

This paper reflects my journey of working through the most rewarding, bittersweet nursing experience of guiding a family through the pain of discovering their first baby would be stillborn. I had been a nurse for one year, working the night shift, and six months pregnant with my second child. Although decreased fetal movement is a common reason for triage, it typically results in a reactive non-stress test assuring fetal well-being. Nonetheless, anticipating the arrival of a patient with decreased fetal movement causes quite a degree of anxiety. As I awaited Sarah's (name changed for privacy) arrival I reviewed her prenatal record and learned she was married, full term gestation, this was her first pregnancy achieved through infertility, and she had planned an intervention free, natural childbirth with a midwife. She was the "perfect" labor patient.

Her smile was bright greeting me in the lobby while she gripped her husband's hand. As we rode the elevator together I recall my heart pounding with extra vigor as my thoughts raced, "Dear God please let there be heart tones. Please do not let this be happening to these gracious people. If this baby is dead, give me the wisdom to say and do all the "right" things."

No one spoke as I placed the monitor to her beautiful, gravid belly. Her face appeared relieved as we heard a heartbeat at the rate of 90. I knew better as I reached for her radial pulse. Where was the baby's heart rate? I repositioned her and increased the volume on the monitor, hoping! As I searched, two minutes felt like an eternity. I took the monitor off her abdomen, sat at her side, put my hand in her hand, told her I couldn't find the baby's heart beat and I needed to call the midwife to come in to do an ultrasound. As her eyes filled with tears, she looked at me and asked, "Is my baby dead?" Answering as I was taught in bereavement class, "I am unable to confirm the baby's heart beat. I need to call the nurse midwife." She knew. I knew. For what lie ahead, give us all strength.

There is nothing in this life I have experienced more daunting as an ultrasound transducer being placed on a full term gestation abdomen, visualizing a fetus's heart, and seeing no cardiac activity. I have been witness to this a handful of times now over the past decade, but it is the first time it happens that changes you. As the nurse midwife and I surrounded Sarah and her husband with love, we reviewed her options and plan of care. The induction of labor would begin immediately.

Labor has a purpose. I believe most women know intrinsically that the pain of labor is achievable because the greatest gift is the result. Sarah's labor progressed quickly. She was strong and displayed incredible courage. I struggled throughout her labor. It felt like an out-of-body experience. I was chronically vacillating between the tasks at hand and the magnitude of what was before us. I did my best to tune out the movement in my belly. I kept thinking to myself, "Please don't let them notice I am pregnant. What a cruel reminder!" My team leader had asked me as soon as we realized this patient would be considered a "fetal demise" if I needed to change assignments considering my pregnancy. How could I? I felt intense sorrow, compassion and love for this family. I was invested and not turning back now.

As Sarah pushed her baby to crowning, she displayed such grace. As this beautiful baby girl was born, Sarah reached down and pulled her to her chest embracing this rite-of-passage regardless of its outcome. With tears filling our eyes, the nurse midwife and I tucked the three of them in together to become acquainted. We knew there would be many questions. Unfortunately, these questions often have no answers. It was by far the most bittersweet experience I have yet to witness in my life.