

The first seven months

It is six o' clock at night when I see him for the first time. He is only 18 hours old, but already he seems to have a lifetime of fighting behind him. His skin appears almost translucently delicate, like rosy crinkled paper, and his minute little nose is invisible beneath the plasters and snakelike green and white ventilator tubes. A line seems to protrude from every limb in his small body, and on the shelf above his bed lights are gleaming from the many machines to which he is attached.

“Come, touch your son,” the paediatrician says softly and indicates that I should take the terrifyingly tiny hand. It feels cool, almost ethereal under my timid caress. My brain is still numb from the past day's horror, and I struggle to accept that the motionless little creature under the yellow lights is the first-born whose arrival we have been anticipating with so much romantic expectation.

“The doctor says his odds of survival are 10 percent,” my husband came to report that morning while I was still recuperating in the hospital's intensive care unit after my emergency caesar. “But they say he is a fighter. The little fellow came out pink and vigorously, and he was angry! You cannot imagine that such a small thing can wriggle so much.”

Now he is lying there quietly on his open bed, paralysed by medicine which must keep him from moving: my son, at 540 grams the smallest baby ever to have been born in the Sandton Clinic.

It all began a mere five days earlier. It was a warm morning in December, and I was in a hurry to attend an important workshop. The routine 24-week check-up at my gynaecologist was a hassle and after almost postponing it to the following week, I decided to squeeze it in early that day.

Two hours later I wasn't at the workshop as intended, but in a hospital bed. The doctor had diagnosed preeclampsia, a common complication of pregnancy associated with high blood pressure. It is also the greatest killer of pregnant women and their babies.

The plan was to keep me quiet and my baby inside for as long as possible – months if it could – but four days later I felt an excruciating pain in my upper abdomen, which meant my liver was in trouble. After monitoring my condition carefully throughout the day, the gynaecologist decided at 10 o' clock that night that an emergency caesar was

inevitable to save the life of both me and my baby. Wynand was born at five minutes to midnight – more than fifteen weeks prematurely.

Anyone who has ever had a baby in the neonatal unit of a hospital, will know what was in store for me: on the one hand the relentless rushing to-and-fro between home and hospital, hours of keeping helpless watch beside the little bed in a desperate attempt to leave one's own mark in the wake of so many strange hands handling your baby, the four-hourly expression of precious little bottles of mother's milk to make your baby strong and healthy, the almost superhuman patience and perseverance you have to find for the seemingly never-ending rollercoaster ride of your child's condition, the ecstasy of a good day and the agony of a day when he is not as strong.

On the other hand there is the incredible support and expertise of the staff and doctor which help you through the most difficult days, and the warm new friendships you forge with other parents in the same boat.

Except that it sometimes felt as if no one else was in exactly the same boat as us. No one else's baby was as small, as premature. No one else's baby was in so much danger. After three days, the doctors said, Wynand's odds at survival would double and then increase by 3 percent a day. After a month we could cautiously start hoping that he would have a shot at growing up. The greatest threats were that his lungs could collapse, that he could develop a brain bleed, or that a fatal infection could get the better of him. Handle each day on its own, the staff advised us. Don't think beyond tomorrow. Every day that Wynand lives, is a day gained.

But our son was made from steel. Hour after hour, day after day, he battled on, in spite of his feeble lungs. Two deadly fungal infections – caused by his drips – lost the war against him. "It is nothing short of a miracle," the paediatrician said when Wynand was still clinging to life after ten days. And: "Forty days are forty days", when he celebrated his "40 days" of survival. On Day 100 we took smoked salmon and champagne to the ward and partied with the staff.

Every neonatal parent will tell you that life in the neonatal unit is ruled by the rollercoaster ride of your child's condition. There are the painful moments: first the left lung which refuses to work, later the one X-ray after the other showing how the ventilator is increasingly damaging your child's lungs. The terror each week when brain sonars are done, and the petrifying shock when after six weeks an abnormality is detected in your child's brain: PVL, or periventricular leukomalacia, a condition associated with prematurity which almost certainly causes developmental problems.

The more than fifty days you're not allowed to touch him, as the smallest caress sets off the alarms because his blood is getting too little oxygen. The enormous hernias in his groin which cause so much pain and discomfort, and the operation needed to repair them.

But there is also joy: the incredible support of family and friends, the news after two months that the PVL has disappeared from the brain sonar, the first time you are allowed to hold him when he is already 7 weeks old, his first bath in a two litre ice-cream container, the day the staff order a cake because at 2 months old he at last weighs a kilo, the day they stop his anti-convulsion medicine because he hasn't had an attack for such a long time. And above all: the day they take him off the ventilator after three long months and you can see his entire face for the first time and listen to his hoarse, cautious little voice. And then at last you can start doing what other mothers have been doing and for which you have yearned for months: you can effortlessly pick up your son and cuddle him, even though he is still attached to an oxygen machine; you can bath him yourself three days a week; you can dress him in tiny clothes and bounce him on your knee.

Wynand was four and a half months – 135 days – old when the doctor at last declared him strong enough to go home. It is now two months later, and he has been back to hospital once with breathing problems and a low haemoglobin count.

He is still attached to the oxygen machine, and will probably remain so for several months to come. He is almost 7 months old, and he weighs just over 3 kg. His development is somewhat delayed – even for his corrected age, 3 months – and there is a chance that he may suffer neurological problems because of his prematurity.

But each day our miracle son grows a little bigger, smiles a little broader at his mom. We developed so much respect for his fighting spirit and his perseverance, and if we look back at his time in hospital, we realise that we were very blessed, that he experienced relatively few of the setbacks that happen to premature babies. Also that he was very fortunate to have been born in this particular hospital which specialises in babies under a kilogram.

In the end I cannot express it better than a friend in a recent letter. Wynand, he wrote, taught us “to once more realise how precious life is, to remember what it is like to almost see such a tiny life slip away into infinity, and to discover the miracle of a small traveller who came in to land like a precious seed from eternity.”

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