



*Connecting Family and Friends When Health Matters
Most*

Gabriel Emerson Bales's Journal

SUNDAY, AUGUST 1, 2010 7:53 PM, CDT



The first of the last two hurdles Gabriel had before he could be discharged was a hearing test, which involved measuring his brain waves while specific tones were played in his ears. He passed that test handily. (Now I can look forward to crotchety warning him to be careful when he goes to concerts, else he will have tinnitus like me, and I didn't suffer through two months in the hospital for him to go and ruin his hearing like that. I can't wait!) The other hurdle was weight gain. He began the weekend weighing 2160 grams (4 lb 12.2 oz) and ended it weighing 2200 (4 lb 13.5 oz): Hurdle 2 was jumped easily.

We had been told Gabriel would be discharged after rounds on Sunday morning. So on Saturday night, Kathy and I went home to get a good night's sleep, leaving Gabriel in the capable hands of Nurse Derricca. Neither of us slept as much as we should have. We were nervous. We arrived just as the doctor (in his first day on service for the month, so he was new) and Nurse Practitioner Carol were walking in. Our talk was brief. They told us they would write orders to discharge him as soon as rounds were over. We were cautioned against taking Gabriel out visiting because his immune system is weak (a lingering consequence of prematurity). Then Nurse Angie gave us his discharge papers and disconnected him from all of his monitors.

Gabriel was free. We packed up his things, including some keepsakes from the hospital, such as the glasses he wore under the phototherapy lights in his first week and a sleep sack given to him by the [Premie Project](#). Finally, we strapped him into his car seat ("All babies leaving this floor must be in a car seat or lying flat on a bassinette," cautioned his nurses, "Or else they'll call security and charge you with baby stealing!") and we walked out the door.

We end this chapter of Gabriel's story extremely glad that we live where we do. The care he received in the NICU at the University of Iowa Children's Hospital was exceptional.

Having an infant there wasn't easy: in general, coming to terms with the fact that the pregnancy and birth we wanted was far, far different from the pregnancy and birth we got was grievous; living between the hospital and home and later, at the hospital itself was exhausting; accepting the fact that we were parents but not guardians of our son was excruciating; getting along with every nurse Gabriel had was impossible. Nevertheless, we were always confident that the NICU had Gabriel's best interests at heart. I wouldn't recommend this to anyone, but I would definitely recommend the NICU at the University of Iowa.

Before I end the post, however, I want to extend special thanks to MM and CM, who spent more time in the NICU with their infant daughter than any parents should have to. For two months I pumped them for information and stories, and for two months they happily obliged. Their candor helped put the NICU experience in perspective. M&C, thank you; next time we are in Arkansas, we're buying dinner.

Finally, thank you. Your continued interest in Gabriel's progress has been a constant comfort to us. Your comments on the [Guestbook](#) have reassured us and even made us laugh at times we most needed it. Even in these latter days when there has been very little to report because all was well, it's been nice to know that you're still checking in just to be sure all was indeed well.

This is the last entry in this journal. Later tonight, we will post a few more photographs in addition to the going-home picture at the top of this post, then we will call it good. The journal will remain online for a week, then we will print it and the Guestbook out and take it down. If you would like to keep up with Gabriel's continued growth and development, I'm sure we'll say a thing or two on Facebook ([here's me](#), [here's K](#)). For pictures, I keep [my Flickr account](#) up-to-date with just about every interesting photograph I take. (You have to join Flickr—a Yahoo account works—and become a family or friend contact to see images of more than just our pets, scenery, or neighborhood knick-knacks.) Finally, drop us a line! We'll be more than happy to share endless stories of Gabriel's latest and greatest projectile poop with you. After all, it's what other new parents do; now it's our turn to join the fun!

FRIDAY, JULY 30, 2010 11:33 PM, CDT

The NICU must have needed Gabriel's room in Bay 5, because he was moved to Bay 4 this morning. Bay 4 is a small 8-bed unit just off from the mother/baby unit where we began this adventure way back on June 1, when Kathy was admitted for a week for observation. One week turned into two turned into two months. We've been all over this hospital in the meantime, but now we've come full circle.

Where it began is also where it will end. Gabriel is not long for the NICU. He is now on "ad-lib" feeding, which means he is now setting the schedule for when he eats. He also sat in his car seat for a good 30 minutes, passing a positional apnea test in the process. So long as he gains weight today and tomorrow, and so long as he has no surprise complications, he'll be going home with us on Sunday. Which means that Sunday can't

come soon enough.

THURSDAY, JULY 29, 2010 11:28 PM, CDT

Somewhere directly above Gabriel's room, either in the pipes just above the ceiling or further up, on the roof, is something that occasionally radiates so much heat it makes the ceiling tiles burn to the touch. The air temperature near the heat source rises at least ten degrees, rendering the air conditioner ineffective. To sit nearby is to sweat. Or, if you're a 4 pound 12 ounce infant **fresh out of his Isolette for good**, then you take off at least one of the three layers of clothes you're wearing.

