MY ECTOPIC PREGNANCY

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My pain began the evening of February 24th-25th, although my husband says I was complaining about cramping and unexpected bleeding on and off for about a week. I thought I somehow got my period 3 times in February; each reappearance was accompanied by a large amount of blood, followed by 3-5 “light” days. I had a strange twinge/pinch/ache on my left side (implantation pain?) one evening after sexual intercourse in January. I suddenly had the urge to look up ectopic pregnancy that night, and this is how I later dated my pregnancy (using my google search history). But I dismissed my own "weird" intuition. Five negative pregnancy tests. I had a negative test just 10 days or so prior to my admission to the ER on February 25th, 2016.

When I went to the ER (Somerville Hospital), I was already struggling to keep my balance and walk – bent over in response to extreme cramping, pressure and what I told my husband felt like “childbirth contractions.” I had been having them for 10 hours at that point; however, at first the pain had been somewhat tolerable. At first I thought it was constipation – which I have experienced chronically as a side effect of tapering my buprenorphine[1] and methylphenidate[2] prescriptions. Around 2-3am I drank a bottle (one dose) of magnesium citrate, which is used to evacuate the colon prior to colonoscopy procedures, knowing that it was too late to take my prescribed lactulose solution, and that immediate relief was necessary. After several hours of increasingly urgent discomfort, I began to feel intermittent sharp, stabbing pains that took my breath away. I considered that perhaps it was my gallbladder – which I had surgically removed due to gallstones in October 2015 (just four months previously). The thought of possible pregnancy entered my mind, and I looked up my last pregnancy test results on the myCHArt website. The result was negative and it was taken on February 6th – but I still had my suspicions. Regardless of the cause, I knew I was in serious trouble – and that something, somewhere inside of me was ripping, tearing and potentially

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[1] Original Rx 12mg/day tapered to 2mg/day. I have been in opiate replacement therapy since 2011 at the Central Street Outpatient Addiction. I was the first patient to request a taper program at the clinic, and have successfully reduced several medications over the past 3 years in preparation for a planned pregnancy. Together with my doctor, Zev Schuman-Olivier, I have tapered entirely off of 8mg lorazepam and have almost finished two other tapers (suboxone; ritilin).

[2] Original Rx 55mg/day tapered to 10mg/day.

bleeding. It felt like an intense, unrelenting urge to use the bathroom, followed by an impulse to "bear down" with the pressure in my abdomen/pelvis. My cervix felt tender, and my entire vaginal canal was so swollen that I almost fainted at home, as I gingerly removed the moon cup I had inserted the night before in response to unexpected mid-cycle blood spotting[3]. Each time I attempted to use the toilet I felt as if I could barely breathe – and eventually called my PCP's office to describe my symptoms and make an appointment later that day. I mentioned my symptoms, and the nurse gave me an appointment at 4:10pm – but something I said caused her to pause and urge me to call back if my pain got any worse, or my bleeding was excessive. I hung on for an additional hour or two – not wanting to go to the ER unless my pain was "real/bad enough" to warrant a visit. My uterus began to feel hot, and full of "heaviness" and seemingly pressed up against my lower pelvic area. I called my husband who came home from work and drove me to the ER, and called my doctor's office to let them know I was going in due to an escalation of symptoms. I was so certain this was urgent that I grabbed a backpack with a few essential items and medications and met my husband outside our house. I could not sit straight, and felt severely nauseous, painfully distended, and "full" or something. As we drove, I grabbed my husband's arm and screamed quietly as I felt the "contraction" pain wash over me in rhythmic waves every 20-30 seconds or so. Even though I was trembling uncontrollably, I tried to meditate a bit to calm myself before entering the ER.

Upon arrival, I made my husband let me out of the car by myself, awash with a sense of impending terror and doom that I would not make it in time if I waited for him to park. As a victim of childhood emotional, psychological, sexual and physical abuse, I immediately get frightened when I need medical attention or feel sick because I have been punished/hurt for asking to go to the doctor, dentist, and seek medical care in the past. I wanted to scream, to show the receptionist I was going to die – but there were small children in the ER, and I was afraid of scaring them or appearing hysterical. So I held in my moans, stifled my urge to scream and forced myself to limp weakly up to the front desk – desperately clutching my tattered childhood security blanket over my aching

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[3] I thought this was strange, so I planned to call my PCP to make an appointment the next day (February 25th); however I did not feel pain until it was too late to go in to my regular doctor's office. I originally scheduled an appointment for 4pm that afternoon, but decided to go to the ER around 10:15 am.

abdomen – doing my best to remain "rational," "polite" and "sane," as I asked for help. Everyone around me looked on with curiousity, recognizing the painful grimace upon my face and watching my movements to see if I was "dangerous," "diseased," or possibly "infectious." With tremendous effort to stay conscious and in control of my movements, I made it on my own[4] to the front desk, and looked up pleadingly at the woman in charge of registering patients. Not even looking up from the clipboard in front of her, she motioned me to "take a seat and wait my turn," refusing to allow me to fill out the required pre-admission paperwork as I waited. I began to panic, and suddenly felt my entire being consumed with utter terror – she had not even asked me what was wrong… I could have been stabbed, wounded or poisoned, and she was not concerned with assessing the priority level of her patients. I could die here, waiting for care, entirely surrounded by people who would simply ignore me – leaving me in a heap on the waiting room floor. My eyes filled with tears, and I tried to sit – afraid I might collapse in front of the nearby children who were the only ones that seemed to notice my agonizing predicament. After several minutes, my suffering became so profound that I could not help but express my pain in the most embarrassing, humiliating public display – I felt like a wounded, dying animal in search of a private place to lay down and try to give birth. Face flushed, ears burning with the fire of embarrassment, I moaned and writhed in agony, positioning myself on all fours across two waiting room chairs, wishing I could curl up on the floor or crawl into various inappropriate yoga positions. She would not admit me now I had to wait my turn.

I kept thinking "I am not real, I do not count. I am a number, must wait my turn." The lady at the desk had curtly stated "There are two before you. You will not register until then." After those patients were admitted (with less severe symptoms - one was an ear ache), I was relieved it would finally be my turn. However, at that very moment a new elderly patient walked in. The lady rudely ignored me standing at the side of the desk, turned around and took him as a patient instead of me. I was frustrated, desperate to feel safe and secure – I wondered what I could do to get her attention, to show her I needed help and was dying. It was easy to scream and swear in a private place; but in a public place, filled with other frightened people, I felt too embarrassed to make any noise or act out.

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[4] I wanted to use a wheelchair, but was scared of being touched by anyone, and was in so much pain that the thought of sitting made me cringe with fear.

Dejected, entirely helpless – yet vividly aware that I could not "hold in" my vocalizations, nor keep my pelvic muscles under control, I began to sob and cry quietly. I could not hide my contractions any longer or resist the urge to bear down - I realized that I might urinate or defecate all over the ER floor (in front of everyone). People were looking at me with quizzical expressions, and mothers were moving their children away from me. Other patients changed seats, either as a gesture of giving me more space, or as a result of fear - was I dangerous... Contagious... On drugs... Crazy??? I could not keep holding in the urge to squat or crawl with the contractions so I asked my husband to take me to the bathroom. I could NOT WALK, but I MADE MYSELF move because otherwise I would make a disgusting mess everywhere – and I could not allow myself to faint, because I would not be in a safe place to do so. Getting 10 feet away was agonizing. I would not let my husband in because I did not want anyone to judge me rude or inappropriate… And I thought it would be hard to go with him in the same room. I closed the door and – finally having some dignity/privacy in the public restroom – I felt my knees buckle, and my vision went dark before my eyes as I watched myself black out in the mirror. My eyes flickered open as I collapsed forward, catching the sink with my hand to steady myself and forcing my eyes to remain open. Coming to my senses, I called out in a weak voice to my husband "Please. Roger please. I need help now. Tell her, now. I am dying." But he lady attending the front desk had vanished. I thought to myself "Wow. She did not care to leave anyone to monitor the waiting room as a patient with a mystery affliction writhed in pain, and ran to the bathroom. I am going to die here. I am in danger."

I stood outside the restroom door, helplessly gasping for air, and terrified because no one was on active duty to alert the staff that I was in dire need of assistance. I began walking carefully over to the desk, feeling shaken, weak and so heavy. The pelvic pain had become excruciating in the bathroom, and I was struggling to keep my legs together. Finally, a nurse walked by the waiting room, and I stopped her – begging that she let me in. She went and found the receptionist/waiting room attendant (the same woman that had ignored me as I tried to explain my symptoms after arrival). My husband ran toward her and explained that I needed to be admitted right away and had collapsed. She was hesitant, and remarked "Well, we only have one bed right now and that's for REAL emergencies. I guess she can take that one, but it's really supposed to be left open/reserved for people who really need it and require urgent care." I was dumbfounded, awestruck, and stunned that – despite what I was describing, the sheer magnitude of the pain I was in, and the fact that I had fainted and nearly hit my heard in the public restroom – she was still questioning my assertion that THIS WAS A REAL EMERGENCY (regardless of what the diagnosis would be, this level of pain was entirely new to me). I even told her that I had recently had gallbladder surgery, and this pain was way worse than even that![5]

I had been bleeding all night, lost a bunch of blood, and was too weak/disoriented to move... But apparently the hospital is for "real patients" with "real recovery/healing to do…" From that moment on, the hospital was not a place of healing, but a place of torture and cruel disregard. This pattern of heartlessness, neglect and callous disinterest continued throughout the entire experience, confronting me with the same bizarre, dehumanizing, mass-produced mentality often described in dystopian science fiction.

