

Blood, Sweat, and Tears

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The landscape of northern Arizona, an intricate wasteland to those driving across I-40, exposes all nature to the elements. When I arrived here from the east 4 years ago, the scorching September sun was almost as welcoming as the cool starry nights on the desert plateau. The Navajo people, resistant to the elements, somehow have thrived for more than 400 years on this land they call home. I'm still a visitor with much to learn.

On a recent Saturday evening I was at home, on hospital emergency backup call for our 20-bed hospital in Ganado, Ariz. Vast mesa colors of red, yellow, and pearl framed the sunset while a full moon rose over the opposite horizon. Navajo traditional belief dictates that babies are to be born while the moon is full. Accordingly, one of my 9 family physician partners, Jean, had been summoned upstairs to the three-bed obstetrics ward for a delivery.

Meanwhile, I sat outside with my family at home just 200 yards away. Suddenly my pager twice blurted: "Dr. Bray-Morris, report to OB stat." While sprinting from house to the hospital, I mentally rehearsed emergency delivery scenarios. Two minutes later, panting, I entered the birthing room. "We have something here. . . . I'm not sure what it is!" exclaimed my junior colleague, who had just delivered a healthy newborn boy.

Mom – Bridgett – was in bed, placenta delivered, with a pool of blood on the white sheets and a large bluish mass protruding from her vagina. "What you have is a uterine inversion," I said to Jean, "and we need to put it back, *now!* I'll be right back," I blurted nervously, and ran to put on a gown over my T-shirt and jeans.

Bridgett had never seen us for prenatal care. Her eyes were rolled back into her head and she had a palpable systolic blood pressure. Despite Jean's ef-

forts to push the uterus up into her abdomen, Bridgett continued to bleed briskly. Kathy, the nurse, started a second intravenous line and administered a bolus of normal saline and intravenous oxytocin. We wheeled Bridgett into the high-risk delivery room, where she continued to bleed. We gave more oxytocin and intramuscular prostaglandin. Using bimanual uterine massage, I vigorously tried to firm her uterus, yet she continued to bleed, and it still felt partially inverted.

It was clear we needed additional help. We called in 2 more colleagues and another nurse. Meanwhile, we tried to assemble our intermittently available surgical team for possible laparotomy and hysterectomy. The anesthesiologist was away from our hospital campus, and our family physician most experienced in hysterectomies was also not available. The nearest group of obstetric consultants lived and worked 40 miles away by ambulance. As Bridgett continued to bleed, her mental status became more depressed, with a heart rate of 130 beats per minute, and her blood pressure remained at 60 mm Hg systolic. We gave a dose of intrauterine carboprost, and started a third intravenous line. O Rh-negative blood and fresh frozen plasma were ordered immediately. Clearly and ominously, her status did not stabilize and she remained in shock.

Bridgett was obtunded so naturally fought us as we tried to stop her bleeding with intense bimanual massage. My fist was in her uterine fundus, which started to firm. As it firmed, I soon realized the uterus was developing a contraction ring and again turning inside out into my cupped hand. The inverted fundus was growing to the size of a fetal head despite my resistance.

Bridgett screamed: "Don't make me push!"

We gave promethazine and midazolam to calm her, and considered tocolytics. She continued to bleed; the floor beneath our feet was slick with 2 L of her blood.

She then lost consciousness and became briefly apneic. We called a Code Blue. I could not revert the uterus despite very firm pressure

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and was afraid I might lacerate or perforate it if I pushed any harder. Despite our continued aggressive effort, she continued to bleed. After a unit of packed red blood cells and 3 L of saline, her blood pressure was still 70 mm Hg systolic. We decided to give terbutaline and, by telephone consultation with an obstetrician, administered intravenous nitroglycerine as well. At this point, we had nothing to lose except the patient. I told my colleagues: "We might lose her, but if we do, we're doing all we can."

The risk of emergency laparotomy by me, a family physician with incomplete surgical training, did not seem clearly warranted. I sought guidance within myself, for her life and how to sustain it, for spiritual strength to sustain life, and for the strength to live with myself if she died.

Finally, the medication took effect, Bridgett's uterus relaxed a little, and I was able to reduce it completely. It stayed firm. The bleeding slowed and her blood pressure rose. Bridgett woke up.

As she stabilized, a large figure trailing cedar smoke entered the room. He was Bridgett's brother, a medicine man, adorned with cowboy hat, turquoise necklace, and traditional medical bag. He prayed a Navajo benediction, played the wooden

flute, blessed her with an eagle feather, made spittle on his hands, and then blessed her abdomen. Of the 7 physicians, 3 nurses, 1 respiratory therapist, and 2 aides in that room, not one soul could ignore the presence of true healing – holistic healing – and collaborative healing. The newborn son looked on peacefully. The full moon shone brightly through the window.

I told Bridgett what had happened and what we needed to do now that she was stable. "Thank you," she gasped.

As she gasped her thanks, it was I who was grateful. Bridgett's recovery continued at a regional center, where she was flown for overnight observation in an intensive care unit. Her DIC and bleeding resolved by the next day, and she was ready for transfer back to our obstetric ward. It was the first time I really met her. As I reintroduced myself, noting the pink of her skin and the twinkle in her eye, I saw the miracle of life.

"The doctors at Flagstaff said you did a good job," Bridgett said, and smiled wryly.

As I left her room, my tears, preceded by blood and sweat, welled in a redemptive purge and cleansing.