TUESDAY, JULY 27, 2010 11:46 PM, CDT



Gabriel had some quality time with his grandmother over the weekend, though not nearly as much as she would have liked. The picture at left was taken on her first night in town. She returned to Arkansas on Monday morning with plans to come back to Iowa City soon.

Unrelated to Mom's visit, Gabriel lost weight on Saturday and then again on Sunday. Losing weight is expected when shifting from one kind of feeding to another, but not two days' worth. On Monday they adjusted Gabriel's nutrition, and he has been gaining weight again ever since.

SATURDAY, JULY 24, 2010 12:07 AM, CDT

Tonight, Gabriel's Grandma Becky arrived. It was her first trip to see him since his birth, and she held him and snuggled him close. She will be here rest of the weekend.

In other news, Kathy moved in with Gabriel to begin his transition from [bolus feeding](#) to feeding by mouth. On the one hand, she lived at UIHC for half of the month of June, before Gabriel was born, and she was apprehensive about moving back there. On the other hand, this is one of the last steps before he is discharged, and there is no other way to make it happen sooner than to become his 24-hour support now. So now I have extra reason to want Gabriel to come home: he'll bring his mother with him.

THURSDAY, JULY 22, 2010 1:25 PM, CDT

Things have been going well since our last update.

Gabriel's follow-up [ROP](#) eye exam went fine. His next follow-up will be in a couple of weeks.

Today we were given the go-ahead to increase our number of daily nursing sessions to 3-4. The next step will be for me (Kathy) to move into his room so we can eventually have

him taking all of his feedings orally. We'll be really glad to see that [NG tube](#) go!

We're impatient to get Gabriel home, but realize that it won't be long.

MONDAY, JULY 19, 2010 8:28 PM, CDT

When Gabriel began wearing clothes last Thursday, and especially when he passed 1.8 kilograms (4 pounds) Saturday night, the countdown to a crib began. When he will be moved is anybody's guess. Over the weekend, some of his nurses were murmuring about it happening today because his Isolette is due for replacement anyway. But other nurses were skeptical. For all we know, it could still happen today, because when we arrived at his room this evening, his Isolette was still the same one he had last week.

Tomorrow, Gabriel will have a follow-up to last week's eye exam. I expect all to be well with it.

In other news, your support this past month has really been a blessing to all of us. One sign of that support is the number of visits we've gotten to this CaringBridge blog: it will hit 2,000 visits sometime tonight. On that note, if you have appreciated this service as much as we have, do consider giving a donation to CaringBridge so they can continue to serve people like us with loved ones in need.

SUNDAY, JULY 18, 2010 2:33 PM, CDT



Our big accomplishment for this weekend?

Getting past the 4-pound mark! Yay!!

This picture was taken on Friday. There are a couple more on the Photos page.

FRIDAY, JULY 16, 2010 3:36 PM, CDT



We've had a good couple of days. On Wednesday night, Gabriel's nurse decided to try changing his Isolette to room air, as opposed to patient control. This doesn't actually mean that the heat is completely off in the incubator, but it does mean that Gabriel is improving his ability to maintain his body temperature well enough that he needs much less heat. He isn't "plugged in" to the Isolette anymore; his nurses just keep an eye on his temperature and adjust his environment accordingly.

So I (Kathy) should have expected it, but I was still very happily surprised to walk into

Gabriel's room on Thursday and find him wearing clothes for the first time! This particular sleeper was big on him and made him look even tinier than he is, but as soon as I changed him into a preemie-sized sleeper (after a fairly traumatic sponge bath), he was perfect! I also discovered yesterday that his cord stump had finally fallen off, revealing a sweet little belly button.

Today I had another big surprise when Gabriel decided to really take nursing seriously for the first time, after several abbreviated attempts. This is good news, since learning to take his feedings by mouth is going to be the main challenge from here on out--gain weight, take food orally...go home!

The only not-so-great thing going on right now is that Gabriel's [hematocrit](#) and [hemoglobin](#) are low. Because of his low numbers on these labs, Gabriel's iron supplementation has been increased. (Preemies are often anemic, and breastmilk-fed babies in the NICU routinely receive some supplemental iron, since breast milk contains little iron.) If this situation worsens, he may have to have a blood transfusion. But since he's not symptomatic, they're not planning to do that at this time.

So overall, things are looking good. Gabriel spends a lot of time awake and alert these days, which makes our visits fun. When he's out of the Isolette, he's curious about his surroundings. Unfortunately, his being connected to monitors by wires means that he can't make the journey across the room to take in the view from his window. I can't wait for the day when he gets to go outside for the first time!

Happy 1-month birthday, Gabriel!

Last week we entered Gabriel's room to find this poster, fashioned by Nurse Katie, hanging on his wall. I thought the footprints were a nice touch!

WEDNESDAY, JULY 14, 2010 9:59 PM, CDT

Gabriel's nurse tonight began trying him out on room air temperature.

In other news, happy four-week birthday, Gabriel!

