

Sawbones 55: Our Birth Story

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Intro [Clint McElroy]:

Sawbones is a show about medical history and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme song plays]

Justin:

Hello, everybody and welcome to Sawbones, a marital tour of misguided medicine. I am your co-host, Justin McElroy.

Sydnee:

I'm Sydnee McElroy.

Justin:

Hello, Sydnee.

Sydnee:

Hi, Justin.

Justin:

It's a pleasure to be recording our program again today. We had a few weeks off.

Sydnee:

That's true. That— Well, we had kind of a big event.

Justin:

Yeah. This is technically— [laughs] This is technically now a three person podcast, but one of the people does not contribute, except you may hear some mild grunting and/or crying.

Sydnee:

Right.

Justin:

Hopefully not much of the latter.

Sydnee:

No, no. Uh, she's eating right now. It's her favorite thing to do, so she should be quiet, but no promises.

Justin:

No promises. But we will do our best [laughs] with this. Uh, the— You know, you do in audio production, you do everything you can to try to eliminate, uh, extraneous noises. You know, I've turned off ceiling fans, etc., etc., and I think we've just introduced a pretty big risk factor for it.

Sydnee:

Well, at this point, I'm hoping the only noise she'll make is maybe a burp.

Justin:

Maybe a burp.

Sydnee:

Maybe a burp shortly.

Justin:

But it might be something else, folks. I'll probably edit that out, so you'll probably never know. [laughs]

Sydnee:

Yeah, when— I will say this. When she fills her diaper, there is no mistaking that that has happened.

Justin:

You will not have to turn your MP3 player up, you will know that that has been the case. Anyway, um, we wanted to do kind of a different episode, uh, this week. Um, and if you're not into it, that is totally cool. We will be back next week with a regular Sawbones episodes. But, um, we—

Sydnee:

Yeah, next week we'll return to talking about, you know, various animal poops that you can put on wounds and...

Justin:

Etc., etc.

Sydnee:

... and strange compounds you can eat.

Justin:

We did have a, um, we've been talking a lot about birth and pregnancy, and we had a— [laughs] A medical experience for a week of our lives. Um...

Sydnee:

Yeah, we've talked a lot about... and I think a lot of my, um, opinions and preferences, especially for my own personal birth plan, if you will, probably came through in a lot of our, um, episodes before. And so it would not be surprising, I think, to many of you if, uh, if our birth experience was very

important to me, and that maybe the fact that it didn't go exactly or at all [laughs] as we thought it would or had planned would be kind of a big event for both of us.

Justin:

I feel like we learned a lot in the week that we were sort of getting Charlie home. And I thought maybe, as a medical experience, and our personal— So, we talked a lot about birth, it would be interesting to folks and at the very least, I think it'll be good for us to kind of talk through it. Um, so...

Sydnee:

There's a lot of serious parts. There are probably a few funny parts, now in retrospect.

Justin:

Mm-hmm.

Sydnee:

They weren't funny at the time, but I think they're funny now.

Justin:

Some were funny at the time.

Sydnee:

Um, but if you're not in for something like that, you can... You don't have to listen if you don't want to.

Justin:

It's no problem.

Sydnee:

It's okay.

Justin:

We— Our feelings won't be hurt.

Sydnee:

We'll come back next week and be funny.

Justin:

So, Sydnee, um, why don't you take me to the morning of August 12th?

Sydnee:

Let me say one thing real quick...

Justin:

Okay.

Sydnee:

... before we do that.

Justin:

Okay.

Sydnee:

The story ends with this wonderful little, perfect baby that's sitting in my lap right now dosing between meals. And so it's got a happy ending.

Justin:

Yeah. So every—

Sydnee:

Let me just preface that.

Justin:

It all works out in the end.

Sydnee:

It all works out okay in the end.

Justin:

Okay.

Sydnee:

There are no sad endings here.

Justin:

Yeah.

Sydnee:

Okay. So August 12, uh, we went for our appointment with my obstetrician. Um, and at this point, let me just say, we had been prepared by our doctor that a vaginal delivery was... I don't wanna even say probably not, was not a possibility for me.

Justin:

Yeah. It... Yeah.

Sydnee:

And I may have mentioned this before, but my plan, my birth plan, had been not only, of course, to have a vaginal delivery, but I didn't wanna use any pain meds, um, I wanted to stay at home as long as possible, I wanted to go through as much of labor here in the comfort of my home with Justin, uh, and then come in when, you know, I was in active labor, my water broke, or something to that affect. So the idea that not only was I not going to have that experience, which was important to me, but that, uh, my doctor was saying, look, Charlie, our baby girl, had not engaged which means that her

head was not down, uh, low enough in my pelvis to, you know, for her to be able to be born vaginally.

Now, um, a lot of people who are medical are probably listening going, "Well, sometimes babies don't engage until labor." But there are a couple complicating factors. One, she was very high, as I mentioned, she was not engaged. Uh, two, I have, well, what my doctor politely told me was not a 10 pound pelvis.

Justin:

[laughs]

Sydnee:

Uh, which is a reference to the fact that my doctor actually delivered me.

Justin:

Yeah.

Sydnee:

Uh, you know, 31 years ago, clearly.

Justin:

Right.

Sydnee:

Uh, and I was almost 10 pounds. So I have a small pelvis and I was having...

Justin:

I think your pelvis is perfect, by the way. If we're voting.

Sydnee:

Thank you for approving of my pelvis.

Justin:

I do.

Sydnee:

And we were having a rather large child.

Justin:

Yeah. She's a big baby.

Sydnee:

She was a big baby. And she was not coming down and I had had many, many contractions, some of which you have heard on our show. [laughs]

Justin:

[laughs]

Sydnee:

Some of which I've experienced...

Justin:

Live on air.

Sydnee:

... through the magic of podcast, podcasting with you. Uh, but despite all these contractions, she was not coming down. And he had prepared us for a couple weeks that he thought, you know, inducing my labor was not going to be helpful, that it would put me through a lot of agony for no, you know, for no benefit, and possible risk to her, and that a C-section was probably what we were gonna have to do.

Justin:

So we schedule a C-section. Actually, for the day of that appointment on August 12.

Sydnee:

I was past dates at that point. She was still floating around in there in her swimming pool.

Justin:

And Sydnee has, uh... She doesn't get a paid medical leave from her gig, uh, so she was accruing— Using accrued vacation and sick time. So, um, she had already taken off of work, uh, a week or so prior, a couple weeks prior. Um, so the longer we waited, the less time that we were gonna have at home. Which I mention only because it's interesting when you read a lot of, like, stats and figures and things, and you make these assumptions about why people do certain things, but until you're, like, actually in a scenario, it's hard to say what you would do in any given scenario. But, um, this seemed like we knew we were gonna need the C-section, so we figured let's get this baby out and let's get this baby home.

