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Baby Girl Z: A Novel

by

Kathryn A. Bradley

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ABSTRACT

The novel Baby Girl Z examines the worlds of fertility treatment, neonatal intensive care, and early motherhood. The critical introduction highlights the connections between Baby Girl Z and contemporary fiction, autofiction, and memoirs about motherhood while exploring how the traditional tools of literary analysis and creative writing, when paired with feminist rhetorical analysis, promote a new reading of these texts as the literature of lived, traumatic experience. The theoretical underpinnings of the novel can be found in works that explore the intersections of the fields of creative writing, feminist rhetorics and maternal theory, such as Leigh Gilmore’s Autobiographics. The novel’s use of first-person confessional style, fragmentation, and cultural commentary, hallmarks of the genre of autofiction, builds on the work of writers such as Belle Boggs and Jenny Offill.
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INTRODUCTION

1. Baby Girl Z: Project Overview

Baby Girl Z is a narrative of new motherhood told from the prospective of an unnamed central character, a writer and former college instructor who is pursuing fertility treatments in the hopes of having a second child. The novel opens in the present, and subsequent chapters alternate between the narrator’s recent past, in which her daughter was born and became ill, and the present, while the narrator navigates work, motherhood and the preschool social world, and fertility treatment.

The past-tense chapters chronicle the birth of the narrator and her husband’s first child. As the couple spends days in the hospital with their infant, the husband, Phil, a medical resident, becomes determined to use his medical knowledge to find the cause of the baby’s illness, while the narrator’s faith in a positive outcome wavers. When the child is released from the hospital, the narrator and Phil must adjust to a more complicated version of parenthood than they initially imagined. While Phil returns to the pressures of residency, the narrator learns to care for the baby and cope with the identity changes of new motherhood, all while struggling to connect with other mothers. After the baby’s health stabilizes, the couple’s competing belief systems and coping mechanisms—Phil’s trust in medicine,
objective truth and concreteness, and the narrator’s faith in the possibilities of art and human resilience—are tested.

The lasting effects of personal trauma, central to the narrative, are depicted in the present tense chapters, where the narrator struggles with her decision to pursue fertility treatment for a second time. As it becomes clear that in-vitro fertilization is the only option for the couple and the narrator must choose decide whether to proceed, she is drawn back to her first experiences in the infertility clinic. The couple has recently moved back to the narrator’s hometown, and she befriends an elderly neighbor, who provides reality checks, and she also struggles to fit in with the other mothers at her daughter’s preschool.

My dissertation evolved from a short story I wrote called “Primipara” that described the narrator’s experience with birthing her first child and the immediate aftermath. The story had a switchback structure that swerved between present tense moments in the neonatal intensive care unit and past tense flashbacks of childbirth. The result was a very compact telling of a period of about eighteen days in the life of the newborn and her parents. My revision process led me to decide to place the NICU scenes in the past, slowing down the pace in order to tell the story of those eighteen days over the course of several chapters, and interspersing them with chapters in the present tense detailing events in the narrator’s life.

My primary models for this structure were two autobiographical novels: Rafael Yglesias’s A Happy Marriage and Tom Malmquist’s In Every Moment We Are Still Alive. In these works, the authors juxtapose present, traumatic life events with past chapters that provide context and background on characters’ relationships and
histories. My decision to categorize the work as an autofictional novel also arises partly from my reading of these novels. While the works are categorized as novels, the authors of each have discussed the close relationship between their life experiences and the novels’ material. Choosing fiction, as I will discuss further in section II, allowed for freedom to invent characters or create composite characters, to create a more propulsive narrative arc, and, from a pragmatic standpoint, to protect my family from being the subjects of a memoir about sensitive issues. As I will discuss in section II, I drew on the genre of the memoir as well as the novel, but ultimately would have approached the writing of a memoir differently than I did the writing of this novel.

The novel shares themes with Jenny Offill’s *Dept. of Speculation* and Elisa Albert’s *Afterbirth*, as well as with memoirs including Vicki Forman’s *This Lovely Life*. Tonally, in spite of the difficult subject matter, the work fits with the literary tradition of books that use humor to depict the difficulties of early motherhood, including Offill’s novel, Anne Enright’s *Making Babies*, and Meghan McConnell’s *And Now We Have Everything*, among others. It also draws on the tradition of the female *kunstlerroman*, with a focus on the narrator’s trajectory as an artist.

As a writer, I have always been drawn to works that defy traditional genre boundaries, and more recently I have been especially interested in autobiographical works of fiction and those categorized within that slippery term “autofiction.” As a researcher and teacher my areas of scholarship also involve border-crossings: the intersections between composition studies and creative writing, as well as the implementation of experiential pedagogies that encourage learning outside of the
confines of the traditional academic institution. The most significant border-crossing for me personally and professionally has been becoming a mother. Through my specific early motherhood experiences, I was given access to a world I had rarely, if ever, read about. In creating fiction based on my experiences as the mother of a critically ill newborn, I’ve looked for models of similar stories, but found few.

With the notable exception of Lorrie Moore’s “People Like That Are The Only People Here” there isn’t much contemporary American fiction that deals with baby health crises. This is not surprising, given the topic’s inherent risk of sentimentality and the general dearth of literature involving children. There is, however, a recent uptick in memoirs on young motherhood and traumatic birth situations. The research portion of my dissertation project began as an attempt to read as widely as possible in this genre as well as in the fields of maternal theory, feminist rhetorics, and autobiography to historicize and contextualize my own work as part of a larger trajectory of the feminist autobiographical writing of motherhood. In doing so, I was able to discern connections between the writing of motherhood and theories of feminist autobiographical writing, leading me to argue that the recent boom in so-called momoirs and autofiction constituted an outlaw genre of feminist trauma writing about motherhood, with certain identifying characteristics such as a breakdown of form and a blurring of genre boundaries. Books such as Maggie Nelson’s *The Argonauts* and Belle Boggs’ *The Art of Waiting* weave together critical cultural commentary, theory, and personal narrative to create distinct forms.

In addition to reading widely in the literature of motherhood, I read acclaimed contemporary fiction by women to study the modes of writing women
have been experimenting with of late. Rachel Kushner’s *The Mars Room* became an unexpected influence: in her novel about women in a California prison, the narrative style is disjointed, with some chapters comprised of merely a few sentences and the narrator’s thoughts meandering in a stream-of-consciousness style that appealed to me and that I employed (to a lesser extent) in *Baby Girl Z*.

Audre Lorde, in her seminal call for women to break their silences, reminds writers, teachers, and women in general of what she sees as our collective task: “...where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives” (Lorde 43). These are the initial steps toward combatting that which has historically remained invisible—women’s experiences and our suffering, in its myriad forms. Rather than us assume that because we do not share some aspects of our identity, we should not share language, Lorde instead urges a recognition of our common humanity. My novel aims to continue the work that has begun to break the pernicious silences surrounding infertility, neonatal illness, and the darker realms of the maternal. I am mindful that my narrative of relatively privileged motherhood should do more than merely add to the steadily growing list of works by women like me that explore such topics. Instead, I have already begun to use my awareness of the importance of sharing a wide array of stories to grow as a writer, teacher, and community member, as I will discuss in section III.
II. Spectators of Motherhood: Feminist Modes of Narrating

As Belle Boggs observes in 2016’s *The Art of Waiting*, “That some people leave the maternity ward terrified, alone, hurting or in sorrow is not something we talk about” (Boggs 67). In the few years since Boggs’ book publication, the silence surrounding these issues has begun to break as women write feminist narratives about infertility, miscarriage, and the whole spectrum of maternal experiences. Memoirs in particular have filled this void, as well as works of hybridity such as autofiction.

Lynn Z. Bloom describes hybridity in the field of autobiography by citing Smith and Watson, who argue that autobiographical authors “give shape to alternative modes of address... established generic codes mutate and new generic possibilities emerge” (Smith and Watson 183 qt. in Bloom 84). One of these new generic forms is autofiction.

Autofiction presents one answer to the question of how women find ways to tell autobiographical stories within a male-dominated autobiographical space. As Smith and Watson note in *Women, Autobiography, Theory*,

“The problem for the female autobiographer is, on the one hand, to resist the pressure of masculine autobiography as the only literary genre available for her enterprise, and, on the other, to describe a difficulty in conforming to a female ideal which is largely a fantasy of the masculine, not the feminine, imagination” (Smith and Watson 4).

What does a feminist autobiography look like when its topic is motherhood, and how do women who are mothers and writers address their lives through a form that is traditionally male? Camille T. Dungy articulates the problem that mother-
writers specifically face in her memoir *Guidebook to Relative Strangers* when she writes, “I was now a mother and a wife. In my mind that meant something separate, meant I’d become someone separate, from the person who wrote books” (Dungy 75). Through travel necessitated by her job as an academic and poet, (trips she takes with her infant daughter) Dungy realizes not only that her identities are inextricably bound, but that motherhood can become a subject of writing for her.

Likewise, experiencing first-time motherhood as a doctoral student provided material for me. As I began drafting the story that became the basis for my dissertation, I had a ten-month-old at home. I was trying to make sense of what had consumed my life for two years: the process of attempting to become pregnant through IVF, and the ensuing birth of my daughter, who unexpectedly became critically ill soon after birth. The narrator I envisioned was like me, but not entirely me: we had different jobs, different friends, and lived in different places, but much else was based on my life. In my dissertation, the narrator’s relationship to the medical industry—as the patient of a reproductive endocrinologist and a male obstetrician, but also the wife of a doctor—is complicated and always shifting, as is her understanding of herself as a woman who becomes a mother through IVF, providing her with a sort of outsider/insider status.

Feminist standpoint theory offers a method for both critics and writers to examine such characters’ trajectories, and also to understand how a writer’s own perspective might be filtered through her characters. Using Jamaica Kincaid’s *Lucy* as an example, Brooke Lenz outlines the “outsider within” quality of feminist standpoint theory, arguing that Lucy, a Caribbean maid to a wealthy American
woman, inhabits a "hybrid space, a social location from which her standpoint can be in dialogue with but not assimilated into more dominant perspectives" (Lenz 114). My narrator occupies a hybrid space as well, able to comment on the fertility treatment and the medical world from the perspective of a patient and of someone married to a medical professional.

As Camille T. Dungy notes in her memoir, "When you belong, you can overlook the totality of otherness, the way that being other pervades every aspect of a person’s life" (Dungy 5). While my narrator is not “other” in the way Dungy describes in terms of race or class, she does occupy a liminal space as an infertile woman. This allows for my narrator to be a spectator of motherhood and infertility while also participating: the knowledge that she was almost not a mother is always present for her.

Lenz also points out that separating a character’s standpoint from that of the author is never an achievable task. When presented with the question of whether the narrator is the author, she writes:

“The answer for this question must be, "yes and no," because a fictional character, even an autobiographical one, is both similar to and different from the author” (Lenz 116).

This is how I choose to define the narrator-author relationship in my dissertation. Even a narrator in an autobiography cannot be assumed to be the exact representation of the author because of the complicated natures of memory, the practice of writing the self, and truth.
In the past tense chapters, as the narrator experiences the trauma of NICU motherhood, internal monologue that tends toward the confessional, conversations with her husband and nurses, and the use of occasional flashbacks help to establish her as a highly conflicted, somewhat unreliable narrator. In the present, the narrator’s reluctance to give herself a name on the fertility blogs she frequents, as well as her halfhearted involvement at her daughter’s school, establish her as a sort of spectator of motherhood. The narrator’s repeated invocations of time and memory—and her understanding that certain events such as the traumatic birth seem to happen outside of the governance of time somehow—also reflect this. The narrator ruminates about the false sense of closure she experienced when the newborn baby was placed on her chest: “But that wasn’t the end. It was only the beginning”. Later, she flashes back to “another beginning”, when she met her husband Phil.

Alix Ohlin, in an essay on her decision to not write about infertility, argues that infertility is “a narrative without causality, hard to shape” (Ohlin). She explains that infertility divided her life into a before and after. She writes of becoming a mother, “I am after, and I’m beyond grateful for that. I still live with before...I know after is complicated as well, in all kinds of ways” (Ohlin). My narrator similarly divides her life into a before and an after, and lives with the knowledge that she might never have become a mother, and might not be able to expand her family.

As a writer, I have always been interested in resilience: in how humans maintain a sense of hope and a spirit of resistance when faced with deadening ideologies, trauma, or simply less-than-ideal life circumstances. Trauma narrative,
as described by Adam Johnson, Jane Robinett and others, offers a potential path for
crafting and interpreting work that involves personal trauma. Trauma is described
by Laurie Vickroy as “the ultimate cost of destructive sociocultural institutions”
(Vickroy 1). If readers can be taught to read trauma narratives both empathically
and critically (Vickroy 19), writers too can learn from the fiction of trauma how to
craft such stories. Strategies that suggest the shaping of personality through trauma
include narrative fragmentation and dissociation; as the narrator of my novel
becomes increasingly involved in her second round of fertility treatments in the
present tense chapters, the narrative style grows choppier and disjointed, reflecting
her fraying mental state. The dual hope and despair that the narrator feels is one of
the lasting effects of trauma.

Stories of how we invent ourselves as mothers and as writers, with language,
have become part of the emerging genre of autofiction. The critical underpinnings of
my project, the intersections of feminist rhetorics, autobiography studies, and
creative writing, led me to an understanding of autofiction as a form uniquely suited
for a woman telling a birth story. As Leigh Gilmore points out, the central questions
that have historically pervaded criticism around women’s autobiography have been
“can women tell the truth, and do women have stories worth telling?” (Gilmore 21).
Autofiction circumvents the question of veracity by leaving it open; the term
autofiction was first used in 1977 by French writer Serge Doubrovsky, who claimed
the genre for his novel *Fils* because he felt that straight autobiography was a genre
more suited to telling the life stories of prominent people.
Sophia Shalmiyev, author of *Mother Winter*, discussed the connection between autofiction and motherhood in an interview about her book on motherhood:

“I started writing it after I had my second child and I felt like I had been put through a cheese grater; I was just like myself distilled. Vulnerable, and out to lunch, and insane. All I could really do was write in these tiny little bits and pieces... I first wrote the book as an autofiction novel” (Korbel).

The distillation of self that occurs with motherhood is represented in many books, including Jenny Offill’s *Dept. of Speculation*, which is constructed of short paragraphs containing lines from writers and philosophers, musings from the narrator on her failed marriage and early motherhood, and minor anecdotes from the narrator’s daily life. This shift from a linear, cohesive plot—a shift that mirrors the shift mothers experience in the before and after of childbirth—is common in books about motherhood, and is a technique I employed in *Baby Girl Z*.

Another common element of the writing of motherhood is the blurring of truth and fiction. Zadie Smith’s October 2019 piece in *New York* magazine, “Fascinated to Presume”, takes up the question of the purpose the novel has as an art form in our contemporary world. With so-called “reality” everywhere you look, and increasingly even found in those works we previously termed fiction, Smith asks where old-fashioned world-building fits in. And what of the risky business of an author imagining and depicting a life far outside of his or her own experience? What is the nature of the truth that we find in the reading or writing of fiction?

Smith writes that whether the material is pulled from life or invented whole-cloth, novel writing and reading is essentially about grief-sharing. Our willingness to
read a book rests on our ability to share grief with a narrator. The question, then, of whether we empathize with a character may be better phrased: has that alchemical combination of our life experiences and the writer’s craft allowed us to do so? As Smith rightly notes, the entire act of reading a novel is predicated on our caring about the characters and events we read about. In thinking about what makes a reader care, I weighed the merits of framing my dissertation as fiction or nonfiction.

Many traditionally crafted memoirs follow some conventions of the novel in terms of characterization, achieving suspense, and the sense of a narrative arc. In structuring my dissertation, I borrowed from both my craft knowledge of fiction writing and what I gleaned from studying memoirs, but found the most narrative freedom and room to explore in autofictional models. Some works that fit into the autofiction category, such as Yglesias’ *A Happy Marriage* and Malmquist’s *In Every Moment We Are Still Alive*, are published as novels and are only identified as autofiction by their authors in interviews. In others, there is a sense of play—a willingness to break rules by experimenting with fragmentation, lack of traditional plot structure, and humor, that influenced me. One aspect of the formal experimentation found in many contemporary works is echoed in a comment by a character in the Polish writer Olga Tokarczuck’s novel *Flights*: “Constellation, not sequencing, carries the truth” (Franklin). The new forms of the contemporary novel reflect aspects of our modern world—our simultaneous connection and isolation, and the sense, in the face of global disasters of so many kinds, that the center cannot hold.
Something of a false dichotomy has arisen in discussions about the contemporary novel: often, works of autofiction are compared to works of fiction which are presumed to be invented whole-cloth, and autofiction is labeled as less inventive and more self-indulgent. The same has been said of memoir. Ultimately, my decision to write in a hybrid genre closer to fiction than memoir had to do with my research in women’s autobiography, and an understanding that women’s writing of the self already “invades, permeates, and is also invaded by canonical genres” (Gilmore 41). A hybrid form, I felt, would allow my story the breathing room it needed.

I’ve considered how I would have approached a memoir on the subject matter I address in my dissertation, and concluded that I was less interested in that project for several reasons—because it would have meant none of the invention fiction allows, because instead of creating a character I would have been tracking my own thoughts and feelings, and because I couldn’t find examples of the kind of work I wanted to produce among the many memoirs and “momoirs” I studied. I say this not to disparage those works, but to look at them more closely for what they are: momoirs often started as mommy blogs; they tell mostly white middle or upper class stories; they’re not particularly experimental, and there can be a stark contrast between those considered “literary” and those not. Nevertheless, they carved out a niche for women writing about motherhood. Anne Lamott is a prime example. These works broke taboos about maternal ambivalence and tied motherhood to writing in fresh ways. Louise Erdrich and Carole Maso in particular draw parallels in their memoirs between motherhood and writing, connecting the
wearying but also gratifying tasks of both acts and discussing how they have managed to do both.

The discussion of such domestic concerns alongside loftier questions of art is present in the work of writers such as Rachel Cusk who have published both straightforward memoir and more experimental works. Such writers are still sometimes criticized for focusing on personal matters. As Lauren Elkin pointed out in a *Paris Review* review of Lisa Halliday's novel *Asymmetry*, “As we well know, the critical stakes are not the same for men as they are for women when it comes to writing the self. Where he creates a lucid, inventive world, she is told she cannot see beyond her own navel” (Elkin). In recent years, women writing the maternal self have combatted the accusation of navel-gazing by arguing that motherhood is just as significant a topic as any other that might be written about.

Rhetorician Amy Devitt cites Bakhtin's assertion that genres “exhibit an extraordinary sensitivity to all fluctuations in the social atmosphere” (Devitt 580), and perhaps modern motherhood writing can be viewed as reacting to sociocultural changes. Non-binary examples of mothering, such as those presented by Ariel Levy and Maggie Nelson, have contributed significant to the genre. Because genre, as Amy Devitt posits, is about patterns of human experience, the new vanguards of the literature of motherhood are exposing the rich, varied textures of mothering through genre experimentation. Motherhood, as Erdrich, Buchanan and others have discussed, is a paradoxical experience of simultaneous power and powerlessness, and because mothers’ experiences are multiple and intersecting, hybridity seems a natural choice for relating the experience.
Much of the writing that attempts to relate experiences of fertility, motherhood, and marriage provides a chance for writers to create a Butlerian “variation on repetition of the rules that govern intelligible identity” (Smith and Watson 110). There are multiple, sometimes contradictory calls “to be a good mother, to be a heterosexually desirable object, to be a fit worker” (110) that “produce the possibility of a complex reconfiguration and redeployment” (110) of identities, creating gaps, ruptures, and disidentifications. Motherhood necessitates a recalibration of the self, and those works of art that portray it reflect this. Leigh Gilmore, in her discussion of how a traumatized self emerges to tell a story, and what structure such a story might take, cites fracture as a primary form. In a 2019 Paris Review interview, writers Sarah Manguso and Kate Zambreno discuss the writing of motherhood as being patterned by a sort of “lived philosophy” writing style (Manguso) characterized by such fracture.

Feminist writing about motherhood is particularly attuned to the intensity of feeling that accompanies motherhood. In Elena Ferrante's novel The Lost Daughter the narrator, a mother who has lost her child, muses about maternal ambivalence. When the narrator locates her daughter, they are both crying. The mother ruminates: “I was crying, too, with happiness, with relief, but meanwhile I was also screaming with rage, like my mother, because of the crushing weight of responsibility, the bond that strangles...” (Ferrante 42). This relief mixed with rage characterizes my narrator’s journey as well. She is at once grateful to be a mother after her infertility diagnosis and also angry and struggling to adjust to societal,
family, and personal pressure to attain some sort of ideal motherhood, and to redefine herself career-wise and personally after this life transition.

There has been much recent discussion about the fact that most of the writing on motherhood that gets published and is then discussed on blogs and in reviews is by white, upper-class women. Narratives of infertility in particular are often paradoxically also stories of privilege—access to costly medical treatment that is not always covered by insurance, for example. Can such work be feminist? As female writers women in their twenties and thirties encounter infertility and motherhood, questions about which experiences of motherhood are considered “relatable” have risen to the fore. Angela Garbes, in a 2018 article in The Cut, asks “Why are we only talking about ‘mom books’ about white women?” (Garbes).

Echoing Garbes, Nancy Reddy, in her 2018 essay “We Need to Talk About Whiteness in Motherhood Memoirs”, notes, “If we’re building a “new canon” of books on motherhood... let’s consciously build a bigger canon” (Reddy). A more inclusive canon would mean exploring a wider array of narratives about motherhood, going beyond the idea of maternal ambivalence that has now become mainstream in such works to ask how women of color experience motherhood differently. Reddy defines maternal ambivalence as a primary feature of “the new dominant narrative of motherhood” and writes that it “is inextricably intertwined with race and class...[and] is harder for women without the insulating privileges of whiteness, husbands, middle class status to take up” (Reddy).

As a writer and a mother, I am conscious of the fact that what happened to me and my baby happens to women every day, and happens to women of color and
their babies at a much higher rate, and with more dire, long-term health consequences, or even mortality. Dominant paradigms of womanhood, often created or written by white women, “run the risk of erasing the experiences of other women” (Ritchie and Ronald xxvi)—as do mainstream stories of motherhood.

In light of these concerns, my dissertation partly investigates the question: Why was my narrator so surprised by this turn of events? Did she think she was somehow immune to bad things happening, and why? The answer lies to some degree in the stories she has come to believe about herself and her wider community—that she is insulated from tragedy, that her status provides certain benefits. When this presumption is shattered, the narrator must confront her complicity with the world in which she lives.

In Joan Didion’s seminal essay “Slouching Towards Bethlehem” she writes of a personal crisis during her youth in San Francisco,

“It was the first time I had dealt directly and flatly... with atomization, the proof that things fall apart: I had been paralyzed by the [idea] that writing was an irrelevant act; if I was to work again, it would be necessary to come to terms with disorder” (Didion 5).

My narrator’s attempts to come to terms with her own personal experience of things falling apart—and her fraying trust in the value of art in the face of difficult situations personally, professionally and on a global scale—forms the crux of my dissertation. Alix Ohlin and other writers who have dealt with trauma around infertility and motherhood have said that infertility robs them of the ability to shape narrative, robs them of language. While I cannot disagree that initially this is the effect of such struggles, I believe that a new narrative form can emerge in the face of such grief and loss, and that is what I am after in my dissertation: writing in the
feminist autofictional style to confront what threatened to silence me, and what silenced so many women before me.

III. Baby Girl Z: Pedagogy and Community

I carefully weighed taking on such personal subject matter in my dissertation, taking cues from creative writers who have used their life experiences as inspiration for fiction. I had the good fortune to discuss this topic with several writers including Elisa Albert, Donald Antrim, and Ann Beattie during my time at UAlbany. I also drew inspiration from those composition scholars who weave personal stories into their scholarship, such as Wendy Bishop and Lynn Z. Bloom. As a scholar equally invested in the fields of rhetoric/composition and creative writing, I have frequently sought to bridge the divides between these two fields in terms of my teaching and scholarly work.

While in the early stages of crafting my dissertation, I was teaching creative writing workshops, composition courses and general education, writing-intensive English courses. I experimented with cross-pollination: in my workshops, I would ask students to write metacognitive writer’s memos, a common composition pedagogy strategy, while in my composition courses, students would write personal narratives that borrowed techniques from fiction and workshop them in a revised version of the creative writing workshop model. I began to see my teaching in these
fields as complementary, and looked for ways to create a more inclusive, less patriarchal workshop.

I have always been leery of some traditional workshop elements, such as the old workshop saw write what you know. I had seen scenarios play out many times where a story about a traditionally male subject was praised, while a stereotypically feminine story about domestic life was criticized. Maybe it would be more truthful to tell beginning writers, as Tim O’Brien does in his 2009 Atlantic article “Telling Tails”, about how stories go wrong: that most stories fail because they are boring—not richly imagined, with not a whole lot going on. But touting a slogan warning against writing boring stories doesn’t really work in the context of the creative writing workshop, because imagination can’t be “workshopped.” Writing what you know presumes that what a student knows is going to be interesting, a worthwhile read. But who is judging the worthiness of these pieces? In a traditional workshop, this is largely the purview of the writing instructor.

In 2017, writer Viet Than Nguyen argued that workshops are a “lesson in how power propagates and conceals itself” (Nguyen) and other writers have echoed his argument. Inspired by his, and by the more non-hierarchical teaching style I adopted in my composition courses, in subsequent workshops I sought to create a more democratic classroom where I was not imposing my own aesthetic on student work.

My pedagogical methods stemmed from my studies in intersectional feminism. Using both rhetorical and creative strategies, and creating inclusive workshop spaces, I have tried to embody Nancy K. Miller’s description of the
practices of feminist teachers and writers: “resistance, revision, and emancipation
...[in a] dissenting relation to dominant tradition” (Hirsch 8). In addition, I have
approached my teaching by reminding myself that my students have stories worth
telling, an approach Wendy Bishop recommends.

Creative writers might say that what makes a work rise to the level of art is
ultimately unquantifiable, a form of magic. Those in the field of creative writing
studies, a burgeoning branch of composition studies, might argue that such a
presumption privileges certain writers or forms of writing over others, or over more
experimental work, or that the presumption leads to questionable pedagogical
methods. I believe both camps have valid points, and am particularly interested in
how culture and institutions, including the creative writing workshop and the
publishing industry, have influenced our prevailing attitudes toward genre and
toward what counts as literary and whose stories are worth telling. The personal
process of crafting my dissertation led me to these positions in that I had to resist
the urge to stay inside academic “lines” and instead commit to pursuing my genuine
interests (such as maternal studies and autofiction) regardless of how the literary or
academic community might value them. I am aware that my decision also stems
from a position of privilege. I was not primarily concerned with the marketability of
my skills when I chose a dissertation topic, and was free to pursue an area I am
passionate about.

The wider literary community’s interest in the topics I write about has
piqued in recent years, and this helped me to feel comfortable with my choice.

Writers have also become more comfortable with speaking out about their
experiences in the literary world and in workshops. In Claire Vaye Watkins’ powerful 2015 piece “On Pandering” she traces her trajectory as a writer, noting that the work of hers that garnered most praise was about topics of interest to “white supremacist patriarchy” (Watkins). In the haze of early motherhood, Watkins lamented what she feared was the end of her writing career: “I spend my days with a baby and that, patriarchy says, is not the stuff of art” (Watkins). Tessa Hadley, in her essay “How Domesticity is at the Heart of the Novel”, also questions the degree to which novelists should move beyond domesticity:

“Any novelist now, trying to catch domestic life indoors inside a family in the UK or in America, may also want to mark on their pages the traces of our modern angst, our conscientious unease, that pressure of a globalized awareness” (Hadley).

In an age where the suffering of others is always available to us, Hadley seems to be asking how we make art that is meaningful, relevant, and doesn’t resort to mere navel-gazing. Hadley contends that to write a domestic novel is, in a sense, to confront globalization, albeit on a smaller scale.

Contemporary female writers of motherhood increasingly push against the notion that domesticity and motherhood aren’t suitable subjects for art. Some, such as Pamela Erens, have explicitly drawn a connection between novels of war and novels of childbirth, arguing that these two events are equally momentous in the scope of world happenings. Others have posited that motherhood affords a particular, distilled view of the world, as referenced in lines from Katie Ford’s poem “From the Nursery”: “When I looked up from her hospital crib/to see the wider world, could I help it/if I saw a war?” (Ford). For some writers, motherhood serves
as a point of connection between internal and external forces in the world, fostering
the creation of their art.

While writing and revising my dissertation, I have come to broaden my understanding of craft, which has changed both my teaching and my writing. In creative writing, craft is often taught primarily through lore; looking at craft from a rhetorical perspective requires one to situate a text in its context based on particulars including the writer’s identity. Including the writer’s identity in the discussion of a work might seem heretical to some creative writers in the academy, who have long separated the art from the artist, but I believe such a move can sometimes enrich discussions of the work, within certain boundaries. In my dissertation I strove to look at narrative as story, but also as a force capable of prompting action. Thinking through the rhetorical aspects of my narrative—teller, technique, story, situation, audience, and purpose, helped me to move beyond the “momoir” by addressing some wider implications of the story I was telling.

In the Fence collection “Not For Mothers Only” poet and mother Jean Donnelly suggests the fruitfulness of “open[ing] the experience into the work to draw it into questions of community, culture and citizenship” (Fence). As I revised and began to think about my narrator’s situation more deeply, I chose to flesh out aspects of her life that I had previously left out, such as her art-making and teaching. The narrator became a more fully formed female character with each revision as I studied theorists of female autobiography such as Carolyn Heilbrun; I hope that she reads as authentic and attuned to the world around her.
If my dissertation is partially an attempt to allow readers a glimpse into a world unfamiliar to them—the world of infertility, NICUs and neonatal illness—it must also be part of the larger conversation that exists around such issues. As Tamika Carey reminds readers in *Rhetorical Healing*, “no campaign can achieve success as a form of social action, praxis, or otherwise without a community that agrees to act and move together towards a particular end” (Carey 11). Women in the writing community have banded together to support one another, and organizations like VIDA, A Room of One’s Own, and Vela exist to support women in the arts. It remains to be seen whether works about a wide range of mothering experiences will be embraced by publishers and the writing community at large.

**IV. Conclusion**

The writer Ann Patchett has said, “I’ve been writing the same book my whole life—that you’re in one family, and all of a sudden, you’re in another family and it’s not your choice and you can’t get out” (Seghal). The idea of being trapped in an unfamiliar family situation is behind much of the angst my narrator experiences as her expectations about her path to motherhood are upturned and trauma ensues.

In a 2019 review of Vigdis Hjorth’s *Will and Testament*, Lauren Collins describes the Norwegian phenomenon of “virkelighets-litteratur”—“reality literature”—and uses Hjorth's novel as an example of trauma-informed autofiction.
Hjorth writes about family trauma, and Collins contends that "Hjorth seems to have formulated from her experiments with living models a model for living, in which exposure—of the self and of others—serves a larger purpose" (Collins). One of the goals of my dissertation is exposure that serves the larger purpose of generating awareness around my subjects and reducing the guilt and shame felt by mothers in similar situations.

Zadie Smith articulates the connection between grief and the acts of writing and reading by invoking lines from the Emily Dickinson poem “I measure every grief I meet.” Smith says that she, like Dickinson, is “fascinated to presume” (Smith) that although she cannot know the grief of others, their grief may be similar to what she experiences, and this potential similarity imparts comfort. Smith argues that sharing knowledge and experiences of grief plays a central role in the act of reading. This is the impulse that animates her writing as well, and it resonates with Audre Lorde’s call to hear the words of women.

During the process of writing my dissertation I have had the pleasure of speaking about my project with scholars, writers, and fellow veterans of both the infertility world and the NICU. My discussions with scholars and writers have pushed me to consider questions of genre, audience, purpose, and craft. My conversations with women from the worlds of infertility and the NICU in particular have led me to the knowledge that motherhood with these complications nearly always involves some heightened level of trauma, shame, and guilt. Psychologists have recently begun to study the trauma experienced by infertile people and NICU parents. Evidence suggests that some parents whose newborns land in the neonatal
intensive care unit experience post-traumatic stress disorder. Laurie Tarkan’s 2009
New York Times article “For Parents on NICU, Trauma May Last” reports that
parents of NICU babies have to suffer through “serial bad news” (Tarkan) and
repeated traumas because of the many medical interventions many of these babies
receive. Richard Shaw, a psychiatrist at Stanford Children’s Hospital, explains that in
the NICU, “every time you see your baby the experience comes up again” (Tarkan),
causing persistent flashbacks and emotional pain.

One question that has stayed with me from my many conversations is how
the effects of this experience have played out in my (and my character’s) life. How is
being a mother after my experiences different from being a mother in general, when
most mothers are plagued by a fear of bad things happening to their children?

Writing is often begun with some variation on the question how is this day
different? I considered this question, and the question of how motherhood in my and
my narrator’s circumstances was different, continually as I wrote and rewrote my
dissertation, conscious that telegraphing this difference and letting readers fully
into the world I’ve created is of the utmost importance. I have come to see
motherhood as not monolithic and to believe in the significance of telling stories of
motherhood that counteract dominant narratives. I hope that my contribution to
this new subgenre of writing allows readers to see one aspect of the trauma that can
be associated with motherhood.

In The Limits of Autobiography, Leigh Gilmore asks, “What if trauma
memoirists are viewed not so much as asking to be believed as asserting their
speech...becoming lyrical subjects of trauma?” (Gilmore 37). The act of speaking and
writing about these issues is a first step toward breaking silences, but ultimately the
goal is not just to be believed, but to create a work that also moves an audience to a
new understanding, reshaping the world in some small way and possibly leading to
action.

Rachel Kushner’s *The Mars Room* chronicles the lives of female inmates in a
California prison. In a recent New Yorker profile, Kushner discussed why she
continues to visit the prisoners she met during the research phase of her writing.
“It’s not about me being a do-gooder...it’s about caring about people whose life
trajectories are totally different from my own and stepping out there so that our
lives intersect” (Goodyear). The heart of my writing, teaching and scholarship lies in
the care Kushner describes. In observing and investigating the lives around me with
an open mind and reporting back on what I see, I am able to enact a philosophy of
public engagement and care.
Works Cited


https://www.newyorker.com/magazine/2018/04/30/rachel-kushners-immersive-fiction


Baby Girl Z: A Novel

Chapter One

I’m at preschool drop-off with a vial of semen tucked into the waistband of my leggings. Surrounding the school are meadows sparkling with frost and tree-dotted hills that would be mountains if we were anywhere but Delaware. The parking lot is all SUVs with sanctimonious bumper stickers about buying local and rescue dogs and kindness. It costs twelve thousand dollars a year to send your kid to preschool here, but they feed the kids a healthy lunch and give them lots of time outside, so how could I say no? I’m in my mom’s old Lexus sedan. It’s an old man car that drives like a dream. Helen’s teacher, a yoga-practicing mom of two preschoolers, is all doe-eyed at the classroom door, blond hair, freckles, linen pants. I hand her the asthma action plan. I dig October’s tuition out of my purse. It’s roughly equal to what I used to make as an adjunct.

Helen’s grip on my leg tightens. I pry her off. The nurse gave me strict instructions on the semen—keep it warm, get it here in forty minutes or less.

“I can take you to see the bunny!” Helen screams from somewhere near my ankles. I walk toward the car, blowing kisses.

“We forgot my inhaler!” she yells.

“Did we?” I pause. “Yeah, we did.” I get the inhaler from the console and go and give her the puffs. The teacher’s head is cocked empathetically. I hate the inhalers but it’s better than doctors gathered around the hospital bed, she’s really working to breathe.
“I’ll see the rabbit later,” I tell her, and get in the car. Parkside Preschool is a community and as such, its leaders have ideas about how things should go, ideas they share frequently. Often disguised as helpful hints, they are in fact rules meant to prevent a toddler insurrection. We’ve been reminded over email to enact a confident drop-off routine. Hug and kiss cheerfully and walk away. The idea is that your child will absorb your zen. I fuck up every time. When I get to the doorway, instead of walking straight out of the building, I look back. Sometimes she’s talking to the teacher, sometimes she’s staring forlornly. Today she’s giving a princess/bitch look to a classmate, her head high and shoulders up, lips curled in what must be a taunt, brushing wayward bangs out of her face. This is a Quaker school.