They would not give me pain medication even after we knew I was losing the baby. I even had the doctor call my buprenorphine/pain treatment doctor at the outpatient clinic I attend – to confoirmthat it was ok to administer narcotics. My doctor indicated that I could either increase my buprenorphine to a higher dose, or request an opiate analgesic for pain management. He informed them of my high tolerance (due to replacement therapy with buprenorphine), and suggested they make sure my dosage was high enough to compete with the partial agonist/antagonist action of my normal prescription. My taper (nearly) off of opiates has left me very prone to intense, overwhelming hypergesia and has made my pain threshold super low (funny I can still force myself not to scream as my fallopian tube ruptures!). When people judge me regarding my addiction treatment, I am utterly

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[5] As a side note, upon arrival to the same exact ER in the past, I was NEVER treated with such blatant disregard, and was promptly taken for medical care because the woman at the desk took a moment to notice the amout of discomfort I was expressing. When I visited Cambridge Hospital with symptoms of a gallstone attack (also partially "ruptured/torn") just 4 months previously, I was quickly given a bed, check out by an ER doctor, and given pain medication because I could not sit. This surgery – while equally unexpected, urgent, and distressing in many ways – was very well cared for in pre-op and post-op contexts. They cared that I felt pain and did not judge me – and that made a serious difference in my cravings, and subsequent emotional experience.

speechless – they do not know how I acquired my narcotic dependency issues, and if they only asked I would tell them I was drugged from a young age by my own mother to keep me from crying or having an emotional reaction to being abused. I actually hate drugs; they make me feel detached, out of control, unprotected, unsafe and just plain scared. I like to be present in my own body and mind – so I can protect myself. I have always been hypervigilant, and need to feel empowered over choosing what I need for my body – but this experience severely triggered my PTSD flash backs about: (a) being taunted for needing medical care; having my (very real) pain and suffering devalued, ignored, and used as a justification for more abuse/punishment,[6] (b) being ignored when I am crying, injured or suffering, (c) having others touch my body roughly without consent, and forcibly perform gynecological procedures on me,[7] (d) being forced to take narcotics when I did not want to because I was complaining about being abused[8], neglected, or estranged from my biological father and banned from contacting my aunts, uncles and cousins on his side. If it had only been one provider, nurse or attendant I would understand. But this was absolutely sadistic.

As soon as I was finally admitted into the emergency room, a sense of relief washed over me. This relief was to be short lived, due to the fact that the doctor overseeing my case was convinced that she knew what was best for me in terms of pain medication. As much as I respect Dr. Aschkenasy's medical opinion, I feel that her unwillingness to listen to me – as I practically begged for pain management medication – not only complicated my addiction treatment itself, but also was the first step in eroding my faith in the competency of my entire care team. Just months previously I had another surgery for a similar set of symptoms – which turned out to be gallstones. I was not treated like an "addict," and was allowed to make choices like a normal, sane, competent human being (and

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[6] For example, when I would cry, my stepfather duct-taped my mouth and eyes shut and locked me in my bedroom for extended periods of time; I was forced to hold my urine until I acquired UTI's and then slapped for "whining about wanting to see a doctor over the weekend."

[7] I was forced to see a male gynecologist against my wishes, put on hormonal birth control as punishment for "acting out and letting boys touch me" before I was even sexually active, and forced to undergo painful cryotherapy on my cervix at a young age – due to supposed cervical dysplasia, which I am uncertain how I acquired.

[8] When my stepfather or brother would throw me into the wall, knock my head around or hit me with objects, my mother would tell me it was my fault for "antagonizing" them, and refuse to hold me, soothe me or listen to me unless I swallowed pills she gave me.

adult). This was not the case during my visit to the ER on February 25th, 2016. I felt that some of Dr. Aschkenasy's comments were not only hurtful but also discriminatory (e.g., after finding out I had lost the baby she stated "Your pain/addiction doctor said you could have narcotic medication if you requested it; however don't go taking it *just* to relieve *emotional pain*. It has to be taken only for *REAL, PHYSICAL pain*."). This was a heartless, insensitive comment, when I had been suffering in the most profound physical pain of my life for hours – and had already been denied medication. It was highly confusing, and made me question whether or not I truly was in pain. It was punitive, paternalistic and patronizing. Why was she being so cruel to me – had I not told her everything right away, been completely honest with every detail, and told her the truth? Why was she treating me like a sneaky liar who could not be trusted?

There was one amazing nurse named Claire, whose gentle demeanor, empathy and warmth simply emanated from her body. She was so gentle with me – reassuring me as I struggled to give a urine sample in the bathroom because it hurt. She was the person who took me up to the ultrasound room, and I could feel her protective energy surrounding me at every turn of my treatment progress. She alone comforted me like a human being should after I learned my baby was ectopic. She alone touched my arm, soothed me and comforted me with warmth and kindness. She did not treat me like a number, but instead, like a living, breathing person. I even tried to get her name to nominate her for a local nurse's award but no one ever called me back to tell me her last name.

After learning that I was pregnant, I was on cloud 9. Oxytocin and endogenous trust, bonding and pleasure neurochemicals flooded my system, and all of my pain suddenly washed away. I was a mother for the first time, and I could bear any pain to give my baby a healthier life. No one told me it was fairly likely that my baby was ectopic[9]; nor did they care that I was going to spend the next hour with a transvaginal ultrasound tool shoved up my sensitive vagina to look at a baby I would never be allowed to carry beyond that day. I am actually more resilient than most of the women I

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[9] Dr. Aschkenasy acted as if everything was normal; this was deceptive and cruel. I made me have difficulty sensing the pain in my body, and gave me mixed signals regarding my own safety. Now, every single time I have to use the bathroom to defecate, I have a panic attack. I am having a lot of trouble understanding my own pain signals – an entirely avoidable negative side effect!

know, and I am outraged that the risk of the pregnancy being non-viable was not communicated to me. This is simply unacceptable, and runs contrary to ethical standards – as it produces an unnecessary psychological/emotional "roller-coaster," that is both offensively misinforming and highly insensitive. Furthermore, it is also an act of gender discrimination, as it presumes that I am too stupid to notice something is wrong before official diagnosis, and that I cannot handle knowing the potential risks immediately, without sugar-coated euphemisms or deceptive positivity. It is patronizing, paternalistic, and disempowering. It robs women of the right to know their pregnancy is at risk the second it is suspected; the omission of this information is simply cruel, as it leaves a woman in a false state of anticipatory motherhood, only to shatter her entire dream in an instant.

I was told (erroneously) that my husband was not allowed to come in during the ultrasound.[10] So I was all alone for an hour – left hanging without an answer, explanation or other information – and the technician told me "I legally cannot tell you if your baby is ok. Only the doctor is authorized to give you that information. If there is a problem the doctor will tell you what to do." The lady was just so cold and mean. After a few minutes of ultrasound, she commanded me to go pee without any explanation. She just took out the probe and pointed toward another room across the hall. I told her if she needed a urine test we had to wait; I did not have any sample to give because I had just finished collecting a very painful urine sample right before being taken to the ultrasound room. It had taken me 15-20 minutes to produce the first sample because I felt like peeing would make my cervix burst and I felt constipated. She looked at me funny, and pointed to the bathroom again, replying tersely "No, you MUST GO NOW. It does not hurt, why would it hurt?" I was totally confused, and asked for clarification "What test do you need me to do… Aren't you going to give me a cup first?" She scoffed and remarked "I saw on the ultrasound your bladder is full so go empty it. Do you want me to go to the bathroom with you or what?" This pattern of giving ambiguous directions occurred several times during the ultrasound, and each time I felt like the technician was irritated that I was "too stupid to understand basic directions." But she was not being clear – just

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[10] I was later told by the ultrasound technician that this information was inaccurate. When I asked if he could be called up, I was ignored.

because she knew why she was asking me to do something does not mean I automatically understood.

So I went to the bathroom, blushing, and pushed and pushed a few teaspoons out, and returned to the ultrasound room. It began to hurt, ache and throb. It hurt to push while using the bathroom. I felt so bloated, scared and tired. I lay back down on the exam table. She kept saying "Almost done." Every 5 min for an hour. I started crying. As more time passed, I got a foreboding sense of dread that made me lose all the warmth and glow of learning I was pregnant. Something was not being said, I was being excluded from information about what is going on with MY body. This was not like a gallstone or case of the chicken pox. This was a PREGNANCY. It is very, very different, and much more sensitive.

I saw the baby's little form, with a color-coded sensor of some kind (heat? Sound? Pressure?). I heart its heart beat loud and clear[11]! I saw my baby move[12]. I felt her move because of its location in my tube.

Her… Her not it. The tech called her an "it." She could at least call it "your baby". I would only have a day to hear those precious words, and enjoy their lovely sound. My baby. But then why were they keeping her from me, making me distressed and hurting her with the rough vaginal instrument. I began to tense up, afraid that she was harming my baby with the instrument. If you do not know you are losing your pregnancy, it is torture to have someone cram, twist and apply violent pressure to the uterus and jam it up against the cervix. I know anatomy and understand the cervical seal is necessary to keep a pregnancy active, safely tucked away from infection and bacteria in the womb until labor begins. But no one considered that I might have enough knowledge to understand the basics of female anatomy – and experience this exploratory procedure highly violating, traumatic and

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[11] After receiving the medical report, I was stunned to read that no heartbeat had been detected… It must have been my own heart that I heard. No one bothered to tell me the baby was not breathing, so I was even more distressed that they were going to kill her.

[12] According to my medical report, it was not showing signs of breathing; thus, I believe this was a "placebo effect," caused by believing the baby was alive. *No one ever bothered to tell me my baby was already gone – this could have saved me a great deal of psychological distress*.

potentially dangerous to my pregnancy. I felt like she was forcing me to have a miscarriage, popping the cervix to induce abortion. Pregnancy is not like other medical conditions; it is personal, private and intimate. It belongs to the mother, and is not simply another internal organ or infected tissue.

I started feeling extremely uncomfortable, uncertain, and anxious. When I communicated this, I was given a short, mechanical "You will be ok, if something is wrong, the doctor will tell you what to do." She did not even look up from the monitor; not once did she speak to me in a soothing, comforting or empathetic tone. I looked up at the poster on the wall – something about development during pregnancy. I wondered… Would I ever get to enjoy feeling *my baby* moving in *my stomach*? Or was this the last time I would ever see her – without even getting to enjoy the moment with my husband?

