

Our profession in today's NHS

Dr Sarah Cowey

Eight hours into a busy night shift having already delivered several babies by various routes just as I was starting to feel tired my gut churned with anticipation, I knew that there was a sting in the tail yet to come. I felt the buzz of activity in the air and knew that when I got to the coffee room the board of admissions would be full. Deciding that it may be some time before I got the opportunity to eat again I picked up a small yoghurt and quickly ate it up.

Heather was the coordinating senior midwife and together we assessed and planned our work for the next few hours as best we could before the welcome relief of the daytime staff would arrive. By my calculation there were three women who would all likely require my help in delivering their babies and ideally this needed not to be done all at the same time!

I made my way into room seven to talk to a couple about the delay in progress of the labour. Kitty* was a bright well-articulated woman with long fair hair, which seemed to sit exactly in place despite several days of induction and over twelve hours of contractions. Kitty digested my news from the findings of her recent examination and appeared to have a full understanding of her situation. Unfortunately Kitty's baby was in an occiput-posterior (back to back) position and this had meant that her labour had ground to a halt at seven centimetres. Kitty and her partner Steve were desperate to avoid a caesarean section and together with their midwife Kate they had done everything to try and help progress the labour.

"It's no use I'm afraid, I think that you have both given it a fantastic effort but really our only option now is to deliver your baby by caesarean. I'm afraid if we wait any longer the baby will likely become distressed and the risks will only increase." I said. Kitty and Steve listened carefully to me asking me sensible questions and then after a few minutes agreed with my course of action. The consent form was completed and after relaying the news (which had been anticipated) to Heather the wheels were set into motion as the theatre team were called.

Just as Kitty was being transferred round on her bed I saw the anaesthetist Sanjay "I've already topped up the epidural so we'll be good to go in about ten minutes or so" he said. "Great" I replied. The rest of the theatre team like an army of ants were bustling around opening sterile packets, drawing up drugs and writing things down. Together they moved seamlessly as though they were all one mind.

"Sarah you need to check out room four before starting the section there's a woman just round from the birth centre and I don't like her baby's trace much at all" said Heather. "Ok no problem" I replied.

I quietly knocked at room four to find Liz another midwife who was looking after Sharon and Matt. Liz quickly got me up to speed and it was apparent that Sharon's labour had been progressing very quickly and having become eight centimetres dilated Sharon had requested an epidural and therefore been brought the short distance down the corridor from the birth centre to delivery suite.

I introduced myself to Sharon and Matt and explained that I had come to look at their baby's heart rate tracing. Sharon was still contracting strongly despite the epidural, which was only just starting to take effect and she seemed fairly oblivious to me. Her partner Matt watched me more intently as I explained that their baby appeared to showing signs of distress which coupled with the meconium which he had already passed heightened my concern that he may not be getting enough oxygen via the placenta from Sharon. If I was correct the consequences for their unborn baby could be significant and if delivery was delayed the risks included permanent brain damage and even death.

Sharon and Matt were expecting a beautiful baby boy to take home, love and nurture. Although we had already taken Kitty round to theatre in preparation for a caesarean section I quickly decided that Sharon's baby needed my attention urgently and in order to ascertain how quickly he needed to be delivered I recommended taking a tiny sample of his blood via a scratch to his scalp which would provide us with some much needed information. The midwife Liz was very experienced and had already opened and prepared the equipment I needed for the procedure, a moment later Heather arrived in the room ready to help.

Kneeling on the floor I found myself in an uncomfortable position looking down a long speculum (like a tube) at a few centimetres of the baby's head. "He's got lots of dark hair," I said looking up at Matt. The sample was very quick to process but invariably a fiddly process. After a few minutes of perseverance I handed Liz two tiny tubes of blood, which were rushed round to the gas machine to process. Examining Sharon in-between contractions I gave her the news that she was still eight centimetres dilated but the baby appeared to be in a good position. Sharon now calmer listened carefully as I told her and Matt about what the possible results of the tiny blood samples could mean. Just then Heather appeared back in the room her face full of concern, "7.06 and 7.07" she said.

