

# The Story of Abigail

Samantha Howard

WRIT402

Tess Martinus

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## prologue

*For it was You who created my inward parts; You knit me together in my mother's womb. I will praise You because I have been remarkably and wonderfully made. Your works are wonderful, and I know this very well. Psalm 139:13-14*

May 2022

The home side of the stadium is packed with parents, grandparents, siblings, and anybody else who wanted to celebrate this night with the graduating class of 2022. The seniors have been waiting thirteen years for this night, and the excitement is almost palpable. The weather—perfection, with temps in the 70s and not a drop of rain in sight. The sun has gone down, the skies are turning nighttime gray, and the stadium lights create the mood and ambiance as they glow over the football field. Over the PA system, “Pomp and Circumstance” starts to play as the seniors march onto the field in their red caps and gowns. This night is going to be something special.

But for one mom and one dad in the crowd, this night is extra special because this is a night that was never supposed to happen. Her dad, a teacher at the school, has the special privilege of presenting his daughter’s diploma to her. Her name is called, and she meets her dad in the middle of the field. As he hands the diploma to her, she stands on her tippy-toes and kisses him on the cheek. Even with that kiss, her momma, watching from the stadium seats, can see the smile on her daughter’s face. It lights up the field. But the moment does not stop there. Before commencement services are over, their daughter and two of her classmates close the night by singing Kelsea Ballerini’s, “Half of My Hometown.”

As the night ends, family and friends flood the field for congratulations, hugs, and pictures. A snapshot is taken of this senior and her family—mom, dad, and brother. They are all smiling so big with love and pride overflowing, but this mom and this dad know this story, their story, her story could have turned out so differently. Almost eighteen years ago, they were told that their daughter would never survive, and *if* she did, there would be complications.

*But God...*

Her name is Abigail, and this is her story.

## chapter one

### January 2004

Two pink lines on a stick change everything.

They wanted children. They had been married for three years, but it was not on their immediate list. The timing, though, was just not ideal. *But God...* has timing of His own.

Her husband walks in from the next room, reading the expression on his wife's face. All of their emotions collide at once—excitement, joy, fear, disbelief, and worry. Worry is the one that catches her husband's face and stays the longest. She knows what he is thinking.

*I am the sole provider. She is in dental school. My job is good, but is it good enough to support three people? Diapers and wipes? Clothes? Formula? Doctor appointments?*

His thoughts are like rapid fire, but they both know that no amount of worry can change the two lines on that stick. There is a baby coming, and they have nine months to get prepared.

### March 2004

A couple of doctor's appointments behind them, and Steven and Samantha have the picture to prove that, in fact, there is going to be a baby. Right now, it just looks like a peanut, but the doctor assures them that everything looks fine.

Their worry is starting to subside just a little bit because just as God changed their plans about expanding their family, He is also changing Steven's job situation. Mercedes is hiring, and he has received a callback. Dental school, for her, is moving right along as she is looking forward to finishing strong in her first year.

Everything seems to be working out just fine...until everything goes horribly wrong.

Samantha awakens in the middle of the night, which she never does, thinking she needs to use the bathroom. As she feels her way across their bedroom, she has no clue that she is leaving a trail of blood behind her in their brown, shag carpet. A gush of fluid and she knows something is not right. Steven must feel it too because even before she can yell out his name, he is by her side in the bathroom.

An early morning visit at the ER gives them no answers, so they wait to see the OBGYN in his office later that morning. The worry and fear come racing back as they watch the hours go by on the clock. They feel helpless, and they do the only thing they can right now—pray.

After a Q-tip swab to check for amniotic fluid, the doctor says, "Everything is fine. The baby looks fine. Your water didn't break but just bed rest this weekend." There is no explanation for anything—the blood or for the gush of fluid.

They head home feeling tired, confused, and scared.

## chapter two

April 2004

It has been several weeks since that scary night in March, and they take it day by day. The worry is still there only made worse by the fact that she is spotting every day. She cannot shake the fear that she has miscarried the baby.

