

Dear IBC

We are the Cowdry's and we are honored to share our story. Lawrence, our first child, was born on the 31st of August 2020. He was delivered early, at 34 and 1/2 weeks, by way of Caesarean birth and we didn't have a birth plan for this scenario. Ours included a natural birth and breastfeeding may be our last hope of getting that. We were blessed in many ways throughout this process and thank God that it wasn't worse, when it easily could have been.

Looking back, there were signs that our birth would not be the one we dreamed of. While camping in Hells Canyon, at 26 weeks, we fatefully decided to come home a night early and a few hours after we got home Tara began to bleed. That night we stayed up listening to our baby's heartbeat in triage and learned about having a partial placental abruption.

The experience was terrifying. But in a way it helped us to mentally prepare for the weeks leading up to Lawrence's birth. We felt blessed to not have been 3 hours away from home when the abruption happened, but disappointed that the handful of books regarding natural childbirth and being a good birthing partner suddenly became obsolete.

We had to stop our active lifestyle and become even more sedentary. We couldn't be intimate with each other and we began riding waves of oscillating worry and stress. They would later tell us that Tara's blood pressures were signaling preeclampsia and were likely the cause of the abruption. The OB also had a discerning interest in my wife's polycystic kidney disease, which we found out she had shortly before getting pregnant.

Before he arrived, Tara was having panic attacks about the process leading up to the birth, and the uncertainty was doubled by our ignorance. We remember being told what to do and where to be; we were guided by some and ordered by others and when Lawrence was delivered, the orders and guidance seemed like our only way to keep up.

The morning of Lawrence's birth, at 34 and 1/2 weeks, we were having one of our increasingly routine monitoring appointments at the midwife's office, Tara's pressures were hovering around 155/98 and our baby was experiencing heart rate decelerations with passing contractions; we didn't get to go home after this appointment; we were sent to triage to prep for his birth, blindsided by the quick movement and stirred by the intuition of knowing it needed to happen. On the one hand, we rejoiced in the fact that we were above that imperative 34 week mark and that our baby was likely going to be ok, but on the other we were learning his first few weeks were going to be uncertain. They told to keep in mind it's a two steps forward and one step back kind of journey.

After one minute and thirty seconds of laying on his mom's chest, mom was sent to recovery alone and dad followed the plastic case containing our child to the NICU, feeling proud and grateful. Unfortunately though, my wife didn't get that feeling of pride and gratitude. She spent an hour in recovery, beginning Magnesium treatments with a stranger, muttering the mantra, "where is my baby?"

The recovery nurse was very nice, making small talk about her kids, but the interaction was distracting to Tara, who was more concerned about whether or not she and her baby were going to be ok and wrestling with feelings of inadequacy and fear.

She was alone in these moments after birth. Meanwhile, I accompanied the medical staff to the NICU, I watched the dance of him getting connected to wires and screens and all types of unidentifiable processes. They pointed to parts of his body and told me why this machine will fix that and why he needs this thing, to make sure he gets some whatever. I tried to memorize as much as possible, but the amount of new information coming in supplanted my ability to

make any decisions, and my role became less father and more spectator. His first meal was delivered via gavage tube and we were largely uninvolved. I was, however able to request donor milk instead of formula and ensure that his mother's name was on the syringe used for the gavage.

I was bewildered. After 15-20 mins of watching him that first night, I left him with the staff to make sure my wife was going to survive her blood pressure increases. I wanted to go get her and take her to him. I wanted her to see that he was alive and contextually well. After she regained feeling in her legs I eagerly reminded the staff that she hadn't seen him yet, advocating for her visit, while they moved her to the opposite end of the hospital.

Her first interaction with Lawrence, outside of the one and a half min introduction in the delivery room, was rolling into the NICU on her back and situating herself awkwardly for a five minute glance, laying on the gurney, doing her best to reach through his container's portal and touch whatever part of his body she could. She doesn't remember much about this interaction, but does recall seeing that he was real and alive and feeling happiness because of this.

In short, he remained in the NICU because he needed breathing support right away, along with the feeding tube, and was kept in a closed plastic canister to regulate his body temp. A few days in, he needed bilirubin treatment and required a main line IV because the nurses told us, "...his feet were starting to look like hamburger meat" from all of the blood samples they were collecting.

Up until this point, the only thing we knew about the NICU was that we wanted to avoid it at all costs; now they were the first people to hold our baby, the first diaper change and first meal. Our natural child birth was long gone, but we tried to focus on the positives and assume that all was for the best. We were surprised at how small he was under 4 lbs, but also amazed at how human he'd already become.