I saw everything so clearly. But the technician was only collecting evidence. She did not point out the heartbeat nor comment on the baby's body being so clear and real. It was not a baby to her anymore. Why point it out - to her it was not worth that. It was not about showing me my baby. It was about confirming ectopic pregnancy. It's so cruel they did not tell me. I thought I was going to see her again many times - that this would not be the last ultrasound.

It did not occur to me then that a normal ultrasound tech always points out the heartbeat. She pointed out nothing. Just yelled at me to twist my hips and hold my butt up off the table - to practically do a tilted "bridge" pose and hold myself up without support under my back. Every so often, she asked in a mechanical, scripted manner "Does this hurt you?" She did not pay attention to my posture, body language, gestures, or facial expressions. When I cringed, squirmed, or quietly cried out, she did not stop or slow down. This created the strangest, paradoxical juxtaposition of someone asking you if you are ok, yet not actually caring nor paying attention. It was on me to protest; but I wanted to be a compliant patient. Plus, I was afraid of making her angry… I mean, her hand was controlling the probe that was inside of my tender, inflamed vagina. I did not think it wise to annoy or anger her – not until she had finished the exam, anyways.

She did not look me in the eyes, soothe me or make me feel human. She moved me around like an object. When I tried to joke, ask questions, or offer conversation/commentary she would tell me I was ruining the image and needed to stay still. She did not give me any form of emotional acknowledgement, nor think it necessary to linger on unnecessary details like the heartbeat or answer trivial questions. When I became very defensive/angry after an hour of her hurting me - once jamming the probe so hard and with so much pressure into the tender tissue of cervix that I screamed and curled up in a ball cringing in pain.

She looked at me with irritation, and I could barely unfold my body to let someone so insensitive and rough continue to perform the ultrasound. She said "What!? That hurt you!? You want me to stop?" It was like - what do you mean - of course I do... But only if you have all of the information you need? If we can stop now - why would you continue in the first place???

When I started getting frustrated and sighing loudly - desperately looking for evidence of compassion, tired of holding my hips up off the table while still having contractions, and still without proper pain management - I became frustrated and said in agitation "You keep telling me it’s almost over, and insist on keeping me in a state of perpetual suffering/unbearable anxiety - without consideration for the fact that it is torture not knowing if my baby is ok! I am scared, have been in excruciating pain for over 10 hours - and I found out I was pregnant less than 2 hours ago! I do not have my husband here to support me and you are making me wait without actually telling me why I am waiting, what's missing or how long it will take! It has been like an hour and you said it would be a few minutes!"

She then promptly retorted "Well YOU kept ME WAITING you know - I was paged for your ultrasound and had to wait around for 20 minutes before you got here. You know I have other patients waiting and other ultrasounds to do!" I assume she meant *real* ultrasounds for *real mothers* of ***real babies*** that were going to live, not test subjects like me with a baby living like a tumor - to be removed, worthless already marked for surgical removal, unviable, dead. I suddenly realized the reality of my situation, and fell silent, helplessly watching on as the technician performed her duty. I did not try to talk anymore, it was clearly inappropriate. I did not try to make jokes or emotionally engage the woman any further, as she concentrated on capturing whatever images it was that she wanted to get. I began to experience the searing, sharp stabs of pain growing in intensity, as I silently suffered… *So ALONE*. Sheerly and utterly alone, like an island, or ship lost at sea. As the painful sensations again assailed my consciousness, I began to feel myself detach from my body. It felt as if I were above myself, watching the scene from a distance, like a movie, performance or play. I began to narrate to myself, in third person (a distraction method I have always used to endure inescapable pain without resorting to acting out in defensive). I attribute this to a third, very common alternative form of the fight or flight response – seen more often in women… The FREEZE response. I thought quietly, to myself:

I am not a ***REAL,*** *legitimate patient – just a pitiful woman who needs to stay still and let the professionals <u>do their jobs without complicating the process</u> with my* ***pointless emotions*** *or* ***inconvenient abundance of pain receptors****. My pain is* ***not real pain*** *according to the medical professionals. That means it is* ***imaginary pain****, which serves no function. My thoughts, feelings, emotions and experiences are not trustworthy, legitimate, nor functional; they serve no purpose, and thus, I too must lack purpose/meaning.* ***I am invisible.***

It felt like... Being a corpse... Dead… Anonymous… Studied, autopsied. No need for soothing, comfort, human touch or eye contact. No one makes eye contact with an inferior, with a lessor being. Not alive, ***not even human****. Not real. I and my baby were already ghosts, not to be seen, heard, acknowledged or* *interacted with. Just part of the job. Objects to manipulate, move around and use to get a job done as quickly as possible. Unpleasant, dirty, unattractive, difficult and tainted, I felt taboo. "Stay away!!! Interact with her and you are the target of her need for soothing, comfort, and compassion. She's a ticking time bomb. We should detonate her privately in an enclosed, quarantined room to avoid contamination."*

I imagined them saying "Her tears must be kept contained and may only be disposed of in the appropriate, isolated, sterile receptacle. That way no one who is not involved need concern themselves with unpleasant emotional stimulus. Neatly tucked away, the explosion of grief will implode at a safe distance. No shrapnel or collateral damage to clean up - no compassionate impulses to disrupt the efficient flow of nurses and healthcare personnel to their proper, preassigned tasks, roles and protocol".

I watched on, and a single image told me what I wanted to know… On the screen, one by one letters were entered, until a readable message appeared: **"ECT, CLOT?"** A single tear ran down my cheek, burning with heat as I looked away. I knew that prefix, and could predict the associated condition.

-Ect/Ecto-: Located outside of, away from or beyond normal boundaries. Having an abnormal position, coordinate or location. Apart, divided by spacial proximity. Related to "exo-" as in *exoskeleton, exogenous, exonerate, exigent.*

And, everyone knows what a clot is. So it was not exactly rocket science to infer my tragic fate. I asked her, with mounting urgency "If you can see an image, may I have a photograph?" *Please? This is the LAST TIME, the very last image I will have of my first baby!? I need this to remember her by – to show to my husband… To share her existence with the world!* Irked by the fact that I was talking again, and tired of incessant questioning, she snapped "No. You cannot see anything! There is nothing there to take a photo of!" But there was, and I wanted it – that shady, blurry little circle I could see clearly displayed on the monitor. That was *my baby*, not merely *nothing*. It meant a lot to me.

When she was finished, she removed the towel from under my bottom and tossed it onto my lap[13]. No instructions, just a quick, ambiguous "Here." I was confused… Was it for covering up with? Cleaning myself? Was I dirty? Could I clean up with water? Should I do it here on the table or in private? What did she want me to do? I asked her "Ummm… Is this for cleaning myself, I mean, you did not explain what I am supposed to do with it." Her response was humiliating, and I still feel my ears burn as I recall her words… "Well, what do you expect? *I'm not here to clean up after you! You can clean yourself. We can't be expected to do everything for patients!*" But she misunderstood me. I was not asking her to do it for me… Just confused what it was I was supposed to do.

My stomach turned in wild knots, and I felt ashamed. I began to blush, hiding my face. I averted my eyes, and quickly wiped myself off. I felt violated, disgusted with myself. I choked back the urge to vomit, and held in a torrent of tears, trying not to provoke additional hurtful remarks. I went out into the hallway, and stared off into space, as I waited to be taken back downstairs[14].

In the ambulance, it was an entirely different story. These two women – who I am sure spend their entire day transporting patents across the city, and deal with people in so many absolutely awful situations – did not make me feel like a "number," "statistic," or yet another "anonymous face" in horrendous pain/suffering. On the contrary – in the few precious minutes I spent with them, they gave me the utmost of care and respect. The driver was in tune with how her speed, acceleration, and the terrain influenced my pain level. After several potholes made me cry out loud because they hurt, she made sure to ask me if I wanted to take an alternative route to the hospital, in order to avoid bumpy, cracked roads and streets. The other paramedic, who held my hand, soothed me and talked

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[13] It felt like she had wiped her hands on it first and then thrown it at me. But I want to be careful with this type of accusation. It is possible that she did not perform this action, but my memory says it happened. I just can't believe she did not give me a clean towel or water to wipe off my lower area.

[14] Sensitivity is **mandatory** for any health care worker who touches a person's body, especially those who work with women – and even more so when this involves the breasts and/or genitals. It is unacceptable to treat these parts of the body with such a callous, detached, mechanical attitude. To do so is irresponsible, considering how many women have a history of past sexual abuse, harassment, molestation or sexual violence/trauma/exploitation. It is unethical, and disturbing. While I understand the importance of professionalism, this encounter reawakened past memories of sexual abuse in my life; having someone pretend to care, yet not actually stop when you exhibit obvious signs of distress is part of what makes certain forms of rape so ambiguous.

to me the entire way, made me feel entirely at ease. She looked at me – not the machines taking my pulse, blood pressure and other measurements. Her eyes were warm, her gaze soft and thoughtful, as she openly welcomed me to share my feelings and cry as needed. She stroked my arm, gently reassuring me that I would be a mother someday – and letting me know I was ok/safe whenever I became frazzled or afraid. Her entire demeanor was extremely grounding, and I felt so much gratitude that she had taken the time to spend those brief moments[15] caring for and watching over me. She also took the time to ask me about my opiate addiction treatment, and listened carefully with empathy as I explained that I had become addicted as a child at the hands of my own mother. I was extremely distressed that I had not received medication; however, her compassion and genuine interest in caring/healing made me feel less attuned to my physical pain. Whether or not my own experience is representative of the population more generally, it is a well-documented fact that this type of experience (i.e., emergency medical care, miscarriages, unexpected urgent surgery and other procedures, etc.) is both mentally disturbing and potentially traumatic. Patient care transcends the physical body, and involves multiple levels of human experience – from the psychological, to the social, religious, and/or spiritual aspects of an individual's personality. And, long after physical scars have healed entirely, mental scars continue to infect, disrupt, and impair healthy cognition and perception processes.

