Something Magical

There was a little man sitting in the center of my head. “I will never tire,” his whole countenance seemed to say. He had 8 arms extending all the way to the periphery, like spokes on a wheel. Each arm held an oversized hammer. At the end of each hammer were embedded shards of freshly broken glass. He sat, legs crossed, and with great strength, rapidity, and force, this little man banged away at every corner of my skull.

This was what it felt like to have the worst headache of my life.

I was also a week postpartum.

As an emergency medicine physician, I was scared that I had met me before when seeing women rushed in by family members, newborns secured in the arms of partners or sisters or grandmothers as a life had taken an unwelcome turn.

“She said she had a bad headache before she slumped over,” I had heard it said.

“She had seen her doctor earlier in the day,” I had heard that said too.

These stories do not always end well.

I also worried that I had heard about me before. During my third trimester of pregnancy, a news story told me about Shalon Irving, PhD,1 an epidemiologist at the US Centers for Disease Control and Prevention, who collapsed and died 3 weeks after giving birth. The report spoke of the high rates of maternal deaths in the US and how those high rates disproportionately affected Black women like Dr Irving. Black women like me.

It was because of those versions of me that I bought a blood pressure monitor even though no one in my house had hypertension.

My systolic blood pressure was now in the 150s mm Hg range, which ordinarily would not be worthy of heightened alarm. But I was postpartum. My typical systolic blood pressure range had always been 90 to 110 mm Hg. Most importantly, I had a little octoarm-hammer man in my head telling me that only bad things were coming.

I liked my obstetrician and the obstetricians who persevered through many miscarriages, and I had also succeeded in high-risk pregnancies that had made me a mother twice over. Beyond liking my doctor and her partners, I respected and trusted them. This, then, is a story of what can happen when there are barriers between us—the tellers of our stories and our definitive care providers—the ones who need to hear our stories in their purest form. It is also a story of what it feels like to eventually arrive in health care’s fullest embrace.

When I called my doctor, the person I spoke to was unimpressed by my blood pressure or its difference from my baseline. My emergency medicine training had taught me to hone in on the worst-case scenario, the thing that could kill or harm imminently. But, over the phone, I could not make this person feel the burden of my knowledge. I was, appropriately, instructed to come to the office. So my newborn was secured into the arms of Grandma, and I hurried away.

Hammer-wielding, octoarm man was taking a break by the time I sat across from my doctor and my blood pressure did not meet the criteria for postpartum pre-eclampsia. We used shared decision-making, my doctor and I, to come up with a plan. I would go home. She ordered blood tests. If there is anything wrong there, they would bring me right in.

A good plan, but a few hours after I got home, octoarm came up with a different one. It was as though the hammers grew fatter and the glass grew sharper. So if I said I had the worst headache of my life before, I lied—now I did.

I called my doctor. The person I spoke to said that I had to first go to their hospital’s emergency department. But my blood pressure was in the preeclamptic range. I said, and my headache was fierce and unrelenting, and if it was like this, I had been told, I would be directly admitted, I said. Yes, the person on the phone said, but first you must check in at the emergency department. But what did my laboratory results show? The results were not back yet, I was told. I felt like I was starting back at the beginning, only this time I was feeling so much worse.

I went to that emergency department in December during the height of a horrid viral season, holding my head between my hands, waddling with swollen legs and a wound from my cesarean delivery. I took a seat to wait my turn. “Why have you gone back there?” a family member asked. “Why don’t you go to your own hospital, where you work, where everyone knows you?”

I worked at a teaching hospital and all the gibberish I had told myself in the height of good health about not wanting to be in the care of residents and medical students I might later teach seemed like utter nonsense now. I needed the full embrace of health care, and I knew I would find it there.
I called my emergency department from the waiting room of the other emergency department. My friend was working that shift. "Can you take care of me?"

"Of course, get over here."

I was met at the door. A favorite nurse slid an IV into my arm, the arm I always offered up because it had the perfect vein just next to a tiny skin tag. The skin tag marked the spot for an easy stick, so no one ever missed. But this favorite nurse could get blood from a stone if said stone had blood to give, so she did not need any help from any skin tags. I went for a computed tomographic scan of my head and then to a bed. The radiology resident gave me my imaging results in real time.

And then something magical happened.

Another favorite nurse headed my way. She was known to give the kind of solid hugs that made even irate grown men calm all the way down. Because her voice carried, I could hear her before I saw her. And what a mess she must have seen when she got to me. Hair uncombed, cheeks layered with dry and fresh tears, face contorted. "It's going to be alright," she said as she administered the antihypertensive medication. And, just like that, it was. It was magical, the nearly instantaneous relief. It was as though octoarm was made of snow, and this nurse had poured warm water all over him, dissolving him completely where he sat and giving me my head back. A favorite patient advocate got me a breast pump from somewhere in the hospital, so I could relieve the engorgement I was aware of now that the head pain was gone.

My friend and colleague, who was now my doctor, was on the phone with my obstetrician. They had been looking for me at the other hospital and could not find me. My friend gave them an update: my laboratory results were consistent with postpartum pre-eclampsia; the obstetrics service had seen me; I was being treated with antihypertensives and magnesium; and I was being admitted.

In the end, nothing catastrophic happened. I felt like I was going to have a seizure or a stroke or die, but I did none of these things. If I had stayed in the emergency department waiting room of the first hospital, they would have gotten to me, hopefully, in enough time. Instead, I had the extreme good fortune of being able to access a world in which a whole team of clinicians would rise up, in one accord, to care for me. It was a model of health care delivery to aspire to.

Patients try to tell their stories but often face obstacles. With hospital closures, nursing shortages, and postpandemic health care strain, I see wait times in our emergency departments getting longer and longer. I try to always remember what it felt like to wait and to be afraid. I let that memory serve and inspire me to think of innovative approaches that will help make the distance and barriers between patients and clinicians smaller. I don't always succeed, but I try. I try to do something magical.