

Heather

She was only 15 years-old. Her parents brought her to the emergency room wrapped in a blanket when she came downstairs, her blue jeans soaked with blood. Still bleeding, the ER nurses removed her clothing and dressed her in a hospital gown, placing a sheet over her as she laid shivering on the exam table. Taking care, I placed her legs in stirrups and recognized her immediately.

What seemed like only a few years before, Heather had played on a 3rd and 4th grade basketball team I coached. Her bright hazel eyes, long dark hair and quiet demeanor were unmistakable. She was tall and slender, athletic, but not aggressive, making plays without bringing attention to herself.

In sixth grade, Heather was in class when I discussed fertility, pregnancy, labor and birth, even miscarriage and contraception. The “talk” had become a spring ritual for the sixth graders moving onto middle school. I suspect, a little embarrassed to know me, she avoided eye contact and asked no questions that day.

Now, she was my patient, a young woman, lying frightened in front of me. Holding her mom’s hand, a gentle exam revealed a uterus 12-14 weeks size. Late first trimester miscarriages were frequently fraught with severe hemorrhage. Inserting a small speculum, I cleared the vagina of large clots and clumps of tissue, and then grasped her cervix with an Allis clamp. I carefully placed a large suction curette into the uterine cavity through a well-dilated cervix. With suction, her uterus emptied of residual tissue and blood and her heavy bleeding stopped abruptly, as the uterus contracted around the curette.

Then slowly, I removed the instruments and placed her legs back on the table. I explained that she had been pregnant and that she had experienced heavy bleeding during a miscarriage. That her miscarriage was over now and she would no longer have painful cramps and experience only scant bleeding.

I made clear that there was nothing she had done, or not done, to cause the miscarriage, that miscarriage was very common. That miscarriage occurs by chance whenever a pregnancy is abnormal. That someday, if she wanted to have a baby, she should be able to have a normal pregnancy. All the time, I wondered if she recognized me.

Looking away she continued to hold her mom’s hand and asked if she could see her father. I met him in the waiting room and described briefly what had happened. He appeared bewildered and sad, but grateful that his young daughter would be fine. Bringing him to her room, I watched the three of them huddle and hug tightly.

I followed Heather at a distance through her high school years. We never talked. On occasion, I would see her parents who would greet me graciously, but we never discussed that night in the emergency room. Heather was an outstanding student. She received many awards for her achievements, always blushing with the recognition. Eventually, she graduated from college becoming an elementary school teacher. She married a young man who was a teacher as well.

To my surprise one day, they presented to my office pregnant. On exam her uterus was 10 weeks size, consistent with her menstrual dates. Together, we heard a fetal heartbeat, assurance that she was carrying a normal pregnancy. Remarkably, she remembered that fact from my sixth-grade lecture. As I helped her sit up, I congratulated them. Heather smiled like I had never seen her smile before. With the glow of pregnancy, she said, "Thanks coach."

Oge Young, MD