

Bubbles

By Rachel Fleishman

My career solidified around a fleeting moment, captured like a bubble deep within a cube of ice. One propulsive question amidst a crisis; a doctor in charge asking a mother for permission to let her child die. I remember the baby's name. A name with rolling vowels and liquid consonants. I remember the alcove in that particular neonatal intensive care unit where it happened. I remember the insistence in the doctor's voice as she alternated between directing heroics and begging to call them off. Most of all, I remember my heartache.

This baby was so sick the nurses exposed her to watch her chest muscles tug and relax in relation to her life support. She was taken off a machine that mimics the long, tidal breaths of formal meditation and placed on another to gently wiggle the air in and out with a piston. The blanket with hand-quilted scenes of balloons that should lie atop her incubator was instead cast aside on the windowsill. Her tiny body, naked except for a diaper, encased in a plastic box with tape across her face to secure her breathing tube. She could fit in a sparrow's nest as she lay, moving her arms, stretching her toes, settling in to a gentle breath with wonder.

I spent the hours before her death fixated on understanding the jiggling machine whose piston generated a gentle hum. I did not understand the danger in her lungs. Tiny bubbles of air trapped themselves between the tissue planes in her deepest, most dependent spaces, like mud in a beaver's damn. Technology perfectly maximized, her vital signs simply could not correct. Those bubbles suffocated her. Ninety percent became eighty, eighty became seventy, seventy became sixty. Oxygen levels should never be that low. I stood at her bedside with other doctors and some nurses. We tried, hard. Changed this, tweaked that, X-rayed again and again. We could not fix it. There was nothing more to do but hope.

It was the time of night when everything in the hospital sags. The air felt gray, thermostats turned up to counteract circadian chills. Too soon for the pink tinge of sunrise to beckon in the day shift. This particular night, before smart phones and computers were at every bedside, the nurse read *People Magazine* between assessments and orders. The doctor in charge sat wiggling on a stool, staring at the monitor with an unrequited need for her patient to recover. Unpracticed at fighting fatigue as a physician-in-training, I retreated to bed.

When the baby's heartbeat first stopped and the code began, I was sleeping. One of the nurses thrust open the door to my call room.

"Call her mother."

I knew who she meant before I opened my eyes. She was downstairs in the postpartum unit. Her *bello* was muffled, as if the receiver was rubbing against the pillow.

“There’s an emergency, please come up to the NICU.”

Preoccupied with my own embarrassment, I did not meet this mother at the door to the unit. I left her to guess at what would become absolute and instead drifted back to watch my team coding her daughter with intensity in every act. As newly minted physician, the onslaught of commands for medications and compressions were not yet familiar to me. They were cast out with a predictable yet firm instruction that I would ultimately master. But not then. Then I just stood, wanting desperately to help but not understanding how. The mother burst into the unit in her hospital gown to find therapists and nurses breathing for her daughter in time with the beating of CPR. And then time slows down.

Someone says that her daughter’s heart has stopped.

Someone says her baby is dying. Nearly dead. The nuance without meaning as a nurse’s hands forced blood through her baby’s pulseless body.

Someone says nothing more is possible. This was the more.

“We will keep going until you tell us not to,” the doctor in charge told this young mother. I can still hear her asking this mother for permission to cease pounding her daughter’s chest, for permission to stop trying, to give up.

The doctor in charge turned back to the baby, to the team, as they pressed and counted and squeezed and counted and then she asked the mother again.

“You just need to say so, and we can stop.”

Why not just stop? Why not decide? Everyone in that room understood this infant’s heart would never beat again. I stood in the doorway, too junior in my career for my words to matter, too startled to find an empathic compass. I understood the magnitude of burden in definition as an aftershock; an earthquake had already opened a chasm of loss. I shifted from one leg to the other, clenched my toes. I ached at the shame of duress.

At some point, the mother screamed. “Stop it.”

The team did stop. And her baby died.

This mother fell to the floor with what was at first a simple sobbing. Then she was lifted into a chair. Nurses unhooked her daughter from the equipment and laid her across her mother’s chest. Diaper-less. Tubeless. A pink crocheted hat atop her fist-sized head. Then this mother screamed again. Her shrill filled the hallways throughout the NICU, permeated the sagging gray air of predawn darkness like puffs of dust after a tree hits the forest floor. Milk rushed from her breasts, stained her gown on either side of her daughter’s body, as tears trapped themselves in the crease between my chin and my neck. One heart beating between them, she sat shunned in the vastness of her childless future.

From behind a desk, mired in paperwork, I watched her mourn alone in a green pleather rocking chair wedged beside an empty incubator with her dead daughter on her chest. I felt drawn to her sorrow, ashamed that her raw vocalizations fostered her solitude. I didn't understand it then, but I mourned my own innocence from that desk as another patient, someone else's baby boy, cried behind the grieving mother.

I had seen children die before, but none with such rapid and dramatic finitude, none where I perceived the parent would be haunted by the burden of cancelling hope. My own heart beat in my temples as I understood for the first time the expanse of humanity I would witness in my career. I felt my ribs rise. Each inspiration internalizing the ache of indignity in tiny bubbles of breath caught deep within.

Rachel Fleishman is a neonatologist practicing in Philadelphia who studied creative writing as an undergraduate student. She writes about her experiences caring for infants, often exploring the intersection of her own provider grief and the grief of parents whose infants require extraordinary care. She is honored to have her essays appear in *The Philadelphia Inquirer*, *The Journal of the American Medical Association*, *Literary Mama* and *Hektoen International's Journal of Medical Humanities*. She is a wife and the mother of two boys who haven't decided yet what they think about her descriptions of their antics.