

Yggdrasil; an American doctor, a Swedish hospital, a Syrian patient

av Anamaria Whitmer-Jacobsson

*Anamaria Whitmer Jacobsson transplanterad kanadensiska/amerikanska, tre barns mor arbetande som förlossningsläkare på Kvinnokliniken i Varberg samt utbildare för Claritatis AB. I skrivandet faller duktigheten bort och djupare halvfärdiga kunskaper vägleder. Drömskt och suggestivt behöver inte bli rumsrent; barndom och vuxenliv vävs samman och en outsinlig källa av nyfikenhet öppnas.*

There is an atrium at the center of the maternity ward in Varberg, Sweden. A hospital built in the late 60s. Scandinavian modern design invites minimalistic decòr and advanced technology, without breaking the bank. Things are sleek and basic here. Tonight only low risk midwife births are registered on the huge white board. I am drinking tea in the staff room before I attempt a few hours sleep in the basement on-call-cubby. Its cold down there and the roof leaks in the personnel corridor.

I could stay and offer extra hands, even if mine are skilled in slightly different arts. If I remain aware of my professional bias towards pathology, my overly tuned desire to be of service and my experiential reference for complicated births, I can keep my interventions to a minimum. But this would demand stringent mindfulness, which is hard to produce for long periods of time in the middle of the night. I need complications or an emergency to be at my best night time. There is pure focus to be found here for me among the intellectual gymnastics and adrenaline; an ability to channel health to my patient with clarity. Yes I do well in an emergency. Most birth is not an emergency. I am gifted with them mainly during the day. I keep drinking my tea with the midwives.

And then it comes ...the harsh ringing sound from their pockets. Mine is quiet. As they rush to leave I aim my gaze at the warden tree I know stands in the middle of the now dark atrium. In Scandinavian mythology, old great trees were believed to have protective qualities connected to birth and death. Most yards have planted central trees. Our atrium has a poorly chosen magnolia, not intended for this climate, stone

dead for several years now. I keep waiting for new life to sprout from the roots. It's a long wait.

The head midwife returns, there are now suddenly two pathological fetal heart traces, an arrested crowning and the ambulance transporting a mother whose husband had mistakenly had a glass of wine for dinner and could not drive her to the hospital. Swedish zero tolerance for driving under the influence not to be toyed with under any circumstances. And once again what shall we do with room 5, our Syrian mother.

She leaves her report as we both look out the window. She knows me. She waits, seconds or minutes. Many Swedes speak silence fluently. Swedish itself has fewer words than English, more space. I'm searching for the scaffolding of the dead magnolia, sure it will condense my prioritizing. I still can't see that tree and until I can I don't expect I will be able to see those patients' needs clearly either.

My eyes continue to focus, a mainly internal process of becoming exquisitely still. Why does a dead tree have leaves? I turn around and ask, "When did we change the tree? It's an ash tree isn't it?" She shrugs. "Yggdrasil the Nordic tree of life is an ash." She is unimpressed, but I am rejuvenated. This is the tree that carries and surrounds the world, the tree the gods held conference under and the Fates watered. Someone has chosen to plant this tree here. I can see it clearly with my beginner's mind and my night vision. We're ready for patients, about two minutes later than hoped, but with magnified focus. We have saved time.

We laugh about the ambulance. That will be a big bill for the parents to pay. I shake my head about the Syrian; not yet. I authorize more Oxytocin for the crowning. I take a scalp sampling from another baby, emptying the bladder with a catheter while waiting for the results and then quickly assisting her delivery with a surprisingly gentle vacuum traction. Moving from room to room. Allowing my hand to rest very still on each patient's body as we meet, setting the expectation of grounded contact. No matter the quick moves in between.

