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A New Way of Hearing

Lisa S. Gussak, MD

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While the adage “We never stop learning” may be true, I continue to marvel at the unexpected forms it sometimes takes. I was scheduled to see a patient new to me for a same-day prenatal visit. She needed a blood pressure follow-up, as she was noted to be running high on two recent checks. Oh, and she was deaf. Oh, and hopefully an ASL interpreter would be booked. My heart sank as I imagined my morning schedule slipping away into the all-too-familiar pattern of running late and apologizing to every downstream patient. If there were no interpreter, I wondered how would I communicate with her. Would we write out questions and answers, passing a sheet of paper back and forth? A brief review of her chart told me that she was not US born. Did she even read English? In my head, I started to compose a story of a challenging visit and sighed.

Upon entering the room, my patient was sitting at the end of the exam table. She was tall and slender, not yet visibly pregnant. She smiled and extended her hand. In the chair beside the desk was her husband, his hand extended as well. Standing in front of them both, forming a triangle, was an ASL interpreter, ready to start the visit. My smile broadened. The interpreter was there for both my patient and her husband, who was born deaf. By contrast, the

patient explained that she was not completely deaf, instead referring to herself as hard-of-hearing.

The couple had recently returned from an extended trip out of the country and assured me they intended to stay put until after the delivery. There were many issues to cover; there was a genetics appointment in 2 weeks, an appointment to arrange with our OB consultant regarding her blood pressure (which was indeed elevated), an anatomic ultrasound to schedule, and recent blood work to review.

Her husband asked, “Why does she have an appointment with genetics?”

“To discuss the odds of your child being born deaf,” I answered.

He smiled warmly, saying, “There are deaf people in my family going back four generations, this is not a problem for us.”

Of course not, I thought, who would know more about parenting a deaf child than the couple in front of me? I felt small and embarrassed. “So you do not want this appointment?” I asked sheepishly.

“No,” he smiled.

I thought of my patients who seek to know everything possible before the birth, wanting a promise of perfection. For this family, perfect was different. We talked a bit more, my eyes marveling at the manner in which rapid hand gestures and lip movements transform into a

language completely foreign to me. I knew time was passing but wanted to learn more about them. “Why were you away for the past month?” I asked. I wondered if they had family abroad. Maybe they had visa issues, like so many patients at our community health center. These were the stories I wrote for them.

“We were exploring a new location for my travel company,” her husband quickly answered.

Clearly not one of my stories, not even a hypothesis. “Wow,” I said, and the translator gestured.

“I organize group trips for deaf people. We were exploring a new site in Eastern Europe,” he said.

“Where else do you go?” I wondered.

“Oh we’ve visited places in America, Europe, the Middle East, anywhere that seems interesting.”

So cool, I thought to myself. Tour guides for members of the deaf community. I said, “You may have to slow down for a while when the baby comes.”

They smiled.

“Let’s go listen to the baby.” The words left my lips so quickly, so naturally. I say this exact phrase at nearly every prenatal visit. I did not give it another thought. The

From the University of Massachusetts Medical School.

translator gestured, and everyone moved to the table.

My patient lay back and raised her blouse. I turned on the doptone and squeezed some jelly on her tummy. A few adjustments, and then the room filled with the pulsing sound of the baby's heart. I started counting its rate, looking down at my watch. I noticed the body of the doptone felt different in my hand and glanced up to see if it had shifted off her leg where I was balancing it. The husband was holding onto the machine, resting his hand over the speaker.

"Do you want me to move it?" I asked.

"No, not at all, I'm just listening, feeling my baby's heart," he said.

I smiled, thinking of the gift he had just given me. This father knew exactly what he needed to do to "hear" his baby's heart.

"Do you want to feel it too?" I asked my patient.

"No, I can hear it well enough, let him hold it," she said.

We finished the visit in the next few minutes. I thanked the translator, signed her paperwork, and made for the door. She tapped my shoulder and I turned around. "Would you be our doctor for the rest of the pregnancy?" they both asked.

"Of course," I said, smiling.

Leaving the room, I marveled at what we learn when we create the space to allow our patients to tell us their stories, to show us what

they need and to teach us how they adapt. I was reminded how much easier it is to listen than to write and un-write my own stories about them. As if I were on one of their trips, they had been wonderful tour guides for me, sharing with me a small glimpse of their everyday life in my world of sound. They would be wonderful guides for their child.

I headed down the hall to see my next patient. Was I late? Yes. Would I need to apologize for the rest of the morning? Yes. Did it bother me? Not one bit.

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