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Piercing Unease

“God is already persuaded in our favor, not by our prayers but by the generous goodness of His own heart.”¹

– A. W. Tozer

August 1–5, 2004

Is it okay for a two-day-old baby to cry like this? I checked the clock. Wesley would be sitting behind the pulpit by now. I smiled a little to imagine the janitor handing him a note saying, “Your wife wants you to come home because the baby won’t stop crying.”

Newborns are supposed to be sleepy, not weepy. I had planned on a nap while Wesley and Rachel went to church. But now, even if Louisa stopped crying, the morning was over half gone.

“Dear baby, whatever is wrong?” Louisa felt rigid in my arms. “Does your belly hurt?” I patted her back and massaged her feet while trying a light tune, but she would not be comforted. I kissed her hair and studied her face, tracing her brand-new features into my heart as mothers of all time have done. Not all babies were as beautiful as this one. Her skin glowed—no blotchy patches, no wrinkles. Not all babies cried like this one either, I was sure.

She cried for forty minutes. Then she dropped into a deep sleep, only to erupt in a shrill cry just as I pulled the covers up to my chin.

She continued the pattern all through lunch. I was relieved when my mom arrived to help. She'd know what to do—she'd had eight babies of her own—and I could surely get an afternoon nap. But Louisa's screaming penetrated my upstairs bedroom, even from the most distant room of the house.

"I'm afraid you have a severe case of colic here," Mom said before she left. "I had to walk the floor like this with one of my babies too."

We expect this. That I might have a baby like one of my mom's.

That evening, Wesley's mom brought supper. Louisa kept up her crying, yet surely one baby would not stump two grandmas. As Mom cleared away the food, I willed my fatigued brain to focus on working a feeding into Louisa. When she wouldn't quiet, Mom left the dishes and watched as I struggled with Louisa's tensed body to release a burp.

"Even when she's not crying, she has a perpetual frown," Mom said. "There. Did you see the way she pursed her lips? That's not a Leinbach mouth. Hmm...I know! Your dad. It's Eby. Even her creased forehead reminds me of him."

For a second I saw my dad, his lips tight with concentration as he gave one last tug of the socket wrench. But I looked at Mom sitting on the blue-checkered sofa. Did she think this turn of the mouth was only genetic or was she trying to lighten the unspoken unease that something was...not good?

The wail erupted again. I held out Louisa to Mom. "I don't know what to do!"

"Louisa, it's okay." But Louisa drowned Mom's voice and arched right out of her white blanket.

"None of my babies cried like this! She goes from zero to ten volume in two seconds." Mom laid Louisa on the sofa to straighten her blanket. "Her cry is so loud I almost feel like holding my fingers in my ears." Mom laughed a little, to show she wouldn't consider it, to show she felt strange describing her cry like that. Louisa dug her heels into the sofa and kept on screaming. "Where *does* she get that voice?"

She had identified the mouth, but to Mom every detail of a new baby was something to study. She'd pull out pictures of great-grandparents to identify the shape of a baby's forehead, the angle of the cheekbones, the contours of the ears and hairline. Baby voices, too, were etched crystal clear in her memory. This one she didn't know, couldn't claim. It had to come from somewhere on my side—some uncle, perhaps, who uttered shrill dislike for church services in his first year.

I clamped my Eby mouth with determination. "Can a baby two days old show intense personality?" I doubted it. That left one option. "Is something wrong?"

Mom shook her head, perplexed. She tried lifting Louisa to her shoulder to rub her back, but Louisa arched away from her. "I can't figure you out, Louisa. You are trying to say something, aren't you, precious? What is it?"



On Monday morning, when the nurse from Reading Birth Center called, I tried to describe what was going on. "Do we have a colicky baby?" I secretly worried that, after proclaiming all I knew about babies and sleep that had worked so charmingly with Rachel, my punishment was going to be a colicky baby who did not eat or sleep like the books said a baby should.

