

A Moment Of Love

Each year more than 100,000 babies are born exposed to crack and in need of special attention. One woman's experience holding and soothing these infants brings her unexpected joy amidst the stress of everyday life. And through her care and devotion she creates hope . . . for all of us.

by Nicole Gregory

IT'S A COOL SPRING EVENING. I SET OFF for a 20-minute walk into a neighborhood where I know I must be especially watchful; it borders on a dangerous, drug-selling area. On my way, I pass a woman who begs for change. Newspapers twirl across the sidewalk in a chilly gust of wind. The siren of an ambulance screams several blocks away. The street is dark and I think to myself, *I could not be much deeper into the belly of the beast.* Yet I am not fearful or nervous. In fact I'm full of happy anticipation—I can't walk fast enough to satisfy my impatience.

I am heading for a large, rundown city hospital where I will hold and feed babies who've been born with cocaine and other drugs in their bodies. I can't wait to get there.

The lobby of the women's hospital wing is full of families in various stages of boredom, kids are running around and yelling. The guard does not even look up as I flash my volunteer card on the way to the elevator. Once on the maternity floor I take a turn down the hall to the "Boarder Nursery." A few of the nurses greet me with tired smiles. "What's the weather like out there?" asks one with a Jamaican lilt in her voice. A small radio is tuned to a "lite-FM" station and the loud saccharine music bounces off the pale-yellow walls.

I am the only volunteer in the nursery tonight and there are five babies, all very small. They're called

boarder babies because they are boarding at the hospital until it has been determined that their mothers are capable of taking proper care of them. When evidence of a drug such as cocaine, heroin, or methadone has been found in the urine of a woman who has just given birth, her parental rights are put on hold until a social worker has investigated the home. If it's not safe for the baby, or the mother refuses to go into drug, treatment, then the baby stays in the hospital until it can be placed in a foster home.

I wash my hands and put on a gown over my clothes. A nurse tells me that all the babies have already been fed, but there is one who is squirming unhappily in her Plexiglas crib. A quick glance at her identifying card tells me her name is Jasmine and that she was born weighing a little more than three pounds. I reach down and gently pick her up. The tiniest earlobes! The most delicate fingers! Her skin is pale, her little lips are pink.

I sit down with her in a rocking chair, stroke her head, hold her hand, tell her she is beautiful. She looks around, squinting in the light, yawns an angelic yawn, curls herself into the crook of my arm, and sleeps.

I have been in love, I have sailed in the Caribbean, I have been moved by beautiful paintings, experienced the endorphin high of exercise, the thrill of breakthroughs in work—yet nothing compares to the feeling of holding these babies. I go to this room once a week and it is one of the most profoundly satisfying things I do. I don't get paid for it, I rarely



"When I hold a baby I feel I am giving something back, creating a moment of justice, a moment of love," explains author Nicole Gregory, pictured here with a boarder baby.

see the same baby there twice, and I will certainly never be remembered by any of them. So why do I go?

AIDS, poverty, pollution of the environment, the many homeless—I live in a city where the country's social problems are an unavoidable part of daily life, and I often feel helpless and overwhelmed. When I hold a baby I feel I am giving something back, creating a moment of justice, a moment of love. I am 38 years old and divorced and sometimes my own life seems impossibly complex too. Yet the very life of a baby seems to defy adult worries. I know these newborns cannot know who I am, but if all I do is help one make it through a bad night, I go home feeling stronger, more alive. My problems are mysteriously transformed into challenges.

I decided to do this a year ago, when, after separating from my husband, I reevaluated my priorities. There were things I always wanted to do and this was one of them. Why wait? I'd always been aware of the sharp differences between the haves and have-nots and wanted to share what I could.

I admit that my own desire for parenting played a part, too—and it is rather neatly fulfilled; after a few hours I can go back to the peace of my own apartment. I would recommend this to any other single woman who has a longing for children that cannot be met right now. It is a kind of sublime feeling to be so needed. Hundreds of these babies are born every day, and volunteer work is greatly appreciated.

Ira Chasnoff, M.D., president and medical director of the National Association of Perinatal Addiction Research and Education, estimated that about 700,000 babies born this year were exposed to drugs in utero. This figure includes not only the urban poor; the same association published results of a urine survey of 716 anonymous pregnant women and found the rate of positive drug tests among the middle-class women was 13.7 percent while among the poor it was 16.3 percent.

MOST OF THE BABIES IN THE BORDER nursery have been born with cocaine in their systems. They're generally very small—five pounds or less. Some appear to be quite normal, others are so jittery they scream and squirm inconsolably. Doctors say the effects of cocaine on a fetus can be mild or devastating, depending on how much of the drug the mother took and at what phases of her pregnancy. Babies are often born prematurely, with small head size and neurological problems. There have been reports that such children have severe learning disabilities as they get older.