TUESDAY, JULY 13, 2010 11:21 PM, CDT

It seems Monday was a disorganized day all around, because Gabriel's nurse(s) neglected to inform us that he had a follow-up ultrasound to ensure he showed no signs of [IVH](#), or bleeding in his brain. As with the previous ultrasound two weeks ago, the test was negative.

Today, after receiving drops to dilate his eyes, an ophthalmologist checked Gabriel for [retinopathy of prematurity](#) (ROP). At its worst, ROP is a cause of blindness (Stevie Wonder's blindness was caused by it). Gabriel is also at risk for other eye problems because of his premature birth—though some will not be evident for at least a year. The report: His retinas are immature (technically, Zone 2), but the growth of the blood vessels in them is so far normal (ROP Stage 0). Because ROP can still develop as the vessels develop further, Gabriel will have another ROP check next week.

Finally, Kathy discussed with the nurse practitioner Gabriel's steps to discharge. There are several milestones he must meet before he comes home. Specifically, Gabriel must have no [spells](#) for 7 days, maintain his body temperature, wake himself to take feedings, take only medications that can be taken at home, and gain weight nearly every day.

Gabriel has been meeting most of those steps to discharge for a week already, and the nurse practitioner pointed out today that he is also maintaining his body temperature fairly well: his Isolette doesn't do much to keep him warm. The primary obstacle to discharge Gabriel has, therefore, is his size. He is growing, but he is still much smaller than his gestational age would suggest he is. (The average fetus in utero would weigh about two pounds more than Gabriel does now.) Some of the things he needs to learn, such as how to eat by mouth, are easier to learn with more weight. As well as he is doing, it is still the case that Gabriel has a ways to go before he is ready to leave the hospital. We await that day eagerly.

TUESDAY, JULY 13, 2010 12:07 AM, CDT

Gabriel's Isolette is supposed to react to his body temperature. When his temperature drops by a tenth of a degree Celsius, its temperature rises by a tenth of a degree. This ensures he expends more energy doing beneficial things like growing than keeping warm. More often than not, this means the Isolette is only somewhat warmer than the air in the hospital room—it doesn't need to be hot to keep his temperature steady at right around 37 degrees Celsius.

When Gabriel comes out of his Isolette, his nurses switch the machine's temperature controls to "room air," which ensures that it doesn't try to heat an empty plastic box while we hold him. "We're the only ones who should touch the Isolette's controls," a nurse scolded last week after we had tried to turn the box off and take him out to hold him. "If you hit the wrong button, you could [cook the baby](#)."

Imagine our surprise when we arrived at the hospital tonight to discover that Gabriel's Isolette was hot and Gabriel himself was hotter than usual (though still within the range of normal) at 37.3 degrees! Apparently, his Isolette had been changed earlier in the day, and it had not been set to be controlled by his temperature. How long had he been sweltering

in there? Not long, his nurse—who had just begun her night shift—assured us. It was long enough to make him lethargic, however, and we took him out of the box for a few hours to give him a break from the heat.

SATURDAY, JULY 10, 2010 10:12 PM, CDT



Greg may be taking the weekend off, but not me! I thought I'd check in briefly just to say...

*** **BOYS!**

Yes, Gabriel peed all over himself yesterday when we changed his diaper--all the way up to his chest. And of course he got very angry when we cleaned him up afterward.

*** Today his feedings were increased to 32 mL--just over an ounce. He seems pretty happy with that increase.

*** Gabriel enjoyed visits from Jen S. yesterday and Mary and Wayne W. today and was captivated by these new and interesting voices and faces. (He already seems to be getting pretty bored with his parents, poor kid.)

The image above is part of the view from Gabriel's 7th-floor room in the Carver Pavilion. These are the gothic (or Gothic Revival?) towers of the original General Hospital--quite a sight, especially from the Rooftop Terrace (one floor above G's room)--a huge, impressive edifice surrounded by myriad boring brick medical buildings.

If you're a fan of cute cat photography (and who isn't, really?), you'll want to check out the Photos section of this website to see the picture hanging on Gabriel's wall. For current and former Iowa Citians, you won't be surprised to know that this is probably not a Project Art acquisition.

FRIDAY, JULY 9, 2010 10:24 PM, CDT

Thanks, everyone, for your interest and concern about Gabriel this week. Because Gabriel continues to gain weight and do well in other measures, I will be taking the weekend off from updating the blog.

FRIDAY, JULY 9, 2010 10:02 PM, CDT

Gabriel has four sensors attached to him at all times. They monitor his temperature. This sensor connects to his Isolette to allow it to keep his body temperature constant

his heart rate.

his respiratory rate.

the oxygen content of his blood.

The monitors for 2–4 can be checked from anywhere in the NICU. In addition, if his heart slows or races, alarms sound. If his respiratory rate slows or races, alarms sound. And if the oxygen content of his blood drops below a particular number, alarms sound. Two of the sensors are even attached to two different monitors such that when Gabriel's heart rate goes up, different alarms go off at once.

All of that to say: when Gabriel stretches more than usual; when he fusses because he is hungry; when he cries because he is upset, alarms sound.

I am weary of alarms.

