

"Light and Shade"

**NSW Nurses & Midwives Association  
2017 Short Story & Poetry Competition**

*"Light and shade"*

"Oh you are a midwife? That is so exciting - that must be such a happy job]" I always nod and smile and say; "Oh yeah absolutely" and then go on to tell a funny anecdote about women breaking their waters in the hospital lifts, trying to break bones in their partners' hands during labour, or almost breaking my back at my very first birth, in which I helped deliver a baby born whilst the woman was bouncing up and down on an exercise ball. These people are in no way wrong. Midwifery is a beautifully privileged role. It just also happens to be one that sometimes involves a few particularly poignant griefs.

Laura is a 27-year-old woman. She has a soft, round face and looks young and solemn. She wears a glittery engagement ring on her finger and apologises for being on the phone on-and-off throughout the morning. Admitted to the hospital's antenatal ward at 24 weeks pregnant, Laura's waters broke at home when she was doing the laundry. Her baby boy kicks and rolls furiously as I slide the foetal heart rate monitor across her rounded stomach and there is that quiet, steely tension that creeps into a room before the familiar and comforting thump of the heart rhythm starts up. Laura visibly relaxes. Her partner Harry sits quietly in the corner of the room, dark circles under his eyes. Bright summer light peeks through the hospital blinds. They are getting married in a couple of months and this baby was, in their words, a "big surprise." At the moment there is almost no amniotic fluid surrounding Laura's baby and she is at very high risk of infection and premature labour. The in-charge midwife chews her lip when we discuss Laura's situation, asking me to "keep a close eye on her."

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When I return to work early the next morning, the first thing I hear is the monitor galloping loudly again in Laura's room. The harried-looking night midwife grabs me and thrusts Laura's notes into my hand. Fluorescent light beams throughout the room and Laura's eyes look wide and panicked. The fluid on her pad is now green and her temperature has crept up overnight, so she is being transferred to Delivery Suite for an immediate induction of labour for suspected chorioamnionitis - a bacterial infection of the foetal membranes. The doctor pushes her wheelchair, which, out of awkwardness, I joke about the honour of. The joke falls flat as a heavy river stone. Harry clutches his phone and jogs along beside us. The 3 floors we travel to get to Delivery Suite feels like 300 kilometres.

When I come back into to work the next day, I am relieved to see Laura's name on our handover sheet. Her baby was born alive and is now intubated in the hospital's Neonatal Intensive Care Unit. Harry scrabbles to pull his phone out of his pocket to show me proud photos of his son. Skinny limbs, bright red skin and downy dark hair shine out from the phone. I eagerly congratulate them, so relieved that things seem positive. The morning passes by quickly in a blur of blood pressures and medications and palpations of pregnant bellies and then the phone rings. The paediatric team from Neonatal Intensive Care would like to come and speak to Laura and Harry about their baby's test results from this morning. My stomach immediately feels tight. Two senior doctors and a nurse appear a little while later, their faces grim, and we all converge into Laura's small, dim room. The more senior doctor stumbles over his first couple of words, then speaks in a quietly assertive tone. He explains that the baby boy has had a "Grade 4" brain bleed and that "we just don't recommend going ahead with active care." There is a sharp intake of breath. Laura and Harry react almost in slow motion, quietly crumpling. They ask some halting questions, but the

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sadness eventually overcomes them like a crushing wave and we back out of the room to give them time.

We gather at the nurses' station and the consultant turns to me. "We do see some very raw grief don't we?" I am still. Unsure how to reply, I nod and leaf my way through Laura's notes to give my hands something to do. We can still hear them crying in the room nearby. My brain keeps pulling the word "wrenching" to the front of my thoughts. I feel woefully inadequate, almost nervous, about going in to bother Laura with the practical tasks of antibiotics and postnatal check, edging around equipment in the darkened room. She nods numbly when I ask questions and as I tentatively begin to explain how things might happen if they choose to withdraw care as she stares at the carpet. Harry's eyes are wet. Laura's mum knocks on the door and breezes into the room. She hesitates a moment and looks around, the atmosphere of the room rushing over her. A few minutes later I see her in the corridor. Shocked and pale-faced, leaning against the wall outside Laura's room.

I run into two friends coming down the lift as I finish work. They are chatting, joking, making plans for their days off work. It feels slightly surreal. This is someone's worst day and still, the world carries on as it always does. It is grey and raining lightly outside. When I return to work several days later, I look for the familiar names, but Laura and Harry have been discharged. Their baby died about 30 minutes after they withdrew his breathing support. He was being held in Laura's arms.

"Oh you are a midwife?" I get asked a couple of days later. I give the standard response, but I also pause and am a bit more thoughtful about it this time. Midwifery is both joyful and

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painful. We see the best and worst day of people's lives in our everyday experience. We are incredibly lucky to be part of women's lives when things are bright and jubilant, but also when they are darkest and most difficult. It allows us to see the light and shade of life in its sharpest exposure.