

Intubating Stillborns

By Nicholas J Rotondo, MD, ACS, ACOG

It is perhaps the greatest tragedy of her life—that unknown woman down the hall whose lifeless issue lies before him on the workroom sink-board. She is only beginning to grieve and he is so heartless as to use her baby as a learning tool.

His obstetrics work schedule is a simple one—24 hours on, 24 off, with a single weekend of rest each month. Even when off-duty, the news of any stillbirth is immediately conveyed to the house staff's sleeping quarters. His specialty training mandates that the experience of at least 20 intubations hang from his belt before departing this teaching hospital to face the world.

Thus, his feelings are mixed as he trots, bleary-eyed, across John R Street at 3:00 am on this moonless, sweaty Detroit morning. Must his skills be honed in such a blasphemous manner? Like defecating in a chapel, he muses. *How dare I desecrate this holy being?*

But as many things in medical training, the repugnant becomes familiar—the bizarre, common.

Tenderly, he extends the flaccid neck, so perfect, so innocent. What would s/he have become—Student? Statesman? Giver of faith? Giver of life? Now just an Erlenneyer flask, a Petrie dish, an anatomical specimen.

Slipping his infant laryngoscope along the tongue, then the soft palate, he lifts the pharynx to a grotesque angle and begins a slow withdrawal, eyes sharp for the treasure he seeks. There! That tiny flap of tissue, the key to his procedure. Now, tilting his instrument even more acutely allows the tiny epiglottis to pivot upwards, revealing the tracheal aperture he must cannulate. His left hand holds the laryngoscope motionless while his right curves an endotracheal (ET) tube beneath the fleshy guardian and into the exposed gate to the pulmonary tree. He knows he's in. His smile embarrasses him.

The opposite end of the ET tube is in his mouth. The litany begins. A measured two-finger compression to the chest—a soft puff into the lungs. Compress, puff ... compress ... puff. He must do this automatically, perfectly. Each puff gives visual proof of his success, the tiny chest rising, falling ... rising, falling.

Next, he removes the tube for his advanced course. He takes the light away. Like the neophyte Marine at

Camp Pendleton, he must also perform his task by touch, not by sight. His light and ET tube may not always be at hand, you see.

The head is repositioned, with mouth agape in pitiful innocence. *I should be praying, not practicing—Damn it all!*

And so he again assaults the defenseless, now with the left index finger. The familiar route is again negotiated: tongue ... palate ... then he senses the cartilaginous pillars. He curls the tip of his finger, and slips a plain rubber catheter beneath it. It advances easily. *Am I there? My puffs tell me so. I am finished. Fifteen seconds, Sergeant, Sir!*

Twenty-four times he insinuates himself between the grievers and the grieved for—learning his craft in those stolen moments before the bonding, the minister, the undertaker. To his shame, they now coalesce into a single session.

The knowledge gained in these clandestine rituals serves the obstetric resident staff well. Can there be a greater thrill than converting a limp cyanotic newborn, with parents out of their minds with terror, to a coughing, gasping, reddening baby, squalling with life reclaimed? In the delivery room, he has been hugged unashamedly by new fathers, and the next day, kissed just as unashamedly by new mothers.

Passing by a delivery room where disaster is audible, he has slipped in to provide his vital expertise. He has dropped his needle-driver to quickly scrub out of a C-section and provide a skill the anxious young pediatric resident behind him seems to lack.

Three years later, he is serving his country in Texas and reads about one of his fellow residents in the Dallas paper. This confrere has put his special knowledge to use on a three-month old at the State Fair—a soft-drink straw his instrument of resuscitation.

Stillborns are no longer intubated. He grudgingly admits that today's mores, political correctness and litigious climate makes that horrible, wonderful, archaic avenue of education untenable. But he knows that because of him there are more than a dozen functional adults somewhere in this world who should believe otherwise. ❖

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