



The First Time

I remember.

It was 5 AM. I had been at the hospital for just over three hours.

I remember the first time.

I had an overwhelming mix of emotions, but chief among them was fear. I was terrified of what might go wrong.

I remember the first time I was in the OR.

The attending rushes in, clearly upset. She exclaims, "Sorry I'm late; The resident didn't tell me we were so far along." I assume that she probably did not want me to hear that comment. The nurse catches my eye and can sense my terror.

I remember the first time I was in the OR as a patient.

As I lay on the operating table, I was getting more nervous by the second. I compulsively ruminates over the statistics: one in 100 women have a preventable complication during childbirth. The odds are 4 times higher for Black women than for White women. I did not want to die. And my baby! Only hours old. I wondered where she was and when I would get to hold her.

I remember the first time I was in the OR.

I'm crying now – sobbing, in fact. The anesthesia trainee had not placed the spinal anesthesia needle correctly. Her attending steps in. "There!" he boasted when the placement was properly achieved. The nurse wipes my tears with a rough paper towel. She asks if I am crying because of pain. I state, "No. I'm scared."

I remember the first time.

I'm bradycardic now. I watch the monitor as my heart rate goes from 50's to 40's, then 30's. "Is that a junctional escape rhythm?" I wonder. "We're just gonna give you a little something for your heart rate," I'm told. I ask, "What is it?" The trainee starts to provide a patronizing response before I interject. A palpable hush comes over the room when I confess I am a cardiologist.

I remember.

I whisper a prayer, “God, please don’t let me die before I hold my baby.”

I wrote this piece because as a human of cardiology, I wonder about disparities in maternal health. I wonder what drives those differences and how they can be overcome. In many instances, cardiovascular complications lead to poor maternal outcomes. As a result, interest in maternal perinatal cardiology is growing. I believe that women who have the privilege of choosing to become mothers accept an enormous risk when deciding to bring life into the world. Now that I am a mother, my identity is permanently changed. Motherhood is as much a part of my identity as is my humanity itself. By sharing this story, I hope to shed light on the patient experience for those who might care for this demographic.

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Humans of Cardiology is an opportunity for PaACC members to share motivating stories about their personal and professional lives and was inspired by the wildly popular Humans of New York series. These stories showcase the compassion shown, as well as the hardships and triumphs members go through, as medical professionals. Our goal is to connect our members via these posts and reveal the uniqueness of our field through testimonials from our community. To submit your story, [click here](#).

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