

## Beholding Something Fine

By Laura Johnsrude

We lingered in the corner of a delivery room while the obstetrics staff attended to a laboring woman. Tall and slender, the soon-to-be-mother was writhing and moaning, clenching and stretching, with the otherworldly work of it all. She transformed, suddenly, moving from supine arching to standing straight up in the stirrups, like an angry Greek goddess, bellowing her pain.

She was not our patient, though.

We were waiting for the baby.

We, pediatricians-in-training in the late 1980s, had been paged to attend the high-risk pregnancy. Maybe the baby was premature with a risk of respiratory distress due to immature lungs. Maybe the mother was addicted to opiates, so the baby was exposed, too. Maybe the mother's water broke more than twenty-four hours prior, so the baby was at risk of infection. Or twins were expected. Or the baby's heartbeat was erratic. Or there wasn't enough fluid around the baby. Or the mother had no prenatal care at all.

Standing by the infant bed and warmer, I watched the large-bellied woman crouch then unfold her knees and back, rising up towards the ceiling, untethered, unhinged. She was on drugs, word was, and we, the pediatricians-in-training, readied our resuscitation equipment.

We each poked a single hole into our paper facial masks and threaded a clear plastic tube through the tear into our mouths, biting it between our teeth. The other end of the straw between our lips was connected to a clear plastic container—a DeLee trap—with its second clear plastic tubing dangling toward the floor. We stood there, usually two of us, awaiting the stressed newborn, who may have already passed meconium—its first stool—and may have some of the sticky stuff inside their mouth. We, the pediatricians-in-training, were there to suck it out and catch it in the DeLee canister, the snare between baby and us.

Earlier doctors just sucked the green slime directly into their own mouths and spat it out, they said.

The nurses coaxed the gravid woman down to deliver, but the image hung there, for me, even years later, after I'd writhed and moaned and clenched and stretched and birthed my own children. The laboring woman, her face upturned, beholding something fine, or something terrible, her bare feet in the metal stirrups, the whole of her balanced there in the air, roaring.

We, the pediatricians-in-training, wanted the baby to not breathe for just a few seconds, to pause for our ministrations. The obstetrician would hand off the child to us, right away, and

we would thread the distal dangling DeLee tubing into the baby's slack, open mouth—don't breathe, don't breathe—and suck on the tubing we held between our teeth, while dipping that other end around the gums and tongue of the “just born,” vacuuming the green slime into the DeLee trap—quickly, quickly—hoping to prevent meconium aspiration into the infant's lungs with the first deep breath.

We'd jostle the newborn, then, after clearing the mouth, wanting the limp one to stretch and startle, now, take a big gulp of air, now. Under the warmer. Wanting the face to pink up, under the lights. Wanting the limp one to breathe, breathe.

Your turn, now, take a breath.

Cry, little one. She needs to hear you cry.

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