On the way out, I see loads of babies. The school makes a big deal about not leaving children in cars on their property. Emails are sent out like DO NOT LEAVE A SIBLING IN THE CAR FOR EVEN A MINUTE! so all the moms with new babies are lugging infant car seats through the front gate, their oversized cardigans blowing open, a leg extended to keep a preschooler in line, a hand curled in a death grip around a meandering toddler’s wrist.

The fiery ones, the ones I want to make friends with, are wild-eyed and mostly makeup-free at morning drop-off. Passing in the hall they will, when they’ve only barely gotten to know you, tell stories of their parental failures that soothe the anxious maternal mind. For example: Vivi ran away at dinnertime, one mom says. Half an hour later we found her wearing only a urine-soaked My Little Pony shirt in somebody else’s backyard. After school, under the shade of a sycamore tree in the play yard, the gossipy moms will share, just as an FYI, how crazy the fiery moms are.
Who to believe? I can’t trust any of them yet, not when we’re new and they all know each other from BodyCombat at the Y.

Twenty minutes ago, while Phil was in the bathroom providing the sample, I stood at the kitchen island eating Raisin Bran and scrolling through Facebook. Someone I don’t even know how I know posted a picture of her husband. *At the end of the day we will whether any storm.* I saw Angela’s baby bump, the cover of Brenda’s new story collection, a heads up on the Northern Delaware Moms page that the Boy Scouts of America are recalling their neckerchief slides due to possible lead content. I remained silent. Instead of building a social media platform like the agents at the big writing conference last summer urged, I have become your run-of-the-mill stalker. Phil was in the bathroom crouched down, avoiding his image in the mirror. He had been raised Catholic. I went to knock on the bathroom door just as he opened it.

He gave me the vial, lukewarm like my flasks of pumped breastmilk used to be. “You sure you don’t want me to drive it up there?”

“You’ll be late to work,” I said. Times like these I think of a Robert Frost poem from my college days, those lines *what to make of a diminished thing*. If I read the whole poem, I’d remember a first lesson on objective correlatives from my old Frost professor. The poem succeeds because it carries its message in a description of a bird’s song. No ideas but in things, he would tell us. That seemed impossible. I never wanted to be a poet.

*
Regional Associates in Fertility Treatment—RAFT—is located in a strip mall next to a Kickin’ Chicken and a Payless that’s going out of business. Across the highway is a shadowy operation called StarQuest Shooters & Survival Supply, a small white house with a sign announcing GUNS. In the RAFT waiting room, the lights are respectfully dimmed. Everything’s beige, battery operated tealights, a chintzy wooden sign with HOPE written in cursive. The receptionist takes the sample back. I’m here after months of hormone injections, divined from such sources as postmenopausal nun urine. They’re all being used off-label—a breast cancer drug, an alopecia drug. Thirty-six hours ago I’d taken a trigger shot of Ovidrel, a drug produced by genetically modifying the ovarian cells of Chinese hamsters. *Why Chinese?* I’d asked myself when I read the package insert. Never read those things, Phil said when I told him.

This is the third IUI, the last chance before what the doctors always termed “moving to IVF”, AKA dipping into your 401(k) to gamble on embryos of uncertain viability. Phil’s sperm zigzagged like a line of synchronized swimmers, in no hurry at all. I had been diagnosed with low ovarian reserve, a polite way of saying my ovaries were about as depleted as IVF was going to make our bank account. Before I had Helen, my old clinic in New England gave me a 45% chance of getting pregnant at all. This percentage was arrived at after months of testing: endometrial scratching and vaginal probes and blown veins and frank discussion of our sexual habits and my cervical mucus. My body was a colonized planet, complete with scientists performing tests to determine its compatibility with life.
Our reasons for visiting the clinic were all the usual ones—we’d had to do IVF for Helen, it had been a few years of trying with no success, I wasn’t getting any younger. The only unusual part was that I couldn’t convince myself that I truly wanted another baby.

When I got pregnant with Helen I told everyone, myself especially, that she would be it, that I’d gotten what I came for. I would never give myself another hormone injection, never set foot in another IVF clinic. *So you’re one-and-done?* friends would ask, and I’d nod, feeling somehow above the fray, not one of the doubly-desperate return patients.

On the coffee table is the *Delaware Life* magazine Phil’s profile is in. I open to the page and there he is, dark hair gleaming, blue scrubs and the wrinkles around his eyes that, if he gives a real smile, have begun to extend toward his cheeks. I married a golden child. *We were young, more beautiful than we knew.* Everyone said our wedding reception ten years ago was like something out of *The Great Gatsby:* a warm early summer night, twinkly lights, a piano player on the veranda of an old DuPont mansion. Those elderly relatives who have since died were all there, dancing, unburdened. The power couple, somebody said as we shook hands in the receiving line. I rolled my eyes at that, shook my head no. *We were just like everyone else.* The faux pearl headband I’d chosen, poised above my up-do like a small crown, dug at my skull. I couldn’t wait to take it off, unbutton the hundred satin covered buttons on the dress, undo the hook and eye closures on the corset, and get on with my new life.
At the wedding, one of Phil’s older male relatives asked me if I was going to be a career woman. “I am,” I answered. “I guess so.” And I pictured a pastel suit and shoulder pads, a 1980s perm. During those early years, when Phil was an anesthesiology resident in a picturesque middle-of-nowhere New England town, we lived paycheck to paycheck. I found adjuncting jobs at three of the local colleges, sometimes driving from one side of the state to the other on the same day for teaching gigs. On the side I wrote for a newspaper, covering high school wrestling matches and school plays, and read admissions essays for a local college. I made more money than Phil, a fact I like to remind him of now. At first his career proceeded on a straight track—he checked all of the residency boxes, from intern to fourth year. There were 6 AM lectures, catered lunches, reprimands from gruff attendings, and a whole lot of intubations.

Meanwhile, I was cashing my various paychecks, biding my time until I could finish a book Oprah would love.

The Oprah thing hasn't worked out. Phil's straight path took an unexpected turn—physician burnout. In his first job out of residency, he sometimes worked one hundred hours a week, with overnight call a couple of times a week. His pager would go off and he’d have to speed to the hospital for epidurals or trauma cases at all hours of the night. When he had to leave, I’d stay up waiting to see him at the back door, his face pale through the glass. On the nights he made it home for dinner I’d take care of him, cooking elaborate meals, pouring him wine. We lived for the post-call days when he would sleep until noon and then, when I finished teaching, we’d go hiking or seeing a movie or just be together. It was a precarious
arrangement, but we made it work. Until Helen. There was no more time for me to take care of him. He lost weight, started to complain about the job—he had no autonomy, anesthesiologists were interchangeable, he never got to see his daughter. Sometimes Helen and I would visit him at the hospital and bring dinner, eating in the shabby call room with its cinderblock walls and prison-issue bed. It was like visiting an inmate.

He was an anesthesiologist for four years when he made the switch that he thought would change everything. Pain management: an office-based cousin of anesthesiology, it was a relatively new field, not yet marred by the opioid epidemic that would make headlines later. He’d have to do a yearlong fellowship; he would go through the match process again, where he ranked fellowship programs and they ranked him, and a computer algorithm spit out our fate. We would have to sell our home, temporarily give up our financial security. I would quit my job and we’d leave everything behind. He wanted the fellowship to be at a hospital near my family on the east coast. Some of the best ones were there, and we would have their support.

_They always land on their feet_, my mom would sometimes whisper conspiratorially about the men we’d married. _They’re like cats_. Phil got the fellowship he wanted, at an Ivy League medical school. So it happened, another thing I told myself I’d never do: I moved back to my hometown.

Right after we moved I went to this big writing conference. I sat down with an agent in a barn.

“Can you describe your work?”
I told her I wrote about families, stumbled through vague bullet points I’d jotted down. Traumatic birth experience, etc. My manuscript was only half-written but I didn’t want her to know that.

“Is your work based on real life events?”

“So some of it is,” I admitted.

“My advice: everybody has a tragic story. The work has to be about more than that.”

I told her what else it was about, medicine and marriage and infertility, and she nodded. “Send me an excerpt when you have a draft,” she said. She couldn’t have known the gauntlet she was throwing down. This was all the fading career woman in me had now that we were in Delaware—one throwaway comment from a bored literary agent.

“Somebody wants to read my work,” I told Phil after the conference. “She’s a big deal.”

“You better finish up, then,” he said. This, in the morning as he made his coffee, then floated off to his prestigious fellowship, surrounded by high-achieving co-fellows who happened to look like foreign models. Helen was still asleep. I would have to wake her up, cart her off to 2.5 hours of preschool, pick her up and figure out how to entertain her for the rest of the day. That 2.5 hours, five days a week was my time to finish a draft of a book. 12.5 hours a week. I mentally calculated that it would take me a couple years to get a draft. I would’ve hired a babysitter, but we had very little extra money. We had decided to live at my parents for the duration of the fellowship to save money; we were sleeping in my childhood bedroom. It
sounded like the premise of a sitcom about well-off white people falling from grace, but it was my new life.

We survived the fellowship. Phil found a job, a forty-hour a week job giving back injections to suburban people with chronic pain. His patients love him; he listens to them. I’m proud of him. Really. We moved out of my parents’ house.

I’ve been keeping things running at home, writing pages here and there, looking for a part-time job as a “contingent faculty member”—a failed academic, one might say—at any institution of higher learning that will take me.

It’s not so bad as it sounds. I love Phil, and of course Helen. I’m just not sure how I feel about myself anymore. This morning, I stood in front of the mirror in our master, tapping a spackle-like product onto a wrinkle near my lip, wondering if it was true that everyone eventually got the face that they deserved. Actually considering—in the way of an early millennial feminist—Botox or at least one of those trendy Korean sheet masks whose ads pop up online as if Facebook can see that my profile picture is not matching the face staring into the device.

Phil was taking his long trance-y shower, the overhead light off. When he was done he would use a towel to muss his hair. Grooming complete. He hardly had room in our shared medicine cabinet for his deodorant, so clogged with my skincare products were its rows. I snuck away to Helen’s bedroom to catch her before she woke up. The best time. She was on her back, legs bent at the knee and splayed like when she was a baby. But she’s not, anymore. She’s learned her Rs, really goes all out on them—Cheerios sounds Spanish—and she can ride a bike.
You can’t hold a child’s hand while you write. Every story I’ve tried since she’s been alive exists in fragments, mud-smeared Post-Its on the floor of the car:
milk—nighttime potty training?—class parent meeting 9:15—Pilates Mom satire?—haircut Sat: lob? The stories are all about motherhood. And being a mother to what is euphemistically called a spirited child—and an only, to boot—is why I never finish them. At least that’s what I tell myself.

When your child is four and sibling-less, people start to wonder. There are some real advantages to having one, moms with three kids will whisper. These moms sigh frequently. I believe deep down that my daughter is the equivalent of at least 2.5 of their kids, with her alternating petulance, bellicosity, and verve, but I don’t tell them that.

The woman who takes me back to draw my blood ("Karen?" she calls, not my name but close enough) wants to be a kindergarten teacher. She takes education classes by night and uses the butterfly needles on us infertiles by day.

“A phlebotomist is a long way from a kindergarten teacher,” I say, and she just smiles and asks me to verify my name and birthdate.

At the clinic that made Helen, in a tony suburb back in New England, I was under the care of an ex-military doctor. The only time she smiled was when she declared me pregnant, and even then the smile faded quickly. *If the numbers don’t double, it might not be a good one,* she’d warned.

“You know the drill,” the future kindergarten teacher says, and I nod grimly. I’m battle-hardened now. I check my patient label for any errors. I grip the squeeze ball.
After, she sets me up for the IUI, gown on, dangling off the edge of the table.

“I’m judging this sample to be marginally acceptable,” the physician’s assistant says, holding the sperm vial to the light. “Even though during the wash the count went down significantly, we’re still at twelve million. Some of those twelve million aren’t forward progressing. I’d give it a C.”

I’m glad Phil’s not here; he’s never gotten a C on anything.

“Good luck,” the PA says. The lab tech, Amish-looking in a severe hay-colored bun, gives me a pitying smile.

When the physician’s assistant shoots the semen up into me, I feel no spark of joy, no brief, glimmering rend in the beige fabric of this place. She tilts the chair back and I am told to rest a few minutes.

*

Back at home, Phil and Helen are watching a cartoon about a toddler princess. Something about them in our new house makes me think of a magazine ad—loving father and adorable blond kid, a living room filled with Pottery Barn furniture—not even real wood, but it costs just as much. Our house has three sets of French doors on the first floor that look out to a preserve. We are suspended over a forest. I like watching the seasons from here.

Helen tugs on my shirt. “Mommy, Princess Lizzie’s mommy is going to have a baby. That’s just like you!”

“Is it really?”
She nods. “When the baby comes, can we put it in the swing and make it go really high?”

Phil laughs. He’s got a magazine open on the couch, a snack next to him. Dads take it easy with the best of them.

I look out the kitchen window to the front garden. “Want to help me outside?”

We all go out, Helen following me, hovering while I pull weeds from the pachysandra. I prune the redbud the way the garden center woman told me to, by making a clean cut near the spot where the branch joins with a larger one, as close to the wrinkly line that connects them as possible. I did not plant this garden. It’s probably been here fifty or more years. I’ve inherited it, and I have to be patient this first year, see what comes up.

Helen’s dancing. “Mommy, I love gardening so much. I would never want anything to happen to you. Mommy, do you remember that popsicle the other day? I promise if you give me a popsicle, I won’t ask you to make my dollies talk.”

I cut the branch and it falls into the pachysandra. “We aren’t having a popsicle before dinner.”

Helen crumbles onto the asphalt. “If I can’t have a popsicle then you have to make the dolly talk to me. Ha HA.”

“That’s backtalk,” I say. I look around for Phil. He’s attacking a stand of bamboo with a saw. The stalks drift dreamily down. “Come on, we can have a granola bar.”
She’s barely up from the ground when she collapses again, wiggling and grabbing her butt. “My underwear is too tight!”

I’m going to be the tranquil mom, the mom the parenting sites tell us we all have inside. I kneel down to her level, the universal gesture of Good Moms everywhere. Maybe she’s stressed about preschool. “Honey,” I say. “Are you overwhelmed about something?”

She sniffs and casts her eyes around. “Yeah. I’m overwhelmed from all the vegetables you give me.”

I laugh and survey the yard. The twisted-trunk trees are my favorite—the spindly mountain laurel with its white blossoms pink-tinged in the center, the rhododendron’s tropical blooms. The trunks are lit up at night, and our yard looks like a jungle.

Inside, I go to the online message boards. There’s a glossary of abbreviations: TTC—trying to conceive, DH—dear husband, BFP—big fat positive. To read beyond a page or two, I have to create a profile on TTC.com. I have to give myself a name. I start to type and then I abandon the screen.

* 

Tonight is the Parkside Preschool Moms Night Out, which means all over town dads are having pillow fights well past bedtime. Half of the moms aren’t drinking because they’re pregnant, a few because of breastfeeding. The rest of us are two or three drinks in. We’re at one of those fancy farm-looking restaurants that’ll
be dated in five years, mushrooms from the chef’s backyard and reclaimed wood and everything chalk-painted. An oak bar lines the front of the restaurant and in the mirror across from it, moms check their reflections, flip hair over a shoulder, ask if they really look *that* tired. To my right, a part-time makeup artist and mother of Mae. To my left, the woman whose son is known as “the biter.” The biter’s mom has dark circles under her eyes because, as we all know, your child’s behavior is a referendum on you. The makeup artist is glowing; her jeans have leather stripes on the seam and her diamond sparkles every time she lifts her drink.

She turns to me. “Where will Helen go for grade school?”

“We haven’t decided,” I say. Like all of the moms here, we’ll probably choose private, one of the ones attached to an elite high school that advertises its seniors’ college acceptances online.

The makeup artist nods. “We’re thinking Friends. But tuition for three kids is killer. Is it just Helen?”

“Yeah. We’d like another one, but we’ll see.”

“One child is like a dream!” she says. “And one girl! I tell my friends who have one girl that they don’t even have a kid, they just have a shopping buddy.” An appetizer arrives, avocado and radishes smeared on toast with a frisee of microgreens on top like unruly hair.

A few more mothers come in. Neve, my co-class mom, leans a hand on the side of my bar stool. “Theo has gone through six pairs of Parkside drawers in the last two weeks,” she sighs. “He just pisses indiscriminately.” The makeup artist starts talking and I zone out, thinking about my class.
The makeup artist touches my hand. “Is Helen doing yoga this session?”

I say she is. “It gives me an extra 45 minutes I can really use,” I say.

The mothers nod in agreement.

“I have too much going on,” says Neve. “I’m limiting Theo to three activities a week from now on. It’s just not worth it. I’m a stay at home mom, and I’m never home.”

Helen’s been writing love letters to Theo. She’ll drag a pencil and paper and her stuffed turtle out to the patio for privacy, but we can hear her when the kitchen window’s open. “Dear Theo, are you my friend? I want a friend. You are so kind, precious, and jealous.” She likes the –ous words.

Down at the far end of the bar, the head class mom clinks a fork to her wineglass. She says she’s planning a winter gala fundraiser. Her long linen skirt and just-going-gray braids are a ruse to make her look like someone who homeschools her kids in a barn. She goes four days a week by train to the Main Line, where she runs a wealth management firm. You can usually tell a mother’s deal from the morning drop-off situation. The moms dressed in athleisure (me) are probably going to the gym, but are definitely stay-at-home moms. The fully made-up moms wearing heels work, but not enough to require a nanny for drop-off like some of the other working moms. It’s the same with the dads, except they haven’t figured out their stay-at-home dad wardrobes, so they just look like alcoholics, all sweatpants and stubble.
All of these mothers are like leaky faucets in guest bathrooms. Running into them, I’d be reminded of the constant slow drip of their lives --- but if I was out of earshot, it was like they didn’t exist, until I saw them and it all flowed out.

A late mom strolls in and I recognize her from Helen’s class orientation. Her jacket is labeled *Dr. Hawkins, Children’s Hospital of Delaware.*

I wave. “Your daughter is in the three day pre-K, right?”

She nods. “And you are?”

“I’m Helen’s mom,” I say. “Are you a NICU doctor?”

“Uh-huh.”

“That’s great. They’re so important. Helen was a NICU baby.” I swig my Pinot Grigio.

Her eyes shift from me down the bar and settle back on me. She orders a drink. I see her manicure and wonder when she has the time. “Poor thing. What happened to her, if you don’t mind me asking?”

“She had some trouble after the birth,” I say. I wave at the air. “Ugh. Long story. I’ll tell you some other time.”

“Sure, sure. So sorry,” she says, and turns to talk to Neve. And I remember, she and Neve are neighbors across town from us. The bartender asks if I want another, but I don’t. I slip out, waving to a few moms. It finally feels like fall, the cold that reminds you of what’s to come. I zip my coat.

On the drive home, I go over my work plan for my 2.5 hours tomorrow. I’ll work on a story I started. I’ll try not to Google jobs: if I get pregnant, I’ll want to be home with the baby for a while. Adjuncting is a sham anyway. I used to buy what
colleges sold me, that I was a valued faculty member. Times have changed. Now everyone knows the evils of adjuncting—it’s like a contagious eye condition, with that JUNCT right in the middle. Back in New England, the adjunct union advised us to tell our students how little we were paid, but I knew the kids didn’t care. They were all on Snapchat, manipulating photos of themselves so they looked like cats. I wasn’t about to trust them to fight for my livelihood.

*

Phil is late to our follow-up. He’s straight from work in his scrubs, which confer instant respect.

The doctor looks at me. “And what is it you do?”

“I used to teach,” I say. I take a deep breath. “We just moved—”

“She’s a writer,” Phil says.

“What do you write about?”

“Situations a lot like these,” I say, gesturing wide, a little grin on my face.

The doctor places a model of a woman’s reproductive system, pale flesh striated by angry red tissue, on the desk in front of us. This is not good news. The model reminds me of an illustration from one of Helen’s picture books of an alligator’s wide-open mouth.

“The IUI was unsuccessful,” she says, crossing her arms. She makes a pouty face. “I’m so sorry.”

She goes over my labwork, all normal.
“I’m concerned about her endometrium,” she says to Phil, turning her laptop screen to face us. On the screen are ultrasound images of my ovaries. She scrolls through and highlights some dark shadows. “Endometriomas,” she says. With a capped pen, she circles a spot of red on the desk model, tracing it over and over. “Right here.” She says they’re likely early endometriosis, recommends a laparoscopy. “This could explain a lot,” she says, gliding her hand down the ridge of the endometrium. “Because Phil’s results are all relatively normal.”

I look away from the model. On the bookshelf behind her, The Idiot’s Guide to Adoption.

“I thought laps were only done for symptomatic cases,” Phil says. I hear a muted but distinctly pleased note in his voice. Our old doctor had used the phrase severe male infertility.

“In IVF we like to do these to determine the condition of the endometrium before embryo transfer,” she says. She tosses up her hands. “And honestly? It may help IVF outcomes, may not. The science isn't great. Now, these spots don't have any features of cancer per se,” she says, glancing at me and back to Phil. “Very low suspicion for that. But if we don’t go in, we can’t rule out a malignancy.”

I could walk out now. Down the dark hall, and let my endometriomas go along their merry way.

“Of course, we’re not going to splay open the ovaries of a woman of your age,” she says, making a bagel-slicing motion with her hand.
She continues. “We have to be careful not to seed the ovaries. So what are your initial impressions?” She gives me her dopey empathetic face, then turns on the intelligent, we’re speaking the same language look when she glances at Phil.

“I’ll think about it,” I say.

How much money do you make off of this?

“I’ve looked at the records from your previous IVF clinic,” she says. “I’d like to go over everything, because there’s a lot. After you finally got pregnant, how was the pregnancy? Any complications?”

“No,” I say.

“And the birth was uncomplicated?”

“Yes.”

“Spontaneous?”

“She was induced. Prolonged rupture of membranes,” Phil says.

“And any complications after the delivery?”

Phil takes a deep breath. “Initially she was fine, Apgar of 9.”

I interrupt. “Where’s the bathroom?”

I head down the hall and lock myself into a stall. What happened at the birth? Did they tell you why? Is she healthy now? I can see why this would be troubling, I can see you’re getting upset, here are some tissues. But she’s fine now, everything’s ok now, right?

I put her stacks of medical records away in the attic a long time ago. The story actually began in a crummy bar in Philadelphia. New Year’s Eve, a man dancing across the room, badly. We met each other halfway, in the middle of the
dance floor. And even though we were just kids, I had the sudden heart-stop feeling that I already loved this funny stranger.

I could let the medical records tell the story. But medicine, all CPT codes and sterilized gloves and fast walking, triumphant though it may be, lies by omission. A mother’s true story is too messy for medicine. My hospital charts said everything started with *Primipara. Ruptured membranes 30+ hours, Pitocin given at 0900*. The doula’s notes on the birth began with, *At first Helen looked pink and healthy.*

**Chapter Two**

Motherhood had a million small beginnings. The doctor performing the embryo transfer looked like John Travolta. Staying alive, staying alive, I kept hearing in my head. The two remaining embryos were loaded into a catheter and threaded past the cervix into the uterus. After, a man in a yarmulke came in for acupuncture. He tapped needles into my body like one would tiny hammers—wrist, ears, ankles.

In our living room, there was a book with photographs of early Emily Dickinson manuscripts. Words scrawled on scraps of envelope, letters to a world she didn’t know would listen. In between the pages I tucked a picture of the embryos, a black and white Polaroid of the two of them. They were frozen blastocysts, microscopic balls of dividing cells. In the picture they appear bubbling,
gray, weightless under the microscope. A third embryo died during the thaw, impaled by a sliver of ice.

When the blood pregnancy tests came back positive, the doctors thought it was twins. Then the numbers didn’t double as they should have. “We’re thinking it might be a bad pregnancy,” the doctor said, his voice soft like he was calling in secret, from a closet.

“Bad pregnancy?” I repeated.

“Not viable,” he clarified.

But he was wrong.

Eight and a half months later, I woke up at four in the morning leaking bloody water. I waddled to the bathroom, more bloody water.

Phil laid out my shoes on the bed and went to start the car. I snatched the shoes—shoes on a bed were bad luck, didn’t he know that?—and, waiting to feel the baby move, I put them on. No kicks.

I shook on the drive to the hospital, not from contractions but from nerves. Even my teeth shook, clackety-clack like the dentures of the nun teaching my confirmation class a million years ago. “Is this labor?”

“Not yet, if you don’t feel anything,” Phil said.

“What am I supposed to feel?”

“You’ll know it when you feel it,” he said. “At least that’s what they say.”

“Am I having the baby soon?”

He looked confused. “You’re having the baby today,” he said. “Your water broke.”
I decided he would handle the medical decisions. It was his hospital anyway. He’d been the anesthesiologist for lots of births there.

The seasons were changing, fall decomposing into another upstate winter. I ran through the radio stations, playing a game. If I heard a good song it would be a sign that everything was going to be fine. I’m sorry, I said in my head to the baby, in case she’d heard the thoughts I’d been having. It wasn’t you. It was just, I hate fall in this place.

We called my parents.

“Thirty seven weeks is term!” Phil said, nearly shouting, too cheerful. We drove past the strip malls and onto the highway. All the way to the hospital, I never heard a single good song.

The maternity floor was quiet. My room was ready, a perk of being a resident’s wife. In the bathroom, I took the gown out of plastic—a pale green gown, sickly like I felt—and put it on. The bloody water gushed intermittently, swamping the tile.

Pretty soon I’ll be someone’s mother, I said to myself as I put on the hospital underwear and affixed the industrial pad. I brushed my hair, which had grown unruly.

I put on some mascara. My face was round and bloated—nobody had ever called me all belly. The only thing I recognized in the mirror: my eyes. They were pleading, trapped in this new body, like the eyes of dogs in animal cruelty commercials. I had to look away.
Phil sat in the armchair next to the bed, eating a cafeteria breakfast. I crawled into the bed and let him feed me pieces of what looked like meatloaf but was actually crème brulee French toast. The OB walked in and I saw her and then I saw Phil straighten up and bite his lip nervously. The OB was young, maybe not even thirty, and black-haired and beautiful. She wore tight jeans and a gauzy blue top and heels, and her hair was silky and down to her mid-back.

“Hi Ashley,” Phil said, putting the fork down right as he was about to feed me a bite. “I didn’t know you were on today.”

“Til eight tomorrow, so I’ll be the one to deliver you.” She glanced at my abdomen. I wasn’t sure if it was me or the baby she was addressing. I smiled at the wall. I’d heard Phil talk about this woman. She was the resident whose fiancée worked for Google in California. He had a Slip N Slide in his office or some bullshit like that. She was lonely, couldn’t wait for the residency to be over so she could live happily ever after with Mr. Google.

“Primipara, right?” she said, looking at Phil.

“Primipara,” he said. I’d heard this word in the middle of the night when Phil got calls to go in to the hospital for epidurals. They learned a whole language in residency, a secret code.

“Let’s just wait for things to get started on their own,” she said. “We’ll give it half a day, then see where we are.” She clicked out of the room. Where the hell was she going? Where were the doctors from my OB appointments? I’d rotated through at least five of them, tried to memorize their faces.
I went back to the bathroom and put blush and lipstick on, a little eyeliner. “She’s not in charge, is she?” I yelled out to Phil. Who could trust an obstetrician in heels?

“She’s the fourth-year, but there’s always an attending. She’s good, but she’s kind of a weirdo,” he said. By which he meant she was pretty, maybe prettier than I was, but that I shouldn’t worry. He was handsome and funny and uncomplicated and someday, he was going to be pretty rich. I worried.

My doula was late. There had been another birth across town, she blew in apologizing. Phil had met her at a birth he’d done an epidural for. You’d like her, he said, and he was right: she was a true New England hippie, long gray hair and heavy scarves knotted dramatically. She set up tealights and put soft music on and got me a ball to roll around on.

She read me a meditation while I rolled on the blue ball at the foot of the bed. “Your nurse is good,” she said. “Hyper, but good.”

Getting in the tub was out, since my water had broken first. I had to change my pad every hour, and I had to wipe with antiseptic towels every time I peed. Between the peeing and the wiping and the ball-rolling, I was busy, I was in a groove, nothing hurt too bad. Until the Pitocin.

The nurse kept cranking the Pitocin’s dial, like she was a demonic roller coaster operator. I’d watch as she turned the dial, and she’d whisper *sorry* and I thought there was maybe some part of her that enjoyed seeing me writhe in pain. At 2 AM and 8 centimeters I wanted the epidural, I wanted it now, I wanted it twenty minutes ago where the fuck was the anesthesiologist, how long did they make
people who weren’t married to doctors wait? I stayed still through the contractions as he threaded things into my spine. Then it was too much medication, I was shaking, couldn’t feel my legs, holding on to the hospital bed railing, teeth chattering. Claustrophobia, for myself and the baby. She needed to get out.

The nurse turned into a cheerleader. “Ok sweetie, one two three push one two three PUSH let’s give it a good one now MAKE IT COUNT.” I huffed and puffed. Ashley’s attending, a man I’d never met, came in at the last minute and washed his hands in the corner sink. He brought a huge light out of the ceiling that looked, with its piercing glare and spindly legs, like an alien. When he turned it on, it shone like a stadium light.

All of the pushing was so unsatisfying. Nothing moved. And then the epidural made the baby’s heart rate go down and they strapped an oxygen mask on me. I took deep breaths, the doula in the corner muttering to Phil that it wasn’t necessary. These are my last breaths, I wanted to say. I was pretty sure of it. Then, the ring of fire. I was happy to be feeling something. When the doctor said he could see the head, I pushed and screamed out loud. I was embarrassed at my animalism. There was the doula by my side, nodding that it was ok. Phil looked dazed.

It only took another push or two and she slipped out, as an egg from a yolk. Having a baby in my womb was like discovering a new room in a house I thought I knew well. I’d been living there for thirty years. Pushing that baby into the world was a test: was this all real?

I was still breathing deep when the doctor ripped off the oxygen mask. He cradled her and held her up for me to see while Phil cut the umbilical cord. I didn’t
think it was fair that they were so close to her first. Phil brought her to me. The room went quiet. As she let out her first cry, her face scrunched, reminding me of my mother’s.

This was the golden hour. Immediately after birth, they bring your baby to your chest and you two are skin-to-skin and the bonding starts. She latches on, and thus begins her road to health and brilliance and Harvard. The breastmilk is the thing: if the golden hour is fucked with and there is no latching and colostrum to be had, the baby cannot attach to you or anyone else and goes through life fundamentally miserable.

At first the baby did what she was supposed to do. She latched on and I held her there, her arms like sausages in casing, her greedy mouth. I was sleepy, thinking about how her being born didn’t explain anything. Not the mystery of her growing inside me, of me wanting her and being terrified, the miracle and science of her being alive at all. The nurse, whose post-birth face held no vestige of the insane cheerleader she’d been, took the baby for footprints. I tried to sit up but my midsection was gone; they raised the incline of the bed. When the baby came back she felt different, cooler and squirmy. Like she had seen the world and wanted to go back home. I noticed that they’d gotten too much ink on the bottoms of her feet. They were grayish. I let her flop her head on my chest.

Phil pressed on her foot. “Her color’s off. Is her color off?” he asked the nurse.

She came over. “She’s good,” she said. But she stayed, watching. The color was spreading and changing to purple-blue. The baby started breathing heavier and making a funny rattling noise when she exhaled. Little spit bubbles formed around
her mouth. The nurse took her to the corner of the room and turned on the lights. I watched Phil. He was frozen. The nurse laid the baby on the little platform bed they’d used to prick her heel. She put an oxygen mask on her and started squeezing a ball attached to it.

I wanted to get up but I couldn’t move. “What’s going on?”

“They’re bagging her,” Phil said. “Oh my god.” I didn’t know what that meant. A body bag? Some kind of oxygen chamber?

The nurse took the baby to the other side of the room and picked up the phone. It was a black wall phone with a cord. “We’ve got a baby here who’s dusky and grunty. We need respiratory, right away.”

I closed my eyes. When I opened them, three respiratory fairy godmothers were there, wheeling carts. I didn’t believe they were old enough to know what they were doing. They took turns trying to give her oxygen, taping wires to her chest and reading off numbers. One of them left. She came back, running, six doctors—residents, attendings, I wasn’t sure who—in tow.

The oldest doctor took one look and shook her head. “It’s not coming up. Let the mother say goodbye.”

One of the respiratory girls brought the baby to me. She placed her in my arms. “Goodbye,” I said, staring at her eyes, the creases under them. She was covered in creamy white vernix, like a thick layer of butter. Under that, she was purple-blue, the ocean beneath a setting sun. “What’s happening?”

“We’re taking her to the NICU. She needs help breathing,” the girl said. She carried her back to a crib on wheels. The crib had a plastic top that the girl pulled
over and secured. The baby looked out of one of the cruise-ship portholes on the side. Phil followed them into the hall and I could hear him talking to the doctors, then on the phone with our parents, telling them to get on planes. It was 6:45 AM. We had gotten an hour, hadn’t we? I looked at my phone, saw the congratulations texts, put it aside.

We had to wait six hours to see her. Finally, when it was time, Phil wheeled me down to the NICU.

We rang the doorbell and sanitized our hands and then they opened the door to the unit. The lights were bright in the main hall, but it was dark in the area that housed the pods. It smelled like hospital-grade cleaning supplies. I didn’t see any other parents, just babies crying or sleeping in their isolettes while nurses wrote notes.

Helen’s pod was midway down the hall. The curtain was open and she was against the wall in the isolette.

“She’s on pretty high oxygen settings,” the nurse told us. “She’s a very sick little girl.”

Phil stiffened. “But she’ll be fine.”

“Yes, I think she will. It’ll take some time.”

I couldn’t look at her. Her eyes were closed, and she had a CPAP machine attached to her nose. I looked at my stomach, where she used to be.

“You can touch her,” the nurse said. “She knows it’s you.”
Sitting in the wheelchair, we were on the same level. I stuck my hand through the porthole and touched hers, which was curled into a fist. I’m sorry, I tried to communicate.

“Sometimes they like it if you talk to them,” the nurse said. “Real quietly.”

I couldn’t. I looked back at my stomach. Phil put his hand in and whispered, “Hey, little darlin.”

I’d never heard him call anyone darlin. For a second I was jealous, and then it made me smile.

Back in the post-delivery room, a nurse came in and pressed on my abdomen until I was sure I was going to pass out. I could feel everything seeping out of me.

“You’ll thank me later,” she said.

Phil went to the medical library. From the bed, I Googled: Can fetuses read their mothers’ minds? I got about two million results.

Then I Googled respiratory distress syndrome. Jackie Kennedy had a son who died of it a half century ago. A baby born with it before the 1980s died within hours or, at best, days. The doctor who found the cure noticed on x-ray images that affected babies’ lungs looked like they were filled with glass shards. All of the others had been focused on the glass shards as the problem. Actually, it was the lack of a soapy substance found in healthy lungs called surfactant. Surfactant was what made healthy lungs expand.

The cure-finder said that her research was a process of failing and not losing hope. You have to be willing to begin again. Like writing, like life. And I kept repeating it in my head—begin again, whatever that means.
Chapter Three

We’re going on an emergency date. “Love you,” I tell Helen, and go out the front door, fast. She’s at the window, cheek to the glass, hysterical. The babysitter looms in the background, one hand on Helen’s shoulder, one hand texting. Helen’s already bathed and in her pajamas. All she has to do is calm down enough to fall asleep.

“What took so long?” Phil asks when I get in the car.

“Helen. I thought separation anxiety was a younger kid’s thing. I heard her muttering on the way upstairs: I can find her anywhere I go. I’m gonna find her and I’m just gonna TAKE her.”

“Take you?” he laughs.

I settle back, watch Phil’s speedometer. We’re headed to Philadelphia, to a new restaurant everyone’s talking about. It’s in Fishtown, right next to Kensington, which the newspaper recently described as the country’s largest open-air narcotics market. This’ll be one of those places with bearded hipster chefs in white aprons and lots of subway tile.

“I’m thinking about inviting Gloria over for dinner,” I say.

