Go hit the code blue button. We need more hands.”

Trying not get in the way of the nurses, I made my way to the head of the patient’s bed, to the wall where the ominous button that I had often looked at but never touched was located. I pressed it, and an automated announcement spread throughout the hospital corridors:

“Code blue, labor and delivery; code blue, labor and delivery; code blue, labor and delivery ....”

It was the first time I was involved in a vaginal delivery. All had been going well and then, unexpectedly, the fetal heart monitor showed decelerations, signaling the baby was in distress. At the same time, the laboring mother began bleeding more than normal. Because she was near full term and everything was going according to plan, the attending physician, two nurses, the father and I were the only people in the room. When the problems first began, the doctor asked the nurse to call for another pair of hands, but no one answered. The problems worsened, and we were faced with no other choice but to call a code blue.

Most doctors and nurses will tell you that a code coming from the labor and delivery unit is the scariest. When it is called, the whole hospital holds its breath.

Nothing is more terrifying than the thought of losing a newborn and/or a mother on what is supposed to be one of the happiest days of a woman’s life. There is something so special about bringing life
If a code blue in labor and delivery is this scary in a well-staffed hospital in the United States, what would it be like in rural Haiti? Malawi? Sierra Leone?

Within moments, the baby turned from a worrisome blue to a crying pink ball of energy, and mom’s tears of concern turned to tears of joy. As quickly as the code started, it was cleared. Laughter and smiles filled the room.

After completing the necessary charting and comforting our patient, my attending physician and I headed downstairs to grab some lunch. As we ate, I finally had time to reflect on what I had just witnessed. Disturbing questions kept running through my mind: What would it be like to not have that button to hit? To not have a team come running when there was an emergency? Or what it would be like to not have a trained birth attendant there in the first place? If a code blue was this scary in a well-staffed hospital in the United States, what would it be like in rural Haiti? Malawi? Sierra Leone?

It hurts to even imagine.

That is reality, however, for more than a billion people around the world. In places such as Lesotho, where lifetime maternal mortality is one in 62 (compared with one in 2,100 in the United States), or Haiti, where infant mortality is more than nine times higher than it is here. The good news is that these inequities can be overcome.

Although people often say we live in a world of limited resources, Partners in Health co-founder Dr. Paul Farmer notes that we have more resources today than ever before. In addition, we know that investing in health for all is affordable and wise. Dr. Farmer and many others have often pointed out that the reason we haven’t achieved health equity is that we haven’t treated health as a human right.

And I believe there is no greater argument for treating health as a right than being a part of a code blue on a labor and delivery ward. In that room no one asked if it was cost-effective to invest in the lives of that mother and child. The doctors and nurses simply acted on what they knew to be the right thing to do.

So why does our global community still fail to meet the basic needs of so many mothers and children? I believe it’s because we lack empathy, not resources, and history tells us feeling empathy for our fellow humans who are far away is extremely difficult. To overcome this lack of empathy, we need to be telling the stories of individuals rather than only looking at data. We need to see the people who make up the numbers.

I can’t tell you about the mother from Malawi who died without access to a birth attendant. That is another story. But I can tell you about a mother from Minnesota who went home with a beautiful, healthy baby girl following a scary delivery. And I can ask you to imagine a time when the story about a mother in Malawi will have a happy ending as well. MM

Mike Rose is a second-year medical student at the University of Minnesota, Duluth. This story was inspired by a delivery he took part in while working with a preceptor in a rural community.