Today, though, is a big day because today they get to find out if the baby is a boy or a girl. They arrive at the office early and crowd into the waiting room with all the other expectant mothers. Her mind starts racing as she looks around at them while they smile and rub their growing bellies.

*Will I ever get the chance to watch my belly grow? How is this fair? I am terrified, and they get to look so happy.*

It is not her best moment, but her emotions are high today.

“Mr. and Mrs. Howard,” calls the nurse. The parents head to the ultrasound room. The tech squeezes the freezing jelly onto Momma’s belly, and within seconds, they see their baby on the screen. But the sound of that heartbeat filling the room was too much. Joy and relief mix together and cause both of their eyes to fill with tears.

“It’s a girl,” the tech says, and those are the most beautiful words that they could possibly hear.

However, it does not take long after the doctor enters the room for the moment to pass, taking their joy with it.

“Mr. and Mrs. Howard, I’m sorry to have to tell you this, but there are some major complications with your pregnancy.” He continues, “You have suffered from placental abruption, which is a condition where the placenta has separated from your uterus too early. From the scan today, it looks like your placenta has tried to re-attach, but there is a blood clot preventing it. This is the source of your constant bleeding...”

“What does this mean?” Steven interrupts him.

“It means, Mr. Howard, that your wife’s uterus has not maintained the placenta and that there is not enough amniotic fluid for your daughter to develop normally. We could only find 2.5cm of fluid today on the ultrasound and for a viable birth, normal fluid levels need to be between 10-25cm. The low fluid means your daughter’s lungs will not develop correctly, but it also will affect her mental and physical growth and development.”

“So, she will be disabled?”

“Yessir. There is a strong possibility that your daughter will be physically or mentally handicapped. So, I need to ask you both what you would like to do?”

“What do you mean, ‘what would we like to do’?”

“In my opinion, it may be best to terminate the pregnancy. I’m so sorry.”

Nothing could have prepared them for this moment. They look at each other, knowing the answer they would both give the doctor.

“The answer is no. We will take our baby however God sees fit. So, what do we do now?” Steven asks the doctor.

“Your next steps are to see a geneticist for testing for possible birth defects and then to see an OBGYN at Kirklin Clinic. They specialize in high-risk pregnancies.”

They walk through that crowded waiting room one last time feeling defeated, disappointed, and if they were being honest, a little angry at God, wondering why in the world He would put them through this.

## chapter three

May 2004

There is something different about this waiting room. Of course, it has the same bland colors and matching chairs. The walls have the same reproduced art just added to break up the monotony of the room. But this waiting room is not filled with smiling mothers-to-be rubbing their bellies. No, this waiting room is filled with an atmosphere of hesitancy and fear—parents who need answers but would rather run, not walk, through the exit and never look back.

“Mr. and Mrs. Howard,” says the nurse, as she directs us to the ultrasound room. The nurse explains that this ultrasound is different because it is higher resolution, so it can see birth defects more clearly. The exam lasts only a few minutes before Steven and Samantha find themselves being directed into the doctor’s office.

As they wait on the geneticist, they both cannot help but feel some sense of déjà vu even though this moment is not worth repeating. No one wants to wait on the doctor to continually deliver bad news, but here they were again.

The doctor enters and situates herself behind her desk as she delivers partially good news—there are no obvious birth defects with their daughter—no spina bifida or organ anomalies. But...of there is a ‘but’...but she informs them that the low fluid level is still affecting the current physical and mental development of the fetus. Premature birth, serious mental and physical disabilities, or even death are the complications they are facing should they continue with the pregnancy.

As the doctor makes eye contact with Samantha, she asks, “What do you want to do?”

“We are keeping the baby,” Steven answers before his wife can even find her voice.

“I was not talking to you, sir. It is her choice, not yours. Samantha, what do you want to do about the pregnancy? Terminate or not?”

Steven shifts his head in front of his wife’s face to make eye contact with the doctor.

“That is where you are wrong, It is *our* choice. It is *our* baby, and we choose to keep her and take her however God chooses to give her to us. And if you continue to ask that question, I will come across that desk to make my point clearer. Do *you* understand what *I* am saying?”

