

Conflict in the labour ward

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I want to tell you a story. It is a true story. How can I be so sure it's true? Well for one thing, I am part of the story. That's no guarantee, though, that I will tell you the truth, the whole truth and nothing but the truth. Memory does strange things to the truth and my version of the story may not be the same as the other characters in this little drama. However, let's not waste time with such unimportant details. This story begins on a Tuesday. To be exact it is Tuesday, 20th November this year. Tuesday is the day I work overtime at our hospital. Normally I enjoy Tuesdays. After a week of teaching and supervising nurses in our small rural clinics, it is nice to do things myself, so I normally look forward to the drama of Tuesdays. "Blood and guts" once a week is challenging. I can keep my hand in at coping under stress.

As usual Casualty is busy this Tuesday afternoon, a diabetic in coma, asthmatics in spasm, a few fractures, a relapsed psychotic, several cuts and bruises, the inevitable dying AIDS patient and a kid that has swallowed a coin. It is one of those old 20c coins that has got stuck a short way down his oesophagus. We take him to theatre and pull it out with the help of a Foley's catheter.

Arriving back in Casualty at 16h00, the phone rings, it's an Intern in the labour ward, she has a gravida 3 in labour with a foetal heart of 60/min. I rush down there, I do a PV. The cervix is fully dilated and the head is well down in the pelvis, it doesn't seem to be a big baby, I suggest we try for a vaginal delivery. After two pushes the head is coming down but not yet crowning. I call for the ventouse and after two pulls deliver a very "flat" baby, Apgar 1/10. Resuscitation fails. I break the bad news, I feel dreadful but nothing, I'm sure, like that poor mother must be feeling. I check the partogram, the foetal distress was first detected at 14h00 at a nearby clinic. The inevitable transport delay means she only gets to the hospital 2 hours later.

I walk back to Casualty mumbling about our terrible transport service and thinking we should close all clinic maternity services. The doubts of my own decisions descend like a black cloud over my mind. Casualty is full again. I drown my gloom in the hurly-burly of wounds, pains and coughs. There is another kid with a coin in her oesophagus, two of the other doctors take her to theatre while I stay to "push the line." By 19h00 things are under control and I leave an Intern in Casualty and head off for supper. The phone rings it's the 2 doctors from theatre, their attempts to remove the coin have failed and in the process the child has vomited and aspirated. I rush to theatre. We stabilize the child and admit her to ICU.

Labour ward phones, there's a gravida 3 with a breech. Memories of 20 years ago flood back, an attempted breech delivery that failed, I don't hesitate, I instruct the CSMO to book her for C/S. I do a spinal anaesthetic. Mother and baby do well. The gloom lifts slightly.

The phone rings, it's labour ward again, another foetal distress has arrived from a clinic. Back to theatre, I do a spinal, the CSMO "cuts", there is excessive free fluid in the abdomen, the liquor is offensive & stained with old meconium, the Apgar is 0/10,

resuscitation fails. This baby must have been dead for a while. Again I break the bad news. The mother will probably develop post operative sepsis. The gloom descends. It's midnight and back in casualty there is a child raped by a neighbour. An inner rage reaches boiling point. "Bring back the death penalty", I think to myself. It takes me ages to collect all the medico-legal evidence and to fill in the J88 form.

It's now 02h00 and the phone rings, it's labour ward again, there's a primipara who has been 9 cm dilated for 2 hours. On PV. I find 2+ caput and a fully dilated cervix, the foetal heart is variable, I foolishly try for a vaginal delivery. The young mother pushes for all she's worth, slight progress, but then to add to my foolishness, I do an episiotomy and attempt a vacuum delivery. The suction tubes won't fit together and the vacuum pump leaks. I connect the ventouse to the wall suction and try again. Still no success. We've been trying for an hour and everyone is exhausted, at last I give up and book a caesarean section. As I leave the charge sister looking grim faced, asks me to come and see her afterwards.

The caesarean section goes well and apart from a swollen head, the baby seems OK. The sun is beginning to rise as I head back to the labour ward. I'm exhausted. In the corridor out of earshot of the other staff, the charge sister asks for the reasons for my decisions. Why had I attempted a vacuum, why had I pulled more than twice, why had I done a spinal anaesthetic? The charge sister has just completed advanced midwifery. She knows her facts. Strangely enough I don't feel angry, I feel relieved. I don't try to make excuses, I acknowledge that in retrospect I had made some unwise decisions, there was evidence of CPD, I let the mother push too long, I had foolishly persisted with a malfunctioning ventouse. After a long chat I thank her and head off for breakfast. I still feel depressed and yet confessing my "sins" to the charge sister has been a great help. Well, what lessons have I learnt?

1. Doctors make wrong decisions, even balding old grey headed doctors, who speak at mid-wifery congresses, get it wrong.
2. I know nothing about dealing with conflict. The person who should be standing up here is the sister in charge of the labour ward who had the courage to challenge my decisions and the kindness to listen to my "confession." There will always be conflict in the labour ward. Effectively dealing with it requires **courage and kindness**.
3. The labour ward is an area with **great potential for conflict**: It's busy, it's bloody, it's dramatic and it's demanding. When things happen, they happen. You cannot just prescribe 2 Panado® tablets and suggest they call back in the morning. It demands action now! Labour is also unpredictable, anything can happen at anytime. If you make a mistake, it can also be unforgiving. Mothers die and babies die.

Perhaps one can think of the labour ward as a great big cooking pot for cooking a stew. Now let us look at the ingredients in this stew:-

Nurses and doctors, males & females, juniors & seniors, staff and patients, students and qualified professionals, black & white, management and workers, hospital and clinic, local and foreign.

Mix all these ingredients together and it's a certain recipe for conflict.

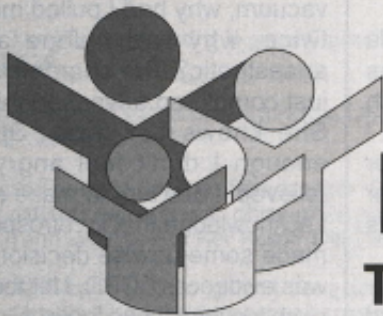
4. But having said all that, the real reason for conflict lies somewhere else. Unlike Cremora®, it's not on top, it's inside. The real reason for conflict lies within each one of us. Anger, pride, arrogance, quick temper, rudeness, prejudice, bitterness, laziness all comes from within.

Dealing with them requires **courage and kindness**. The courage to confront them. The courage to admit they are there. The courage to say

"I'm sorry, I was wrong, forgive me." But courage is not enough. Courage needs kindness. Without kindness, courage can be ruthless, insensitive and inconsiderate. Courage without kindness can even be destructive. Instead of healing the broken relationship, it can stir up more conflict. Courage needs kindness. But, in the same way, kindness needs courage. Without courage, kindness can lead to just as much trouble. Kindness that doesn't want to face the difficulty ceases to be kindness. It's like a Bandid® plaster on an abscess. It tries to hide the problem and inevitably it leads to more trouble later on. To really deal with conflict in the labour ward I believe we need courage and kindness.

In closing I would like to thank Sr Edith Apane for teaching me a valuable lesson about dealing with conflict.

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