

Beeper was giving Robert an update on the low-risk patients when they heard a mournful groan coming from down the hall. Beeper's eyes bulged. "Oh my God, what's that sound?"

"The Scream," said Robert, and began to walk resolutely toward its source.

"The Scream?" repeated Beeper. "What's that?"

"It's The Scream," answered Robert. "The Scream is the scream a woman can't help screaming when she's about to give birth. Don't you know that yet?" He quickened his pace.

Robert remembered the first time he had heard The Scream. It had frightened him, too. The Scream begins with a deep moan, as a fully grown fetal head distends the narrow spaces of the pelvis and vagina. As the head begins to crown, stretching the tissues of the vulva to extremity, The Scream becomes a wail. From there it grows violent and uncontrollable, as the mother is swept on a cataract of pain and emotion. It ends with frenzied gasps and grunts, with a relentless need to push, with pleas for help, and with a final, prolonged howl as a soul

overtaken by a furious angel is swept through the exquisite agony of birth. In its aftermath are weeping and joy.

Most laboring women at the Chicago School of Medicine had epidural anesthesia, which eliminated almost all painful sensations and the associated screaming related to labor and delivery. As a result, vaginal births at CSM usually were highly controlled events, with encouragement murmured in hushed tones and pushing occurring obediently upon instruction. That style of labor was wondrous. And yet, when Robert asked women who had labored without anesthesia about their deliveries, they often described a rawness and loss of control that were every bit as exhilarating as they were terrifying. That loss of control found expression in *The Scream*. Though he had a hard time explaining the fact to his nonmedical acquaintances, Robert loved *The Scream*. It had no parallel in any other domain. Its urgency thrilled him. Its energy invigorated him.

“God, what a sound,” Beeper gasped as he trotted after Robert. “What are we going to do?”

A nurse came running up the hall. “I just checked Mrs. Newman’s cervix. She’s completely dilated and plus two station! She can’t stop pushing!”

Robert nodded and called down the hall, “I’m on my way. Set up the table.” Turning to Beeper, he added, “We’re going to deliver her baby, Beeper. What did you think we would do?”

“But Dr. Lefkowitz isn’t here!”

“That’s right, Beeper, but you and I are here, and that’s all this lady needs.” Reaching the scrubbing station outside the patient’s room, Robert donned his mask and booties and rinsed his hands rapidly while speaking. “And do you want me to reveal to you the dirty little secret of American obstetrics?”

Beeper stared.

“She doesn’t even need us. Ninety percent of the time Nature takes care of this just fine. We’re there only to claim the credit. Don’t tell anyone I told you. It could tarnish our reputation. Do me a favor, will you? Make sure someone has paged Lefkowitz *stat*, and tell him to get over here on the double, OK? Tell him his patient went from three

centimeters to complete in about fifteen minutes. And see if there is a third- or fourth-year resident somewhere to help. Then come back to the room and help me with the delivery.” Robert shoved open the door with his hip and entered the patient’s room as grunts and cries traversed it in the opposite direction.

Experience had taught Robert that three things demanded attention in the ultimate phase of labor. He assessed all three in less than five seconds. One was the patient. He glanced at her and read upon her face one overwhelming emotion: terror. The second was the fetal heart rate. He heard it pulsing at about eighty beats per minute. A quick look at the fetal monitor showed him that it had been down from the normal rate of over 120 for about five minutes. The third important factor was the birth canal. Robert saw that the head was low, but still required some pushing in order to deliver.

As he pulled on his gown and gloves, Robert spoke calmly to the patient. “My name is Dr. Montefiore, and I’m here to help you until Dr. Lefkowitz comes. Don’t worry; everything will be fine. I would like you to listen to my instructions so that you can deliver the baby safely. Do you think you can do that?”

“But my husband went down for a cup of coffee! Can we at least wait till he gets here?”

“I’m afraid not, Mrs. Newman. We won’t have the time, and besides, it doesn’t look to me like you can wait anyway. Isn’t that right?”

She nodded frantically. “Oh my God,” she gasped. “This isn’t going at all the way I planned it. No husband, no epidural and—forgive me—no doctor.”

“I know, Mrs. Newman, but I am in fact a doctor, and I can help you. We are trying to find both Dr. Lefkowitz and your husband, and I am not going to do anything unless we have to, OK? Just let me help you, and things will work out fine.” Quickly and patiently, Robert reviewed pushing techniques.

Beeper rushed into the room and, panting, announced, “I paged Dr. Lefkowitz. He said to hold everything until he gets here. It’ll take him ten minutes.”

“What about the husband?”