Needless to say, the conversation ends on an awkward note, and they leave that office with at least some comfort that they were given no more bad news today.

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Two weeks later...another waiting room, another ultrasound, another doctor. It is a vicious cycle that they cannot seem to escape.

Nevertheless, the OBGYN at the high-risk clinic confirms several known facts...

*Placental abruption has occurred.*

*There is a blood clot at the site of the separation accounting for the bleeding.*

*There is still little to no fluid for fetal development.*

*Their daughter is still at risk.*

What they did not account for is the fact that the blood clot is causing a continual leak of amniotic fluid, which could lead to a premature delivery of the baby. He informs them that at 22 weeks gestation, the survival rate is low, but each with each week that passes, the survival rate increases.

“I believe, at this time, you would give your daughter the best chance of survival if you are admitted to the hospital this weekend and remain there until she is born. You will receive 24-hour care and monitoring and complete bed rest, but I believe it is the only way,” the doctor says.

They do not know how they will make it work with a new job for Steven and two weeks of dental school left for Samantha, but at least this doctor gave them a glimmer of hope with another option other than abortion.

“When do we need to be at the hospital?” This is the only question they needed to ask. They left the rest of the details to God.

## chapter four

### Memorial Day weekend 2004-June 29, 2004

The longest five weeks of their lives...

Steven and Samantha move into their temporary home...a hospital room on the 5<sup>th</sup> floor of the Labor and Delivery wing of the hospital.

Their “home” is nothing to write home about—four beige walls, one bed, one couch/bed, and a TV. There is always noise in the hallway and people coming in and out of the room at all hours of the day and night. But they would live anywhere and do anything if it meant that their daughter had a fighting chance...so they unpack their suitcases.

They quickly settle into a routine.

Steven leaves for work at Mercedes every day and sleeps on the couch/bed every night.

Samantha finishes the last two weeks of her freshman year of dental from the hospital bed.

By the middle of June, dental school is finished for the summer, and her schedule becomes a repetitive cycle.

Breakfast...30 minutes of monitoring the baby...The Today Show...Price is Right...soap operas...lunch...30 minutes of baby monitoring...word searches...nap...news...supper...30 minutes of baby monitoring...shower...primetime TV...bedtime...30 minutes of baby monitoring at midnight...repeat...repeat...repeat...

Day in and day out, their schedules never change, but with each day that passes, the survival rate of their daughter increases.

The fear and stress of what is to come, or the possibility of a miscarriage is still in the forefront of their minds, but they suppress it enough so as not to make the other one worry too much. It makes their lives almost robotic—just going through the motions without emotion.

Their routine is interrupted on June 27<sup>th</sup> when Samantha experiences her first labor pain. It is unexpected because they were expecting a planned C-section when the doctors felt their daughter had reached a gestational week with better survival rates. Nonetheless, Samantha is in labor.

The doctors move her quickly to a different room, start an IV, and place the baby on a 24-hour monitor. By Tuesday, the situation is precarious. With each contraction, the baby's heart rate drops. Delivery cannot be postponed any longer because their daughter's life is now in danger.

On June 29, 2004, the nurses wheel Samantha into the delivery room. Steven never leaves her side. This is it...this is the day the past 6 ½ months have been leading to. The outcome is uncertain. The survival of their daughter is still questionable. The complications are immense.

*But God...*



## chapter five

June 29, 2004

The delivery room is intense and overwhelming. Beeping machines line the wall. People are moving in every direction—assistants, nurses, and a team of doctors. Each person in the room has a job to do, and they move with a mission. They know the next few moments are critical and that a life is at risk. The sterile environment creates this stiffness in the air and in the room that adds to the tension felt by everyone, but especially the two people in the center of the room.

On the table that is draped in sterile sheets, the team preps Samantha for a C-section. Steven holds her hand and runs his fingers through her hair as they try to remain as calm as possible. A sheet hangs over Samantha's tummy blocking her from seeing any part of the surgical prep or surgery. She has no clue what is going on behind that sheet, and her nerves are all over the place.