“Gloria?”

“Our neighbor.”

He raises his eyebrows. “Where are you seeing so much of her?”

“Places,” I say. I don’t tell him that Gloria and I are walking buddies now, that she’s ninety years old. He’d feel bad for me, think I need to make friends with
somebody my own age. We’re on 95 now, passing the exit I grew up off of. Marsh Road. Instead of a marsh, the exit passes by a triangular building that houses sand for winter storms.

“I never used to know what that was,” I say, pointing to it. “And then when my parents told me, I used to call it the sand castle.”

Phil smiles. He likes stories of the kid me, a me before he came around. “Doesn’t Gloria have her own people to hang out with?”

“Her own people? See, that’s the whole problem,” I say, looking out the window at the Welcome to Pennsylvania sign, blue with red flowers. “Tribalism. We all think everybody’s with their own people, so we better just not bother.” Here I go, winding up. I get lecture-y at random, on car rides, before sleep. “I guess she probably does.”

We pass Chester, brown row-homes in a line along the highway, then sports stadiums, billboards. Smokestacks line the Delaware River, every billow a little apocalypse. It’s a city of many faces. It’s got a great food scene now, it’s reviving, it’s the poorest big city in America. Everybody agrees on one thing: heroin ate whole swathes of the city. Entire neighborhoods are zombiefied.

The restaurant in Fishtown is packed, girls in big glasses, fedoras. I’m dressed like a mom in the big city, a wrap top and cuffed jeans. Flats. The food is just okay. After, we walk the cobblestone streets over to the movies; we’re going to see one about a guy who climbed the rocky face of El Capitan without a rope. Phil drapes his coat over my lap in the theatre. In the movie, the guy keeps bailing. He retreats to his van, waiting to climb. One morning he finally does, survives the
3,000 foot vertical climb, nothing to prevent him from falling to certain death. No backup plan. He makes climbing up the face of a mountain look natural.

Phil loves movies like these, about the sort of adventures we know we'll never have. When we met, he told me he had a bit of wanderlust, but I haven't heard him say that in a long time.

On the way home I'm thinking of bed and the weekend, when I can get Phil to replace a broken bathroom doorknob. Phil's zooming in the left lane. I remember when we got engaged, I was in the middle of my first semester as a grad assistant. I was teaching an intro to creative writing course. I'm remembering this asshole kid—probably a pretty smart kid, in retrospect—who brought in a passage from Portnoy's Complaint as an example of good writing.

"Do you remember that?" I ask Phil.

"Remember what?"

We're at the point in our marriage where we forget we can't read each other's minds. "When that kid in my workshop brought in that pornographic passage and read it?"

"Yeah," he says.

"I can still see his face. He had a rattail. Did I ever tell you what he told the class after I announced our engagement?"

"I don't remember," Phil says.

"He looked me right in the eye and said there's no romance in family."

Phil smirks. "What, and you think he's right, now?"

"No," I say. "You're so romantic." I roll my eyes and laugh.
“I know. I know I am. Remember that Valentine’s Day? The giant fortune cookie?”

I nod. When we were dating he’d sent me flowers and a giant fortune cookie. The fortune asked me if I would go to his annual medical school gala with him. We were twenty-two; I was giddy.

“That was what, ten years ago?” I say.

“Oh, so I’m not romantic enough for you now?”

I smile, pat his arm. “Yeah, IUIs are the height of romance. Especially when your partner isn’t even there to hold your hand while they inject you with his sperm.”

“I told you I could have canceled my afternoon,” he says.

“I handled it fine on my own,” I tell him. “At this point I could do em in my sleep.”

“I know it’s not fair,” he says.

“It’s not,” I say. “And it won’t be fair when it doesn’t work and I have to do IVF. And then if I do get pregnant and have to deal with the pregnancy, that won’t be fair. And when I’m postpartum and depressed and chained to a baby and your two weeks off is up, that really won’t be fair.” I give a triumphant sigh.

“Oh, and it’s all my fault?

“It’s not all your fault,” I say.

“Chained to a baby? Are you sure you want to go through with this?”

“No,” I say. “I don’t want to go through with it. Would anyone want to? But I’m doing it so she can have a sibling. And so I’ll never regret not trying. I can just see
it. You’re like seventy years old and you confess to me that always wanted more kids.”

“I won’t do that,” he says. “It’s really up to you.”

“Yeah right,” I say. “It’s not just up to me.”

“You sound mad,” he says.

“I’m not mad.” I pause, wondering if this is true. “I’m just telling the truth.”

There are those who believe infertility can be cured through a variety of nonmedical treatments: basal body temperature charting, ovulation tracking, herbs, acupuncture, green smoothies, loving each other enough, meditation, quitting Cheetos. I’ve tried it all. I am no longer one of those people.

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There wasn’t a single mom or dad adjunct I knew in New England who wasn’t at least a little depressed. Financially we were in shambles, those of us whose partners weren’t supporting us. At my annual adjunct orientation, they could never even spring for sparkling water, just generic-brand mini water bottles. When the department chair sent out emails asking for updates on adjunct accomplishments, I would imagine writing back I got out of bed today.

I’m convinced mother-adjuncts have it the worst. We take these jobs because we want to be there for our kids, and then we end up in line at Walgreens ten minutes before class starts, picking up the antibiotics, on the phone with daycare or the nanny or whatever childcare we’ve slapped together for the day, telling them
we’re coming right home as soon as class is over, wondering like always what the hell everybody’s gonna eat for dinner.

I’ve gone through the stages of grief for my former life. Could have been a touch of postpartum depression but honestly, who didn’t have that? I think I’ve cured myself. It took roughly three years. I’ve embarked on an idealistic and impossible to maintain self-improvement plan. I run on the treadmill at the Y, gazing at the hazy, nondescript suburban Delaware horizon, a scrappy tree here, the roof of a Jiffy Lube there. The treadmill’s screen simulates running through the streets of Venice, but I don’t focus on that. Fuck Venice. I am in Wilmington, home of almost-Philly accents and tax-free shopping and post-Scranton Joe Biden and, if you can believe it, some really bad gang violence. I rollerbladed on the grounds of spewing DuPont chemical plants as a little girl. They smelled like rotten eggs and gave Delaware a ten percent higher cancer rate than the rest of the nation. *A Place to be Somebody*, the sign on I-95 in Wilmington says. They used to call Delaware *Small Wonder*; there were highway signs and everything. But sometime during my life elsewhere, they changed their mind.

At home, I’ve got an hour before preschool pickup, just enough time for a walk. I like to walk in the preserve, among the towering tulip trees that drop milky green blossoms streaked with orange all over Helen’s swingset in late spring. There’s a trail through the woods with a bridge over a small creek. Along the creek, a bench that belongs to somebody else and a deer stand. Frogs hang out down there, skittering away when I approach. A snake skin, silvery black, among the fall leaves
underfoot. The trail passes a few homes; when I walk by Gloria’s, the back door flies open.

“I knew I’d see you today!” she yells. She’s in her purple track suit, waistband high over her old-woman paunch. “Mind if I join you?” She waves her cane at the trail.

“Oh course not.” Gloria lives alone. She’s slowly losing her mind. Most afternoons, she plows through the neighborhood in her shiny black Mercedes, jerking to a stop to greet the mailman, a squirrel, any living thing.

“Is Helen at school? I tell you, you must be one of the only ones left,” she says. She thinks I’m a stay at home mom. “Does Phil not want you to work? Is that it?”

“No,” I say. “He’s fine—"

She cuts me off. “I’m sure I’ve told you about Arnie. He wanted me to work. This was radical for the sixties. I mean, he was a CEO. It wasn’t like we needed the money.”

I wait for the story. Gloria was a reporter for a small newspaper in New England. Her husband did something with chemicals, oil, something that required them to be in Tehran, and then came the revolution. “We could hear the gunshots from our hotel,” she says. “I had to lay low.” She sighs. “It really was an exciting life.”

Her cane keeps hitting rocks and slipping. She folds it up and grabs my hand. Her skin slips around the bones of her fingers loosely, the knuckles large, arthritic.

“Did you have any kids then?”

“Sure, sure, my son Sam and then Patricia. We kept them in a boarding program in New Hampshire.”
I know Sam and Patricia. They pull into Gloria’s circular drive like vultures on Thanksgiving, leave with bags and checks. They wave and board planes for the West Coast.

“Was that hard? Putting them in boarding school?”

“Not as hard as keeping them at home would’ve been!” she cackles. “There’s a great school downstate, St. Andrews. You might think of it for Helen. Great sports programs, great mentors.”

“I don’t think so,” I say. “It’s funny, it took me so long to adjust to being a mom. And now when Helen’s at preschool, the house almost seems too quiet sometimes.”

“Ah, too quiet, don’t like to hear the thoughts inside your head?”

I laugh. “Maybe not.”

We do the Gloria circle, a small loop that passes a meadow and some wooden birdhouses. When we’re back at her house I tell her I can’t come in.

“How does Helen like her present?”

“Loves it,” I say. Gloria thinks she bought her a teddy bear, but it’s actually a dog toy.

“Well, think about going back to work,” she says through the screen door.

“You’re too young to look so tired.”

I nod. I am tired. And why? I have almost everything I said I wanted.

*
All afternoon Helen and I play in the basement. The Beast is her favorite. Somebody gave her a plastic beast doll and she’s in love with him. The beast listens to music, eats a banana, dances to “Tale As Old As Time”. When I sneak upstairs to make some tea, I disappear the beast. He looks lost up at the top of the closet, in his formal blue and gold topcoat with tails. Phil has decided we need to put the kabash on the Disney shit. I’m taking it away one clip-on earring, one glove, one figurine at a time. Before the tea’s ready Helen comes upstairs, does ballet moves around the kitchen island.

“Thank you, your majesty,” she says, curtsying extravagantly, when I bring her a juice box.

By the time Phil gets home, I’ve given up and we’re on the couch watching YouTube clips of Beauty and the Beast. Tale as old as time, true as it can be.

Later, when I’m doing the dishes, I listen to a parenting podcast. I’ve been listening to this woman for a couple years. I don’t remember how I found her in the first place. At first I was sure she was a psychologist, she spoke with such confidence on child development. Later I noticed her advice was the same for every parenting problem she addressed, mumbo jumbo about being a leader and letting children fall apart when they need to. I Googled her and turns out she’s a former child actress with no real credentials. I still listen from time to time. Today she says that it’s been scientifically proven that babies’ attention is “lantern-like”, that they see all, are hyperaware, absorb all. Even mood can be picked up by an infant.
I remind myself to try to stay awake tonight for Phil. How long it’s been, I can’t remember, a couple of weeks. I have almost all of my sexual mojo back. The world no longer notices—I’m ma’am, mommy, no catcalls here—but I do.

I hear Helen upstairs reciting the part when the beast dies. “Will I die soon, Daddy? Will you?”

Phil says something I can’t hear.

“I want to come back as Helen,” she says. “Or a bird, so I can fly.”

Like she does on her bike, riding away from me, those tiny shoulders wiggling.

* 

On my early morning walk I go by Gloria’s. She’s out on her porch, reading the paper. She’s got on a tea-length pale pink robe and a shower cap. “I was hoping I’d see you. Quick walk?”

“Don’t you need to change?”

She waves a hand dismissively. “I was about to shower but who needs it? Let’s go the creek. We can sit.”

She unfolds her cane and we set out. Everywhere, ferns are dying back. In spring they unfurl their closed fingers, in late fall they collapse under their own weight. Down by the creek the fallen leaves collect along rocks and the water finds a way. We sit on the bench. Through the trees, I can see up to our back deck and Gloria’s garage.
Gloria pulls out a Ziploc bag. “Sammy brought me these,” she says. They're little gummy candies. “Want one?”

“What are they?”


“Do they get you high?”

“It’s mild,” she says. “If you're nervous just take a small piece.”

I rip off part of a paw. “Are you sure it’s okay for you to be doing this?”

“Darling, I’m ninety years old,” she says. “I do what I want.” She plops a whole paw in her mouth. In the filtered light I see gray whiskery hairs on her upper lip. I chew the toe.

“Is it okay for you to be doing this? You aren’t knocked up, right?”

“Not yet,” I said. “But I’m doing some special treatments to try to get there.”

I look down and see Gloria’s wearing flip flops. It’s October, fifty five degrees or so.

“Flip flops?”

“I like to air out my feet.” She kicks the shoes off. “Nothing much gets a rise out of me anymore, except that feeling of air on my skin.”

I nod. I could fall asleep here, with the water gurgling by. Maybe nobody would find me, maybe I’d become like the ferns, opening to the sky and closing to the dirt. Or like a character from one of Helen’s books, I’d ride on the backs of the woodland creatures, howling through the forest. Peek through Helen’s bedroom window at night to check on her. Phil wouldn’t feel my presence, he’s not attuned to things like that. I think Helen would. She’d get goosebumps when she heard my call.
“What are you thinking about?” Gloria asks. “You’re always staring off.”

“Running away,” I say.

“No use,” she says. “They’d have the hounds after you in no time. I tried it once, when they were really small. Said I had a story to report up in the White Mountains, holed up at a ski resort. I only lasted half a day til the guilt took over.”

She looks at the tops of the trees. “At least I only had two. Most of em had four or more in those days. Absolute sitting ducks. I recommend no more than two.”

“Something’s going on with that,” I say. I feel a little fuzzy. “We’re losing our fertility.”

“You’re all waiting too long,” she says. “I had Sam when I was twenty four.”

I nod. I’ve heard this before.

“Look!” Gloria points her cane at the creek. “See that frog?” She lifts herself off the bench. “Hey, little guy,” she says, tapping it with her cane. The frog jumps into the water.

“I heard they’re going extinct,” she says. “They’re good luck, you know.”

Gloria tries to get up. I grab her arm. Her head wobbles. “We should get you back.”

“Come on. Feel the water,” she says. “If you touch a frog it’ll cure you.”

“Cure me?”

“You know what I mean,” she says.

I drag my hand through the water.

“Deeper.”

“I don’t know what’s in there!”
She laughs. “Scaredy cat.”

I plunge deeper, feel moss and what could be frog skin, slippery like Gloria’s hands.

“There. It’s good luck. Haven’t you heard of Heqet? The frog woman, the fertility goddess.”

I shake my head. “How do you even know that?”

“Everybody back then had to learn about the gods and goddesses,” she says.

She glances around the forest. “By the time my kids are my age, this’ll all be gone.” She sighs.

Up the hill, I can see lights going on at my house. We start back on the trail. Gloria’s zen as hell, pointing out leaves starting to turn and clouds she says look like cats. I forgot pot makes me paranoid. I keep picturing Helen running out the back door and down to the creek, slipping, hitting her head, face down in the creek. We need a fence.

We’re at Gloria’s back door. She stares at me, blue watery eyes, purple-gray waves. “Alice is coming today,” she says. “She’s making roast chicken. Her roast chicken is exactly like the one my mother used to make.” She claims Alice is her housekeeper, but I’ve never seen her.

I wave goodbye to Gloria and look over to my house. I bet Helen’s already awake, she’s asking if she can taste a sip of Phil’s coffee. I look up. The leaves still on the tallest trees are like freckles against the blue. I think how if I had a baby, I might not have time for these walks.
My sister Allison, studying to be a psychologist, says I’m the one with the only child hang-up, that nobody else cares. Only children might be better off, anyway, she says. There are no proven benefits to siblings.

I go around picking up sticks that are vertical in our lawn, tossed around on some windy night. What I’ve learned from living in this forest house is that nature is brutal. I drag a limb from the mud, throw it back into the forest. Birds are waking up all around me, cheeping deliriously, heading for the feeder we hung full of hot pepper seed to ward off the squirrels. Birds can’t taste hot pepper, the bird store man told us. They can eat whatever they want and they can fly, he’d said smugly. He went on: I love Thai food, but I pay for it the next day. Too much information, bird man, Phil said when we got in the car. We all laughed, even Helen. When Helen laughs, everything in the world is good. Smile and the world smiles with you, my grandmother used to say. Frown and you frown alone.

There’s an empty room on the second floor of our house. It’s not a guest room—we already have one of those. We haven’t said it to each other, but we both know it would be the baby’s room. I look up at the baby’s window. The lights are off in there; all I see is darkness. There is ice in my heart about another baby. I think it might be starting to thaw, but I’m not going to tell anyone. I throw another stick into the forest. I wish it could crack open my hard heart.

*

I call my mother, update her on the IUI.
“Dad told me the other night he doesn’t want you to do it,” she says. “He said he doesn’t want what happened with Helen to happen again.”

“It was a freak thing,” I say. “Nothing to do with the IVF. And the chances of it happening again are...” I exhale. “Slim.”

“Is that what they told you?”

“Well, sort of,” I say. “They said it was a very specific series of misfortunes and my ability to have a healthy baby is totally intact.”

I don’t tell her that they also informed us that there are new standards of care in IVF pregnancies, ones that involve weekly ultrasounds and maternal fetal echocardiograms due to the slightly elevated risk of cardiac anomalies. I don’t believe half of what they say; I don’t know what to believe. What I know is I survived once and put myself together again, like Helen did her Mrs. Potato Head, until Mrs. Potato Head tragically went missing in the move. I think I miss her more than anyone. The next time will I be able to put myself back together again?

Chapter Four

The baby next door was dead. The nurse tried to distract me by talking, but I could see, under the curtains surrounding our pod, the mother’s black clogs and the father’s sneakers, laces untied. The parents asked why and the doctor whispered something in reply. Our nurse hovered, asking how I was doing, and how had I been
sleeping and was I eating and when had I last pumped, because I looked really full. I unbuttoned my shirt to expose the hands-free pumping bra. I stuck the funnels through the bra’s nipple slits and connected them to the breast pump tubes. The tubes huffed and puffed sucking out my milk, producing a noise that sounded like someone repeatedly whispering \textit{black spot, black spot}. When the milk came, I gave an orgasmic sigh. “That does feel better,” I said, even though it didn’t.

“Are your nipples sore?”

“I don’t know,” I said, unsuctioning a breast.

“A little, yes,” the nurse said. “I’ll bring you some cream for that.”

I wouldn’t use her cream, but I nodded anyway. I let her think I would so she would leave me alone and I could go back to staring at the isolette five feet in front of me. Flanking the isolette, an IV pole, a ventilator, and a screen that monitored heart rate and oxygen saturation.

Phil was at the resident library, scanning articles on respiratory distress and surfactant replacement therapy and the effects of mechanical ventilation on neonates. He knew just enough to be dangerous. He believed, as doctors do, that if you look hard enough, you’ll find an answer.

The parents of the dead baby got their answer. A few days earlier, when their baby was still alive, I’d heard the doctors tell them it would be a long road. I braced myself for someone to say that about Helen. I was learning the lingo, a mix of bullshit clichés and nearly indecipherable medical jargon. You couldn’t trust them to give it to you straight; they all talked like the lifesavers they wanted to be.
On the screen in front of me, the oxygen saturation dipped to 85 and the machine beeped. The nurse turned the oxygen up and I watched the numbers climb to 89. I looked at my baby. She was asleep, as she had been for most of her week of life. The tape around the leads on her chest shrunk and expanded. Through the breathing tube she was being given a surfactant replacement, a mixture of fats and proteins made from the lungs of cows. Nobody knew why she didn’t have her own surfactant when she was born. Without it, the air sacs in her lungs stuck together, suffocating her. She was on her third dose, the maximum they could give, and she still wasn’t able to breathe without the ventilator. When she was first born, she looked like my mother, something in the curve of her lips, and I had the twin sensations of deep connection and profound disorientation, a thread pulled back through time. Now, with a tube down her throat and a taped white mask covering her nose and mouth, she looked more like Hannibal Lector, and I was terrified.

When the doctors told the parents of the dead baby to say goodbye, I pulled the curtains tight against the walls of our pod. I could not bear witness to their pain. As the parents’ shoes passed by, I turned my back to the mother’s cries. Helen’s chest retracted in a staccato dance of tiny ribs and puffed belly, every mechanical breath looking like it might be her last.

*

On NICU day twelve Phil and I met with a hospital social worker. We’d been allowed to stay in the post-delivery room for much longer than normal, and now
they needed it back. But we couldn’t go home. Home was forty minutes down the
interstate. The social worker told us we could stay across the street at Meredith
House, a Ronald McDonald knockoff. The pamphlet called it a haven away from
home. On the cover, a woman with 1985 curls smiled like she understood my
troubles. “NICU moms stay as long as they need,” the social worker said.

When she left, we went to see the baby. The nurse was about to start evening
care. She asked if we wanted to change her diaper, and I did. The nurse recorded
her temperature and oxygen sats and checked her leads, breathing tube, feeding
tube. She pressed a button and I saw my breast milk tunnel through the tube and
into the baby’s nose. Sometimes, the baby would regurgitate the milk back into the
tube. If the nurse was a stickler, she’d send the regurgitated milk back through the
baby’s tube and into her stomach. This nurse let it go. She recorded that the baby
got 2 ounces through the tube, kept down an ounce and weighed six pounds seven
ounces.

She handed me the thermometer to take the baby’s temperature. I lifted her
nearly weightless arm, got a beep at 92.3. “It didn’t work,” I told her. “Can you do it?”

“You have got to learn how to do these things,” the nurse snapped. She saw
the look on my face and softened. “I know it’s hard. But she’s going to go home
eventually and part of my job is to prepare you.”

I gave the thermometer to Phil and went out into the hall. There was a big
bulletin board of NICU graduates. Parents sent in pictures and letters and holiday
cards. Some of the babies, the really early ones, were clearly screwed up for life, but
the mothers wrote things like “We are eternally grateful to the NICU for saving our
precious Ava.” Those mothers were the sacrificing kind, the right kind of mother, the kind who believed that everything happens for a reason. I knew even then I wasn’t like them. For a long time, I didn’t want to be a mom at all. I thought it meant giving everything up.

The day before, the day nurse gave us a list of things the baby had to do to get out of there:

- get off the ventilator
- breathe room air
- drink two ounces every three hours by mouth,
- prove that she’s gaining weight
- pass the car seat test

The baby’s driving the bus, she said.

“What bus?” I muttered to Phil, in a voice probably loud enough for her to hear.

Helen’s pod at the NICU was always silent but for the hiss and rasp of mechanical breathing. She stared out of the isolette, her animal eyes that I knew saw things, no matter what the baby books said. She moved her arms slowly and gracefully, like the air was water. By then I had asked every nurse and every doctor if they thought she was going to be okay and I hadn’t heard the long road story yet. Give it time, they’d say, and they wouldn’t say how long.

When the baby’s care was done, we walked back to the Meredith House. I hadn’t been anywhere but the third floor of North Country Medical Center in almost two weeks. Outside, a cement figurine stood along the circular drive, Mary holding
baby Jesus, Jesus’ palms held out plaintively. This used to be a Catholic hospital before the bigger hospital came and bought it. They left behind the chapel and the figurine, in case anybody needed them.

Only a few cars in the parking lot that night. The colors of the fall leaves, passing headlights that burned my eyes. I looked to the sky, but I couldn’t see stars out there. It was just gray-black.

“I don’t understand what’s going on,” I told Phil. He wrapped his jacket around me. Those days, it seemed I never had what I needed.

“They think it’s chorio. But it doesn’t make sense because you didn’t have any signs of infection. But you did have prom.”

“Chorio?”

He gave me an eye roll of disbelief. “The amniotic sac infection, because you had premature rupture of membranes. The longer you go before starting labor once your water’s broken, the more likely it is you’ll get an infection. That’s why Ashley was saying water breaking first is the bane of OBs’ existence, remember?”

“Well then, I guess I was a terrible patient.”

“You were a great patient. I can’t believe how fast you got her out of you.”

“I just don’t know why this is happening,” I said.

Phil threw up his hands. “I told you what they think.”

That wasn’t what I meant, but I didn’t say anything. To the outside world, we were a couple out on a night stroll. We got to the Meredith House. It was a ranch with chipping shit brown paint and a wheelchair ramp. Inside, it smelled like mothballs and autumn-flavored Yankee candles. A skinny old woman sat on the
plaid couch in the living room, watching a makeover show. “Hello,” she said, turning creakily toward us. “How are you?”

“Alright,” Phil said. “How are you?” He gave one of his disarming smiles.

The woman muted the TV. I got the feeling we might be in for a long chat. She had a floor-length high-collared pink robe on. “I’m fine. My husband had a heart attack in the parking lot of Tinney’s Tavern. Got a triple bypass. Been here a week and he’s getting stronger every day.”

“That’s good to hear,” Phil said in his encouraging-doctor tone.

“I’m from way up in the foothills,” she said waving behind her. “You guys from away?”

“Yeah,” I said.

She pulled out her phone and showed us a picture of her husband. He was ruddy with a neck that looked like beef carpaccio. She held up knitting needles and gray yarn. “I’m making him a hat for when he comes home.”

“That’s nice. I just had a baby,” I said. I put my hand on my abdomen but she wasn’t there. “She’s having a little trouble.”

“Oh my. Dear. I’ll pray for her,” she said. “How long she gonna be in there? How long you staying here?”

Phil slipped away without answering. “Indefinitely,” I said.

“You don’t have to go back to work?”

“I’m on leave,” I said. I hadn’t applied to teach in the spring. I wanted time with the baby.
“Good thing they gave you leave. I just saw something on the news about Amazon. They’ve gotta be the biggest bunch of a-holes in the world, way they treat their workers. The one girl, her baby died. Guess she was real broken up about it, and they wouldn’t even let her take any time off.”

I shook my head to free myself of the image of the dead baby.

The woman continued. “So what’s wrong with your baby?”

“They don’t really know,” I said. “They think maybe I had an infection that passed to the baby.”

She waved her hand at me. “Don’t blame yourself. Plenty of time for that once your kid’s out in the world, screwing up royally. If you had some infection it wasn’t your fault. You look like somebody who follows the rules.”

“The rules drove me crazy. No unpasteurized cheese, avoid stress, no wine, only buy an organic crib mattress. That got me nowhere. I haven’t been able to hold her in eleven days,” I said. “I have to wait until the breathing tube’s out.”

The woman clucked and shook her head. “Damn shame.” I wanted her to be more shocked, but she just kept knitting. Tips popped up on the TV screen: how to get the haircut of your dreams.

The woman ripped out some of the knitting. “You know, it’s like one step forward, two steps back. Every time I re-start the darn thing I swear I’m gonna quit. Guess that’s the nature of the beast.”

I don’t knit, but I see why people do. You get old and time starts to go fast and you wake up at night wondering what you’re going to leave behind on this Earth. You think: maybe I’ll take up knitting.
“Do you have any kids?”

“Two sons,” she says. “I tell you, you’re lucky you had a daughter. Don’t see the sons coming up here to help when Jack’s in the hospital.”

“I’m lucky?”

“Well, I’m sure you don’t feel that way now. But they’ll fix her. It’s a good hospital. The best.”

It wasn’t the best. It was a second-rate hospital in a town only former hippies and outdoorsmen wanted to live in. Phil tried for Johns Hopkins, so we could’ve stayed close to family, but they rejected him.

“Your baby’s gonna be fine,” she continued, the knitting needles clicking away. “You’ll see. It’s good you decided to have her here, not at some earth-mother place like some of them do.”

I was tired of hearing that she was going to be fine. It was what my friends said, our parents. “I won’t believe that until she’s home and healthy.”

“Of course not. You gotta get her home and then you’ll be wondering what the hell made you want to get home so fast.”

“I doubt it.”

“Having a newborn at home, for a while you feel like you have the worst hangover of your life, combined with the worst flu of your life. And you always smell poop. You’re looking all over your sweater going, where’s the poop? I know there’s poop on me.”

“I’d rather smell poop than have to see her on a ventilator.”
She nodded like I’d made a valid point and focused on her knitting. I could hear Phil brushing his teeth down the hall. I watched the muted TV for a while.

Eventually she fell asleep. I wandered around the house, snooping. In the desk by the front door, a bunch of pamphlets and forms from former Becky’s House patrons. I paged through, looking for other mothers, but mostly it was older people. The halls were narrow and dark, with green carpeting and bedrooms on each side. Pictures of saints on the walls. The kitchen was yellowed linoleum circa 1990 and there was a dining room off the kitchen with a circular wooden table and blue placemats, like we were all going to sit down to dinner together. I found our bedroom. Phil was asleep under a red flowery duvet. The ability to sleep anytime, anywhere was one of the things that residency taught him.

Doilies lined the wicker nightstands. The carpet was pink and thick and stained. In the closet there was a shower caddy with a typed note attached it: Please keep all shower items in this caddy. Don’t leave anything in the shower. 😊 I went into the bathroom and turned the water to the hottest it went. There was nowhere to hang towels or clothes, so I piled everything on the peeling linoleum floor. In the shower I looked at my stomach as if at another woman’s body, from a distance. It had shrunk nearly back to normal with only a small droopy paunch at my lower pelvis like a kangaroo’s pouch.

That pink shower. It was a tub/shower combo with a slow drain that left me in water up to my ankles. A mildewed beige shower curtain encircled the whole mess. The shower and my effortlessly lost baby weight were the only pleasures I had in those days. My head pounded and my skin turned red under the hot water. I
bit my fingernails absentmindedly, then the cuticles until they bled. It was the noise and all the people and the incredible worry, a worry that left no room for anything else. Only in the shower did I remember my body.

It was there that I felt for the small tear. Gingerly, I checked the stitch; it was still there. I couldn’t remember what I was supposed to do about it. My OB-GYN team had disappeared. I’d ask Phil.

Before I went to sleep I called the NICU. There was a code I had to use if I wanted information over the phone. I had to give the numbers and ask for Baby Girl Z. There hadn’t been time to name Helen before she was transferred, so her official hospital name was Baby Girl Z. “This is Baby Girl Z’s mom,” I said. “Can you put me through to her nurse?”

The nurse came on. She made me repeat the code and I asked how the baby was doing.

“She had a pretty good night,” she said. “She’s at 86 percent. Getting closer to room air.” I heard the machines beep. “Get some rest.”

I hung up. I took Phil’s cell phone off of one of the doilies and looked through the text messages.

One from Ashley: Hanging in there? Is your wife okay?

He’d written back: Fine, thanks.

Let me know if she needs anything, Ashley replied.

God. What a fucking saint. I tossed his phone back to his side of the bed.

*
In the morning, the nurse was cleaning Helen’s stomach with a washcloth. Was this her first bath? I peered into the isolette. “Her belly button stump’s gone,” I said.

“Yes. The umbilical cord stump fell off last night,” the nurse said officiously. I thought of the baby soap I’d set out for her baths at home, in the bright upstairs bathroom. The bath toys and the thick, hooded towel.

The doctors were making their morning rounds. It always seemed like they rushed by us, maybe because they didn’t want Phil to catch them and ask a million questions. They huddled around the new admission next door, speaking their foreign language.

Ashley came around the curtain. Her hair was hair curled like a TV news anchor’s. “Hey there.” She grabbed my arm like we were friends. “Just FYI, they do offer antidepressants if you feel like you need it.”

I couldn’t take her pity. “I’ll let you know,” I said, keeping my eyes on the baby.

“I got her a little something,” Ashley said. She handed me a gift bag. Inside, a small poster engraved with Helen’s name and the words *twinkle twinkle little star, do you know how precious you are?*

“Thanks,” I said. It was something I’d never buy, something I’d sneer at if I saw it at a baby store, and yet I could feel my eyes welling up. “Phil, look.” I turned away. Too many people had already seen me cry.

“She really is precious,” Ashley continued. I nodded, and she went off to the next task.
The nurse looked my way. “How's the pumping? Do you know what let down feels like yet?”

Phil looked up from his articles. “I think she's had enough of the pep talks,” he said.

“It’s really important that she keep her supply up.”

They continued talking about my body like I wasn’t there. I didn’t know what let down felt like. Pumping was terrible and I was thinking of giving up. The baby turned her head toward them and listened. I stuck my hand through the porthole and let her grab my fingers and we looked at each other. Her eyes pleaded with me.

When the nurses changed shifts I could hear one nurse whisper to the other, “They're monitor watchers.” I looked at Phil. He was staring at the oxygen saturation line as it dipped and rose. I nudged him. The new nurse came in, young and blond pony-tailed. She scanned the day's notes. “You should go home,” she said. “Take advantage of us. We’re the best babysitters you’ll ever have.”

We obeyed. Outside, the leaves were off the trees. I wondered when that happened.

* 

Day Seventeen: the doctors said the third dose of the stuff from the cow’s lungs worked. They would try taking the breathing tube out the next day. Phil smiled at Helen, not the guarded half-smile he’d been giving, a real one. I wouldn’t let myself smile. I had seen, in the pod across the hall, a mother whose baby was
there for one hundred and twenty days. On the one hundred and twentieth day, when the mother was supposed to take the baby home, the baby failed the car seat test. I heard the beep of the monitor as the baby lost oxygen, and listened as the nurse told the mother that he couldn’t go home.

Time was warped in the NICU, just as time spent at home with an infant could be. The days are long, but the years are short, I’d heard mothers say. In the NICU the hours were long and the days accumulated as they would, I imagined, in jail: drained of color, repetitive. Our NICU tasks took on the importance of ritual. If we arrived, as we had today, too late for the morning care, we lamented that we had not been in time to watch the beige mixture of my pumped milk and total parenteral nutrition flow through Helen’s nose into her body. When the baby’s care was completed, I imagined her comfortable in her rest. I was unable to contemplate what it meant for her that she had not experienced life outside of that isolette after her first hour. Instead, we busied ourselves with the rituals, tiny diaper changing through the porthole, her first fingernail clipping.

“This is like palliative care,” I told Phil. He’d always had a vague interest in caring for people in death.

“Don’t say that,” he snapped. He turned his back to me and began talking to Helen, touching her through the porthole.

“How’s your morning?” he cooed. “You’re going to get that tube out soon. You might have a sore throat at first. Mommy can’t wait to hold you.”

In the cafeteria, he’d scarfed down his hospital oatmeal. “Gotta keep my strength for when my girls come home,” he’d said.
“Hi,” I waved to Helen from the recliner that was supposed to be for breastfeeding moms. What more could I say? When she was in the womb, I rarely talked to her, and never in the warm-fuzzy-bondy way the books suggested. If I said anything, it was along the lines of *come on, stop kicking my bladder, I'm trying to sleep.* Now she was out, but I had the feeling she was in a world beyond language. It was a sense and sound world, like all infants’, but Helen’s world also encompassed pain. Her pain was one that language—especially my language, which bore a remove from the visceral, because of who I was and what I hadn’t yet seen in my life—couldn’t touch. I liked things pretty and neat, contained. I had to salvage whatever authority as a mother I possibly could, so I was the one who cut her nails, who put the paste on when she had a diaper rash. I had none of the mom supplies I’d gotten at my shower. Everything here was generic, unscented, life and death.

Phil sat in the hard chair like he always did, the dad chair, wooden and brown. He read news stories on his phone. I’d nudge him whenever there was a beep. He’d been trying to play it cool with the monitor watching, but I couldn’t pretend.

All I ever read in the NICU were the baby books donated by a woman whose micro-preemie had lived and died there. *Donated with Love by the Aidan’s Story Foundation,* the stickers on the books read. The picture on the sticker was of Aidan’s mother reading to him in his isolette, his face red and puffy with fluid. The address for the foundation was in one of the dumpier upstate towns. I looked it up on my phone. It was a trailer, clearly the home of Aidan’s parents. The NICU saw a lot of poor mothers. When I was angry, I secretly blamed those mothers for ending up
with NICU babies. The mothers didn’t get adequate prenatal care, they were teenagers, drug addicts, just didn’t care. I absolved myself, while also reassuring myself that I was a victim, someone who didn’t belong there.

When I was more rational, I knew that no mother belonged in the NICU. The babies who were left alone all day weren’t being neglected; their parents had jobs or other children, lives that had to be attended to. Perhaps they were even managing to balance this life event, preserve a sliver of their identity, not let the crisis become all-consuming, as I had.

The NICU was the shadow side of early motherhood. Ten to fifteen percent of babies ended up there. Nobody talked about it. Not at the shower, the doctor’s appointments, the doula’s, the childbirth classes. I Googled books about the NICU and found just one that seemed up my alley among a slew of pink and blue self-helpy tomes with titles like Teeny Weeny Wonderful.