After I was transferred to Cambridge hospital[16], the paramedics wheeled me into the bustling center of yet another Emergency Room. I remember feeling frozen in time, tears streaming down my cheeks as I lay strapped down to the stretcher, totally helpless and surrounded by a sea of chaotic people. I was introduced to the male doctor who would be overseeing my case – and I remember

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[15] If a paramedic can take the time out to demonstrate empathy, then I feel no other medical personnel should consider themselves exempt from this key facet of patient care. It only takes a few small gestures, words and but a moment of extra time to pat someone on the arm or smile at them. This is of the utmost importance in ensuring optimal patient outcomes, and reducing the time it takes for healing to occur.

[16] I was not asked if I wanted to choose a particular hospital; simply told that I *had to go to Cambridge Hospital* because they had the OBGYN department to deal with me. In retrospect, I would have liked to know my options. If Whidden was one of them, I would have liked to go there instead (considering a previous positive experience with surgery there).

someone saying out loud "We have an ectopic here." He waved at me, eyebrows raised. I nervously nodded my head when he was introduced (my arms were still strapped down to either side of my body), and – although I thought I would see him again in my room – that was the only time he and I saw one another throughout the rest of my hospital stay/procedure.

To my surprise (and utter horror), I was corralled into a filthy-looking room that resembled more of a broom closet/storage area than a place to care for patients that had been admitted for surgery[17]. It was a *non-private* ER room with a mother and her BABY, located just a few feet away on the other side of a thin curtain. I was mortified, highly offended, and tremendously embarrassed – not to mention traumatized by the fact that I was losing my own baby, and no one cared enough to give me a private room to call my family/friends to notify them. No one asked me if I consented to have my information discussed so openly, with another patient (and STRANGER) located in such close proximity). I was absolutely mortified that – not only was I not in a private room for this very intimate moment – but I was also being exposed to additional infectious agents, as the baby located a few feet away from me clearly had a cold/the flu. Why would a pre-operative patient be put in the path of even more pathogens and contagious material?!

I desperately wanted to scream – to cry out in sheer agony as my profound sense of betrayal and frustration pulsed through my body in waves of pure, unrelenting shock and humiliation. I held my breath and hugged myself to control the subsequent onset of violent, body-shaking sobs, as I listened to the *living, breathing* baby less than two feet away cooing, crying and giggling with delight. On the other side of a curtain, a mother sat with her baby… I would never know *my baby*… and I sat there, entirely consumed with *jealous rage and hatred.* I carried in my ruptured fallopian tube a tiny baby that I would never know, hold or hear. *How could they do this to me – why did I deserve such cruel,*

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[17] It seems ridiculous to transfer a surgery patient to another hospital, only to keep them in the most chaotic, loud, bright and non-private area of the hospital (the ER). And in a shared room, no less. Not only is it an infection risk (MANY random patients with unknown illnesses walking in off the streets, and little time between clients to perform cleaning/hygiene procedures), but also an unnecessary source of undue stress for a patient scheduled to go in for a serious medical procedure. Add the storage room elements, and the blatant insensitivity of putting a woman who is losing a child with a mother and her child, and you have a recipe for disaster… Namely, PTSD and depression.

insensitive, inhumane TORTURE? Why did they think this was appropriate – why would they subject me to such a profoundly disturbing scenario, as I waited helplessly for someone to realize their mistake, take me away, move me to another room… I was convinced this was a temporary solution, while they prepared my private room elsewhere. *How can I call my family here, when everyone can hear me? How can I enjoy these last intimate moments with a child I wish I could keep?* Uncomfortable, feeling intensely exposed, vulnerable and naked – I whispered to my husband because there was no privacy, and I was afraid if scaring the baby next door to us by screaming or acting hysterical[18].

I was too embarrassed to call my friends/family with a strange person within earshot. Instead I texted loved ones, and posted on Facebook. I felt so degraded, and as if I did not deserve better.

I could not adjust the position of my bed, which made it hard to find a comfortable position without excruciating pain. I had no blanket, and was chilled to the bone, frightened, trembling and feeling so exposed, unprotected. When they arrived, the doctors/nurses discussed my medical records with no regard for my privacy, right next to the flimsy curtain. I thought to myself, *the ER is not where you go pre-op when admitted… Why was I brought here?*

The room itself was like a storage closet, dingy, dirty – with piles of boxes stored around the edges of the room. I felt like I was having the worst moment of my life – and no one thought it ridiculous that I was put in a room that resembled a broom closet, without a sink, bathroom or blanket to keep me warm!

The door to my room was left open almost the entire time, facing the circular central/main ER headquarters[19]. My view out the door was a constant flow of moaning, bleeding and strapped down ambulance admissions. At one point, there was a psychotic woman across the room screaming and thrashing wildly for almost 5 minutes while the police roughly forced her into some form of restraint

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[18] Growing up in an abusive situation, you often learn to prioritize others – especially children and vulnerable individuals – and hide your pain from them, in an effort to prevent them from feeling disturbed or burdened by your emotions.

[19] This is unacceptable. Prior to a life-threatening medical procedure, it is essential to ensure a patient is keep in a warm, quiet, isolated, private space. This was sheerly inhumane, and a violation of both the CHA Patient Bill of Rights and HIPAA.

and stood guarding either side of the door as she was forcibly sedated and kept from escaping her hospital bed. Her voice was literally so sharp and desperate, as she cried "Don't touch me! No, nooooo!!! Help - oh god, please someone help me! Call the police - I am being taken against my will! Someone help! I just want the police!!!" In the blinding light I could not turn down, I saw a parade of people, faces twisted in dramatic expressions of pain, suffering, distress, agony, fear and panic. Every single twisted grimace, furled brow, and helpless staring face with tear glazed eyes threw me into a state of empathetic mirroring, and - even as I lay bleeding internally myself, I just wanted to reach out and touch their hand or somehow acknowledge I cared. I witnessed their pain - and it was real pain; they needed desperately to feel safe, comforted, protected and as if their emotional distress was more than just an imagined or dramatic hyperbole of what was being felt.

I now see I was in shock, observing and feeling everyone else's emotions more strongly than my own. I was trying to soothe, calm and reach out to them the way I wanted the staff to embrace, hold, and gently soothe me as I sobbed, shook, and trembled with the profound weight of this tragically short first pregnancy. It was like my last moments with a dying dream that I truly wanted to cling to - a potential future, a new stage in life, and child to nurture, protect and cherish. I wanted so desperately to savor the profoundly peaceful, content, wholeness that flooded my body when I learned I was pregnant. In that moment, I felt I finally discovered the meaning of life - to create and give birth to new life, imagine new possibilities - and share our creative energy with those we love. I had a higher purpose, a role to play, someone who actually wanted/needed the attention, support, and energy I crave to share so intensely. It was a role beyond material wealth, status or other artificial sources of meaning. Attached to caring for and nurturing life - unlike all of the careers and roles I have tried to fit into but always found to be discordant with my energy cycles, high level of emotional sensitivity, and need to work towards something that felt REAL.

I began to get upset because I had not used the bathroom in awhile. My husband asked someone to help me to the restroom, but I was told I must remain in the bed, due to my internal bleeding. They carried in a portable toilet, and told me I must go in the commode – fully ignoring the fact that the door was wide open, and a stranger was sitting a few feet away with her child!!! *Well, if it's so* *important to discourage additional bleeding, why can't I stay somewhere less crowded, overstimulating, and public!? If I'm such a critical patient, why am I here, instead of in a private, well-protected room?* I was literally stunned. Since childhood, I have been punished and abused for various bathroom activities. I have been sexually abused, and ***desperately require privacy to feel safe/relaxed enough to urinate.*** Occasionally, I can push really hard to force my urethra to open – but pushing felt excruciatingly painful (dangerous?) in my condition. I tried to request to be taken to a private bathroom with a wheelchair. The request was denied. I was left sitting there (door still wide open). I asked my husband to close it – unsure if I was allowed to or not. Humiliated, degraded, and defeated, I sat on the commode to try to urinate. It hurt so much, burning and pressure making it hard to breathe. I turned red, and felt so ashamed. No one bothered to show us that the curtain could be drawn over the front of our room to give additional privacy. This too was left open, so as I strained to urinate in a (finally!) quiet room, suddenly a trio of nurses/doctors entered the room unannounced. I froze entirely. Disgusted…. They saw me like *that*. These were not even my nurses/doctors – they had entered without so much as a knock, to see the other patient. I felt so sick to my stomach. I tried forever, and then told my nurse I could not do it. She dismissed my embarrassment, and nonchalantly remarked that "I have no idea why some people have such shy bladders. You are just like my husband!" Yet again, my experience of suffering/pain was belittled, delegitimized and rendered mere oversensitivity/exaggeration. I was infuriated, tremendously wounded and simply devastated. How would I ever recover – and get in touch with my own needs, body and feelings – if everyone waqs so determined to undermine the messages I communicated? Just because they do not respond to a certain stimulus the way I do, it does not make my response less reasonable/sane/valid. I do not judge others using myself as the standard; why was it acceptable for medical professionals to judge my personal, internal experiences and physical sensations with their own ***subjective perceptions/feelings/*****experiences**??? They are supposed to be objective – yet they continuously evaluated my suffering using their own perceptual baseline, and rated my symptoms using a scale that favored letting me suffer for prolonged periods of time, without relief or respite. There was one exception to this rule, which I discuss below. Eventually I forced myself to go… It hurt, A LOT. But so did holding it – and I have recurrent UTIs, so could not afford to continue suffering this way.

