
FIELD NOTES | SPRING 2019

Food Is Love

By Sarah Holdren

I sit down in the dimly-lit room, the gray Finnish skies sending what little light they can past the snow-filled clouds and through the windows. In preparing to ask the questions I've asked many times before, my mind scans through the categories of emotion that could be poured out in front of me. I internally rehearse my probes, my cues that this is far too much, my reassuring line of "yes, of course we can stop." This may be research, but it often feels far more like therapy than a survey.

The mother sits in front of me, lounging in the worn leather chair that is provided to families in each of the 12 single-family rooms in the NICU here. The room isn't fancy, just a hospital bed in the corner and two isolets in the center, yet it feels like the family's new home with pictures of her twins' firsts posted all over the walls. She recounts her story to me in halting English, and although I hear her voice, I am distracted by the image that is set in front of me. This should feel ordinary for me. I have listened to countless stories from mothers in the same situation, but something in this moment is different.

With one baby in each arm, she almost sinks completely into the leather of the worn chair. The nurses have just left the room, leaving her with her infants in a football hold attempting to suckle at her breasts. While its more than likely that her twins are not strong enough yet to pull any milk, for the short time that they are on her breasts, they look and act like term babies.

Their voices are what keep me doing this work. Voices of American women that said, "I feel distant... This can't be my baby... but I hadn't even felt him kick..." often mouthed over the hum of a breast pump. Their bodies attached to a machine intended for mothers, their statements suggest that they don't identify themselves as such. Yet for them to criticize their birth experience and the trauma that ensued is to criticize their infant's existence. Instead they say, "We've gotten the best care... There has been so much support... I tried my best."

And eventually, they take the baby they barely recognized at first glance home to a loving household. They continue trying to feed her, searching for any drop of normalcy in the chemicals they add to each bottle of lovingly pumped milk, milk that was created by a mother's body just for her infant, milk that can't be made better than it already is with the addition of anything but love.

This is when I think to myself that they must become hypnotized by the drone of the pump and the beeps of the monitors. That somehow the incessant noise and the early morning rounds and the "You're doing the right thing by pumping milk for your baby," has convinced

them that this is normal. Or if not normal, their new normal. One comprised of fear that their bodies have indeed failed them, but one where this failure might be rectified by following strict schedules, staying hydrated, and attaching their breasts to a machine.

Zoom out from this Finnish mother with her three pound infants on her breasts, and the fundamentals of the NICU are still present. Pumped milk hangs from a tube over each infant's body, using gravity to push nutrition through their noses and eventually down to their stomachs. Their ventilators, like cranes braced around a skyscraper, remind me that they still can't breathe, and that they are indeed an exception to the rule.

Suck, swallow, breathe...

As we talk about her time spent in the NICU, in some ways she sounds like those hypnotized mothers from home. She "hoped" her twins would end up here because the alternative was no babies at all. How could she find any room for improvement in care if just the simple fact that care was provided exceeded her hopes and dreams?

At the same time, though, she has a confidence about her role as a mother that is rare to me only because I am an outsider. Her body didn't fail her, but succeeded her in carrying these babies for 23 plus some weeks. It continued to succeed her after birth by providing milk through a pump, even enough to donate to other mothers. And it succeeds her now as her babies practice sucking milk from her breasts.

She knows the odds are against her twins. No matter how supportive and family-friendly the staff in this small Finnish unit are, she is aware of the longitudinal research claiming a future of disability and drugs for her children. Yet, her role as a mother has been honored by the doctors, those who have studied neonates for decades but are still aware that their knowledge will never rival her own. She is no longer interested in what some would claim is a "good" quality of life. Nor is she interested in what society suggests is the "right" way to be a mother or the "proper" way to feed her infants.

As I wrap up the interview and begin to turn off my voice recorder, I ask if she has anything else to add about her experience. She leaves me with wisdom that can only come from a mother who has decided that her new normal will be just as beautiful as the normal that she cannot have.

"Breastfeeding isn't just food for them," she professes. "It's food for me, too."

In a place as cold and medicalized as the NICU, she is right. The voices I hear day in and day out are voices of women starved of connection with their infants. Their bodies emaciate under the plunder of the machine, being hollowed out for the small parts deemed tangibly beneficial by a system that cares solely about infant survival. We are blind to the irreplaceable power of their simple, innate ability to bond, but this mother and her ventilated, tube-tangled, *breastfeeding* twins are proof that survival means nothing if there is no room left for love.

Sarah Holdren graduated from Elon University in 2018 with a degree in anthropology and public health. After graduation, she spent a year in Finland as a Fulbright U.S. Student Grantee conducting qualitative research in the neonatal intensive care unit. Her time spent talking with American and Finnish mothers of preterm infants serves as the inspiration for much of her writing. She is now a student and National Science Foundation graduate research fellow at Columbia University in the Narrative Medicine program, and aspires to become a physician-scholar practicing at the intersection of the sciences and the humanities.

© 2019 *Intima: A Journal of Narrative Medicine*