

What Have I Done?

Terry L. Wahls

When I get home, I call the doctor on call. John tells me to check my blood pressure. I do, and it is 140 over 91, too high. I am meant to lie on my left side and recheck in an hour or two. It is better, so he places me on bed rest. However, by the end of the week, my headaches are back, blood pressure is up, and I go back to the hospital.

They want to keep me. I call my friend Janet, who picks up Zach and takes him to stay with their family. I am wheeled back to my hospital room. The hospital bed feels like a wooden board pressing on painful shoulders. The nurses put two foam cushions on the mattress, trying to make it softer. It still feels hard as a board.

In part because it is August, I have a different doctor every few days. First I hear that I simply have high blood pressure. Then Sue is gone, and John is my doctor again. He thinks I may have pre-eclampsia but will order some additional tests just to be sure.

I hate this change of the guard. Different docs, different explanations. But what can I say? We do the same thing in internal medicine. It is hard having a different diagnosis every day. Is it that the tests are changing, or do they simply not agree? At least one message is constant: my baby needs more time. Thirty weeks is still too early to deliver, if it can be helped.

So each day I wait. The clock says it is five o'clock, time to turn. Focus. Do not cry. Every thirty minutes I roll to the other side. Focus. Breathe in, breathe out. Little lungs deep inside me hurry, trying to get ready to breathe. Each day I watch the clock and turn on the hour and

the half hour. The knives drive deeper into my shoulders and now my knees. Focus. Breathe in, breathe out. It is time to turn. The cycle repeats, again and again.

The next morning Lindsey is rounding. She says I may have Lupus. I know that is bad, very bad, both for me and my baby. She asks me which rheumatologist to call. I tell her Fergus or Jerry. She leaves. Deana asks what this means but I hurt too much to talk. The world around me grows smaller each day. A sign is put on my door, Do Not Disturb, so I can rest, as if I really could.

Even Zach's visits become difficult. At first, when he came, Zach would sit on my bed. We would Barney and sing. Today I cannot, but Zach sings anyway. Between one of the songs, he turns to me, touches my forehead. He bends down, kisses me, and says, "I love you, Mommy." He pats my head, and says, "Don't worry, Mommy, everything will be OK. When you die, I'll live with Janet and Steve. Casey and I are going to have so much fun together. It'll be OK." He smiles, gives me another kiss, and returns to Barney. Tears stream down my cheeks. His only three. How can Zach understand my pain?

My rheumatology friend sees me. He says I do not have Lupus and will order some narcotics. It should help the pain. For the first time I sleep.

The next day Linda is the high-risk doc doing rounds. She says my blood pressure is better and maybe I can go home. Then she tells me to get up and try taking a short walk in the hallway. I try to follow her advice. I sit on the edge of the bed. Then I stand, put on my robe, and begin down the hallway. I go twenty feet to the nurses' station. Pain bores deep into me through my eyes. I clutch my head and moan as I sink to my knees.

This pain is the worst that I have known, worse than broken bones, worse than labour. I have a terrible sense of doom. Tears roll down my face. Short gasps, gulps, and grunts escape from me. Someone holds my head and asks what is wrong.

I can only sob. A new voice announces she has a wheelchair. I am supposed to get into it. I do not move. I want to answer their questions, but all that comes out are grunts.

Someone wraps a blood pressure cuff around my arm. It inflates and

then re-inflates. It re-inflates yet again and then slowly it lets the pressure out. One of those fancy carts arrives, the kind that lowers to the ground. They roll me onto it and take me to my room.

The nurses put me back in my bed, roll me onto my left side, and wedge a pillow behind my back. One wraps a tourniquet around my arm, slips a needle into my vein, and tapes it to my skin. Then she attaches the syringe.

“This will lower your blood pressure.” Next she connects it to the bag of IV fluid and says the doctor is on her way.

Sue arrives a few minutes later. She says the blood and urine tests show my kidney and liver are affected now too. I have over ten grams of protein in the urine, and liver enzymes are high. My blood pressure was over 200 when I was lying on the floor. Now it is clear, she says. I have severe pre-eclampsia. That is the medical term for toxemia of pregnancy. That is why I have the joint pains and the horrible headaches. I am too sick. They cannot wait for my baby to finish growing.

A cart arrives and the nurses roll me onto it. One takes me to labour and delivery. The nurse calls my friends, Deana and Phyllis. Fortunately, as my blood pressure falls, my pain lessens somewhat.

Deana arrives first, then Phyllis. I barely notice their presence. It takes all my concentration to stay ahead of the pain. Deana is not a medical person. She is frightened by what she sees. Fortunately, Phyllis has been a nurse for many years and is calmer. The nurse explains what is happening. I have severe toxemia of pregnancy. That is why I need to have the baby now. Elastic straps are wrapped around my belly and two monitors are placed on me. One is for my baby’s heartbeat. The other is for me, to see how strong the uterine contractions are.

The nurse tells them magnesium is in the IV for my pre-eclampsia. Because it would be better for my baby to be born vaginally, they will be starting a Pitocin drip to bring on labour. Every few minutes she will be in to check on me and increase the Pitocin. Then she leaves. The Pitocin does its work, my friends talk to each other. I focus on breathing in and out. I say little.

Every thirty minutes, the nurses come into my room. It is always the same. One looks up at the monitor and says, “Your baby’s heartbeat is OK.” Then they roll me to my other side, and readjust the monitors. A

nurse puts her hand on my belly and says, “Not much is happening for contractions.” Using the royal “we,” she says, “We need to increase the Pitocin.”

I focus on breathing in and out. I say little. My friends talk to each other. Evening comes. The nurse tells my friends that Linda is the high-risk doctor covering tonight. The Pitocin does its work. My friends talk to each other. I focus on breathing in and out. Every thirty minutes, the nurses come into my room. The nurse checks the monitors, rolls me to the other side, and increases the Pitocin.