Sydnee:

Yeah, and I'm sure, again, I know there are probably people listening who are thinking, "Oh, well, you should've done this or you should've done that or that that's what the medical establishment will tell you." I think that's where it's really important that you have a provider, whether that be an obstetrician, a family doctor, or a midwife, you know, somebody who you really trust. And the fact is that I had complete faith, I think you did too...

Justin:

Mm-hmm.

Sydnee:

...in our doctor, and when he looked at me and said, "This is what we're gonna need to do," I believed him.

Justin:

Now, and just to add onto that, um, just to put a final capper in that. Uh, if you were thinking about maybe, like, second guessing some of the things we're gonna tell you in this episode, don't bother. Seriously, we don't— We love you, we appreciate the feedback, we really are not interested in your input in our decision making. [laughs]

Sydnee:

I will agonize over that for probably the rest of my life, so...

Justin:

Yeah, we don't need any help there.

[Charlie fussing quietly]

Sydnee:

... trust me, there's nothing you could say to me that I haven't already said to myself a million times [laughs] over. I think at the end of the day it was the decision we had to make. There are a percentage of women, as we said in our last podcast about C-sections, that are gonna need C-sections, and I think I was one of them, and...

Justin:

Yep.

Sydnee:

... you know, we're both here and safe, so.

Justin:

So hey. Um, so what— We made the appointment for that afternoon. Uh, we said...

Sydnee:

Yeah, he saw us at, like, 9:00...

Justin:

9:00.

Sydnee:

... or, no, 8:00. And then we had our C-section scheduled for 4:00.

Justin:

For 4:00. Now, uh, that being said, there were, uh, we were already kind of freaked out about it, but around 4:00 there was another C-section going on, so we ended up waiting another three hours just on pins and needles, like, waiting for, um, that to happen. Which is fine, I mean, it's, you know, scheduling, whatever. It was just very... It was already, like, a little tense in the room, and then it was like, "Oh, yeah, you just got to wait a few more hours." [laughs]

Sydnee:

And all of our family was there.

Justin:

Yeah.

Sydnee:

Who we love, but it was getting a little intense...

Justin:

Yeah.

Sydnee:

... with all of us in there waiting and waiting. [laughs]

Justin:

And waiting and waiting. So—

Sydnee:

And I— Let me just say this. I, although I am a physician, I have had very little interaction with the medical field from the other side.

Justin:

Yeah.

Sydnee:

I am not— I have no— I've never had a surgery.

Justin:

You've no broken bones.

Sydnee:

I've never broken a bone. I've never had a lengthy stay in the hospital, well, since I was a little kid. I have no... This was not easy for me.

Justin:

You don't even go to the doctor really.

Sydnee:

No. They're quacks. You can't go to doctors. [laughs]

Justin:

[laughs] So—

Sydnee:

Can't trust any of them.

Justin:

Okay, so I'm gonna sorta skim through this next part just because it's still pretty, like, it's weird. We finally got the C-section at 7:00. I walk in and see Sydnee. She's on the table, I kind of avert my eyes 'cause I don't wanna see any of the gully-works kind of thing. I'm just mainly focused on her head parts 'cause those are unobstructed with blood and doctors and stuff. So I go down and sit next to her, and, um...

Sydnee:

On my end at this point, by the way, it has been pretty scary. Um, the OR, of course, is an OR, so it's cold and white and sterile. Which I'm glad it's sterile, don't get me wrong. Uh, and they had had to, you know, give me the kind of block that basically numbs and paralyzes everything from about my chest down. So I cannot feel or move anything which is pretty unnerving if you've never experienced that.

Justin:

So the baby comes out.

Sydnee:

Yes.

Justin:

The baby is out, and...

Sydnee:

Charlie, our baby.

Justin:

Charlie, our baby, is out. And we see Charlie, our baby, uh, and she looks...

Sydnee:

She's accompanied by a loud splash.

Justin:

There's a loud splash of Sydnee's water.

Sydnee:

There's a lot of water.

Justin:

Lot of water. Um, but the baby comes out and, from our perspective, things seem cool for about 30 seconds.

Sydnee:

Maybe that. I don't know. Maybe that long.

Justin:

Around that. And they...

Sydnee:

She looks beautiful. They hold her up over the, the sheet there. She's, um, huge and gorgeous and she looks like Justin right away.

Justin:

[laughs]

Sydnee:

Right away that was my first thought. She looks just like Justin.

Justin:

It's largely 'cause she was spitting up, but...

Sydnee:

[laughs]

Justin:

... at the time. But, um, about 30 seconds in it becomes sorta clear that something isn't exactly right. Uh, Sydnee can probably—

Sydnee:

I still hadn't heard her cry...

Justin:

Yeah.

Sydnee:

... was my— That was what queued me in was I knew they were, they— You know, they do what they always do which is take her right over to the little baby warmer and kind of scrub her down and, you know, move her around a little bit to make sure she's crying and screaming. And they do the Apgar scores, which are scores of, you know, kind of the baby's breathing and tone and basically a number that indicates how well the baby's doing within the first minute and five minutes of life.

Justin:

Friends, [laughs] I don't have the words to describe what those few minutes were like. There were a lot of people in the room that were poking and prodding our baby, and there were cords and wires and things, and talking in hushed tones. And Sydnee and I didn't know what was going on, and I will live the rest of my life and never experience the blend of joy and sheer white-knuckled [laughs] terror that those few minutes, uh, entailed.

Sydnee:

Yeah, that... I have to say, I'm kind of... I think you can, this is probably fair to say. I'm a little bit of a control freak.

Justin:

Yeah.

Sydnee:

And to have— I knew that something bad was going on, and to not be able to move and to also know that even if I could move, if I did move, I would, you know, die [laughs] 'cause my guts were hanging out.

Justin:

[laughs]

Sydnee:

That it was a terrible moment. Um, I don't know how long. It felt like an eternity. It felt like years passed.

Justin:

Years. Yeah, years.

Sydnee:

Stars were born and died in the time that...

Justin:

I held Charlie real quick. Uh, I- I- we both got to give her a kiss, and then they whisked her away. Uh, and that is when the joy part kind of disappeared, and then it was just the sheer white-knuckled terror.

Sydnee:

Yes.

Justin:

Um, uh, and helplessness. So there was, like, a good half hour where Sydnee was getting sewed up, and I was with Sydnee, and we just didn't know what was going on with the baby.

Sydnee:

Mm-hmm.

Justin:

Uh, that was the worst 30 minutes of my life. Uh, we get Sydnee back in the OR. Um, you still can't move.

Sydnee:

No, I still can't move. And at that point... and I don't think I told you this, I actually couldn't see very well because I... They let me leave my glasses on during the C-section and I was crying. And I don't know if you've ever tried to cry while laying flat on your back and looking straight up [laughs]...

Justin:

Not good?

Sydnee:

It doesn't work very well.

Justin:

Yeah.