THURSDAY, JULY 8, 2010 11:12 PM, CDT



I (Kathy) will be giving tonight's brief update, as I want to recognize a new milestone for Gabriel. Today he weighs 3 pounds, 6.5 ounces--a full pound (and then some!) above his birth weight.

To celebrate this monumental achievement, I offer a photo of me with my little peanut. This was taken a week ago, when he was *much smaller*. It's amazing how much difference an additional ounce or so a day makes with a tiny baby. Just today, Greg and I were marveling at how huge his feet are getting! I'd like to think that Gabriel could win the genetic lottery and get his paternal grandfather's height, but Greg doubts it very much.

WEDNESDAY, JULY 7, 2010 9:47 PM, CDT



It was only three weeks ago today that Gabriel was born, but I hardly remember a time when I wasn't shuttling from home to the hospital and back. In his short lifetime, Gabriel has done some moving of his own: He moved from NICU Bay 1 to Bay 2 at the very end of his first day and, last Thursday, from Bay 2 to Bay 5—which has the distinction of being a neonatal care unit, not a neonatal *intensive* care unit. To commemorate the latest move, the nurses made a poster welcoming him to the bay (see image, left).

Gabriel continues to gain weight, though if you could ask him, he wouldn't have a clue why. As of today, he takes an ounce of milk every three hours, but it seems no matter how much he is given, he gets hungry with time to spare. Nurse Jin remarked on it today: "Thirty milliliters is not enough: He still gets hungry all the time!" I suppose that's as good an indicator of his progress as any.

WEDNESDAY, JULY 7, 2010 12:18 AM, CDT

Tonight, we took an infant safety and CPR class. It was unremarkable except for the fact that the purpose of the entire first hour was to drill home how unsafe our apartment is. Apparently, everything from the shiny metal of the bathtub spigot to the unforgiving edges of our coffee table are a difficult-to-resist temptation for a toddler to brain himself. By the start of the break, I was afraid to come home for *myself*, much less for Gabriel.

Sitting beside us was a couple who during introductions announced their baby is due in August. I couldn't help myself from blurting, "So was ours!"

Meanwhile, since yesterday Gabriel gained an ounce, and we taught him [a new song](#).

TUESDAY, JULY 6, 2010 3:31 PM, CDT

Every night I call up to the NICU to check on Gabriel. The report is usually matter-of-fact: "he has been sleeping well, had no residuals, and had a stool." Finally, the nurse tells me how much he gained for the day, and we bid our good-nights.

Last night's call went differently. As soon as I said who I was, Kate began to giggle. So I asked, "Why are you giggling?"

"He's a little stinker," she replied.

"What happened?"

"After you guys left," she said, "I was changing his diaper—"

I interrupted her. They change Gabriel's diaper prior to every feeding. Knowing this, when we left the NICU just prior to his 8:00 feeding, we had changed him, but we forgot to mention it to her so she wouldn't have to do it herself. All this I explained, apologizing.

Kate giggled again. "I wish I had known that! When I lifted up his legs, PROJECTILE POOP! It sprayed all over the wall of his Isolette and halfway up my arm."

I told her that Gabriel had gained a reputation in Bay 2 for holding and dumping, then I laughed. "I'm glad it happened to you!"

She laughed, too. "I've worked here for five years, and that's never happened to me! Anyway, Gabriel now has a new Isolette and fresh bedding, and he's doing just fine."

And for the record, "just fine" is how Gabriel has been all weekend. He continues to sleep and grow, and we expect that to be the case for the foreseeable future.

FRIDAY, JULY 2, 2010 9:22 PM, CDT

 As Greg mentioned recently, Gabriel recently outgrew his first little



extra-small preemie diapers. Here, for perspective, Greg holds one in his hand. The new ones are size preemie-small and are actually appreciably larger: they come up to the middle of his back. Another thing to grow into, I guess!

Assuming things stay uneventful for the next few days, we're going to take the long weekend off from updating this website. We're looking forward to washing baby clothes, cooking (!), enjoying Jazz Fest (and hopefully fireworks--weather permitting), and spending time with Gabriel.

Have a happy and safe Fourth, everyone!

FRIDAY, JULY 2, 2010 7:55 AM, CDT



The other big news to come out of Thursday is Gabriel's weight. He has been gaining every day since June 23, and this week that gain has been significant: 30 to 50 grams (1 to 1.75 ounces) every day. (His gain actually makes an impressive curve if you chart it.) Last night, Gabriel passed the 3-pound mark! To celebrate that (arbitrary) milestone, we're posting a picture (see left).

(FYI, the tube in Gabriel's nose goes to his stomach; since the PICC line came out, it is the only tube he now has. He also has a handful of sensors attached to his abdomen. Still, he is still much easier to move around than he used to be. The hat is by J. Crossett and is [one](#) of [two](#) knitted for him prior to his birth. The second, knitted by Mom, is still too big.)

