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Almost 20 Years after a Traumatic Birth Experience: “Joshua is Doing Just Fine”

Hila J. Spear, PhD, RN

STORYTELLING IS A MEANINGFUL WAY TO ENLIGHTEN others about the practice and value of nursing. “Clinical reasoning and caring practices may be better understood through narratives, which allow you to identify with the storyteller, experience an emotional response, and internalize the message”.¹ The following narrative is an account of a personal clinical experience and patient-nurse connection that was initiated over two decades ago. Although many years have passed since I provided nursing care for Mrs. Hamilton during her childbirth experience, I am able to vividly recall the events of her difficult delivery and related outcomes. This true story celebrates the unique nurse-patient relationship and illustrates the act of caring and the long-term impact that nurses and those they care for may have on one another.

MY FIRST ENCOUNTER WITH MRS. HAMILTON: DECEMBER 1980

I can clearly remember this particular clinical experience, even though it occurred over 20 years ago. Working as a registered nurse in a hospital-based obstetric unit, I specialized in labor and delivery. My patient assignment on the 3 to 11 o'clock shift was to care for Mrs. Hamilton, a 30-year-old woman who was in active labor with her second child. The day shift nurse reported to me that Mrs. Hamilton was

laboring normally, but continued to experience lingering gastrointestinal symptoms from a recent bout with the flu. She was dilated 3 to 4 cm, and her membranes were ruptured, with clear amniotic fluid. With emphasis, the nurse said, “The presenting part is really high, but since the patient is a para 1, I expect the baby will come down all of a sudden.” She also noted that Mrs. Hamilton had been given an intravenous infusion of dextrose 5 percent in lactated Ringer injection (D₅LR) and planned to forgo epidural anesthesia. Continuous electronic fetal monitoring was not ordered.

As I entered the labor room, I recognized the attractive woman with long, light brown hair as one of the mothers who had attended a prepared childbirth course that I had co-taught several weeks earlier. Her husband, who was seated at the bedside holding her hand, remarked that he was ready for the big event and eager to greet his new son or daughter. Even though Mrs. Hamilton was obviously in some discomfort, she looked at me and smiled as she said, “It’s good to see you again.”

My initial vaginal examination revealed that Mrs. Hamilton was approximately 4 cm dilated, the cervix was about 80 percent effaced, and the presenting part was still at a –3 station. Her contractions were well established at every two minutes.

ABSTRACT

This personal account is about a labor and delivery experience that brought together two women—the author, an obstetric nurse, and Mrs. Hamilton,* the patient she cared for. This uneventful labor ended with the rapid delivery of Mrs. Hamilton’s second son, who experienced a nuchal cord injury. This narrative describes selected aspects of her labor and delivery experience as well as short- and long-term outcomes for her newborn son. The unique nurse-patient relationship with its focus on caring and support is emphasized, in an attempt to illustrate the value and power of nursing by sharing one’s own experiences of nursing practice.

* Pseudonyms were used to protect confidentiality.

FIGURE 1 ■ Joshua in the NICU.



Based on standard policy and procedure at the time, I assessed and documented Mrs. Hamilton's vital signs, fetal heart rate (FHR), and contraction pattern at least every 30 minutes. Her vital signs were consistently stable, and except for a brief episode of fetal bradycardia, the FHR was normal, ranging from about 120 to 140 beats per minute throughout her labor. Mrs. Hamilton's pain was managed with intravenous alphaprodine. I stayed at Mrs. Hamilton's bedside because I knew that she would progress quickly when the baby's head rotated from what was most likely a posterior position. Her physician remained stationed on the obstetric unit and said, "Just call me and I'll be there." He knew that Mrs. Hamilton would be ready for delivery with little warning.

When her contractions increased in intensity, I evaluated Mrs. Hamilton for cervical dilation and found that she had progressed to 6 cm. I noted the presence of forewaters in front of the baby's head, which remained at a -3 station. The physician also examined Mrs. Hamilton and explained that some of the amniotic sac was still intact; he proceeded to do an amniotomy.

As I palpated her fundus and timed Mrs. Hamilton's contractions, I instructed her to let me know if she felt the slightest urge to push or bear down. About 20 minutes later she stated, "I think I'm beginning to feel a little pressure." I immediately performed a vaginal exam, which revealed little change from the last exam. The physician briefly stopped by the labor room and told Mrs. Hamilton that it probably would not be much longer. He was right. In less than an hour, she experienced one powerful contraction and was overwhelmed by the desire to push. She had progressed to approximately 8 cm, and the vertex presentation was close to 0 station. The time for the highly anticipated birth was close at hand.

The FHR remained strong and regular, with a reading of 140 beats per minute just prior to transfer to the delivery

room. I called for the physician, who joined us immediately, and transported Mrs. Hamilton to the delivery room across the hall. Her husband and I together coached her to use the shallow-puff breathing technique to refrain from pushing. In no time, she was positioned on the delivery table, prepped, and draped. The baby's father, outfitted with his protective gown, surgical hat, and mask, was seated next to his wife at the head of the delivery table, offering encouragement and reassurance. The stage was set. The doctor instructed Mrs. Hamilton to push. After about two pushes, the baby's head delivered. Then what had been a fairly normal labor experience quickly turned into a life-threatening situation for Baby Hamilton.

When the physician checked for the presence of a nuchal cord, he discovered that two loops of the umbilical cord were tightly wound around the baby's neck. It took the physician what seemed like an eternity to free the baby from the cord. Aware of the probable need for additional assistance, I immediately pushed the emergency button to alert the NICU team. Once the shoulders and the rest of the baby's body had been delivered, it was obvious that the newborn had suffered a serious insult as he made his quick exit through the birth canal. Rather than joy in hearing the baby's first cry and remarks about who he looked like, a sense of tension and concern permeated the hushed delivery room.

