



PARTING THOUGHTS . . .

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My Perinatal “Bucket” List

Don't say you don't have enough time. You have exactly the same number of hours per day that were given to Helen Keller, Pasteur, Michelangelo, Mother Teresa, Leonardo da Vinci, Thomas Jefferson, and Albert Einstein.

H. Jackson Brown Jr

This “telephone” has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.

Western Union internal memo 1876

For every minute you are angry you lose sixty seconds of happiness.

Ralph Waldo Emerson

Many of us have created (in writing or jotted on our internal notepads) a “bucket list” of things we would like to see or do before we die. Today’s column is about a different type of bucket list; it is my professional, or perinatal, bucket list. It consists of a number of things I would like to see happen, or accomplish myself, before I retire (where’s my winning lottery ticket, it must be around here somewhere . . .). I am going to share with you just 3 things from my list, and I encourage all of you to create your own professional bucket lists, as it helps to have goals (read some of Zig Ziglar’s stuff and you will get it). And if you are wondering about how the aforementioned 3 quotes relate to my bucket list, each one provides a reminder for an item on the list.

NUMBER 1

Obstetric clinicians will recognize that all things worthy are also worth waiting for, like normal progression of labor, completion of term pregnancy, and this will extend to the women and families we serve, who will be supported and encouraged *to take the time to learn*

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about labor, breast-feeding, and choices and options. Time will be made for true partnerships with women and their families, whether high-risk or low-risk. Time will be made for questions, from patients, from colleagues, and from organizations, and the questions will not be seen as challenges to authority but as opportunities for learning (or perhaps change). There will never again be a woman started on oxytocin for the sole reason of “clearing the board” on a busy unit. We will make time, we will figure it out, and we will find the time to be the best at what we do, every single day.

NUMBER 2

There will be some new studies that look at electronic fetal monitoring and intermittent auscultation in the low-risk population in a manner that is actually scientifically sound and capable of producing high-quality evidence. Neither modality will be dismissed as not worthy, solely on the basis of low-quality evidence, bias, or ignorance. Women and families will be provided with information that is accurate, including the limitations of current evidence. Neither electronic fetal monitoring nor intermittent auscultation will be indiscriminately applied, but rather an approach that individualizes risks and benefits and includes informed decision making will become the new normal. Technology will not be seen as “evil” or “good” but simply as what it is, a tool, an option, a choice to be objectively and unemotionally evaluated and applied as needed.

NUMBER 3

Nurses, physicians, and midwives will learn to communicate, debate, and even *disagree* without resorting to anger, name-calling, shaming, or shunning. Whether the debate is over waterbirth, electronic fetal monitoring, oxytocin, epidurals, nitrous, or even (gasp!) homebirth, we will find a way to avoid anger and its offshoots in the discussion. This new rule will apply not just to individuals but also to our professional organizations and publications. Discussions may be passionate and

intense, but we will avoid polarization of issues, personal attacks, and disparaging remarks. We will consciously choose 60 seconds of happiness (or at least calm) over 60 seconds of anger when engaging in clinical discussions or discourse. We will continue to vigorously challenge or support views and practices as we see fit, but it will be done in a spirit of inquiry and collegiality, where traditions as well as new approaches are evaluated on the basis of rational, objective, and unemotional review.

These are just 3 of my professional bucket list items. I encourage all of you to take some time to think about what is on your professional bucket list. The items may be simple or complex, easy to accomplish or Herculean, and you may or may not get to them all before that win-

ning lottery ticket hits and you retire early—but you will have some goals set that inspire you and can reinvigorate you after those 3 twelves in a row! I would love to hear what is on your bucket list, and who knows, it could be fodder for my next column, so feel free to e-mail me at lisacnm@comcast.net. Meanwhile, I'm off to buy more lottery tickets (as my *personal* bucket list will require a great deal of funding for item 3—a year spent traveling the world).

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