THURSDAY, JULY 1, 2010 11:59 PM, CDT

At rounds today, doctors decided that Gabriel would be put on the out list to be moved from Bay 2, which houses some of the sickest infants (both preterm and term) in the NICU, to Bay 5, which houses the healthiest and most stable. "All they're waiting for," said Nurse Bridgett when I called this morning, "is a couple of other babies to be discharged."

"That's great!" I said. "When do you think that'll be?"

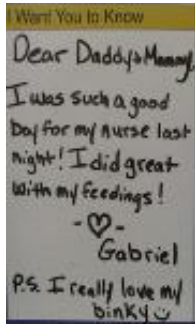
She replied, "Not until this evening, in part because they're also taking his [PICC line](#) out today. They'll wait until his IV bag runs out, which will probably be around 5:00 or 6:00 this evening. They'll take out the line, I'll feed him, and then we'll move him."

And that's what they did!

Gabriel's room in Bay 5 is in an older part of the hospital, but the room bigger and more private than his room in Bay 2. It has a heavy wooden door, a bathroom with shower, a foldaway bed, a television, and a window. It is set up for us—or one of us, anyway—to be able to sleep his room; if all continues as well as it has been, it will probably also be the last room he has in the NICU.

We are more than a little happy with the change.

WEDNESDAY, JUNE 30, 2010 11:30 PM, CDT



Gabriel went up a diaper size today. Yesterday's diapers, which looked like diapers one might put on a doll, were getting snug around the legs, and he was like to fill them up once or twice a day ("He holds and dumps," said his resident doctor). Of course, his new diaper is so big it brushes the back of his head when he arches his back, but at the rate he's growing, it seems he'll fill it out soon enough.

Sadly, tomorrow is the last day of Gabriel's resident doctor's round of service. She has been a great fan of his ever since he arrived in her care; moreover, she has done much to acclimate us to the NICU, answering our questions and being really supportive and helpful at all hours of the day and night. So thanks, Dr. Jill, for helping Gabriel get this far!

TUESDAY, JUNE 29, 2010 11:07 PM, CDT



Thanks for your continued interest and concern these past two weeks. Your encouragement and support has been breathtaking. Y'all really are awesome.

TUESDAY, JUNE 29, 2010 8:55 PM, CDT

This afternoon, we gave Gabriel his first bath. It was a mostly simple affair accomplished by wiping him down from head to foot with wet gauze. Sticking our hands through the portholes in his [Isolette](#), Kathy took his right side and I his left. Then, Kathy said, "Turn his head over."

I asked, "Which way?"

"Over here."

So I turned him over; it was the wrong way. I turned him again. Wrong again. Now, Gabriel's bed is a blanket covering two rolled up towels. He doesn't have far to move. I asked, "Where do you want me to move him?"

We eventually figured it out.

After Gabriel's bath, we brushed his thin hair with a soft-bristled toothbrush and laid him back down on a clean blanket. After his nurse fed him (16 mL, as of this afternoon!), he fell asleep, and we left for the day.

With every day, however, it is becoming harder and harder to leave.

MONDAY, JUNE 28, 2010 9:50 PM, CDT



Today was happily uneventful clinically. Gabriel received his first orders for "12Q4," which means he is now eating 12 milliliters of milk every 4 hours. When we left him this afternoon, he seemed happy enough on it that I would not be at all surprised if he were bumped up again tomorrow.

In other news, Gabriel received his Social Security card so that now he can contribute his part toward the broadly shared prosperity that America enjoys!

Finally, Gabriel said good-bye to Grandma Lyons, who returned to Rochester not a little sad that she had to leave him. "I'll miss him," she sighed. But her visit was otherwise fortunate because she managed to be here in time to become the first grandparent to hold him. She also got to be the first grandparent to be holding him when he had a diaper blowout. Lucky woman, indeed!

MONDAY, JUNE 28, 2010 8:59 AM, CDT

Saturday night we had our first (and hopefully last) late-night trip to the NICU. Earlier that day, Gabriel's every-three-hours feeding was increased from 7 mL of breast milk (plus protein powder) to 9mL. When we left him early in the evening, his little belly looked pretty distended to us, but he was acting fine. Greg was worried, though, and called to check on him around 10pm. Sure enough, the night nurse reported that Gabriel had had 3.2 mL of residual left in his stomach from his 9pm feeding. In other words, a little more than a third of what he was given through his feeding tube never progressed past his stomach.

Whenever the doctors and nurses see a substantial residual like this, they quickly jump into [NEC](#)-busting mode. Even though we'd had a very similar experience [just four days earlier](#)--which turned out to be due to an excess accumulation of gas in Gabriel's gut brought on by a 9mL-feeding--the drill was the same: his feedings were put on hold, x-rays were taken, and blood was drawn for labs to rule out NEC.

By the time we arrived at the NICU, Dr. Jill had already reviewed the test results. The labs and x-ray were all negative for NEC. "We just have to get past the 9s!" Because Gabriel obviously hasn't been tolerating this volume of feeding very well, something had to be slowed down. She decided that rather than reduce the volume they would slow down the frequency of feedings, reducing from every three hours to every six hours. They quickly increased it to every four hours and will doubtless try to get him back up to three hours as

soon possible.