And then we are at room 5. These are the first two years of the Syrian conflict and we have yet to understand. Three years later the picture will have focused. My patient is

seeking asylum. Her English is excellent. She has no family or friends in Sweden and no one has accompanied her from the migration agency's housing project. Her husband is in Germany awaiting papers. Pregnant she has escaped alone from Syria. A passing nurse mumbles something about rape, but hurries on before I have a full report. We are all empty handed we fear. My choice is to stand witness. But I worry that I will lose my clinical compass, if her dilemma is too unmerciful

I enter her room. She is crying softly, there is no one there. The midwife, and practical nurse are busy elsewhere. My sternum is heavy, even as my gloved hand probes the soft curves of her womb trying to understand. She begs for a cesarean. I fear we will not find another way for this baby. How can she bring it forth without her people to hold her? She asks again. I say yes. I say yes to whatever she would suggest, as I know not what would be of service for a woman in this situation. Medically it is an adequate choice at this moment, but not my usual turning over of every stone. I watch the loneliness in her spread out like a desert over the bed. Who will take care of her after the cesarean? It is better to give birth vaginally, I think. She and the baby are safe. We wait two more hours.

The loneliness is still filling the room and I can't leave until I address that. In my mind I wonder if I am trying to create refuge with surgery. I ask about her husband again. I do not ask about her parents and siblings, knowing the answer may be more than she can bear. This is a lesson I have learned the hard way. I ask about the child, attempting to paint a family circle in this way, no matter the status of the siblings or parents. She pauses.

Two hours is a long time to wait. She has surprisingly little pain despite the high dose Oxytocin drip. "What do you usually do when you feel scared or alone?" No answer. "Do you have a special place to visit in your imagination?" She shakes her head. "Do you know any poems, prayers?" No poems. We are quiet together. Finally I surprise myself suggesting "You could sing a lullaby from your childhood. The baby will hear it." She becomes stiff and I feel a fool. Why would I suggest such a trivial action as a surrogate for the enormous loss of her family? I must have lost sight of that ash tree. I am making matters worse. I smile apologetically, give her hand a squeeze and

promise to return. I hurry to the operating room. Sometimes I am not still enough when I bear witness.

I perform another surgical delivery while she waits. Her midwife informs me that now the cervix has begun to swell. We prepare her for surgery and thinking of my previous foolishness I squirm internally. Even I need my own compassion. It is late.

I am dressed in new green scrubs and watch the anesthesiologist over my mask. This is a repeat. We were here an hour ago with another patient. We don't need new words. But our eyes are warm and serious towards each other and they rest there for a moment longer than needed. This young man is a cold-water surfer; his shoulders could carry the world and he moves with the ease of someone who understands flow. Kindness follows him unexpectedly not accustomed to his beauty either. The patient is in his youthful care now.

His palm on her cheek, he asks. "Are you scared?" His English is strong and she nods, continuing to cry. "Of course you are." he says mirroring her gestures. "That is why we are here. All of us." His eyes make slow contact with each and everyone of us in the room. Business stops for a moment even before our checklist is read. "We are here for you and we are not going to leave you." The silence is enormous and I can almost feel my heart expand back into the space it had left earlier. By the stillness I conclude no one wonders if it is really appropriate to say something like this, no one cites professional distance, false hopes. We simply feel the meaningfulness. He is my hero.

He orders the table lowered, so that I will not need to be uncomfortable and folds his own long body forward instead. I hold the scalpel and begin the quick incision, drawing a soft curve on her lower belly. The crying continues and the child moves wildly below the skin and muscles. Not a perfect day. No I do not feel at ease in this particular operation. Couldn't we have offered her this security before the operating room? Why are we so few at times? But we are here now and I quickly lose myself in the flow of my art. Pulling the abdomen open and separating the tissues with my gloved hands. Finally the smooth uterus is clear and there is a space between the thick layers of body we have drawn aside. I scratch a tiny smile on the uterine wall. My

finger presses down. The tissue separates along the line I have etched as I move my index fingers wide. My thin hand reaches behind the pubic bone to slide down down into the deeper pelvis above the swollen cervix and cup around the child's head. I lift up towards maternal ribs, then tip the head to the side and strongly pull it through the incision. There is a moment to dislodge the shoulders. The child is out, waiting on the mothers legs for the cord to finish pulsating. Loosing patience as the placenta bleeds profusely, I milk the cord blood over to the baby, separating the child and mother. The rest follows easily as I attempt to replace all, exactly as I found it.

I have forgotten Syria, my hero, my exhaustion. There are only my fingers, the tissue and intention. Then there is singing. I hear a haunting melody wafting up from behind the blue curtain. A clear new voice is bringing a lullaby into our operating room. No, she will never leave us now. She is as clearly a part of belonging to us as we are to her. The ash tree still carries the world; we must just remember to notice it.