

When the Heart Stops: A Doctor Mom's Experience With Life and Fetal Loss

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HOW TO CITE: Nguyen KP. When the Heart Stops: A Doctor Mom's Experience With Life and Fetal Loss. *Fam Med*. 2025;57(8):590–591. doi: [10.22454/FamMed.2025.917137](https://doi.org/10.22454/FamMed.2025.917137)

PUBLISHED: 2 July 2025

KEYWORDS: bilateral renal agenesis, grief, prenatal diagnosis, trauma, VACTERL

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My husband and I were excited to see baby Warren on the morning of our anatomy ultrasound. Not until the ultrasound technician left and promptly brought back the maternal fetal medicine (MFM) specialist did I know something was very wrong. At 22 weeks, they were unable to locate my baby's kidneys, and I had severe oligohydramnios. Workup later revealed bilateral renal agenesis (BRA) among other concerning findings for a VACTERL condition. As a physician, I knew that BRA was a lethal diagnosis. As a mother, I did not know what to think or feel. I held it together at the MFM office; but as soon as I got to the elevator, uncontrollable sobbing took over. I sobbed for 21 days straight, desperately trying to find meaning in what had transpired. Am I being punished for something? What did my baby do wrong to not have a chance at life?

The following days were agonizing as I could still feel Warren's kicks every time he got excited. He was very much still alive and living, not knowing that our time together was limited. Navigating the health care system was no easy task, even for a physician. From figuring out what tests were needed, speaking with various specialists, making the gut-wrenching decision to terminate, going through with the induction, deciding on cremation or burial, etc, there was no time for grief processing; yet the grief was all consuming. Fortunately, I had a fetal and infant loss nursing navigator who guided me through the decision-making steps based on her own fetal loss experience. I also was connected with the community perinatal loss support group. Among many resources, this support group provided a stuffed animal that could record Warren's heartbeat in the delivery room. They provided grief education/counseling materials and held remembrance events to bring the grieving community together.

After various extensive ultrasound scans and meeting other MFM specialists who confirmed the lethal anomalies, the doctor in me needed to make the objective decision to let Warren go. It was the most agonizing decision a mother could make. Each passing day brought us closer to the induction date, and I was not sure whether I wanted time to slow down so we could have more time together or to go faster so the pain would ease up. I was mentally preparing to say hello and then goodbye; I was so utterly powerless in my inability to protect him.

When I first said hello to Warren, I knew he was mine. I held him close, singing him lullabies and telling him over and over again how much I will always love him. He resembled his brother, Nathan, so much, almost like twins. I cannot help but feel like the brothers are connected because Nathan spiked a fever around the time Warren's heart stopped beating. My health care team meticulously captured keepsake photos, hand and foot imprints, and even had a cooling crib to reduce the deterioration of the body. All of this was done so I could spend more time with Warren and have more to remember him by. I thanked my health care team for taking such good care of us.

After this life-changing trauma, I felt that I would never be whole again. When I returned to work, I was apprehensive about whether I would be able to handle seeing pregnant patients and their babies. Thankfully, I was not alone. I am in a unique position where I am a practicing family medicine physician with obstetric privileges in the Central Valley of California. I also am an assistant clinical professor where I precept family medicine resident physicians in outpatient clinics, manage the newborn service, and deliver our continuity patients. My colleagues supported me by being present and listening respectfully with

an open heart. They made sure I was taking care of myself and limited my exposure to potentially traumatizing cases involving fetal loss until I was ready to manage them again. It was challenging, but to my pleasant surprise, I found a new sense of confidence that was not there before. As a working mom, grieving mom, and doctor mom who does deliveries for a living, I compartmentalized my different selves and channeled that new insight and grief into something beautiful. Deep in my heart, I knew that Warren would want me to carry myself with joy, authenticity, and compassion in my quest to protect my pregnant patients from going through what I went through. I want to be a doctor mom that Warren would be so proud of and boast, “That’s my Mama.”

It took some courage, but I opted to share my story. In my desire to honor my late son and to raise awareness of fetal and infant loss, I collected donations in Warren’s name to be donated to various nonprofit organizations. The outpouring of support from friends, family, and colleagues was overwhelming. So many people donated to Warren’s cause, from those I see every day at work to others I have not kept in contact with for many years. My 48 resident physicians offered support through donations, desserts, and their continued hard work. They all helped me to remember and preserve Warren’s legacy. This desire to do good was a spark that ignited my new goal in life of continuing to raise awareness of fetal and infant loss. Losing a child is an extremely painful experience, but it almost feels like whatever higher power out there put Warren in my life and so quickly took him away wanted to show me a way to help other people. I am one of the lucky ones who has found my calling in life, one that marries my love of taking care of children with the honor and privilege of taking care of pregnant patients. The grief that comes from losing my son will never go away or get any smaller. I just grow with it like we are old friends as we navigate through life together.