Over the next week, we stayed in the hospital for Tara's sake. At times her pressures reached 198/116 weening off of Magnesium and those were some very scary moments for us. We had no visitors and some of the first rules that were expected of us were the COVID restrictions put in place by a person that was unavailable for questioning. Tara couldn't leave the hospital bed and had to wait to hold her child until she could get herself into a wheelchair. She held him for the first time, 2 days after he was removed from her body and remembers being afraid that she was going to break him.

At this point, I'd visited our boy a few dozen times and I was trying to get the hang of the NICU experience. We felt invited but not welcome, like a necessity, but also an annoyance. We tried to build relationships with staff members, but the shifting daily changes thwarted any continuing understanding of each other. We repeated our requests to new nurses at shift change, wondering how much was lost in translation.

When he was admitted, there was one nurse that was a blessing to have as a part of the NICU reception team. Our first nurse was quiet, confident and sweet and told me a few things about caring for him. Our second nurse seemed neglectful and flustered. The third and fourth nurse were more professional, driven by the schedule and noted more details I didn't recognize. The fifth nurse was one of Tara's favorites. The sixth through fifteenth nurses were collectively as confusing as they were helpful. And then I realized everyone had their own opinions and advice, just like outside of the rigidity of the NICU, and started to understand that this is not the best it could be.

Furthermore, the COVID rules left us confused and alone in the experience, and added additional challenges for these reasons. Every day we walked solo into a seemingly endless

team of medical professionals that always appeared too busy or knowledgeable to serve us parents. My wife needed post C-section support that was scarcely available, leaving her to be responsible for menial, but physical tasks. I would learn information from the noc-shift nurses, that I would then tell my wife, only to discover that same information would no longer be applicable when she arrived the next morning. There were a handful of outlying moments that added marks to the “Pros” column of our stay in the NICU, but the longer we were there, the harder it was to justify the exponential markings in the “Cons”.

Our son was what they called a “feeder/grower” and that title became his world for the time he spent there. It was feeder first because that was their focus and metric for success, and the latter part of that title was the result of the former. After his first five days, food became the only goal.

“How long do you think he will have to stay?” We asked emphatically.

“It’s up to him now.” they would tell us. “He just has to figure it out.”

We wanted to breastfeed naturally and exclusively, but didn’t think it would be a reality given the way they talked about it not being likely. “He’s too small,” they would tell us, or “let’s just see what he’s going to do.”

With that, we decided our roles as parents were to be present every day, wait with hope, and establish a healthy and natural milk supply for him. We jokingly encouraged him to meet their requirements and be able to make it out of the NICU by his mom’s birthday on Sept 22nd.

This breastfeeding journey started over twelve hours after our his birth. Our delivery happened at 630pm, and a Lactation consultant arrived, when her shift started, early the next morning. She was very kind, and fitted Tara comprehensively for her new pumping schedule every 3 hours. She coached us on washing dishes and talked about how we needed to pump and just take it a step at a time.

On our very first pump, we collected four or five drops of colostrum and found excitement in the hope of naturally feeding our child. The following days didn’t produce any food for him though, and the experience crescendoed into a stressful and painfully odd responsibility. If we didn’t pump enough he would receive donor milk or formula, and even when we did pump enough it was standard to give him a formula fortified blend. We chalked it up to being natural enough, as long as it was family milk.

We pumped and pumped and pumped, carefully putting our liquid gold into a syringe, which we would then drop off at the NICU, where it would disappear into their system. We remember having to muster up trust that our precious cargo was being handled well, and not wasted, given our painstakingly dedicated effort to extract it. We still don’t really know what was in the gavage tubes he was being fed, but we’re told they were pretty sure it was all our breastmilk and that he was doing ok.

Once we discovered the supply can be roused with a militant pumping schedule, we reiterated our desires to breastfeed naturally. But the professionals seemed to treat breastfeeding like a novelty. The unspoken understanding was that breastfeeding was something you do to pretend like you had a regular baby. My wife was not going to believe that though. She was going to get a natural part of child birth if it was the last thing she did, given the rest was so far from that.

Dedicated, my wife would rush to the NICU to try to breastfeed before his cares time, and was granted fifteen minuets until they would give him the gavage. She began to feel like the

machine was moving along without her. She feels inadequate again at this moment, unable to feed her child faster and more efficiently than the science that was keeping him prisoner.

His first attempt to breastfeed was five days into his stay. After the CPAP was removed, a nipple shield was immediately introduced because, "he's too small; he won't be able to do it."

He did so well though! The impressed lactation consultant called any available nurses over to show how this 35 week old baby was latching to the nipple shield like it was instinct! She mentioned how we shouldn't tell other people either, because it would make other NICU mom's jealous. This was our son's first grand gesture and just as amazed as we were, the team in the NICU used this success to advocate starting a bottle feeding routine along with his gavage feedings.