That day, I read Helen Goodnight Moon and a bunch of Golden books I hated, like The Tawny Scrawny Lion.

“If we ever get out of here I’m buying these people some decent books,” I told Phil. He barely looked up from the screen. He was a saint, his patience nearly inexhaustible. Nearly.

“Did you hear me?”

“Mm hmm,” he said. “Why do you always have to focus on the negative?”

Outwardly, I ignored him. Inside I raged. Told Helen telepathically that I knew she’d understand me, be on my side.

We went back to Meredith House at midnight. Phil collapsed on the bed.
“Do you really think I’m negative about everything?” I said. “Cause that’s what you said. That’s pretty bad, if that’s what you really think.”

He propped himself up on one elbow. “Do we have to do this now?”

“Do what?” I asked.

“Argue?”

He had purple circles under his eyes and his hair was matted with grease. I had rarely seen him in that condition; he usually looked rested, even with the broken sleep of residency, and his hygiene was impeccable. A wave of regret came on and I patted his shoulder. It took a lot for me to feel sorry about anything, I was a feminist and I told myself that meant I deserved to feel any anger I felt. Phil was utterly devoted to me, and now, I saw, to Helen. He was a man more kind and sensitive than most, and thus it seemed he lived on a different plane and was, under normal circumstances, somehow impervious to the words I hurled at him. He always forgave me, and he never let me push him around too much.

I stayed up pumping and called security for a ride back to the NICU for Helen’s 3 AM care. A grim man picked me up in the white security van, a van whose heat was always blasting, a small luxury. In the NICU it was one of the older nurses, her face so wrinkled it looked like a road map drawn by a drunk. The isolette wasn’t there.

“She’s getting an X-ray, honey,” she said when she saw me.

“Why right now?”

“They’re just trying to make sure they can get that tube out.”
She was humming and doing her paperwork. I waited for Helen to return. When she did, she was wide awake. I read *Goodnight Moon* to her again, her animal eyes on me, distrustful. When the nurse left to get coffee, I opened the porthole.

What to say? We were almost never alone together. *Twinkle twinkle little star, how I wonder what you are.* “This isn’t all there is,” I said.

I snuck a look at the nurse’s notes. The baby had an entire binder, fifty pages at least. I went back to the beginning. *Severe respiratory distress syndrome in term neonate, etiology unknown, possibly chorioamnionitis. Mother denies history of fever and no fever during labor. Patent ductus arteriosus. Grade 1 intraventricular hemorrhage, presumed will resolve. Umbilical line placed. Blood gases needed.* This was the first page. I tried to match the nurses, who I knew by first name—Randy, Jackie, Sue, Janet, Janice, Gail, Erica, Shanae, Elyse—to their signatures. The doctor’s notes were harder to decipher. Dr. Black. Dr. Pratt. *Pulsox. ECG. Saturation. Desat. MLs. NGs. OGs. Chest X-rays. IVs. Bilirubin lights. Lactation consultants. Prolonged rupture of membranes. Sepsis.* And repeatedly: *etiology unknown.*

When security dropped me off back at Meredith House, I made a lot of noise getting into bed. I wanted to talk.

“I went to see her,” I said when Phil stirred.

“Such a good mom,” he said, half-asleep.

“The nurse just left at one point. Went for coffee.”

“Yeah?” He turned to face me.

“What if something happened?”

“She’s got all kinds of monitors on her. And she’s stable.”
“I don’t think she should be alone in there.”

“The nurses have been good,” he said.

“Oh, I forgot. You’re on their side.”

“Come on,” he said.

“What does primipara mean?”

“A woman who’s having her first baby.”

“Why don’t they just say that?”

“Who knows.” He turned away and pressed his face into the pillow.

“I’ve been thinking some weird things,” I said.

“Like what,” he said, flat-toned, either because his face was in the pillow or because he was sick of hearing from me.

“Like this is payback for something.”

“What are you talking about?”

“Anybody who goes through IVF and then has this happen, there’s got to be something wrong. A reason the universe doesn’t want them to have kids.”

“There is no reason,” he said.

“That’s not an answer.”

After a minute he was snoring. If there was no reason, why did he keep going to the medical library? I looked through the messages on my phone from people wanting to help. I had the feeling that I was on a ship, sailing away from the crowd on the shore.

*
We got up early for morning rounds. I paused outside the pod curtain. I refused to enter until Phil took the first look at her, nodding to tell me she was okay. I’d done this since the first day.

“Go ahead,” he said.

“What if something happened?”

“She’s fine.”

I parted the curtain.

Helen was propped up on her side, the only tube marring her face now the thin plastic feeding tube through her nostril. No white mask, no tape. The top of the isolette was open. I put my hand over my mouth: her lips were still like mine.

The doctors admired her, giving more than their usual cursory glances. The head doctor was a woman in her sixties who held her compact body erect. I always imagined it was a consequence of the job, that she had to harden herself from the inside out because of the things she’d seen. Helen went on posing, blankets rolled behind her.

The doctor smiled at us. “She’s writing her own story,” she said. “Luckily it’s a good one.” Phil stood in a circle with the doctors, asking questions. The nurse claimed that if Helen proved herself on room air for the night, we could hold her in the morning.
Chapter Five

Helen sneaks into our room at three AM, taps my cheek. Her blond hair is a halo in the moonlight.

“I hear noises,” she says. Phil takes her back to bed.

“You really want another one?” I ask him when he comes back, grumbling.

He doesn’t answer. I stay awake looking out the window at the barren branches of trees. Another baby could set us straight. It will be an experiment, a way to figure out whether IVF caused Helen’s problems. Or it could kill us.

I shake Phil awake. “Should I schedule the surgery?”

“No. They don’t have the right imaging,” he says. “Could be dermoids, could be functional cysts.”

It could also be cancer, he doesn’t say. He falls back to sleep. I Google cysts. It is probably, I decide, dermoids, little sacs of hair and fat and sometimes fingernail material. They seem both disgusting and hopeful.

I scroll through university job postings, imagining the logistics of two children and a full-time job. I doze and then I hear Helen stir. In my email there’s a message from the surgery nurse. She’s sent a pre-procedure checklist and a list of dates for surgery. Gmail suggests replies: Thank you so much for this info! Or I’ll take a look and reach out. “Reaching out” always makes me think of zombies. I click the first response and send it. If my computer responds to itself, did I really commit to anything?
After breakfast, we go to the park. Helen and another girl play Lava. The other girl suggests it, and Helen instantly complies, jumping to the foot of the slide to avoid the mulch-lava. They don’t know each other’s names but they’re screaming *Watch out for the lava!* and holding hands, fleeing, shrieking.

“Phew,” Helen says theatrically. She watches the other girl intently and then mimics whatever she does, as if she’s an alien studying the ways of children.

The girl’s mother is texting, sighing, checking on her baby in the stroller, texting. I notice how unencumbered I’m starting to seem, by comparison, with only one child. I have a minute, so I call my grandmother.

“No use complaining,” she says when I ask how she is. “Nobody wants to hear it anyway.” I make plans to bring her lunch. When we are there, Helen will ride her motorized stair climber incessantly until I physically remove her from it.

“Mom, can we go to my friend’s house?” Helen asks, pointing to the baby. I shake my head. She runs back and climbs the slide. My phone sends an alert about a hurricane. I scroll through headlines: wildfires, a shooting, war and starvation, the church dying, democracy dying. One article links to a picture of a malnourished baby in Yemen. The skin of her thighs is wrinkled like Helen’s used to be. I click to an article about an over-the-counter Botox alternative. Allison thinks the political mess has brought on the fury of Mother Nature. She’ll send texts about bad news: *See? I really think whoever’s out there is telling us something.*

Helen tries the monkey bars. She’s hanging, her shirt up and her veiny white belly exposed. She won’t let go, won’t go to the next bar, won’t take my help.

“Was the world this bad when we were kids?” I text Allison.
Helen finally drops to the mulch and asks to go to the pond. We walk over there, pass men fishing and a park ranger.

“Remember once, when we skated on ice?” Helen asks. Her cheeks are rosy.

I nod. We kneel down in front of the pond. Helen trawls a stick through the water. “Here turtle, here little turtle turtle.” She throws the stick in the water. “Where did the turtle go?” she yells. She gets closer, dips her finger in and shakes the wet off. Her foot slides forward and one leg slips into the pond. I yank her out, imagine algae blooms wrapping around her legs. She’s heavier wet, with her winter coat on. I bring her to my hip.

“Why did I do that?” she cries.

Her wet leg soaks my coat, pants. “Let’s go home,” I say. “Maybe we should have hot chocolate.”

She laughs deliriously, then begins to cry again. “Am I dead? Is my leg dead?”

I look at her leg. “Dead? Did you say dead?”

She’s trying to hide a smile; she knows dead is an adult word.

“Is today Sunday?” she asks on the way home. I tell her it’s Thursday, that the babysitter is coming so I can go and work.

“Work. Why do you have to work?”

“Mommy and daddy work so we can have money for our house and everything we need to buy.” I skip the part about me not making any. “When you grow up, you’ll work. When I was little, my mommy was a teacher and I wanted to be just like her. She was my role model. Who is your role model? Who do you admire because they do good work?”

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I’m sure she won’t reply; she often remains silent in the face of parental interrogations. In the rearview mirror I see her staring out at a farm we’re passing.

“Daddy,” she says eventually. “Because he helps people.”

“Daddy is a great choice,” I say.

*

That evening, I have a new Facebook invitation. Spirit MAP, the group calls itself. A Holistic Program For Mothers And Professionals. I am about to reject the invitation, but I see a picture of one of Helen’s classmates’ moms. The mother stands among frazzled-looking women. She’s wearing spiked heels and a black dress. Her hair cascades in blond curls. The photo is captioned “I have achieved optimum wellness. It has been a journey, a journey I share with other exhausted mother-professionals through my wellness program. We all struggle. I have the tools you need to reignite your life. There are more pictures of the mother, who I now recognize as sweet little Max’s mom. In one video, she does leg lifts and shows off her toned arms. In another, she’s at a Katy Perry concert. I scroll through the page. It’s full of videos of the mother onstage at TedTalk knockoff events. She’ll post #wellnessconference with a photo of her poolside in a bikini. I’d love to show this to Gloria, tell her what I’m dealing with. But I think I already know what she’d say, that women were just as crazy then as they could be now. Nothing new under the sun.
These mothers are like landmines. You’re walking among them, thinking everything’s normal, and then *boom!* one of them explodes. I mark the message as unread.

*

At night in the new house, we sometimes hear subwoofered cars cruising. We live in the valley, a network of narrow roads that dot some of the only wild space left in Delaware—meadows, ponds, the Brandywine River. Chateau country, they call it: old farmhouses crumble along the banks of the river, mansions of stone and cedar look down from the highest points. I can still feel my stomach drop when Phil drives too fast on the hills; I remember being sixteen in some boy’s car, pounding music, headlights from the other direction, a little drunk and a little exhilarated, half a prayer in the back of my mind—*God, don’t let us crash.* Three or four miles from these roads and you’re in suburbia, strip malls and Little League fields and car dealerships. We went to the valley to escape that world. We thought there was no mystery in our suburb’s smooth roads and traffic lights, hardly any story at all.

Helen escapes out the front door while I’m doing dishes. Phil wanders, looking for her. Then there she is, barefoot in her red nightgown on the slate porch, staring out.

“What are you doing? It’s freezing.” The wind blows leaves into the house.

“I see something special,” she says. She walks into the driveway and picks up what looks like a ball of yard waste. “See?”
It’s a bird’s nest. We bring it inside. Twigs and mud in a tidy circle, but also some purple paper wound in that I recognize as streamers from Helen’s birthday party.

“Can I keep it in my room?” Helen asks.

“No,” Phil says. We have to put it back outside, so the bird can find it.”

“I want the bird to live with us,” she says.

I shake my head. “The bird’s home is the world.”

Birds, I read somewhere, have no knowledge of the past or the future. If they lose a nest, they simply make a new one. It would be good to be this way. Birds live like New Age gurus, noticing without judgment, moving forward.

Helen’s jumping up and down. “I wish I was a bird. I could fly.” This is what she always wishes for, every time.

Phil puts her to bed and I do the dishes. What have I accomplished since she was born? Bathed, fed, and schlepped, played, hosted birthday parties, swung on swings on chilly mornings when I was dying to be inside alone with a book and a cup of tea. Made friends I never would have met, moms whose experiences were similar, or sometimes worse. Wrote my story fragments. I have not become a NICU mothers’ advocate, have not donated large sums to the cause. Helen is well enough that we can let ourselves forget, sometimes, what could have happened, what oxygen deprivation at birth often leads to. I have not been forced to make my entire life about what happened to us, as I imagine mothers of children with debilitating chronic diseases must. Will I be so lucky the next time?
When Phil comes back down, I’m ready. “I know you don’t want to talk about this,” I say. “But we need to make a decision. Do I need this surgery or not?”

“I told you what I know. If the spots are bigger than a centimeter they could affect fertility. Otherwise, they shouldn’t. But it’s your decision. You can’t ask me to decide something like that.”

“I’m asking you to help me,” I say. I stuff plates into the dishwasher, noticing my hair in the reflection from the window, sleek, artificially straightened and in a tight ponytail. “It’s not just my decision. It affects you and Helen. If it was just up to me, I never would have done any of this.” I gesture around the room. Helen’s stuffed animals are strewn everywhere.

He looks around, shakes his head.

“I moved here for you,” I say. “Don’t think it was easy.” He’d taken me away from home and I found out I loved New England—the little bookstores in postcard-perfect towns, the snowy winters and warm fires and the loneliness, the way the seasons gave a rhythm to our lives.

“Do we have to talk about this again?”

I shut the dishwasher and sit at the kitchen island. “I’ll talk about it whenever I feel like talking about it.”

“Trust me, I know,” he says, though not unkindly.

“And now it’s me who has to go through all this shit again.”

He throws up his hands. “Nobody’s forcing you to do this.”

“If I don’t, she won’t have a sibling.

“Is that the end of the world?”
“You think it is,” I say. I can’t help smiling; I know it’s a little dramatic, a little unfair.

When you are an infertile couple, the decision to pursue having a family is never simple. The appointments, the monitoring, the medications, the dread and anxiety and hormonal fluctuations: these fall to the woman. Maybe I want Phil to feel a little bit of my pain.

“And something else,” I say. I’m on a roll now. “I’ve been wanting to tell you this. I know you’ll take it the wrong way.”

Phil’s sitting now too, elbows on the island. “Oh God, what?”

“When we take Helen places together, you always walk ahead of us. Helen will be up to her usual crap and I’m left behind to deal with it. You’re up ahead walking like somebody…” I take a breath. “Someone who has autonomy. And I guess I don’t like it because I used to be that person, and now it feels like I never will be again. Especially if I get pregnant.” I wipe away tears.

Phil freezes like he often does when I cry. “I’m really that bad?”

“That’s not what I said.”

“Okay, okay,” he says. “I won’t walk ahead of you guys. I don’t do it on purpose.”


We are both still. I can hear footsteps on the stairs.

“I hear you, Helen,” I say. “Get back upstairs please.”

She comes into the kitchen. “Why are your eyes red, mommy? Are you crying, mommy?” She glares at Phil.
“I’m fine, honey. I’m just tired.”

Phil carries Helen back to bed. I open up the computer and write an email to my old reproductive endocrinologist in New England, explaining the new practice’s surgery recommendation and asking for her opinion. Please help! I almost sign off, but it sounds too desperate.

Chapter Six

On day nineteen we got to the NICU late. Helen was on her back, white onesie blending into the white sheets. I’d asked my parents to come and bring some of the baby clothes I had at home; soon she’d be able to wear them. We waited for the nurse to tell us how she’d done on room air.

One of the secretaries peeked around the curtain. “Guest here for you. Is it alright to come in?” I nodded and the curtains parted. It was Foothills Woman. I didn’t even know her name but somehow, she’d found us.

“Hubby and I are going home today,” she said. She walked over to Helen and glanced back at me. “She looks just like you. What a little warrior.”

“Thanks.”

“She’s beautiful. Anyway, this is for her.” She handed me a plastic bag. Inside was a lavender baby blanket. “It’s just one of those 48 hour afghans. I’ve made a million of em.”
I ran my hands over the fabric. I could smell the Meredith House.

“That’s really nice,” Phil said. He took the blanket and draped it over the top of Helen’s isolette. They wouldn’t let us put anything of our own on her yet, something about germs.

I hugged her. Her hair, curly and stiff with hairspray, grazed my cheek. She was bony and hunched over. I imagined her trying to lift her husband into their bed in the foothills.

“What’s the baby’s name?” Foothills Woman asked.

“Helen,” I said. “We each had grandmothers with that name.”

“Old-fashioned. I like it. Welp, I better go,” she said. “He’s waiting for me in the hall. He never did know what to do around babies.”

When she left, the nurse took the blanket and draped it on my shoulder. “Are you ready to hold her?”

I tried to make a stoic face. “Is she?”

“She’s more than ready,” the nurse said.

I sat in the recliner and Phil stood behind me, his hand on my shoulder.

The nurse smiled. “I hope you’re crying because you’re happy, not because you’re scared or something.”

I was crying because Foothills Woman was right. I was lucky. The nurse opened the curtains all the way for the first time ever. In spilled the white light of the hall. And Helen was in my arms. Helen: Greek for shining light. I felt a tingling and I wasn’t sure, but maybe it was the let down. Helen blinked and closed her eyes against the light. She was warm and growing and whole. The feeding tube trailed
from her nose. She gave an enormous cry and I could feel the milk leak. This was kangaroo care, what posters all over the NICU showed, a mom reclining skin to skin with her baby. Helen wriggled. She couldn’t seem to get comfortable, but then I heard light snoring and she was asleep.

The days went on that way—skin to skin, then sleep. She’d sleep too much in our arms and eat too little, get banished back to the crib they’d replaced the isolette with.

The nurses stored my pumped milk in a mini-fridge. The vials had masking tape labels, *Baby Girl Z*.

“Leave the breastfeeding for home,” the head nurse kept saying. “If you try to figure all that out now, you’ll be here forever.”

So we fed her 58 mL bottles every three hours and weighed her morning and night. She gained and vomited, gained and vomited like a bulimic.

“She’s got to get used to your milk,” the nurses said. “It tastes different from the TPN.”

The threat of going back on the TPN was constant. Phil was brutal with the feedings, pressing the bottle hard to her angry mouth.

“Give her to me,” I’d say, and try to breastfeed. But there was no way to quantify whether she got 58 mLs of breastmilk. After she breastfed they’d take her and lay her on the scale to calculate any gain. I never looked at the scale then. I knew my milk wasn’t enough.

One morning when we arrived, the nurse was holding Helen in the recliner. She lifted her up and I saw no tape, no wires.
“We took out the NG tube,” she said. “If she eats and gains today, you’ll be out of here by Friday.”

I prayed immediately. I gave it everything I had, silent, eyes closed.

*

Friday, I wrapped her in a white swaddling blanket dotted with pink elephants, my back to the nurse, blocking her. I didn’t need her anymore.

“She can’t go in the car like that, honey,” the nurse said, looking over my shoulder. I unswaddled her and put her in the carseat. Phil zipped up the plush winter carseat cover. Helen projectile vomited on it. We laughed, but I couldn’t get rid of the feeling that something wasn’t right. I’d babysat a lot and never seen a baby throw up so much.

“Is that normal?” I asked.

“Could be a touch of reflux,” the nurse said.

Phil was taking pictures of me as I got Helen situated. “We’ll figure it out,” he said.

There was no cheering as we left the NICU, no parade we walked through. We just waved to the head doctor as we passed her, and she wished us good luck.

Merging onto the highway felt like taking off in an airplane, a pressure in my chest. We’d laugh, look back at Helen, laugh, veer to one of the bumpy strips on the side of the road.

“It feels like I haven’t driven in so long,” Phil said.
“I know.”

I watched the cars and felt the cold of the window. The sun was out, the brightest thing I’d seen since Helen’s bilirubin lights.

*

I injected a plunger of Prilosec down the baby’s throat twice a day. It was specially compounded for her at a pricey pharmacy downtown. It didn’t make the vomiting stop, but it made it thinner and less acidic. Acid reflux was a NICU baby thing—underdeveloped esophageal sphincters. She wasn’t gaining weight.

That morning she was on my lap in the playroom, looking at the toys that dangled from a bar above. When I coughed or cleared my throat or made a sudden movement, she startled, both fists shaking at her chin. The doctors said the startle reflex was more pronounced in NICU babies, that she’d grow out of it eventually.

When she wasn’t in my arms she was in the swing, napping. We couldn’t put her in the crib because she had to stay upright to prevent aspiration. The swing sat next to our bed at night and she slept fitfully, for an hour or two at a time, before she was ready to eat again.

A couple of weeks ago, before the reflux was diagnosed, she had an episode that the doctors termed an “ALTE”: apparently life-threatening event. Phil had just made her a fortified bottle, put the exact amount of formula in with my liquid-gold-but-not-quite-good-enough breastmilk. My car needed a brake job and he left to drop it off down the road for me. He said he’d walk back, and I envied him that.
There he went, down the driveway, and I watched through the kitchen window, wondering if he had the radio turned up, his mind somewhere else already.

For the first time, I was alone with Helen. She guzzled the bottle and was staring at the wall when she began to throw up. Warm curdled liquid spilled down my shirt, pooled in the stretchy band of my bra. She couldn’t catch her breath. I held her out in front of me. Her eyes bulged wildly, mouth making no sound, head flailing from side to side.

I ran into the kitchen. She was still flailing, her skin looking gray, or maybe it was the light. I called 911. When the woman asked what my emergency was I said my baby was choking, we’d just gotten home from the NICU, she was four weeks old. The woman said she had some instructions for me and I needed to listen carefully. I screamed that they needed to get here now and hung up the phone. The baby’s eyes begged. I tried burping her but with all of the flailing, it was almost impossible. She was going to die in my arms, and everyone was going to blame me.

I didn’t know CPR, Phil did. He was the one who was supposed to be around in a situation like this. I ran into the driveway, holding her out in front of me, and screamed Phil’s name. It was a still November day, the leaves off the trees and the snow not yet falling. I heard sirens in the distance. We went through all of that, just for her to die in our driveway.

I screamed for Phil. Finally there he was, by the mailbox. "What? What?"

I gave her to him. “She’s choking!”

He sat her on his knee, head to the ground, and hit her hard on the back.

“What happened to her?” he yelled. I shook my head, bent over, looked at the ruts in
the dirt driveway, where mud lay trapped over a thin veneer of ice. He turned her around, and we searched her tiny face. She stopped flailing and made a happy baby noise.

“Did you call 911?”

“Yes,” I said.

“Was it the milk?”

“Yes.”

“I made it too thick,” he said. “Damnit. Damnit.”

A 911 dispatcher called. They were having trouble finding the house. I gave the phone to Phil, and he told them we’d probably make it to our pediatrician faster than they could make it to the house. I had Helen cradled to me; she appeared ready for a nap, now.

“Is she ok?” I asked.

“Just get her in the car,” Phil snapped.

We sped to the pediatrician. I wasn’t wearing shoes.

In the little exam room, they took Helen’s oxygen levels and temperature. The pediatrician had a woman shadowing her. The woman kept smiling at me with sad eyes. I was convinced she was actually a social worker, waiting for the right moment to tell me that they were sorry, but I wasn’t fit to be a mother, after all.

“Everything’s checking out,” the doctor said. “Except her weight. She’s not growing as well as we’d like. Your little girl may have a milk allergy. Mom, why don’t you try a dairy-free diet?” From a cabinet, he produced a box of formula, Neocate.

“This is milk-free formula. Why don’t you try this, see how she does?”
Phil talked to the doctor while I got Helen into her carseat. “Milk allergies are pretty rare, right?”

“Fairly,” the doctor said.

“I know the dairy-free diet will be tough,” Phil said, looking at me.

“If that’s what I have to do, I’ll do it,” I said, to shut them up. “So don’t bother breastfeeding?”

“For now,” the doctor said. “It could also be an allergen in your breastmilk.”

In the car, my head in my hands. “I don’t want to be left alone with her,” I said. She felt like a bomb. The next day, Phil went back to work.

*

Our trash can smelled like old piss, like the cage of the hamster I had as a kid. I was always too tired to take out the trash so the diapers piled up. We threw the poopy ones onto the front stoop, having discovered that the diaper pails were useless; they made the whole house smell like shit. Allison was coming to visit. I got in bed while the baby took a catnap and put a reminder in my phone: DIAPERS ON STOOP: REMOVE THEM!

The reminder dinged in the morning as I was heating up the Neocate. I walked the diaper collection out to the garbage can behind the house with Helen inside my coat. She peered out into the woods, then slammed her head back to my chest in exhausted resignation. I trudged back inside.
Allison arrived. The baby immediately cried at the sight of her, an open-mouthed, shuddering wail. She continued to cry and we took turns walking her around the house, consoling her. She stared at the shadows and light on the ceiling and eventually she threw up all over our bedroom floor. Then she let my sister hold her. Phil and I were overjoyed because the vomiting seemed less severe. Look at that, we would say, while vomit trickled into the gaps between the floorboards. No big deal.

We put her in the swing in the living room, the fire roaring beside her. She swung on the fastest speed. She stared at us while we ate takeout on the couch, moving her mouth with ours as if she was chewing, too. The chicken from the takeout place was as salty as Helen’s tears. I knew, because her tears were my tears. Her earwax and her fingernail clippings were also mine. They were my responsibility.

The next morning, after Phil went to work, Allison watched the baby while I took a nap. When Allison was born, I was seven and ecstatic. After she came home from the hospital, I went to school and told all of the first graders that I’d had my baby. I used to sleep under Allison’s crib to protect her. Sometimes I would sneak into the crib and my mother would find me there, my arms around my baby.

At night, I would bolt awake and get close to Helen so I could feel her soft breath on my face. No matter that we had a breathing monitor attached to her diaper. It could malfunction; the batteries could die.

One night I asked Phil if he thought all new parents were like this, or if it was because of what happened to her.
“Both,” he said, a non-answer.

It was mostly the old men who stopped me at the grocery store to talk about how wonderful children were. What a cute little—they’d trail off. *Girl,* I’d supply. Her baldness always tripped people up. It’s the best time of all, the old men would say. I wish mine were still that age. Some of the women passing by looked at her and smiled, but others seemed almost to shudder as they hurried past.

*

A photographer came to the house to take newborn pictures. We told her a shortened version of the story, and she said she had a NICU baby, too. We took pictures in the nursery.

“She’s got a beautiful complexion,” the photographer said. In the pictures Helen was jaundiced, already sick again, but we didn’t realize that until later. Then, we just thought she was tawny, glowing like she’d been on a tropical vacation. The photographer instructed Phil and me to wear black. We looked like we were in mourning, holding the baby in front of the nursery window, the light outside orange. I asked Phil if he thought they came out weird. He smiled and I knew that meant he did.

*
At 3:30 AM I’d watch reruns of a show about single girls in New York City. All of television seemed to be about single girls in New York City. I had never been a single girl in NYC, so I watched while I gave Helen her Neocate. I’d put her to my breast too, even though the doctor had said not to. She’d suck halfheartedly, her head lolling back like a drunk.

Phil was back to work, but he took turns with the bottles. At night we often crossed paths in the kitchen, both of us in our underwear. All of our clothes had vomit on them, and it was too hot to wear anything, anyway, because we kept the heat cranked to seventy so Helen wouldn’t get cold.

In the morning Nichole, the wife of one of Phil’s attendings, called. When her name showed up on my phone I thought, Niche-hole, but corrected myself. I met her at the holiday party last year. She was from California, young and perky. She used to be a drug rep, but now she dabbled in personal styling. She asked to come by and meet the baby, bring some post-baby body clothes. I told her that sounded great.

She showed up the next day with bags of food and clothes.

“You want to show Nichole your trick?” I asked Helen. “Next page,” I said. “Next page,” I repeated, because I said most things at least twice now, if not five hundred times. The baby gathered up all of her strength and hit the page feebly. I beamed at Nichole.

“Good job,” Nichole nodded, a bit blasé, I thought, for such a tremendous feat. “God, this brings back memories. I had no idea how bad I would feel with an infant at home. Of course, your experience was so much worse than mine. Is everything ok now?”
She hasn’t gained an ounce since she left the NICU. “She’s doing great,” I said. She nodded. “Are you going back to work?” I told her I thought I was. “I might have a hard time leaving the baby.” She laughed it off. “Get a nanny, an ugly one. Park her in the basement. Did I tell you I’m working with Laely?”

“What’s Laely?”

“It’s a clothing line. J.Crew prices, better quality. For places like this, shopping deserts. Anyway, I’m having a Laely party next week. I’d love if you could come. If you like it enough you can sign up to host a party.”

“Great,” I said, as I made the baby a bottle.

“I’ll just leave the catalog here.”

I saw her looking at a poem I had on the fridge. It had a line that said it all: Our life has a sister vessel which plies an entirely different course.

“I use that in my classes,” I said, by way of explanation.

Before she left, she showed me how to heat up the food she brought. There were also energy bars that I could eat to up my energy by at least twenty-five percent. I liked Nichole because I could see glimmers of the girl she once was. Maybe a cheerleader, but one with a sense of humor. I was the girl in the stands, watching the cheerleaders and the tomboys and the Goths. I could make myself into any one of them, but if I had my way, I’d just watch.

I shook the baby’s hand into a good-bye wave. “This was really good for me—thanks.” Nichole gave me a glossy smile.
I strapped the baby into the carrier. Together, we sprayed down the kitchen island and wiped it clean in wide, furious strokes.

What I thought about while I fed the baby: The cross-dresser who stalked the grounds of the hospital where I delivered, wearing a miniskirt and cursing into a cellphone. The baby’s face when I gave her Prilosec, scrunched up like she was sucking on a lemon. All of the time I was losing.

I wasn’t doing it on purpose, but I kept track. I kept track of every time I had to fool with the straps of the car seat. Every bottle I gave her, every two hours. Every second of sleep Phil got because he had to, he needed his sleep, he didn’t have the kind of job where he could be tired. I had no job but this job, which was at once no job and the hardest job I’d ever had.

I sat the baby in her swing and went and put on an enzyme facial mask my sister brought for me. I slapped it on, concentrating on even distribution and maybe a little extra around the eyes, and went downstairs to check on the baby. Saw her slumped forward, hanging half out of her seat. Pulled her up and realized that I only buckled the left strap. I saw the headline: “Infant dead in fall while mother does home facial.” But she was fine, she was asleep. Until I tried to buckle the right side and she woke up and took a look at me and started to cry. Shh, shh, it’s okay, it’s just a mask.

*
One night while Allison was there, the baby started to like her baths. I got in with her, as I had since we got home from the hospital. Instead of crying, the baby relaxed in my arms while I washed her. I recognized that my life was now a never-ending cycle of dirty to clean to dirty again. I kept washing her and washing her, changing her diapers, washing myself, too, when I had a chance.

In the bath, she floated in my arms the way she must have in utero: on her back, legs frogged, hands behind her head.

Allison and Phil were in the kitchen making dinner. I stayed in the bath for a few extra minutes, looked at her blue eyes, wondered if they would change. After the bath we had dinner, Phil wearing her in a carrier so that she was curved to his chest like a caterpillar. I put a paper towel on top of her head so he didn’t get food on her.

*

When we passed the six-week mark, I geared myself up for sex, taking out some lingerie I bought eons ago. When the time came, I hoisted myself on top. I wasn’t going to get fucked. I was already fucked.

The baby made a cooing noise, and I looked over and she was awake and stretching. I put my head down on Phil’s shoulder. I went to the bathroom and took the lingerie off; it was too tight. In the moonlight I looked at the yellow bruises from the hormone injections on my abdomen and butt. I thought they would have faded by now. But I could still feel lumps of medicine under the surface.
I checked on the baby; she was asleep again. Then, in the middle of the night, we heard her gurgly cough. And then silence, the wide-eyed, silent choking. Phil used the bulb syringe to suck reflux out of her throat. I flopped back on my pillow.

“Other people have other things to deal with,” he said, cutting me off before I even started.

*

Allison and I took the baby to a developmental appointment. It was a requirement for all NICU graduates. An officious nurse assessed the baby’s motor skills through a battery of tests involving limb manipulation. It was determined that the baby had low muscle tone and torticollis, a condition which caused her head to tilt slightly to the left. The nurse asked me a series of questions about the baby’s behavior. Did she fall asleep in the car always, sometimes, never? Did she favor one side over the other? I didn’t know the right answers. When she was done questioning, she said she needed to get the doctor. “I have to tell you. Some of the behavior you’re describing sounds like a baby a month younger.”

I panicked. We were so stupid to think we could make a real baby out of medicine.

The nurse returned with the doctor. The nurse plucked the baby out of my arms and held her up. “See?” she said to the doctor. “When I pick her up she slips right through my hands. Classic hypotonia.”
The doctor took a look. "She’s still young. I don’t think we should worry too much about it yet.” He said we should come back when she was six months old.

The nurse loomed behind me as we left. “Our job is just to be honest with the parents,” she said, and I let the exam room door shut in her face.

I put my head down on the steering wheel. Allison strapped the baby into the car seat and sat in the back with her, cooing you’re perfect, there’s nothing wrong with you, you’re perfect.

At home I wrote the nurse a letter: A NICU baby’s mother needs encouragement. Your anxious tone and hasty pronouncements don’t help. Halfway through, I tore it up.

An old teaching friend who moved out west sent me pictures of White Sands National Monument in New Mexico. Gypsum dunes, she wrote. I had no idea what that meant. She sent a picture of the inscription: “Anything that lives where it would seem that nothing could live, enduring extremes of heat and cold, sunlight and storm, parching aridity and sudden cloudbursts, among burnt rocks and shifting sands, any such creature, beast, bird or flower, testifies to the grandeur and heroism inherent in all forms of life. Including the human. Even in us.” Edward Abbey, someone I maybe should’ve known, but I couldn’t remember.

Allison told me I needed a nap. I told her to make sure she kept the baby upright, not to lay her down or recline the swing, or else she might aspirate, and to wake me up if she seemed hungry.

I tucked myself into bed. The look Allison gave me before I left told me I was off the deep end. Every mother was, at some point. That was what they kept telling
us in the hospital while she was barely alive—*welcome to parenthood! Nobody tells you how hard it is.* I woke to my sister standing over me, holding the baby.

“I think she has a fever,” she whispered.

I took her temperature with the forehead thermometer. 103.1. I called the doctor, and they said to bring her in right away. I called Phil and he said to bring a bag with extra clothes, just in case.

*

The doctor took the baby’s temperature and paused, looked to the ceiling.

“Do we need transport?” the training nurse asked.

“No,” the doctor snapped. “But get to the hospital as quickly as you can.”

Phil met us in the emergency room. Normally I liked seeing him in his green scrubs, his surgical mask dangling around his neck.

“This is unbelievable,” he said.

“I know.” All of the baby books I’d skimmed through online in an anxious fury said that if your newborn had a fever this high, you were in trouble.

*All forms of life.* That had to include the embryos at the IVF clinic, conceived in a dish and transferred to the drugged-up uterus. Some women had leftover embryos and had to decide whether to let them live or die. Ours were all used up, baby Helen our last frosty hope.

We waited along with everyone else. I was thinking of one of Phil’s resident friends, an adventurer and traveler. He had recently disappeared during an
avalanche on a mountain in Alaska. Before his death, he’d called to congratulate us on Helen. How do you like being a mom, he said. I didn’t tell him how hard it was. At his funeral, his father said, “Our son did all of these things that we wanted to do, but couldn’t.”

You made a choice when you had a child, a blind choice. Within that choice was hidden a land you would discover together, the hills and valleys of the rest of your life.

I kept waiting for things to go back to normal. But normal was the wrong direction. All I could hope was that the baby would sit, she would smile, she would stand and speak, and I would be old, shaking my head and saying they grow up so fast, you’ll see.

Chapter Seven

While Helen is at school, I go online. I have a new message from Max’s mom.

Hey there. I’m hosting a wellness retreat at my home studio in mid-Jan. I heard your husband is a physician and I know how hard that life can be on the whole family. Join me? I’ll be leading everyone in yoga and meditation. There will also be an aura workshop and an on-site masseuse, plus a career-family balance seminar. And vino! Harper and Liam’s moms will be there. PM me for details!