Sydnee:

And my glasses were all dirty and I couldn't see anything and I couldn't feel anything and I couldn't move, and it was terrible.

Justin:

Um, so I got to go up and see Charlie. Uh, they let me come up, and I had to go up without Sydnee because Sydnee was still in recovery, and that, this... That was really, really, really tough. Um, I go upstairs and here's the thing about this story, and the reason why as hard as this all was for us, like, you should know that things never really get that serious.

I mean, and this is why I want everybody to keep in perspective, if you've been through something like this and your child did have some more serious issues, like, I can't fathom how much harder that would be on you. I'm not trying to say that this was, like, the worst case scenario by any stretch of the imagination, but I'm trying to be honest about what my experience was 'cause it's the only one that I have context for.

Sydnee:

No, in many ways we were very lucky.

Justin:

Absolutely. And we realize that fully. Um, so I went upstairs and saw the baby, and they had her, uh, they were giving her blow-by oxygen, right?

Sydnee:

Mm-hmm. Which is just kind of oxygen being blown through a tube that's kind of laid next to her face.

Justin:

Right.

Sydnee:

Which is— It's a good sign because that's not, as you can imagine, you're not getting a whole lot of oxygen that way, so if that's all she's requiring, that means she's not doing too bad.

Justin:

So what, so what was going on? Here is the way I understand it in layman's terms, since I'm assuming most of you are layman. So, uh, sometimes when you do a, uh, C-section on a baby, since it's not going through the birth canal it doesn't get squeezed, and when it gets squeezed, a lot of the liquid that is still remaining in the baby gets-

Sydnee:

In the lungs.

Justin:

... in the lungs gets squeezed out. So that didn't happen for Chuck. So Chuck had a lot of fluid in her lungs. And Sydnee also had a lot of excess fluid, correct? Like, in your...

Sydnee:

Yes.

Justin:

... tummy.

Sydnee:

And we didn't know that ahead of time. A lot of women will know ahead of time. You know, you may have been told, like, you didn't have enough water, you had too much water. Um, we didn't know that ahead of time. It wasn't there on our 30 week ultrasound, and we hadn't had one since, and... that was kind of it.

Justin:

Right. So I go up there and basically the... I never got anything from anybody that told me her life was in danger, but she wasn't doing great. I mean, she was sick, I guess, for lack...

Sydnee:

Right.

Justin:

... of a better term. She wasn't good. She had fluid in her lungs, uh, she was having trouble breathing, she was having these spells, uh, of tachypnea?

Sydnee:

Right, which means fast breathing.

Justin:

Right. Um, which is a sign that they worry about.

Sydnee:

And that was the biggest thing. Initially, we thought it was something called transient tachypnea of the newborn which you may have heard that before, um, if you're medical. If not, if you had a big baby or a C-section baby, you may have— This— And it just means, just like Justin said, the fluid in the lungs. She's breathing too fast. Our thought was they'll get the fluid off and, you know, she'll cough it all up and she'll be fine. And that was initially kind of what they were saying, you know. This baby probably will spend the night in the NICU...

Justin:

Right.

Sydnee:

... and go back to the regular nursery.

Justin:

So we were kind of going back and forth. I was having a hard time, like... Imagine this, friends. Your wife has just been moved into a mother/baby room, which is, uh, not the room she was in before she had the baby. This is sort of like a recovery room where mother and baby are supposed to be in together. There's a chair that folds out that I can sleep on, Sydnee's in her bed. Sydnee's still immobilized, um, from the, uh, you know, the meds.

Sydnee:

Right.

Justin:

From her surgery. Um, so I was kind of having a tough time knowing where I should be 'cause my baby was upstairs and my wife was downstairs and they both kind of needed me, and I really wish that there had been two of me, but there wasn't. So I was kind of running back and...

And here's the thing. These two areas were very far from each other.

[laughs] They were on separate floors, down many, many hallways. It was a good 10 minute walk between the baby and the wife. Uh, so that an unpleasant few hours. Um, and Sydnee still hadn't eaten. And not just, like, that day, but since...

Sydnee:

Midnight the night before.

Justin:

... midnight the night before because of the surgery, so, uh, she was, I'm sure, starving and couldn't drink liquid either. So she hadn't had liquid since midnight before.

Sydnee:

Now, to be fair, I was incredibly nauseous as the anesthesia started wearing off, so.

Justin:

Yes.

Sydnee:

So that was okay.

Justin:

As soon as Sydnee, uh, was in the mother/baby room, she insisted that she needed to go see Charlie. So [laughs] we...

Sydnee:

There was, um, I don't know how to describe the feeling. It wasn't I need to go see her because I love her, because, like, medically or I'm worried. It was beyond anything like that. I don't know how to articulate the fact that, um, the idea that I was somewhere that she wasn't was so... I couldn't understand it. I couldn't wrap my head around why she wasn't with me, and I desperately needed to. I didn't want to, I needed to get to her.

Justin:

So that's the serious part. The funny part is that we basically conned two nurses into coming into the room and bringing in a wheelchair and Sydnee still couldn't walk, so these two nurses basically had to try to deadlift Sydnee, uh, [laughs] and put her into the wheelchair.

Sydnee:

I had no— I mean, I was total dead weight.

Justin:

Yeah.

Sydnee:

I couldn't move.

Justin:

She couldn't do anything. Flail her arms a little bit.

Sydnee:

Yeah.

Justin:

Um, and as soon as they got her seated, she threw up. So it was not a possibility.

Sydnee:

Every time I sat up, I puked. I couldn't sit up. So it was bad, and they...

Justin:

It was bad.

Sydnee:

... they don't like to let people in the NICU who are, you know, puking everywhere.

Justin:

So that night is still kind of a blur for me. We didn't sleep much. Uh, we held off until... I mean, we basically stayed up until your, um...

Sydnee:

The anesthesia wore off.

Justin:

... the anesthesia wore off, which was around 4:00 AM the next day, and we rolled you upstairs, and you held Charlie, and you didn't breastfeed her at the time, did you?

Sydnee:

No, they let me try.

Justin:

They let you try, okay.

Sydnee:

That was, and that's kind of a theme that will come up on, um... Another thing that was very important to me was, well, one, skin-to-skin contact with her early. Now, obviously, I didn't get any of that within the first hour like you ideally want to.

Justin:

Right.

Sydnee:

Um, and I, it was probably seven hours or so before I actually got up to see her.

Justin:

Mm-hmm.

Sydnee:

But I really wanted that for her, and I wanted her to be able to breastfeed as soon as possible 'cause that's important too. Now, I'd missed a lot of the windows, but I, you know, went ahead and asked right away, "Is that a possibility?" Or you asked maybe. I don't know. One way or another, they let me try to breastfeed which was good because at least we got that in early.

Justin:

Yeah. So we, uh, that day we just sort of spent in the NICU. We were in a shared room, um, where, I mean, our— And Charlie was in, uh, what's called an isolette which is those, uh, glass... well, I guess they're probably plastic.

