

ADVANCE PRAISE FOR *CATCHING BABIES*

“*Catching Babies* is an inside look at the industry that brings our babies into this world. It’s a harsh world for doctors who work to make sure that every baby has a soft landing. Insightful. Gripping. Wonderful.”

—**Lisa Sanders**, M.D. Author of “Diagnosis” Column for *The New York Times Magazine* and *Every Patient Tells a Story*

“. . . Kleinke powerfully demonstrates how birth, despite advanced technologies and medical interventions, remains the center of our common human experience—usually the greatest of joys yet also tainted with occasions of unavoidable loss and misery. If ignorance is bliss, then how are young physicians molded by the realities of daily struggles to avert life’s ultimate cruelties? As someone who has lived this life for twenty years, I wept often at how accurately *Catching Babies* portrays the elations and internal private fears shared by the women and men who dedicate their lives to serving women’s health . . . *Catching Babies* also exposes the current complexities that hinder bringing balance back to a birth experience that is too often polarized. For those who want safer and more satisfying health for women, this book is a must read.”

—**James Byrne**, M.D., OB/GYN, Chair, Santa Clara Valley Medical Center and Clinical Associate Professor, Maternal Fetal Medicine, Stanford University School of Medicine

“If you think *Grey’s Anatomy* is shallow, *House* ridiculous, and you can’t keep track of who’s doing whom on *Private Practice*, you should read *Catching Babies*. J.D. Kleinke has done one of the hardest things imaginable—taken a swath of health policy, medical care issues, and ethics—and surrounded it in a novel I could not put down. On the other hand, if you love those TV medical dramas, read *Catching Babies* now so you can complain knowingly to your friends when Hollywood messes up the characters and the medicine in the inevitable-to-come TV series.”

—**Matthew Holt**, Co-Founder, Health 2.0 and Founder, *The Health Care Blog*

“Noted health care economist J.D. Kleinke uses the vehicle of a riveting novel to nail the American health care mess. Deeply flawed but compelling medical figures

rip raw the deeply flawed American social construct, the deeply flawed medical profession, and the deeply flawed health care system through the unforgiving prism of that most elemental human activity: sexual reproduction.”

—**George D. Lundberg**, M.D., Editor-in-Chief, *Journal of the American Medical Association (JAMA)*, 1982-1999

“Combining romance with political intrigue and sharp insights into healthcare delivery, economist-turned-novelist Kleinke has created a page-turner that defines what it means to live the life of a young urban doctor.”

—**Peter Frishauf**, Founder, *Medscape*

“The academic medical center is the largest, most complicated stage in our health care system, and Kleinke is its master dramatist. *Catching Babies* humanizes the manic energy and impenetrable culture of our teaching hospitals, showing us the best and worst of how we are training the next generation of specialist-physicians, often within the same few breaths. This may be the great American medical novel.”

—**George D. Pillari**, Healthcare Entrepreneur and Co-Founder, Solucient

CATCHING BABIES

A NOVEL BY J.D. KLEINKE



Portland, Oregon
www.bayametbooks.com

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*For my sisters of other mothers,
Kathy, Rachel, Nancy & Ariel.*

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AUTHOR'S NOTE

Catching *Babies* was conceived in 2003 as a non-fiction exposé of the messy, and often fierce, technical, moral, and cultural conflicts at the heart of high-risk obstetric medicine and women's health. My earlier study of the clinical practice patterns of childbirth and gynecologic surgery—combined with fortuitous friendships with physicians and midwives at critical moments in their training—coalesced into a possible explanation as to why the field of obstetrics and gynecology is unique among medical specialties for the intensity of emotion, political fury, and cultural angst it inspires. It was a stark idea I had yet to encounter in the health services literature: OB/GYNs stand at ground zero of a broader health care system pulled apart by polarizing forces that often have little to do with medicine, ethics, or patients' real needs.