"Colic doesn't usually show up until a baby is two weeks old," the nurse said.

But if not colic, what was it? Surely I could figure this out. With our firstborn, I had never encountered an illness that vinegar in the bathwater or some other home remedy wouldn't cure.

Yet two more days and the second born would not be figured out. Two things we require of four-day-olds to ease our minds: sleepiness and hunger. The lack of the second now had me more uneasy than the lack of the first. Not panicked—it *is* normal for newborns to fall asleep

while nursing—but prodding her with a cool washcloth, undressing her, trying to keep her awake to trigger another suckle.

I tried not to think of the possibility of a Group B strep (GBS) infection. I had tested positive for GBS in a routine screen a few weeks earlier and had time to take only one of the recommended two rounds of antibiotics before Louisa was born.

On Tuesday evening my mom called, and the shrill tones she heard from thirty miles away convinced her that this baby was in serious pain. I couldn't argue. Louisa's whole body spasmed rigidly with her screams. I felt desperate enough to call my midwife after office hours.

"She won't nurse more than a minute!" I tried, but I couldn't describe the scream.

"You must get her to nurse longer," she insisted, "so she gets the satisfying hind milk. Aim for fifteen minutes."

"I know that. It worked so well for Rachel," I replied, "but it's not working for this one."

I hung up the phone, frustrated. My midwife had repeated my own successful breastfeeding thesis: full feedings for better sleep and fewer tummy aches. Well, if it was up to me to make it work, then I would. I had, after all, sewed the cuffs on my wedding dress three times—and hemmed it twice.

"Let's try again, baby." What had changed? She had nursed well at first. I thought back to last evening, when I wanted to take more pictures of her with her eyes open. I'd had a difficult time. Unlike her alertness the first few days, she hardly opened her eyes. A tide of unease swept over me. Had she opened her eyes at all today?

Ah, that is the third thing we require. That the eyelids open, that we see the thoughtful look of one fresh to the world.

I kissed her eyelids, both. But I said, "Open your mouth, sweetie; it's yummy for you." I stroked her cheek, teasing for that instinctive rooting a newborn does. "You have to drink more so you can sleep better." But she didn't.

That night I resorted to a pump to relieve my engorgement. Maybe that would make it easier for her to latch on. I tried gentle downward pressure on her chin with my thumb, trying to latch her on quickly, but my attempts failed. As the hours ticked by and she still did not drink, I became frantic. Either she lay listless and limp, unresponsive, or else she screamed, clenching her little fists beside her head and pulling her body into a complete arch.

“She acts like something hurts her. Is this what bellyaches are like?” I asked Wesley during one of the numerous conferences we held throughout the night. “She ought to be sucking her fists and rooting for food, but she isn’t.”

In the wee hours of Wednesday morning, I asked, “Do you think her cry sounds a little different? Like more normal—not quite so piercing?”

“I can’t tell. All I know is that between her crying and the whine of the breast pump, plus lights being on—I’m not getting any sleep.”

“But Wesley, I can’t make her stop crying. I can’t make her drink. I can’t even open her mouth. If I force my finger into her mouth, her tongue is *glued* to the roof of her mouth! A baby cannot latch on with a tongue like this. Her whole jaw seems clamped.”

Wesley sighed, only half-awake. “See how she is in the morning. We’ll call the birth center. Take a break; lie down. You need sleep too.”

I lay in bed, but I was too worried to sleep. *I think her cry sounds different because she’s clamping her mouth like that.* This was no socket-wrench Grandpa Eby mouth. Something else. I sucked in my breath as I realized—*her cry is quieter because she is getting weaker.* Maybe I could force a bottle nipple into her mouth. Desperation sent a surge of adrenaline through me. I went downstairs and sterilized a bottle while my trembling limbs reminded me that I was defying my mom’s orders to use the stairs only once a day.

