



## New Mother Number 14

I was in so much pain. I cried and pleaded, but no one heard me. My sister yelled on the telephone, trying to reach my obstetrician. Nurses ran in and out of the room, offering me multiple things, but not the one thing I really needed. My newborn screamed from the hallway, sensing, but not understanding, that something was wrong with me. My husband cradled her, trying his best to calm her down. I closed my eyes and hid from the chaos. This was not how I imagined my first day as a mother.

An hour earlier, my daughter was calmly nursing in my arms. My husband and my sister chatted about something that did not register—my newborn was simply too fascinating for anything else to hold my attention. A nurse had come in earlier to remove my urinary catheter, and I was drinking as much fluid as I could, in an attempt to produce more milk for my daughter.

Then, faster than I could blink, a pain grew in my stomach, quickly increasing in severity. I started to shift uncomfortably in my hospital bed. I hesitantly handed my daughter to my husband, telling him that I was not feeling well. My sister asked what was wrong, and all I could tell her was that my stomach hurt, but I was not sure why.

Being a physician, I started running through all the possibilities of what this pain could be. I rushed to recall the blur of events that had occurred since the day before when my labor began: I changed into a hospital gown; an epidural catheter was placed; the anesthesiologists administered pain medication through the epidural catheter; I pushed but made no progress; a caesarean section was performed; I was surprised at how warm my newborn daughter was when I held her for the first time; I asked for an extra dose of morphine before the epidural catheter was taken out; my sister called and I told her to visit me in room 14; the nurse came in to remove the urinary catheter; I tried to nurse but very little milk came out; I tried to drink a lot of fluids to make more milk, and now I'm here.

Then another event, or lack thereof, came to mind, and suddenly I had my suspicion of how this pain originated. Though I had been purposefully drinking a lot of fluids, I had not urinated since the catheter was removed. The trapped urine had extended my bladder and was causing severe pain. Pain medication has the notorious side effect of preventing patients from urinating on their own, and I wondered if the extra dose of morphine in the epidural catheter was the culprit.

Frantically, I told my nurses what I thought was happening, asking that a urinary catheter be reinserted. The nurses looked at me as if it was the most ridiculous request they had ever heard. Removing the catheter was a step in advancing my care towards discharge, and reinserting it must have felt like backtracking to the nurses. When they said no, I felt that their response was mostly reflexive and not well deliberated—a decision made passively based on routine, the way people make their coffee or brush their teeth in the morning.

To fix me, the nurses began consulting protocols for “pain after labor.” They examined me and found nothing wrong—no bleeding, no

wounds, no abnormalities. They offered pain medications, which likely would have made things worse—I declined. Once again, I pleaded for the urinary catheter to be reinserted. The nurses refused and consulted the on-call, off-site physician who had never seen me nor my chart. After the call, they once again offered pain medication, this time as my only option.

It was then that I asked my sister to call my obstetrician. He was not working that day, but he was a family friend—I had played with his daughter when I was a child. I realized that this was a lucky and unusual circumstance. Many patients do not even know their doctor's name. My obstetrician knew me, knew that I was a physician, and trusted my medical judgment. So, when my sister explained to him what happened, he ordered the nurses to reinsert the catheter immediately.

I drained out one liter of urine within minutes, and my pain disappeared almost as suddenly as it began. Everyone—the nurses, my sister, my husband—looked at me in quiet disbelief and anticipation. I looked back at them, registering their presence for the first time since the pain took over. The world came back into focus, and I was myself again. It felt like waking up from a bad dream. I didn't remember all of the details of what happened, but I did remember how frightful and real it all felt.

I lay down and hugged my daughter, as my husband sat on the sofa to rest. In the quiet warmth of the bundle in my arms, I thought about how impressed I had been with the care I received up until the stomach pain began. Nurses and other care team members had followed their protocols, efficiently processing me through the assembly line of new mothers with uncomplicated pregnancies. Obtain vital signs after transfer from surgery—check. Advise me to watch tutorial videos on breastfeeding—check. Remember to remove urinary catheters eight hours after surgery to prevent infection—check. Offer warm compresses for my breasts and plenty of fluids every four hours—check. The process felt comprehensive and attentive. A lot of thought, care, and heart had been put into developing those protocols.

But that same level of thought, care, and heart seemed to disappear when I was no longer the same as the other new mothers in the labor and delivery assembly line. Everyone seemed so committed to protocols and standardization that when I asked for something different, there was no room to listen or abandon the checklist, even when it was clear that something was not right.

No two patients are the same. We have our individual voices, histories, and preferences. Although the parts of us that are similar can benefit from protocols and standardization, there must be room for individuality and humanity—procedures for what to do when things no longer fit into protocols. The healthcare workforce needs to be proficient at recognizing when standardization is not appropriate and how to provide safe care that responds to patients' individual needs.

Providers must never lose the ability to truly listen to their patients and appreciate that they are unique individuals with their own eccentricities and desires. I will always applaud the efficiency and safety that come with standardization, but when providers look over their clipboards of checklists at me, I hope they see a physician whose medical experiences and opinions are worth listening to, not new mother number 14.

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