*Would God let them come this far and then their daughter not make it? How long is this going to take? When will they let her know how the baby is doing? Why have they not started yet? I really wish someone would just move this sheet out of my way.*

Interrupting her thoughts, the attending physician says, "We're going to get started now."

The next few minutes are a blur, happening so fast that Steven and Samantha do not even have time to process them.

Dr. G, the attending, stands close to her two OBGYN residents as they make the incision on the lower abdomen. As soon as the surgical area is opened, they see their first problem. Samantha's uterus is twisted twice, so it is not in the normal position and will make the delivery slightly more difficult and the surgical procedure more extensive. Dr. Prsybysz, one of the residents, makes the larger than normal incision on the uterus, giving her plenty of access to get the baby out quickly.

"You may feel some pressure when we get her out, Samantha," she says.

As Dr. Prsybysz pulls out the baby girl and the other resident cuts the umbilical cord, she immediately knows something is not right. There is no sign of life, but there is nothing else she can do for the baby. It is too much for her—the delivery, the baby, the stillness. Her emotions get the best of her, and tears fill her eyes. She hands the baby to the team of neonatologists waiting in the room, gathers herself, and focuses on closing the surgical site. She can at least take care of the momma.

Dr. Prsybysz does not realize that Steven has been watching her this whole time, gauging her emotions, so he knows what Samantha does not know yet. Their daughter is not alive. He is trying hard to keep his emotions under check without revealing too much, but it is too late.

Dr. G walks over and with no compassion or emotion says to them both, "Your daughter is not doing good. They are working on her, but I don't think she is going to make it." That was it. She

walks away without a second thought or a glance their way. Steven leans over and kisses Samantha's forehead.

"It's going to be okay, no matter what, it's going to be okay."

Samantha's thoughts are all over the place as they tell her that they have finished closing her up and are taking her to recovery. The wheels of the bed screech into action as the wheels in her mind start going crazy.

*Why wouldn't they let her just peek at her daughter? I knew something was wrong. She didn't even cry. Why couldn't I just touch her or kiss her head? Something? Anything? I have no clue what is going on.*

As the nurses wheel her bed into the hall, she sees the door to the room where her daughter is lying lifeless. There is a window in that door, so as she passes the door, she strains her neck to peek. All she can see is a crowd of nurses and white coats as the doctors try to save her daughter's life. Little does Samantha know that in that room there are two fights going on—one from her daughter and one from the doctor.

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Dr. Brian Sims knows he does not have ultimate control in this room. He is just a neonatology fellow (resident), so his superior is in the room. He knows that at any minute Dr. S could step in and take over the situation. But he is working as hard as he can to save this baby's life. He knows that there is a momma and a daddy counting on him.

This is a tough case. They have already been working on her for a couple of minutes, but her APGAR score is zero. There is no life, no pulse, no breath, no movement. She is blue. He knows every second counts. He is doing compressions. The nurses are trying to fill her lungs with oxygen, but her chest is not moving. Her lungs are getting no air. Dr. Sims knows that the momma had basically no fluid in the placenta, so the baby's lungs are hard as rocks. If he can only get them to move once, she might have a chance.

Dr. Allison Black, a pediatric resident, knows how hard Dr. Sims is trying to put life into this baby. The resuscitation measures just do not seem to be working, though. She cannot stop the negative thoughts from coming.

*This baby is not responding quickly and she is not going to have a good outcome.*

Five minutes pass by, and there is only a slight change. In his mind, though, a change is a move in the right direction. The APGAR score is a one, which is still not viable for life. Her pulse is low, her respiration is irregular, and her skin is still blue.

At ten minutes, the APGAR is still a one. This is a critical moment.

Dr. Sims can feel the tension, feel the pressure. He takes a quick glance around the room, looking at the faces of the people that surround him. He knows their looks. They have all given up on her.

*What do I do? Do I just give up like everyone else? They probably think I am crazy still trying to save her life. If this was my kid, my baby on this table, what would I do? Would I stop or keep going?*

“Let’s keep working! Let’s keep trying!” He yells as he resumes chest compressions. He just does not feel it in his bones to stop yet.