I start a message back that we’ll be out of town. I erase it. I’d love more details! I send. She’s online too, typing her reply. Great! The dates are the 15th-17th and we require a
50% deposit at time of booking. The fee is $1200 all-inclusive with shared lodging. My home studio is an Amish built barn conversion—it’s my favorite place ever—and there will be 8 of us total. Lmk your thoughts!

This is the kind of thing I usually roll my eyes at. Yuppie consumer culture. Rich white women alleviating their nonexistent problems. On the other hand, if I go through with this cycle I have to give myself shots in the ass muscle every night for the next three months. If I press hard enough, I can still feel the pearls of progesterone from the cycle that made Helen five years ago. Don’t I deserve something?

Great! I’m in. Where can I send the deposit?

YAY! You can bring it to Parkside pick-up if you want. I’m there Fridays, or you can give it to Max’s nanny, Mira.

I figure I can always back out, sick kid etc. I click a link to an article about how Facebook is ruining everyone’s lives. A psychologist says that the Facebook behavior of the more neurotic among us tends toward Nancy Drew-like spy-scrolling. The healthier among us use it to “expand social and professional networks.” I begin a post about Helen’s birthday party, which was months ago, but then I hit cancel.

The Northern Delaware Moms page is going crazy.

Heather West-Sawyer, 12:02 pm: At 10:40 AM this morning I saw something prowling through the neighborhood. See picture below. It looks like a wolf or possibly a coyote. Am I seeing things?????????? Did anyone else see this. I am in Lindamere. I am going to call 911 if I see it again.

Angela Baker, 12:07 pm: He’s in my yard. It’s a wolf. Like I really think it’s a wolf. (Blurry picture, taken through screen door.)
Heather West-Sawyer, 12:15 pm: ****UPDATE**** I called 911, they directed me to Animal Control Services. I’m on hold with them.

More mothers post sightings. No one speculates on the likelihood of a wolf being in suburban Delaware. I imagine the mothers of Lindamere huddled at their kitchen islands, coffees going cold, eyes to the windows.

*

The day Phil and I found out through his residency match that we’d spend the first years of our married lives in a remote New England town, we got in the car and drove straight through the night to Florida. Our wedding was three months away; this felt like stolen time, before the beginning of our lives. We stayed in a crappy motel with a pool surrounded by a fraying metal fence. Our room had a kitchenette, and it was then I first imagined the kind of wife I would be. Like my mother, I would cook, hearty, old-fashioned meals and newer, inventive ones. Phil would cook too, stir-fries and grilled meats, but never so often that it became a burden; never so often that people would remark that Phil did so much around the house. Or maybe that wasn’t how it went—maybe I didn’t think those things then. Maybe the kitchenette, with its teapot waiting on the charred coils, just reminded me of what would happen eventually, whether I liked it or not.

*
I went to grade school with Delaware’s first IVF baby. She had blond ringlets that fell just past her shoulders, sparkly blue eyes and a soft, hoarse voice that sounded like money. Her name was Lizzie, and she lived on a main road within walking distance of our school, but was transported daily in a sedan with tinted windows by someone rumored to be her driver. It turned out he was her father, a banker who wore expensive black suits. Lizzie lived in a mansion with an elevator and threw pool parties. Her mom, the homeroom mom, called her Lisabeth, while everyone else called her Lizzie. Lizzie’s mother decorated flags and attached them to her mailbox, adding messages that said things like “Enjoy the moment” and “Life is precious.” The type of thing my mother, a practical and intelligent woman, scoffed at. Lizzie was an only child.

A few weeks ago I happened to drive by Lizzie’s parents and the flag was a pink breast cancer awareness ribbon. Was it for Lizzie, or her mother? Lizzie’s mother must have had some courage to let those doctors swell her up with drugs in the early 1980s, the dark ages of reproductive medicine.

*

In the beginning Phil and I told each other so many stories. I’d keep a little list of things I wanted to tell him. When old people are interviewed and asked questions about their longevity, nobody ever says it was stories that made them live to 110. There’s never a really old lady on TV crediting her favorite books for keeping her alive. It’s the wine, the olive oil, her friends, her genes. They forget stories, the
lies and truths we tell. Phil and I appreciated each other’s stories. We made new stories together, our worldviews shifting. Everything was possible. Phil liked to read. The way he held an open book, his splayed hand cradling its spine gently, was the way he held me: with respect. My friends kept asking how I knew, as if I was a messenger from a distant land. It’s easy, I told them. You’ll know when you know. I had just turned twenty-three. We loved the outdoors. We spent whole days climbing mountains, just to look at the views.

*

While I’m at the grocery store, I get a call from the IVF clinic. They want to know if I’m ready to schedule. “I’m getting a second opinion,” I say. I pick up some apples.

“We can recommend a great provider if needed,” the nurse says.

“I have one already.” Which nurse is this? I think it’s the one who stood inspecting and commenting on my pile of belongings last ultrasound—love those boots! You’re not going to believe this but I have the exact same water bottle.

She tells me that the next cycle will start in two weeks, that I had better get that opinion and get squared away if I’m thinking of joining the cycle. I guess this is how they rope people in, I think to myself: a thought that I probably didn’t dwell on the first time I did IVF for Helen. This second time around my attitude is that of someone who has escaped from a cult, only to find herself rounded up and brought back. I am by turns combative, disbelieving, resigned.
“I’ll do that,” I say. “Can you tell me the results of the ultrasound again?”

I wait as she clicks through her computer for my results. The cashier bags my food.

“All in all, you’ve got four cysts,” the nurse finally concludes. “It could make you or break you, the lap. Cycle-wise, I mean.” She laughs nervously. They’re all extra-solicitous because there’s a note on my chart that Phil is a physician, a fact he claims he doesn’t want to disclose but which somehow always comes out.

“Alright, thanks,” I say. I wait until she hangs up. I can’t bring myself to do the quick hang up Phil does when he’s pissed off, where the other person is in the middle of the thank you for calling spiel and suddenly hears the line go dead.

_I guess you’ll have to make sure his ego doesn’t get too big. You know, as he gets successful_, my mom used to warn me about Phil. I haven’t heard her say that in a while.

* 

I have questions for Delaware: is it true that F. Scott Fitzgerald once rented a house on the Delaware River? What do I say to people who exclaim in shock: _Delaware! Is that even a state? You don’t meet many people from there!_ Can a literary person, a writer, survive in Delaware? How do I stop people from referencing “Wayne’s World” when I mention my home state? _Hi, I’m in Delaware,_” they say, laughing. _Dela-WHERE?_
Chapter Eight

The bacteria blossomed in our absence. Before, the petri dishes lining the dining room table held modest amounts of what looked like bread mold. Now they were mushrooming red and purple and green.

“Fuck,” Phil said, and tossed the dishes back into the cardboard box he brought them in. “There goes that experiment.”

“Maybe something’s salvageable,” I said. I had the fridge open, throwing away rotted food.

“I was supposed to count the colonies,” he said. “There’s too many to even keep track.”

“Does it really matter?” I put a frozen pizza in the oven and set the timer on my phone. We weren’t using the oven’s timer anymore because the beeping sounded like the alarms in the NICU.

“I guess not,” he said, setting the box by the front door. “Waste of time.” He’d gotten a grant. Months spent reviewing videotapes of the OR, coding frequently-touched objects, swabbing the objects with Q-tips to catch the bacteria. He was planning to publish an article about hand-hygiene. Everyone was calling him Dr. Purell.

Helen was back in the hospital, in general peds. She was eight weeks old. This, our first night at home without her. We’d been sleeping at a Hampton Inn attached to the hospital, but Phil decided it was time to come home, and I didn’t fight him.
The view from our rental was amazing. Ascutney Mountain was a blue hulk at dusk, snow capped. I hadn’t known there were places in America like this—unruly, majestic—until we moved here.

I brought the pizza to Phil. He was on the couch, staring out the windows into the wilderness. “What do you think she’s doing right now?”

“Sleeping,” he said. He was in the hooded robe I bought him when we moved here. He was handsome, even when exhausted.

“Do you think there’s somebody with her?”

He didn’t answer.

“I think I want to go to back to the hotel.”

He shook his head. “We’re close enough. Nothing’s going to happen to her tonight.”

Nothing was what had been happening to her. The pediatric wing, a floor below the NICU, was a free-for-all. She didn’t have her own nurse, and the attending, Dr. Blair, was a sputtering Southern transplant whose charm failed to hide his cluelessness.

Phil and I were both on extended leave from work. My parents and his were flying in the next day. I couldn’t eat the pizza, so I mopped the floors.

In bed, Phil pulled at my pajamas. I wanted to sleep. My feelings toward sex had become like my feelings toward hiking: it took some convincing to get me there, but I never regretted it afterward. After, I looked at him. His eyes were already closed.

I woke in the night to him holding my head in a vise grip. He was mumbling.
“What?”

He pried my mouth open with two hands. I pushed him away. “What are you doing?”

“I thought you were her. I thought I had to intubate her,” he said. He shook his head. “Sorry,” he said, tucking his arm around me.

“It’s ok.”

He snuggled into my neck. “I felt so bad when you were crying like that.”

“When?”

“The night after she was born.”

“I don’t remember.”

“I’ve never seen you cry that hard.”

I remembered. Waking in the night, reaching to cradle my belly before I remembered she wasn’t there. I raised the hospital bed. Teeth chattering, cold sweats, involuntary shaking. I pressed the nurse’s button and one came. I told her I couldn’t stop shaking. Hormones, she said. I’m sure I didn’t cry in front of her; I would’ve waited until she left. Phil drowsy next to me on the pleather couch, pulled up against my hospital bed. If I could’ve walked, I’d have gone down the hall to see her, but it was too long a walk, too soon after childbirth, and they’d moved my wheelchair.

Phil fell back to sleep. I went out to sit on the porch and tripped on one of the boxes of petri dishes. Poor Phil. Nothing very bad had ever happened in his life. I loved this about him. Before now, nothing particularly bad had happened to me
either. But I had read a lot of stories, and I knew about all the ways people could break apart.

In the moonlight, the trees dotting the mountain looked like stubble on a man’s chin. I want her to die, I thought, then immediately shook my head to banish the thought. When I touched the bacteria, dust from the colorful blooms unfurled in the air. My fingers turned red with it. I breathed it in; maybe I would die instead.

*

In the morning my parents arrived, then Phil’s, tracking worry through the house. My mother was wearing cowboy boots and a portable heart monitor under her sweater. She’d been out of the hospital for a while, but they had to keep an eye on things.

We took everyone to breakfast down the hill at the diner. I ordered yogurt but I still could hardly eat.

“She’s not critically ill, right?” Phil’s dad asked, chugging his coffee. His parents were perennially optimistic.

“The main thing is the weight,” Phil said for the hundredth time.

Everyone stared at Phil, waiting for more. He had gray-purple circles under his eyes. I took over. “They’re keeping her there for observation, because she can’t gain weight. The nutritionist says if I start supplementing breastmilk with this high-calorie stuff, she should gain weight and we can get her out of there. They think she’s throwing up too much to gain weight.”
“I thought they said it was a milk allergy,” my mom said.

Phil nodded. “They did. But they changed their minds.”

Everybody looked relieved. I had complained every day on the dairy-free diet. I’d always known she didn’t have a milk allergy, just like I knew the lack of weight gain wasn’t from her acid reflux. When she couldn’t even keep her eyes open long enough to finish a feeding, they said it was because infants sleep a lot. When I pointed out her yellow skin, sagging from the bone, they said the TPN could do that.

My parents rode with us to the hospital. I said what I’d been saying over and over. That I couldn’t believe she was back there, and that they didn’t seem to know what they were doing.

“I feel like I’m not helping,” my mother said.

“There’s nothing you can do,” I said, turning to face her. “She is how she is.”

“You need to start calling her Helen,” my mother whispers, taking my hand. My face burned. I wriggled my hand out from under hers and put mine on top. Her skin slid back at my touch. It was not the hand of my mother, but the hand of my grandmother.

“I don’t think Helen likes me.” Saying her name felt like saying “my husband” did when I was first married. It caught in the mind and rang, demanding something.

“Nonsense. She loves you,” she said, rummaging through her purse.

I couldn’t tell what Helen felt. We didn’t know each other. That was the problem. I thought I knew her. When she first came out, she cried, but quieted on my chest. The moment I had been waiting for. I said to Phil, “It’s over,” and kissed him with an open mouth in front of everyone.
“I really like these portals,” my mother said. She was typing on her phone.

“Portals?”

“To the doctors. I write when I’m not feeling great. They usually respond within a day.”

I looked at Phil. He had a half-smile on his face.

“You know what else? The other week at the doctor’s, I told the nurse how I didn’t have a list of my medications that I could bring with me when I travel, you know, like a wallet-sized one. Well, the next time I went in, the nurse had a little typed up version for me, laminated and everything.”

I turned away from her, back to the road ahead. Phil squeezed my hand.

“It’s going to be so hard to be away from my granddaughter,” my mother continued. “When she gets out, I mean. When we have to go back home.”

I decided that being a good mother meant never letting your guard down. If I cried now, I’d cry for eternity. I sat very still and waited for the exit.

A nurse was changing Helen’s diaper when we arrived. Our mothers stood on either side of the nurse, talking to Helen. It was the first time they’d seen her since she got out of the NICU. She had on hospital-issued footed pajamas, pink, newborn-sized, the size everyone told us not to buy.

On the other side of the curtain there was a roommate, a teenaged girl, greasy-haired and pale. She sat in her bed, a zombie movie on at maximum volume. Something was wrong with her, but I didn’t know what. A woman with a nametag on sat in a chair in the corner, watching the girl. I caught the girl staring at Helen through the crack in the curtain.
“Is that your baby?” she asked.

“Yes.”

“Can I say hi to her?”

“Yes.”

“Hi,” the girl yelled over. When she waved, her hand flapped too fast, like a bird’s broken wing. My mother looked at me and her eyes widened.

The nurse came in. She had a bunch of file folders in her hand and one fell, papers spilling out. “Do you want me to feed her again tonight? I’ve got four rooms so I’m kind of busy.”

“I’ll feed her,” I said. No way was I leaving her alone in this hellhole. Phil and his parents stood in the corner, looking from Helen to the roommate.

Dr. Blair came in with his team. He was jokey with them, waved his sausage fingers at the baby.

“The only thing new this morning is her bilirubin is elevated. Could be an infection, could be from breastfeeding. Also, she’s below the 5th percentile for weight, so she’s at the point now where we term it failure to thrive.”

Phil folded his arms. “Failure to thrive? What are you recommending we do?”

“The nutritionist is going to come by again. Cindy can set that up with you.”

He was on his way out the door.

“Who’s Cindy?” I called.

“She’s your nurse,” he said, pointing to her.
The night before I had Googled Dr. Blair. He was a DO, not an MD, which meant he couldn’t get into real medical school. He liked to chat with Phil about doctor things. He wasn’t good at eye contact.

My father pulled the curtain so the girl couldn’t see us. “Is there a reason for that?” He jerked his hand in the girl’s direction.

“We can only guarantee singles for kids who have cancer, sir,” the nurse said, not looking up from her papers.

“I don’t think you should have a baby here with her,” my dad said.

She looked up. “Nothing we can do.”

He slammed his hand on the table and followed her into the hall. My mother shook her head and held me back. “Let him talk to them,” she said. “It’s not right.”

“Poor girls,” I said. My mom took Helen out of the crib and nuzzled her cheek. I sat in the chair by the window and looked at the roof, the fans, pipes, ductwork that kept the place running. Beyond that, tall firs and heavy clouds. I wanted Phil to demand something, but I knew he never would. So what was going to happen to us?

My mother put Helen on my lap. Helen made a purring sound and we all smiled. I couldn’t hide: whatever version of a mother I was trying to be, my mother saw them all, maybe had been them all, too.

My father came back. The roommate’s minder, or whoever she was, slept in the corner. “This place is shit,” my father said. The minder snored in her sleep. Everyone else left to get coffee.

We were alone again. That night, there was free pizza in the play village for the sick kids. We walked over after Helen’s feeding. Santa Claus was in the hallway,
visiting the kids with cancer. The local paper was there, trying to take pictures, but they couldn’t get the lighting right, the hall was too dark.

*

Two days later, we were in the Chapel of Our Lady of Perpetual Help, but we weren’t getting any. Phil’s eyes were glassy; I thought to give him the pacifier before I remembered he wasn’t the baby. There was a stained-glass window with an image of Jesus’s resurrection.

We were alone in the chapel, in the last pew. Phil had his hands folded in his lap, like he was trying to pray without me noticing. He followed me in there from the café. I didn’t know what we were doing in there.

Jesus, my second grade composition notebook: thin with a bleeding forehead, bent forward with the cross on his back. I’d scrawled at the top: Oh Jesus, sometimes things are hard to do. Eighth grade stations of the cross—cherry lip gloss, a line of us walking down the aisle, me in front of the cutest boy in the class. The waistband of my uniform skirt rolled up, a training bra holding nothing.

There are no atheists in foxholes, my grandfather used to say. He was a stooped husk at the end, but before that, a force. He’d stormed Normandy. I figured he knew.

Something else he’d said: a place for everything, and everything in its place. The last few weeks of the pregnancy, I’d become convinced that I needed to know
exactly where every single one of my possessions was. Two in the morning would find me in my closet, pairing socks. Maybe a part of me knew what was coming.

The sun came in muted through the stained-glass window. The nurse had told us earlier that the baby’s weight was down again. She was now at the .09 percentile.

“I’m a broken woman,” I whispered to Phil. It was not the right thing to say in church.

I had to harden my heart. Life had been too soft on me. I was now operating under the conclusion that the big secret is that life hands you your worst fears. So I was going to have an impaired baby. Or a dead baby. Maybe that was why I was still having bad thoughts, a sort of reverse psychology. I needed to ask Allison.

In my head I would say what no one else would say, that we all wanted this to be over. And that if it wasn’t going to end well, it was better for it to be quick.

Our parents went in on a hotel room for us. I didn’t want to go home without her again. They took us out to a sports bar called Time Out that connected the hospital to the hotel. I had a margarita and pulled up the pictures the newborn photographer took of Helen. She had the bluest eyes. Everyone thought she was a beauty.

After, I went back to her room and Phil went to sleep at the hotel. Helen looked comfortable, on her side, the blanket from the Meredith House lady wrapped around her. The crib was huge, the white metal gates nearly reaching the ceiling. I got in to sleep beside her. I could stretch all the way out. I heard the roommate mumbling to herself. Then she peered around the corner.

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“Your baby makes a lot of noise at night.”

“Does she?”

“Yeah. But I won’t tell anybody.”

I smiled. This was the wrong thing to have done. The girl came and sat next to the crib. “I’m not going to be in this place for long,” she said.

“That’s good.” She had her feet drawn up to her knees. Under the hospital gown she was wearing ragged sweatpants.

“The nurse who comes to see me is from psychiatry. I have a doctor I go to when I’m home. We draw and stuff.”

“That’s good,” I said again, wondering if there was a panic button somewhere.

“If you see them come back, can you ask them for more movies?” She blinked her eyes fast. “I like it when she comes to talk to me. She never stays long enough, though.”

I softened. “Sure, honey. What kinds of movies do you like?”

“Teen romances,” she said. “Is your baby going to be okay?”

“I hope so,” I said. Helen gave a shuddering sigh.

“See what I mean?” the roommate said, and slinked back behind the curtain.

The next day, Helen was in her own room. There was a rotating guest list of specialists. GI, ENT, endocrinology, urology, cardiology, infectious disease. The urologist thought maybe the fever was caused by a UTI. The ENT doctor noted that she had a flap of skin in her throat that was making her breathing heavy, and causing the choking. She choked while the GI doctor was examining her. He thought it was laryngomalacia with possible micro-aspiration. Vomit might be getting in her
lungs. He ordered tests. After he left, I snuck over and read his note. “Witnessed an episode. Pt recovered fully. Possible reflux-induced laryngospasm and laryngomalacia? CT ordered.” None of the theories matched up. But I was no doctor.

Phil reclined in the breastfeeding chair. “If something’s going to happen, I just want it to happen,” I said.

“What did I tell you about that shit?” he snarled at me.

I went into the hall and looked up the best children’s hospitals in the country. Boston Children’s and Children’s Hospital of Philadelphia were tied.

Dr. Blair, red-faced like he’d been exercising too much, sauntered in to check on Helen. “She’s writing her own story,” he said in his drawl. “At least it’s a good one.”

There must be a manual somewhere, how to talk to parents of dying children. “What does that mean?”

“She’s going to be fine, once everything straightens out,” he said. “Welcome to parenthood, huh?”

*

I did a few laps around the unit to stretch my legs. Helen’s former roommate was gone, her former room empty. She left a picture at the nurse’s station for Helen, a pencil sketch of a lion with alarmingly realistic whiskers. “You should frame that,” my mother said.
I saw Dr. Blair doing his pre-rounding meeting: sitting in the administrative area with his acolytes, leaning back, legs crossed. He was talking about her, saying again that they were going to chalk the jaundice up to infection or breastfeeding. One of the residents asked about the hyperbilirubinemia. Dr. Blair shook his head. “That one is a mystery. But I suspect it’ll go away.” His textbook was open on the table. He saw me looking. “There’s the mother,” he whispered, not quietly enough. He nodded at me and I stared back. I stalked the halls wearing clothes I hadn’t washed in who knew how long. Nurses looked in my direction, then looked away. I hoped they were scared.

We went to the cafeteria before rounds. It was the one thing that place had going for it—decent food. The woman at the register gave me a free mini doughnut and I teared up.

We brought our food back up to the room for rounds. When Dr. Blair came in, Phil was ready. “Have you considered a connection between the hyperbilirubinemia and the failure to thrive?”

Dr. Blair excused himself and came back with a textbook.

“If you’re going to go into that, I mean, the possibilities are endless,” he said. He flipped open the book. “Come here. Look at this. There’s literally hundreds of things it could be.”

Phil went to look at the book. He cast a glance at me. I glared back.

Something brand new took over. “Is this a joke?” I muttered. “This is a joke, right?”

Dr. Blair looked at me like he was seeing me for the first time. “Excuse me?”
I was sitting in the chair but my body was somewhere else. “You have to look in a textbook to try to figure out what the hell is going on?”

I took the burp cloth that was on my shoulder and threw it in the crib. I stood and looked in his eyes. “Every specialist you sent up here told a different story, and you’re the one who’s supposed to weave everything together. You’ve done nothing. You tell me right now what your plan is. If you don’t have one, then we need to find someone who does.”

Even Phil looked surprised. I saw his hands shaking. Later, I read there was an acronym in medicine for this kind of problem. WICOS: Who is captain of this ship?

“I’m serious,” I continued. “What’s the plan?”

Blair nodded. “I can see that you’re serious. What you do is entirely up to you. It sounds like you think things might be better somewhere else. I’ve been at Vanderbilt, I’ve been at Michigan. This is a pretty decent place. You know, I’m teaching a medical ethics class this semester. This is a great lesson for my residents. A patient doesn’t get to pick her doctors.”

“We want to be transferred to Children’s Hospital of Philadelphia,” I said.

He looked at Phil, as if together they could put a stop to the hysterics. “Why CHOP?”

“It’s half hour from my parents. It’s the best in the country,” I said.

He said he would look into it. I took Helen into the hall and crossed over to the roommate’s empty room. We looked out the window together, at the low gray clouds. Which way to Philadelphia?
A gaggle of nurses walked by, watching me. They turned away when I met their eyes. Nobody there liked me, and for the first time in my life, I didn't care.

I called my sister. “We’re going to CHOP tomorrow,” I told her.

“Oh my god. How are you getting there?”

“We’re driving her.”

“For some reason I pictured her flying here. Amelia Earhart style, wearing a cape.”

It felt good to laugh.

The next morning, we had to sign a form saying that we were leaving against medical advice. The hospital gave us all of the records, one hundred and twenty-two pages in all. I started reading the discharge summary: Admitted for septic workup due to fever; lumbar puncture performed. Started empirically on cefotaxime and ampicillin. Blood cultures and CSF cultures negative. Continued on IV abx throughout stay, then switched to Augmentin due to ID consultant’s suspicion of microaspiration (though CXR with hyperinflation most suggestive of viral airway disease). Mild hepatomegaly. Weight decreased and percentile down to .02 despite fortifying. Jaundiced on admission with direct hyperbilirubinemia, thought to be due to infection or breastfeeding. Transferred to CHOP due to failure to thrive per parents’ request, via private transportation.

We packed Helen’s few tiny outfits into some clear plastic bags the nurse left for us. We put her into the car seat and took the elevator to the parking garage.
It was pouring rain and I was sick to my stomach as we pulled onto 91. We had the bulb syringe in the cup holder in case she choked. I was in the front on purpose, because I wanted her to sleep.

I put my sunglasses on and leaned my seat back. It was gray out, the little light there was burning my eyes. “Am I insane?”

“No,” Phil said. “The worst that can happen is she’s fine and we didn’t really need to make the trip.”

“That’s not the worst that could happen,” I said. But as we crossed the line into Massachusetts, I got the feeling we were going in the right direction.

Chapter Nine

I’m waiting outside of Helen’s classroom for my first parent-teacher conference. Up on the wall are self-portraits the four years old have done. Helen’s has purple hair and bright blue eyes.

Another kid’s mom is ending her conference. “I’d love to come in and do a little science with the kids,” I hear her tell the teacher.

I sigh. Other people seem to have more hours in their days. The teacher, Tracey, calls me in. She’s got a button-down shirt, collar popped, under a pastel pink sweater. She looks like a gracefully aging Barbie.
“Welcome,” Tracey says. “So glad you could come. We’re just loving getting to know Helen.”

“So,” she says after some perfunctory chitchat. “It’s funny about Helen. In the beginning she was quite rigid and almost unfriendly with the others. She would do things like remind a kid to not talk with his mouth full. So much so that some of them were coming to me feeling that she was kind of—” she pauses—“a downer.”

I give a weak smile.

“But she’s really started to loosen up,” she says.

I think I’ve lost my voice. I feel my eyes well up and bite the inside of my lip, hard.

“She’s becoming more comfortable speaking to the others,” Tracey continues. “As I think I mentioned to you before, she’s the only “only”. The other kids all have siblings. Which is fine! But it might explain.”

I nod. On the wall, a group of paintings the kids did with a blue theme. Blue swirls, scribbles, a blue sunrise. Tracey moves on. She takes a folder out and begins showing me results from some basic tests she’s run on the kids. I tune out, one word echoing: downer.

*

At home I read an email from my old doctor and email the new one. I have decided to forgo the laparoscopy per my previous doctor, who said that performing laparoscopies on pts with suspected endometriomas the size of mine is not recommended and has no effect on
pregnancy outcomes. I would, however, like to keep the option of going through with the upcoming IVF cycle open. Please let me know if this will work.

I keep picturing the doctor at home in her pajamas at her kitchen island, reading the email to her doctor husband. *Can you believe this woman?!* she's saying, sipping her red wine. *Does she want a baby or not?*

When I tell Phil about my emails, he congratulates me. "You're doing it on your own terms," he says. “That’s good.”

“*On your own terms* is one of those meaningless phrases,” I say. “I'm pretty sure these aren’t the terms I would choose.”

“I know,” he says, hugging me. He’s babying me and I love it, until I hate it. After Phil falls asleep I look up jobs. I miss teaching—the routines, the discussions, the creativity. I guess if I did get pregnant the new baby could go to daycare, but then we’d have to have a babysitter pick Helen up from preschool and be with her. I try to silence my thoughts. I know the truth, which I almost won’t admit, even to myself. I am a woman who does not need to work for financial reasons. My life teaching in New England when Helen was a baby was easier than my life now, trying to write while she’s in preschool, being, in the perspective of the wider world, a stay at home mom. I want to be more, but I also want to be the one to take care of my children. Feminism will say I can do that, if that’s what I really want. But I’m not supposed to want to only be home. And I think I do want that, really—but maybe what happened to Helen has turned me into the hovering sort of mother I never thought I’d be. Or maybe that mother was always in me, and now that I see
how Helen has grown, how she’s become a person independent of me, a tiny part of me mourns what I missed.

I decide that my life is crowded. I can’t do more now. I shut my eyes and hear the utter silence of our house at night. *To whom much is given, much is expected*, the lone remaining nun at my high school used to say.

*

6:15 AM at the IVF clinic. A mother next to me death-grips her preschool-aged son. “You can’t stop licking your bottom lip. Now it’s gonna be destroyed. Don’t do that. You look like a clown.”

I look over. He doesn’t look quite like a clown, but his lower lip is bleeding. Why do I want to start this process over, now that Helen has her shit together enough that she’s no longer like this boy, helplessly making his own lip bleed? The nurse who comes to get me is genteel, Southern. Though I have done all of it before, I must listen to everything again. The timeline, the symptoms, the medications.

“Your protocol is really easy,” she says. “I wish everybody had this protocol. You’re taking two Clomid pills and one Gonal-F injection in the stomach nightly. We will bring you in for bloods and ultrasound every other day. We’ll be looking for at least six follicles, preferably more, of 18-22 centimeters each. When you’re at that point, you’ll take your trigger shot to induce ovulation. Approximately two weeks from now, given good follicular growth, you’ll come in for your retrieval. At that
point you’ll be sedated as the doctor removes the eggs and hands them off to the embryologist for fertilization with your husband’s fresh or frozen sperm.”

She goes over the calendar printout she’s made for me. I take it all in easily, not like the first time.

“Someone will go over your after-retrieval calendar after the retrieval,” she says. “You’ll be on estrogen and progesterone shots if you do get pregnant, those are the fun ones.” And I know she means that those are the ones that have to be injected intramuscularly into your ass.

Who was I before I did IVF? I hardly remember that girl. That first round—shocked by our diagnoses, terrified, raging, then grateful.

The nurse pulls a needle from her case. “We’re going to practice,” she says, pulling a fleshy, skin-colored square from a drawer. I’m writing this woman’s story in my head, that she had six siblings growing up in South Carolina, that she always wanted a big family. She was a patient at the clinic first. What she does gives her life meaning.

Simply being in the same room as the hormones is making me mean already. Or maybe it’s me. Judgmental, even when people are just trying to help.

“Inject without hesitation, like you’re throwing a dart,” she says.

I quiet my mind, take the needle and plunge it into the faux skin.

When I’ve convinced the nurse I know what I’m doing, she releases me.

“Don’t forget your goody bag,” she says, and hands me a bag with EMD Serono
written on the side. The drug manufacturer, of course.

*

When I was younger, at a family party an uncle snarled at me, “Don’t you look like a miserable bitch.” Wine sloshed from his glass.

For no reason at all, I laughed. “Maybe I am,” I said, and turned away quickly to hide my eyes.

*

Quakerism doesn’t seem to be having the intended effect on Helen. When she gets frustrated because she’s having trouble with her socks, she glares at me, throws the socks. “If you want me to be peace,” she yells, “YOU HAVE TO BE PEACE!”

*

In Helen’s Richard Scarry book, there are pictures of workers all over town. The poet is in the attic, dreaming away. The teacher is in the schoolhouse with a pointer. The mother is making pancakes and cleaning the kitchen. Kids hang off of her apron. She kisses the father and he heads off to work. Everyone has a job, and everyone’s job is equally important, the book says.
Later, I banish the book. I put it in the trunk of my car to donate.

*

An old friend from New England emailed a few weeks ago. I updated her on Helen, told her I was back at IVF. She wrote back, pleading with me. My father was a doctor. He always told me to never let them make me a guinea pig. Please, reconsider. They don’t know the effects of all this yet. I would hate to see Helen have a prematurely sick mother someday, or worse.

I send the email to the trash bin. Who does she think she is?

*

While Phil’s brushing his teeth one night, I show him the bag of sample medications they gave me at the clinic. “Are you ready for all this?”

“Not really,” he says. But I know, as I always have, that he is in fact ready. He wants another baby. He’s a great dad. A world where he doesn’t want this, where I am in fact the driving force behind this insanity, is impossible for me to believe in.

I tell him about the parent-teacher conference. He tells me the teacher is out of line to call a kid a downer, no matter what she thinks. Says that there’s no way Helen is a downer. When I tell him that she believes it’s all because she’s an only child, I choke up.

“Because she’s an only child? That’s ridiculous.”
I nod.

“Have you started the hormones yet?” he asks. “You’ve been crying a lot.”

“It’s not the hormones, it’s me,” I say, dumping the contents of the goody bag all over the bathroom counter, filling up every inch of it.

Chapter Ten

Helen at nine weeks old, laid out on a hospital bed in the emergency room at the country’s best pediatric hospital. Ice packs tied to her scrawny arms. The ice was supposed to prepare her veins, but by now, the veins were all blown; the packs just weighed her down, and she couldn’t move her arms. The nurses turned off the lights. They used a special flashlight to look for the veins. Under the light, the veins were sky blue, pulsing and wriggling like worms. No one could get the stick. They told us it wasn’t urgent, that they’d wait until later, when we were upstairs.

When they left, I looked at Phil. “Does that mean she’s being admitted?”

He nodded. “What did you think, we’d drive all the way here and they wouldn’t let us in?”

I thought maybe they would tell us she was fine. Instead, when we arrived, the woman at the ER’s front desk smiled at her. “You’re at CHOP now, baby,” the woman said, cutting off the ID bracelet from the other hospital. She handed it to me.
It was so small that, wrapped twice, it could fit around my finger like a ring. I put it in my purse.

We were in my territory now. My parents were on their way. When I told my brother we were in Philly, he said *really?* and his voice cracked. He, like all of us, didn’t think it would come to this.

One of the nurses took us up to general pediatrics, wheeling Helen in the bed because the policy said that was how she had to get there. The room was twice the size of the one at Phil’s hospital, and I took it all in: the large windows that looked out to the inner sanctum of the hospital, so that I could see, across from our room, another hall, another group of people speed-walking the halls, and the rings of floors below, all the way down to the ER lobby. There was a tiny blue hospital gown, folded up and waiting on the corner of the crib. Machines ran along the wall behind the head of the crib, red and green, lit with buttons and alarms.

The first general pediatrician we met was an impeccably dressed woman in her forties. She wore crisp black pants with heels and a purple silk top. No white coat, just a nametag on her shirt. I imagined her photo in *People* magazine: *Doctors! They’re Just Like Us.*

“You can call me Liz. I’m going to get my people on this case,” she said. “I know you’ve been through it all already, but I’ve got some people in infectious disease, some people in GI who should see her. Let me get them on it. You’ve got to give me some time, though.” She peered at Helen in my lap, then sat next to us on the couch. “How’s it going with the feeding?” She touched my arm.
“I’m trying,” I said, pausing to gather strength. “To breastfeed. I guess, considering the failure to thrive, something’s not working.”

Liz told me a story. When she had her first, she had trouble, too. She tried everything. It just wouldn’t work, and she gave up and cried hysterically as she fed her baby his first bottle of Gerber. The story took her places, I could see it in her eyes, they welled up—to home, to her son. “He’s a varsity lacrosse player now,” she said. “My point is, she’ll be fine. Give yourself permission to give her formula so that you can rest. This has been a marathon for you. And I think this whole failure to thrive is a matter of getting the reflux under control so we can get the calories in. So you need to at least supplement with formula. We can get you a case of a gentle formula that’s good for reflux.”

I didn’t know if I was grateful or angry. “She isn’t even throwing up much anymore. I don’t really think that’s the problem,” I said.

“Well really, you know, you’ve got to trust your instincts, too, about the feeding thing,” she said. “But there are three reasons infants don’t gain weight,” she said. “She could be not getting enough calories. She could be burning calories too fast—it could be a metabolic issue. I don’t think it’s that. Or there could be some other reason that she’s not absorbing the calories she’s getting.”

Phil was in the corner, taking notes. “She’s an IVF baby. Could that have something to do with all of this? She was a frozen embryo.”

“Oh, so she was a popsicle,” she said, rubbing Helen’s back.

I nodded and looked out the windows to the lobby below. The cutey names people had for IVF stuff made me sick.
“Why are you giving your parents such a hard time, little girl? Don’t you know what they went through just to get you here?” I nodded again. She continued. “I’m sure your doctor told you that IVF births have the same outcomes as regular births,” she said. It was the official line, but nobody really knew.