Some of my friends shake their heads and say, "Doesn't it hurt, seeing them go through all that?" Yes, sometimes it does hurt. I'll tell you what it's like:

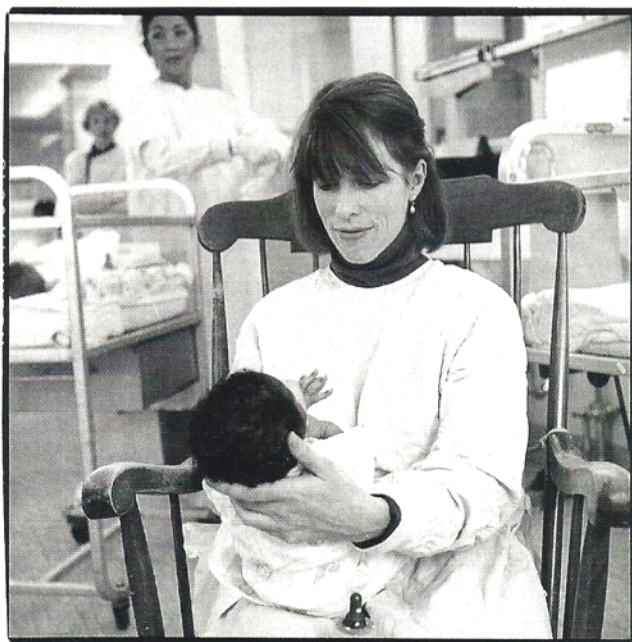
One night I went to the hospital and there was a little girl whose mother had been on methadone and crack—a dangerous combination for an adult, a cruel one for a baby who suffers withdrawal during the first weeks of life. The girl—called "Brown girl" on the card because she'd been given no first name—was screaming as I came into the room, as if she were being tortured. A young male doctor was attending another baby, oblivious to Brown girl's distress.

I picked her up and held her. The screams seemed to explode from her body. She whipped her head back and forth in a violent "no" motion. I knew this was not a normal movement for a baby to make. She had a sixth finger on one hand that hung off the side of her pinky. Her eyes widened as she stared at me, then slowly crossed, then she closed them and fell into a quick, quiet sleep. I walked around the small room

with her on my shoulder, humming to her softly.

Five minutes later she awoke again with a piercing scream and began to shake. She soiled her diaper. I put on latex gloves and changed her. She puckered her lips as if wanting to eat. I gave her some formula, and she gulped it down, then threw up on my shoulder. All the while I talked to her, told her she would be all right. It was hard to watch, and I doubt I was able to ease her agony one bit. Yet if I hadn't been there she may have cried unattended for hours.

Volunteers are valuable because we aren't so burned out that we can ignore these cries. One volunteer I met is a young law student named Tom who told me how he misses his nieces and nephews in North Carolina where he grew up. Caring for the babies reminds him of them. "I know I get



The author gets to know each of the babies she holds.

more from this than these babies do," he said. He handles the babies gently and smiles while he feeds them. Another woman named Ginger is a filmmaker whose sister-in-law had a baby that was born prematurely. "When I saw how important it was for this little thing to be touched, I just decided to do this." Annie, an assistant in a publishing house, came from a loving family and wants to feel she can share some of her love.

During one stretch of about three months, the four of us were arriving in the nursery at the same time. We would sit in our rocking chairs, each holding an infant, and share our concerns about the very sick babies.

What will happen to them? Sometimes late at night, just before I go to sleep, I think of these babies and hope they somehow find someone to love them. There is one I remember clearly.

She was known as the Taylor girl. After I finished feeding her, I propped her up in my lap so I could look into her face and smile at her. I don't see infants as featureless blobs, but full of individual character. I enjoy getting to know them for a few hours. As usual, other volunteers were also holding infants and we'd been talking about each of them. The Taylor girl stared at me and seemed fascinated by my face. I stroked her head, her cheeks and put my fingers in her tiny hands.

She was alert and happy to be looking around, though she was only a week old. The nurse on duty was a thin, older woman who muttered to herself. The other volunteers and I

did not like her because she had a brusque, uncaring manner. She came into the nursery and barked at me, "That baby's mother is H.I.V.-positive—you better put on gloves!" A chill of fear rippled up my back. Did this baby spit on my skin—was I going to get AIDS? In a few seconds reason returned and I knew that of course I would not get AIDS. The baby had not spit on me and, besides, the virus is not transmitted through such casual contact.

I looked back down at the Taylor girl and the fear turned to sickening sadness. This baby probably was infected with the H.I.V. virus. She might die within years. Her mother most certainly would. I made an instant decision *not* to put on gloves until it was time to change her diaper. This baby needed physical contact, just like any other. As she looked into my face, tears came to my eyes. *She doesn't deserve this*, I thought. *Just a little thing, and she's going to die.* There was nothing I could do but play with her at that moment. I did, and when I returned the following week, she had been sent to a foster home.

