Lessons From Our Learners

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Feature Editor

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An “Uneventful” Pregnancy
Gita Kalantari, MD; Anthony Zamudio, PhD

I felt an immediate connection with “Louisa,” a 20-year-old Latina female patient who presented for her first OB visit with her husband, “Rogelio.” This was Louisa’s first pregnancy and though she spoke no English, her facial expression told me that she was thrilled about being pregnant. While our Family Health Center staff is multicultural and multilingual and available to translate, Louisa preferred and requested that her husband translate. Rogelio appeared equally excited about the pregnancy. I reviewed the usual questions pertaining to medical and psychosocial history. Louisa denied significant personal or family issues other than her mother’s hypertension.

Louisa attended all of her prenatal visits with Rogelio. When asked about her mood and stress level, she always described everything as, “fine,” with a genuine smile. The pregnancy was uneventful and at 38 weeks, I was called from home in the middle of the evening. We were up all evening, and when she delivered their son at 6 am, Louisa, Rogelio, and I were collectively overjoyed, relieved, and exhausted.

Two months after the delivery, the behavioral science director approached me to identify a continuity patient for a home visit. I immediately nominated Louisa, all the time thinking to myself, “This is going to be boring. She really doesn’t have any problems.” Louisa accepted our home visit request.

Upon our arrival, she graciously walked us through a two-bedroom apartment that is shared with her in-laws. She directed us to a bedroom where she, Rogelio, and their son reside. She apologized for Rogelio not being present as he had been given an opportunity to work an extra shift at the restaurant where he’s a cook.

She’d grown up in Mexico as the youngest of 10 children and had come to the United States undocumented, walking for 3 days before crossing the US border. I could tell from the hesitancy in her voice that there was more to say about her arduous journey but when questioned she simply paused and reiterated that it was, “just so very, very tiring.” She found work on the East Coast as a housekeeper where some of her siblings resided. One year after her arrival, she moved to California to marry her boyfriend, whom she’d grown up with in a small town in Mexico.

Most surprising to me was her report of serious medical and psychological problems experienced in the past year. Since I’d seen her for all of her prenatal visits, I expected her to describe her pregnancy and becoming a new mother as the most stressful. Instead, she reported her eldest sister’s husband dying of cancer during her second trimester. She described experiencing a moderate degree of sadness and crying a lot throughout the pregnancy. Being undocumented, she had not been able to visit her sister and family during the crises. She relied on phone calls from her mother, who she had not seen in 2 years, to inform her of her sister’s well-being. She explained that the death of her brother-in-law was equivalent to the death of an older brother. He’d been involved in her life ever since she was a little girl.

How could I have missed the information about her depression

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and brother-in-law’s death during our prenatal sessions? Had I not been sensitive enough to pick up the depression? Was I too rushed in our clinic sessions? Was the use of family members as translators becoming a barrier in gaining access to our patient’s affect, background information, and family secrets? Did her undocumented residency status make her wary and astute at not bringing attention to herself? Did the threat of deportation during her pregnancy overshadow her grief reaction and make her repress the expressions of sadness and her emotional needs?

I realized that I was embarrassed by not allowing Louisa to reveal her depression. Identifying appropriate questions and creating the contexts that allow for the revelation of sensitive information requires time and experience in gaining our patients’ trust. It would be too easy to dismiss this experience as highlighting issues that arise when we are working with marginalized populations, such as undocumented immigrants. Perhaps managing Louisa through her pregnancy and labor and delivery enabled me to get a “foot in the door” of Louisa’s trust in discovering her grief reaction. Or perhaps this experience provides a larger lesson and guidance for dealing with all patients. What is not said is sometimes more important than what is said. In dealing with my patients, my own family, or in getting through my own “labor” of residency, I’m reminded and heed Paul Simon’s lyrics from “The Sounds of Silence:” “...People talking without speaking, People hearing without listening...And no one dared disturb the sound of silence.” It’s time to dare.

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