Immediately Liz sprang into action and started gathering Sharon's medical notes. "I'm really sorry, but both the samples indicate that your baby is not getting enough oxygen and we need to deliver him immediately by caesarean section," I said. The colour drained from Matt's face. "Its ok, we are going to take extremely good care of them both. Don't be alarmed but a lot of people are going to arrive here very quickly to take you to theatre. This is what they are supposed to do we are all a team and everyone is here to care for you," I said. As I outlined what our plan was I could see that although Matt still appeared petrified he was somewhat calmer.

Within minutes people arrived all moving silently and efficiently working together as one. As I un-locked the stiff brake on Sharon's bed to push her the

short distance round to theatre I spoke to Heather. Without needing to ask Heather informed me that Kitty was still in theatre, her baby's heart tracing was normal and Kate her midwife was by her side. "Ok, please can you call the consultant in Heather" I replied. I knew that by the time I had delivered Sharon's baby Kitty's baby would have been waiting for some time and more hands were needed before the daytime team would arrive.

Once in theatre I popped through to the other theatre to explain the situation to Kitty and Steve. "I'm really sorry but there has been another emergency and we need to deliver that baby immediately. Your baby appears to be fine and I have called the consultant in to help so hopefully you won't be waiting too long" I said apologetically.

By 6.45am I was sitting in the coffee room with midwives, care assistants and some of theatre team. Both babies had been safely delivered and although Sharon and Matt's baby boy had been taken round to the neonatal unit he had been born in a good condition so the prognosis looked good. A huge pot of steaming tea sat on the table alongside a large plate of buttered toast. Lucy the consultant obstetrician who had been called in came and sat down next to me. I handed her a large mug of hot tea and then passed the toast over to Mike the senior house officer.

"That was a busy end to the night have you been to speak to your last patient yet?" asked Lucy. "I'm just waiting for the anaesthetic to wear off then I will go and debrief them both," I replied. "Great good work everyone" Lucy said and with that she finished her tea and taking one last look at the board of patients on her way out left. Heather and I then ran down the board ensuring nothing else required our immediate attention.

As I walked down the corridor to see Sharon I bumped into Steve (Kitty's partner) "thank you so much, you were all fantastic," he said. I smiled and thanked him for his patience before wishing him the best of luck as a new dad. Sometime later after tidying up all the loose ends I made my way through the morning handover with the daytime team. Their faces were fresh and ready for the day's events. My eyes were stinging and felt dry and my body ached for its bed.

With one final burst of energy I managed to collect all the various bits of paper and extra work which I knew I needed to finish at home (I wasn't due to be back at work for several days). Glancing at my phone I saw a text from my husband reminding me to collect my younger son from a friend's once I had been to sleep.

Finally after a 55 minute drive home in the morning traffic I found myself at home in bed warm and comfortable. My body was tired and as I tried to focus on the text on the television I found it hard to make out what I was watching but settled on a programme that was familiar and safe.

I reflected on the night's activities feeling that overall we had worked well as a team and provided good care even when we all felt stretched to our limits. I

thought about Sharon and Matts baby boy and decided that I would call the neonatal unit later in the day to check on his progress. Although I appreciated the gratitude, which I had received, I wondered if Sharon and Matt had any idea how close they had come to losing their baby boy before they had even met. Reassuringly I felt that that was how care within the NHS was meant to be. I never received a thank you card from them but to be honest felt that my role was only a small part in their baby's journey into the world.

I am overwhelmingly appreciative of all the fantastic people I work with and continue to be amazed at the resilience of the women I care for on a daily basis. I feel privileged to be able to work within the NHS as a junior doctor whilst training less than full time and balancing the needs of my family at home. The roles we have today, as junior doctors are multi-faceted and ever changing in a world, which moves, in a relentless forward motion.

After a brief 4-hour sleep I drag myself from my bed via the shower before walking to collect my son after school. I call the neonatal unit on the way to ask after Sharon and Matt's son who is apparently doing well although not out of the woods yet. On arriving to collect my son he rushes out to meet me and gives me a tight hug that seems to last forever. His energy and excitement for life instantly help to melt away my tiredness. By the next day I will be mentally ready for the challenge of work again and I feel fortunate to have a career that offers so much reward in so many different ways.

By Sarah Cowey
ST6 Obstetrics and Gynaecology

* All names have been changed and events are loosely based on real life