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INDIA'S REBECCA

Andrea Bollie

It is 6:00 p.m. and mass has just begun. The bells silence whistles and horns of the busy street and families stream into the sanctuary. As I walk up the steps the heaviness in my heart swells and infuses my mind. The days in India are filled with such intensity that by the end of the day I may only recall a few of the events with any clarity. I live here in this Catholic hostel and today I have decided to sit here on the steps and record the events of the day.

When I arrived at the hospital today my heart was overwhelmed and my mind torn. My family has been begging me to come home. Life here in India has been unbearable and my heart has felt hopeless. The weight of my feet has been more than I can bear. While riding in the auto rickshaw to the hospital today, I was searching for my resolve. My team members were piled in the small, three-wheeled vehicle with me, but I was vacant. It was apparent to me that as a team our will to hang on was somehow pushing each of us apart. We were walking the journey alone. Each one of us was afraid to speak out the fears and let the corners of our mouths fall. Today was the day I had to make up my mind. I had to find a way to thrive amidst death. In my heart I called out a prayer of life and hoped for nothing.

Each of us stumbled out of the rickshaw; Tiffany then paid the driver. We silently walked the same path to the maternity ward. Our voices began to emerge as we each recalled our checklist of observations and surgeries we would need to fulfill our hours. Our goals were managed by our tutors and course requirements. This was the sustenance we lived by. My obstetrics handbook became my knowledge, peace of mind, and, best of all, an accurate distraction. It was my truth.

Rebecca was born at 2:45 p.m. weighing about one and a half pounds. Her mother came into our hospital six months pregnant with her and was admitted due to hypertension. The doctors decided to induce her labor to save the mother’s life. Hypertension is the first stage of eclampsia, which ultimately will lead to death without treatment. Eclampsia rarely affects the developed world, but here in India they have a room just for their eclamptic patients. This was going to be the mother’s fifth child, and she took little interest in what the outcome might be.

I had been posted at injections, NICU, and then observations. My tutor, Tiffany, had left me in the observations ward and was taking so long to come back that I had decided to go and see what she was doing. I walked into a room that was full of doctors and our staff overseeing the resuscitation of a baby just born. When I walked in, Rebecca has just been delivered. The mother labored alone in silence. My tutor Tiffany was there to lift the child from the pool of blood and cut the cord. The doctors instructed her to leave the baby as the family was very poor. Tiffany said, “I feel a heartbeat,” and Doctor Lakshmi left the room. I walked over to Tiffany and she repeated, “There is a heartbeat—Get me a dry cloth.” She held Rebecca on her lap and began to wipe out her mouth, clean her face, and count her heartbeats. Doctor Lakshmi came back in the room, but she and the others were concerned with another, larger child who was having difficulty breathing. She noticed Tiffany and I with the 1.5-lb baby, but continued on toward the healthier child who needed monitoring. I told Tiffany to start resuscitation, and she said quietly, “I don’t think I can.” Dr. Lakshmi looked at me; she was older, and I knew if I asked permission to resuscitate she would take pity in my lack of experience and say yes. So I did, and we began to bag and mask.

There were no breaths of her own and since the pediatrician, Dr. Nakul, was finished attending to the stronger, healthier child, he began to take interest in our little Rebecca. The nurse did as well and made space for this little one on the warm bed with the other babies. It was now after 3:00 p.m., and Dr. Nakul had cleared her airway. He took over bag and mask from Tiffany. Rebecca’s heart remained strong and cyanosis was fading from her hands and legs. She began to improve, and her little body became pink. Then Dr. Nakul left, and Tiffany was called to respond to a woman who was hemorrhaging in
another room. She left me to continue bag and mask.