While we were hanging out with Gabriel, waiting for Dr. Jill's verdict, I noticed that I had a new, painful swelling under my incision. A quick trip to Labor & Delivery to have it looked at brought this explanation from the OB on call: "The human body isn't meant to be cut into. It has some interesting ways of healing itself."

And so we continue to witness the miraculous--and often kind of gross--workings of human bodies, big and little, and try to find the patience we need to heal and grow.

SATURDAY, JUNE 26, 2010 12:32 PM, CDT

Consider this Friday's update. (I fell asleep last night before I had a chance to write.)

Gabriel was transferred from a [radiant warmer to an Isolette](#), which means his doctors are sufficiently happy that he is stable and in need of little more than time and space to grow. And grow he has begun to do: from Thursday to Friday he gained 63 grams (2 ounces)! To help that progress on, they have begun giving him protein shakes by mixing a protein powder into his milk. In this way they increase the calories he takes in, but not the volume.

On the doting end of things, Gabriel's grandmother Eleanor had her first chance to hold him.

This is all pretty good—good enough, in fact, that I plan to take the weekend off from updating this journal. Kathy has been making noises about posting, but if she doesn't and this site is silent for the next couple of days, be assured that all is probably well.

THURSDAY, JUNE 24, 2010 10:12 PM, CDT



This morning, we learned that the radiologists who read the ultrasound of Gabriel's head reported there was no bleeding in his brain. As a result, for the first time today—eight long days after his birth—we each got to hold him.

We had to be seated—Gabriel was still connected to monitors and IVs—and we had to be still—he had just eaten and was well primed for a nap. Kathy, who to get to this point had been imprisoned in the hospital for two weeks and then sliced open, held him first. Nurse Carrie lifted Gabriel from his bed and shifted him into Kathy's arms. There, wrapped in a blanket and [wearing a hat](#), he nestled [against her bare skin](#), quiet as he has been in several days. For a time he gazed at her, then he fell asleep, and they both remained still for a half hour.

Then, it was my turn. I won't describe the experience to you here—I'm not really sure I can—but suffice it to say that I was still grinning about it for hours afterward.

THURSDAY, JUNE 24, 2010 9:45 PM, CDT



A drawing (pictured left) now hangs in Gabriel's room. It is by his good friend Althea D-S, who is three years old and wants very much to meet him but can't because he is still in the hospital.

The caption reads: "This is a little kangaroo baby with ears sticking out of mother's pouch. She's sitting down holding him. And this is how you spell his name: Ert. She has stripes because that's her pouch."

Althea drew two pictures for Gabriel in addition to this; her baby sister Naomi contributed to one of them.

THURSDAY, JUNE 24, 2010 9:13 AM, CDT

This is just a quick post to say thank you for all the kind notes you have sent, both [here](#) and offsite. We have read everything you have written, and we appreciate your interest and concern immensely.

WEDNESDAY, JUNE 23, 2010 10:30 PM, CDT



If it didn't go out entirely, then yesterday's fire at least dwindled to smolder and smoke today. Gabriel's white blood cell count, which had been elevated, came back down, probably thanks to the antibiotic cocktail they put him on. The blood and spinal fluid cultures begun yesterday resulted in no signs of infection. Finally, the radiologists reviewed the X-rays of his abdomen and found nothing but gas, which will probably turn out to have been the cause of Tuesday's residual.

Such is the way of a NICU, say Nurse Tara and others who have been through this before and have been generous enough to share their experiences. It's nerve-racking, of course. However, considering what could happen in the absence of such caution, the temporary distress is forgivable.

So where does that leave Gabriel now? First, he remains on antibiotics. His nurse today said that after such scares, in the absence of a clear diagnosis, they frequently leave a patient on the antibiotic cocktail for about three days then discontinue it. Second, Gabriel is back on milk. Both the volume of food and and pace of feeding is much less than on Monday. As Gabriel demonstrates he can handle more, they will slowly work him back up to and beyond that volume and pace. Given how grumpy he was yesterday, I think Gabriel will be especially glad for the food.

In other news:

When the vampire known as a phlebotomist came to draw blood this morning, Gabriel was extremely unhappy about it. He wailed for some time. And I don't blame him. He gets his left heel pricked every six hours or so; as small as that heel is, there isn't much unstuck area left on it.

Gabriel met his Grandma Lyons today. Is there a prouder Grandma in the world than she was today? I think not!

Gabriel's new room, which is distinguished by glass doors and is therefore much quieter on the whole than his old one (pictured), pwns.

This afternoon, Gabriel received an ultrasound to check for [IVH](#). Preliminary results suggest he is clear of it, but they won't be final until after the radiologists have reviewed it sometime on Thursday. Keep your fingers crossed: very good things will happen if that report comes back with no problems.

Early this evening while we were still at the hospital, Johnson County had a tornado warning. Gabriel received a new ID bracelet, just in case the tornado blew through and hit the hospital. It didn't happen. However, given the long odds for everything that has happened in the past year, I was mildly surprised by the actual outcome. (Fortunately, K and I [already have](#) significant tornado experience. As far as disasters go, been there, done that.)