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On a different floor, in a different room, Samantha lies still in the recovery ward. She is still numb from the spinal tap, but that does not stop her body from shaking.

“Are you cold?” She hears the nurse ask. She shakes her head, but the nurse adds another blanket anyway.

It does not stop the shaking. She looks around. She does not like it in here. There are beds and beds filled with patients recovering from all kinds of surgeries. She feels alone. She wants her husband. She wants to know how her daughter is doing.

*Why is no one telling me anything? Can they not give me an update or something? How much longer do I have to be in here? Why won’t they let me go back to my room?*

Her thoughts race and her body still shakes. She closes her eyes and tries to sleep, but sleep will not come. She watches the clock instead.

After an hour had passed, her body starts to relax, and the shakes slow down.

“You had a reaction to the epidural. Some people get the shakes from that medicine. It looks like you are starting to get back to normal,” the nurse says.

Two hours pass, and finally, they tell her that they are moving her back to a room. What they still do not tell her is how her daughter is doing...if she is even alive.

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Somewhere in the hospital, Steven paces. He sits then paces some more. He is caught between his recovering wife and a daughter he has not even met yet.

Finally, he sees someone walking his way. Dr. S, one of the neonatologists, tells him that his daughter is critical and is in the NICU (Neonatal Intensive Care Unit).

“Just prepare yourself.” He tells Steven.

Steven walks alone to the NICU in an almost trance-like state, numb emotionally, mentally, and physically. He feels helpless. Seeing his daughter for the first time makes him feel even more so.

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Samantha settles onto the bed in her new hospital room, but all she wants to hear from anyone is how her daughter is doing. Steven reaches her bedside and says that she is alive but critical. The team of doctors and nurses caring for their baby are just taking it minute by minute.

“I will get you down to the nursery as soon as you are able to get out of bed,” Steven tells her. He knows that she still has not gained full feeling in her legs yet.

Just having the news that her baby is alive gives Samantha just enough relief that she can finally close her eyes and sleep for a little bit.

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With the feeling finally back in her lower body, Samantha knows it is time to go see her daughter, but a phone call changes her plans. The room phone rings, and Steven and Samantha know immediately that something is wrong.

“Hello,” Steven says.

“Mr. Howard, this is Sarah, the night nurse at the NICU taking care of your daughter. We need you to get to the nursery as fast as you can. Your daughter has coded. The doctors are working on her now. I’m so sorry,” she says.

Steven hangs up the phone and looks at Samantha.

“She’s not doing good, Sam. I need to go.”

Samantha knows she cannot move fast enough after surgery to go with him, so she nods her head in understanding.

“As soon as she’s okay, I will come back to get you. You have got to see her before something happens.” Steven says.

Steven rushes out of the door, leaving Samantha alone. She is angry, frustrated, and terrified that her daughter will die before she even gets to see her. She starts praying as hard as she can.

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They buzz Steven through the NICU doors, and he rushes around the corner to where his daughter is. When he reaches her bed, all he sees is his little baby in the large hands of the doctor while he performs two-finger compressions, trying so hard to get her to breathe.

He is overcome with emotion, feeling helpless by the bed. Tears stream down his face.

Sarah walks over to stand by him. She puts her hand on his back, letting him know that she is there for him. Sarah’s thoughts dart back and forth between this man, his daughter, and his wife.

*I hate that he is having to see this and without his wife. This little girl is not going to make it, and her momma is not going to make it in here to see her before she does. God help them!*

Within minutes of his arrival, the prayers and the compressions work. His daughter is still alive. He watches the doctor lay her back down in her bed. He takes a deep breath of relief.

“I will be right back with her momma,” Steven tells Sarah.

On a mission, Steven walks, almost runs, back to the room. His heart races, his eyes are red, and his body fills with adrenaline. He is afraid but knows he does not have time to think about it.

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Steven pushes the wheelchair through the nursery doors. Just as he turns the corner, Dr. S meets them. To Samantha sitting in the wheelchair, he feels like a giant or maybe he just seems bigger because of the news he delivers.

“Mrs. Howard. I am Dr. S., the neonatologist on your daughter’s case. Tonight is very critical for her. She is not doing good at all, and honestly, I give her about two days to live,” he says, with no emotion and no compassion.