If this didn’t work, nothing would. Should I be rousting my husband from bed and rushing my baby to the ER? Or do as he said and wait till morning? “Lord, if she would only drink!” I prayed.

She didn't.

When I changed her diaper, I thought it smelled strange, almost sweet. New moms receive a list of diaper details that indicate all is well. Sugary hadn't been on it. A faint bell tinkled in my mind about some kind of genetic sweet urine thing—but it wasn't a possibility—we had no relatives with it.



In the morning, I called Reading Birth Center and left a message with the answering service asking for my midwife to call me. "See if they can get her in to a doctor this morning," Wesley said as he left for work.

I did not give up trying to feed her. But when I laid Louisa on my bed, she jerked her arms a few times and held her breath. This was no vinegar-in-the-bathwater crisis. I grabbed the phone, hit speed dial, and asked for Wesley's extension. When he finally answered, I sobbed, "Something is *very* wrong, please come home, quick!" There would be more times in years following that I'd be grateful he worked only one mile away.

In three minutes I heard the garage door and then Wesley's long legs taking two steps at a time on the stairs. Louisa lay limp, almost peaceful, but should a baby be so limp, so floppy? I handed the phone to Wesley, explaining my terror. Since my midwife hadn't called back yet, he called our pediatrician and briefly described what was going on. After a pause I heard him say, "Three-thirty this afternoon?"

I wailed, "No! This baby hasn't swallowed a drop for ten hours! She has to see a doctor this morning!" Well, they'd see us at noon then. I could imagine the secretary thinking I was just an overly worried mom. Just worried? I checked her breathing constantly. My heart thumped unspeakable words.

I packed an overnight bag, a heavy feeling in my stomach. We arrived half an hour early. When the receptionist saw our distressed faces, she took us back to an exam room right away.

A nurse undressed Louisa, taking her weight and length, listening to her lungs and heart. “Her temperature is normal,” she said, flicking the disposable thermometer shield into the trash. “I’ll let Dr. Otto know you are here.”

Dr. Otto appeared shortly. “Tell me what’s wrong.” He paused, stethoscope in midair, while we explained our growing concern about the possibility of a GBS infection. Since I had taken only one dose of IV antibiotics, could the bacteria have passed to the baby during delivery?

“Her eyes seem puffy, and I haven’t seen her open them for two days,” I said.

Dr. Otto’s face shadowed. “I’m becoming more alarmed the more you tell me.” He signaled to the nurse standing by. “Check her temperature again.”

Still normal.

Dr. Otto frowned. “It can’t be. Use a different thermometer.”

To us, he said, “I’m concerned about meningitis because of her rigidity and arching, but she has to have a fever. GBS is the most common cause of meningitis in newborns.”

But she was not running a fever, even after Dr. Otto checked the temperature himself. He tried to look into her throat but couldn’t pry her mouth open with a tongue depressor. Puzzled, he said, “I’m sending you to Hershey Medical Center—I’ll call so they’re ready for you. They’ll do tests and give her fluids. She’s in danger of dehydrating.”

The ride to Hershey was a silent one. Louisa lay unresponsive. The only thing we discussed was the need to cancel Wesley’s flight to Texas the next day for a business seminar.

On the pediatric floor, two doctors followed by a nurse and then a student nurse each examined Louisa separately, asking the same battery of questions about my pregnancy, the birth, and Louisa’s symptoms. We learned they would be starting an IV to replenish her fluids, after which they would do a spinal tap and draw blood for tests. IV antibiotics would provide a head start on the GBS infection, if that’s what

she had, since they would not have results from her spinal and blood tests for forty-eight hours. They all stroked her hair and said, “She is too cute!” before leaving the room. Too cute for what?

“She cooperated well for everything,” they said later—all those needles. I suppose they thought to comfort me, but each time they said it, I swallowed down the fear that something must be very wrong if she didn’t cry through all that.

