A Labor of Love

Above, nurses Donna Stone, left, Vivian Harper and Debbie Fowler discuss which patients they will take for the day. At right, Harper wraps her patient, Yolanda Wang, in warm blankets to keep her comfortable before delivery.

Nurses share joy, sorrow of childbirth experience

By KATHY LAVESPERE
Advocate staff writer

Thursday, the start of the 7 a.m. shift for labor and delivery nurses at Woman's Hospital. The day holds joy and sorrow, but it begins like every other day for the women huddled in the "report" room, a tiny cubicle squeezed between the lockers and the nurses' station.

The shift begins with the charge nurse who is going off duty giving a patient report to the nurses coming on. In their fresh hospital scrubs, the nurses are members of an elite club. Some of the nurses grip about the too-big, mismatched scrubs they get stuck with.

"They keep telling us we will be getting our own, new scrubs," a nurse grumps.

The nurses speak in a language of their own — "she's sky high" (the baby hasn't dropped yet), "bag her" (get her ready for surgery), "she's going to be cut," "she's here for a hyst," (hysterectomy), "she's rapped to kingdom come."

A 35-year-old woman lies in a cool, dimly lit room, a few hours from giving birth to an 8-pound, 5-ounce boy. The wailtry "thump, thump, thump, thump, thump." is the only sound of a fetal monitor.

Down the hall, another woman is writhing in pain. She calls desperately for her husband to rub her back as she rides out another contraction. She has elected not to have an epidural to block the pain.

A few doors down, two mothers wait to deliver babies that have died in the womb. One woman is 33 weeks into her pregnancy, the other about 17 weeks.

Sixteen or more births a day are not uncommon for the nurses. Usually, one nurse cares for two patients simultaneously.

"We are very close," Vivian Harper says of the nurses' relationship with one another. "You share your personal problems with these people. You always hear, 'Don't bring your personal problems to work, but it's not that way here.'"

Harper, a labor and delivery nurse, came to Woman's from smaller hospitals in Arkansas and Alabama about a year and a half ago.

"It's very rewarding. When I first started doing this, I couldn't believe I got paid it didn't seem right," Harper says.

"Ninety-nine percent of the time it's wonderful," says Mack Redmond, a nurse anesthetist. "But when it's bad, it is hellishly horrible."
Nurses

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Redmond is one of the few male nurses on the floor. He has been at Woman's Hospital four years, attending births along with the labor and delivery nurses. When a baby dies, everyone cries, he says.

Harper's first experience with a delivery was a bad one.

"I was a student nurse, and the woman having the baby was a good friend of mine," she says.

It was a smaller hospital in Arkansas, and a fetal monitor was placed on the mother but wasn't on during all of her labor. There was no reason to suspect anything was wrong, Harper says.

"In the delivery room, the baby was born, she made one little sound ... then she died," Harper says. "I didn't know what to do. The nurses came in and worked on the baby for awhile. Then they wrapped the baby up and walked out of the room."

Harper was left in the room with the parents and the doctor. She walked over to the television and began cleaning it up for the parents to hold.

"The doctor looked at me and said, 'Who are you? Get out. I walked out of the hall with the baby in my lap. I just stood there until someone came and took the baby from me. At that point, I almost hung up my nurse's cap.'"

The couple later had another child, another little girl. Harper attended that birth as a labor and delivery nurse.

"So the story has a happy ending," she says, "but I learned from that experience. I always watch the fetal monitor."}

This morning, it's all happy endings for Harper. Yolanda Wang and her husband, Daniel, are awaiting the arrival of their first child.

Yolanda came to the hospital around 4 a.m. and was given an epidural by the same Harper who takes over the case. Yolanda is comfortable and getting close to delivery.

Harper checks the monitors and brings warm blankets to wrap her patient.

"Just mellon to the bed," she says, smiling at the young woman. "Do you have any questions?"

Yolanda says sleepily.

Some people really need their nurses, says nurse Sonya Rawlin.

"You can see it in their eyes. They wait until you come back into the room, and they have all these questions stored up that they have been waiting to ask you since the last time you were in there," Rawlin says.

At 5:29 a.m., Yolanda is wheeled into the delivery room.

"Try to relax and enjoy it," Harper says.

Harper stands by the side of the bed holding Yolanda's hand. She looks into Yolanda's eyes and says, "Push down hard, baby!"

At 5:30 a.m., Louis Wang, an 8-pound, 11-ounce boy, is born. Harper takes charge, cleaning the baby, putting on the clothes, and putting him on the mother's chest. Harper transports the baby to the nursery, where she gives a report to the nurse there. Then, it's back to the labor and delivery room to await the next patient.

"You just shake the dust off and start again," she says, stripping off the face mask and paper shoe covers.

While Harper was finishing up with the Wangs, another woman is brought into laborary to give birth to a girl. This is the mother who has chosen to give birth without a physician. She comes into the room screaming. The room fills with nurses trying to calm the woman.

The nurse in charge speaks into the woman's ear.

"You have to breathe, stop screaming. Get in control," she says.

Put your energy into helping the doctor deliver the baby, the nurse tells the frightened woman.

Getting close and talking quietly to the mother is the only way to handle this situation, Harper says.

"You never try to tell a patient, 'You talk quietly to them to get them to stop and listen to you,'" she says.

This mother finally gives birth to a little girl. After it's all over, Redmond comes over to the mother and says, "Next time you tell your husband to have the baby without an epidural."

In the hallway outside the delivery room, Redmond is agitated. "It doesn't have to be that way," he says. The other nurses agree. This type of delivery is rare, they say.

The nurses want their patients to be comfortable.

"It's an attitude that filters down from the top," Harper says. "You feel comfortable passing the baton from one person to another because everyone here is very qualified. You don't mind sharing these people."

Karen Margin, charge nurse on the 7 a.m. shift, has been at Woman's Hospital 10 years. She is the mother of four children, ages 6 through 9. If the shift's nurses are retained, Margin says she has a lot to do with it.

In 19 years, Margin has witnessed drama and comedy. She will never forget the tennis ball couple.

"We had a couple in once determined to do Lamaze. They kept telling me 'no needle,'" she says.

"Man and wife breathed together. They pushed into one another's eyes. He rubbed lemon on her ears. He had brought tennis balls with which to massage her back. Everything was going fine until the pain began to get the better of the woman.

"The man came out and peeked on her shoulders. He'd said, 'I think, maybe, my wife is thinking about an epidural.' A tennis ball rolled out of that room and hit him. His wife yelled, 'Not thinking about it. I want it — now!' He was mortified. I have never felt so sorry for someone in my life," Margin laughs.

Margin's feelings about Lamaze couples have changed. Now, she says, a woman in control and using Lamaze is the best kind of delivery.

Harper agrees.

"When I see a woman walking in with her pillow, makeup on, the tennis balls, I say, 'I'll take that one.'"