I am eternally grateful to Dr. Tsing/Silverman (??? Not sure about the names/spelling) for making an addendum to my treatment plan – and giving me effective pain relief for the first time since I'd entered the hospital many hours earlier. The doctors who spoke with me at Cambridge hospital were kind, courteous and supportive, offering me factual descriptions of my upcoming surgical procedure – without glossing over or softening the details/risks. They did not omit/withhold information, and discussed my condition in a respectful, clear, and intellectual manner. Unlike the Dr. Aschkenasy, they did not act as if I was too uneducated/unintelligent to understand my own condition, and respected the fact that I knew my own body very well. They also respected my wishes to receive narcotic pain medication. This was important for making me feel safe, secure and willing to trust them to care for me while under anesthesia. They were not patronizing, and spoke to me using the appropriate terminology and language of medical jargon that I needed to hear to feel certain I was in good hands. Dr. Tsing was warm, empathetic and the only person I felt attached to the entire time I was there. I trusted her, partially because she had faith in me, and was not judging me as incompetent to make medical decisions.

One feature that I liked about this segment of my treatment was that the nurses/doctor asked me to describe to them what my diagnosis was, and what procedure I was getting. This is excellent for making sure a patient understands his/her condition and treatment plan, and can actually consent to receiving it. I am glad that they are letting the patient speak – not simply telling them what is happening, but allowing them to relate what they think is going on. This way, caregivers can focus on any errors or misperceptions, and correct any issues/inconsistencies in the patient's understanding of his/her treatment plan. I feel strongly that there must be some form of written material or pamphlet given out to supplement this discussion.

After the surgery, I do not even remember waking up, getting dressed or leaving the hospital. I woke up later on at home (by that I mean I came out of anesthesia - I did not fall asleep and wake up - I "came to" after essentially sleepwalking through several hours in “twilight sleep”). I told them I had narcolepsy[20] before they gave me the anesthesia – and that I might wake up in a state of panic/disorientation. I also have prosopagnosia (aka “facial blindness”), which makes it difficult to recognize familiar faces, orient myself in space, and identify novel vs. familiar stimulus. They seemed disinterested in recording this information, or using it to ensure I woke up without feeling scared/confused/disoriented. When I regained cognitive function, I was so confused, and discovered a pad in my underwear that I did not put there. I had to ask my husband - *why am I wearing a pad? Am I on my period now because we lost the baby? How long am I supposed to bleed? Why am I bleeding? How much is normal?* And then I remembered one single horrifying moment from the hospital…

Waking up in a foreign place, surrounded by strangers, my arms and hands literally bound, strapped down to the metal bars[21] of my bed with leather handcuffs on either side. I had no idea where I was, and I could not speak coherently yet. I struggled, straining against my surgical wounds and the handcuffs to sit up and assess the danger I was in. I just remember trying to move and at first wondering if I was paralyzed. And then asking to sit up. They held me down and said the restraints were necessary because otherwise I could "fall off the bed".
So why I ask are there metal guard bars on either side in the first place? Wasn't someone monitoring/watching me nearby as I awoke to ensure my safety/security???

I starting screaming my head off for "ROGIE! ROGIE[22]!" And crying "HELP ME I'm stuck! I'm scared! Help! I can't breathe I want to sit up!" Often, when I wake up from an REM sleep episode, I have waking sleep paralysis – and feel like something is on my chest and I cannot breathe. I have learned how to meditate to manage this symptom, but this experience triggered a relapse. For several days I could not breathe while laying down because they had to apply pressure to my throat as I was

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[20] I have waking sleep paralysis, immediate onset of REM stage sleep, and sudden onset of cataplexy.

[21] The guardrails on either side of my bed, which were up.

[22] My husband, Roger Gifford.

going under to prevent me from vomiting (emergency surgery = no fasting to prep for anesthesia). It bruised something, and made it difficult to take in more than shallow breaths. Now I realize why I was panicking - I wanted to sit up so I could breathe more easily. In an act of unexpected mercy, they let my husband into the recovery room. I was so frightened by everything, and I just shook uncontrollably. I told them I was not ready to go home. They said I was fine for discharge - I had lost a lot of blood and *would have* needed a transfusion (they said) - except my body apparently "produces/replenishes blood really well."

I was discharged - WITHOUT discharge instructions or a discussion of what medications they were sending me home with (or had given to me - it turns out they gave me halperidol an antipsychotic and a bunch of other things no one even discussed with me). They did not prescribe based on how much pain I was actually in. No one waited long enough to assess anything – especially my level of distress. It seemed cruel, abusive, and heartless. I left the hospital less than an hour after the stitches were sewn into my tummy. I was still woozy, scared and disoriented; ***how could I even consent to going home***? No one spoke with me or gave me aftercare instructions. The packet they gave me was about ectopic pregnancy... But nothing about the surgery itself, what had been found, how old my baby was, or who to call if I was experiencing complications. No funeral home contact to ask about the remains… And an unreliable, indirect contact number to call in case there was an issue. It felt deceptive, dishonest. Discharge before you can think straight, or feel anything in your body physically. In fact complications were not even listed or explained at all. At the end of my packet a few quick instructions were hastily written out by hand. No sex. Bleeding for a few days. That's about it. Oh, and the nurse had erased all of my existing prescriptions – including my dental mouthwash, suboxone and other important items. Without my consent, without asking. I had to figure it out myself and call each doctor individually to explain why my medications were suddenly missing.

They promised me pictures, but that is another long story altogether. You can read supplemental writings below in the appendix.

Appendix I: Text Messages

This is what I wrote after realizing I had woken up cuffed to the bed:

Ugh this is sooo yuck Dena. I am having flashbacks and can't sleep. The more I wait to hear about things at follow up the worse I feel. Hospital advocate I have a feeling want to shut me up.
Kinda yucky. A lot of what was below consciousness after surgery suddenly flooded in. Super scary/traumatic. I realized they cuffed me to the bed. I woke up unable to breathe due to anesthetic and pushed me down because I was twisting the IVs. Could not speak. The administered haloperidol (antipsychotic) and sent me home less than an hour after even though I was so scared, had no discharge instructions. I have huge holes in my timeline and literally have no evidence of what was found or seen (its a good time to visually check other fertility signs on the other side to help with future pregnancy. I have a brief memory of waking up and being cuffed and suddenly woke up in hours later at home with different clothes on. I had not been allowed to rest nor become aware enough to talk about the procedure or ask questions. It was so horrible.

And what I wrote when I finally felt safe again 2-3 days after returning home (a bit of a run-on sentence):

Been trying to define a few legal rights and determine the legal status of numerous highly distressing instances of substandard patient treatment/care. I experienced totally unexpected violation of basic medical ethics/confidentiality/guidelines regarding informed consent/my right to be given treatment/information in a timely manner and have procedures explained before they are performed, why, how long they should take and what drugs will be used, right to follow up care, right to know the potentially distressed/abnormal status of my own pregnancy as quickly as possible, when requested, and know immediately when the obvious signs of ectopic pregnancy were apparent that my baby is potentially implanted somewhere other than the uterus, my right to privacy, humane treatment, dignity, respect, my right to see test results and imaging records prior to emergency surgical intervention as part of the process of informed consent, right to be told each time medication is administered, the medication's name, amount, and reason for being used before it is given, right to request to stay in the hospital for aftercare, right to pain management, right to *access to a toilet and sink pre-surgery and be in s place that is warm, quiet, and safe to be recover and access to a private, calming, low stimulation space prior to transfer to pre-op, appropriate for making phone calls to loved ones, saying goodbye to baby and allowing the patient to optimize surgical success and reduce post op pain by relaxing and resting before surgical trauma occurs.*

Appendix II: Journal Entries

In response to feeling traumatized, depersonalized and humiliated 4-5 day post-surgery (linking my trauma to socioeconomic discrimination and status):

I have been thinking a lot about feeling alienated, dehumanized and depersonalized by the medical system - and questioning how we can ever be healthy when we have chosen such an imbalanced, incomplete approach to understanding both medicine and our role as part of a society that encourages suffering because it is profitable. When we intentionally transform every basic need into a perpetual, unrelenting competition - and deny people the ability to feel content/satiated with what they have, we cripple their emotional and spiritual freedom. We make them mentally ill. I was thinking about what I would have done without insurance to cover my surgeries - if I had to gamble my health to avoid a hospital bill I could not pay. You want to know the answer? I would have delayed or avoided going until I collapsed somewhere. And then felt guilty for needing treatment. I am so grateful - and hope that even those who dislike universal healthcare reconsider this issue and help us find a solution that feels fair and acknowledges that suffering is suffering - and regardless of who they are we cannot label some people unworthy of care when others have so much excess wealth that they not only could care less about medical bills - but also make a hobby of finding new ways to undergo surgical/medical procedures not to save their life or improve their health - but to make their boobs bigger or look like a celebrity.

In response to repeatedly requesting my record/photos post-surgery, and having them repeatedly denied/withheld/kept from me (reposted to Facebook after initial journal entry):

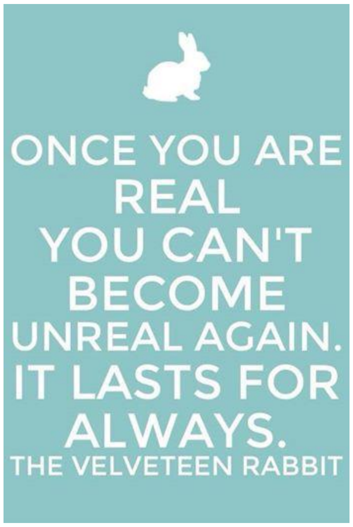
No wonder we are all walking around with so much baggage and repressed memories... Notice how this medical record release form states "I authorize Cambridge Health Alliance to disclose with MYSELF." Health information is not very useful if we must actively demand/seek out/request it and then consent to have it shared with us AFTER we supposedly have "informed consent" to undergo a medical procedure. Wake up people! Read Stanley Milgram's "Obedience to Authority" and you will see why this is extremely dangerous. When someone gives you the message that "most normal people want to forget it ever happened *and go on with their lives... We only disclose information and details when patients WANT it and ASK for it." Well then, how would they know to ask for it if you - as a professional - never offered it, nor informed you that it even existed in the first place? How can a person ask for something they were never given the option to know existed in the first place? Why do we err on the side of withholding information, rather than releasing it to patients and letting them CHOOSE whether or not to read/use it? Why are the people who do not want to know about their health - those who want to forget or overlook that it ever happened the standard fir care? I was told that I did not get a list of support groups or post-miscarriage therapy providers (not even a website) because "most women who come here just want to go on with their lives. They do not want to linger on the negative; they would rather just let it go and try to get pregnant again..." This is SICK. If you do not know what happened to you, you have no reason to change your health habits. It's like a traffic sign that says "proceed with caution at your own discretion; if you do not see oncoming traffic, drive in the other lane if you feel like it. As long as you do not see a pedestrian in front of you, then you cannot be held responsible for hitting them. It's their fault for being in your blind spot." I am livid... We say we are liberated but this is even more oppressive than the past. It is not truly "freedom" to have your choices taken away from you before you can possibly understand the consequences. There is no informed consent when - out of supposed "concern, compassion or empathy" - we do not disclose information that might help a woman ensure future successful pregnancies.*

Appendix III: Public Facebook Posts

Natasha Quesnell-Theno added 4 new photos.

