

She

She was added to my packed morning schedule: “early pregnancy, bleeding.” I did not know her. She described heavy bleeding the night before and severe cramps, passing large clots and some tissue. There was only light flow now and her cramps had subsided. Her story and her exam were consistent with a completed miscarriage. A follow up pelvic sonogram showed an empty uterine cavity confirming the diagnosis.

I expressed sorrow for her loss. She looked disappointed, but asked nothing. I made clear that it was not her fault, that most miscarriages are the result of an egg or a sperm having the wrong number of chromosomes, simply a chance of nature. Her loss had nothing to do with what she had done or not done.

Further, I explained that miscarriage occurs commonly, about one in four pregnancies. That if she were to talk to women who have had several children, she would learn that many of them have also lost early pregnancies. The one blessing of her miscarriage was that she achieved pregnancy. Her next pregnancy likely would be a good one.

She finally broke her silence, quietly telling me that she and her husband had been trying to have a baby for five years. Every month her hope evaporated with the onset of another painful menstrual period. During her time of trying to have a baby, she had hosted three baby showers for cousins and another for her best friend. So typical of her New England upbringing, she had not shared with anyone that she too wanted to have a baby. Relatives and friends had often asked why she was not having children.

Taking a deep breath, once more, I expressed how sorry I was. Having a baby should not be so hard. Most women just expect to get pregnant when they decide to have children. Having worked with infertile couples for years, I was aware of how painful and lonely the place is from where she came. I offered to evaluate and maybe treat her infertility.

For the first time, tears filled her eyes. She said her mom, never a smoker, had been diagnosed with Stage IV lung cancer two months ago, the month she had conceived. She had been so grateful that her mom would die at least knowing she was pregnant. More remarkable, her mom’s mother had died of cancer when her mom was pregnant with her. We sat together in a long moment of silence. No words of comfort came. Finally I said, “I am so sorry.”

She was to call me should she have anymore heavy bleeding, cramps or fever, and to return in a week. Far behind in my schedule, I saw the remainder of my morning patients, reminded that our calling is not just to fix patients with medications or surgery. Healing sometimes comes just being present, affirming another human’s suffering.

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