Sydnee:

Plastic boxes.

Justin:

Clear, plastic boxes that regulate temperature and stuff like that. She had an IV in her hand, she had monitors on her lungs and her heart, she had, um, and she had a feeding tube at that point too, right? No, not yet.

Sydnee:

No, they hadn't done that yet. Initially, they were still thinking, you know, maybe this could just be a short stay. Now, that morning, uh, was when we found out otherwise. Uh, we— I tried to feed her, we were there for a few hours, and then we went back to— I had to keep going back to my room to check in periodically so the nurse could come, like, take my blood pressure and...

Justin:

Mm-hmm.

Sydnee:

... you know, um.

Justin:

'Cause Sydnee was still technically a patient.

Sydnee:

Yeah. So they make you come down sometimes. And then they kept trying to give me medicine, so I had to take that sometimes. [laughs]

Justin:

Yeah. She did not take a lot.

Sydnee:

No. Uh, so we had gone back down to the room to do that and to actually eat something 'cause you can't eat in the NICU, and when we came back, the plan had changed dramatically.

Justin:

Yes.

Sydnee:

In the two hours we were gone.

Justin:

We come upstairs and, first off, she's got the tube, right? At that point?

Sydnee:

Yeah, yeah.

Justin:

Yeah. She's got a feeding tube, uh, down her nose, which, boy, if I had just barely started to adjust to the visual of seeing my daughter in a plastic box, like, that did not help matters whatsoever.

Sydnee:

No. And I should say that, like, one of the things patient's have told me before, 'cause I haven't had a lot of procedures done, is that a tube down

your nose into your stomach is just about one of the most uncomfortable things that can ever happen to a person. So...

Justin:

So cool.

Sydnee:

... this is all that's going through my head over and over again...

Justin:

Welcome to Earth, baby. Sorry about that.

Sydnee:

... as I'm looking at her.

Justin:

Um, and we find out that— Well, you should probably describe this next part. We finally see a doctor.

Sydnee:

Yeah, and the problem is that although initially we were told that the X-ray looked like she just had that fluid that we talked about, that now they're not sure if maybe there was an area that was a pneumonia. It could be a pneumonia, it could just be where she aspirated or inhaled a bunch of fluid and it was inflamed. Um, one way or the other though, to be on the safe side, she was gonna get antibiotics for the next seven days. No matter what. And that was it.

Justin:

Folks, woof. Woof. That's what that felt like. Woof. Ouch.

Sydnee:

So not only was our baby not coming to the regular nursery that day like we had thought two hours ago, but now she was going to be in the NICU for a week. Which meant that at some point I was going to be discharged, and at that moment I didn't know how much access I was gonna have to her after that.

Justin:

Right.

Sydnee:

Outside of visiting hours.

Justin:

Yes. Um, we were still able to, the first night, we had been told that we were going to be, that Sydnee was going to be able to stay with Charlie and feed her throughout the night.

Sydnee:

Yeah, they were still letting me try to breastfeed that day.

Justin:

Mm-hmm.

Sydnee:

So that day, even though my milk hadn't come in, I was coming up every two to three hours...

Justin:

Yeah.

Sydnee:

... and trying to feed her. And she was, I mean, she—

Justin:

Now part of—

Sydnee:

I tell you, she's a champion breastfeeder.

Justin:

She is a great breastfeeder. She's pretty good at it.

Sydnee:

She was latching pretty quickly.

Justin:

Now here's the thing though that makes that difficult. Um, she was very lethargic, she was sleeping a lot, but she was also on an IV with glucose in it, and when you're a baby and you don't have a great, uh, you know, internal clock, one of the things that tells you, the main thing really that tells you, "Hey, it's time to wake up and eat," is that you're hungry 'cause your blood sugar drops.

And that was not something that Charlie was experiencing. She was getting the glucose she needed, uh, without any, uh, help from mom. So that did make breastfeeding kind of a challenge 'cause she didn't get hungry a lot 'cause she was getting the glucose.

Sydnee:

So I was trying to wake her up to feed her and she was not interested. Which is rough because what eventually happened is they were just telling me to pump. And a lot of you may know, if you've tried breastfeeding, that it's not just the stimulation of, like, that a breast pump can supply that's important to get your milk to come in, it's all the, you know, the touchy feely stuff.

Justin:

Right. We actually did have some moments where Sydnee was trying to pump and I had a picture of Charlie on my phone, back when we were in the room, so she could look at her and try to visualize, uh, project...

Sydnee:

Yeah.

Justin:

... having the baby there.

Sydnee:

They tell you to do that. They also tell you to have, like, a blanket or something that smells like your baby...

Justin:

Yeah.

Sydnee:

... and to smell it while you're doing it. And the— I mean, there's science there. You need those hormones that holding your baby supplies.

Justin:

Um, the, uh, so that— But we had been told that Sydnee would be able to be up there. Um, we learned, uh, that night at about 1:00 AM that because Sydnee was still a patient, she wouldn't be able to stay, uh, in the— She wouldn't be able to sleep in the NICU room.

Sydnee:

Which, let me just clarify, at that point, by sleeping I meant that every three hours at that point... was it two or three hours?

Justin:

Three.

Sydnee:

Three. Every three hours, at that point...

Justin:

11:00, 2:00, 5:00, 8:00.

Sydnee:

... in between feeding her, which feeding her was a— It was, like, an hour ordeal trying to get her to latch and then keep her latch and then she'd lose it and then rooting some more and, you know, it was about an hour or so. The two hours that I wasn't feeding her, I wasn't allowed to sit in a recliner and doze. I had to go back downstairs...

Justin:

So the—

Sydnee:

... and lay in my bed. And then Justin could push me in a wheelchair.

Justin:

So the hardest night, I think, was the night [laughs] that we would, you know, say it was 11:00, we would push Sydnee upstairs, uh, she would spend an hour, uh, trying to breastfeed, and then Syd would get back in the wheelchair and I would push Sydnee back to the room, we would get settled, we would try to sleep for half hour...

Sydnee:

And then I would pump, remember?

Justin:

Then you would pump, right.

Sydnee:

'Cause they told me to pump after every feeding, to do everything I could to encourage my milk to come in. So then I would...

Justin:

Pump.

Sydnee:

... sit there and pump for 20 minutes.

Justin:

And then it would be about 45 minutes until we were supposed to start heading back up.

Sydnee:

Mm-hmm.

Justin:

Uh, and we did that all night.

Sydnee:

Um—

Justin:

That was probably the lowest point, I think, in terms of waiting around.

Sydnee:

I don't know. I think that the following morning was even worse 'cause then the following morning everything changed again. Um, we were told that I

had worn her out by trying to breastfeed her, and that, as a result, I wasn't allowed to the whole next day. And not only was I not allowed to breastfeed her, but we pretty much weren't allowed to hold her...