February 26 at 12:20pm ·

My first baby, Juvia Swan was lost into the stars on February 25th 2016. Yesterday, I went to the emergency room with severe abdominal pain. I was also bleeding. I thought it might be a complication due to the surgery I had in October. Nope... I was actually PREGNANT!!! But, something was very wrong... It was not showing up on any of the tests I had taken myself at home, and I was having intense waves of pain unlike anything I'd ever felt. My baby was showing up on the ultrasound - I could see and hear it's little heart beating! But the technician would not tell me if the baby was ok. I know anatomy pretty well, and can infer emotional tone and unspoken communication very well. Something was wrong. I was sure. I looked up at the monitor and saw the abbreviation "ECT" and noticed the image was positioned on my Fallopian tube (not uterus). The technician was not allowed to tell me if my baby was in the correct place or if it was healthy. On top of that I saw another label written on the image "CLOT?". It was explained to me almost an hour later that "it was not the news we were hoping for," and the doctor played coy as she dangled the news in front of me without directly saying it (like that softens the blow!). I looked her in the eye as she tried to utter a sugar coated something to me and said "My baby is ectopic, isn't it?!". The answer was yes. And I was bleeding internally because the baby had grown too big for my Fallopian tube. In one day I met and let go of this little spark of life. You can see more about the origin of baby Juvia's name and my emotional spiritual journey in the images and Pinterest link below. I am doing well today, and even though I almost needed a blood transfusion - and was not allowed to walk anywhere after they discovered the internal hemorrhage - surgery was successful. I can still get pregnant. Luckily the female body has a duplicate ovary and Fallopian tube just in case! Thank you everyone for your support!



ONCE YOU ARE REAL YOU CAN'T BECOME UNREAL AGAIN. IT LASTS FOR ALWAYS.

THE VELVETEEN RABBIT

ectopic

adjective

(1) OCCURRING IN AN ABNORMAL POSITION
OR PLACE; DISPLACED.

Natasha Quesnell-Theno

February 27 at 5:15am ·

Not all that long ago, in 1880, ectopic pregnancies had a 70-90% mortality rate for the mother. In 1990, the mortality rate had been DRAMATICALLY REDUCED to just 0.14%. That is amazing! How fortunate I am that our understanding of the human body and medicine had advanced so profoundly. If I had an ectopic pregnancy as a woman living a mere 140 years ago (the blink of an eye in the larger scheme of things), I would have most likely died. I was told that if I did not go in when I had, I may have bled to death in a few days time. I am so happy that my doctors and nurses shared their knowledge and expertise to save my life, even if Juvia could not come along with me.

The history of the diagnosis and treatment of ectopic pregnancy: a medical adventure. - PubMed -...

Eur J Obstet Gynecol Reprod Biol. 1992 Jan 9;43(1):1-7. Historical Article

WWW.NCBI.NLM.NIH.GOV|BY LURIE S

Natasha Quesnell-Theno added 6 new photos.

February 29 at 3:18pm ·

This is my "brainstorming" collage of the colors, materials and components I am thinking of including in a special jewelry piece in memory of Juvia Swan and my experience of her loss. The most natural way for me to cope with the unbearable energy patterns known as grief/mourning is transformation. Freud referred to this process as "sublimation," wherein the unpleasant, traumatic and/or painful emotional state is itself used as a catalyst for artistic expression and creativity. Art is like an infinite container or vessel - into which even the most profound, intense and utterly overwhelming emotional states may be poured out, transferred and changed. Freud considered this to be one of the most healthy, balanced and effective coping mechanisms for tolerating psychological pain and processing suffering into something more meaningful and beautiful.

Natasha Quesnell-Theno added 6 new photos.

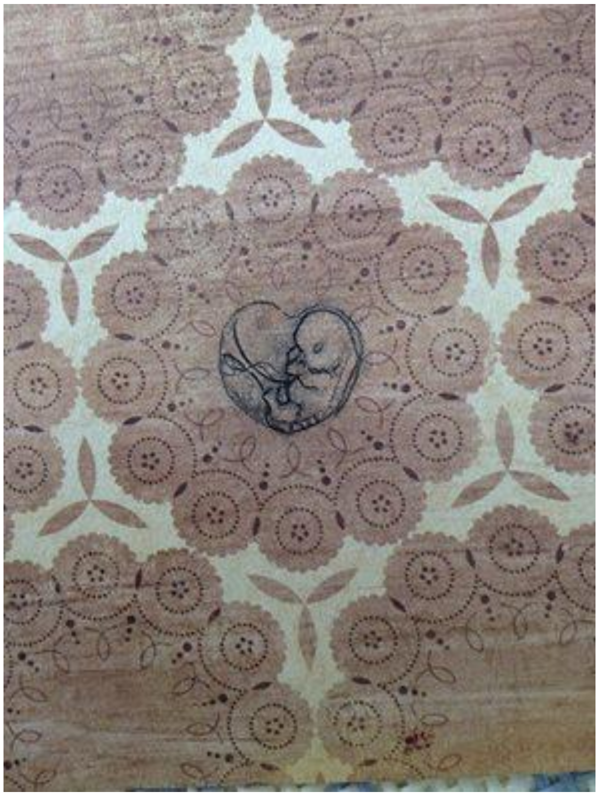
March 1 at 2:32pm ·

These are my "magic" hairbands from surgery. I decorated them with embroidered crystal buttons that make me think of flowers, snowflakes or mandalas. Before surgery female patients are often given a hair-tie to wear during the procedure. I believe that everyday, mundane objects - when given to us at key emotional moments in our lives - become "charged" with the energy of our memories and infused with spiritual meaning. These were used to hold up my hair when everything else seemed like it was falling apart, chaotic and scary. The mandala is but one of many permutations of the sacred circle motif. This symbol appears universally in the sacred art, holy texts, rituals, traditions, and practices of ALL faiths not just Buddhism. It is not about conquering, dividing or dominating others, nor eclipsing their individuality or beliefs. It is about being part of something larger than ourselves - connected, supported, and aware of our higher purpose to protect the harmony, peace and wellbeing of the whole - because it is in fact part of us. It is what ties us together, and - no matter what else drives us apart, separates us, makes us bitter, angry or jealous - it reminds us to "hold it together" until we can find peace.

Natasha Quesnell-Theno

March 2 at 5:33pm ·

I feel so small, so profoundly vulnerable today. I am heartbroken and very upset that all of the documentation of my baby's life - promised to me several times by doctors, nurses and technicians - is being withheld because no one was supposed to offer it to me in the first place (FDA they claim, maybe CDC???). I was offered photographs in lieu of the physical remains which they told me "are not worth it hun - you cannot just take them home in a plastic bag, there is a certain protocol necessary to ensure any medical institution meets certain standards of hygiene, cleanliness and sterility to ensure the highest level of patient care. You would have to go through a funeral home - and believe me its super EX-PEN-SIVE. Like $1000. It's a biohazard you know - not safe for you to handle." I thought about it and asked her what the hospital would do with it. "The products if conception and your fallopian tube will be burned in our on-site incinerator and disposed of." But I did not want Juvia disposed of! She was not garbage - how dare they handle her the same way other biological waste material is disposed of!? She is was my first baby - not to be mixed in to medical waste like a soiled rubber glove, contaminated IV tube or used tampon!? She is a real child to me - a complete little human embryo - not an unwanted growth like a tumor, or decayed tooth that could be simply removed and simply forgotten. She was not a parasite, pathogen or infectious agent - just moments ago she was part of me, sharing my blood supply and nourished by the the oxygen I breathed into my lungs and supported by the tiny ecosystem within my body. I would have tried to purchase her legitimate remains if I was not exhausted from nearly 15 hours of fighting to endure the stabbing pain of internal bleeding that still was not resolved, and - finally given medication after requesting over and over since 10 am - I just balled up my body in fetal position, echoing the tiny curled up life nestled safely in my abdomen - and enjoyed feeling her energy radiating through every cell of my body for a few more precious moments...