WEDNESDAY, JUNE 23, 2010 6:05 AM, CDT

On the plus side, Gabriel did get a private room yesterday!

TUESDAY, JUNE 22, 2010 7:54 PM, CDT

A good day today does not mean a good day tomorrow; bad days are likewise.

This morning Gabriel's nurse called and left a message. "I wanted to update you on how Gabriel is doing," she said. Kathy and I each held our breaths. "It's not an emergency! He has had a little trouble breathing—his vital signs are still high, but his breath is a little labored from yesterday. He also had 5 mL of residual after his feeding this morning. We're going to X-ray his chest to check everything inside. His behavior is still normal: he acts healthy and seems hungry. Let me stress that it's not an emergency. We're just being extra cautious to be sure everything is okay."

We exhaled only after we called her back, and then we held our breaths again until his doctor called after the results of the X-ray came back. We still don't know what was wrong—it will be a couple of days before all the lab results are in—but the short of it is that they are being extra cautious in case Gabriel might be developing NEC or some sort of infection. They've done a lumbar puncture to check for meningitis and have begun blood cultures to see whether he has bacteria in his bloodstream. Meanwhile, he has been put on antibiotics and his feedings are on hiatus for 24 hours (a condition he does not much appreciate, I might add).

The good news is that Gabriel does not present with any behavioral evidence of pain or distress—he still sleeps and is pleasant to be around. He has several fans among the nurses, who are quite impressed by the cleft chin he has inherited (by way of his grandmother and me) from his great-grandfather.

So with luck and excellent care, in a few days Gabriel will be back to where he was yesterday.

MONDAY, JUNE 21, 2010 12:55 PM, CDT

Gabriel has spent much of his time since Thursday under cellophane. Stretched tight across the edges of his bed, it sat about about an inch above him and sometimes, depending on the thickness of his bedding, it was even closer. He kicked against it a lot, and sometimes, when it was close, when he moved his head his nose would push against it. It was not unlike [watching Freddy Krueger's victims try to escape out the top of his head](#) (but not really like that at all).

The cellophane is a decidedly low-tech tool to help Gabriel regulate his temperature and keep his moisture levels constant by keeping drafts away from his skin.

This morning, Gabriel's nurse said he might not need the cellophane anymore, so they were going to try leaving it off him for a while.

In other news:

Feedings have been increased from 7 mL to 9 mL; if he takes that well, he'll be up to 11 mL tomorrow. This gradual increase is important to help prevent Gabriel from developing [NEC](#). It is also necessary to ensure he keeps growing. He lost a few grams of weight yesterday, which suggests he hasn't yet getting enough calories to sustain continued growth. However, if giving him less now staves off a life-threatening disorder, then it's worth it.

His potassium is stable.

His bilirubin levels came back up, so he is back under the bright lights.

Gabriel might get a new room in the next few days—this one will be private, with (glass) doors, and it will have a little more space for us to spend time with him.

SUNDAY, JUNE 20, 2010 4:16 PM, CDT

Changing Gabriel's diaper is a 12-step process:

Put on gloves.

Get a tiny diaper out of a drawer underneath his bed. The diaper is too big for him: it hangs an inch between his legs. But it's what he wears.

Lift GEB up by the feet, being careful not to disturb his PICC line, which is in his right leg, and slide the diaper beneath him.

Unstick the old diaper from the dressing for GEB's PICC line.

Unstick the diaper from one of three sensor wires.

Take the old diaper off and place it on a scale by the sink.

Wipe GEB down.

Fold the front of the diaper down so it fits slightly better and doesn't interfere with GEB's cordstump.

Unstick the new diaper from one of three sensor wires.

Unstick the diaper from the dressing for GEB's PICC line.

Fasten the new diaper closed.

Throw away gloves and wash hands.

I should note that Gabriel doesn't much like having his diaper changed. He much prefers to be left alone to sleep, complaining as much as he can when he's not. His nurses have labeled him feisty. (If this is our first indication he has inherited his mother's temper, then we may be in trouble.) There are worse things to be called by one's NICU nurses.

I spoke with the resident doctor in charge of Gabriel's care today about what to expect in the coming weeks. They continue to monitor for [NEC](#), which Gabriel will be at increased risk for in his first two weeks. (It is for things like this that we are happy to be at the University of Iowa Hospitals and Clinics. "We have very good numbers for preventing and treating NEC," the resident emphasized.) Next week, he will have an ultrasound to check for bleeding in his brain, a [common phenomenon in preterm infants](#). (It is more likely to occur in infants born prior to 32 weeks gestation than it is in Gabriel's case; however, he is still at some risk for it.) In four weeks, his eyes will be checked for [retinopathy of prematurity \(ROP\)](#), another common condition. Meanwhile, he will continue feeding and, hopefully gaining weight.

