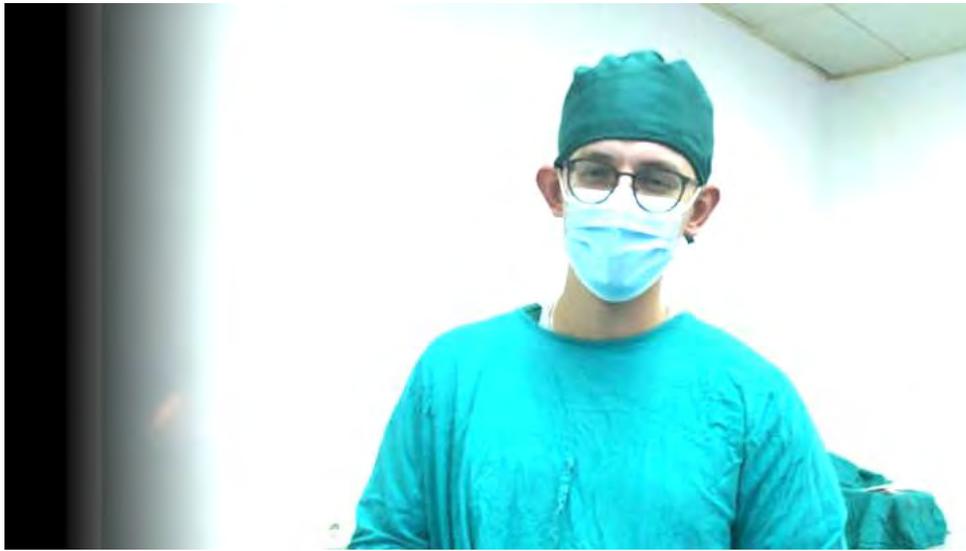


'I Delivered Babies as People Died Around Us in Ukraine'
Dr. Serhii Frolov - Newsweek



Dr. Serhii Frolov

On February 24, my wife and I were woken at 6am by a call from my wife's sister. She and her husband live in the north-west of Kyiv, Ukraine and we live in the south-east. She had heard the explosions there first.

Nobody had actually believed that this Russian invasion would happen, so the situation at the hospital where I work as an obstetrics and gynecology resident—Kyiv Regional Perinatal Center—escalated quickly.

Underground cellars in the hospital were organized for expectant mothers and it began to operate as a mini-hospital with limited space and no windows.

Unfortunately, the women don't have as much room to walk around there and the underground rooms only have a temporary restroom, which isn't the most comfortable for expectant mothers.

I counted around 30 to 35 pregnant women during my time working there, but the rooms the women stay in are separated from the delivery room so the expectant mothers don't see other deliveries.

That can create anxiety; there is already stress, and the labor process can be painful and last for some time. Doctors would always explain that there was no need to worry, but that the baby is probably also sensing what was happening, so we suggested they could talk to their baby to calm them down. That way they could focus on the delivery and not on the sounds outside.

During deliveries I assisted on underground, we had to make sure we stayed aware of time passing; making sure the process of labor didn't move too quickly, or too slowly.

But we had several deliveries that were a problem because of the stress, and where the woman had another type of illness, so we had an increased number of cesarean sections (C-sections).

Because a C-section is an operation, an operating room (OR) has to be used and we couldn't organize one underground. I assisted in several of these C-sections, but we had to perform them in a regular operation room above ground, even if there were explosions.

The windows of the OR were closed off with sandbags and cloth on top, so there was a feeling of working at night, using only artificial light. The sedated patient would be brought to the OR and we would work quickly to deliver the baby, but we had to ensure we didn't rush anything after it was born.

If we didn't suture the uterus wall well enough the mother may experience bleeding afterwards. But, we tried to perform the procedure in 30 minutes or less, so that the woman could be brought back underground as soon as possible. The faster we could work the better, especially if air raid sirens were going off.

Of course it was frightening, but we were taking care of the patients, so there was less time to think about what could happen and that a missile could hit us. There were several times during these C-section operations where we could hear explosions, but luckily, they seemed further away.

The closest missile hit the Kyiv Television Tower on March 1, which is a few blocks away from our hospital. The street that was hit is one I usually walk along between public transport and the hospital. So I know the streets, houses and even the trees. It was terrible; five people were killed in that explosion.

During this time, the senior doctors, heads of department and the medical director kept our spirits up and helped us all focus on delivering the best care we could, rather than checking our messages to see when and where explosions had taken place. Everyone worked together.

In early March, intern doctors like myself were allowed to leave if we were not originally from Kyiv. The senior doctors were able to take care of the numbers of patients we had, so we were told that we could help but that it was not obligatory because we could be useful at our local hospitals.

So my wife and I left Kyiv on March 6. I'm originally from Lviv in the west of Ukraine, so although the journey from Kyiv should have taken six hours, instead, it took us two days, with a night spent in our car.

I'm now at my parent's home here and we have had some missile strikes, and we have sirens in the evenings and at night, but there are a lot of Ukrainians traveling here and aid coming here from different countries.

I haven't had a chance to work at the hospital here so far but I will. I am also a medical translator, so I have been helping with translating a guide for doctors on

what should be done at different stages of medical care in the case of chemical, biological, nuclear and radiation incidents.

I am translating information from the Global Medical Knowledge Alliance from English to Ukrainian, to help medical professionals if these incidents occur.



Dr. Serhii Frolov Dr. Serhii Frolov is a resident in obstetrics and gynecology at Kyiv Regional Perinatal Center.

Although some key areas have been recaptured by Ukraine, it's still a long way before we return to normal life. Bucha and the surrounding areas are close to the hospital I work at in Kyiv.

The senior doctors and residents like myself who assisted them used to go to the area for operations. It might take some time to truly understand what has happened there.

A friend of mine working in an operational hospital in the Bucha area had to stay in the hospital for more than a week, because there was no way to leave and the town she lived in nearby was also occupied by Russian forces.

It was simpler to stay at work and live there. She has now left and is taking time away from work because it was extremely stressful.

Before, there were some people saying that this is not the Russian people, it is [Vladimir Putin](#) doing this, and that while we have to stop the war, we don't have to kick Russian scientists out of scientific societies or take other measures.

But now, after the images from Bucha of residents killed, we are seeing that it is not one person, it is the whole system. A lot of people are seeing this as pure evil and that it has to be fought; it cannot be talked through.

Of course, the level at which people have united as a nation in Ukraine is really impressive. People are helping others they don't know; they are trying to do whatever they can.

I'm keeping in touch with an ob-gyn professor I was working with in Kyiv. He doesn't want to leave the hospital because there are a lot of cases where other doctors need his diagnostics or support in operations.

Although the situation they are in now is not the worst—for example, there is a hospital in Mariupol that was bombed and simply doesn't exist anymore—they don't know what to expect because they have no idea how long the war will last.

They are just getting more and more exhausted mentally and physically, that is a huge problem.

We can talk about how so much has been destroyed and needs to be rebuilt, and I really hope that as soon as this is over the Ukrainian government and people will figure out how to do that. But that is money, work and time.

When we talk about people who have been killed, I fear the consequences of that will be seen for a long time. People will have post-traumatic stress disorder, I am seeing it in my colleagues at hospitals. They are used to seeing pain and death at work, but now it's all around them as well.

Dr. Serheii Frolov is an obstetrics and gynecology resident at Kyiv Regional Perinatal Center and is currently living in Lviv with his family.