Our nation's permanent civil war over abortion rights—electrified with religious passion, political hypocrisy, and gruesome rhetoric scarcely related to the clinical and behavioral realities of abortion—is the most glaring example of how America's philosophical and psychological conundra play themselves out in our health care system. Our neurotic obsession with breast cancer, highly out of proportion with the disease's actual prevalence and lethality, is one of the more subtle examples of the same phenomenon. The political, financial, and legal fights over the way we care for women and deliver their babies are the supercharged versions of this spillover effect, of America's most intractable conflicts perennially finding their angriest voices in arguments about health care. For clearest proof, one need look no farther than the occasionally noxious rhetorical gas released during the 2009-2010 health care reform debate—and the jarring fact that passage of the entire legislation hinged, in the 11th hour, on the funding of abortion.

Catching Babies was originally intended as a clinically detailed study of how these wildly problematic and deeply misunderstood medical subjects play out in the real world. It was conceived as the general public's first hard look

behind the medical curtain into the practice, politics, and often bizarre culture of obstetrics and gynecology, as smashed together into a single specialty and “organized” in the most disorganized health care system in the world. It would also map out the complex turf war among most (but not all) OB/GYNs and the growing and highly diverse ranks of midwives.

As I dug more deeply into these cases and their often unlikely outcomes, I noticed the recurrence of an odd phenomenon that has confounded health researchers for decades: medical decisions and outcomes often have less to do with what the patient needs or even what society demands, and more to do with what’s eating at the doctor, what’s making the patient act out, or what’s wrong back at either one’s home. Fast-forward through a few rough drafts and a few rough years, and suddenly the medical cases I had assembled to illustrate some of health care’s thornier problems struck me as far more interesting than the problems themselves. Many of the cases began and ended not with medical facts, economic prerogatives, or philosophical positioning, but with the full spectrum of human impulses: fear, control, compassion, repression, projection, self-hatred, self-aggrandizement, the search for meaning, the leap of faith. The human compulsions at work in these cases begged questions not only about a unique patient’s irrational response to her medical situation, but also about the pathological drives of her caregiver.

Who exactly are these physicians, midwives, and nurses, all thrown—as forcefully as their pregnant patients—into a maddening system not of their own design and often in conflict with their most deeply held values? The systematic brutalization of these caregivers, in particular OB/GYNs during their long and difficult training, has turned many into heroes, some into detached technicians, and a few into monsters—each, of course, in his or her own exquisite way. The closer I looked for patterns, the more elusive such patterning became, until I had crossed, perhaps inevitably, into the realm of narrative fiction. Fast-forward through a few more years and my own terrifying encounter with the realities of the health care system, and the “medical cases” had metamorphosed into human stories.

Catching Babies still seeks to tell the larger story of how and why we deliver most babies and care for most women in the odd and often maddening ways we do. But somewhere in the long process of research, composition, revision and reflection, I discovered that the real story is best told through the myriad fractures and fissures of the human drama—through the doctors, nurses,

midwives, patients, family members, and others struggling inside the system as they have found it. *Catching Babies* is about them.

NOTE ON ACCURACY: The medical information in *Catching Babies* has been reviewed by several independent physicians from multiple specialties for technical accuracy and for consistency with the clinical literature as of 2009. The health policy, economic, and insurance coverage information also dates from 2009, before the planned implementation of health insurance reform. Readers who are seeking information pertinent to their own medical or insurance needs should seek the advice of their own medical professionals, as all such information is subject to rapid and unpredictable change.

J.D. Kleinke
Portland, Oregon
Labor Day, 2010

Bi sha'ah tovah.

(May it be a good hour.)

