

The Emptiness of Fetal Death – A Resident Physician’s Struggle to Cope With Loss and Disappointment in Modern Medicine

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I remember feeling like I had finally caught a break when “Ella,” who was 39 weeks pregnant with her second baby, and her husband “Tom” came onto the labor and delivery unit. I thought I could finally take a nap, after having had multiple vaginal deliveries throughout the day and rounding on over 15 patients. I was alone on labor and delivery as the rest of my team was scattered throughout the hospital, but I felt fine as I perceived this was a normal laboring patient who I could deliver with ease.

When Ella’s nurse, “Anne,” called out for help, I walked in with an army of nurses. Perplexed by the number of people, she told us she only needed help with IV placement. I returned to our workroom, assured I would be called later. One of my favorite nurses looked up at me and said, “I heard something about decreased fetal movement.”

I walked back to the room casually; decreased fetal movement was almost never a big deal. It usually resolved spontaneously before I made it to the room. But Anne told me she couldn’t find fetal tones. I remained unconcerned but confused. A nurse grabbed an ultrasound machine, and I looked all over

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Ella’s abdomen. I saw no fetal heart tones, but I remained unconvinced. I must just be bad at this. Why would this otherwise healthy baby at 39 weeks not have heart tones?

I broke Ella’s membranes and put on a fetal scalp electrode. Thick meconium poured out, and I became more concerned. Her cervix was 9 cm dilated, and fetal heart tones were

absent. I scanned Ella’s abdomen again. I still saw no heartbeat. I called everyone I could think of and took Ella to the operating room.

My attending physician met us in the operating room (OR) and scanned Ella’s abdomen. As the chaos of preparing for an emergency cesarean delivery ensued, my attending physician whispered what I knew I had seen but was too shocked to believe: the baby had passed. We slowed our behavior. We stopped counting instruments, and we dimmed the lights. There was no need for sterile gowns. My attending physician told Ella that her baby had died. As I fought tears, Ella’s husband Tom came to the OR, sobbing uncontrollably, screaming that his wife did not deserve this.

As Ella laid there, completely dilated and ready to push, I sat between her legs and silently begged God to help me deliver a live

baby. I still wonder sometimes if I had been bold enough to open my mouth and pray aloud if I would have delivered a living baby. But instead, when the baby delivered, she was pink, simply appearing asleep, though her umbilical cord was pulseless. In standard, methodical fashion, I assessed Ella’s vagina and perineum. I repaired a small vaginal lacer-

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ation. I assessed bleeding. I grieved. I hoped. I stood there, in a stupor, watching my hands work—hoping every moment I would hear infant cries start. I hoped I would tell everyone about a miracle.

When we finished, my scrubs were soaked in thick meconium, my hair barely covered by a scrub cap. I stood, haunted by the emptiness in Ella’s eyes as she held her baby, her husband sobbing loudly.

As soon as my attending and I were alone, she hugged me. I crumbled into her side, trying desperately to make sense of what had happened. She and I looked through the placenta, searching for any sign of abnormality. We stood there, both speechless, staring at a normal placenta and remembering the perfect-looking baby we had delivered.

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As my shift continued, powered by lattes and cola, the other staff surrounded me. My upper-level resident scrubbed into a cesarean delivery I normally would do. Nursing staff bought me comfort food. I was given time to try to recover. I was protected and surrounded as I felt a deep emptiness.

The morning came and I peeked my head into Ella's room. She was sleeping soundly with her husband, their baby between their two loving bodies, the first peace they had gotten throughout the night.

I dragged myself to our board sign out. I half whispered the information for all of the patients, haunted by the night's loss. I dragged myself out of the hospital, exhausted by every step. Once I made it out of the hospital, I stood in the nearly vacant parking lot, the brisk air hitting my face, and I shed a single tear. I felt alone, I felt sad, I felt hopeless. But what I felt more than anything was a deep sense of failure. I stood there knowing that I had failed to save a life I had promised to protect. I genuinely believed I would be called into my program director's office and would be fired. I feared I would be shamed and ridiculed by my colleagues. I feared I was a poor doctor and a danger to the community.

I drove home in a daze, experiencing my entire reality through the lens of a baby who would never grow up to see it. No crisp morning air across her lips. No autumn leaves. No warmth of lattes on cold winter mornings. As I climbed into bed, the last thing I thought about before I closed my eyes were Ella's eyes—bare and vacant.

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