Liz left, telling us to expect some of her people, telling Helen she better start shaping up. The popsicle. Conceived in a dish in a lab by an embryologist we never met. Cryopreserved for a price. Now she was melting.

The night nurse gave us the rules. We had to come up with a list of four approved visitors. The visitors had to sign in at the front desk with ID.

“What about family?” I asked.

“Only four approved. Now, if I’m the nurse, I might look the other way, but I can’t say that for everybody.”

I had been picturing a family reunion in the hospital room.

While the nurse told us about the shift changes, I busied myself with room seating. How much of it did we have, and how comfortable was it? I left Phil with the nurse and walked the halls, looking in the other rooms. In one, a boy sat on a bed playing video games. There were four chairs in his room, two recliners.

“Can I have this chair?”

“Yeah,” the boy said, not looking up from his game. He was gaunt. I wondered what was wrong with him. Wonder where his parents were, whether this would be Helen in a few years, alone in a hospital bed.

*
Christmas was two weeks away. Our parents had taken up part-time residence in our hospital room. Every day when my father finished work, he took the train from Wilmington to Philadelphia and walked the few blocks to the hospital. My mother-in-law had a pink Women’s Daily Devotional Bible tucked in her purse, pages dog-eared. It was Advent. Today my mother told us it was a nice day and that we should get out, so we did. She said she’d stay with the baby as long as she needed to.

In the lobby, we saw hundreds of teddy bears donated by some rich couple. They were fancy teddy bears with accessories and clothes. They sat in cardboard boxes, waiting for homes.

Outside was the breathtaking chill before snow. We walked a bridge over a river whose name I didn’t know, roiling water, dusk, tree branches strung with lights, strolling couples. Rittenhouse Square. We had a good life before. I was sometimes lonely, but this was worse. We passed a toy store, hesitated, turned back and went in. I didn’t look at the kids inside, or at the baby clothes. I looked at Phil’s shoes as he walked from aisle to aisle, admiring things, his hands clasped low behind his back in what I’d always thought of as a meditative, disarming stance. Should we get her this, or this, he asked, holding things up. We have to get her something for Christmas. I forced myself to pick up my head and look at what he put in front of me. No, no, no.

We chose a wooden music box with a blue bird on it, and a set of rattles that could be attached to babies’ ankles and wrists. The woman at the register wrapped them in purple with a shimmery silver bow.
“Let’s get you something for yourself,” Phil said. “When was the last time you got something for yourself?”

We went to a trendy store a few blocks down. Droves of girls in their twenties were in line, lace dresses and skinny jeans and colorful scarves spilling out of their arms. Those clothes might make it hard to pay rent, but they didn’t care. I was once one of those girls.

I bought a lace thing, a chemise. I’d always wanted to be a woman who wore that sort of thing.

On the way back, we saw Phil’s parents. His mother was in a fur hat, his father held shopping bags. I barely recognized them in the crowd. When we stopped I saw my breath.

“Was everything ok when you left?”

“Sure was,” Phil’s father said.

Back in the lobby, Phil and I waited for the elevator beside conjoined twins. One of the twins was standing, the other perched on some sort of skateboard. The air around them was tense. We got on the elevator together, going up. I tried not to look. We got off at our floor and they kept going up.

“How old do you think they were?” I asked Phil. “Teenagers?”

“I guess,” he said. “See? Tons of people are worse off than her.”

I knew that, but my heart didn’t have room.

Someone had put a teddy bear in Helen’s crib. I took it out and looked at it. It was wearing a plaid dress and carrying a pink gingham purse with a fake-diamond encrusted handle. Too much, I said to myself, stuffing it back in its box.
A girl came in carrying a Baby Einstein contraption. “We’re part of an organization that brings developmentally appropriate toys to the kids,” she said. She went over to the crib. “See? Fishes. An aquarium.” She pressed a starfish and the aquarium came to life, complete with bubbling noises. “Nevermind. She’s asleep.”

I looked at Helen. Her mouth was pursed in supplication. My parents loved to tell a story about how fat my lips were when I was born. They’d stare at me and my dad would murmur: whatever’s wrong, it can be fixed.

“She’s been sleeping a couple of hours,” my mother said when the woman left.

Later, my brother showed up with sandwiches for everyone. When I saw him, his shaggy hair, blue hoodie, I remembered the first time he saw Helen, the day after she was born. He and my sister had driven up from Delaware. They came in one at a time. Phil and I tried to prepare them—she’s hooked up to a lot of tubes, we said. But they both hung back. They looked from the doorway, tears in their eyes. And I felt that it had been my job to show them how easy it was to bring a baby into the world, and that I had been exposed as a miserable failure.

“They say she’s going to be fine,” I’d told them. “You can put your hand in the hole and touch her.” They warmed up after a while, just like I had.

We ate the sandwiches and talked about the day’s progress. She’d had a few tests, a few doctors had been by. Helen woke up and my brother gave her a bottle. She downed the whole thing and then let out a loud burp.

My mother-in-law shook her head. “She looks like one of those Biafra babies.”
“She does have a big head,” I said. But she didn’t look like one of those babies. Did she? The skin on her biceps was loose and wrinkly in a way that I’d never seen on a baby. Her eyes were kind of bulgy.

“But her belly,” my mother-in-law said. And she was right, her belly was sticking out, veiny and tight.

“We’ll ask about it,” Phil said, staring at his sandwich.

A while later, my mother-in-law was holding her after a bottle and she started choking. Phil picked her up and pressed the nurse call button, took her into the hall. I ran toward the nurse’s station, screaming: we need a doctor. Nobody came. Phil slapped her on the back in the empty hall.

I ran into a janitor, a tall man. He started yelling, “Hello? She say she need a doctor!” and we ran together to the floor desk and saw the nurses starting to get out of their chairs. “She need a doctor,” the janitor rasped, out of breath.

“She’s choking,” I said, flashing back to the driveway at home. The nurses came running and by the time we got back to Phil another nurse had found them. She took one look at Helen, purple-faced in Phil’s arms.

“Call a code,” she said.

They carried her into the room. This is it, I thought.

My mother came into the hall room and put her arms around me. “Take a walk with me,” she said.

I pushed her away. “No. I have to be there.”

I went in the room. “Give her to me,” I told Phil. I took her. “It’s ok, it’s ok. We love you.” I pounded on her back.
A doctor came in and they put her in the crib. She seemed to be coming out of it. They tested her oxygen saturation. “Suction her out. She's fine, she’s choking on the reflux.” They canceled the code.

I went into the hall, my entire body shaking. Our parents were in a lounge across from our room, whispering. “She’s fine. They canceled the code,” I told them.

The nurses trickled out of the room. Phil came out, holding her.

“I thought that was it,” I said to him. “The way you ran out into the hall.”

“No,” he said. “I was pretty sure she was fine. I was just trying to get their attention. I wanted them to see what it looked like when it happened.” We followed him back to the room. Our parents looked at the walls. Helen sucked on her finger. The books said a baby couldn’t have a personality, but I thought she had one. Her mood ring would correspond with generally jovial, but don’t fuck with me.

My mother hugged me. “You were right to come here.”

“Now you know,” I told them all. “You saw it.” I locked myself in our bathroom—white walls, white shower curtain, even white grout in the tiles—and shook.

*

The CHOP doctors wanted to redo most of the tests from Phil’s hospital. I usually let Phil go with Helen, and I stayed behind on the cot, talking to our parents or on the phone to friends or, if no one was around, looking out the window down into the center of the hospital.
When she was at her tests I had time to think. Down below, on the windows of the ER waiting room, was a scene from a Disney movie, long-haired princesses in blue gowns, ice crystals in the sky, an entire world frozen by a little girl.

Phil was in the shower when the transport person came to get Helen for a barium swallow, so I had to be the responsible adult. We took the elevator to the basement dungeon. I stood by in a sort of viewing station, separated from her by plexiglass. This was the second barium swallow she’d had. She was flat on her back and they poured the chalky-looking barium solution down her throat. She tried to swallow and sputtered. The barium let them see her esophagus on the X-ray. They took a picture and she vomited it all up. Her entire face was covered, like a snow globe exploded on it. They wiped it up as she screamed.

Back in the room, a constant white trickle came from her nose, like she was a cokehead. I looked around. Nobody but me, Helen, and the nurse. The nurse was writing in a chart.

“Can we please get that stuff out of her nose?” The nurse made a halfhearted attempt with the bulb syringe. I spent the rest of the day wiping away the white.

A doctor came in early the next morning. I thought it was very early, maybe still dark out, but in the inner sanctum of the hospital it was hard to tell. The doctor was young, diminutive, but with a presence. A resident trailed her. “Judith Baker, GI,” she said. She shook my hand. I liked her eye contact.

She stood by the crib, gave a once-over to a sleeping Helen. She reviewed the case with the resident. “There’s something...” I couldn’t hear the rest. She had her
arm resting comfortably on Helen’s crib, like there was nowhere else she needed to be.

We were sitting on the edge of our cot. “What?” I said.

She looked at us. “There’s something else going on with her,” she said. I froze. The words I’d been waiting for.

“I should say, I believe there’s something else. She’s got the reflux, and the episodes are terrifying, I’m sure, but that’s actually typical with reflux in babies—they have laryngospasms, and it can seem like they can’t breathe, but they can. We’ve had a chance to review her records. One thing we’re noticing is the bilirubin levels. On the imaging we can see her liver and gallbladder are slightly enlarged. Do you know what they made of that at the previous hospital?”

“They never mentioned the liver being enlarged,” Phil said.

“It’s very slight.”

“The bilirubin they thought had to do with breastfeeding, or an infection.”

“Right, but that would be indirect. This is her direct bilirubin that’s raised. That shouldn’t be, ever, in an infant.”

There was something else going on. Yes. Finally. Then: no.

The doctor told us she was ordering more tests. “We’re going to bring you up to GI,” she said. “It’s a nicer floor anyway.” She pointed to me on the way out. “I love your shoes.”

I looked down. I was wearing a pair of my mother’s suede flats because I only brought one pair of shoes with me. I was running out of everything. My mother kept disappearing with bags of dirty laundry and coming back with bags of clean clothes,
everything smelling of the dryer sheets of my childhood. I was embarrassed that she’d tried to clean the milk-stained insides of my bras. *It didn’t totally come out,* she’d whisper to me. I shrugged it off.

Phil knew people here, people he trained with. They came and went, asking if we’d seen certain doctors or wanted to see other doctors. One of them called a liver specialist, and like a miracle, in walked the liver specialist.

“Dr. Jordan,” she said. While she was examining Helen I looked her up. She was the head of the pediatric liver transplant program. “One of my colleagues brought *quite* a medical file to my office yesterday.” Helen had her pinky curled around the doctor’s finger. People still acted like she was cute, but I couldn’t tell if they were faking it.

I came out and said it. “You don’t think she needs a liver transplant, right?”

“Oh no,” the doctor said. “It’s just that we see the enlarged liver. At this point the differential diagnosis would be impossible, but babies who need liver transplants are much sicker than she is. I do think you’re where you need to be now.”

If we were in the right place, we’d gotten there because I stood up. I remembered Helen’s roommate, how I’d forgotten to find her a teen romance movie. Then she disappeared. Who would stand up for a girl like that?

*
I lost track of the days. It seemed impossible that we were living in another hospital. At least this one was clean. The daily cleaning had an almost spiritual aspect for me. Every morning a person dressed in white came in and mopped the floor and gave us new towels. We had a pullout and a cot. The shower was supposed to be for the patient, but we’d been using it. I remembered at Phil’s hospital, how the curtain had a rip in it, and someone had pinned it back together with a hair pick.

One night, Helen pooped three times in an hour, and then again a few minutes later. We laughed at how terrible the room smelled, trying to get my father-in-law to change the diapers, and then I noticed the poop was a strange chalky gray-white. “Could the barium do that?” I asked Phil. He didn’t think it would still be in her system. I saved the diaper and showed it to the night nurse.

She turned all of the lights on full-blast. “No, you’re right,” she said. “It shouldn’t look like that.”

And by the morning Dr. Baker diagnosed Helen with cholestasis. The bile that was supposed to move through the liver was blocked and they didn’t know why. She talked of cysts and diagnostic procedures and metabolic disorders.

Phil paled. “What would be the most likely diagnosis?”

“Too early to tell,” she said. “But don’t freak out. It’s probably not something big and bad. That’s the problem when you come to a place like this,” Dr. Baker said. “This place tends to attract people who’ve seen everything under the sun.”

I didn’t even know what all could be under the sun. She left and I was paralyzed on the pullout. Phil started calling his doctor contacts, telling them she had something wrong with her liver. A lactation consultant stopped in and gave me
a pep-talk about breastfeeding. She told me that I needed to keep up my supply. She gave me a log and told me to write down every time I pumped and how much I got. The pumps were communal, so each time, I’d have to search the halls for a pump and then leave it by my door for the next person to use. I took her log and pen and started writing.

My sister snuck in and held her for a few hours. She couldn’t get over all of the comings and goings of the staff. “It must be really annoying to have to constantly interact with the nurses and act happy,” she said.

“Yeah,” I said, though the thought had never crossed my mind. I was too tired to worry about the things normal people thought about.

By afternoon, a decision had been made. Dr. Baker told us they were going to do an interventional radiology procedure. A percutaneous transhepatic cholangiogram. It was a diagnostic procedure that could also be therapeutic, she explained. They’d use a dye to flush out the bile ducts so they could see what was obstructing them. “We don’t know if it’s a cyst or an anatomical abnormality or what, so we can’t tell you yet why she’s cholestatic.” There was a charged briskness to the message, a perverse excitement. The head of the radiology department would do the procedure.

The radiologist came by that night when we were already in our pajamas on the cot. She was a short, fast-talking Irish woman with a leprechaun pin on her pink scrubs. Her body was taut under the scrubs, as if she was ready to pounce. I appreciated this.
“What you’ve got to understand,” she said, “is that the surface area we’re going to try to flush out is so small as to be microscopic. We’re talking about the bile ducts of a two-month-old infant.”

She was revved up. I pictured her doing the surgery and then going out Irish dancing. She’d knock back a few, yell *but you should’ve seen the size of her ducts!*

“We may have to put a drain in,” she explained. “Hopefully not, but that remains to be seen. I ordered one more imaging test for tonight.”

I imagined her in bed later, examining Helen’s imaging by lamplight, making a plan of attack. It was the kind of thing I knew doctors did not do, but the fantasy was deeply engrained.

Helen went down with Phil to get the test. I cried and ate a bag of cool-ranch Doritos someone left for me. I laid on the cot, a blanket over my shoulders. A young man came in. He looked windblown, with the shell-shocked gaze of a new resident. Or maybe it was that my eyes were bleary. He glanced at me, then at the cot, then back at me. He was desperate for an escape, and there wasn’t one: he was going to have to talk to the hysterical lady. “You doing ok?”

Like you care, I said to myself. “I’ve been better,” I said out loud.

“Understand that,” he said. I doubted he did. He walked toward me like one would a wounded large animal. He put an instruction sheet for the surgery on the far edge of the cot.

Phil came back with Helen. The resident relaxed; word had gotten around that Phil was one of them. “So we need her to be NPO after midnight,” he said,
turning away from me. “We’ve got her slotted for 10 AM, but if there’s a cancellation before that, we’ll take her earlier.”

“You have to be kidding. Ten hours NPO?”

“That’s our policy.”

“I do anesthesia. There’s no way they have to be NPO that long. Let me talk to the anesthesiologist.”

I knew NPO meant no food before anesthesia. They couldn’t expect a baby to go ten hours without milk. She was already starving.

“It might be different where you come from, but that’s how it is here.”

Phil reddened. “She eats every two hours. How do you suggest we deal with that?”

“She’s gonna cry and you’ll have to give her a pacifier.”

Phil put her in the crib. “Do we have a pacifier?” he asked me.

“Since day one,” I said, rolling my eyes.

“You don’t have to be a jerk.”

The resident backed toward the door.

“I just can’t believe you didn’t know we had a pacifier,” I said.

“I knew. I just didn’t know where it was.”

“Whatever,” I said. “Come on. Come to bed.”

I had my sister’s magazine propped in front of my face and I was pretending that I’d been relaxing, reading. Here was something: 13 things to ask your spouse before marriage. How will you divide finances? Do you want children? How will you help your spouse make it through the darkest night?
He brushed his teeth, and when he came out he was crying. He went face down into the pillow. For a minute I thought he was trying to suffocate himself.

“We’re fine,” I told him. “Come on. Let me see you.”

He lifted his head. “We’re not fine. We’re going to have to move here if she needs care all the time. We can’t be way out in the middle of nowhere. They don’t even have the specialists she might need. We had a life.” His shoulders shook.

_How long until you fall apart?_ was not one of the magazine’s spousal questions. Part of me wanted to laugh. What did our old life matter now? But I rubbed his back and when he stopped crying, he apologized.

“That speech. If this whole medicine thing doesn’t work out, you could get a job on a soap opera,” I told him and we laughed. We kissed, the blue-night glow of the hospital lighting us up.

“Is it just me, or is she smart? It’s like she waited until we got here to get really sick.”

“It’s probably random,” he said.

When he fell asleep I looked down into the lobby. There was nobody. I couldn’t hear because of the glass, but I guessed it was silent.

Helen woke up time and again in the night. We started dipping her pacifier in a little container of Sweet-Ease, a sugar water solution left by the superstar phlebotomist who finally found a vein. One dip equaled two or three minutes of quiet, but she was hungry and she wasn’t forgetting. At three-thirty I gave up and brought her to me and let her breastfeed. I didn’t know what nutrition she was
getting from it—Doritos, the morning’s half-eaten cafeteria sticky bun. But she was getting something. If she aspirated during the surgery, I’d take the blame.

I closed my eyes and I was the mother I wanted to be, a life-force. It felt like she breastfed all night, though that wasn’t possible, that was like someone saying they made love all night. No one actually did that. We fell asleep together on the cot. I woke up to the nurse standing in the doorway, saying it was time to get ready for the procedure. I hurried to cover myself so the nurse wouldn’t know.

We got on the elevator. I had this sense of breaking through. It was that word percutaneous. Something would pierce its way in, something would flush out. Equilibrium.

Chapter Eleven

I’m out on the open road at 7 pm on Thursday. Was night always this black? All of the old people in our neighborhood are going to bed, the dark road ahead a collective yawn. I’ve curled my hair into messy waves. I’m wearing actual pants instead of leggings.

I’m a part-time stay at home mom, I think to say to them. We’re new here. I used teach at the university level on a Contractual Basis. I’m a writer, I will not say. Would I have read you? comes next, and I don’t like to answer that. I will not tell them about the failed IUI and that I’m beginning IVF injections tonight, at this
retreat; no mention of the eggs that will grow in me, the bloating, the Clomid rage
the other night. When they ask if we want another, I will simply say *maybe, hopefully, someday* and change the subject.

Phil made sure I had everything I needed for the shots—alcohol wipes, gauze
pads, syringes, the medication and ice packs. He told me to FaceTime if I had
trouble, that he’d guide me through. I told him he was a little too eager. I could still
sabotage this whole thing if I wanted. I could “forget” to take the shot and kick
myself out of the cycle.

I follow the voice on my phone over the Pennsylvania line and onto Danforth
Road. The house is stone and stucco, newly built, a McMansion. I can see a massive
playground in the back. I follow a lighted path to the door.

A short woman dressed in black slacks answers the door. “Hello,” she says.
“Come in.” I walk into the hall—soaring ceiling, marble floor.

“I’ll show you to the studio.” She leads me to the back of the house. Another
lighted walkway over to the barn studio. I can tell I’m in Wyeth country, blue
chipping paint, silos, yearning girls in billowy dresses.

Inside the barn is another complete home, another kitchen, the biggest
refrigerator I’ve ever seen, a pot filler over the huge range. And there is Max’s
mom—Stephanie, I’ve got to remember—wearing a navy wrap dress, waving from a
U-shaped couch filled with coiffed moms. On the coffee table, champagne in ice
buckets, trays of flutes. They’ve nearly all got on dresses. My tunic top suddenly
feels like something left over from my maternity wardrobe.
Stephanie makes introductions. I look to see if any of them look out of place like me. Nothing. The Louis Vuitton purses sit smugly like brown lapdogs.

Stephanie pats the sofa. “Join us.”

I sit among them and take a glass of champagne.

“Did you see Tracey’s email?” Stephanie asks.

“No,” I say.

She puts her phone in my face. “Look at that.”

I scroll. Tracey, the preschool teacher, has sent a note about winter gear.

Below, see pictures of a great winter hat and a not-so-great winter hat, she writes. Under GREAT! is a picture of the hat my mother knitted for Helen, pink and white. The NOT-SO-GREAT! hat is looking a little threadbare.

“Can you believe she threw somebody under the bus like that?” she says, crossing and uncrossing her legs. “Whose do you think is the bad one?”

I shrug. “Some of her comments are a bit odd,” I say.

She pours me champagne, shaking her head. “How’s Helen? Is she healthy now?”

“She’s good,” I say. “She has asthma, which I guess is common after lung issues at birth. She had ARDS.”

Her eyes widen. “Ugh, I’m so sorry. Intubated?”

“For a week,” I say. “Three doses of surfactant. It was really bad for a little while.”

“How early was she?”

“She was term, which was the strange part. They think she got an infection.”
“That’s terrifying,” she says. “So glad she’s doing ok now. Max was in the NICU. Just for a few days... he had to be under the bilirubin lights.”

“Helen did that too,” I say.

“So glad they’re ok now.”

That’s how it goes; people want to hear the story and the happy ending and then they move on. But I don’t know if Phil and I will ever completely move on. Give us a night lying in bed, listening to her asthmatic cough, and we’re back by the isolette, watching her oxygen levels on the monitor. If my tossing and turning wakes Phil in the night, he still sometimes jumps out of bed, ready to take action.

“So what made you decide to come? I felt like you were sort of on the fence initially.”

“I was,” I admit. “There’s a lot going on at home, and I thought maybe I should treat myself.”

“Is it work stress?” She asks, grimacing.

“Not really. We decided to try to have another kid, so I’m starting IVF.”

“Congratulations!” she says. “You know Cleo, right?”

I shake my head no.

“Harper’s mom. Cleo. Right over there in the red...she’s doing IVF too. I think she’s doing it, like, right now. Come on. Let me introduce you.” Stephanie links arms with me and walks me over to Cleo’s side of the couch.

“I remember you!” Cleo says, shaking my hand. “You were at Saint Mary’s. I think you were a year below me. You look exactly the same.”
We go over the years we graduated; she’s right. Harper is in the same class as Helen. I don’t recognize this woman at all but I feel her St. Mary’s vibe—she’s friendly and open. She looks like many of the Irish Catholic girls I went to high school with—freckles fading now into faint sunspots, brown hair that maybe was once reddish.

“So I hope you don’t mind me sharing, Cleo, but you’re both doing IVF right now and I thought you might want to connect.”

Cleo gasps. “You’re kidding! I have to start my shots tonight.”

“I have to start tonight too,” I say.

“What are the chances! Are you at RAFT?”

“Yep,” I say. “You?”

“Oh my God,” she says. “So you’re doing the November cycle too. I’m going to ask you a really weird thing. I’ve never done the shots before. I’m so nervous. Do you know what you’re doing? Maybe we could do them together? If you don’t want to I totally get it.” She laughs self-consciously.

“Sure,” I say. “I had to do it for Helen, so I’m a pro.” I smile.

Stephanie switches modes—I can see a light in her eyes fire up—and she stands. “So glad you two are in touch. Guess I better get started here.”

Cleo and I exchange room numbers and agree to meet up after the evening’s events. Stephanie waves a hand in the air. “Time to convene. Tonight we’re going to experiment with auras. I want everybody to pick one partner, somebody they don’t know well.”

I look at Cleo. She nods.
“Everyone partner off,” Stephanie says. “I want you to spend a minute assessing one another’s auras. What do you sense coming off of your partner? We can name emotions, mental states, colors.”

We look at each other. Cleo smiles. Her teeth are not perfect but a little yellow, a little worn. Her aura is a kind, calm type. I’m surprised how easy it is to pick up on.

“Now share your assessment.”

I tell her, and she nods, gazing off as if she’s thinking about what I said.

“Yours is muted,” she says. “I saw a strong aura but it was like it was blocked. Almost like you’d stuffed it down.”


She laughs. “That’s how I feel with the IVF stuff,” she says. “Maybe it’s that coming through.” She pauses, glances around. “Or maybe it’s all bullshit,” she whispers.

“Totally,” I tell her. “I basically just came to see what crazy stuff would happen.”

“I came to get away from my kids,” Cleo says. “I told Jason, Jason’s my husband, that I wasn’t doing any freezer meals or stocking up or anything. He’ll just have to see how it is to be me. I work and manage two kids. He should be able to do the same thing, right?”

“I like that attitude,” I say. “I always feel guilty about stuff like that. It’s so stupid.”
“One time I made a time-use chart. I just drew up this chart and labeled the hours and wrote down everything I did for work and home and the kids, and I left it under Jason’s pillow. Get this: afterwards he tells me he doesn’t understand why I don’t ask him to do more. It’s like, I would ask you, if it didn’t mean I’d have to ask you five hundred times before you did it!”

“Exactly,” I say. “I think if I tried a calendar like that it would just make me mad.”

Stephanie circulates, pacing between pairs, encouraging. Her aura must be on fire.

“We know that our aura is like our emotional skin,” she says. “It’s permeable. We need to maintain it. It is expandable, contractible. And there are an infinite number of aural variations. I want everyone, right now, to take a deep breath. And as you breathe out, imagine breathing out your aura so that it fills this entire room. Hell, let it fill this whole barn. BREATHE.” She sighs heavily.

I breathe. I expel my pathetic aura all over the room.

“Now inhale and contract your aura. Keep it tight to you. Don’t share it.”

I’m better at this. It feels natural, in fact. I think I sense a change in the room. I’m looking at Cleo—does she feel it, too?—and breathing yogically, and then Stephanie throws her hands in the air.

“That’s freedom,” she bellows. “In controlling our bodies, disciplining our minds, we obtain freedom.”

She makes eye contact and lingers too long. I look away. “Who didn’t like the aura their partner described?” she asks. I swear she’s talking to me.
One of the bleached blondes raises her hand. “Mine seemed nervous, which isn’t great.”

“Many of us are unaware that we’re projecting our insecurities,” she said. “And the solution isn’t quick. It isn’t easy. That’s why I developed my six-week program, which I hope you will all consider joining. Together, we can be our best selves.”

Now it’s mingling time. Cleo and I hang back, chatting. “Do you think if my aura is angry, it means I’m angry?” I ask. “Or is it more of a split personality situation?”

She laughs. “Have you heard about the masseuse?”

“No,” I say.


“Really,” she says. She grabs my arm. “I keep hearing whispers about happy endings! It can’t be true, it’s so ridiculous!”

I think of the list of IVF restrictions. No lifting more than ten pounds, no sex, limit alcohol. I take a sip of my champagne. “I don’t think I’ve seen you at Parkside, have I?”

“No. I have a babysitter who drops Harper off.”

“You must keep busy.”

“I run a tight ship,” she says. “I work four days a week at Lincoln Financial. I have to be on top of my game.”
“Feel free to unpack,” Stephanie says. “The outdoor spa is open. Enjoy!” And she slips out of the barn and along the path to the main house. If this were The Bachelor, we would commence shit-talking and boozing and hot-tubbing. But these women are wannabes, and most of them make their way toward their rooms.

“Want to have another drink before the shots?” I ask Cleo. She does. We sit at the island in the barn-kitchen and gossip about Stephanie.

“Who was that who answered the door?” I ask.

“Her housekeeper,” Cleo says. “And then the housekeeper’s daughter is the nanny.”

“What do they do, that they can afford all this?”

“You’re looking at it,” she says. “I heard she and her husband just switch off month to month, doing BS retreats like this.”

I shake my head. We’re drinking cheap red wine now—it burns going down, but I don’t care.

“So, I’m terrified about this IVF stuff. Can I just tell you, I’ve Googled anything that can possibly be Googled about it,” Cleo says. “They keep saying it’s safe, but you kind of feel like, what are they supposed to say? That’s it’s not, and lose their clientele?”

“Yeah,” I say. “Even my husband, who’s a doctor, says it’s safe, but I don’t know if I completely believe him.”

“The oldest IVF baby is only 40. So how can they know?”

“Exactly. I thought about coming here and just forgetting the whole thing. Forgetting to start.”
Cleo looks at me sideways. “You wouldn’t really do that, would you?”

“No,” I say. “But it crossed my mind.”

“Back when we were at St. Mary’s did you ever imagine adult life would be like this? I used to wonder why all my parents wanted to do was sit on the couch at night. Now that’s what I look forward to all day.”

I drain my wine. “I’m right there with you. It’s the best time of my day. I think it’s the having young kids thing. We’ll be exciting again. It just takes time.”

“I don’t know,” Cleo says. “Jason wants me to be more exciting, I know that much. I’m still breastfeeding my youngest and it’s terrible to say but sometimes I’m just like NO! I don’t need another person hanging on me!”

I know that this is Mom Code for Help, will I ever have sex again? but I choose to avoid it, because I know that yes, she will have sex again, but if she’s doing IVF, it might not be for a really long time.

We decide to meet in my room for the shots. Cleo goes to gather her materials and I set mine up in the bathroom. When she knocks on the door and I let her in, it feels like I’m in my twenties again, greeting my roommate. It’s been a long time since I’ve felt that kind of closeness with a new friend. I’m happy—I feel myself lightening up, and I think how I should let myself do this more often. I bring Cleo to the bathroom.

“Ok. So we have to start with the alcohol wipe, right here,” I say, pointing to the spot, two inches to the left of my belly button. We hold our shirts up and wipe.

“Now let it dry.”

“Ugh, I’m already shaking,” she says. “I don’t know if I can do this.”
“You can do it,” I tell her. “If you really don’t want to, I’ll do it for you.”

I look at my instruction booklet for the next step. “Okay. We need to draw up the medication now.” We uncap our syringes. Cleo gasps. On opposite sides of the sink, we push needles into small glass bottles and watch the medicine fill our syringes.

“I have a bubble,” Cleo says, panicked.

“It’s ok, get rid of that and start over,” I tell her.

“I’m doing 150, are you?”

“Yeah,” I say. “This is made with human urine, did they tell you that?”

“No!” she yells. “Shit, why did you tell me that?”

“Sorry,” I laugh. And then I see us in the mirror. We’re shoulder to shoulder, shirts rolled up, ready. Our abdomens have bulged with life. Hers has rolls and a beautiful sort of overabundant quality, like bread in the oven rising over the sides of a pan. Mine is ghostly pale and meek-looking. I imagine it shielding its eyes from the light. We are mothers, which means the world doesn’t care about us but constantly professes it loves us. We are no longer young, but not old. It feels hard to believe but we are ripe, this is us in our prime.

“It’s time,” I say. We pinch our stomachs in the right areas. I inject first, to show her how quickly it should be done. I put a bandaid over the spot and hold pressure. “You don’t even have to have your eyes open,” I say. “You could do it blind, as long as you know you’re in the right spot.”

“I can’t,” Cleo says. She sits down on the edge of the bathtub. I see, for the first time, gray streaks in her hair. “Can you?” She holds her syringe out to me.
“Are you sure you want me to?”

“Positive,” she says.

I take the syringe. “You can still back out,” I say. “You can tell them you changed your mind.”

She stands back up. “Too late now,” she smirks.

“Don’t face the mirror, face the wall,” I tell her. “That way you won’t be tempted to watch.” She stands facing the towel rack.

“I’m going to count to three,” I say. I think of the small and momentous things that have been counted in time like this, first summer jumps into pools, space launches. “One, two, three.” I pierce her skin with the needle and push the medicine in. I open her band-aid and put it on, hold my finger on the spot.

“Oh my God,” she says. “That was terrible. I feel like we should mix our blood together. Did you ever do that? Like blood sisters?”

I laugh. We roll our shirts down and cap our syringes, throw away the detritus.

“It must be hard doing this a second time,” Cleo says.

“I don’t really want to. I’m doing it for Helen and Phil,” I tell her.

“Maybe you don’t want to admit to yourself that you want it. I mean, would you really truly be doing it if you didn’t want it, at least a little bit?”

“I guess not,” I say. I am a realist. I know the work IVF and babies take; I haven’t forgotten, the way women say they do.

When Cleo leaves, I think about if I do really want the baby. Underneath everything, she’s right, of course. I can’t admit I want this. I have my list of reasons,
just as I have my list of reasons why I can’t finish a writing project. I consider that the lists might be bullshit, that in fact I am merely afraid of wanting too much, of saying I want a baby and to be a writer. If I say I’m a writer, that means I have something worth writing, something that’s worth people’s reading time. Don’t I, now? I think of my story fragments, how desperately I wrote notes in the weeks following Helen’s birth. In motherhood, I reassembled my writing self.

Once, a famous writer asked to read a draft of a novel I was working on. I sent her a draft—she gave me her address in Key West, and I pictured Hemingway, though I wanted to picture this gray-haired venerable female writer. When she wrote back, she told me to keep revising. She said she thought far too many women became discouraged by the industry or distracted by the many caregiving responsibilities of their lives. She had no children; I once read in an interview that she believed in the one-child policy for female writers.

I try to read; I’ve brought a book about a black man’s experiences growing up in Baltimore. It feels like the wrong thing to be reading; it feels like I’m exploiting this man as I sit under the fluffy duvet. But then I’m reading a passage about how the man finally came to understand his father’s rage once he had his own son, how the language of his father becomes his language unless he consciously changes it. I think maybe I understand, just a little, what this man is trying to say. I remember my mother, fed up after some ridiculous thing we pulled, leaving us with our father, heading out into the night, her loving but forceful good-bye as we stood at the door asking where she was going. Sometimes we have to escape the places and people we
call home.

*

The final morning at the retreat is blustery. We huddle around the barn’s fireplace. In the kitchen somebody hands out coffee. I’m next for a massage.

I gulp my tea. It’s supposed to calm anxiety. I pat my hair; I got it blown out well this morning, no little hands reaching up to distract me.

I’m missing Helen. I tell myself that, when she is older and knows what is what, I won’t go to such things. By then I’ll be established, equal parts artsy, gregarious and professional. She’s at the age where we can have conversations. She asks:

*What if everybody dies at the same time?*

*Who made this world?*

*Where does the world end?*

She asks these questions and then makes up songs containing the answers I’ve given. “We’re not all going to die at the same time,” she sings. She’ll go melancholy, pat my arm as if to comfort me. “Don’t worry,” she says. “Even if you are at the end of the world you can still sing a beautiful beautiful song.”

The massage door opens and the masseuse, whom I’ve started thinking of as Mario, appears. I search the previous client’s face. She looks relaxed, content.

Mario’s eyes are blue. He takes me back to the room and asks if I have any areas for him to focus on.
“Nope,” I say. “Not at all.”

He smiles. “With moms it’s often the back, from all of the kid-carrying.”

I nod. When a man looks at me, I can usually tell what he’s thinking. It’s a power I developed when my breasts grew. She should model, strangers would murmur to my mother. I would blush, smile, say thank you.

When he begins, he looks at my limbs blankly, as if nothing remarkable is in front of him, nothing to approve or disapprove of. I close my eyes. I try to breathe, to cleanse.

The career family seminar this morning killed this whole thing. I can no longer pretend I am merely enjoying a frivolous weekend. Stephanie laid out her weekly planner for us to look at. She wakes up at 4:45, Barre at 6, working by 8 in the studio or out. She didn’t mention what the kids did in the morning. In the background of her exercise demonstration videos on Instagram, the nanny fixes their cereal. Her posts are all #optimize #fitmama #kaleforbreakfast #mombod. I have to get the fuck out of here.

When the massage is almost over, Mario is the end of the table, wrapping my feet in warm towels. “You can open your eyes,” he says. I open them. “I’ll meet you in the hall with some water,” he says. “Take your time.”

When he leaves I lift myself up, start calculating the things I could have bought with the money I spent on this bullshit retreat. I guess there are no happy endings after all. Not that I would ever have done it anyway. I can barely imagine another man at this point, don’t even really want to.
I look down at my abdomen. Bruises from the shots. Moles. Folds. It’s my mother’s abdomen. But damn, underneath it all, I still have abs. I tense them. Maybe there’s a little of the old me left in there yet. Or maybe that’s what people like Stephanie want moms to believe—that if we work hard enough, we can expel the ghosts of the past.