“You are not God, sir!” Steven interjects with a tone that Dr. S understands as the end of the conversation.

Steven wheels his wife around Dr. S. Steven’s only concern is getting his wife to their daughter’s bedside. In the chair, Samantha is on a roller coaster of emotions as her thoughts race. Steven had warned her on the way to the nursery that this moment would be overwhelming.

But nothing could prepare her for this moment. Her daughter, so small, lays on the center of what seems like a large nursery bed. Her body is so swollen. She has so many tubes and probes and stickers on her that Samantha can barely even see her. Several machines beep. A knotted mess of IV lines lay beside her daughter’s arms. Little stickers label each line with the medicine that it is feeding her. Overwhelming is not a strong enough word for this experience.

“Mrs. Howard, hello, I’m Sarah, your daughter’s nurse for the night. I am so glad you finally made down here.”

“Hi, Sarah.”

“Would you like for me to explain what is going on and what all of this stuff is and how it is working to keep your daughter alive?”

“Please. It is so much.”

“I understand. Ok, so first, she has an IV where about twelve medications are running through her to keep her body regulated.” Sarah says this as she picks up the knotted mess of lines. “She, of course, is on an oscillator-ventilator and a nitrous oxide machine to help her breathe. She also has bilateral chest tubes to drain the fluid off of her lungs.”

Samantha looks at all the machines, the lines, and then the baby. On the bed, a piece of paper catches her attention. It says that her daughter only weighs 2 pounds 3.4 ounces and is 14.75 inches long. So small. So beautiful.

Steven wheels her close to the bed. Samantha touches her daughter’s feet, forehead, and then grabs her little hand. She leans in close, not close enough to kiss her, but close enough for her daughter to hear her over the noise.

“Hey there, Abigail Jayne. I’m your momma. You gotta hang in there for us, okay? I love you so much. Your daddy loves you, too!”

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Back in the hospital room, Steven lays in the bed with his wife. They talk about this day, their daughter, but they also have the toughest conversation any parent could have. They talk about the what ifs—what if she does not make it? Right before closing their eyes for the night, Steven and Samantha decide that if Abigail does not make it, they will bury her beside Samantha’s mother in a cemetery at a little, white country church. Even as they pray for a miracle that night, they both know that these plans could become their new reality.

*But God...*

## chapter six

July 3, 2004

It is Saturday, four days after Abigail was born. Thankfully, the past few days have been uneventful and much the same. But, all the same, Abigail has already exceeded the expectations the doctors gave her on Tuesday.

As Steven and Samantha walk into the NICU, there is something in the air. They just have a feeling that today is going to be a big day. They reach Abigail's bed and see the nurse checking her vitals and medications. When she sees us, she smiles.

"The doctors have made their rounds this morning. They think Abigail is doing well enough to adjust some things today."

"What are they planning on doing"? Steven asks.

"You are not going to believe it when I tell you...She is coming off all her medications except one. The chest tubes are coming out, and all the machines are being removed. She will be on just oxygen through a nasal cannula," the nurse responds.

As reality sets in as to what a big day this really is, the nurse, then, gives them even better news.

"But today, you will get to see your daughter's face for the first time."

Steven and Samantha did not realize until this moment how important seeing her face would be to them. They had been in survival mode for so long, just watching their daughter fight every day for her life. They forgot that in her few days on this earth they had never seen her full face without the machines covering it.

The nurse interrupts their thoughts. "The best news, though, is that if she is stable enough after the transition, you both will finally be able to hold Abigail."

Yes, today is going to be a good day. All the nurses smile, and all the doctors just shrug their shoulders. They have no explanation for what is happening.

We do...they are not God.

July 2004-September 2004

The next few months are full of major milestones and setbacks.

They move Abigail to an incubator bed, a major accomplishment for a preemie, and just one step away from a regular nursery bed. Within days of this move, though, Steven and Samantha receive troubling news.

