

Asking the right questions when in doubt of health providers decision. A case of a near miss incident that could have cost me the life of my unborn baby.

By Cecilia Nantume

Every pregnant woman looks forward to having a non-eventful pregnancy resulting into a non-complicated delivery and birth of a healthy child. Finding out that I was pregnant came with a lot of Joy and anxiety. Being a nurse-midwife, one would think, I would not be anxious because, well, people expect you to know what to “expect when expecting”. Which is indeed true, because on most of my antenatal visits, I knew which tests would be done depending on gestation period, how to interpret the tests results without the doctor’s help and even the recommended courses of action. Then, of course, I was keen to ask questions concerning my general well-being and treatment. Needless to say, I was treated differently because my Obstetrician knew I was a nurse.

Consequently, I had a non-eventful pregnancy, and all was well, up until the time of my last antenatal visit. I felt the need to change my place of delivery, because I realized I could not afford the delivery fees. I was a cash patient. I needed to look for another Hospital which could offer the same quality of care, but at a lower cost. So, I decided to go to a faith-based hospital, where one of my female friends worked as a deputy in-charge of the maternity unit. In that hospital I knew I could get special attention and good -quality care. Not that quality of care should vary with social-economic status, education level or who you know in hospital. Unfortunately, this is often true in my country.

So, I made an appointment to attend my last antenatal visit at this hospital. I was 38 weeks by then. I scheduled to go for the visit on Saturday, a day my friend would be on duty. However, on Thursday evening, I felt increased fetal movements which continued throughout the night. I didn’t have much sleep that night. On Saturday morning before I left for hospital, I observed a mucus-stained bloody discharge. This usually indicates labor could start any time.

At the hospital, I did not need to wait in queue, because I called my friend (the midwife) as soon as I arrived. So, I was taken to see the Obstetrician immediately. That was at 12.30pm. On examination, the cervix was closed, the bloody discharge had increased, the fetus was lying longitudinally, with a cephalic presentation (head down) and engaged (descended into the pelvic cavity). However, the fetal heart was high at 170 beats per minute (normal fetal heart is 110-160 beats per minute). The fetal heart was also irregular. My blood pressure, breathing and temperature were normal.

The oobstetrician asked me if the fetal heart rate had been this high before. But I could not remember any occasion when my previous obstetrician had ever mentioned that it was high. I quickly checked my antenatal card record. But on all previous visits, the fetal heart rate had never been recorded. On all previous 8 visits, he simply wrote “fetal heart heard”. However, after the delivery my husband recalled on one or two occasions when the previous obstetrician had mentioned that the fetal rate was higher than normal. But the obstetrician had said it was nothing to be concerned about.

The oobstetrician ordered for a full blood count, blood grouping, a urinalysis, and an ultrasound scan. The ultrasound scan showed I was 38 weeks, cervix was closed and long, it confirmed the lie of fetus. There was no cord around the neck of fetus. The fetal heart rate was 160 beats per minute. The ultrasound scan report was given to me at about 13.15pm. All other tests were normal.

With the scan not showing the cause of increased fetal rate observed at examination, I knew in that moment that I had to deliver by cesarean section. I could not be induced to start labor. I walked back to the oobstetrician and showed him the finding of the tests done and Ultrasound scan report. He advised me to return home and wait for labor to begin. He told me, that this being my first pregnancy, it could be another 24 hours before labor would begin. He also told me to find a health facility near my home where I could go periodically and have the fetal heart checked and measured.

Well, indeed I had a health facility which conducted normal deliveries, within a 1km radius from my home. It would take me about 10-15minutes to walk to the facility. However, I could not see the feasibility of this recommendation. Firstly, I did not know what monitoring fetal rate periodically actually meant. Could it mean every 30 minutes. If it were every 30 minutes, I needed about 10 minutes to walk to the facility and another 10minutes to walk back. At the facility, depending on the time and number of patients in attendance, I could not estimate how long I would wait before being checked by a midwife. I also knew that going into labor when the fetal heart was that high would harm the baby. So, I asked the doctor, how often should I go to have the fetal heart checked and measured? That is when the doctor realized his recommendation was not that feasible. In that moment, he realized it did not make sense to send me home to have fetal heart monitored and wait for labor. I was better off admitted, and fetal heart monitored in the hospital.

