

Rebecca Abel

ACUTE RESPIRATORY DISTRESS SYNDROME (CRITICAL CARE)



When I was 24 weeks pregnant, my obstetrician noted increasing blood pressure, and by 27 weeks, I was having difficulty breathing. After two nights of little sleep, and feeling miserable, I visited a clinic.

The nurse practitioner immediately called my obstetrician, who sent me to the hospital for pre-eclampsia. I was given a magnesium sulfate drip to prevent seizures or stroke. My memories are hazy, but I distinctly remember my obstetrician telling me that the baby needed to come that weekend. My daughter was born via c-section at 28 weeks gestation, and to our delight, she cried like a kitten when they pulled her from my belly. She was taken to the NICU for stabilization.

All seemed well until I thought I saw bugs crawling on the ceiling. I began to panic and had difficulty breathing. My oxygen saturation levels dropped enough that I was transferred to the ICU and placed on a Bi-PAP. I began coughing up frothy, pink sputum. The nurses could not get one mask cleaned out before I filled up the next. Around midnight, I was intubated. The last thing I remember was looking fearfully at my husband.

The next memory I have was nearly a week later. While intubated, my brain made up the story that I had given birth, my baby had been put up for

Rebecca Abel was a patient speaker at the ATS 2019 International Conference in Dallas, TX.

“While intubated, my brain made up the story that I had given birth, my baby had been put up for adoption, and I was being sedated and held prisoner.”

adoption, and I was being sedated and held prisoner. I needed to call my husband. As soon as the nurse came in, she gave me the phone, and my worries faded.

I don't know how to explain what it feels like to have lost time that is peppered with bits of reality. I recall my breasts engorging with milk, and placing my mother's hand on my chest to remind everyone that I had just given birth. Lactation brought a pump, and my husband and the nurses pumped my breasts seven times a day.

My family helped fill in the blanks of what happened, and how I tried to communicate via sign language with my husband to tell him I loved him. At some point, I had been scrawling illegible messages asking if I was going to survive, and how my daughter was.

After I was released, having been diagnosed with peripartum cardiomyopathy and pulmonary edema, I had very little time to focus on the emotions of what happened to me. I was thrust into motherhood 12 weeks earlier than anticipated, and my world was a whirlwind of NICU visits, pumping breast milk, and working while also caring for my own needs. Looking back, I don't know how I did it all, but I am grateful that nearly 10 years later I can share my story to help others. ■

Acute Respiratory Distress Syndrome is a life-threatening problem in which the lungs are severely injured. Inflammation (swelling) occurs throughout the lungs. In the lung tissue tiny blood vessels leak fluid and the air sacs (alveoli) collapse or fill with fluid. This fluid buildup keeps the lungs from working well. People with ARDS generally have one or more of the following symptoms:

- Shortness of breath.
- Cough (often with white or pink frothy sputum).
- Fatigue.
- Fever.
- Abdominal pain (in pancreatitis).

Learn more: ATS Patient Education Information Series. "What is Acute Respiratory Distress Syndrome?" New York, NY.

www.thoracic.org/patients/patient-resources/resources/acute-respiratory-distress-syndrome.pdf