Traditional Jewish blessing
for a new pregnancy

PART I

SCARS

DR. JAY SCHWARTZ blinked away the burning in his eyes as he leaned down to study the sutures he had made across the new mother's abdomen, moving in close enough to smell her blood. He stiffened up and started another stitch, matching the yank and give of muscle and fat just below the skin on either side of his incision, so her wound would heal together and not against itself. He had been awake and working on his feet for most of the past 30 hours, and had every excuse to sew her shut quickly, before collapsing onto her in exhaustion. But as his blood-soaked fingers and the curved suturing needle did their familiar dance back and forth across the cesarean-section wound, Jay imagined Adrianna Gomez years from now, the scar scowling at her from just above her thicket of pubic hair, she in turn scowling at her noisy little boy with a sudden bitterness.

A clatter of metal instruments into a basin, and Jay was jolted back to the weave and pull of his gloved hands on her glistening abdomen. It was another standing, functioning sleep, his fingers robot digits in their latex, viewed from a distant corner of the operating room, a waking dream, but one with a living baby and bright red blood. He took a deep breath, blinked away the burning again, and ordered his fingers back to work.

"Still doing okay, Ms. Gomez?" Jay asked her, his tired voice as disembodied as his hands had been a moment earlier.

"*Estoy bien*, Doctor Jay." Her large black eyes were cloudy with exhaustion and sedative, and her mix of English and Spanish was punch-drunk from the ordeal of sudden labor, and the stress of intensifying contractions on a crowded bus ride from work to the University Hospital for an emergency C-section that had been scheduled for the following Monday.

Jay blinked, cocked his head sideways, and brushed his masked chin across his shoulder, blinked again and went back to work. His fingers reached the end of the incision, and he tied off the last suture with three

tiny loops, rather than the single large one everyone but Katie used, knowing this is where her scar would be thickest.

Jay had delivered 63 babies by C-section since his residency in obstetrics and gynecology had begun almost four years ago, counting the large, glistening boy he had just lifted out of Adrianna Gomez. Hers had been a breech, the baby's feet burrowed into the sides of her uterus, as if he had been trying to crawl farther up into his mother, away from the inevitable, instead of falling down into the world. Twenty-six of the others Jay had delivered with scalpel and scissors instead of his hands had been twins, all of them clinging to each other in the sudden, garish light of the operating room; a dozen he had pulled out from under tides of fat inside obese women he had to wrestle open; a dozen more had been breeches like Ms. Gomezes' new son; and seven he had lifted gingerly out of HIV-positive women, whose glowering blood seemed to sneer and snarl at him. Every time, after making a delicate slice across the bottom of the mother's uterus, there was the shock of the baby, folded into a perfect ball and gleaming with amniotic fluid, like an astronaut tucked into a space capsule designed perfectly for the harrowing journey that ended in blood, light, noise, and a stranger's hands. And always, when Jay unfolded the baby from the inside of its mother, there was that bloody rim of flesh, ragged and slack with the baby gone, pouting, angry. He was always careful as he closed her wound, no matter how exhausted he was or how many other women were waiting for him down the hall, remembering once again the fury in his own mother's voice when he was a boy, as she showed him her own C-section scar, thick and ugly as old rope running from her navel down into her pants.

Look what they did to my body to get you out, she would tell him, her eyes flaring and jaw clenched. They ruined me forever!

Jay had stumbled onto this surreal memory during his intern year, the night of his very first C-section, when the adrenaline of the procedure drove him from fidgeting in his call room to wandering the darkened hallways of the hospital. In the three years since, between the all-night howls of laboring women in rooms a hundred feet away and the rush of an emergency surgery before dawn, Jay had spent hundreds of nights alone in the six-by-ten prison cell of his call room, stumbling onto other fragments from his childhood, trying to talk himself past each, and into a dreamless sleep. Most of his fellow OB/GYN residents, especially his fiancée Tracy,

could turn sleep on and off as easily as flipping the switch to the call room light; Jay, like a handful of the others, could not. He could not sleep, could not relax, could only fidget and fantasize about life after residency with Tracy, or about baseball, the only two things that could take his mind off the two things that occupied him the rest of the time: the fates of the 286 babies he had delivered into a world most of their mothers were ill-equipped to navigate; and his own mother, with her lupus and all her psych problems, and how she might be holding up. He would let out a long sigh, crawl out of bed, and flip on the light; then he would go check all his patients again, wander the halls and read the bulletin boards, and then go back to the call room, where he would spend the night looking through medical journals, watching the day's sports highlights one more time, searching for the re-broadcast of an earlier baseball game, leaving voice mails for med school friends on the West Coast.