Of course, at just over a kilo, Gabriel is still very small. But as of today, he continues to do well—really, very well. His feedings have increased in number and volume, and yesterday he regained a few of the grams he had lost from his birth weight. His potassium levels were high this morning, but the resident said it was probably their fault—they had been giving him supplements, and she thought it was probably time to decrease how much he received. Anecdotally, the resident said that one of the specialists observed him yawning and stretching this morning and remarked, "Sick babies don't do that."

So for today, Gabriel is doing everything he should be. With luck, he will continue to do the same for the next few days and weeks. If so, then I guarantee this journal will become excruciatingly boring for everyone, including me. And if that happens, it will be the best thing I've ever written.

SATURDAY, JUNE 19, 2010 10:55 AM, CDT

News from today's rounds:

The bilirubin lights will come off.

Labs, which were being collected every 6 hours, will be collected less frequently.

Feedings will now take place every 3 hours.

FRIDAY, JUNE 18, 2010 10:43 PM, CDT

Two more grandparents left today when Grandpa Mark and Grandma Janice caught a plane back to Virginia in between thunderstorms. When Grandma Eleanor arrives late Tuesday night Gabriel will have met all his remaining grandparents except for two great-grandparents in Arkansas.

Gabriel's [biliruben](#) levels were high yesterday making him slightly [jaundiced](#). We also learned during rounds that he had lost some weight. Neither result was surprising or worrying to anyone but me since they're common symptoms of newborns and easily addressed with [phototherapy](#) (in the case of neonatal jaundice)—he spent the day under full-spectrum lights—and good nutrition.

The good news is that Gabriel's cannula came off at noon and he has been breathing room air on his own ever since. Other events were likewise positive: Gabriel was taken off antibiotics because he had no sign of infection.

Kathy will be discharged from the hospital tomorrow, so we will be relocating back home and beginning the process of learning how to live in between there and the hospital.

Ever since it was determined a week ago that it was better to deliver Gabriel than for Kathy to try carrying him to term, things have been difficult. How could Kathy not have been worried about how he would do or felt like she had somehow failed him? How could I not have felt unprepared for the tremendous job of caring for her and for him simultaneously or thought about potential complications of delivery? Fortunately, Gabriel's first three days have really gone well—we know they could have gone very differently, and we are both very grateful that they did not.

THURSDAY, JUNE 17, 2010 8:11 PM, CDT

Today, Gabriel said good-bye to his grandmother Becky who returned to Arkansas for a few weeks (taking Newton with her), and then he went on to have another good day. By noon, his high flow oxygen line was swapped for a regular nasal cannula. His breathing is strong enough that doctors expect the cannula to be removed soon—though of course they won't give us a day yet. Apparently, he thinks it's time to take it off, too: his nurses said he had it in his mouth more than in his nose. In addition, by nighttime, his navel IV line was traded for a [PICC line](#). Afterwards, he received his first feeding!

The most important development, though, had nothing to do with Gabriel's continued progress. Today, Kathy was strong enough after the C-section to wheel—and later, to walk—down to see him. How frustrating, then, that doctors and nurses were working on him both times she went during the day! So we are heading down to the NICU in a few minutes to give her some good and quieter quality time with him.

THURSDAY, JUNE 17, 2010 4:55 AM, CDT

Gabriel is doing well so far. In 24 hours he will have pretty much begun breathing on his own and perhaps even eating. These good signs are good!

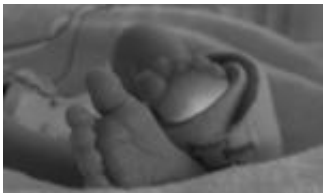
But Gabriel is still very, very young and fragile. His natural place is still Kathy's uterus, surrounded by her immune system and fed intravenously by her. Now that he is on his own (with of course a lot of first-rate help in the NICU), he is highly susceptible to infection and will be for several weeks. And when he begins feeding, there is a bowel condition that premature infants sometimes develop called [necrotizing enterocolitis](#) (NEC). He will be watched closely for both, of course, and we all hope he gets neither. I point these things out just to let you know what kind of road Gabriel is traveling and the dangers that lie ahead of him.

WEDNESDAY, JUNE 16, 2010 11:32 PM, CDT

Gabriel was moved this evening from NICU Bay 1 to Bays 2/3, which are called that because Bay 2 and Bay 3 basically function as a single unit. There are a lot of babies there, and a lot of nurses.

He is pulling out his nasal canula at every opportunity. When I first saw him do it tonight, Nurse Alison said "I kinda want to wait to see how long he'll go without it, he's doing so well."

WEDNESDAY, JUNE 16, 2010 6:38 PM, CDT



Gabriel (his feet, pictured at left) has now been taken off the ventilator and, with some help, is breathing on his own. Nurse Melissa reports that he is slated to graduate from NICU Bay 1 to Bays 2/3, probably sometime tonight. "He's a little rock star," she says.

Meanwhile, K is still recovering from the C-section.

WEDNESDAY, JUNE 16, 2010 3:45 PM, CDT

Gabriel's birth stats:

Weight: 1.076 kg (2 lb 6 oz)

Length: 14.75 in

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