

Hand Over Hand

Anna Dovre , MD

In the midafternoon, the phone on my belt starts to ring. It's one of those sounds that has me reaching for my hip, no matter where I am, a sound I only ever hear in the hospital, emitted from the grainy speaker of a clunky wireless phone that I carry everywhere. The nurse on the other end of the line has an update about our laboring patient: She's 10 cm and "feeling pushy." Residency has given me a deeper fluency in the language of anxiety in my body. The "feeling pushy" phone call is distinctly gastrointestinal—a feeling like I've reached the top of a roller coaster after drinking a gallon of MiraLAX.

I'm clomping down the hallway at top Dansko speed, and the medical student with me, who I'll call M, trails me like a shadow. M has seen births before but has never gotten a chance to participate. Our plan is to attend this birth together, the "hand-over-hand" fashion. And that will be a first for me, too. I picture something like the pottery scene from *Ghost*, with myself in the role of Patrick Swayze, except more sterile, and less '90s (but with very similar lighting).

It's the ideal case for M's first delivery: the mother has done this before—more than once—all uncomplicated vaginal births. In the labor room, the baby's heartbeat marches across the monitor in a perfect green line, accelerations cresting like ocean waves. We hear it, amplified through the darkened room, as a galloping *thwump* that seems to expand into the space between contractions. I set up the delivery tray, feel my fingers flex inside the layer of plastic, and know that when I get home the smell of these gloves will remain, etched into my skin.

M stands next to me, and I think of how strange it is to be the one with the "experienced" hands. I think of the first birth I ever saw, when my job was to fish poop out of the birthing tub with a little green net. I think of how little I still understand about birth itself, and the many terrifying ways it can go wrong.

Together, we watch the baby's head crown. I feel like I'm seeing it again through fresh eyes, and the term feels appropriate in a new way: it is a kind of coronation, regal and reverent. I show M where to place her hand, layering mine on top of hers, and underneath us comes that impossibility of skull: expansive, warm and slightly bumpy, like ocean coral.

The cardinal movements of labor guide our twinned hands like the points of a compass. Here the extension, the restitution, the anterior shoulder sliding like a sigh of relief under the arched gateway of the pubic bone.

The patient pauses then, and so do we, all of us frozen in the wake of arrival—between us, a human on the threshold. I look down at 2 sets of off-white gloves and forget for a moment whose hands are whose. From over my shoulder, I hear our attending tell the patient to keep pushing, and I know those words are also meant for me. I slide a finger under each armpit as the final movement occurs. Expulsion—a shock of slick limbs, the umbilical cord trailing behind, its gently undulating pulse.

With our 4 hands we lift the infant up onto the mother's belly. I don't remember the mother's name, or her face, but I remember what she sounds like when she greets her child for the first time: her voice breathless and brimming with awe. I'm rubbing the baby's foot with a sterile towel in this inane way and I think a sound comes out of me too, somewhere between a coo and a sigh. M holds her hands suspended in midair, waiting. Then, into that quiet space comes the first, raspy, wavering cry.

We learn early in our training about the fundamental physiological shift heralded by that first breath: air rushing in to replace the fluid in those brand-new alveoli, blood flowing with a new urgency through the pulmonary arteries to meet that onslaught of oxygen. Meanwhile, various shunts and holes throughout the circulatory system become, quite suddenly, obsolete—having supported, until now, the conditions leading to their own irrelevance. I wonder if this too is the role of a teacher: to be a conduit for growth, until you become unnecessary, vestigial.

After the umbilical cord is clamped and cut, we set our sights on the placenta. M manages this beautifully, pulling with just the right amount of gentle downward pressure as she tethers the uterus with counterpressure from above. The placenta delivers into our silver bowl like it's performing a final bow. We clean up, count our sponges, shed our heavy blue gowns, and leave the family to enjoy their "golden hour."

In the hallway, I turn and recognize the stunned, giddy expression on M's face: it's an echo of my own, the same adrenaline-filled relief leaching from

our bodies. My scrub top clings to my back where the sweat soaked through, and I have the sinking feeling that some manner of body fluid is air-drying on my exposed ankle.

M and I debrief the delivery together, retracing its steps. We pass the story back and forth between us, feeling it cool and solidify in the fresh bright air. It doesn't quite matter what we say, what words we use to describe each moment, and what we would do differently next time. What we're really doing is releasing the tension of a shared ritual—saying yes,

I was there, and these are the ways it has marked me. What we're telling each other is: I am not the same as I was before.



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Disclaimer: All individuals represented in this story have had their names and identifying characteristics altered to preserve anonymity.

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