When it’s time to leave, Cleo and I exchange numbers and promise to meet up. Stephanie gives me a brochure about her six-week program. “There are a couple of openings,” she says. “I’m looking for wellness instructors, people to lead groups through the program. I do the curriculum and you would just be encouraging them along. I think you’d be great at it.”

Of course it was a pyramid scheme. Allison called it. She warned me not to come here. “It’s probably a cult,” she said. “You’re gonna get brainwashed. Good luck.”

I call her on the way home and tell her I started the shots. “In a couple days I’ll be hormonal as hell.”

“You still sound like you don’t really want to be doing this,” she says. “Does Phil want you to? Is that why?”

“No,” I say. “I mean yeah, he does, but that’s not why I’m doing it.”

“Because Helen will be fine as an only child. If that’s what it is.”

“I know. But think about it, Allison. Who am I talking to right now about my problems? My sister. Sometimes there’s nobody else.”

“I know,” she says. “But it’s not like siblings always get along.”
“I don’t want her to grow up alone,” I say. “The last time we did a playdate I wanted to throw myself off a bridge. This way, she’ll have a permanent playdate.”

“Mm hmm,” Allison says, in her budding-psychologist way. “I’m sure that’s how it’ll work out.” We both laugh.

*

At home, Helen only wants me. She’s drawn pictures for me, writing her name in shaky capital letters in the corner. She also writes MOM DAD.

“Where were you?” she asks, clinging to my leg.

“At a mommy thing,” I say. She tells me that when she’s older she’s going to go to mommy things too.

“I hope the mommy things of the future are better than today’s mommy things,” I tell her.

“They will be,” she says nonchalantly.

At bedtime, we read Madeline. We stop at the scar part, Helen standing and lifting her nightgown to find her scar. It’s tiny, half a centimeter maybe, a line carved out of her lower abdomen. They said it would go away with time.

“I’m just like Madeline!” Helen says, collapsing happily on the comforter. She recites the last page from memory: And that’s all there is, there isn’t any more.
Chapter Twelve

We were on Spruce Street, right across from the apartment where we fell in love. With Helen NPO for the night, the nurses told us to go and get some fresh air. Phil chose the restaurant, a Cuban place we’d been to years before. It was low-key and loud and a little grungy, lights strung along the windows, tropically colored tables and the smell of sofrito.

I sipped a Mojito. “What does NPO stand for, anyway?”

“Nil per os, nothing by mouth,” Phil said.

I asked him to tell me again about the procedure. He broke it down. She was getting a flexible needle through her side, into her liver. A dye would be injected into her bile ducts that would allow the radiologist to see what was obstructing the ducts and, we hoped, flush out whatever it was.

I saw a couple we met at the hospital’s mandatory infant CPR class at a table across from us. The man did something with computers, and the woman was a straight-talking lawyer/ NICU mom. We pushed our tables together. The woman, Melissa, told us how she did IVF at forty and gave birth to twins who were born at twenty-five weeks, the viability threshold. More premature than that, and they wouldn’t even try to keep them alive. Melissa’s eyes were soft with a little plead in them like a baby deer’s, but when she talked she was sharp. “Cameron’s going on day sixty-four in the NICU,” she told us. “The other one’s buried on a south-facing hill in the cemetery where we’ll be. That’s all I can say about that.” She drained her mojito. We finished eating.
Melissa was calm. She had grace, or took antidepressants. I wanted to be like her, so I ordered another round of mojitos. Phil said something, but I couldn’t hear him. In the corner, the workers were setting up a dance floor. I was feeling pretty loose so I went over there.

“Has there always been dancing?” I asked over the music. “I don’t remember this from before.”

“Huh?” The kid behind the DJ booth yelled. He looked like he hadn’t gone through puberty. Years ago, my friends and I knew the DJs in these bars and they’d let us pick songs if we promised to dance with them.

“Do you have any oldies?” I yelled.

“What are you looking for?”

“Something we can dance to,” I said, beckoning the others over. He put on something I’d never heard. I started swaying. Phil and the new couple came over and I ignored how embarrassed for me the computer husband was. Phil started doing crazy dance moves, his signature moves, arms out wide and flapping, stuff that you wouldn’t expect to come from a doctor. The new couple laughed. Phil knew he was a little dorky, but didn’t know how handsome he was.

“What you went through must have been so hard,” I said to Melissa.

“It was,” she said. “I don’t know why we were given this situation, but I try to stay positive. It must have happened for a reason.” She swayed to the music. I tried to rein it in, to copy, yet subtly improve upon her moves. My mojito spilled down my shirt.
I walked upstairs to the bathroom. I could remember calling my sister from one of these stalls once, years ago. *I really like him.* And then back at the table, his eyes were so smiley and kind and he was still a mystery. I could see us after, in the alley by his apartment in the moment before he invited me in. It was a real love story, where you lock eyes across a room and the earth moves. When I felt sentimental, I’d tell myself we were the last of our kind.

I called my sister, but she didn’t answer. I looked at my top in the mirror. It was a maternity top. Melissa was wearing a flowy top that worked on her, but mine just looked like a bedsheet under which a basketball was deflating. I could tell that the body from the alley was long gone.

Nobody was dancing when I came out. They’d gone to the table and were paying the bill. We walked past the rustic storefronts of Old City, the buildings growing taller until we were back at the hospital. “Good luck with Cameron,” I told Melissa.

She showed me a picture of her boy. He was curled up in the isolette like an undercooked shrimp, his skin a preemie purple-pink that was almost translucent.

“He’s adorable,” I said. “I think Helen’s time in the NICU was even worse than this.”

“Was she early?”

“She was full term,” Phil said.

“Yeah, I see term babies come in sometimes. Looks like they could eat the preemies. I call them monster babies. Cameron’s a *real* NICU baby.” She stared at the picture on her phone.
She sounded mad, but she still had the baby-deer eyes. She was thinking nobody in the world could understand, and she was almost right. “Good luck with the surgery,” she said. “Everything happens for a reason. Keep in touch.” I nodded. Though why would we, when all we had in common was sick babies? Everything happens for a reason, I said to myself on the elevator up. What bullshit. You could say that about anything.

When I was pregnant, I could feel Helen roll across the globe of my belly. I didn’t think of her as her then: she was still it, a mass of dividing cells, different in some essential way from the kind of mass that could kill you.

A week before now, I got a letter saying I’d been accepted to a big writing conference. *I have a lot going on at the moment,* I’d written back. *I’ll have to take a rain check.*

*

There were so many families in the surgery waiting area that we had to sit in an overflow area, a yellow-walled hall with chairs and fake tropical plants. Each family had a number and at the front desk there was a woman who periodically called a number and parents rushed up for news. Most of the parents were led through a door behind the desk, presumably to a post-surgery area. We paced from the overflow to the full room, listening for our number. My parents were there, settled in with newspapers.
We were 235. I kept checking the number, because it seemed they were calling everyone but us. Our parents went to get lunch. Friends sent get-well emojis.

They called us in the early afternoon. I was dizzy when I got up, had to hold on to the back of the chair. At the front desk, I could feel the other parents watching us. We were on a prize show—behind this door, meet your brand new baby! The woman at the desk handed me a phone. It was the Irish radiologist.

“Is this Helen’s mother?”

“Yes. How is she?” I felt pounding in my ears.

“I’ve been trying to get in touch with you. She’s out of surgery. I’ve got another case about to go, so I can’t explain much now. She’s fine, but we weren’t able to finish.”

My knees went weak.

“It’s not terrible. The bottom line is we couldn’t flush it out all the way, so we weren’t able to see what we needed to see.”

“It didn’t work,” I said, looking at Phil. He put his head in his hands.

“It partially worked. We had to put a drain in. That’s the good news—the drain is in, so we’re going to just go back in using that, rather than have to put her under again. We’ll go back in tomorrow and re-flush.”

“Tomorrow?”

“Yes. We could wait another day but it’s best to get back in before things start to heal. It lessens the trauma.”

“So she’ll be awake?”
“With the drain in, all she’ll need is light sedation. So we just have to make sure the drain stays in.”

I told her I was putting Phil on. I went through the swinging doors behind the desk because I thought maybe the radiologist was hiding from us back there and I was going to find her and shake her to get the information I needed. A bright, long hall stretched in front of me. I motioned to Phil through the window to come with me.

“Mam,” some woman said. “This is the way to the PACU. Are you trying to get to the PACU?”

“I’m trying to find my daughter,” I said.

“Then you’re looking for the PACU,” the woman said. “Post-Anesthesia Care Unit. But you have to go back to the waiting room and get your code, otherwise they won’t let you in.” I looked around and there was nobody but us, and dark rooms on either side, closed doors. I could run, but I wouldn’t know where to go.

I followed her back toward the waiting room. Phil came through the door. He was hunched forward and, when he turned to shut the door behind him, I saw that he had a hump on the back of his neck that I’d never noticed. It reminded me of my grandmother who, from her hunched over position, would slap me on the back, say, *stand up straight.*

“Did you get the code?”

He nodded. We found the PACU at the end of the hallway and the woman buzzed us in. We entered another hallway and came to a large oval-shaped room with a rectangular desk in the middle. Lining the room were cubicles, each with a
curtain, some drawn, others open. I scanned for Helen but I didn’t see her. Phil gave the code to the woman at the desk and she pointed us toward a far corner. The curtain was drawn. I knocked on the wall and waited, though I could hear her crying.

A blond nurse pulled the curtain back. “You must be the Pierce family,” she said, and gestured for us to come in. Helen: the tiniest person to ever be on a gurney. She was crying her long-bodied semi-silent cry, the one that warned that the loudest cry was yet to come. She had her hospital gown on and she was wrapped in a white hospital blanket.

“It’s kind of cold in here,” the nurse said when she saw me looking at the blanket. “We gave her a little morphine for the pain. She’s doing well. We like to keep them here for monitoring just in the immediate aftermath, an hour or so.” She arranged some papers on the counter that ran along the wall. “Sit down,” she told us with a distracted smile, as though we were unannounced visitors to her home. There was only the bed and one chair next to it, in a dark corner, pressed up against the machines. I sat down in the chair and put my arm out to Helen. She was just writhing in place in her infant way, stretching and crying. Being an infant, being her, was it like those dreams where you couldn’t run? The anesthesia made her motions even more syrupy than usual. I went to ask Phil about it, but he was gone. I felt a stab of panic. Had he passed out? Was he having a breakdown? Then I heard him behind the curtain, on the phone.

The nurse turned from her paperwork. “Do you want to try feeding her?”

“All right,” I said. I wasn’t prepared for the occasion, didn’t have my button-down top or my nursing bra, didn’t even know if I had much milk left. I took off my
— it was so ratty, I almost let it just fall to the floor, kicked under the gurney. I watched the nurse pick her up. In the nurse’s arms, Helen was a bug on its back. Her face was contorted, eyes wide, and she was pursing her lips. She looked more bald than she had before surgery. I wondered if her few reddish-brown strands had fallen out in the operating room, if they were on the floor now, about to be swept up by a janitor.

The nurse the baby in my arms and the drain, like a tail coming out of the baby’s abdomen, hung over the arm of the chair.

The nurse nodded at the drain. “I’m just going to just drape it there so you won’t get yourself snagged on it.”

The drain was clear and about the circumference of a dime, a couple of feet in length. I couldn’t see the hole in her abdomen because of the tape affixing the drain, but I knew it was there. At the other end of the drain was a plastic bag that the nurse said is collecting blood and bile. Biohazard, the bag screamed. They said the procedure was minimally invasive, that someday she’d be able to wear a bikini and nobody would notice.

I couldn’t see well because I was crying, but I tried to help her find my nipple. She was out of it like my mother after her heart surgery. Her eyes weren’t focusing. I could sense a disconnect between her brain and her body, her brain wanting the food and her mouth not quite making the right motions.

The nurse asked how it was going. I was sniffling and barely managed to mutter, “Fine.”
She looked at me. “Oh. You’re upset.” She clicked and unclicked her pen. “I can see how it could be upsetting.”

It was getting easier to tell which of the staff had kids and which didn’t. I nodded and looked down at the baby. Mentally I shoved the nurse.

“It’s a lot,” she said, in a gentler voice.

“Yeah,” I said. She looked like someone who might have gone to my high school, a sporty girl who would’ve thrown her lacrosse stick in the back of her mom’s Volvo after practice.

I decided to just let the baby loll there. She was in and out of consciousness, her drool pooling on my chest. I kept putting my finger by her mouth to feel the labored puffs of breath, to be sure she was still alive. I stared at her tiny gowned body, its unnaturally sharp contours, the elbow bones, the visible ribs.

Her body made me think of the Old English word beinhaus—bone house. I took an Old English course ages ago. It was all portmanteaus and brutal yearning. You can still see a trace of Old English in some of our contemporary words. My friends teased me about taking Old English. But I fell in love with it, liked to imagine people back then, their world so primitive and yet I could see the stirrings of our world—the same love to relax into and war to wage.

The baby’s breaths grew heavier and she began snoring, and I watched the nurse’s blond bob holding firm as she went about her duties.

When Phil got off the phone, the nurse said it was time to go back to the room. Phil stood at the head of the gurney and I at the rear as we followed the nurse to the elevators. Inside I got claustrophobic, trapped behind the gurney which had
been edged in sideways. I took a deep breath. I was used to feeling claustrophobic. I’d been that way since I was a kid. But this was a different type of claustrophobia. I didn’t just want to get out of the elevator. I wanted to get out of my life.

Another deep breath as the doors opened. I was me again by the time we rounded the corner and arrived back at the room. In private, I’d digested the morning’s events, the procedure, the failure of the procedure, the fact that another one would be performed the following day. Digested to the point I was able to, to the point where I wasn’t worried about losing it in front of everyone.

My father stood in the corner, watching as we wheeled Helen in. I smiled in a way I meant to be reassuring. He rushed toward me. He stopped in front of us and looked at the floor. You’re so strong, I heard him say, almost a whisper. He walked away. I replayed it instantly in my head. I thought I’d hear him say that forever.

A new nurse was in the room. Her hair was tangled and she had a face like someone who was just starting to experiment with meth. She put a new hospital gown on Helen and peered at her abdomen. I was able to look more closely. The drain was affixed to her abdomen with two pieces of surgical tape.

I bristled. “I’m not comfortable carrying her around when all this stuff is attached.”

“We can reinforce it. Let me get some more tape,” she said and left.

We didn’t see her for a while, and when she came back it was only to record Helen’s vitals. She wasn’t making eye contact and I was staring, waiting for her to finish.
I got in her line of view. “Can you, or somebody, come back when it’s time for her to eat? I want somebody to help me position her.”

She nodded and left. My parents and Phil’s parents were lining the walls, looking and then pointedly looking away, like bystanders at a car crash. My mother-in-law broke down, crying that she wished there was something she could do.

“That’s the thing,” I said. “There’s nothing anybody can do.”

No one showed up to help for the next feeding, so I tilted the crib up and fed Helen a bottle while she sat, her head tilted so that her ear rested almost on her shoulder. She ate like the starving person she was.

Early the next morning, Helen was crying. I went to the bathroom sink and washed a bottle in the fluorescent light, dried it with the stiff brown hospital paper towels. I filled the bottle with the formula. Good Start Gentle. Modeled after the nutrition of breastmilk, the box read.

I lifted Helen out of the crib and sat on the edge of the cot with her on my lap. I wrapped us up in the hospital blankets. At first I was disgusted by them, but later, I took comfort where I could. She had a resigned look in her eyes as she gulped the bottle. When she finished, I nudged Phil and he sat up. “Can you put her back?”

“Yeah,” he mumbled, half asleep. “Hand me the drain,” he said, standing up.

I reached down and grabbed at air. I looked and there was no drain.

Phil turned white. “Where is it?”
Then I saw it. The end that should have been inside her abdomen was coiled on the floor, on top of a twisted sheet. The doctor’s words played in my head:

*Whatever happens, make sure she doesn’t lose the drain.*

“What happened?” Phil said, his voice weak.

“Maybe you stepped on it,” I blurted. If I said it fast enough, maybe he wouldn’t blame me.

“I didn’t step on it,” he said. He had Helen in one arm and he was trying to untangle the drain from the sheet with the other. He couldn’t do both. He kicked the drain and the sheet across the room. The drain coiled like a snake in the corner.

“Call the nurse,” he said, not looking at me. Helen’s little heart-lips broke into a cry.

I pressed the call button. “You shouldn’t have kicked it,” I said, heart racing.

“What if she needs it? Maybe they can put it back.”

“Put it back?” he rolled his eyes. “No. It’s useless now. I need to look at the incision.”

I sat back down on the cot with her. I made shushing noises in her ear while Phil examined her abdomen. Shushing was what we learned in the parenting movie we watched when I was in my third trimester, a movie that promised a few easy steps to a happy baby. The steps were swaddling and shushing and I couldn’t remember what else. Phil would, but I wasn’t going to ask him. I peered down and saw the spot. It was two incisions, thin as pencil marks, each no longer than an inch, below and to the left of her belly button. I felt like I might vomit.
I played the aquarium for Helen. I pressed the starfish and reggae music played; press the seashell and the screen lit up. The fish inside moved in robotic spasms. It felt developmentally appropriate: the fish in their jerky movements were just like Helen, with her thrashes and squints that made me know she wasn’t quite ready for the world.

The nurse came in and Helen wailed. I closed her hospital gown, as if her nakedness was immodest. I vowed to get over my squeamishness. If I found her grotesque, what did that make me? She came from me. She was like my drain and I was the source of the infection. But I was also the one who gave her life.

Chapter Thirteen

Late morning, I knock on Gloria’s door. Sometimes I think I made her up, her tidy colonial with its circular driveway, her once-a-month hair frosts. But then she appears in the doorway, hair tinged the pink she thinks is blond, ready to go.

“Since when did you up and go away without telling me?” she asks.

“How’d you know I was away?”

“I had a nice talk with Phil at the mailbox the other day. He’s handsome, he’s quite a catch. I bet his patients are all in love with him.”

I smile.

“He told me about your summit. It sounds lovely.”
We head down the road toward the trail. "I wouldn’t call it a summit," I say. "It would’ve been a spectacle for you, that’s for sure. It was very California. Energy healing and all that stuff."

"I know all about that," she says. She pauses at a neighbor’s driveway, stares up at the white McMansion. “I used to do yoga in the 70s in our front room. Chakras and everything.”

I loop arms with her to get her moving. It’s frigid, the wind swaying the trees.

Gloria points to my abdomen. “Any news for me yet?”

“I’ve been doing the shots for a week. I had an ultrasound,” I tell her. “I have thirteen eggs. They’re growing every day. When they’re big enough, I’ll have the retrieval.”

“Retrieval!” she laughs. “Sounds so perfunctory. Strange to think all I had to do was go to bed.”

“Tried that,” I say, throwing my hands up. I tell her about my bad aura.

“It’s the treatments,” she says. “They probably have you so tired you can’t be your light bright self.”

Before we reach the trail, Gloria turns around. “Not gonna make it too far today. Hip’s hurting.”

We head back, past my house and to Gloria’s. “Phil could see you in the office for that,” I say.

“You know I can’t do that,” she says and winks at me. “I don’t want him noticing how forgetful I am. They’ll put me away. Can you come in for tea?”

“I have to pick Helen up,” I say. “She’s having a friend over for a playdate.”
“Playdates,” she says, rolling her eyes. “The things you mothers do. Really, don’t you ever just stick her in the playpen and get on with it?”

“She’s a little old for that,” I say. “Her preschool teacher said she’s a tattletale, so maybe a playdate will set her straight.”

“Kids are all weasels,” she says from the doorway. “Each in their own way. Oh well. I have a request for you. Do you think one of these days you could help me choose my end of life outfit?” She sits down on her bench, bending over slowly to take off her boots. Her socks have blue snowflakes on them.

“Sure,” I say, trying to hide my shock. “But you don’t seem like you’ll need it soon.”

Behind her, newspapers are stacked next to a bench in her mudroom. Her house smells like talcum powder. “Thanks,” she says. I think I see tears in her eyes, but I can’t be sure. “Good luck with the egg babies. Au revoir.”

I close the door, wonder if she’ll remember to lock it. How does she do it? Life goes on, she’d say. Her eyes still have a spark. I hope she goes in her sleep, painlessly.

*

Cleo and Harper come over in the afternoon. Harper is a sweet brunette who always has a smile. They’ve brought a toy—a Hatchimal. It’s an egg of a size that, if you placed it under my shirt, would make me look six months pregnant. The egg writhes and lights up.
“You have to rub it and it hatches,” Harper explains. “You have to be really patient.”

“My mommy has eggs too,” Helen says. “She has a baby. Or at least she’s trying to.”

Cleo smiles at me. The girls collapse to the kitchen floor, tugging at the Hatchimal’s shell.

“Does Harper want a juicebox?” I ask.

“We’re actually doing sugar-free right now,” she says. “But I let her have whatever at playdates. So sure.”

I open the fridge. The rows of juiceboxes mock me. 40% less sugar!, their labels cry.

“The whole sugar free thing seems tough,” I say.

“It is,” she says. “But you wouldn’t believe the difference in behavior. That and screens. When we’re in good shape with sugar and screens, we’re golden.”

Harper sips her juice box and follows Helen around the room, clutching the Hatchimal. Each time it shudders, the girls gasp.

“So how’s it going?” I ask Cleo. We sit down in the kitchen.

“Not well,” she says. “Apparently I’m a poor responder. I have three eggs and they’re all really small.”

“I’m sorry to hear that. What do they want to do next?”

“They’re talking about canceling my cycle,” she says. “I’m just really surprised…” She trails off, looking out the window. “Maybe we’re not meant to have another. I was just being greedy.”
“No way,” I say. “They probably need to figure out the right drug cocktail.”

“Maybe,” she says. “I hope it’s been better for you?”

I tell her about the eggs. “It’s the same number I had with Helen,” I say. “So we’ll see.”

“That’s amazing,” she says, without feeling. I see she is drifting into an infertility haze. I want to make it stop, but I know it’s too late.

In the living room, the Hatchimal’s shell begins to crack.

“It’s hatching!” Helen shrieks. They kneel in front of it.

“Do you think it’ll be a boy or a girl?” Cleo asks.

“Girl!” the girls both scream.

The egg cracks open. Inside is a purple stuffed animal.

“It’s a girl!” Helen says. Harper grabs the Hatchimal, cradles it to her chest. “A sister!”

Helen pulls it from Harper’s arms. “My sister!” She bats Harper away.

“That’s not very nice,” I say, taking the Hatchimal from Helen. “You can share.”

Helen stumps. “I don’t want to share. I don’t have to share and I am definitely definitely NOT sharing with you.”

I am a mother who has on more than one occasion and with a pit in my stomach Googled signs your child is a spoiled brat. I feel myself turning red. I take Helen firmly by the hand into the other room. “We’re going to take a break,” I say. I can see Cleo glance at me from the corner of the room, her back tense. Maybe she’s one of those mothers who thinks the death grip is abuse.
“Sit on the step,” I tell Helen. She’s thrashing around. I hold her hands. “Look at me,” I whisper. “You know better than to act like that.”

When she calms down I take her back to play. Cleo is being extra deferential to Helen, asking if she wants to sit with Harper, etc., displaying a level of interest in her that I can never quite muster for somebody else’s kid.

They share the Hatchimal, each gripping one of the animal’s legs as if it’s the only toy in the house. They take turns rocking it and covering it with blankets. “It can be both of our sisters,” Helen says, and looks at me for praise. I nod and smile.

When it’s time for Harper to leave, Helen clings to her dejectedly.

Harper looks puzzled. “I have a hamster,” she says, fumbling to zip her coat.

“Can I come over and see it?”

“We can do that another day,” Cleo says. “We’re going to Harper’s tumbling class now. Let me know how the rest of your cycle goes,” Cleo says, and I see she is not the same woman I met at the retreat. She lost a little bit of herself at the clinic.

As soon as they are out the door Helen collapses on the floor, sobbing. I pick her up and take her to the couch. Her tears slide down my shirt. “Are you sad that Harper had to leave?” I ask.

She nods. Takes a breath, and exhales more wailing sobs.

“I don’t know if Harper will ever want to come back,” she says, wiping her eyes. My heart swells for her, her tiny body shaking with regret.
Google suggests I look up *Do IVF babies look like their parents?* I know the type of mother who Googles this. I have encountered her many times. Most recently, the other day at the ballet studio, waiting for our kids’ class to be over. When I told her I didn’t have any other kids, she asked if I wanted any. I told her about the IVF. She asked if we were doing it because we wanted to pick the gender, because she had a friend who did it for that reason, and it kept not working for the friend and the mom kept telling the friend *you need to just relax cause otherwise your body won’t accept it* and then she finally did and it worked. And then a year later, she got pregnant again on her own. *Because she wasn’t obsessing over it!* This story has been shared with me and, I’m sure, many other infertile women, against our wills.

“Let’s pretend you’re in the lava and you’re crying and you can’t get out,” Helen says.

I put down my phone. “Didn’t we just play this yesterday?”

“Cry,” she demands. When I raise an eyebrow at her she smirks. “Cry.”

Everybody who meets Helen says she’ll be a boss someday. When the handyman comes over, she asks him to please take off his shoes in the house. She
assumes a regal air when she says such things, something she must’ve picked up on
TV. Phil says she’s my id.

She had to be tough from the start. Fiery, a writer friend called her after
witnessing a series of tantrums, and this is the best description I’ve heard.

Later, I’m making dinner with Helen and I see Phil’s car pull up. He gets the
mail. Gloria has spotted him, I see her walking slowly toward him. He greets her. He
puts one leg in the car, like he’s in a big rush. Gloria knows he’s a softie, knows he
won’t brush her off. She leans one hand on the car, hip jutted out like a pin-up. I
watch Phil’s face, his nice-guy smile, the patronizing nod of the head. He loops his
arm with hers and walks her to the front door.

“Hello?” he calls. I come to the front door. His hair is indented from wearing
his surgical cap. His lower eyelids are purple-lined. I hug him and breathe deep.

“Hi,” I say, giving Gloria a hug too. She shrugs me off, looks up at Phil.

“I’ve been telling your darling husband all about my pain. I’m sure I’m boring
him to death.”

“Not in the least,” he says. “Come on in.”

“I’m making a stir fry,” I tell her. “Do you want to stay?”

Gloria puts her hands to her face. “I couldn’t.”

Helen jumps up and down. “Stay! Stay! Mommy, can I have kid’s wine if she
stays?”

I nod; more jumping. Gloria says she’ll stay. She reads books to Helen while I
finish dinner. I see her looking out the family room window toward her empty
house, a half-smile on her face.
Phil sets the table and pours Gloria some white wine that’s been in the fridge for God knows how long. She swirls it and sniffs it like a connoisseur. Phil walks her to the table and helps her into a chair. Gloria drains the wine before I’ve finished serving the food.

“More?” Phil asks. I throw him a look.

“What?” he says, loudly. I shake my head. He never gets my secret signals.

When we’re all seated it seems there should be a prayer, or some acknowledgement at least. “Thanks for coming,” I say.

Helen pushes vegetables around her plate. “Since we have a guest can I have dessert?”

“If you eat,” I say. Helen’s got one hand on Gloria’s arm, rubbing the loose skin there.

“My son is in Italy,” Gloria says. “I’m trying to convince him to go to Pompeii. Have you all been? It’s fascinating. Those poor people.”

Phil says we haven’t.

“Maybe if I tell him about the prostitutes he’ll go. You know they had them all over Pompeii, brothels everywhere. That’s what surprised me the most—how little has changed. You could see where they’d written their menus on the walls. And they did it all.”

I look at Helen. She’s hanging on the edge of her chair, drinking her juice.

“Really,” Phil says. He smirks at me.
“Absolutely,” Gloria says. “And the conditions for those women—whores I guess you would call them today—were horrendous. Men treating women terribly, just for the hell of it. Nothing new under the sun.”

Phil points to Helen, eyes wide. She’s absorbed in kicking pieces of broccoli under the table.

“Excuse the language,” Gloria says.

“That’s ok.” I take a swig of wine. “I hardly remember the story of Pompeii.”

“That’s exactly it!” Gloria says, slapping the table. “Why I want Jeffrey to go. Young people aren’t in the grip of history the way we were. I mean, we had to be. We lived through it. Did I ever tell you I was in Tehran in 1979?”

Helen grinds rice into the floor.

“Can you please pick that up?”

She looks at me, grinds more.

“Do you need a time out?”

Gloria freezes, watching us. I grip Helen’s hand and walk her to the steps. Back at the table, I shake my head.

“I used to chase mine around the kitchen with a pancake turner when they did stuff like that,” Gloria says. “God bless em. I think they turned out ok.”

Phil smiles. “So Tehran. Why were you there?”

“Something for Arnie’s work. He was a bigwig at DuPont at the time.”

“What was it like?”
“We had to keep our heads down, you know. I could hear it all going on from the hotel window, but we had to stay indoors.” She pointed her fork at her plate. “Delicious. I’ll never finish it.”

I call Helen back to clean up her mess.

“Anyway,” Gloria continues, “if you get a chance, Pompeii. The ruins, it’s all there. Frozen in time. They say it’s high time for the whole world to go the way of Pompeii, with what we’re doing to the environment. I’m not sure I believe all that.”

Helen tries climbing onto Gloria’s lap. If Helen knew what she was talking about, she would be very curious. Can you see their blood? she would ask. How hot was the lava?

“Let’s leave her be,” Phil says. “Why don’t we start your bath?” They go up and Gloria helps me clear the table.

“Sorry for all of this dark talk. I know it’s not good to dwell. I just find it gets more mysterious the closer I get.”

“What do you mean?”

She loads the silverware into the dishwasher precisely, knife blades down, fork tines up. I see whiskers growing out of her chin, thin and silver. “Death, I guess. Whatever happens then.”

“What do you think happens?”

“I used to think it was just dark, over and done with, no memory of it, either. But Arnie comes to me in dreams. I think he’s still somewhere, just in a different form. Different planet or something. He always has a gentle presence when I see
him, you know, never agitated or anything. I hope that’s what it’s like. We had forty-three years and I’d give anything for another day.”

She’s crying now, leaning over the sink. I rub her back. “I know it’s hard.”

“It’s the darn booze,” she laughs. “I try to stay away from the stuff. I’m a wreck.” She wipes her eyes.

“Not at all,” I say. The dining table is still full of dishes. The house makes a settling noise, a sharp pop I’ve begun noticing just recently. It’s like the house knows more might be coming and isn’t sure it can handle the weight.

“I better get going,” she says. “I’ve been so tired lately. Sometimes I go to bed at 8:00! I’ll see myself out.”

“No, let me walk you.” I take her arm. Outside, clouds have gathered over the trees. I see patches of blue far in the distance.

Gloria leans her head on my arm. “I’m going to have to put a record on when I get home.”

“Do you still have records?”

“I do. Arnie and I never liked Frank Sinatra like everybody else did. I did like the Big Band stuff, though.”

Gloria invites me in as always. This time I say I’ll come in for a minute.

“Good,” she says. “Now we can go through my outfits. I have them laid out.”

I hang my coat on her rack. I see, in her avocado bathroom, a fake fern gathering dust. “Don’t you want your kids to do that with you?”

She puts her hands on her hips. “They don’t have the time. That’s why I like you. You don’t either, but you make it.”
“You’re a good neighbor, Gloria.”

In the kitchen she has a picture of a man, Arnie I assume, dimpled, dark-haired and a strong brow. “He looked like a movie star,” I say. Tucked into the corner of the frame is a prayer card. The prayer of Saint Francis: _Lord, make me a channel of your peace_. When I was a kid that song always got me in church. I’d lean over and pretend to be looking for something on the floor, eyes welling up.

“Do you go to church?” I ask.

“About once a month,” she says. “Arnie was the stickler. He took us every week, out of habit.”

“I haven’t been in forever,” I say. “Sometimes I think I’d go back, but then I get hung up on the priest abuse. If they’d let women into the priesthood I’d go.”

“They’ll never do that, dear.” She puts a record on: Glen Miller, In the Mood.

We go up the narrow staircase. There's ornate wallpaper in deep red and worn Berber carpeting. “What are you raising Helen as?”

“Nothing, right now.”

“Take her. Let her decide for herself,” she says. “She’s at the age where a little fear of God might do her good.”

“It’s true,” I say. “But now it’s all about respectful parenting. No more fear of God.”

Gloria mumbles something under her breath. She opens her bedroom door. It’s furnished in dark wood, stuff I can tell was very nice a long time ago. She has a yellowed telephone on her nightstand and an empty box of Kleenex. Heavy blue drapes hang from the window to the floor.
“Here they are,” she says, gesturing to the bed.

Each of the dresses is floor-length; they’re gowns, really.

“Wow. What did you wear these for?”

“We always had something,” she said. “Galas, fundraisers. Arnie was a man about town, and people knew my name, too, from the reporting.”

I touch the middle dress. It's long-sleeved, off-white with sequins on the bodice and a tulle skirt. “This one is pretty.”

She fluffs the skirt. “I wore this a few times. I don’t know if it still fits. Can you help me try it on?”

“Sure.”

She takes off her sweater. Her bra is white lace; red slashes bloom on her shoulders near the straps, as if there has been a mighty struggle to hold her up. Her upper chest is lined like mud after a hard rain.

“I’m better off than half the old ladies I see whose”—she pauses, whispers—“breasts are practically on the floor.” She pats her belly. “This is what two kids and a lifetime of wine’ll give ya!”

The top of her underwear meets the bottom of her bra so that none of her abdomen is even exposed. “You look great,” I tell her. I’ve never seen a body this old, not even the cadaver Phil showed me, so I have nothing to compare it to with. She steadies herself by holding on to the bedpost. I tuck her back in as I pull up the zipper, careful to avoid her skin tags. She turns to face me.
“It fits!” I tell her. She turns and gives a twirl in time with the music. She looks at herself in the full-length mirror. “Sometimes I don’t see an old person when I look at myself,” she says, touching her face. “Isn’t that funny?”


“Nonsense.” She turns to me. “You have such a strange beauty. I think your daughter will be the same way.”

I stand beside her and look at myself. My hair hasn’t been washed in a few days and I have it pulled back in a high ponytail. I’ve been experimenting with less makeup. I think it makes me look almost invisible, all pale cheeks and light eyebrows.

“I think this is the one,” I tell Gloria.

“I think so too. I know Arnie will recognize me in it.”

I smile.

“Don’t give me that look, missy,” she says. “I have to believe I’ll see him. If I don’t, what do I even want from the afterlife?”

“I get it,” I say. “So you think the afterlife is about—”

“I think it’s like a big lost and found,” she says. “You know how in life you’re always reaching for something right out of your grasp? Maybe you find it when you die.”

“Not when you’re alive?”

“Not all of it.”

“Seems kind of depressing,” I say.
Gloria smiles. “But I see so much beauty in it. Faith,” she says, taking her face in her hands and stretching the skin taut back toward her ears, “means believing, like a child.”

*

My birthday approaches. I’ll be thirty-six, will be considered a geriatric pregnancy if I can get myself knocked up. Phil books a luxury hotel in Philadelphia for the night and asks my mother to babysit. He feels sorry for me, and I let him. I love the hotel. I love the swiftness of the elevator, the massage room with its darkness and the smell of eucalyptus. In the entryway, rows of potted succulents laced with wispy silver ribbon, and I love those too.

Phil booked dinner at this place that’s supposed to be the most romantic new restaurant in town. But it’s Philly romantic—it’s underground, with iron-caged lightbulbs and little windows through which one could see the sidewalk and people’s shoes, if not for the security bars. We sit at the copper-topped bar and watch the bartender mix drinks. I keep sighing contentedly. Being together without Helen reminds me of who we were, who we still are, I guess.

We order wine. “How’s work?”

“Good,” Phil says. “Did I tell you about the stem cell thing?”

“No.”

“One of the partners applied for a grant to do a study of stem-cell injections for knees and spines. He wants me to do the spine ones.”
“That’s great,” I say. I start calculating how much time away from us that might mean. “How does that work?”

“We’d be using patients’ own cells. So first they have to be extracted, then injected, and then they would be tracked.”

