

Case Vignette.....

A Positive Heart Wins All the Way!

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Since my early childhood, whenever I used to see a Nurse, I used to think that she had a sort of halo around her with her face and eyes shining with kindness and compassion. That face used to represent all the beauty for me. Nothing was more beautiful than that. At that tender age I did not understand much, but I wanted to be a nurse because a nurse looked so beautiful!

As I grew up, the conviction to become a Nurse had taken strong roots in me and the day came when taking up nursing as a career started for me in reality. It was the day I joined my B. Sc. Nursing course.

As my course progressed I came to understand that in this dark world of ignorance and apathy, nursing and its teachings spread a light of knowledge, compassion and caring. It inculcated all these noble values into us students and made us believe that every human life is more precious than anything in this world and that God has destined us to wipe off the misery from each and every face with our care. As the days and years passed, I started learning more and more subjects in their vastness and depth. I grew an interest in midwifery and decided to pursue it seriously. With this intention, I joined M.Sc Nursing (OBG). I became more vigilant and grew a responsibility towards my work and subject. My head, heart and hands were in harmony with each other, which I learned was a prerequisite for good nursing care.

Caring, reverence and decision making are strong elements which a nurse must display and these are really tested when a nurse is assigned the responsibility of looking after the patient. Similarly one day I too, was assigned in labor room of Government hospital as per my clinical rotation plan.

It started out as a normal, routine day, but turned out to be

something unusual and everything went in a totally different direction than was planned. It was a day when all the staff in the hospital went on strike. We had no doctors with us and no nursing staff. Only I and two of my colleagues, one from pediatrics and the other from obstetrics were there in the room with the birthing woman in labour. The mother's cervix was almost fully dilated and she was in agony having strong uterine contractions. It was about 9am when her amniotic sac ruptured, and the fetus was stuck due to mild CPD but any how crowning occurred and with a push the baby was out resulting in slight perineal tear.

We were in the thick of things, with everything happening so fast that we had no time to look into the history of the mother, just as we stepped in, the baby was delivered into this world.

Mother was 3rd gravid with history of CPD and PPH in all her previous pregnancies. The new born was looked after by my pediatric colleague as there was no pediatrician. New born who was a girl did not cry immediately after birth. We did everything that we were taught, rubbing, stimulating and suctioning, finally we were successful in making the baby cry. We breathed a sigh of relief, so everything was fine on this front!

This respite did not last long, mother looked pale and we were terrified to find that she was bleeding profusely. We, a group of novices confronting a situation like this, with hardly any experience, truly did not know how to handle this situation. Anyway, it was a big challenge and we felt like we were fully responsible for the life of this mother.

Now, with our full attention to the mother, oxytocin was administered soon after the baby was delivered as taught to us by our teachers, we increased its flow.

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Placental expulsion took more than half an hour even after controlled cord traction and fundal massage. Finally when the placenta was expelled out there was again profuse bleeding. What started as a gush of blood after the delivery of placenta, to our dismay, flow of blood was as if a dam had burst. I simply had no idea or experience how to stop the bleeding. I started recalling all that was taught to me for the immediate management for PPH. The situation had turned real critical, I knew if bleeding is not controlled immediately circulation to brain will be affected. So, I did whatever I could. I cleaned the uterus by putting my hands in and found many placental bits, but my hand was not reaching the body of the fundus due to CPD but I went on trying. I put all my knowledge into practice and gave bimanual compression, my batch-mate started I.V. with RL as the mother went into hypotension. We kept on talking to the mother, reassuring her and keeping a watch on her consciousness status. Her blood pressure was falling. Then I remembered one more thing taught to me of

packing the uterus, but to put it into practice I didn't have sterile cotton pads. How could I use any thing that can lead to more complications? But, I had no options left; my first aim was to stop the bleeding.

I took the cloth given by the mothers' family members, dipped it in betadine solution and just inserted into the uterus and stuffed it till the fundus.

And miraculously the bleeding stopped after a while, her blood pressure came to normal in half an hour and after perineal repair we shifted her to the ward.

Yes, in the end we won our fight against all odds and saved the mother and the baby with our limited resources and almost nil experience. We proved the proverb, "Where there is a will, there is a way" with the perseverance and positive attitude. All of us are proud to be a part of the nurses group who singlehandedly without any help from anywhere managed to save a mother and the baby.