When faced with such incomprehensible tragedy, you find it feels good to blame someone, and in this case it's the mothers. It's easy to be angry at them, to think of them as a group of stupid, selfish lowlifes. That's pretty much how I felt until I met one of these women in the nursery late one night.

The nurses mentioned that since delivering she came into the nursery often to feed her newborn, sitting with him for hours. She was on cocaine when her baby was born and a social worker had brought her case before a judge. She had another boy, 3 years old, at home, she told me. She said the judge gave her two choices: If she went to a treatment center 60 miles away for a year, her kids could stay with their grandmother. If she didn't, the kids would be sent to a group foster home. "No way," she said to me, shaking her head emphatically. "No way are they going to a foster home." She was not looking forward to going into treatment but agreed to do it to keep her children. I looked at her closely. I wanted to ask her why in the world she was taking cocaine while she was pregnant, but I felt it was not my place to ask. So I just looked for my own answer. She was shy; she seemed lost. She was completely absorbed in playing with her baby, and I felt she was the kind of woman who was swept along with the current of other people's lives. She looked guilty, alone. She hardly looked like someone to blame.

Yet they are blamed, and in some cases jailed, for abuse of their unborn children. Many health care professionals have spoken out against this, claiming it only exacerbates the problem. Fear of imprisonment will make them less likely to admit to anyone they're on drugs, let alone seek treatment.

"An interview with thirty-five crack-using women revealed that most of them were aware of the potential harm to the fetus," wrote Wendy Chavkin, M.D., and Steve Kandall, M.D., in a journal called *Pediatrics*, "and, ironically, used more crack to avoid feelings of remorse and self-loathing."

Barbara Day, a Boston-based social worker, says women drug users often seek help *because* of their pregnancy; they know they're endangering their unborn baby and desperately want to stop. But there are few drug treatment programs available, and even fewer that will admit pregnant users for fear of liabilities. Those that do are not geared for mothers, who may drop out simply because there is no one to care for the children they have at home.

For the generally overworked and underpaid nurses at this hospital, however, a sense of empathy no longer runs very deep. One nurse could barely control her anger as she told me about a 12-year-old girl who came to the emergency room to deliver her second child. She'd had her first the same

way: she gave birth, then vanished, leaving the baby at the hospital. It took a year to find the baby a home.

I saw a homeless woman there once, about my age, who'd come to give birth to her fifth child. It was born with syphilis and cocaine in its system. "First the baby was born prematurely and had to be in an incubator for a month," said the nurse on duty. "Now it will go into foster care and end up costing society a million dollars. It might have been better to just let that baby die." I was shocked to hear a nurse talk with such vehement anger. Yet clearly she'd seen many sick, unwanted babies and knew the limitations of foster care.

I've been somewhat revolutionized by what I've seen in the hospital. I now believe drug treatment should be easily available to all who want it. Presently, demand far exceeds supply. Aside from scattered high school health programs, there is no national drug-prevention campaign aimed at women. Treatment for pregnant users should include classes in parenting and nutrition, and every effort should be made to support and reunite families. I understand that the March of Dimes has several programs that bring together pediatricians, social workers, and drug counselors to come up with unified plans for pregnant women on drugs. This seems obviously sensible. Creating strong families works to everyone's benefit. Indeed, in contrast to the boarder babies, nothing is quite as wonderful as seeing a newborn really welcomed by its family.

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DJOINING THE BOARDER NURSERY IS ONE for infants who are premature or for some other reason are not ready to go home. One evening a young man, who couldn't have been more than 17, came in to see his son. He had an ear-to-ear smile on his face. And although he sweat nervously the entire time he fed and held the baby, he never stopped smiling.

Another night I met a tall man whose wife had just given birth to twins who were very small. Apparently he'd come in every day after work to see them and be with his wife. He handled the babies easily, with confidence. I could not resist telling him how cute his babies were. He said he had three more kids at home and that his wife had decided to get her tubes tied. "She says she's closin' up shop," he said with a chuckle.

One surprise I won't forget happened when a nice-looking woman, about 35 years old, came in the nursery to take one of the babies home. She was clearly thrilled and had brought all sorts of new baby clothes and blankets for the trip. "Is this your baby?" I asked, mostly just to talk to her. "Oh, no," she said. "I'm the grandmother." I'm sure I did not successfully wipe the shock off my face.

Most evenings I leave the hospital feeling the babies have calmed *me*. And there is another effect. They activate in me some primal ability to love that is often forgotten in the rough-and-tumble of everyday life. As a result I tend to listen to the subtexts of conversation. I can sense a person's ease or discomfort more easily and I reach out and lend support without hesitation. Understanding the power of touch, I am less guarded with my feelings and make sure I hug my friends. Because I am used to following the moods of a baby, which change so quickly, I am more attuned to the pleasures of the moment in my own life. I am also deeply grateful for the love of friends and family and never take any of it for granted. In short, these babies have helped me become a better human being. □

Nicole Gregory is a New York City-based freelance writer who covers psychology and social issues of concern to women.