Only one of us could stay in Louisa’s room overnight, so Wesley went home. He needs regular sleep like a fish needs water. I couldn’t bear to leave. No one had said so, but I remembered the GBS pamphlet I had read a few weeks earlier. Babies die of GBS.

At 3:00 in the morning, I collapsed into the cot by Louisa’s bed, trembling all over. Was it fear? Physical exhaustion? I had repeatedly hiked what seemed a mile to a pumping station to keep myself comfortable and stimulate my milk supply. Louisa had switched out of her lethargy into relentless, ear-piercing screams. I had stood beside her bed trying to comfort her till every muscle screamed for relief. When had I last slept well? Not yesterday, not the night before. The days before that blurred.

Suddenly I knew why I was trembling—my blood sugar was low. I hadn’t eaten much all day, certainly not enough to sustain the demands on my body. Where could I get something to eat at 3:00 in the morning?

I stumbled into the hall, but no nurses were in sight. I knew where they were—our roommates had asked for another room because of my baby’s loud crying, and it had taken all the pediatric staff to get them situated again. Should I push the call button? No, my baby was the patient, not I. I knew nothing of hospitals. In the elevator, my foggy brain tried to decide: Was the cafeteria on G or 1? It wouldn’t be locked down for the night, surely. I pressed a button and ended up in a cul-de-sac of boxes, carts, and wheeled cots. I shivered, one lost mother waiting for the elevator door to reopen, waiting for God to open a door for one sick baby.

I tracked down some orange juice and a granola bar in the hospital maze and found my way back to Louisa. I gulped the juice, hoping for physical restoration with my rising blood sugar, but my spirits plummeted.

There were no signs of improvement. Instead, Louisa now bicycled her legs as she screamed. It looked like rage, but a newborn can't, doesn't get this angry. Was it pain?

Her piercing wail would not be quieted. Nor could I quiet the piercing thought that this was not meningitis. This was something worse. Something she wouldn't recover from. *God, if she isn't going to be normal, just take her—that would be easier.*

Six days ago we had called her perfect.



2

All Is Perfect

“ *Before you were conceived I wanted you,
Before you were born I loved you,
Before you were here an hour I would die for you.
This is the miracle of life.*

— attributed to Maureen Hawkins

July 30, 2004

Snuggled on my chest just moments after birth, she lifted her blue eyes to search for mine. I touched her soft arms, her velvety back. And her hair! It was wet and pasty but added to her charm. She was real. She was here. And she was beautiful.

I whispered her name. “Louisa . . . Louisa Ruth.” It still felt new to my lips though I had chosen the name several years before. Now at last—my very own Louisa girl. I had waited for her, choosing my foods with care, reading guidebooks with anticipation. The last few moments were not unlike the wait for my graded algebra paper back in ninth grade. I needed to see the 100 percent to know I had done well.

Wesley leaned close. “Hello, baby, Daddy’s over here. You are precious.” She lifted her head and smiled right into his eyes.

“Just look at her. She knows your voice!” My instinctive anxiety melted, and I wiped a glad mother’s tear from my cheek before it ran into my ear. Seeing her ten fingers and toes, her pink color, and her

responsive eyes felt just like that hard-earned 100 percent, nothing more to wish for. But that smile—that just-for-daddy smile—provided extraordinary proof. No wait-and-see about this baby.

“Your baby has me mesmerized!” The midwife wrapped a blood pressure cuff around my arm while Louisa nursed as if she’d been doing it for months. “I’d like to sit here and watch her all day,” she continued. “We love this. To see you and your baby bonding so well.”

As I wrapped her in a blanket for the ride home, I felt the sweetness of new life wrap around my soul. New life speaks of mystery. *Ah, baby, if love could solve all life’s problems, you shall have none!*

Louisa had arrived at 4:00 on Friday morning. It was a special day for our family, a date that would pass over my lips a thousand times in the next several years: July 30, 2004.