Around midnight Linda comes into my room again. She looks at the monitors and checks my cervix. Not much is happening. She needs to speed things up; rupturing the bag of waters should do that. Then, with the skinny crochet needle-like thing in her hand, she checks my cervix.

She slips the instrument into the cervix and nicks the bag of waters. Fluid seeps out of my vagina, making my legs damp. She wipes up the mess and places a fresh towel under my bottom. Linda sits in a chair next to me. She puts her hand on my belly while she watches the monitors. After a few minutes she turns back to me. Smiling, she says, “Well, this is much better. You are in active labour finally.”

Her hand is still on my belly when she adds, “That contraction was very strong. Could you feel it?”

I shake my head and reply, “No.” Lifting my hand to my forehead I add, “All that I know is the pain here.” Then I let my hand fall back to the bed.

“Well, you still have a long way to go. At least things are beginning to happen.”

Linda then tells Deana and Phyllis to catch some sleep. It’ll be a long time before anything happens. She pats my stomach, stands up, and walks out of the room. Deana and Phyllis decide who will sleep where. Deana will go back to my hospital room. Phyllis will stay in the recliner. They turn down the lights. I focus on breathing. Thirty minutes later the nurse returns. She rolls me to the other side. I focus on breathing until the nurse returns and am rolled to the other side.

I have even more pain in my head. Then I feel dampness down by my legs. More dampness.

Where is my call light? I look but do not see it. Reaching with my

right hand, I pat the sheets. Nothing. More dampness.

I say, "Help!" No one comes. I try shouting, but my voice is weak.

"Help! Help!"

Phyllis arrives first; moments later a nurse appears. She looks at the monitors. Then she lifts the sheets, checks my bottom, and wipes away the moisture with a towel. She looks back at the monitor and turns back to Phyllis.

The nurse's voice is crisp, matter of fact. "The fetal heart tones are OK." She will let the doctor know. However, the doctor has just started another emergency C-section. It will be a while. Phyllis asks how long that will take.

About forty-five minutes. The nurse leaves. I focus on breathing. In and out.

Phyllis says, "I'm going to find a different nurse!"

More dampness appears. Have I just lost control of my bladder? Wetness oozes down my legs. I am frightened. Is it just the bag of water, the amniotic fluid, or is it blood? Where is the call light? Where is everyone?

I call out. "Help, somebody, please help!"

The door opens. I hear footsteps and voices. Someone lifts the sheets. Phyllis holds my hand. The nurse says she will be right back. Phyllis tells me they are calling in another doctor.

I focus on breathing in and out. I say little. Pain bores into my head. Deana arrives. Pain worsens. I close my eyes. Breathe in. Breathe out.

New voices arrive. One has the authority of a doctor. People come and go. I cannot keep track of them. Pain bores into my head. I focus on breathing.

A voice says, "Terry, you are bleeding too much."

I open my eyes and nod. It is Mike. I have never seen him in clinic. Since he is a general OB doc, he has not rounded on me in the hospital. Mike continues, "The placenta is separating from the uterus. You cannot wait for your doctor."

The medical term for this is placental abruption. It is one of the complications of severe pre-eclampsia. If a placenta begins to pull away from the uterus, even a little, it is a huge problem. Without immediate delivery by C-section, mother and child can easily bleed to death. Time has

now become critical. I nod.

Someone picks up my right hand.

“I will get the second IV line going.”

“We need to get her typed and crossed.”

More noise. More commotion.

A fresh voice bends low. I have not seen him before. “I will be doing your anaesthesia.”

Chirp! Chirp! It is the red beeper clipped to his scrubs. The operator’s voice is crisp, and official.

“Code Blue! 8 West Oncology! Code Blue! 8 West Oncology!”

I hear him curse loudly, followed by the others. They run out of my room into the hallway. Their footsteps and voices fade away.

My fear grows. Why did they leave me? I am young, only thirty-eight. I’m having a baby. Are not two lives more important? My baby and I are going to bleed to death.

I hear Mike’s voice again.

“Damn!” The tension in his voice is high and he is almost shouting. “She can’t wait.”

My bed begins to move. He bends down, speaking quickly, “You’re in trouble. So is your baby. We have to go now. There is no one to do the anaesthesia for us. I’ll need to do this under local anaesthesia because . . .” His voice trails off. He is talking to someone else, not me.

Once I’m in the OR, they strap my arms and legs to the table. My belly is scrubbed. Sheets are draped across me. I hear voices shouting.

I feel hands holding my head. The doctor says he is beginning.

The shouting is loud. Wait. I hear Zach. I feel his hands. He is patting my head. “Mommy, don’t worry. When you die I will live with Janet. It will be OK.”

I try to turn my head to see him. They won’t let me. I struggle. Zach understands. He bends down to kiss me.

Zach, there is so much I need to tell you.

His voice fades away.

No! Please, don’t go! Finally there is no physical pain, only terrible remorse. I feel the cold breath of death blowing on my face. Zach will be an orphan.

What have I done?

I weep. Then slowly I am enveloped in nothingness.

Time passes. The world continues but I am unaware. People come and go but I know no one, not Zach, not even myself. Nurses come and go. More time passes.

The fog gradually lifts. I begin hearing and then seeing. My thoughts take shape and I realize I am still alive.

Zach is not yet an orphan.

The nurse tells me, and this time I hear, and remember. I have a daughter. She is in the NICU but she is doing well. When I am stronger she will take me to see her.

Terry Wahls, at the Veterans Administration Medical Center, Iowa City, IA, is writing her memoirs in which she depicts her descent into severe disability due to progressive MS and her remarkable recovery.