

FIELD NOTES | FALL 2021

This is Not a New Story

By Benjamin Rattray

She delivers five weeks early. Nurses flex her knees back while she screams obscenities and pleads for someone to make it stop. Sweat sheens her forehead and her hair is wild. The baby comes hard and fast and blood spills into the plastic bag beneath her thighs as the placenta detaches. The baby cries immediately, before they cut the umbilical cord and I can see her arms flailing as the midwife holds her up. A nurse scoops her in a towel and delivers her to the warmer where we wipe the amniotic fluid and blood from her body and check her heart rate and breathing. Her lungs are clear and full; she is strong and vigorous.

I try to tell her mother her baby is doing well, that we are going to take her to the special care nursery because of the preterm birth, but she doesn't stop screaming; she tries to push away the midwife's hands as she massages her belly to help her uterus contract. A few moments later we wheel the baby down the hallway and into the special care nursery.

The next day I stand at the bedside, performing my daily exam. I gaze at her straight charcoal hair, serious blinking eyes and flawless skin. She is only a day old, but already her muscles are tight and when she cries it is high-pitched and she is difficult to console. Her urine is positive for benzodiazepines, amphetamines, cocaine, and opioid derivatives.

Her mother arrives as I'm completing my exam and a man settles in a few feet behind her and flicks an impatient finger over the screen of his phone. The mother looks different. Her hair is brushed, and she's smaller and younger than I realized. Her skin looks pallid and jaundiced; some years ago, I'm sure it was olive. Tracks of scars course over the tattoos on her forearms. She leans over the warmer and holds her daughter's hand between hers.

When she speaks her words are slurred, and I struggle to understand. "Is she OK? Is she withdrawing from the drugs already? I didn't use cocaine—it must have been mixed in with something else."

Before I can answer, she starts sobbing; tears fall on her baby's chest and she rocks herself back and forth, over the warmer. "I messed up. I was in rehab, but I relapsed, and I guess I got pregnant. I got really messed up." Her words pick up speed and run together, "I don't know if she's going to be OK and I need my parents to take her. Can they come in right now? I need them to sign papers. I need them to see her."

She's an adult, but I find myself soothing her the same way I soothe my daughters, "It's OK. She's doing OK right now. You're holding her hand and she knows your voice. Let's just take everything one step at a time."

At the next bedside, ten feet away, another mother sits behind a portable screen in a recliner and breastfeeds her baby. I wonder what she hears. I wonder what she thinks.

The man who the mother says has a seventy-percent chance of being the father pockets his phone and wraps his arms around her and holds her tight. He sways slightly and his eyes crawl down every few moments until he jerks them open. The brim of his oversized baseball hat is unbent, and the sticker is still attached. Suddenly, he lets her go, shifts towards the window, and fishes the phone out from his sweatpants.

The mother asks me to talk to her parents. They can't visit yet because of pandemic restrictions, and she is anxious for them to meet the baby she will sign over to them. I find them in the lobby. Her father is short and thin. He wears a polo shirt and jeans and looks exhausted, like all the hope has drained out. His wife is overweight and stays sitting while she eyes me suspiciously.

The father tells me his daughter has never gone to rehab. This is her fourth child. The boyfriend was sent to prison on drug and assault charges. He was released a week ago. I update the grandparents on the baby's condition. She will need to learn to eat by mouth and will need medications to help control the withdrawal symptoms. They nod. This is nothing new. They know not to ask how long it will take to wean her off the morphine.

As I talk to her beleaguered father, I can't help but think about his daughter's life expectancy. Of how he must know. She will die before him. An overdose, blood stream infection, another assault. And I can't help but worry about my own children. Because there was a time when this father read his daughter bedtime stories and pushed her on the swings and watched her play soccer. How did it start, I wonder? Boredom, excitement, pain, hollowness, to fit in or to be loved. Perhaps she carries the weight of developmental trauma, untreated mental illness, or a genetic predisposition. What lies below I cannot see. I imagine all these paths and possibilities like tributaries, all running in rivulets into a river of addiction. Whatever the reason, all it took was once and her body was no longer her own.

We don't know it then, but in twelve hours the mother's screening test for syphilis will result positive, and we will have to test her baby's blood and cerebrospinal fluid. We will thread a long IV and give a ten-day course of intravenous penicillin to kill the corkscrew shaped bacteria swimming the dark tunnels of her bloodstream. I will be on vacation, two months later, watching my children play in the waves, when she finally weans off morphine and her grandparents take her home.

This is not a new story. It happens every day. And every day we swaddle the babies' tight little bodies and listen to their high-pitched cries and slip morphine into their milk to salve their hungry receptors. Once it's done and they are weaned off the morphine, foster families and grandparents and extended family will bring in car seats and take home babies they hadn't planned on raising.

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