Abigail has a bleed in her brain, common for premature babies, but nonetheless, it can increase her chances for any type of mental disability. Her bleed is a Grade II-III, with the worst being a

Grade IV. They reassure them that most bleeds clear up on their own, but they will closely monitor her for any changes.

The very next week, Abigail starts to decline. She is having trouble breathing, and her labs do not look healthy. A spinal tap reveals that Abigail has contracted MRSA, common in hospitals, but more concerning is that Abigail's lungs have collapsed.

"What does this all mean?" Steven asks.

"It means that Abigail has to be reintubated and placed on a ventilator again until she can overcome the infection," the doctors tell them. This is a major setback.

Abigail spends days on the ventilator, fighting again for her life. Samantha notices that Abigail has found the intubation tube, grabbing, and moving it. She worries that Abigail is going to pull the tube out. The nurse reassures Samantha that preemies are not strong enough to do that. However, they will add morphine to the IV to keep Abigail sedated enough to leave it alone.

But, Abigail has plans of her own. On a Sunday morning, Samantha walks to Abigail's bed in the NICU and finds Abigail on the nasal cannula again.

"What happened to the ventilator? Is she doing well enough that the doctors removed it?" Samantha asks the nurse.

"Umm, not exactly. Earlier this morning, Miss Abigail self-extubated herself."

"What? They told me that premature babies were not strong enough to do that."

"Well, she is. She decided she did not need that tube anymore to breathe, so she took it out. She is doing really good without it."

Within two days, Abigail is breathing completely on her own. Again, the doctors have no explanation.

For two months, this was the last major setback Abigail has. She improves enough to move from the NICU to the CCN, the step-down nursery for premature babies.

Steven and Samantha finally breathe a sigh of relief, maybe their first one since they found out she was pregnant. They are so tired and running on fumes, but they spend every moment between work and school with Abigail in the nursery. They are so ready to go home, but they trust that the doctors know the best time.

And it finally happens...in the middle of September...almost on Abigail's actual due date. Steven and Samantha get the good news that they get to take their baby girl home today. But one last ultrasound to check the bleed in Abigail's brain reveals that the bleed has not resolved.

"She needs to see a pediatric neurosurgeon, today before you go home," the nurse practitioner says. Another hospital, but it does not matter to them because today...

Today, after 4 months, they are walking out of this hospital as a family of three.



## Epilogue

*Your eyes saw me when I was formless; all my days were written in Your book and planned before a single one of them began. Psalm 139:16*

As Steven and Samantha stare at the picture of graduation night and their family of four (including Abigail's brother born three years after her), they are overcome with emotion. They know that this picture could have looked differently.

They think about the past eighteen years. It has not been easy and not all of it has been fun, but it has been worth every minute...

*Brain surgery to place a ventricoperitoneal shunt to correct the bleed in her brain...*

*Two subsequent brain surgeries to repair the shunt...*

*Collapsed lungs over and over again...*

*Multiple doctors and doctors' visits...*

*Medicines and nebulizers and chest physical therapy...*

*Late nights, early mornings, or no sleep at all...*

They know, without a doubt, that they would do it all over again if it meant that they could have Abigail. No amount of stress, fear, worry, or doubt could change it.

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Three months later, Steven and Samantha leave their daughter at college. They walk away knowing two things.

One—she will be okay. She knows how to fight. She has done it before. Life may push her down, but their daughter knows how to get back up and fight back. She is a survivor.

Two—she will make a difference in the world. She has already done it. She will do it again.

She impacted so many people in the first three months of her life. The doctors and nurses still remember the day she was born and still share her story with other families. Dr. Black became a neonatologist because of Abigail, and her kids know that Abigail is the reason why their mommy chose to help other little babies.

She will continue to impact people with her story, no matter how many times it gets told. Abigail, though, wants to impact the world through music and her voice. She has a story to tell the world.

Her momma and daddy, though, will always be her biggest fans. They are the only ones who know the whole story...a story that started with two pink lines on a stick and a story that can be told in two words...

*But God...*

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### Author's Note

Because this is a creative non-fiction story about the birth of my daughter, all of these sources, except the quoted Scriptures, are embedded into the thoughts and conversations in this story.