

At Grady, A Baby Girl Makes A Valiant Fight For Her Life

Cynthia's always been prescient. Two or three times a year she will wake up, shaking, saying she has had a terrible dream of some calamity which has befallen a faraway relative or friend she hasn't seen in years. She was never the type to call and ask the person involved, so verification always took awhile.

But invariably — four, six, maybe 12 months later — we'd find the dream had come true. So when she shook violently last January and awakened in tears I assumed she had dreamt of her folks: it came as a relief when she said she dreamt of our child's dying — seeing as how we didn't have one.

We didn't realize for another three weeks that she was pregnant

Wombs are accepted paradoxes: how they work and what they do is understood, why they do it and when is not.

They function as independent, benevolent parasites — setting up a fiefdom within the body, stealing what nutrients they want and demanding to receive only what they can use. They have a tensile strength, design efficiency and shock-absorbing capacity which leaves the engineering fraternity in awe.

They shelter life. Nourish it. Monitor it. Rule it. And, in one of every 10 cases, terminate it.

But not without warning.

The first sign came at midnight Friday, when she noticed her discharge was brown instead of yellow. She started to panic, but it had been 5½ months without so much as a stomachache, and there were no reasons to suspect anything now.

At 5:30 a.m. Saturday, she thought she had gas. She got out of bed and did a few "pelvic rocks." The cramp went away. It returned about 20 minutes later, and she repeated the exercise. By 6:30 the cramps came every 15 minutes, and hurt, and were accompanied by smaller tremors in the uterine area and between.

I began timing them and realized she

was having a cramp of some sort every five minutes. They couldn't be cramps.

By 8 a.m., they were coming at a rate of two minutes each, and we were heading to Douglasville Hospital. By now, she was bleeding, crying uncontrollably and babbling about a dream I scarcely remembered.

I did not realize Toyotas could exceed 85 mph.

A problem with being largely self-taught is that one does not know to cover all bases. I remembered the stages of life:

- During the first two weeks, the fertilized egg is multiplying and providing a mass of cells which later become part of the body.

- The first organs to develop are the brain, thyroid and heart, because they control much of the development of the rest of the body.

- The heart begins beating about 22 days after conception (I remember the first time a stethoscope picked up the rapid-fire baby-beat about an inch below Cynthia's navel. She laughed and said dreams are silly.) The eyes and ears begin forming the day after the heart starts pumping, while the arms and legs begin — as little buds — about three days later.

- The feet begin to form about the 34th day, and the lips begin surrounding a hole in what will become the face around the 38th day. The face itself doesn't take on features and begin establishing a real profile until the 66th day.

- Until the 47th day, fetuses are sexually indistinguishable. But between then and about the 51st day, the internal organs begin forming, and external organs for boys begin a few days later.

- At the end of the first three months, the bulk of the baby has been started, and the most critical formation periods are past. But there is still a lot that can go wrong.

It's endemic to the newspaper business that one concentrates on death and

roger witherspoon

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destruction and the causes and ramifications surrounding those events and not on preventive measures and the simple fact of being alive. I knew that at 22 weeks the baby would look like a little person with no teeth and closed eyes. It would weigh about a pound, could feel, move, smell, hear, react to light and — in a limited sense — reason. I did not remember how to stop an early delivery.

It is efficient to have all hospital functions dealing with obstetrics in the same area, but it is hard to know you are about to lose your child when the sights and sounds of birth are all around you. She did her best but wept hysterically when they placed the audio stethoscope to her abdomen and the sound of her baby's heartbeat echoed around the room.

Douglasville Hospital decided to transfer us to Grady Memorial — the inner-city facility which has the only intensive care center for premature infants.

They hooked Cynthia up to an ultrasound scanner, and we watched on the black-and-white screen as the baby scampered around and around in Cynthia's womb. Big feet. Playful. Healthy. Didn't have a chance on her own.

The physician on duty asked me to step into another room and, between sips of Coca-Cola, said he'd like to tell me about the baby's chances.

"Save your breath," I said. "I've been writing about health for the last seven years. She'll come out at under a pound and hasn't a chance in hell of living

more than three months — if that — unless they plug her up to a Univac."