"I asked Pedro to overheard him in the cafeteria. We haven't heard back yet." Beeper lowered his voice and added, "And there are no more senior residents around."

"OK, put on a gown and some gloves and come hold the perineum for me." And then, addressing Mrs. Newman, Robert added, "You hear that? Don't worry, Dr. Lefkowitz is coming and your husband has been called. But I need you to keep pushing as hard as you can in the meantime, because the baby's heart rate is down, and we don't have a lot of time."

He saw the panic in her eyes.

"Mrs. Newman, sometimes the greatest act of control you can perform is to just let go. If you can give in to this process and trust me, it will be the best thing you can do for yourself and your baby."

The monitor indicated that a contraction was beginning. Mrs. Newman cried out, "Oh my God, what do I do, what do I do?"

"You push. Go."

She took a deep breath, pulled back on her thighs as Robert had taught her, and pushed. The nurse counted to ten.

"Great job," said Robert. "You're doing just great. Give us everything you've got."

After five minutes of good pushing, with the heart rate steadily declining, Robert asked for a pediatrician, a pudendal anesthetic tray and a pair of forceps. "Mrs. Newman," he said, "you're pushing really well, but the baby's heart rate is even lower, and there isn't any more time to wait for Dr. Lefkowitz. I'm going to have to do a forceps delivery, OK?"

"A forceps delivery? Oh my God, isn't that dangerous?"

"No. The head is low enough that it should be easy, and to not do it is more dangerous than to do it. I'll just guide the head out with the forceps, but you'll be doing the majority of the work by pushing just as you have until now." As he spoke, Robert inserted his hand in Mrs. Newman's vagina and instilled ten milliliters of lidocaine at the site of her left pudendal nerve. Then he anesthetized her right side. "You're going to be just fine." He applied the forceps with smooth, deft movements. "Ready? Here we go. Give a nice, big push now."

Mrs. Newman screwed her eyes shut and pushed, and Robert, pulling gently, guided the head under the pubic bone. It delivered easily, and as the anesthetic had taken effect, even The Scream had lost its edge. Beeper gave a low whistle of admiration. The patient was able to follow Robert's instructions to stop pushing while he suctioned the mouth and nose and then to push again to deliver the shoulders and body. Robert cut the cord quickly and handed the baby to the awaiting pediatrician. It was ashen and limp, but Robert knew that it would perk up with a little time and stimulation.

"Great job," Robert said. "And congratulations, it's a boy!"

"Oh my God, oh my God, how is he? Is he OK?"

"He'll be fine. He's just a little stunned from all the excitement."

After a minute the baby let out a wail, and a breathless Dr. Lefkowitz burst in. Robert observed him taking in the entire scene in a couple of seconds: the baby, the pediatrician, the patient, the fetal heart tracing still attached to the monitor, Robert and Beeper standing between the patient's legs, and the bloody forceps resting on the table. "Who performed this delivery?" he demanded, panting.

"Uh...I did," said Robert.

"You did a forceps delivery on my patient?" He scowled.

"Yes, Dr. Lefkowitz."

"You did a forceps delivery on my patient without waiting for me to get here?" His voice rose and trembled with emotion.

"Yes, sir," said Robert, his voice trembling, too.

"Dr. Montefiore, have you ever, *ever*, performed an unsupervised forceps delivery?" Dr. Lefkowitz's eyes bored into Robert, his brows furling menacingly.

Robert's spirits wilted. He looked down at his bloody booties. "No, sir," he murmured.

Lefkowitz surveyed the mother, the monitor tracing, the baby, the bloody forceps once more. Then, slowly, he smiled. "Good job, Robert," he said. He placed a warm hand on Robert's shoulder and squeezed it. "A really, really fine job." Turning to Mrs. Newman, Dr. Lefkowitz said, "Congratulations! What a fine-looking baby! I'm sorry I didn't make it on time, but with the next one I'll be sure to get here earlier.

And next time let's try to have your husband here, too. While we're at it, why don't we invite Dr. Montefiore as well? We're all very fortunate that he was here to help. He did exactly the right thing. Exactly what I would have done were I at the bedside, and he did it as well as I could have done it myself." Turning to Robert, he paid him another compliment: "Why don't you finish up here, Robert? I'll take care of the paperwork."

"Apgars five and nine," the pediatrician announced. "Weight, eight pounds, three ounces." And illuminated by the gleam in Robert's eyes, Dr. Lefkowitz left the room.

"Whoa," murmured Beeper. "I've never heard of anything like it. Wait till I tell Pickett. And where did you come up with a line like that: 'just let go'?"

Robert didn't hear him. The most beautiful sound he had heard in over a year was still reverberating in his ears: *Good job.*