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I remember feeling guilty and conflicted when I found out that he had left an important family celebration to come to the hospital. I saw the inherent conflict of the situation—I was pulling him away from his family to help me create my family. I respect Dr. L and other healthcare providers who make sacrifices for their patients while also balancing their family's needs.

Thankfully, my story has a happy ending. Despite the complex pregnancy and delivery, our sons were born healthy. It was time to celebrate and be grateful. My boys spent less than two weeks in the NICU, and now at 9 years of age, they continue to thrive. I did not have the home water birth that I had imagined, but I look back on those 3 months in the hospital “fondly” despite the challenges we endured. It was a journey of self-awareness and growth, which has enriched my personal life and hopefully has made me a more empathic psychologist.



Premature Birth and Neglected Maternal Mental Health

Naomi Rendina

Eight years ago, my daughter was born ten weeks premature. Young and with no reason to believe I was at risk for any complications, I suddenly developed pre-eclampsia, a complication of pregnancy characterized by high blood pressure and proteins in urine. Shortly after submitting my routine urine sample at my prenatal appointment, I overheard my physician, just outside my exam room door, ask the nurse how far along I was. I knew something was wrong. When the physician entered the exam room, he immediately asked if I had any pains or headaches. Despite not having either symptom, he proceeded to put me on strict bed rest. I gave both blood and urine samples before calling my mother and husband. Shortly thereafter I left in an ambulance for a hospital better

equipped to handle thirty week fetuses. My blood pressure was dangerously high, and my liver and kidneys were beginning to fail. The baby needed to be delivered; for her sake and mine.

Given an anti-seizure medication with hope to delay delivery, but antibiotics in case delivery became unavoidable, the obstetric team informed me that I needed to immediately deliver the baby. When I arrived at the second hospital, more blood work and urine analyses determined that my body could afford a little more time. I received the first of two steroid shots that aimed to help develop the baby's lungs and digestive system in anticipation of her early arrival. Ideally, delivery would be 24 hours after the second injection. The high risk obstetric team of residents and attendings lacked physicians who mastered compassionate bedside manner. Instead of viewed as a young woman terrified of losing her baby, I was made to feel like I was yet another patient. Although on an opiate derived drug known to make patients not feel well, an anesthesiology resident asked me to sign the consent form for surgery so that it was out of the way if it became too emergent of a situation. I'm positive that my signature resembled an illegible scribble because between hysterics and being so drugged, I struggled to comprehend what was going on.

Once determined that I could handle a little more time, and after I received the first steroid injection to help the baby, I was given a corner room in the hospital's labor and delivery wing. The nursing staff was kind and compassionate. A rollaway bed was placed in the room so there was enough room for both my husband and mother to stay with me. I needed them both there. During what felt like forever, but I'm told was only hours, multiple high risk obstetricians came in to assess the situation. The baby was measuring two weeks small, and the obstetrics team let my husband and I know how skeptical they were about her survival. Later that night, an ultrasound revealed that our baby girl was “practicing” breathing. That was a great sign.

Over the next few days, I developed HELLP syndrome, another complication that includes the breakdown of red blood cells, elevated liver enzymes, and low platelets. My blood pressure

was dangerously high, but stable, and a crash cart sat outside my door. I moved to the antenatal wing in hopes I could hold on for as long as possible and delay delivery. While in the antenatal wing, a neonatology fellow spoke with my husband and I in my room, and offered my husband a tour of the neonatal intensive care unit (NICU). This Fellow came prepared with statistics, visual charts, and a patient and kindhearted bedside manner I have yet to see matched. He told us statistics about preemies of all gestational ages, worst and best cases for her gestation, answered questions, and took his time. It was hard to mistake how much he cared when he was in no hurry to leave, and genuinely wanted to make sure we were prepared. I at least had read the complications chapters of pregnancy books. Because of that neonatology fellow's information, we were as prepared as we could be for a premature baby. In reality, nothing prepares you for the uncertainty of the NICU. This physician's kindhearted presentation of honest but difficult information is what ultimately what gave us hope our baby would be okay.

With every day, even every hour that passed, the baby developed a little more, and her chances of a healthy arrival increased. I made it four nights before my liver and kidneys began to shut down and it was time to deliver. Even in 2017, the only cure for pre-eclampsia is to deliver the baby. To save my life, and to give the baby a fighting chance, she had to be delivered.

I was barely twenty-two at the time, a newlywed, and excited for my first baby. The intervention free birth plan I hoped for was long gone, but I was thankful for the readily available medicine and technology. I was whisked away down a long, white, sterile corridor to an emergency cesarean section amidst hysterics. I begged the anesthesiologist resident to give me a general anesthesia because I didn't want to be there when my baby didn't breathe. He stopped the gurney, put his hand on mine, and told me that I needed to be awake to hear my baby cry for the first time, and that not only did I need to see her, but she needed to see me. When we got to the operating room, a nurse waited for me. Her kindness matched the resident's, and she gave me

a big hug. This nurse stood in front of me, holding my hands on my lap while I hunched over to get the spinal. Neither attendant wavered in their emotional support. Without these two caring medical professionals, I would not have been awake to hear my daughter's faint first sounds. She sounded like a tiny kitten, but her cry was beautiful and hopeful.

