

## **Valentina, who had no choice but to die from a miscarriage**

By Elisabetta Canitano

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*Story of the death of Valentina Milluzzo, a young woman from Catania, Sicily in the 19th week of a twins pregnancy*

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“The child’s heart is still beating.” Throughout Italy in religiously-affiliated maternity wards, and birth centres where religion is predominant, that phrase is used to put women at risk.

Still. “Still”, referring to a pregnancy that is fatally compromised but the fetal heart continues to beat. For women between the 16th and 22nd week of pregnancy, with fetuses that are incompatible with survival, this phrase carries the risk of a death sentence every day. Because women might not get an immediate abortion to save their life as recommended by international medical guidelines.

Most of these women at risk have a ruptured gestational sac. We don’t know for sure if that happened in Valentina’s case, but apparently her cervix had prematurely dilated, creating a threat of miscarriage, and it’s known that she had a high fever at least 12 hours before she delivered the first stillborn twin – already dead for some time. Bacteria must have found an open path into her uterus many hours ago. When the uterine cavity is in direct contact with the outside environment, it creates the risk of a dangerous infection called septicemia, nowadays called sepsis. And sepsis happens frequently if the pregnancy is not terminated without delay. In rare cases, the heartbeat stops or contractions begin unaided, and the woman’s body is able to empty itself without further incident. But, for each hour the unviable fetus is left inside by those saying “we can’t intervene, there’s a heartbeat”, the risk of fatal sepsis increases.

What to do then? Where doctors apply the **194/78 law**, they explain to women that their wanted child cannot be born and, in fact, threatens to kill them. A therapeutic abortion is recommended and done without delay to save the woman’s life.

At some religious hospitals, the doctors will call a public hospital to arrange a transfer of the woman for an abortion elsewhere. But they avoid their responsibility of care by means of a dubious document, telling the woman: "Sign this to confirm that you leave on your own authority to get help at this other hospital." The doctors' essential obligation to protect the women's life has been dishonourably put on the shoulders of the public hospital.

In public hospitals, things proceed normally without much bureaucracy. Doctors tell the woman "inducing abortion is the best thing as there's no further hope for the fetus, and waiting will risk your life", just like when urgent caesareans are performed on women at any week of gestation with acute eclampsia (convulsions from gestational toxicosis).

And then someone pushes the envelope further. Valentina has an intermittent maternal fever, an ominous sign of sepsis, but it doesn't matter. (In the morning, did the nurse call the doctor to tell him? Who decided to give Tylenol, the nurse alone?). The patient's temperature is 34 degrees, blood pressure is 50/70, alarmingly low, but no matter.

An examination – the one that head physician Doctor Scollo is so proud of as a modern scientific success – is performed and shows the infection is spreading. But it doesn't matter.

There are atrocious pains, screaming, shivering. To the point that she doesn't want to leave the bed and go to the delivery room. Valentina's mother slaps her to revive her, she's already fainted three times that morning.

None of these signs, terrifyingly clear signs of life-threatening sepsis since that morning, enter the conscious perception of the “conscientious objector” doctor.

Locked in his phrase, "There's still a heartbeat", he's practically a robot. He says nonsense like "there's a renal colic," "these are just labour pains," to deny to himself that he's putting her life at risk, something that would obligate him to help her. This lack of recognition of basic facts is what always puts women at risk.

He could call the doctor who performs abortions in that hospital as a consultant and have that doctor assist her. But to take this step, he would have to recognize the harm he's doing, the risk that he inflicts upon women every day in the name of a mantra devoid of any clinical sense.

So the hours pass by, destroying Valentina's life. With sepsis, even twenty minutes can make a difference between life and death. One must call the anesthetist immediately and undertake urgent life-saving treatment, otherwise the infection will begin to destroy the liver, the kidneys, the brain, the immune system, the circulatory system.

Valentina feels these terrible pains caused by the destruction of her organs, and shouts them at those who have no ears to hear nor heart to pity her.

They are twins and the doctor says: "Even if only one fetal heart is beating, I can do nothing." And meanwhile, Valentina is dying. She has been left to die in agony since morning.

At the end, she asks her mother for sedation, she feels what's happening. She asks, at least, not to suffer any more. Everything is denied to her, including the treatment of pain.

From 9 in the morning, when her fever first rose, she expels the first fetus at 11pm, after her body was literally eaten by the sepsis. After the expulsion of the second fetus, also dead, there is nothing left for her but to die.

And for us, there is nothing left but the sorrow, the rage, and the promise that this must never happen to other women.

*Elisabetta Canitano is a gynaecologist and president of the “Associazione Vita di Donna di Roma” (the Women’s Life Association of Rome).*