Until his breath got shallower and shallower and they had to say their final goodbyes.

I rushed him back to his mother who cradled him in his last few seconds of breath till he took flight as he rested on her bosom. She had no tears left. Nor had I. The chasm in her heart that had been carved out by the immensity of her tears lay empty and bare. I hoped that grace and love and healing would come to reside there. She had gone through labour and only had an angel to show for it. The future seemed incredibly bleak as I stood there in that delivery room, watching my dry-eyed patient cradle her dead son. But the future, as you well know, is a tricky thing. That immense hollow was filled to the brim with the joy for a baby girl two years later. But that is a story for another time.

Contact Sport

I had never actually thought of Obstetrics as a contact sport. But it is. There is a lot of huffing and puffing till you bring the house down, dare I say. But also, for quite a good amount of time, we are seated between the spread legs of our patients. The position for labor, called a dorsal lithotomy, is usually met with much embarrassment but it is the most normal thing for us. Patients place their legs on what are called “stirrups,” metal structures attached to the delivery bed that hold the legs apart. The legs are usually secured with bands or cloth ties. Sometimes, in the government hospital I work in, those ties are the hardest things to find when you bring a laboring patient in. So there are times when the legs are just leaning on the stirrups, untied.

I have been kicked in the face by an errant foot from an untied leg. No matter how fast my reflexes, honed by years of trying to avoid bags of water and the like, this was one time when the foot was faster. Got smacked on my cheekbone and sported a partial black eye the day after. It brought endless hours of laughter as I made rounds and checked on patients. The patient was so horrified that she gifted me with a mocha roll. So, yes, Obstetrics is a contact sport and mocha rolls are one of the winnings from this surprise sport.

Team

How many people make up a basketball team? Five. How many people make up a soccer team? Eleven. How many babies make up “too-many-

babies” syndrome? Twins on the sixteenth pregnancy. Have I gotten your attention now?

The patient arrived in our Emergency room in active labor. She calmly stated the following facts: 1. this was her twelfth pregnancy, and they were twins and, 2. she had not had any prenatal care because it was too much effort just to stand up and get out of bed. “Doc!” she added, beamingly “My youngest is walking already! He is ten months old!” If my jaw could have dropped to the floor, it would have. It would have also rolled away in fear for about two more blocks. Controlling my wince, I admitted her, all the while thinking I was going to have so much problems with a uterus stretched for the twelfth time. As she was being prepped for the operation, she suddenly turned her head and said “Doc, Doc, I made a mistake, this is my sixteenth pregnancy.” You literally could have heard a pin drop in that room at that precise moment of shock. I looked at her and said “Wh-aa?” as I felt my eyeballs bulge a millimetre out of my eye sockets. “Why so many?” “Ah, Doc, this is my fourth husband,” and then I lose it and say, “But it is still the same uterus!” Suffice it to say, it was an extremely exciting caesarean section.

Lo and behold, she also broke another record of sorts. I delivered twin boys who weighed a little over three kilos each. No wonder the mother had not bothered with prenatal care. Just getting up with almost seven kilos in your abdomen was no joke. An Olympian challenge, at best. Three days after the delivery, I cleared her to go home. Patient looked at me earnestly and said “Doc, can I stay for four more days? This is the first time I have gotten rest.” I had no doubt that it was more restful in the hospital, but the beds were needed, and I sent her home.

I never did see her again as she most likely followed the path of least resistance and didn’t have post-operative check-ups as well. She stayed true to her nature. And I stayed true to mine. Before I did a caesarean section, I asked if she had wanted to be ligated. She finally figured, at age forty-eight with seventeen children, the good times had to end. And end they did.

“What matters is to live everything. Live the questions for now.”

—Rainer Maria Rilke

The first year anniversary of living through a worldwide pandemic approaches. Vaccines are being rolled out. We continue to work, our minds snapping into a gridlock of procedures as naturally as we breathe. The stories continue. I listen and learn. We continue to live with the questions. For now.