Natasha Quesnell-Theno

March 4 at 2:31am ·

I'm trying to define a few patient legal rights and determine the standards of care for women in pregnancy emergencies. Pregnancy not only is an entirely novel biochemical environment than other stages of female fertility - which are *normally* defined by cycles of profoundly complex, alternating fertility/infertility – it is also a state of IMMUNOSUPPRESSION! Unlike the normal menstruation/ovulation cycle, pregnancy involves holding the conditions of the uterine environment fairly stable, and focusing all energy on intuitively reading her own body sensations and cravings to respond to the specific needs of the growing bsby. At every stage of development (even early on), protecting healthy growth, development and blood/nutrition supply is critical –complete with altered psychological, physiological and physical change and transition, making it a compelling risk factor for trauma and introduction of foreign infectious agents into the system. I am appalled by the numerous highly distressing instances of substandard patient treatment/care I received, and lack of concern for the unnecessary risk these oversights produces to future fertility and health of the mother. When pregnant, the profound attachment to the growing embryo is not a mere "emotional sensitivity", it is a very real attachment. People are often attached passionately to things they cannot see or feel – like god, and our inner dreams, wishes, fantasies and vision. Part of what makes a woman capable of tolerating and carrying the pregnancy to term is identifying it as hers. She assumes responsibility for sharing her body, energy and nutrients with this tiny creature - growing like a plant, from a seed which must be embedded in a nutritional substrate in order to bring it into reality. As a real mother (whose baby died tragically early) I experienced

[UNFINISHED POST – RUN-ON SENTENCE WARNING!}

totally unexpected violation of basic medical ethics/confidentiality/guidelines regarding informed consent/my right to be given treatment/information in a timely manner and have procedures explained before they are performed, why, how long they should take and what drugs will be used, right to follow up care, right to know the potentially distressed/abnormal status of my own pregnancy as quickly as possible, when requested, and know immediately when the obvious signs of ectopic pregnancy were apparent that my baby is potentially implanted somewhere other than the uterus, my right to privacy, humane treatment, dignity, respect, my right to see test results and imaging records prior to emergency surgical intervention as part of the process of informed consent, right to be told each time medication is administered, the medication's name, amount, and reason for being used before it is given, right to request to stay in the hospital for aftercare, right to pain management, right to access to a toilet and sink presurgery and be in s place that is warm, quiet, and safe to be recover and access to a private, calming, low stimulation space prior to transfer to preop, appropriate for making phone calls to loved ones, saying goodbye to baby and allowing the patient to optimize surgical success and reduce post op pain by relaxing and resting before surgical trauma occurs.

Natasha Quesnell-Theno

March 4 at 8:20pm ·
Pinterest
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Ironically, healthy coping mechanisms are not inherently included in our existing "higher education" model. This means both caregivers and patients are insufficiently informed of their power to mediate medical outcomes with various forms of soothing. These are some of my favorites!

Coping Skills

Coping Skills (Distraction, Grounding, Emotional Release, Self Love, Thought Challenge, Access Your Higher Self) & the PROs & CONs of each.
WWW.PINTEREST.COM

Natasha Quesnell-Theno

March 4 at 11:53pm ·

It's just profoundly humbling and emotionally devastating to feel new life emerge spontaneously from the shadows of eternity, only to see it disappear again into the infinite nothingness of "conceptual" and "potential" realities that never materialized. It was disorienting, a whirlwind of shadowy nightmares and lucid dreams - bursting with vivid technicolor outlines of an alternate reality, a parallel universe, a divergent life path from my own - lost in this particular reality, yet most certainly found within the interwoven fabric of multidimensional existence. How could such vast, timelessness and pure, unlimited potential exist so briefly in my body and mind - how could the infinite be contained in the finite? We are all born beyond the context of physical space, location and time, just below the event horizon. Many potential things burst into existence, only to be lost again without apparent rhyme or reason. Even chaos has its purpose, engendering novel combinations of randomness and variation infusing everything else that does exist with a sense of meaning. It is so strange to discover a new star burning bright in the constellation of your family universe - only to catch it falling, shooting away across the night sky - departing just as it emerged, in darkness. How can you capture the eternal river of light you felt somehow had been poured into your soul - or describe the sparkling network of meandering lifelines running simultaneously in every possible direction - linking every thread of life in a shimmering web of perfect symmetry, balance and harmony? The one potential life that you saw flashing across your eyes in a moment of profound insight - catching a glimpse of its magnitude only in the periphery of your vision, sensing its presence only in the absence of its light trail - was already lost over the horizon by the time you perceived its brilliant, glowing light. But time, it seems, is composed of infinite cycles - and each month is an entirely new starting point from which to grow our new family. I must trust the rhythm inherent to all life cycles to help me know the signs of my own inner cosmos; track the weather, chart the tides, and maybe next time our navigation will be better.

Natasha Quesnell-Theno

March 5 at 9:36pm ·

Disregarding my own inner wisdom - as most women have been conditioned to do in American society - I believed that I should only pay attention to my health AFTER conception, as if pregnancy itself has nothing to do with the conditions leading up to the moment when fertilization occurs. Women and men alike have been taught to disregard the cultivation of their physical and mental health entirely - up until the moment when a severe condition, obvious symptom or positive test result suddenly appears out of thin air. This makes the entire process appear random, chaotic, out of our control. It encourages us to numb out, dampen, ignore and suppress the subtle flow of intuitive insight and inner knowledge that guides us toward optimal health outcomes and away from illness, disease and dysfunction. By suppressing this most basic system of navigation, orientation, and pattern recognition, we lose our ability to predict and accurately assess the cost, benefit and risk of various possible outcomes. Our ability to actively control, change, alter and manipulate the conditions of our environment to facilitate physical health and emotional well-being is forgotten, replaced by synthetic, artificial and addictive products that temporarily produce the illusion of controlling comfort, balance and happiness. Confused by these hyper stimuli, we become entangled in a series of poor choices that slowly, without our awareness deprive us of our ability to care for ourselves - making us helpless and dependent on medical professionals to give our suffering a name. Writing a prescription these "healers" return us to "health" by removing the distress signals, pain and evidence of illness, numbing the perceptions, sensations and physical manifestation of disease, claiming to have cured it. Cures do not exist. Diseases are not distinct, isolated events. They are patterns of repeated damage that eventually initiate a process of systemic collapse - the process of renewal and transformation which returns all living things to the earth by breaking them down. Nothing about mental or physical health is truly random - even disease, disorder and dysfunction originate in adaptive processes - reflecting the cumulative effect of many smaller errors acquired through minor trauma, stress and damage. Our failed attempts to restore balance/harmony today cultivate the diagnoses and diseases we most likely will encounter in the future. Like a fever or pain from a broken bone, the sense that "something is off, wrong or out of place" can warn us in time to prevent us from perpetuating dangerous, unhealthy, destructive patterns. Health is continuous process of balancing different cycles of energy flow - of cultivating the best possible relationships and connections to ensure future fertility, productivity and abundance. I have learned that prenatal vitamins, self-care and balanced nutrition are not just necessary for pregnant women's health. It is not ok to sacrifice our own health to adapt to life in a fast-paced, over-stimulating, toxic system. I will not participate in perpetuating a cycle that abuses women's bodies and outsources motherhood, child rearing and care taking to someone else. It is our responsibility as women to see how much this excessive, toxic environment has rendered our reproductive potential yet another resource to exploit, coerce and engineer in the name of profit.

Natasha Quesnell-Theno

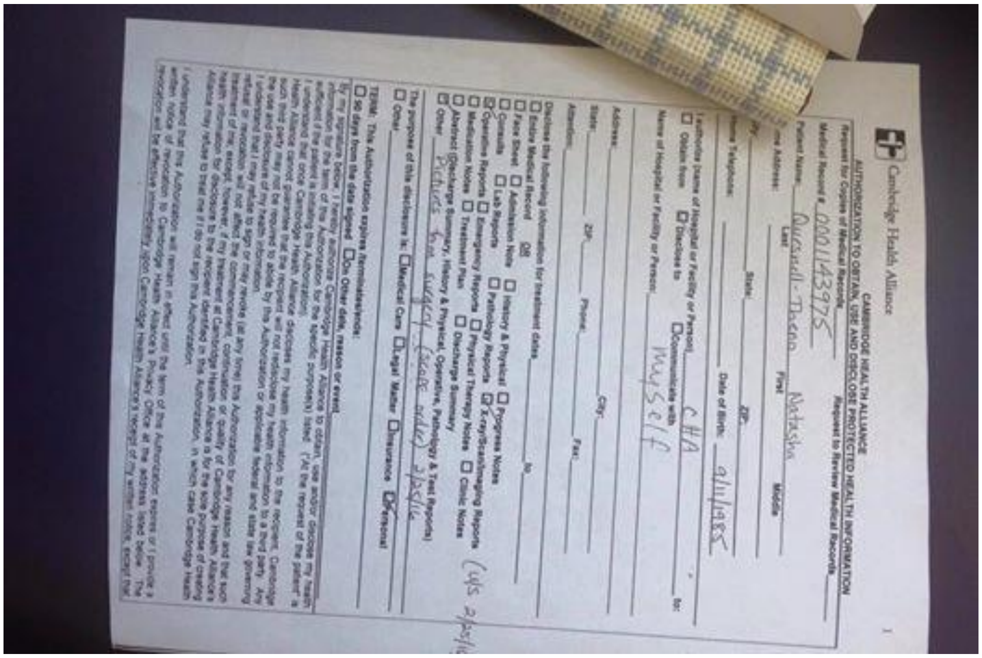
March 9 at 11:38am ·

Wish me luck... This morning I am meeting with my surgeon (who normally never has a post op meeting with patients) to demand more information about the findings after removing my fallopian tube and ectopic baby. I an tired of being told I do not want to see or know things about my health. I am not a child. I am not stupid. I can take care of myself - but only if the medical profession "deems me worthy" of sharing their "sacred knowledge" with. I am tired of being helpless - teach me the numbers and I shall count the days, teach me the cycle and I shall synchronize my body with the patterns of nature. If no one shares the signs, I will remain ignorant and blind. I want to open my eyes. Stop telling me I must be blind!

