

## Let's Look Together

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Uncertainty, in the first trimester, is often the loudest symptom.

In my exam room, it arrives quietly. A woman sits on the exam table with her hands folded over her lower abdomen, eyes lowered. Many of my patients enter prenatal care late. Most are uninsured or covered only by emergency Medicaid. Spanish is the language of care, the language of fear, hope, and questions that have often gone unanswered. For years, the first ultrasound many patients received was the anatomy scan, if they made it that far. Everything before that relied on memory, calendar calculations, and waiting.

Uncertainty is not benign in early pregnancy.

Vaginal bleeding is common, but reassurance is scarce when access is limited. Without early ultrasonography, bleeding becomes an open question that stretches across days and weeks: *Is this pregnancy viable? Is it ectopic? Am I losing the pregnancy?* I watched patients carry that fear home with them, sometimes for weeks, with no clear answers. I also carried the weight of not being able to provide the reassurance, guidance, and the clarity they came to me seeking.

Point-of-care ultrasound (POCUS) changed how I met that uncertainty.

When I introduced first-trimester obstetric POCUS into our family medicine practice, I did not think of it as innovation. I thought of it as presence. A simple scan, done in the same room where prenatal care already happens, became another tool and an extension of the physician I was trained to be. It allowed me to answer the most basic question sooner and to stay with patients through whatever that answer might be. It also allowed me to feel that I was advocating for my patients and for myself so that we no longer had to sit in the discomfort of not knowing.

I remember a patient who came in with bleeding early in pregnancy. She apologized before I even asked questions, worried she had done something wrong. When the ultrasound showed a pregnancy loss, I felt the weight of that moment with her. I turned the screen away. We sat quietly before talking. I explained what we were seeing in her language and what it meant for her body. We discussed next steps slowly. She nodded, asked questions, and finally said, "*Gracias por explicarme aquí.*" Thank you for explaining it here.

It was not the outcome she hoped for, but she did not have to face it alone or in a distant emergency room. We grieved together, made a plan together, and had follow-up together. For me, there was relief in knowing she had clarity, support, and timely care and not uncertainty carried home.

POCUS has also brought moments of hope into the same space.

Another patient came after weeks of uncertainty, unsure of her dates and afraid to hope because of spotting. As the image came into focus, cardiac activity appeared. I turned the screen toward her and said softly, "*Aquí está el latido del corazón.*" Here is the heartbeat. She covered her mouth, then smiled, then cried.

In that moment, viability was no longer a medical term. It was something we could see together. I felt as much relief as my patient, as well as relief that I could offer reassurance, guidance, and continuity right then.

Holding grief and joy in the same space has changed me as a physician.

Before POCUS, I often felt like I was managing uncertainty rather than easing it for both my patients and myself. Now I walk with patients through the most vulnerable moments of early pregnancy with clarity, compassion, and presence. I am no longer internalizing fear or sending it elsewhere for answers. I am there when those answers first appear.

I have identified ectopic pregnancies early, recognized molar pregnancies before complications developed, and diagnosed multiple gestations when counseling still mattered. But what has stayed with me most is not the diagnoses. It is the shared moments of understanding, relief, and trust. POCUS has allowed me to feel that my work matters and that I am truly making a difference in my patients' lives.

POCUS has also reshaped how patients experience care.

The clinic where I practice is no longer just a place where pregnancy is confirmed later or referred out. It has become a place where early questions are answered, where fear is addressed in real time, and where patients feel seen and supported. Trust has deepened, not because we promise certainty, but because we are willing to look together. The simple addition of POCUS has strengthened the continuity of care that already existed.

POCUS has also reshaped how I understand family medicine.

At a time when obstetric care is often framed as unsustainable in primary care, first-trimester ultrasound has reminded me why scope matters. One intervention can change outcomes for rural communities that deserve timely, local, relationship-based care.

While my experience with POCUS has been grounded in obstetric care, the lesson extends beyond pregnancy. In family medicine, POCUS increasingly supports the evaluation of abdominal pain, heart failure, musculoskeletal injuries, and procedural guidance. In each of these settings, the technology offers more than diagnostic information. It allows physicians and patients to look together in real time, transforming clinical encounters from distant interpretation into shared understanding.

For patients who face barriers to hospital-based imaging because of cost, transportation, language, or immigration concerns, the ability to answer questions during the visit itself brings care closer to where trust already exists.

POCUS is often described as a technical skill. For me, it has become a relational one. The probe does not replace conversation. It deepens it. It transforms fear into understanding and uncertainty into shared knowledge.

Early pregnancy is not just biological.

It is shaped by language, access, trust, finances, and geography. For many of my patients, uncertainty is compounded by barriers that delay care and isolate them with fear. Being able to answer the most basic question early changes that experience entirely.

*Is this pregnancy viable?*

With POCUS, I no longer have to wait weeks for clarity.

I no longer have to send patients elsewhere for answers.

We can sit together in the exam room and look together.

And in doing so, I am able to turn uncertainty into understanding, fear into connection, and early pregnancy into a moment of care rather than waiting.

*Let's look together.*