

FIELD NOTES | FALL 2021

Popsicle

By Leslie Carr

I am a home-visiting nurse specializing in maternal-child health. The most difficult client on my caseload enervates me and animates me simultaneously. I have to bribe myself to go see her. I also never regret it. The pomegranate power smoothie I buy on the way home goes a long way but is not the real reward.

I pull into the driveway at Amanda's home, and immediately turn the car around so I am facing nose out to the road. The better to escape if need be—no time for three-point turns. I lug my supplies out of the trunk: stethoscope, baby scale, amusements for the five-year-old child I know will be present, diapers, books. I inhale a few breaths of rural Pennsylvania summer air and force an energetic knock on a yellow and gray wooden door that has seen better days. I am entering the zone.

Several voices shout, "Come in" but no one moves to greet me or help unload the bundles from my six arms. Right away I smell Tater Tots, tobacco smoke, man-sweat and diaper cream. There are many people present for my visit—some intentionally, most not. It's not simple getting to Amanda in this room. For instance, I have to step over someone sleeping on the floor to take her blood pressure. Amanda is exhausted, distracted, and swollen. She gives me a wan smile. She thinks I'm funny. Or thinks my appearance in her living room is funny. I have been visiting her weekly for eight months. She is seventeen years old.

I notice someone is holding Amanda's week-old baby off in a corner, feeding her a grape popsicle, or trying to anyway. Is this abuse or is it neglect or is it a casual experiment I can easily nix? My training in motivational interviewing as a way to alter behavior twinkles off to the side, seems suddenly silly, and retreats. The popsicle feels more urgent to me than that; I do not feel gentle or in the mood to explore. I want the popsicle to stop.

Apropos of nothing, in full view of her father and several guests, Amanda lifts one of her mighty breasts to show me a suppurating rash forming between her rib cage and her belly. I offer advice, which she seems not to absorb. I write it down and draw a picture. Amanda is a slow learner. Her niece (the aforementioned five-year-old) wanders over to see what I have drawn, and they regard the diagram together.

Everyone talks too loudly to the baby and ascribes traits to the neonate that exist only on MTV. And despite our lengthy talks about how babies communicate, how they attach, and what they need, Amanda thinks every cry is a hunger sign. When the formula runs out (she has declined to breastfeed, as is the case with many mothers who were victims of sexual abuse), I fear she'll start rolling up pancakes and pushing them down the baby's throat. I am nervous.

I listen to this hurting girl, mired in a life with every obstacle I can name. I struggle to be heard or even to be watched as I model calm and safe baby care. But there is so much going on. Someone is blamed for Captain Crunch on the kitchen floor. The niece bellows she needs more crayons, and do I have some? Grandma, dozing, could be in a diabetic coma. The power fails, the power returns. No one mentions this. Someone is frantic about a lost cellphone. Two cats prance across my lap. Amanda demands that her sister, a willfully ignorant teen mom herself, make her breakfast. This request is harshly refused and a fight erupts. I try to explain to both of them why a popsicle for a seven-day-old person does not make sense.

I am dizzy with effort and with focus, for I am *all there* at this point, no smoothie beckoning. The zone. I cannot see beyond my four goals, hastily assembled, for the visit: 1) model empathic nurturing 2) affirm at least one of Amanda's strengths 3) eliminate the popsicle and 4) gather evidence the baby will live out the week.

People break up and get back together during the hour. Feelings are hurt and great frustration abounds. The man on the floor sleeps through it all. In a particularly chaotic moment, I excuse myself to get crayons from my car. My car! It's so nice and quiet, even fragrant.

When I return to the house, Amanda's sister meets me on the porch—her eyes unblinking, her face taut, and she is standing too close to me. She asks: "Can you fix us?" and the question slices into me. The answer is no. "Fixing" is not even the concept from my point of view. But the question, full of stark fear, awareness and some sort of hope, gives me some sort of hope. We will take tiny steps. We will end up somewhere.

Leslie Carr is a recently retired pediatric and maternal-child health nurse in Pennsylvania. She is a graduate of the University of Pennsylvania School of Nursing, worked at Children's Hospital of Philadelphia, the Medical School of the University of South Carolina (dept of Psychiatry), and with the Nurse-Family Partnership.