Justin:

Mm-hmm.

Sydnee:

... until very late that evening they let me try some kangaroo care with her.

Justin:

Mm-hmm. Yeah.

Sydnee:

Um, but the whole next day we just had to sit and stare at her in her box, and I had to pump. And I think that was probably the lowest day for me.

Justin:

Here's the thing about the, uh, the NICU. Um, when we say stuff like we weren't allowed to, I know that sounds weird, but... Here's the thing that I wish I had understood before we went in. I think when we went in we thought, you know, well, even if it's not what we want, um, then we can press against it, you know, nobody's gonna do anything without our consent. Once you enter into the- to the NICU, we were genuinely afraid that at some point, like, we would press too hard. And, like, we can— We are— We don't have a say at that point. I mean, we could— We don't have the final word. Let's put it that way.

Sydnee:

No. The— There is no— The idea of consent doesn't really exist. It's not like with an adult, you know. If I'm in the hospital, if I had said, you know,

"Forget this. I'm leaving against medical advice," they would've handed me papers, I would've signed them, and I could've done whatever I wanted 'cause I'm a grown-up.

Justin:

Right.

Sydnee:

With kids, that's not true. If the doctor feels like there's something that needs to be done, and the parent says no, the medical establishment wins.

Justin:

Right.

Sydnee:

Um, and I'm not saying that, like, it's a bad thing. There's a reason that rule's in place, you know. There's a reason that we don't allow parents to say, like, "Okay, I know my kid has this or that, but you're not allowed to treat them. I'm just gonna take them home and let them die."

I mean, obviously, there are reasons we have these rules. Um, but it can be really hard when you're a parent who wants to be involved in decision making, who's there begging, you know, "Please, tell me what's going on. Call me if changes are being made. If I'm not up here for some reason, if I'm downstairs, please let us know. We will be right up here. We want to be part of this process." They're not— I don't think they're used to that.

Justin:

Mm-hmm.

Sydnee:

So you are not included.

Justin:

Right.

Sydnee:

You are not told what's gonna happen ahead of time.

Justin:

Right. So it made leaving at any point, um, uh...

Sydnee:

Terrifying.

Justin:

... terrifying. It was just 'cause you didn't know what the situation was gonna be. I mean, it was already hard because there's this little baby in a box that is yours and you have to leave it. Like, that's already, like, miserable. But to know that, like, things could just change overnight, things could be different, um, and you wouldn't be able to— You wouldn't get the first heads up.

Um, we were lucky at this point because by this third day we had actually been moved into a private room, which, uh, didn't have, uh... So moms are allowed to stay and, um, breastfeed overnight, but the rooms don't have, uh, beds per se.

Sydnee:

Or anything really that you can sleep on.

Justin:

There's literally a reclining chair that... well, you can, you were there.

Sydnee:

It doesn't stay reclined. So the feet do, but the back doesn't. So you can push it back, but then you have to continue to push it back [laughs] to keep it back. So actually at one point, when I was finally allowed to sleep there, uh, one of the nurses had to tie it to, like, the back of the couch with, like, a restraint to try to hold it back so I could sleep in it.

But the bigger issue is that when you've had a C-section, [laughs] your abdominal muscles can't be used for much without significant pain for a while. So, uh, to get up from a flat, you know, a reclining position is almost impossible. So I kept getting stuck, either in the recliner when it was tied back, or there was a couch, a horribly uncomfortable couch, and I tried to lay on it at one point, and I literally had to roll off of it onto the floor onto my, like, hands and knees to get out of it. So...

Justin:

And now that's— What's hard is that, like, that was, like, I was forced to leave at 10:00 PM, uh, every night, and I could come back.

Sydnee:

Yeah, dads really have no... I felt bad. I felt worse for you.

Justin:

Yeah.

Sydnee:

'Cause as much as it sucked to try to sleep there, I couldn't have been any place else...

Justin:

Right.

Sydnee:

... and I hated that, for you, that you had to leave every night.

Justin:

Yeah. Sydnee, actually, she means that quite literally. Uh, she said pretty early on that she carried her in and she was carrying her out, she wasn't leaving until the baby left. So there were five— I mean, Sydnee was in there for a full week. There were five days though, that— Where Sydnee walked between, um, our NICU room and a hallway, uh, which led to a place, uh, where... It was sort of a lounge, I guess, where parents could, um...

Sydnee:

Yeah, there was, like, a refrigerator and a coffee maker and they actually had a bathroom with a shower in it which was kind of nice.

Justin:

So that's, that was Sydnee's, like, entire world for five days...

Sydnee:

Yeah.

Justin:

... was just walking between the lounge with the shower in it and our NICU room.

Sydnee:

They made me wear this bracelet so that every time I signed in, um, they would— It was, like, the color denoted that I was a parent, so they would know I was a parent coming back. And I finally, after the third day, figured I could probably cut it off 'cause I wasn't— I hadn't signed in or out, and I had no intention [laughs] of doing so until we were discharged.

Justin:

Um, so those were, like, once we got past the point where... gradually, what started to happen was Charlie needed less and less intervention. Um.

Sydnee:

Yeah, once— I mean, they got her out of the isolette, and they let me... after that day that I, you know, that I said they made me stop breastfeeding, they actually let me start again the next day. Uh, the— I'll tell you, if you are having trouble, if you have a baby and you're worried about your milk coming in, the best motivator in the world is someone looking at you and saying, "If your milk doesn't come in in the next 24 hours, your baby's gonna have to have formula." Uh, I think that was probably what, uh, ensured that the next morning my milk had definitely come in and I was allowed to breastfeed again. Thank God, um.

Justin:

Yeah, if you were, like, there's a lot of that where if you're a new parent, I think anybody who's gonna be a new parent has a lot of insecurity because they've never done it before. Well, imagine that... [laughs] Imagine if for your first week as a new parent you were, um, there were definite goals that you needed to hit constantly, like, the baby's temperature, there were, uh, weights of diapers and numbers of them that needed to be hit. There were, uh, rates of breathing that needed to be hit.

There were a— Imagine— So there are, like, distinct goals that you have to reach, and also there's a nurse seated directly outside your room with a little window into your room where they can watch your progress, uh, at all hours, at 24 hours a day. Like— "And, okay, now go and parent. And also, your baby's in a box and you have to change his diaper through two holes in the box. Enjoy parenting."

Sydnee:

It was really challenging because... And I think, again, they're not used to having parents there 24/7 like I was. Uh, but I wanted to do anything that I was allowed to do for her. So things like changing her diaper, I wanted to be, you know... or Justin. I mean, you know, I wanted us to be doing it. I didn't see any need for those kinds of things for, you know, medical personnel to come in and perform those tasks, and it was important to me.

And, you know, they do that all day, every day, so they probably know a better way to do anything that I'm doing. And that's really difficult because, as a parent, you should be allowed to not know the best way to change a diaper the first time.