Consequently, I was admitted at 14.30pm, given fluids and heart fetal was checked and measured every 20 minutes until 16.30pm. With each measurement, the fetal heart rate was persistently high above 170 beats per minute and still irregular. The monitoring interval was reduced to every 15 minutes for another one hour till 17.30pm. During that time, the fetal heart was ranging between 175-185 beats per minute and irregular. At 17.30pm, another vaginal exam was done, which showed that cervix was still closed. At that time, they reduced the monitoring interval to every 5 minutes, and they found the heart rate increasing each time. By then a another senior oobstetrician joined the team and two other senior midwives. In turns, each measured the heart rate and compared their findings. Each measurement by all four team members was giving the same persistently high and increasing fetal rate. They even alternated using a digital fetoscope and non-digital fetoscope. The 2 fetal scopes consistently gave the same finding each time.

At about 18.15pm, the team unanimously agreed that the best course of action was to perform an emergency c-section. At 18.20pm, I consented and was prepared for cesarean -section. At that time, the fetal heart rate was 200 beats per minute. In theatre, the team had prepared to resuscitate a very distressed baby on delivery. However, by mercies of God, my baby was delivered and was well and healthy. She did not need resuscitation.

In that moment, right there on the operating table, hearing my baby girl let out that beautiful cry. A cry so strong, reverberating and filling the entire theatre, I knew, that if I had not asked how often the fetal rate should be checked and measured. Had I continued home to wait for labor to begin as instructed, my baby may not have survived! I also knew that my educational background in nursing and midwifery is what prompted me to ask that question. I was sure that with such an abnormally high and irregular fetal rate I could not be induced for labor and that fetal heart needed to be monitored closely. I knew my baby's life was at risk.

As I was reflecting on what had happened, I heard the doctors and midwives let out a sigh of relief and congratulating themselves on making the right call to admit me, continuously monitoring the fetal heart rate and for operating when they did. They said if they had they waited any longer, my daughter's heart would have stopped beating and she would have died.

My baby had a cord presentation (the head was pressing on the umbilical cord). So as the fetus descended into the bony pelvic cavity (something that happens as the baby prepares to be born), the cord would be compressed by the pelvic bones and head of the fetus, limiting blood flow to baby. So, the fetal heart would compensate by beating faster. However, when the heart beats faster, it does not get filled with enough blood between the abnormally frequent and weak heart beats. Hence, very little blood is pushed out to reach all the body organs including the brain and heart. This is what could have caused the death of my baby.

Throughout my stay at the hospital, I noticed that all mothers who had been delivered by emergency cesarean section later that night and next two days had their babies in the neonatal intensive care unit. The babies needed some support with breathing or needed extra oxygen. This is because the operations were not done in time. Most of them delayed coming to hospital.

Three days later, I was discharged. Walking out of the hospital with my daughter safe and healthy in my arms. I was so grateful that I knew that my baby was in a critical state, and I knew what exactly needed to be done. I knew which questions to ask. I asked myself, what about the other women, the other patients, who don't know and understand what is going on. How do they know which questions to ask? A lot of times they are even afraid to ask, because well, the health provider knows better. They simply just follow the health providers' orders.

I knew that I had to do something. I knew I had to advocate for other patients. As nurses we were always told to be our patients' advocates. Since then, as part of my advocacy work, I always accompany my relatives to all their health visits. I choose which provider they see. In most cases I send them to providers with whom I had a prior discussion about the patient's concerns. If I am not able to accompany them to a doctor's visit, I also encourage them to express themselves, ask questions about their diagnosis and treatment plan. I also encourage them to give a detailed history, carry all their previous medical records and ensure that doctors have reviewed all the records. I always get feedback from both the providers and patients about the diagnosis and treatment plans.

As a patient I also scrutinize my own care processes to ensure that all procedures are done correctly, and I only receive care that I have consented to and fully understand.

From this experience, I learnt that it is important to ask specific questions when in doubt of a health providers decision.

You should not be afraid to challenge the decisions of health providers, if we feel you have a good reason to.

Health providers may know more about medicine, but patients know more about their circumstances and hence are in the best place to assess if the doctors' advice can work as they presume it should work.

Do your research and ask questions, when in doubt or if you have not understood an instruction or advice. Try to think about how you can apply that advice in practice and speak up if you feel you cannot and why you feel you cannot.

Always ask to look at your medical records and ask providers what about your care and management.

If you are managed for condition that is needs routine monitoring, ask, keep and track of findings from your routine assessments and always tell providers about the findings from your previous assessments.

If you are in a setting where you have a paper based medical record which has duplicate copy that you keep, ensure that your medical record is fully updated with findings from all assessments and procedures done. Such that if you change providers within facility or between facilities, you have your full medication record.