At thirty weeks and four days of gestation, our daughter made her dramatic appearance, weighing in at barely two and a half pounds, and fifteen inches long. She amazed her entire neonatology team with her strength. She was extubated and breathing on her own with a nasal cannula of oxygen to help her "remember" to breathe within six hours of birth. I fell in and out of sleep after the surgery. I was exhausted both physically and emotionally, and was given another anti-seizure IV drip. I remember abruptly waking up and asking what happened to the baby. Dazed and confused, I panicked upon waking in the hospital, terrified something happened to the baby. My husband brought me pictures of our unnamed little girl. We named her together when I met her twenty-four hours later.

I was discharged seventy-two hours after she was born. Although my blood pressure had neither dropped nor stabilized, the insurance company refused a longer stay. I was given a tetanus booster and sent on my way. My husband noticed that I was not doing emotionally well, and despite all his efforts, no mental health provider came to see me. He watched my body flirt with system failure and death, but remained calm and supportive. My husband set aside his own feelings of helplessness, fear, and worry, only to ensure my safety and survival. He loved me dearly and did all he could to save me. I cannot speak for how he actually processed the experience for himself, but he was consistent in giving me the space I needed to talk about the experience. Perhaps it was in those moments that we reflected upon the situation together that we both healed and made peace with the experience.

After leaving my recovery room, I sat next to my daughter's isolette in the NICU every day and all day. I talked to her, talked to nurses, and asked questions. I held her when I was allowed to. The

relationships I formed with some of the nurses continue. Excellent nurses went out of their way to talk to me, include me in the baby's care, and keep me company. They saw I needed to talk. I developed a reaction to the silver bandage on my surgical incision. I walked down the hall from the NICU back to labor and delivery, thinking I could get a new bandage or something to help the burn. Because I was no longer a patient, not even a nurse would look at me. I had to drive an hour home to see my own obstetrician, who did not do my surgery, about my burn. All I needed was a band-aid.

Her NICU stay was unremarkable. We waited a long ninety-two days for her to master eating, breathing, and growing. She spent the first month of her life in the NICU down the hall from labor and delivery. I was able to spend all day with her except for during shift change. At a month old, she was transferred down the long hallway to the children's hospital, where we spent nine weeks in a private room in the step-down nursery. She had an open air crib, the necessary monitors, and we had a pull out bed, a full bathroom, a tv, and a rocking chair. I was fortunate enough to be at a facility that had private rooms that allowed me the opportunity to have as "normal" of early bonding experience as possible.

For as unfortunate of a situation as it was, I have few complaints about my care. Before my daughter even left the NICU, I developed post-partum anxiety and post-traumatic stress disorder. My primary care physician saw the warning signs, but refused to refer me to a mental health provider. Instead, he treated and medicated me himself. I hated the medicine and stopped taking them. I made those around me believe I was okay, when in reality, the pain and guilt of delivering such a tiny baby overwhelmed me to the extent I wanted to hurt myself. The pediatrician's office administered post-partum surveys to mothers, and I regularly presented multiple red flags. The pediatrician couldn't do anything for me other than tell me to go get help. Self-care wasn't in my vocabulary, and I knew nothing other than to take care of my baby. I felt as if I failed to give her a healthy start at life, and as though I owed it to her to do everything I possibly could. She was the only one who could stop me from actually hurting myself. The guilt and pain was overwhelming, but

I didn't want anything to happen to her. She was both my deepest sorrow, and my saving grace. She consumed me, and only in retrospect can I see how unhealthy that was.

The medical world is aware of the emotional toll that a normal, full term childbirth can take on a mother, and that even mothers with unremarkable births can develop post-partum anxiety or depression. Women who deliver babies prematurely often experience a sense of loss. We've lost the full term baby we dreamed of, the birth plans we made, and our expectations for motherhood. I was overwhelmed with a sense of guilt that it was my fault although it very clearly was not. I refused to medicate myself, and my general practitioner didn't feel as though I needed to be referred to a psychologist. Because of this, I never received formal mental health care. Instead, I found refuge in finding women who had similar experiences. I found an online group of women from around the country who had delivered premature babies around the same time I had. We talked openly about our shared experiences and feelings of guilt, sadness, and worry. Our conversations helped us find hope that our babies would succeed, gain the confidence we needed to handle our new situations, and create a camaraderie that ultimately saved many of us. These women helped me float when I felt like I was drowning. We became each other's lifelines, and remain so today. If the psychological component of childbearing is significant, then why are mental health professionals not included in the care team for at least women who experience high risk birth, preterm birth, or even still birth? In my experience, the absence of mental health professionals had long-felt serious consequences. Women experiencing the transition into motherhood, whether it the first, second, or fifth time, traumatic or typical, deserve care that pays attention to her emotional wellbeing. In the end, we took our petite and healthy baby home. Although now years later, I cannot help but wonder how different our lives would have been had I received the help I needed much, much sooner.