Justin:

Right.

Sydnee:

As long as you're doing it, it doesn't matter if you know the best way, but it's hard when somebody is coming in every time you do something for your baby and critiquing you and telling you a better way. And, uh, I know the nights were rough when, you know, when she was doing better and she would wake up and be fussy, like any baby would. Nothing medical, just she was fussy.

And I felt like there was a timer. If I couldn't get her calmed down within the first two or three minutes, I knew somebody was gonna come in and take her from me because they knew how to do it better than I did. And that's a really, um... I don't know. It made me feel— I lost a lot of confidence as a new mom as a result of that.

Justin:

Mm-hmm. We learned a couple of decent tricks too.

Sydnee:

Yeah.

Justin:

I think we learned a couple good things. But, uh, overall. Uh, so the fifth night, I have to leave, uh, and go home. So I go and I get in the elevator, and I press the ground floor button and I start that long journey down, uh, to the ground floor, and after an indeterminate amount of time I hear...

[imitates thudding sound] and the elevator stops. And I literally started— I just started laughing. Like, seriously, this is the week we're having. Where the first time I'm ever in a stuck elevator, it's in— Coming home from the NICU at 10 o'clock at night. Okay, great.

I push all the buttons, nothing happens. I try to open the door, no dice. I push the emergency button and I hear— [laughs] After about three minutes, I hear a woman come on and go, "Well, where are ya?"

"Uh, I'm in the elevator?" [laughs]

"Did you try pressing the buttons?"

"Yeah, I tried. I did try pressing the buttons. Um, no dice there, so." Then she says, "Well, you want somebody to come get you out?"

"No, ma'am, no. I wanna start a new life for myself and be king of the elevator. I'ma live in this elevator now. No, I don't want any help. Yes, please."

"Okay, well, I'm gonna call him." Who? I don't know. I have no idea. "I'm gonna call him, and if we get cut off, just press that button and, uh, it'll call me back."

I wait five minutes and I— Eventually she comes back on and says, "Well, he's on his way." And at this point I have been broken, and I have to ask, like, "Do you mean, like, when you say he's on his way, is there a man in the building walking here, or is there a guy, like, in Chillicothe who's, like, driving 90 minutes to come fix."

"No, no, no. He's in the building."

Three minutes pass and the door opens and I see that the exit to the floor above is, like, a good six feet up, and this guy says, "Well, partner, I don't know how we're gonna get you outta there." And I don't give him any choice in the matter and I just start scrambling up, using all of my agility to put my foot up on the hand rest and, like, basically make the— Force this portly security guard into pulling me out baby Jessica style. Like, "Please, daddy. Help me. Help me, daddy! I want to go home!"

Sydnee:

[laughs]

Justin:

So, uh, I bust out of the elevator eventually. Um, so that was the close... So, Sydnee, there aren't TVs in the room. I was very thankful for this story 'cause it was the closest we got to entertainment for the— That story got us through 24 hours just...

Sydnee:

It did.

Justin:

... telling it to different people and— Yeah, uh, there wasn't a lot going on. To the point where, uh, Sydnee and I, uh, would start— [laughs] We would lie there and, uh, read each other one minute mysteries from this book of, like, one minute, like, kind of thing. Like, um...

Sydnee:

Like lateral thinking puzzle sort of thing.

Justin:

Lateral thinking puzzles where, like, he saw the broken glass on the ground and his car was missing, but he knew he wouldn't have trouble finding it and why. And then you ask yes/no questions 'till you figure out, like, well, he, uh, was almost out of gas, so the car would be close by. Like...

Sydnee:

Well, now you ruined it for everyone.

Justin:

Now I ruined that certain puzzle, but if you want another one, let me know. I'll come up with it. Um... yeah.

Sydnee:

No, that story got us a lot of mileage. Although I will say, it was the— That's another thing after you've had, and if you've had a C-section you know this, or any abdominal surgery I imagine, um, laughing is rough at first.

Justin:

Yeah. It's rough.

Sydnee:

So, but it was worth it. Um, and as you can imagine, you know, since we said this has a good ending, uh, Charlie was getting better and better every day. Um, the, you know, breastfeeding was going better and she was breathing better and they finally... one thing at a time, we got rid of the IV, we got rid of the isolette, we, you know, she was just in a regular bassinet. And I have to say, those last couple days when she was just chilling, basically...

Justin:

Right.

Sydnee:

... being a newborn, only in the NICU.

Justin:

Yeah.

Sydnee:

Those were kind of, I mean, I was so thankful she was okay, but those were rough because all I could think was everything we're doing we could do at home, except for the twice a day when she got a dose of antibiotics.

Justin:

And at some point she had to, uh, they moved her IV to her scalp, and that was really hard, and then that wore off, and we were there when they put her next IV in and, um, that was... ugh.

Sydnee:

I think that was the hardest part, was all the stuff that had to be done to her, and I know that it was done with the best of intentions, you know, in terms of helping her, um. And I know that she has forgotten it...

Justin:

Right.

Sydnee:

... but that was hard.

Justin:

We also, uh, uh... so the last day, we get to the last day of stay, the last day of her antibiotics. Um, we were told that there was a chance, maybe, uh, that she would need 10 days of antibiotics, which was, like, that was

probably the most brutal, like, one of the most brutal blows. It's like every time you feel like you're getting a leg up, um, you just kind of get knocked back down, um.

Sydnee:

'Cause we had been counting the seconds until we could get out of there.

Justin:

Yeah.

Sydnee:

And she was doing great. I mean, that was the hard part. And, for me, you know, I— My doctor brain was not functioning for the most of this. And I don't want it to with her. I want to be her mom. I don't— I'm not her doctor. She has a great doctor, a very good friend of mine, and she— I trust her completely to take care of her. Uh, but my doctor brain was screaming, "She looks so good, clinically." [laughs]

Justin:

Yeah.

Sydnee:

She's doing great. She's doing everything she's supposed to do. Please let us go home.

Justin:

So we're on total pins and needles waiting for these results, but it was one last hurdle we had to go through [laughs] because, um, we had to watch two films, uh, about caring for our baby because we had been to the NICU. Um, I don't think there's a reason— I guess NICU babies are more susceptible, many of them, to needing this kind of treatment.

Sydnee:

They're at higher risk for certain things that make this.

[Baby Charlie making soft baby noises]

Justin:

Well, half of these. Okay, so there was one thing that we had to do where we had to watch a video, um, about infant CPR. And then, uh, so— And then we had to perform infant CPR on this dummy baby. And I'm basically, like, performing infant CPR for a nurse in front of my newborn, and just telling myself like, "If this ever happens, there's no fricking way. No way on Earth. I'll just hand her to Sydnee. Like, there's no way I can do this."

Sydnee:

Which this was useful training, but, like, terrifying.