He agreed that her chances were poor but said the final determination as to whether she was simply made comfortable and allowed to die or was given the best shot at survival the hospital had to offer would be made by the physician in charge.

"Wrong. The decision will be made by me. No child of mine will die in an incubator. Either she dies at birth or gets rocked to sleep."

"I have to warn you," he said, "that if the baby survives delivery — and it may not . . . — it has developed to the point where it may have vocal chords."

I told him I would keep my hands near my wife's ears.

He wished me luck and left. It was 11 a.m.

Initially, they were not sure they wanted me to enter the delivery room and decided to ask Cynthia's permission. I heard her laugh and later learned they had asked if I was squeamish.

At 11:05, I entered. It was a standard, inner-city, old-line operating room, painted blue and yellow because there was a theory back in the '50s that flies and mosquitoes couldn't stand that color combination.

There were holes in the walls, cracks in the plaster and a scrub area about 2 feet from the garbage disposal. But it looked antiseptic.

I remembered my brother asking me last month if I were excited about the upcoming birth. "Of course not. I don't

even know the kid. Only women feel that kindred tie before birth: Fathers grow into it later."

At 11:07 the chief physician sat down on the stool at the foot of the operating table, and said, "Let's proceed."

An attendant nurse pointed towards the overhead mirror, and, at first, I shook my head: I did not want to see my child die.

But I did want to see her born. I nodded but had her adjust the mirror so that I could just barely see what was going on and Cynthia couldn't see anything.

Which was just as well. She bled a lot and, not being able to remember a damn thing I had ever written about childbirth, I couldn't tell if this were good, bad or messily inconsequential.

The doctor reached inwards and pulled out what appeared to be a pink Brown-N-Bag. He cut it. I was prepared for the liquid waste which spilled forth — but not the legs. They were identifiable. Cynthia's big skinny feet. Had to be a girl. Sexy calves, thighs. And kicking.

Fight it, kid. Witherspoons don't quit. Come on.

She did. Kept kicking — just a bit at first, could have even been a reaction to the change in environment. But then it was unmistakable. She was fighting.

Go babe. So you haven't got a chance in hell of making it. Once you get out — if you can get out — if you can wiggle past the five-layered thing (the placenta) around your neck. But fight it.

I almost lunged when the doctor grabbed the legs; would have till I realized he cupped them, didn't still them. He tugged gently; he yelled instructions. Cynthia heaved. The kid popped out, all but the head.

The hands clenched and unclenched. The kid even had fingernails. Born fighting. Born mine. Go kid. Go daughter. Go Baby Witherspoon.

I am internally screaming to her to come out — trying very hard not to turn

my hands loose, to go help. Damn it. Why is he helping out? She's my kid. It's my wife. I can free the girl.

But, verbally, I'm saying, "Easy Cindy. Push some more. Keep it regular." Trying to keep the panic out of my voice.

It's been 30 seconds. The kicks are getting weaker, and I know she can't go too much longer.

The doctor has a hand and a half inside Cynthia. The mirror shows what they're doing, and I can see him sweating bullets. Nobody else is moving. A roomful of crossed fingers. He is stretching the cervix manually ("Roger, it hurts. Help me") and massaging the coils around the child's neck. They do not come off.

The kicking slows to spasms. Then wiggles. Then ceases. The fists unclench for a last time — palms up. It's 11:22, and I know I have just watched my daughter die.

We held her briefly and said goodbye before leaving the operating room. We told them we wouldn't name her — she would just be Baby. We'd been carrying the name for a little girl for three years and thought we should save it for one who survived. The birth certificate which followed doesn't allow for such variations — there was simply a blank under the name.

Before checking out two days later, I bought a little pink nightgown and asked Mrs. Bobbie Riley, the nursing supervisor, to place it on the child and bring her to us one last time.

We spent a half hour with her. Holding her, rocking her, examining her. Yes, she had Cindy's feet, and my ears, and Cindy's long skinny fingers and my calves and Cindy's mouth, and the eyebrows a curious mixture of the two.

We left her there, on a pillow, in her pink nightgown, and stopped by the record room and asked to amend the birth certificate.

Her name is Kir.