Fearing nipple confusion we requested that he receive only two bottles over 24 hours, so that Tara could establish a good breastfeeding routine as well. We didn't want him to forget what it meant to connect to his mom. The process started slowly, with him only taking a few milliliters from each bottle feed but quickly evolved into something more.

One morning Tara arrived to find that the nurses excitedly gave him a bottle for every feed overnight. We were told that he would take off at some point and I suppose this was that point. She was discouraged by this, feeling that her hopes of breastfeeding were slipping away and her own inability to figure it out was transforming her from her his source, to his humble cow.

Unknowingly, I had the opposite feelings of the bottle success, given the only path to discharge was through the amount he takes from each one. It became a light hearted goad for me to show up in the middle of the night and encourage his taking more and more volume. I challenged nurses to beat my records and made a game of his inching closer to getting out.

Unfortunately, during the day, Tara was alone yet again in the process. She was frantically trying to get the nipple shield to produce as efficiently as the bottle and feared that we were going to go home with no support and without that natural element that she so longingly desired.

After 3 weeks and 2 days Lawrence was discharged on Sept 23rd. This was his second grand gesture. A day late to the requested birthday discharge, but signifying his innate desire to connect to his mom. We weren't breast feeding at this point at all, even though Tara desperately wanted to, and being first-time parents we just accepted that the hospital's path to wellness was the way that it had to go for him.

They could have given more support in our desires. They could have been more organized and empathetic. They could have encouraged the natural path using a supplemental nursing system or at the very least encouraged trying to latch without the nipple shield. We have come to understand that the NICU doesn't set people up for success, they set them up not to fail.

Rightfully, Tara was frustrated and struggled to watch her baby feed from a plastic bottle, while she took the role of a cow, assuming her corner of the couch pumping the same milk into more plastic, to later be transferred to the bottle again.

His dad took the role of mom, feeding him those bottles so that the 3 hour pump and feed schedule didn't take one or more hours of that timeframe. Her heart was murmuring the mantra again, "Where is my baby?" Even though he was directly next to her, focused on his inanimate food source.

We lasted on the NICU schedule less than a week and in a desperate attempt to find a new path invited grandma to come and assess our situation. Her words of natural connection and human instinct were moving and tantalizing.

We decided Tara's supply was good and that he would take to the breast using congenial talent, and utilized the nipple shield to ease the process.

A few days after our new routine, her milk supply diminished and Lawrence began losing weight. We panicked, thinking that all he will ever know was the NICU's regimented way of surviving and my wife began to wonder once again where her baby was. We didn't sleep and had little energy for any type of creativity or patience.

We were about to break at our last push for something natural, and hired a highly recommended lactation consultant, in private practice, that immediately helped us find solace with words of professionalism, softness and encouragement. He was to begin a new bottle routine to stop the weight loss and slowly we started recognizing the two big-picture ideas that have made all of the difference in healing this trauma:

The first was an analogy of puzzle pieces.

To have a natural breastfeeding journey we needed to go back and collect pieces of the puzzle that were lost during his birth. Pieces that looked like mindfulness and skin to skin, and letting him root for breasts in a natural way. Pieces that were taken from us, by way of institutionalized standardization and complete disregard for the bond between mother and child.

The second was the analogy of the dance.

To complete the journey and find our natural place in this process we not only had to collect all the pieces that we'd lost, but also had to reassemble all of these pieces in a slow and methodical dance-like transition. Upsetting what our child knew of survival took something much like when you put them to sleep, something that needed careful handling, something that required gentleness and a mother's touch.

We are still dancing three months later, having evolved closer to ballet than to the two step; we started not even knowing how to stand. Each of the pieces we heal brings us greater understanding and more confidence. We have tried things and failed only to hit bottom and bounce back once again and practice our steps. My wife has set the bar for dedication and prowess.

I've come to realize that for us, the entire experience pivoted on three missing concepts: solidarity, a patient centered focus, and a tribute to tribal knowledge. If we'd had those elements in that alternate universe, our post partum journey may have been one of healing. We may have healed more than what was in our hospital charts. We may have been able to heal bigger! Who knows what chronic emotional ailments could have been stitched up with just those three things? Each interaction unknowingly tending to ancient wounds, like my wife's past physical and sexual abuse, or the shame from her body being faulty or unable, or perhaps over a few generations the entire violent nature of the human race. Transcendence is upon us! and you all are on the battlefield, tending to fresh wounds, caused by friendly fire. There is some very good work being done in this field and you have taken on a huge responsibility to do it. For this we thank you from the bottom of our hearts.

Warmly,
The Cowdrys.