“Sounds like science fiction. I guess that’s immunotherapy? I read something about that.”

“Yeah. They think maybe our own cells can regenerate outside of our bodies.”

“I don’t think I get it,” I tell him. “Is that like what the embryologists do?”

“Sort of. But they’re recreating the womb in a petri dish. They even came up with a way to mimic the nutrients an embryo needs. Then they freeze them.”

I picture a tiny Helen in a vat of liquid nitrogen, trying to claw her way out. I wish I hadn’t quit at Chem 2; maybe I’d have a less cartoonish idea of what goes on in science.

“How did they ever figure out how to do all that?”

“Trial and error,” Phil says. “And a lot of mice.”

We order pasta to share. Phil gets another drink. I’m happy to see him relax.

“How’s your writing?” he asks. “When are you going to send something to that agent?”

I’m embarrassed he brings her up. “It could take years,” I say, “at the pace I’m going. Decades, even.”

Once at a reading, I waited in line to meet a famous writer, a man who wrote stories about his alcoholic crack up. When I got to the front of the line, I looked into
his watery eyes. Anytime I met a writer, I felt the air around me electrify. He stared back at me, pen in hand.

“Are you a writer?” he asked.

“Trying to be,” I said.

“It took me fifteen years to put these stories together,” he said. “Take as long as you need.”

I kept that in my head for a while, that I could take as long as I needed. But the longer I took, the more a strange feeling took hold: I started to lose faith in the authenticity of the kinds of stories I’d read as a younger person, tidy stories with arcs and resolutions. My life was not proceeding according to a narrative arc I recognized. I was not finding obstacles and either overcoming them or having them overcome me. It was more like I was floating downriver, a light current carrying me along. I did not experience this as passivity; it was a kind of acceptance of the natural way of things. And I believed it was how other peoples’ lives were, too. Like Phil’s anesthesia colleagues used to say about practicing anesthesiology: long periods of calm punctuated by moments of sheer terror. I think they borrowed it from airline pilots.

“Motherhood has changed my conception of time,” I tell Phil. “I used to think forever meant until I died. Now forever can also be one afternoon with a tantruming three year old.”

“Well, whatever. I know you want to send her work,” he says.

Our dinner comes, fresh orecchiette and some kind of trendy cauliflower meatballs. I try one; they don’t hold a candle to the real thing.
“Why don’t you get a babysitter more often?” he says.

“I might.”

“You should,” he says.

We finish the pasta. Back at the hotel, we read in bed. If we had sex, we could end up with thirteen Clomid babies.

“I had to fire my first patient,” he tells me.

“What?!”

“This old woman, very grandmotherly-looking woman in her late seventies. There was an insurance delay and we couldn’t get her in for months. She had back pain. So when we finally bring her in for the injection, she completely flips out on me. Yelling. She told me the whole delay was my fault, and I needed to take ownership for my role in it. That’s what she said: take ownership, like she was my mom or something.”

I shudder.

“Then she screams that I’m nothing but an arrogant young doctor. It was horrible.”

I take his hand in mine, tell him he doesn’t deserve that. After he falls asleep, I think about it from the woman’s perspective. Just a little thought experiment. What if she’s all of us, all angry women? Phil is all of the male doctors who’ve ever made us feel a little bit crazy, a little bit unimportant with their hustle and efficiency. He’s the John Travolta endocrinologist who did my IVF transfer, said blithely, *Well, we put it in the right spot, so let’s just wait and see.*
On the drive home, we pass the smokestacks and gray gray buildings and planes coming in over the Delaware River. Helen is on the toilet when we get there.

“I have good news and bad news,” she says. “What do you want first?”

Phil looks at me. “Where’d she get that?”

“Probably TV,” I say. “Give me the good news.”

“The good news is I love you. The bad news is my stomach hurts bad.”

I hold her hand, tell her to try going to the bathroom, that it might help. I still have my coat on and I can smell that generic hotel scent on it. I wipe her bottom and help her wash her hands and think about how time slowed down when we were away. What happens to mothers over these slow-fast years is this: we have babies and disappear for a while. Then we get old and slowly blend back into the world, our mother-work having turned us nearly invisible.

Children in other writer’s stories are dreamy, imaginative, casually brilliant. Or they are nonexistent. Is Helen a writer’s child? Will she be like me, or like Phil, or like no one we ever imagined?

All of the pictures Helen draws at Parkside are family portraits. We are stick figures, Phil with an exceptionally long neck to demonstrate his height; we have eyes, mouths, and belly buttons. We are standing in a line and Helen has written our names above us and underlined them: Mom, Helen, Dad. I know her so well still that I know where she has learned her every utterance and gesticulation; she knows how to draw stick figures, hearts, stars, and houses, which are pretty much the only
things I can draw. She repeats these images faithfully, marvels when she sees a heart-shaped leaf. I wonder about all of the things I can’t show her how to do. When will she exceed me, and how?

*

I wake before sunrise for a monitoring appointment. On the way, I hear a Native American writer being interviewed on the radio. He says every war America has fought has been about what kind of country we want America to be. He says that America is defined by its frontier mentality, by the things we have done to maintain our power. And as I drive out of my neighborhood, full tank of gas, off to conquer my infertility, I see myself in what he’s saying. I was once a woman who taught English in prisons. I brought my students everywhere—domestic violence shelters, refugee resettlement agencies, nursing homes—and they shared their writing with the world. Now I have shrunk into myself, am only doing what will advance the cause of my own family. Aren’t I more than that? What if the world saw infertile women not as desperate and pathetic but instead as pioneers? Yes, I think: we are on a new frontier, bound to be misunderstood, like all adventurers.

At the office, the spell is broken. I see no pioneers; I see tired women in yoga pants and ponytails. I no longer believe I’m a pioneer, just as I don’t believe that Helen’s illness made us stronger. These are stories concocted to get me through. In
In fact, Helen’s illness has made me less adventurous, more aware of the danger lurking in even the most peaceful moments.

The nurse puts thick blue gel on the transponder and inserts it. She moves the transponder to count the number of follicles on the right and then on the left. The eggs aren’t visible until she trains the transponder directly at them, like a flashlight. Then they appear, black circles on a grainy gray background. “I’m seeing 11 to 13,” she tells me.

She measures each by dragging a mouse from one end to the other. “You’re ready. The doctor will bring you in for retrieval in two days,” she says. “Good luck! Don’t forget to stop at the lab to get today’s bloodwork done.”

I thank her and hold my hand to my abdomen. Thirteen eggs, the same unlucky number as before.

In the waiting room I read an article about artificial intelligence. The writer claimed that, in a few decades’ time, a significant portion of the population will be useless. Human doctors will be replaced with highly efficient and capable robot doctors. The doctor who will retrieve my eggs only has to follow ultrasound guidance to suck each egg out into a catheter and plop it into a test tube. How hard is that?

I feel a twinge of sadness for Phil—what will happen to him in a robot world? He still owes six figures on his med school loans. Then I think of Helen. Remind myself to sign her up for that STEM camp, even though I hate STEM. The other day on the playground, a boy younger than her said something about gravity and Helen
said: *Gravity? Huh? What did that baby just say?* Well shit, I thought. I haven’t even taught her about gravity.

* 

If this were a short story, the character would make peace with her decision to have another baby. That, or she would let her husband have sex with her while she was bursting with eggs, sabotage the whole cycle in a self-destructive move designed to let readers know how permanently damaged she was. I continue on the long road I’ve been on.

When I taught, I got to talk about the stakes of stories, about what made a story compelling and why a story narrated by a pencil or someone’s dead grandmother was just a tough sell. I always felt like a fraud teaching creative writing. Some of the kids thought it was fluff, an elective to pad their GPAs. But the other kids, the ones who thought they wanted to be writers, made me feel worse. I told them to think about alternatives. Look at me! I said. I’ve been at this for years and I can count on one hand the times I’ve gotten good news along the way. The funny thing is, now that I’m not teaching, now that the stories I once loved live on only in my mind, I feel more like a fraud than I did in front of a classroom of kids.

*
After a morning at preschool, Helen comes home and kicks off her shoes.


*

One afternoon at swimming lessons, the father sitting next to me hands his four year old his cell phone. “How long til we have to buy them their own?” he says to me, laughing. The little girl enters the father’s password, finds YouTube, and watches a video in which adults play with Barbies, acting out scenes. I can’t help staring. The Barbies are grilling on a beach. The Barbies sail away in a yacht. The adults’ hands are wrapped creepily around the Barbies’ ankles.

“You’ve never seen these?” the father asks. “They’re a thing.” Helen leans on the dad’s leg to watch. When it’s time for her lesson, I have to pry her away, and she cries in the water. She doesn’t stop crying as they plunge her under. She comes up sputtering. She throws up in the pool, and the lifeguards evacuate it as a scrum of green floats toward the deep end.

I was working on being a calm and collected mother. But now I’m at the edge of the pool, yelling Are you ok, honey? Honey? Did you choke?

That afternoon, when Phil is home, I walk over to Gloria’s. It’s already dark, the days closing in on us, the grass and everything else dying back. I haven’t seen her in a few days; I have this funny feeling that something is up. I knock and knock at the front door, and no answer. I go around to the side and peer in her garage
windows. I see her Mercedes parked there, see a light on in her mudroom. I try the
back door, but no answer. I walk back across the lawn and into our house.

“Gloria didn’t answer,” I tell Phil.

Helen, ever the drama queen, gasps. “We need to find out what she’s doing!
She’s really old and what if something happened to her?” She continues, a laundry
list of what could have happened, punctuated by gasps.

“Why don’t you just call her?” Phil says.

“I don’t have her number,” I say. I double-check in my phone. It seems like
something I should have but don’t.

“Maybe she fell asleep,” Phil said. “I’ll go over and check later.”

We put Helen to bed. I keep looking over at Gloria’s, but other than the
mudroom light, the house is dark.

Chapter Fourteen

The nurse came in, followed by the surgeon. The surgeon’s arms were
crossed. She moved quickly to the crib and lifted Helen’s gown.

“My god,” she said. She looked straight at me. “How on earth did this
happen?”

“I asked for help. I said a million times there were too many tubes,” I began. I
looked at Phil.
“It just fell out at some point,” he said.

The surgeon’s eyes were wide. “We’re going to have to repeat the procedure tomorrow morning. Like I said, we would have been able to go in using the drain, no anesthesia, but now...we have to see the extent to which the ducts are still obstructed, and re-flush if necessary.”

Phil flinched. He was now a visibly reduced version of himself, his pants loose at the waist, his hair uncombed, spiky. I had an urge to slap him and say *buck up.* Instead I nodded to the doctor. They left and I sat on the cot.

Phil stalked the room like a crazy movie character, muttering and pulling his pants up, glancing at the drain and closing his eyes. “What the fuck, what happened to that fucking thing?”

I felt so much dread bubbling up in me that it almost pushed out a laugh. My in-laws showed up. My father-in-law turned white when we told him. They were not the type of people who made mistakes, they were efficient, intelligent. They solved problems. I, on the other hand, had lines from my favorite Natasha Trethewey poem on a loop in my head: *You can get there from here, though there’s no going home.*

*Everywhere you go will be somewhere you’ve never been.* The lines appeared in my head, a voice from the past, the self I was when I first read those lines—a long time ago, I don’t remember when.

My mother-in-law held Helen in the poor excuse for a rocking chair. I looked at the two of them. Helen had my mother-in-law’s clear blue eyes. They were both crying, whimpering a bit in their own ways. Sixty-odd years of life didn’t make a difference; something could—would—still blindside you.
“Maybe it would be good to rest,” my mother-in-law said. “Why don’t you go to our hotel for a few hours?”

I started to shake my head no. Phil put his arm around me. “Thanks, mom. That’s a good idea.”

“I don’t really want to leave her,” I said.

“She’s fine,” Phil said. “She’s completely stable. All we’re doing is waiting for tomorrow.”

At their hotel, we pulled the blackout curtains closed and slept for the rest of the day. When I got up, I opened the curtains and called my mother-in-law.

“Everything’s fine,” she said before I could say hello. “Why don’t you get some dinner?”

I woke Phil. “She’s fine,” I whispered. I told my mother-in-law we would bring something back for everyone. Phil squinted and shut his eyes again like a creature coming out of hibernation. “If everything’s fine can I sleep a little more?”

“No, let’s get back,” I said. He couldn’t feel her pull as strongly as I could.

*

The next morning a nurse came in early and took blood. She had me hold Helen down and tried not to wake her while she did it, but it didn’t work. Helen opened her eyes and winced. She looked up at me, huge, blue, worried eyes. I shushed her but she didn’t calm down. She was in pain and as always, there was nothing anyone could really do to make it better.
My favorite doctor came in, the one who first took everything seriously. That day she wore a flowy maxi dress and leather sandals, and I thought for a minute that she looked like Jesus, with her curly dark hair and hippie sandals. “I don’t want to waste any time with this news,” she said. I sat down next to Helen on the crib. “The nurse changed Helen’s diaper in the middle of the night and her stool was brown. We drew blood and her bilirubin levels have normalized. I spoke with the surgeon and she’ll come to talk to you later. We’ll have to get more imaging done to confirm. But the bottom line is that the procedure appears to have worked, and there’s no need to repeat it at this time.”

“Are you kidding me?” Phil said He covered his face with his palms. “Yes! Thank God.” He collapsed next to me on the crib. “Is it common that this would happen?”

“The surgeon said that sometimes even when it looks as if the procedure hasn’t been successful, it has been. It often takes a few tries, but in this case it didn’t.”

Phil and the doctor took Helen down for an X-ray. I looked around the hospital room. There was our duffel bag, clothes wrinkled inside, our slippers by the cot, our pillows and their sad yellowing pillowcases. I had been convinced I would more or less live in places like this forever.

When they returned, they both fell asleep. I sat in a chair by the bathroom, my heart racing, waiting for news. My favorite doctor came back a while later. “I wish I could give this kind of news to every patient,” she said. “The imaging looked perfect. As long as nothing changes overnight, you’ll be discharged tomorrow with
instructions to follow up with a developmental specialist and a liver/gallbladder specialist. But we don’t anticipate this happening again.”

The surgeon appeared at the door. “Knock knock,” she said. “I take it you’ve heard the good news?”

“Thank you so much,” I said. The phrase felt so slight.

“So she’s fine? After all that?” Phil asked.

“You can talk to the liver and gallbladder specialist more about that. But she’s reviewed everything and she said you never say never, but this was likely a rare reaction, a buildup of sludge from the TPN, and it is highly unlikely to recur.”

Sludge. A long time ago, when I first heard the doctor call it that, I looked the word up. Etymology unknown. Maybe it came from slush, melting snow. Slush, that onomatopoetic word, had no listed etymological background. It was an orphan word.

Phil patted Helen’s back absently. He looked lost, but elated, like a man who has finally found heaven.

When she left, I turned to Phil. “So, that’s it? All of that and now she’s a normal kid?”

“I think that’s what they’re telling us,” he said.

I looked at her. She was sound asleep, but it was as if she knew we were watching her. She smiled, her eyelids fluttery. She looked healthier; her skin was no longer yellow. That morning, she’d drunk an entire bottle in just a few minutes, without falling asleep or getting distracted: like she meant it, almost like a normal baby might. We’d cheated death. Someday this might all be a hazy, bad memory. One
of the NICU nurses whose face had already faded from memory told me that was how it went when you left the NICU. Believe me, you’ll forget, she’d said. It’ll all be in the past, she told me, and that’s exactly how it should be.

*

During morning rounds, the intern stood in the doorway and told us that they were preparing our discharge papers. I came to the doorway. “I have to thank all of you,” I said. I cried and didn’t care if they saw. I didn’t even recognize some of them, they were probably starting a new rotation, filing notes to themselves—don’t go into peds, parents too emotional. I had my hand over my heart. They all nodded and smiled and tried to peer past me to see Phil, that strange specimen, the handsome doctor in his familial habitat. He was facing away from them, toward the wall of windows, the precipitous drop that only the layers of glass protected us from. If I were a painter I’d paint the scene. A father’s rumpled nearly black hair, the white floors and walls and hospital sheets, our belongings stuffed in bags by the door. I would paint the wall of glass, the view across the way to the other side of floor five, where different families, obscured by doors, sat in their own rooms in stages of grief or joy. Because it was a painting and the scene was mine to manipulate, maybe I would turn the father around so we could see him and the baby in his arms. Or maybe I wouldn’t, I’d let the viewer imagine for herself, try to convey in the bent of the father’s arm and the back of the baby’s head relief beyond words.

*
At home my pregnancy diary was open to week 37. “I am ready to have her any time now!” I wrote cheerily. That was two months ago. *Hot Tips for Week 37:* *Your baby, if born now, would be considered full term. As your hormone levels continue to rise, you might find yourself unexpectedly weepy.* I look around the living room. It is frozen in time. The blanket my mother made is still drapes over the arm of the couch, the *New Yorker* I was reading dog-earred to a new Alice Munro story.

“This is our first real night,” I told him. Christmas was six days away. We had no tree, no decorations, no gifts but the one we bought in the hospital gift shop for Helen. “God. Can you imagine what it would have been like to come home with a brand-new baby?”

“No,” he said simply. What had happened was beyond us; our imaginations were exhausted. “Are we gonna be the worst helicopter parents ever now?”

I laughed. “You probably will, but that would’ve happened anyway.”

“You won’t be,” he said.

I shrugged. “Now that this happened, there’s almost nothing else that could be worse.”

“Almost,” Phil said.

We convinced each other that because of everything, we would be exceptionally easygoing parents.

That night, Phil tossed and turned in his sleep, yelled out. He jumped out of bed and turned on his cell phone’s flashlight. He went to her bassinet and shone the light in her sleeping face. I sat up in bed and watched. She was still breathing.
We decided we needed a trip. A friend of my in-laws offered her condo in Naples for a week.

“Are we crazy?” I asked our pediatrician.

“I keep trying to tell you. I know it’s hard to believe, but she’s perfectly well,” she said. “In fact, I highly recommend you do it, for yourselves.”

Naples was the first time we could feel ourselves becoming normal parents. Helen had a diaper blowout on the plane. She laid under an umbrella on a beach blanket. I wore a pink high-waisted bikini that I kept glancing down at, wondering how my belly looked. I asked myself questions all day: were we completely screwed up from what happened? Probably. Did I now exist on some higher plane, understanding the truth of human existence more than the average person? Definitely not. Was there a purpose to all of that suffering? Who knew.

We walked along the water. The retirees on the beach cat-called us. “She’s a beauty,” someone yelled, and I blushed, but then I realized they weren’t talking about me. Boats motored by, their occupants sunning themselves or zombiefied, watching their own wake. An obnoxiously drunk man in his forties, old enough to be openly leering at a new mother in a bikini, but not so old as to be mostly absolved of this by dint of his age, stood up and screamed, “No way. NO WAY did she give birth to that baby. You adopted ‘er, right?”
“No,” I yelled up to him, shaking my head. I was half embarrassed, half triumphant. It was true that the trauma had made the baby weight fall off effortlessly. He settled back into his chair. He looked at his wife. “You believe that?”

Sorry, she mouthed to me.

“No,” was all Phil said. Helen had stirred, and he was rocking her in his arms.

“You’re shaking her too much,” I said.

“She likes it.”

She had fallen back to sleep, so maybe he was right. Strangers kept staring.

There would be no hiding in public anymore, no such thing as privacy. I would be changing this child’s diapers in parks and rest stops and playgrounds and disgusting bathrooms all over the damn place. Baby food would be flung at strangers. My clothes would usually be dirty, and baby cries would invade my dreams. Grandmotherly types were oohing and ahhing over her, but a few of them got serious, said if anyone realized how much work it was before they had kids, humankind would be extinct. They were right. Most frightening of all was this: I would never again be truly alone.

We decided a trip wasn’t enough; there needed to be outings, preferably exciting ones sans Helen. Our in-laws watched her while we drove to the Everglades. Phil had signed us up for an airboat tour in an alligator swamp.

“Catching sight of a gator is all about waiting,” the guide said. “Sometimes you come out and don’t see one at all. The key is patience.”

On the last day of our trip, we were getting cocky. We’d had margaritas at a beachfront restaurant while my in-laws babysat. We were alive again, strolling at
the ocean’s edge at dusk. An old woman we’d been sitting by on the beach all week stopped us. “That baby,” she said, “right there—she’ll be the most creative thing you ever do in your whole life. I’m telling you, no matter what you do, even if you’re an artist, that baby will be the most creative thing.”

She paused, seemingly for dramatic effect. She looked like a regular suburban grandma with her sensible bob and flowy nautical print cover-up. I wondered if she was clairvoyant, or had put some kind of a curse on me. I looked at Helen in Phil’s arms. Her cheeks were enormous. Her legs were finally getting fat rolls. Would she be the most creative thing I would ever do? What did that even mean? I was about to ask, but Phil thanked her and moved along. He wanted to get away from the crazy lady.

“Guess everybody has something to say about a baby,” I muttered. I looked out at the ocean. The water was different here than what I’d grown up with—bluer, warmer. Our family was its own island now, a place all sorts of shipwrecked people could find, trying to gain footing.

Chapter Fifteen

It is two days after Christmas on the fourth floor of the pediatric hospital. Someone is reheating ham in the nourishment room, and the entire floor smells like it. I walk the halls and notice a sign: Family Solarium. I put my Family Care Provider
badge up to the door and a dot flashes green to let me in. Inside, three fake leather chairs and a dining table that looks out to a concrete tower covered in scaffolding. Below me I see the hospital entrance, stray mothers and fathers entering and exiting, and a security car idling in the circular drive.

I sit down and let the sun hit my face. There are worse things than this; I know of them. I take a deep breath. I tell myself we will be here for a short time, and then the illness will resolve.

I go over to the nourishment room. There’s a refrigerator, and if you know the code, you can have unlimited apple juices. I take one for Helen and go back to the room.

The attending doctor is young with a sensible blond bob and a warm smile. She talks to Helen first, asks if Santa came. Helen smiles and the cannula falls out of her nose. The doctor places it back with one hand, her other hand resting lightly on Helen’s shoulder.

Phil and the doctor go into the corner, confer by a computer monitor. The doctor turns to me. “Would you like to see the x-ray?”

I go to the computer. Pneumonia on an x-ray looks like mist settling into a mountainous horizon of ribs. In acute cases, the borders of the major organs are obscured. Helen’s is acute. They’re giving IV antibiotics and steroids and fluid and oxygen.

“Some asthmatic kids have a place in their lungs where crud kind of settles. It’s usually the right middle lobe, and that’s where Helen’s is.” She circles an area on
the x-ray. “I want you to try chest PT.” She shows us how to use a small bell-shaped plastic device to drum on Helen’s back and loosen up the mucus.

“So you aren’t worried about the fact that it’s recurrent?” Phil asks. “Was it in the right lobe before?”

The doctor switches screens. “Here’s the x-ray from her last pneumonia. It looks like this was a little more questionable, certainly not as acute. If this continues happening, we’ll be looking at disorders like primary ciliary dyskinesia. But that would be the zebra.”

I know what she means, because Phil talks this way. They teach them to look for the simple explanation first, not to catastrophize.

When she leaves Helen asks for a movie. She watches Beauty and the Beast on the hospital TV.

“If I wish that beauty and the beast would come to my house, will it happen?”

“I don’t know,” I say.

“But I want them to!”

I smile. “Do you think that sounds like something that could happen?”

“Yes?” Helen says.

“Hmm,” I say.

She shifts around in the bed, coughing. “I don’t know what’s going to make me feel better,” she says. “Remember the carolers?”

“I do. You liked them, didn’t you?”

“I didn’t like them. I loved them,” she says. She was in one of her great moods that day, early December. We were driving to the store and saw carolers on the
corner in the little town center. She begged us to stop. She bounded out of the car.

Phil picked her up so she could see above the crowd. They sang *Gloria in Excelsis Deo*. Helen put one arm around Phil’s neck and one around mine, drawing us in.

*Angels we have heard on high.* She was just starting to get a cough then. She was like our Tiny Tim: God bless us, every one.

When Helen finally falls asleep, I can’t. “She’s really white,” I tell Phil. “Is that normal?”

“She’s sick,” he says, turning to his other side.

I hear the monitor beep. The pulse ox has slipped off her finger. “Phil. It fell off.”

He bolts up in bed. I watch him look Helen over like an anxious flier watches the flight attendants. “She’s breathing fine,” he says. “Go back to sleep. I’ll put it back on.”

When he comes back to the couch, I cuddle into his back. Another night in the hospital. I feel dread the way I did when they took her to the NICU, but I try to breathe. I prop myself up with my pillow. “What made her turn blue? Do we even know?”

“You know why she turned blue. You mean the physiology of it?”

“I guess. I just wonder what it felt like to her.”

“We don’t really know what they can feel at that stage,” he says rotely.

*We don’t really know what they can feel.* I think what he is trying to tell me is it will never make sense. I’ll never know why or whether it will happen again. I just have to have faith.
Phil finally got Gloria to answer her door the other night. He went over three times, knocking and ringing the doorbell. Finally she came to the door. She was limping. She said she’d fallen in her front room and her back hurt. She’d smashed her glasses.

“Stupid, really,” she said. “I was doing dishes, and my ankle just gave out. It was careless on my part. I didn’t think I could get up, at first.”

Phil put her in the car and drove her over to our house. He examined her back, said there might be a small fracture. We set her up in our guest room.

“Do you think she’ll be ok?” I asked after she was in bed. “She seems confused.”

“Sometimes old people can have a mini-stroke during a fall like that,” Phil said. “Hopefully that’s not the case.”

In the morning, Helen and I took her to Phil’s office to get a back brace, and to the optometrist to fix her glasses.

She couldn’t remember how to get to the optometrist’s. We made two wrong turns before I told her I’d use my phone for directions.

“All right, Sam, but I don’t trust those things,” she said.

“Sam?”

“What am I saying. I know you’re not Sam.” I rested her arm on mine.

The optometrist was chatty. She wanted to know how we knew Gloria, what we thought of her living alone.
“Clarita, I’ve told you I’m fine,” Gloria said. “My friend here is a writer. She makes up stories. I haven’t convinced her yet to go over to nonfiction. The good side, where we tell the truth about things that matter. Why don’t you ask her about that?”

The optometrist looked sideways at me. “I’m scared of writers,” she said. “It always feels like they’re just paying attention to you so they can steal something.”

I laughed. “You’re right.”

“But writers are important. Would I have read you? Do you have a book?”

“Not yet,” I said. “I just got a positive rejection from a literary magazine, which is better than it sounds.”

Gloria gasped. “You did! I didn’t know that.”

“I got it this morning. They said my story was enjoyable, and to send more soon. I’m trying to put together a collection.”

“You better take their advice!” Gloria said. “My friend is working on having a baby, too,” Gloria told Clarita.

“Fantastic!” Clarita said. She helped Gloria into an exam chair, popped out her one intact glasses lens. Without glasses Gloria’s eyes were large, owl-like. “In Puerto Rico where I’m from, we have a saying about pregnancy. It doesn’t translate. That always frustrates me, that I can’t get it right in English. But it’s something about what you hold in darkness, in your womb, you bring to light when you give birth. So the saying is something like “what will you guide into the light?”

“I love that,” I told her. I didn’t say anything else, just watched Helen watching Gloria, holding her arm, sliding the loose skin around. Gloria stared
straight ahead, told the optometrist which little letters she could see and which were hopelessly blurry.

*

In the morning we’re in that soupy hospital twilight time, Helen bedridden, hooked up to the monitors. Cleo texts for updates; she says they want to stop by when we’re back home. I get emails from RAFT. The first is the daily update from the embryologist. The thirteen eggs they retrieved have dwindled to ten, but those ten are hanging in there. They’re dividing as they should. In the next couple of days, if they’re strong enough they’ll become blastocysts, multi-layered structures. *Blasto* comes from the Greek word for sprout, *cyst* from the Greek for capsule. This sprout-capsule formation is an early stage on the way to embryo development. If more than one makes it to the blastocyst stage, we might have extras to freeze, more potential babies than we could ever use. The thought is shocking: after so many failures, when I’m now advanced maternal age, we are being given more than one chance.

The second email tells me that my insurance requires that I get bloodwork done. They have to see if I still warrant coverage, if I’m still infertile enough. The nurse confirms that I have opted for the “natural” transfer cycle, so I should begin birth control for a period of ten days to sync my cycle with the other women hoping for a transfer this month. And she lists what I’ll need to obtain for post-transfer:

HCG 10,000 iu trigger
1 Z Pack
5 tabs Medrol 16 mg
60 tabs Estrace 2 mg
3 vials Progesterone in oil
30 3cc syringes with 1.5" 22 gauge needle tips
30 1.5" 22 gauge needle tips

I wonder what they make the medicated cycle patients do. The only good thing about this whole situation is that after the transfer, I will be on bedrest for twenty-four hours. I have plans—a pile of articles and a jumble of notes from the past three years. With twenty-four hours of bedrest, I might be able to write a whole story. Or read what I’ve already written, stories that have been in drawers for years. A book has a life of its own after you produce it, just like a baby. And I’ll have twenty-four hours. In motherhood everything is a calculation: time with child minus time without, time spent writing minus money spent on childcare.

If the transfer works, I resolve to approach pregnancy this time around like a man. At the beach, Phil will play with Helen while I read and then doze. I will “watch” my daughter while Phil works, but anytime he is home, I will allow myself rest and not feel guilty.

*  

A paleontologist on the radio talks about a volcanic eruption somewhere. Scientists think we are in the midst of a mass extinction not unlike the one that wiped out the dinosaurs, the paleontologist says. Men who write books about
democracy and civilization and philosophy, the big idea men, are fretting. Things are changing fast. Things always change fast, but this time it’s different, we’re replacing ourselves. Scientists are asking what Shakespeare’s plays would look like if the lives inside them were lives led by algorithm. They say we need the poets to help us get out of our mess. What will happen to stories when the robots take over? When scientists start invoking poets, we’re definitely in trouble.

*

I’ve been to this hospital before. It’s the pediatric hospital of my childhood. I’ve read about it on the internet of moms, frantic posts about which pediatric cardiologist somebody’s kid should go to. These are rooms filled with suffering children. That Phil and I made it to our thirties essentially untouched by such suffering is unusual; Helen, on the other hand, faced it from day one. More and more I think her personality was forged in those early days. She had near-death, pain, morphine and high-dose antibiotics and surfactant and medical imaging and blown veins and gurneys as her welcome to the world. What might that do to a person?

Beyond the solarium I see the outlines of suburban neighborhoods and the country club, all the places I wanted to escape. Though I am loath to admit it, this place was always home.

*
In a poor rural area of Brazil in the 1980s, living conditions were so brutal that newborns died with regularity. Brazilian mothers called them angel babies, held ceremonies, and then moved on. Sociologists believed mothers had developed detachment as a defense mechanism that fundamentally transformed their conception of mothering. Newborns who struggled health-wise early on were all but abandoned; the mothers accepted their babies’ fates. They did not grieve these angel-babies, but rather perceived them as unfit for life. When clean water and modern medicine came to the area, everything changed. The infant mortality rate lowered to that of developed countries, while the birthrate also lowered. Maternal detachment ceased to be the dominant mode of coping with infant illness and death. Maternal detachment was not a mystical element of a primitive culture; it was a tragedy that globalization solved, or so believed the sociologists.

*

Helen’s transfer was the easy part. I’d put in all of the work, shot myself up day after day, waited to hear news of the embryos’ survival, been crushed when the first transfer failed. At the surgery center, they gave me one Valium and a little plastic cup filled halfway with water. I took it greedily. At that point, I figured, I deserved to be led through a full psychedelic journey by a shaman, deserved whatever drugs were out there for people who had been through hell. The embryologist called the two remaining embryos gorgeous. I told her I knew she said that to everyone. After the doctor loaded the embryos and inserted them, the
nurse set the ultrasound screen to automatic replay. We watched the embryo enter the uterus over and over: it looked like an inchworm flying out of a cannon. There was a free-fall aspect to it, like the embryo was skydiving.

The acupuncturist’s tiny needles gave me a zing, an energy tingle throughout my body. I thought of Edward Scissorhands. When he left me alone with the needles, I tried to levitate. I had only achieved that state once, in a yoga class years ago when I was incredibly hungover. It didn’t work this time. I sat there, semi-reclined, staring up at the square of ceiling some well-meaning person had decorated to look like a cloud.

* 

Helen sleeps, and we browse through the television channels on the hospital TV. Families are being separated at the border. A driverless car killed a man in Texas. Women are accusing a congressman of sexual assault. The cable news anchors are furious. I turn the TV off. It seems now that Helen was born in a more innocent time, but maybe that’s just a pleasant lie we’re all telling ourselves. What are we doing, trying to bring another baby into this world?

* 

Embryologists recently took the first camera images of the moment of conception during in-vitro fertilization. When sperm meets an egg, zinc atoms
explode, creating a fluorescent halo around the egg. The better quality the egg, the brighter the halo. We burn, right from the start.

*

They release us two days later into a snowy afternoon. The chest x-ray has improved, and she hasn’t had a fever in twenty-four hours.

“I thought it would be warmer,” Helen says. She runs along the sidewalk and we’re behind her, watching as she stops to cough, then runs again.

In a field beyond the hospital there is a concrete tower, lit up pink and blue.

“Is that a castle?” she asks.

“Yeah,” I say. “I think it is.”

A massive stone wall surrounds the grounds of the hospital. The wall is topped with glass shards that shine in the sun. People used to say that the DuPonts, who once lived on the hospital’s property, put the shards there to keep their inbred children from escaping.

Snow blankets the shards, and I’m remembering the very beginning, our first winter in New England. We drove to dinner in a storm, the trees bent heavily with ice, cold snaking the roadways. Driving up the dirt road to our house in the night’s velvet dark, the car slid, weightless, into a ditch. Phil’s arm flew to my abdomen, and I knew he was picturing the baby he hoped was in there. I didn’t tell him that I was pretty sure the insemination, that first one, so many years ago, had failed. I could feel it in my bones: we were just as infertile as the doctors said.
Phil got out and tried to push, but the car didn’t move.

“Guess we’re walking,” he said, and then he slipped on the ice and landed on his abdomen on a snow-covered tree stump, his puffy coat making a muffled thump like a bird shot to the ground. His glasses flew off and he grabbed them and he blushed. We were still that new to each other, then.

Some good Samaritan in the neighborhood kept pails of sand on either side of the steepest part of the hill for when it was bad like this. Phil spread it for the next people who would try to drive up. He was like that—he was always thinking of what came next, while I tended to get stuck in the moment. It was so dark that I couldn’t see a thing. I stood there in my useless wedge-heeled boots. He told me to take them off and he gave me one of his winter boots, told me to hold on to him and we’d make it up the hill, it would just be a matter of time.

He was right. At the top of the hill the lights were on in our rented house, a frozen castle waiting for us. The mountains were dusted white. Our crazy landlord told us this land used to be the Caribbean, eons ago. Was that true? How could I not know that and call myself an adult? This was ancient land, he said, with sacred rocks beneath the soil. The earth held secrets. Our human lives were just blips when you thought of it that way.

When I got my period, Phil looked like he would cry. “You’re the one that always says everyone has something,” I told him. “Not being able to have babies is our thing. We just have to deal with it.” Later, when I was angrier, I threw a silver tray someone had given us for our wedding, leaving a dent in the plywood floor. The
heaving of it felt good, the forward momentum. "How do we even know we want a kid, anyway? We don’t know what we’re getting."

“Isn’t that true for everything?” Phil said.

*

At home Helen gets her footed pajamas on. She hops on her scooter and scoots around the living room, singing. Her color is coming back. Phil and I pretend to read on the couch, but we keep glancing at her. I try to see through the woods over to Gloria’s house, but she has her shades drawn. Last we heard, her kids were booking flights to come and see her.

Helen makes up songs about the hospital. Then she stops the scooter in front of us and sticks out her butt.

“’I’m shaking my butt,” she says. “I mean, my bottom.” She laughs and scoots away.

“She’s back,” I say, rolling my eyes, and Phil shakes his head.

She parks her scooter by her little desk and sits down. She takes out a pencil and a piece of construction paper and writes her name in shaky letters. Her N turns into an M and she crosses it out, presses so hard she rips a hole through the paper. She picks up a new page and begins again.