Justin:

It's terrifying. Like, I'm already horrified by what's going on, and now, like, here's what to do if she starts dying. Like, okay, great. [laughs] That's something I need to think about right now.

Sydnee:

Um, and then we had to watch a movie, which, again, and actually babies, not so much who had the issues that Charlie had, but babies who have more severe issues are at higher risk for things like shaken baby syndrome. But there was something called, uh, The Period of PURPLE Crying was the movie we had to watch.

Justin:

And PURPLE's some dumb acronym, like...

Sydnee:

It stands for something that has to do with crying.

Justin:

It's a 15 minute video that I can boil down for you. Sometimes babies gonna cry, don't shake 'em. That's the whole video. Instead we get, like, testimonials from people who did not shake their baby, they couldn't find someone to own up to that, but they could find people who were like, "Yeah, I let someone hold my baby and then they shook them." Like, I, like—

Sydnee:

It was horrifying. It was terrible.

Justin:

It turns everybody into a strange— Everybody who will ever hold my baby is now a potential shaker that I have to...

Sydnee:

I know. No, we had to talk to all of our family about that. We didn't have to, we did [laughs]...

Justin:

Yeah.

Sydnee:

... because we were terrified.

Justin:

We said it, like, jokingly.

Sydnee:

Like, everybody knows, like, you know don't— Like, you know not to shake her, right?

Justin:

We had— We said it jokingly, but, like, if they had stared deep into our eyes, they would've seen something that's like, "No, but really though. Don't shake the baby."

Sydnee:

And here's the thing. I had worries, obviously, as a new mom. I had fears and concerns. That was not on my list.

Justin:

No. That our friends and family, any one of them could be Jack the Shaker. Like, I did not need that.

Sydnee:

And now— I mean, now it's on my list.

Justin:

Yeah.

Sydnee:

Now my list is so much longer.

Justin:

Oh, boy. Uh, there's a... So the labs come back, the labs that we were waiting on to see if she needed more antibiotics come back. She's great.

Sydnee:

Yeah, everything was fine. She was fine other than, newborns, when they're doing well, don't like to be restricted to little NICU rooms. They wanna get out of there.

Justin:

Yeah.

Sydnee:

They wanna bust out and see the world. They also want their mommies and daddies to hold them all the time.

Justin:

All the time.

Sydnee:

At least, that's my experience with Charlie. [laughs]

Justin:

Um, yeah. So she, uh, it was actually a really kind of weird moment because we got to a point where, uh, we got our breast milk, uh, that we had been storing up all frozen, uh, we got the Batgirl outfit that we wanted her to wear, and then the— Sydnee, uh, had to check matching bracelets...

Sydnee:

[laughs]

Justin:

... matched her bracelet with Chuck's to make sure that they were a match.

Sydnee:

We all had to agree that this was indeed my daughter.

Justin:

Um, and then they took the, um, the last thing was that they took the heart and lung monitors off. And I— We had been waiting for this for a long time. Um, oh, actually, one thing before we get to that. Uh, she did have to get a

hearing screen because that antibiotic that she went on could make, uh, could, uh...

Sydnee:

Could damage her hearing.

Justin:

... could damage her hearing. Not something we were informed of before, and they didn't do a hearing test before she had the antibiotic, so it would've been questionable where the source of that had come from had she actually had hearing loss. It's a crazy thing, too, because the baby can't, like, raise her hand when she hears a beep, so they had to put brain scanning equipment on her to... okay. Anyway.

Sydnee:

Yeah, it, like, pings impulses through her brain. Anyway, it was fine...

Justin:

It was fine.

Sydnee:

... is the important thing.

Justin:

It was fine. The last that they do is they remove the heart and lung monitors, and it was actually a really sort of weird experience because we had been so looking forward to it, like, "Ugh, finally. Gimme our baby." But then oh my God, you do not know how dependent you are on a TV telling you how fast, and more importantly, that your baby is in fact breathing.

Sydnee:

Um, the practical upshoot of this is that I still lay there at night, after I've put her down for a good 20, 30 minutes, staring at her, watching her chest rise and fall just to ensure that it still is.

Justin:

Which is probably— I think a lot of parents could probably...

Sydnee:

Yeah. She's not co-sleeping, by the way. She's in a bassinet next to our bed.

Justin:

Right.

Sydnee:

I didn't want anybody to think we were doing that.

Justin:

Um—

Sydnee:

Although there are some people who advocate that. I'm sticking with, you know...

Justin:

She's in the bassinet.

Sydnee:

... don't do that. She's in her bassinet, and, um, we watch [laughs] her breath all night.

Justin:

Yeah. Um—

Sydnee:

But she's doing great at it.

Justin:

So I wanna talk about sort of, like, what the action items are for people. Um, and I'll talk from my perspective, and then I'd like to hear your perspective because I know that, you know, as somebody in the medical profession you probably have a different view than I do.

Um, I wish that... and this is what I would tell any, like, prospective parents. You don't wanna think about being in the NICU. I understand that that is, like, hugely, hugely upsetting. But I saw several times, and I know we experienced it, parents who did not even consider the NICU, didn't even think about the NICU until they were in there.

And that is not the time where you wanna be assessing a situation. I would very, very strongly encourage anybody who's gonna have a baby, before you decide on your hospital and what— And even afterwards, find out about the NICU at the hospital you're going to. Find out about the policies, find out what you can and can't do.

Make your— Maybe you won't need that information, God willing you won't, but make yourself an informed, uh, consumer in terms of, like, what is gonna be the procedure if your baby does need to go to the NICU. 'Cause it's a terrifying time and it's a really, really bad time to start sort of making your peace with this scenario. Um, and that is something that I would strongly recommend to people is find out about it because once you're in the situation you have zero control. The only time you have control is when you're deciding on where you're gonna end up.

Sydnee:

And I think that it's also good to, um, if you are in that situation... and of course, a lot of the people who end up having to utilize the NICU are, um,

people whose babies were born premature, and in that case, it's a very different scenario. And, you know, like I said, in many ways we were lucky. We were lucky that Charlie only had to spend a week there. If your baby has to spend, you know, months there, then it's a very different situation. You can't move into the NICU for months, obviously. You know, nobody can do that, and nobody should be expected to.

Um, but if you are in a situation, I think, a little more similar to ours, or if your baby is spending a longer time, you can at least— You can assert that you're the mom and dad. It's okay to say that. "Hey, what— Are you doing something that I can do? Can I do that thing? Can I be a part of this?" I mean, 'cause that was the thing I kept asking over and over again is...

I'm not saying, you know, I abandon the medical care to the medical system, but I want to be a part of everything that isn't medical. Everything that's a mom or dad job, I wanna be a part of. And I don't know— And maybe, I don't know if this is universal or if this was just our unique, um, experience, I don't know that the medical professionals there are used to that.

Justin:

I think—

Sydnee:

They certainly weren't prepared for me to ask for it, and if I didn't push it, they weren't gonna offer it.