Baby Boy Hamilton, born at 5:38 PM, was cyanotic and essentially nonresponsive. The baby did not cry. He had a low heart rate, poor muscle tone, and minimal respiratory effort. I was just beginning the process of ventilation and expecting to move into full CPR mode when the NICU nurses arrived. They immediately proceeded with resuscitative measures and briefly showed the newborn to his parents before taking him to the neonatal intensive care unit. Mrs. Hamilton looked at her baby and said, "His name is Joshua." I recall that his Apgar scores at one and five minutes were about 4 and 7, respectively. He weighed in at 9 pounds and was 22 inches long. I felt genuinely concerned yet hopeful as I provided support and comfort to the parents. I assured them that everything possible would be done for their newborn son as I gently performed Mrs. Hamilton's initial postpartum care.

Soon after delivery, Joshua was able to breathe on his own, but he had suffered cerebral ischemia due to the effects of the nuchal cord injury. Within 24 hours after his birth, I visited his mom and dad on the postpartum unit. They both looked exhausted and sad, and when Mrs. Hamilton told me the news, I understood why. Their baby was gravely ill and had experienced at least two seizures. The pediatrician tried to prepare them for what seemed to be an inevitable outcome, stating, "Chances are if he does make it, he will be brain damaged." The prognosis was poor. It was hard to believe that perfectly formed, beautiful Joshua might actually die. The parents felt devastated but were sustained by their faith. Mrs. Hamilton said, "The prayer chain at our church has been activated. We

are just praying. We know that God can heal Joshua.” Their sense of peace amid daunting circumstances inspired me.

Remarkably, Joshua rallied. His vital signs were stable, his organ systems were functioning normally, and there was hope that he would recover from his birth injury with minimal damage. The neonatologist and pediatrician were guardedly optimistic and explained to Mr. and Mrs. Hamilton that they would have to take one day at a time. Each day he improved, and ten days after his birth, Baby Joshua was discharged from the hospital. Arrangements for follow-up care were made to monitor his physical and cognitive development for the first year of his life. I shared in his parents’ happiness as they prepared to take their newborn son home. Mrs. Hamilton asked me to come for a visit.

It was not my normal practice to do so, but I made a personal home visit to see Mrs. Hamilton and her infant son when he was about two months old. Joshua was plump, pink, and the picture of health. I agreed with his mother’s description of him as a miracle baby. This visit brought some closure for me as a nurse. It was rewarding to know that mother and baby were doing well after such a traumatic birth experience. As the years passed, I never forgot about Joshua and how he had survived after such a difficult beginning and against what seemed to be insurmountable odds. And I never forgot the intense emotional roller coaster that we all rode together during those first few days of his newborn life or the special bond that formed between his mother and me.

ALMOST 20 YEARS LATER: MAY 2000

In May 2000, I was amazed when, after so many years, Mrs. Hamilton called to give me an update on Joshua. After saying hello and identifying herself, she stated, “I just wanted to let you know how our boy is doing.” Then, with delight in her voice, she said, “Joshua is doing just fine.” My response was, “I am so glad you called me to let me know. I cannot believe that you remembered me; it’s so wonderful to hear from you.” We reminisced about the day of Joshua’s birth and how he surprised everyone with his extraordinary recovery. She proceeded to tell me that he had been above average academically throughout his school years. A few years ago Joshua had graduated from high school at the age of 17. Not only was he gifted intellectually, but he was also a talented athlete. Mrs. Hamilton informed me that he had received a full baseball scholarship from a well-regarded university.

She thanked me for being her nurse that eventful day many years ago and stated, “We will never forget you and how you cared for us and Joshua.” Mrs. Hamilton ended our conversation by saying, “I thought you would like to share in our good news.” After hanging up the phone, I was struck by the thought that sometimes time and space cannot fade the effect one has on another person’s life. I believe that this is especially true when you have the awesome privilege of caring for others as a nurse.

FIGURE 2 ■ Joshua and Corrie.



WHY TELL THIS STORY?

During this time of nursing shortages, when one still hears comments like, “Oh, you’re just a nurse,” I believe that it is important to share personal stories like this one as an encouragement to other nurses. Those who practice nursing are able to provide invaluable care and support for patients during the most difficult as well as the most joyful times in their lives. For me, this experience many years ago was a mixture of both. First there was the joy, excitement, and anticipation of a new life entering the world; then there was despair when circumstances and all physical signs indicated little hope. Joy was revisited when newly born Joshua began his road to recovery and then again many years later when I learned that he was a strong, healthy young man ready to forge ahead into a productive adulthood (Figures 1 and 2).

Although the exciting advances of science and technology often overshadow the day-to-day human side of nursing practice, the art of caring remains indispensable. Patricia Benner stated, “Nurses must continue to tell their stories so that the hidden bedrock of caring practices for a healthy and good

society will become apparent to all” (p. 105).² Stories help to reveal what nurses do, and they remind nurses what is important to them and to nursing practice.³⁻⁵ The opportunity to care for patients and their families is what attracted me to the profession of nursing many years ago, and I trust many of you became nurses for this same reason. We must guard, protect, and nurture what is unique about nursing—above all, the nurse-patient connection that allows us to provide support and care to our patients and allows them in turn to affirm and inspire us. 🍓

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Hila J. Spear is professor and director of graduate studies at Liberty University, Lynchburg, Virginia. Her research has focused on adolescent health behavior and teenage pregnancy. She also maintains clinical practice as a lactation educator and is currently studying nurses' knowledge, attitudes, and beliefs about the promotion and support of breastfeeding for young women who bear children during adolescence.

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