Around 4:15 p.m. another pediatrician, Dr. Raheem, came in and moved with great care and assurance over this little one who had just begun to take her own, though still irregular, breaths. Rebecca had been struggling for her life now for an hour and a half. Dr. Raheem instructed Dr. Nakul to get equipment. Dr. Nakul moved, but with hesitation, and had to be forced to get the appropriate things. The staff looked on with disgust at the will of Dr. Raheem and our team. The Dias, the traditional birth attendants, urged me to quit the resuscitation. I grabbed the hand of one of the Dias and put it on Rebecca’s heart. She glanced into my eyes, acknowledging there was life. An endotracheal tube was placed into Rebecca, and Dr. Raheem took over bag and mask. After a few moments, he asked me to continue while he filled out her paperwork. He stated her condition on the form and ordered that she would be transferred to the NICU.

The doctor instructed me to continue to give fifteen breaths per 60 seconds and not let the tube in her trachea be moved. I continued with diligence and tried to protect her from the harsh movements of the other workers around us. I was pleased when a Dia came to finish tying and cutting her cord. In my heart, I uttered, Mark two—Rebecca is here! Her breaths continued and she became increasingly pink all over. Dr. Naheem came over to me and looked at me for a moment; he made a small statement about her outcome. I said that I knew, but that she was alive. At that point, we determined that it wasn’t up to us to decide. We would fight for her life with all we could.

Finally, at 5:00pm I was told to carry little Rebecca to the NICU. Just prior to leaving I had the idea of taking a photo of her. For a moment I thought that it was a bit strange to take a picture of someone receiving resuscitation, but I ignored the thought and asked someone to take her picture like we would have for any other child. Another worker attempted to take her, but she had no idea how delicately to hold her or how to maintain the airway with the bag and the attached endotracheal tube. So I took Rebecca from her, and Tiffany helped me to carry her, holding her still, continuing to give her breaths. As we stepped out the door, a nurse came to get Rebecca’s footprints. In my heart I said, Check three—she is alive and acknowledged.

We arrived to NICU and were met by a nurse who was incredibly disgusted at the sight of this little one in my arms. While she refused Rebecca, we handed her the notes from Dr. Raheem, and she yanked the child from me. At that moment, the endotracheal was moved. She quickly turned to carry her to a bed. I caught the bag just as Rebecca left my arms, just before the bag and tube completely fell limp. I leaped alongside the nurse in order to hold the bag properly and yelled to her to stop and hold the tube. She disregarded my words and Tiffany, who was a half step ahead of me, managed to get the bag again. Rebecca was laid on the table. Her pinkness had faded. I took the bag, held the endotracheal and began to resuscitate again. Dr. Raheem came in quickly and instructed us to move her to another bed that was warmed. The nurse moved with hesitation until he repeated the command. Rebecca was moved. I told him she had been breathing all the way until she had been taken by the nurse. He took out the endotracheal tube and began to bag and mask. In one fluid moment, my heart was pinched. He stopped. Rebecca died. The nurse looked at the clock and washed her hands. Tears streamed down my cheeks and Dr. Raheem began CPR for a short while. With gentleness he consoled me. Then he said, “I told you not to let the tube be moved.” I explained to him again that it had occurred in the exchange. We all looked at each other with no move toward rebuke or blame. He and the nurse left Tiffany and me alone to mourn over little Rebecca.

While Tiffany and I grieved over her death I began to feel consoled in my heart. During her short life this little one was named, her footprints were marked, and she was loved.

Tiffany and I walked back through the same crowd that had witnessed us rushing off this little one, and they now saw our sorrow. After a few moments I got my things together to leave. I always said goodbye to my patients at the end of the day, but on that day I was not attending any women in the labor ward, but felt I needed to go back in there anyway. The mother of Rebecca was still there. I had not approached her yet, but I knew she had seen me working on her little girl the entire time.
I also knew that she had said that she did not care if this child lived or died. I came to her and rubbed her arm. She turned to me and smiled and pointed to the area where I had been working with her little girl. Her face was pleased. I explained that Rebecca had lived for two hours and had now passed. She shrugged her shoulders and began to resume her sleep. I started to sob, and she began to wipe my face and console me, telling me that it was okay because she already had four children. I knew she would be thirsty, and at that moment I reached in my bag, took out my water bottle, and poured water into her mouth. She drank large gulps without hesitation, with her eyes meeting mine. We held hands for a moment, and then I left.