Justin:

I think that the— If I could go back, and the reason I'm advocating, we're advocating this, the reason I wanted to do the episode is that I think that we spent the first few days of this experience seeing ourselves as people who should not be in the NICU. We saw ourselves as, like, we couldn't process it, you know. And I don't think that, you know... that was the scenario. That's

how we— That's where we ended up. But once you sort of decide that you are in the medical establishment, once you're in the medical...

Sydnee:

You're in the system.

Justin:

... you're in the system, you have to accept that. And I think that, like, we spent a lot of time the first few days fighting against that, and I think that we were a lot happier and things went a lot easier on us once we accepted that, like, we had decided to be part of the system and we are— We have to acquiesce to that because you don't have a trump card, you know?

And you can sit and feel angry and, you know, jilted that you're not having the experience that you wanted, or you can educate yourself about, you know, where you are and sort of integrate yourself with that process.

Because we spent a lot of time sort of cursing the darkness and fighting against it, and I think we would've been a lot happier if we had accepted a little earlier and been a little more zen about it.

Sydnee:

And it's hard to, um, if you have been through this or if you're ever gonna go through this, I imagine you could relate to this, I still have a lot of guilt. Um, which is irrational because it— We didn't do anything wrong. It's not like if your baby ends up in the NICU it's because as a pregnant mom you did something wrong, necessarily, you know. I don't think I did. I don't think that my doctor did anything wrong. I don't think, Justin, I don't think you did anything wrong.

Justin:

Thank you.

Sydnee:

Uh, it just happens. It's just, you know, it was bad luck and it happened, but it's hard not to hold yourself responsible because here you are, this new parent, you will do anything for your child, and right now they're going through crap that you don't... You don't want to happen to them and that you would hate if it were, if it was happening to you.

And I don't know. I— That was the hardest part for me is I felt really guilty. I think that's normal. I think that, obviously, it's not my fault, and that it's something I'll work through, but I just, I put that out there 'cause expect that if you ever, hopefully you don't, if you ever have to go through this.

Justin:

Mm-hmm. We had said before, when we decided to have a baby in a hospital, we had decided that, like, the reason we were doing it was because... it's so ironic, uh, in retrospect. The reason we wanted to do it was because of the... 'cause, uh, the hospital had a great NICU. And we, uh...

Sydnee:

That was our whole argument was 'cause we had really considered a birthing center.

Justin:

Yeah.

Sydnee:

Um, we really liked that idea. That was— And that was the birth experience I had wanted to have. Very much so. Uh, not a [laughs] medicalized birth. Keep the medicine as far away. It's not— It's physiologic, it's not pathologic. You know, that was— You've heard me say this a lot, uh, but then it ended up... I mean, it was good we were in a hospital, obviously.

Justin:

Right. I mean, that was— And so once we did actually have to need the NICU, then we were fighting against it the whole time. It's like— It... I don't know. I don't know if there's a lesson to be learned. I think we performed about as well as we could, given the circumstances, but, um.

Sydnee:

I just think that you've got to remember, and if you have had a couple kids before, maybe this would be easier. I don't know 'cause our experience was as new parents. But you are parents, and you do have a right to ask and to, you know, get involved and to be part of the decision making, and I think by the time I felt confident enough to be pushing that, a lot of the decisions had already been made.

Justin:

Right.

Sydnee:

Um, I feel really thankful that despite that, one, that, of course, Chuck's doing okay, and two, that we were able to, you know, get breastfeeding established and that we got some time, once we started pushing it. I got some kangaroo care with her, Justin got some kangaroo care with her there in the hospital. So some of those early days we did get a little bit of bonding and skin-to-skin and stuff that, you know, I had worried would really be threatened by all the medical interventions.

Justin:

Mm-hmm. I think that, I mean, it all worked— We were extremely lucky. I mean, we were lucky that, uh, we were able to get a private room since we were there for a week. We were lucky that, uh, Chuck's doing great. We

were lucky that we have a lot of really kind nurses that we interacted with that were really wonderful to us and to Chuck. Um...

Sydnee:

And I was lucky, I will say, for the doctor that, uh, took care of us, our pregnancy. That, um, I just can't say enough for picking somebody you trust because, uh, he was a wonderful comfort during everything we were going through, and I don't regret any of that choice at all.

Justin:

No. Um, we— So we were very lucky, but the thing that I learned, and I hope that you can take away from this, is that when there are unforeseen circumstances, the more you can do to be prepared for those, the less time you'll spend, waste sort of, like, feeling bad for yourself and thinking how unjust everything is.

And the sooner you can get back to— 'Cause you're— It's like Sydnee said, you are still the parent, no matter what the situation is, and you can still act like it. Um, and, uh, if I had been a little more educated about where we could end up, then I think we could've gotten to that a little bit quicker. So, uh, it all worked out in the end, I think. I think everything...

Sydnee:

Yeah. I mean, so we made it home seven days later.

Justin:

Yep.

Sydnee:

We're here. Chuck is doing great. She is gaining weight like a little monster.

Justin:

Yeah, a lot of weight.

Sydnee:

Yeah.

Justin:

She was 9.11, by the way, when she was born.

Sydnee:

Yeah, that was her birth weight.

Justin:

She's back up now. She's probably over 10 pounds at this point. Um...

Sydnee:

Yeah. She— So she's gaining weight like crazy. She's pooping like a machine.

Justin:

Like a poop machine.

Sydnee:

She eats all day now.

Justin:

[laughs] Constantly.

Sydnee:

Yeah.

Justin:

She was on, like, a cool schedule for a good...

Sydnee:

At first.

Justin:

... a week.

Sydnee:

Now it's just feed me now, and then again, and then I'll wake up in a half hour wanting it again. Um...

Justin:

I can tell right now she's nagging.

Sydnee:

Mm-hmm.

Justin:

Yeah. Um, so anyway, that was our experience. It's also our longest show, so sorry about that. But, uh, that was our experience, and we hope you learn something from it. I know that we learned [laughs] a heck of a lot.

Sydnee:

And, uh, and again, I know this was a lot of, um, serious stuff and a lot of, you know, personal stuff, but one, we thought you'd wanna hear the story of Charlie Gail McElroy...

Justin:

Yeah.

Sydnee:

... how she came to be.

Justin:

Maybe she's listening to this sometime in the future. That's fun to think about.

Sydnee:

Yeah. And, uh, and, you know, if, uh, if this wasn't your cup of tea, don't worry. As we promised, next week we'll be back with gross, weird, you know, medical stuff like we usually provide, and, um... yeah.

Justin:

Yeah. And, uh—

Sydnee:

And you can laugh again.

Justin:

You can laugh again. Uh, uh, but until that time next Tuesday, uh, I remain Justin McElroy.

Sydnee:

And I'm Sydnee McElroy.

Justin:

And as always, don't drill a hole in your head.

[theme music plays]

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