Jay finished the suturing and pulled off his bloody gloves. "Good job, Ms. Gomez," he said. He bent over her and pressed the exposed palm of his hand along her sweat-glistened forehead. "You have a beautiful new—"

His pager erupted into a shrill, steady, "Beep, beep, beep."

Jay reached around and flicked it off, then stood, looked down and saw the four-digit extension for the gynecology unit, followed by a *911.

"I have to go now, Ms. Gomez," Jay said, backing away from the table and slipping out of his bloody surgical gown. "But I'll be back to check on you later."

"Thank you, Doctor *Hay*," she struggled to look up and say, but he was already gone.

Out in the scrub room, Jay took off his mask and surgical cap, washed his hands carefully, then splashed water over his face and ran his wet hands through a headful of thick black hair that grew over his ears and down his neck. He told Tracy that he could never find the time to cut it, but he actually liked his hair long. At 34, he was four years older than every other resident except Dan and Jen who, like Jay, had to work their way through college. Long hair made him feel, if not look, like the fun young guy he had never had the chance to be.

Jay pulled his white labcoat over his green scrubs as he hurried down the hall to the gynecology unit's nursing station. He was tall and wiry and mostly legs, like one of the two kinds of big league pitchers, he liked to

think—the unshakable gawky-looking ones he admired as much as he did the better surgeons who had trained him these past four years. But his eyes were not hard and steely like any of those men on the pitching mound or in the OR; his were large and brown and warm, set deep in a calm face that, along with the unruly hair, made him look more social worker, or hippie preacher, or poetry teacher than the doctor he was becoming. He always looked straight into a patient's eyes, his own wet and warm with empathy, and his patients would look away quickly but tell him everything. To many, he was like their best friend's older brother, the quiet one they could talk to about their most intimate problems because he was somehow familiar, and trustworthy, and would not judge them. At the same time, there was still the air of the would-be baseball player about him—a calm masculine power that made his patients feel safe, looked after, protected, even as he described the potential disasters looming up within their bodies, named the nightmares inside of them, and explained how they would deal with them together.

Jay swept around the corner and saw Dr. Katie Branson at the counter of the nurse's station, a phone propped under her chin, writing furiously into a chart propped next to a basket of plastic-colored eggs and Easter candy. An attending OB/GYN only three years out of her own residency, Katie was already the assistant chief of the obstetrics department, and one of Jay's favorite teachers. Katie's lab coat hung off a wiry frame—all bone and sinew and barely perceptible curves, her long, delicate swan's neck rising from a collarbone sticking out across the v-neck of her baggy green scrubs, her body cut from too much work and exercise, and too little food and sleep.

She saw Jay approach, nodded, and gave him a nervous wince of a smile, still listening and writing. Her face, framed by strawberry blond hair pulled into a tight little ponytail, twitched with its usual energy, her bright blue-gray eyes searching for the image of what she was hearing. Jay pushed his hands into the pockets of his labcoat and studied her, wondering how bad the emergency might be: she was shifting from foot to foot and pursing her lips, but she was always like that, more energy than mass, a gathering of light that was a laser beam in the OR or soft incandescence at a patient's bedside.

“Got it, thanks, take care,” she said in a blur, and hung up the phone. “A little complication,” she said, still writing, but addressing her words to Jay. “Out at

St. Joe's. Sounds like a full uterine rupture after a successful VBAC, coming in by ambulance." She glanced up quickly, scanned his face, then looked back at the chart.