Natasha Quesnell-Theno

March 9 at 1:36pm ·

No wonder we are all walking around with so much baggage and repressed memories... Notice how this medical record release form states "I authorize Cambridge Health Alliance to disclose with MYSELF." Health information is not very useful if we must actively demand/seek out/request it and then consent to have it shared with us AFTER we supposedly have "informed consent" to undergo a medical procedure. Wake up people! Read Stanley Milgram's "Obedience to Authority" and you will see why this is extremely dangerous. When someone gives you the message that "most normal people want to forget it ever happened and go on with their lives... We only disclose information and details when patients WANT it and ASK for it." Well then, how would they know to ask for it if you - as a professional - never offered it, nor informed you that it even existed in the first place? How can a person ask for something they were never given the option to know existed in the first place? Why do we err on the side of withholding information, rather than releasing it to patients and letting them CHOOSE whether or not to read/use it? Why are the people who do not want to know about their health - those who want to forget or overlook that it ever happened the standard fir care? I was told that I did not get a list of support groups or post-miscarriage therapy providers (not even a website) because "most women who come here just want to go on with their lives. They do not want to linger on the negative; they would rather just let it go and try to get pregnant again..." This is SICK. If you do mot know what happened to you, you have no reason to change your health habits. It's like a traffic sign that says "proceed with caution at your own discretion; if you do not see oncoming traffic, drive in the other lane if you feel like it. As long as you do not see a pedestrian in front of you, then you cannot be held responsible for hitting them. It's their fault for being in your blindspot." I am livid... We say we are liberated but this is even more oppressive than the past. It is not truly "freedom" to have your choices taken away from you before you can possibly understand the consequences. There is no informed consent when - out of supposed "concern, compassion or empathy" - we do not disclose information that might help a woman ensure future successful pregnancies.



Cambridge Health Alliance

CAMBRIDGE HEALTH ALLIANCE
AUTHORIZATION TO OBTAIN, USE AND DISCLOSE PROTECTED HEALTH INFORMATION
Request for Copies of Medical Records
Request to Review Medical Records

Medical Record #: 000114397S
Patient Name: Quesnell-Theno Natasha

I authorize (name of Hospital or Facility or Person): CHA
☐ Obtain from ☒ Disclose to ☐ Communicate with
Name of Hospital or Facility or Person: myself

Other: Pictures from surgery (scope video)

3/30/16

Hello Anonymous CHA "WebMASTER(s)" and close friend(s), colleague(s) and trusted gatekeeper(s) of Lorraine Vendetti's unpublished, private, unlisted, and sacred contact information!

I honor your OBVIOUS trustworthiness, and accept you as WORTHY of reading my PROFOUNDLY PRIVATE, tremendously REVEALING (and ***THRILLING*!)** firsthand saga of the most TRAUMATIC moment in my life - because you have stated, so eloquently that YOU WORK CLOSELY WITH the person I requested to send my email to! Even though I have been a victim of *NON-CONSENSUAL* INFORMED CONSENTlike a BIZILLION TIMES (ever heard of “student loans???”), I still blindly trust every kind Shepard, authority figure and *GREAT* Samaritan that crosses my path. I mean, I’ve been lost so many times, it’s not like it matters anymore… A MAP is A MAP!

I am *totes* LUCKY to be given ORDERS to FOLLOW by people I do not know, because I have MORE FAITH IN THE KINDNESS OF STRANGERS than I do in myself! Women like me are like lackadaisical children and ALWAYS NEED TO try to IMAGINE NEW ANSWERS to “MADE UP” and “PRETEND” problems. Even simple tasks – like suppressing empathetic responses, staying on topic, and navigating are so difficult to teach woimen because they lack focus and ambition. TALKING OUT OF TURN (about “unrelated” topics of little VALUE to the discussion without UNNECESSARY QUESTIONS or NEEDLESSLY INTERJECTING MY OPINIONS. After all, if it were not for wise, omniscient, and GENEROUS HANDOUTS from WebMASTERS - who so selflessly and completely devote themselves to reading, sorting, JUDGING, PRIORITIZING, and PRE-SCREENING the emails I might wish to send to my SUPERiors and BENEFACTORS - how would I ever REALLY KNOW if my complaint was actually WORTHY of BEING SEEN by "THE BIG MAN/WOMAN UPSTAIRS???"

Thank you for so graciously addressing me by ALMOST MY ENTIRE GIVEN NAME - taking time to carefully type out, BY HAND 7 of the 20 letters in my full name! I felt so SPECIAL when you did that. I was like, "WOW! It's my WHOLE FIRST NAME! I've never been called that before - and most certainly not by an IMPORTANT PERSON like YOU! Your 16 word response assuring me that YOU KNOW LORRAINE and CAN RELIEVE me of my NEED TO SEND IT TO HER DIRECTLY MYSELF is all the PROOF I NEED to send my PRIVATE medical information to SOMEONE WHO CAN DO IT FOR ME - and maybe even TELL MY STORY BETTER THAN I EVER COULD all by myself! Your ARTICULATE prose and COMFORTING INFORMALITY, made me feel like FINALLY, a real person was going to LISTEN to me and OFFER HELP. Thank you for speaking to me LIKE A CHILD rather than a COMPETENT WOMAN - I was like "OMG, S/HE SAID 'HI" to ME!!!!! I've never heard a two-letter greeting before my name, and it makes me feel *TOTES* IMPORTANT! Like I just can't believe the WebMASTER noticed me and KNOWS MY NAME! I mean, I'm just a small-town COLLEGE EDUCATED girl with like a MA degree in CULTURAL PSYCHOANALYSIS. It's not like I'm actually an "expert" on IMPLICIT SEXISM, RACISM and SPIRITUAL OPPRESSION or anything... I'm more of an "AMATEUR TINKERER!" I may understand SEMIOTICS and study SUBTLE FORMS OF DISCRIMINATION everyday in my life, but JUST

BECAUSE I AM PASSIONATELY CURIOUS to trace the origins of MY OWN SUFFERING, it's not like I am qualified to SHARE MY RESEARCH WITH OTHERS!!! confusing big-words, direct, simple language, and PROFESSIONAL, clearly demonstrated your credentials, qualifications, and AUTHORITY to READ MY INFORMATION and DECIDE whether or not it meets the strict guidelines and quality assurance STANDARDS of being TAKEN SERIOUSLY. WORTHY of being considered for in your greeting, and even including my name with including automatically-generated PROTECTION CHARM/MANTRA HIPPA protected,

Thank you for taking the time to read the question I submitted online, and for considering me as a candidate for receiving the honor of DIRECT correspondence THROUGH YOU with your SUPERvisor, the HEAD of patient relations at Cambridge Health Alliance. my email with

We assume they are passive, and helpless - that the prince is the hero... waiting around for someone else to RESCUE or SAVE them. in an increasingly hostile, toxic, isolated state of UNFULFILLED dreams, ambitions and desires... servitude to cruel superiors or SAVED BY A PRINCE, AUTHORITY FIGURE! The evidence is clear, but we can't WAIT in HELPLESSNESS forever!

Have you ever REALLY looked at a fictional narratives as something created by a real author - and possibly a reflection of something more profound, spiritually transformation and necessary than mere "mindless" entertainment? Who is the author of the most compelling stories? Where do they get their inspiration?

Do YOU see WHAT I SEE?

Take a Gander, let's MEANDER>>>

RIDDLE: What makes every fairytale princess FIND HER WAY to HAPPILY EVER AFTER?

Hint: It's not what it appears to be. Where does storytelling come from? Who is the author of the most compelling tales - and where does their enthralling ability to captivate audiences come from?

How does an artist know what to draw or a writer know which word should come next? Who creates a story - one person, or many? Who should write history... One or many?

Who Am I... ONE Natasha or MANY Natasha's? Maybe INFINITE Natasha's? Who has the AUTHORITY to tell me what my name means, and WHO I am - when I am not always certain myself? Am I not the authority of knowing how I feel and counting each new vivid part of myself as something real? If I am the one who has been somewhere dark, and learned how to spark a fire to light up my path - how can a person tell me that I've never discovered, pioneered, invented, or made anything (including myself). Who makes me ME? Someone who deals with "a million people LIKE ME a day," or someone who knows me?

Do roses smell sweet if they are called a different name? Even if two people refer to something by the same name (or word), do they truly experience that concept identically? Can names, words and stories be locked away in stone towers, kept hidden from the cultures that created them? Who owns history, creates sacred texts, and possesses what ironically is beyond the material realm? And can anyone actually own what cannot be named, represented, contained or controlled by a single person? What happens if a few people make it their business not just to take what they need from a river, field, forest or other resource - and gluttonously demand others to pay them for a river they saw first? Is he who was first to drink from a fountain its owner? Or it the creator of the fountain the supreme, divine mother/father who IS that river? Should we drink the whole ocean in one gulp or "leave some for the fishes"? How much extra, excess or surplus is reasonable for someone to own or call eternal dibs on? Can someone truly (not metaphorically, figuratively, or through abstract representation) own a space he/she is not using, standing in and is unnecessary? Do we even own what we are actively using, cultivating and creating - but simply "borrow" it from many different sources? Who is maker who is taker?

If men make value and invented all of the best things in history, who do you suppose wrote that history? If men spend time working for other men to make money, and women make purchases and manage how these things are used and stored, are not both cultivation wealth? WHY must we own the creative products of others - have we forgotten how to tell new stories?

What happens when you try to navigate using a map someone else drew for you, or follow a life path you never voluntarily chose in the first place? Can you speak as confidently and coherently in a language that is not your own? Can you feel at home in a culture where you were once a servant, slave or piece of property? How likely is it that you will enjoy a career in a field someone else created and discovered? Would you rather make a place for yourself that reflects YOUR MEASUREMENTS and SPECIFICATIONS, or walk around wearing an identity that you had to SETTLE FOR because it was THE ONLY THING THAT FIT?

If you walk up and take someone else's place in line, will the other person feel upset and challenge you? What if the person sneaks in when you are not paying attention - will you notice what is lost or stolen? What if the person apologizes and says "Excuse me, this is MY place, not YOURS." Or what if the person explains "It's OK - I OWN THE PLACE you are standing in line in bought it before you were born." What if you were never allowed to get in line, because you were told what was at the end was not "for" you? Or what if you just never get anywhere, or move from your patient, polite spot because - each time the line gets shorter and you think you are finally moving, another person suspiciously appears ahead of you?

Who is entitled to take your place in line - when you are the only one who clearly seems to be waiting your turn? What is you have so much to give - by are continuously bypassed, skipped over, overlooked and orphaned by the culture that is your HOME, your MOTHERLAND? you are clearly starving, and the same people keep helping themselves to