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Of Prematurity and Parental Leave

By Erica L. Campagnaro and Kenneth J. Woodside

Less than hour ago, I was a very pregnant third-year internal medicine resident seeing her obstetrician for a routine visit with her general surgery resident husband. I'm about to be a mom. I mentioned that the baby hasn't been as active. There's a quick ultrasound and non-stress test. My obstetrician rushed us straight to the delivery room. Within minutes, I have a spinal, and the surgical drapes are up. I ask my husband, "What's that burning smell?" He hesitates to reply. I realize it's from the electrocautery—I can barely hear it and can't feel it. I say back, "Oh, that's me." Ken is sitting by my left arm. I can't see anything around the surgical drape. They tell me the baby is out. He's a boy. They don't bring him where I can see him for what seems like a long time.

The neonatology team is doing chest compressions as they work on securing the airway. He's blue. Erica asks what's going on, so I tell her. After a few minutes, the neonatology faculty brings him over for us to briefly see him. She expertly has him in one arm while managing the Ambu-bag, endotracheal tube and a bunch of wires with the other. He's bundled for warmth, but it's obvious that he's too small. After less than a minute, she puts him in the transport incubator and heads to the neonatal unit.

As soon as we're out of the recovery room, I send Ken to the neonatology unit. When he returns, he's in that functionalized shock that doctors get when something medical happens to them, and he falls into resident-style reporting. The baby is really small—1200 grams. He's intubated and mechanically ventilated. They're weaning pressors. He has such-and-such intravenous access. Ken starts to describe our son's physical exam, including the disproportionately large head of a preemie. I ask him to get out of doctor-mode and to tell me how our son actually looks. He's caught off guard and says something about how he looks like the Roswell alien, but that he seems to be out of immediate danger. After the spinal wears off, I go see him. He's so small. The tidal volumes on the ventilator are miniscule compared to my adult patients. Sitting in a wheelchair at our son's bedside, I realize he's not coming home anytime soon.

Even though I'm at the end of a research year, I'm only supposed to take one week of paternity leave, so I have to figure out how I should use it. Luckily, my lab is more flexible than clinical rotations. I snag a laptop and stay in the hospital room with Erica. She's in the hospital for three days, then there's the weekend, so I think I can manage my part and save my parental leave for when our son hopefully comes home.

I return home after three days, while our son stays in the neonatal ICU. I only get six weeks of maternity leave. What happens if he doesn't make it home? I worry if something happens to him, and I don't take this time to be with him, I might never get any time with him. I could take additional unpaid leave, but we're still broke from medical school, and we really can't afford for either of us to be on unpaid leave or to extend our training, particularly with a new

child. I talk about it with Ken—we feel we need to save our time. Since our son is in our hospital, we can visit him relatively easily. I only have a couple of months left before I graduate. I go back to work the Monday following the C-section.

After a few days, our son is extubated. He stays extubated for about 36 hours before he crashes. The neonatology fellow calls us. Erica and I come running in. We only live five minutes away and arrive about the same time as the neonatology faculty. His chest excursion is scary. She asks us to step around the corner for a few minutes as she quickly intubates him. When we are called back, there's bloody foam in the endotracheal tube. She tells us his platelets have plummeted in the last few hours and the lungs look like he's had a pulmonary hemorrhage. Most of the plan is what we expect: platelet transfusion, cultures and empiric antibiotics. But there's more. Pediatric surgery is coming. I've rotated on pediatric surgery, in this very unit, so I have specific fears that won't go away. She's also ordering a cranial ultrasound to look for bleeding. The neonatal unit is old and doesn't have walls between patient stations, so we're basically sitting next to his station at one end of the unit, tearing up. I didn't notice that the nurses had very quietly put up the privacy screens around us until much later.

He's on a ventilator, getting tiny tidal volumes and needing tiny transfusions. It feels like forever. One morning we came in to find much needed encouragement—he had opened his eyes for the first time that night. His nurse had snapped a Polaroid, taped it to our son's stand and written, "Hi Mommy and Daddy!" Near the end of those weeks, he opens his eyes regularly and is eventually extubated. He graduates to the "Feeder and Grower Room." I keep working so I can save my time for when our son comes home. After some embarrassing missteps, I work out when and where to pump. I graduate residency, start maternity leave and start as a chief resident about the same time. My two co-chief residents don't even blink and rearrange our shared schedule to accommodate me.

He was still small when he comes home, but his current 4 ½ pounds make him feel huge to us. I'm returning to clinical rotations soon, but I can take some time before that starts. On the day he comes home, they give us photocopies of key parts of his paperwork for his pediatrician—including his admission, all the important consults and testing, and the discharge summary. We're nervous, but happy to finally have him home for his first night. We order takeout that evening. I'm only gone about 10 minutes. The baby is still asleep when I return. Erica is sitting on the floor by the crib in tears. She's reading the paperwork they sent home. She has the admission H&P in her hands.

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It's 2021 and our son is almost an adult. Even after all that time, I still can't read that H&P easily. Until the day he came home, when I read the admission narrative, the magnitude of that initial resuscitation had been muted by the surgical drape. The quiet competence of the faculty, residents and nurses of the neonatal unit was always reassuring, even during the unexpected pulmonary hemorrhage. But, since I was also working for most of his time in the neonatal unit, I didn't have a chance to process those first few minutes of his life—the chest compressions, intubation and resuscitation—until after our son came home. Only then did it sink in how close we were to disaster. At the time, we had what were considered reasonable parental leave accommodations, and nowadays more flexible maternity leave policies and partner parental leave have more support. It's certainly possible our programs would have given us more time if we had asked. But trainees just didn't ask for that extra time, even if we

could afford to take unpaid leave. I went to work a few days after a C-section so we could financially support becoming parents of a preemie and be with him when he eventually—hopefully—came home.

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