"They didn't try to open her?"

"They were afraid to," she said. "Her crit's too low and they were running out of units. They pushed everything the hospital had—her type, all their O-neg, PLs, the works—and packed her for the ride in."

"Shit." Jay took a look at the chart. "She still bleeding?"

Katie's eyes darted across the chart, narrowing with worry. "Not when they left. But that was half an hour ago. And the doc and EMT in the ambulance are afraid she's about to bleed through the packing again."

"But they'll have her here in a couple minutes."

Katie looked up and studied his bloodshot eyes. "When did you get here?"

"Yesterday morning," he sighed, feeling his tiredness again. "I was about to leave."

"We've been having a major ice storm since noon. The interstate is shut down, except for the cops and this lady's ambulance."

"So they can't fly out for her either."

"No."

"And we have to get more blood out to her."

"Yes," Katie said, studying his face, the charcoal-colored smudges under his eyes, his sunken shoulders. "Were you up all night?" He nodded. "Damn," she said, reaching into the crammed pocket of her labcoat for a tattered printout of the OB/GYN residents' call schedule for the month of April. "Rebekah and I are in-house tonight. We've got three in labor, and two consults backed up in the ER. Do you know who's on backup tonight?"

"Tracy is," Jay said. He remembered the terrible fight they had a few nights earlier when Tracy came home, angry and exhausted, from her own sleepless call night and full post-call day in the OR. She was in the middle of gyn-onck and was having a shitty week. Gynecologic oncology is an emotionally grueling rotation, six weeks on the cancer ward of residents working their normal nightly call schedule while also putting in twelve-hour days helping to make desperately sick women even sicker with scalpels, radiation, and poison. "But she's having a shitty week."

"How shitty?"

"Gyn-onck shitty."

"Oh."

Jay looked at the clock over by the nurse's station—7:08 P.M. If it were anyone but Tracy, he'd dump it and crawl home. "I'll go," he sighed.

Katie looked hard into his glassy, reddened eyes. "You sure?"

"Sure, I'm sure," he said, rubbing his eyes and straightening his back.

Her eyes went blank as she ran through a calculation that was all variables and no hard numbers, and finally said, "Okay, good. The ambulance is ready to roll with 20 units. See if you can clamp her cervix." She bit her lower lip. "If she has any left."

"What else do I need?" he asked as his right hand unconsciously checked the stethoscope in the pocket of his labcoat.

"I don't know," Katie sighed. "There isn't exactly a protocol for this."

"I guess not." He headed toward the elevator and pushed the button.

"You sure you can do this?" Katie called over to him. "After thirty hours on?"

"Sure," he said, taking a deep breath, forcing himself to stand up straighter and squeezing out a half-smile. "Who do you think taught me how?"

Five minutes later, Jay was hanging onto the lurching bench in the back of an ambulance as it hurried out of the city on an interstate glazed with ice and snow. His knees gripped a cooler made heavy with bulging bags of blood. The blast of cold air and sleet between the doors of the ER and the back of the ambulance had shot him full of icy electricity, and he shuddered as he twisted his arms into the fireman's jacket someone had thrown over his labcoat. A jumble of diagrams, data, and lecture notes filled his head, and he remembered a few shards of text from a case report on a nearly fatal uterine rupture case from his third year of med school.

A uterine rupture, or tear in the uterus, is a rare but dangerous complication of childbirth. Most occur among women who have VBACs, or vaginal births after previous C-sections. These complications went one of three ways: the ruptures could be minor and involve small amounts of bleeding repaired easily with needle and suture; they could be serious but still fixable with a radiological procedure to stop the bleeding and save the uterus; or they could be catastrophic, the uterus disintegrating into a mass of tissue and blood that required an emergency hysterectomy to save the mother's life. Jay could scarcely imagine how bad this one had to be if an ambulance loaded with blood units was racing toward another ambulance on a highway shut down with winter weather.