As we left Reading Birth Center, heading west to our home in Myerstown, we smiled delight into each other’s faces. It was 8:00 in the morning and we were tired, but we had a baby girl! We’d just passed our fourth anniversary and were young enough to believe that we were the only ones alive who had such a perfect life.

Perfect was, after all, what I wanted. When I was growing up, not much seemed perfect. There were cracks in the front walks, mildew on my crooked bedroom walls, and naughty little brothers. Now I lived in a new house with straight, clean walls and a beautiful front walk. My exceptional husband and our healthy three-year-old blinded me to the hard truth that life never hands out 100 percents after grade school.

“It’s perfect for Rachel to have a sister,” I said. “I can’t wait to see her face. She has been waiting so long for a baby.”

“God is so good!” Wesley leaned back over his seat to stroke Louisa’s cheek while we waited at a red light. His hair was tousled, his clothes wrinkled, but anyone could see he was one pleased father.

And Rachel was one pleased big sister. “I want to hold her. Is she really mine? How can she play with me if she’s so little?”

On that first day, Louisa did everything we expected a newborn to do. She slept; she nursed well; we changed her diapers and aahed over her fingers, her toes, and the pudgy wrinkles already on her legs. Her thick hair combed up charmingly, and in the light it shone blonde. She had the dearest little wrinkle on the bridge of her nose.

Saturday morning, Louisa gave her daddy two more wide smiles while he talked to her. Her eyes were so alert and focused on his face, we knew the smiles were intentional. She nursed so viciously and seemed so hungry we considered buying formula, but then my milk came in Saturday night.

But she cried for forty minutes on Sunday morning. By Wednesday she was no longer nursing and seemed comatose between her rigid crying spells. Hershey Medical was treating her for GBS without typical GBS symptoms or a positive blood culture. Could perfection, once lost, ever return?

One Child's Story



Perfect Royal Blood and the Habsburg Family

Philip IV of Spain had been trying for forty years to produce a male heir. Ten of his children had died young, only one of them a son. Finally in 1661, he succeeded: his second wife—who was also his niece—gave birth to Charles, a new prince “most beautiful in feature.”¹

Philip IV was one of the Habsburg kings, a member of the most powerful family dynasty in Europe: Habsburgs ruled much of central and eastern Europe, and since 1452, the Holy Roman Emperor had always been a Habsburg. For more than a century before Charles's birth, the Habsburg family had stopped marrying outside their royal dynasty, in order to keep their bloodline pure and preserve power within the family. First-cousin marriages and uncle-and-niece marriages (like Philip's) were common.² The young Charles's maternal grandmother was his paternal aunt, and his paternal grandmother was also his great-grandmother.³ A close look at the

Chapter 2

Habsburg family tree reveals these looplets occurring everywhere—not a tree with open branches, but a thicket.⁴

Charles, the cherished heir, could trace his genealogy nine different ways back to Joanna of Castille, a mere seven generations in the past. Joanna the Mad, she had been called, likely due to inherited schizophrenia or psychosis.⁵

Prince Charles did not withstand this wonderful inbreeding well. Profoundly crippled and mentally disabled, he was four before he walked and eight before he talked.⁶ His father died when he was three. The beautiful baby turned into a grotesque monarch. While his ancestors were proud of the Habsburg jaw—a mark of royalty for generations—his shrunken upper and protruding lower jaws did not allow him to chew food,⁷ and his swollen tongue garbled his speech.⁸ Epileptic and insane, this last of the Spanish Habsburgs died at age thirty-five with no children, even though he married twice. This House of the Habsburgs crumbled.

Geneticists would later calculate that Charles's genetic overlaps were greater than if he had been the child of a brother and sister.⁹ The same names appeared too many times in his near kin for too many generations.

In 2004, this story would not have mattered to me had I stumbled upon it. With a perfect baby in my arms, I would have declared that inbreeding doesn't happen today.