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# Finding a baby: Log book of a search for a baby and his family

Dominique Desnot

Translated by Daphne Briggs

## Sunday 8 October 2006: First meeting with the seminar group

Having settled down in the train, I let my mind roam with the scenery. The other passengers were all speaking in Luxembourg dialect and I wasn't at any point grabbed by their conversation. Little by little, the ideas jostling in my head sorted themselves into logical batches. First, it seemed important to appeal to my colleagues: doctors, nurses, educational staff, secretaries, letting them know at the same time about the start of my training. Next, I thought about telephoning the nursery nurses with whom I work almost every day at the Protection Maternelle et Infantile (PMI) — a free community service for mothers and babies. Then, the paediatricians: which of them did I think I could approach? Which might be sufficiently attuned to listen? Normally I am the one who tunes in to them and meets *their* demands. I held onto two possibilities: my own children's paediatrician and the one I worked with in the paediatric preventative consultation service (CPP) in the PMI. That left the maternity services. I had already met several midwives during my visits to their units for families I was following but I was keeping this route to fall back on.

## Week 9–15 October 2006

Starting the next day, I badgered my colleagues to delve deep in their memories, to think of their acquaintances—was anyone pregnant? One of my colleagues suggested I contact Claire, a psychologist in the service and in charge of liaison with the town's maternity services. I leapt at the idea but could not do anything about it because André then took the same opportunity to tell me that Claire's husband was very close to death. We all went back to our activities with heavy hearts. I could not see myself disturbing her at such a moment.

The week continued and it was the turn of Michelle F., a doctor and psychoanalyst in the service, to give me an idea: to observe her grandson, who had been born at the end of July, about whom she was uneasy because he seemed to avoid rather than seek

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contact. Ouch, ouch, ouch! How was I going to get out of this one? I understood her distress, and her arguments in favour of an observation were convincing, but not in the context of my training. I suggested that her grandson was already a bit big.

At the end of the week I took the time to telephone my children's paediatrician to explain the quest I was embarked upon. He was in a hurry, as he always is. Did he listen to me? I still doubt it, but he took the opportunity to refer a family to us.

My surge of optimism was somewhat dented by the end of the week and I was seeing the difficulties in my quest with greater realism.

### **Week 16–22 October 2006**

No sooner had I arrived at the Centre de consultation médico psychologique (CMP) on Monday morning than Michelle F. came up to me and said, 'My son is dead against a shrink coming to observe his son. As for my daughter-in-law, she would have liked it a lot, you see. She told me she'd have appreciated the support of your regular visits'. Michelle seemed to be finding capacities in her daughter-in-law that were reassuring her and had enabled them to talk more about their anxieties concerning the baby. What is more, the baby had begun gently to open up to the world. I follow his weekly progress as his grandmother talks to me about him on a regular basis. And it is still true that her daughter-in-law, much taken with the idea of an observation, has promised to talk about it to her friends.

This week I was finally able to find time to meet the nursery nurses, especially Emmanuelle, herself the mother of a little girl of two. She immediately thought of a friend who was going to give birth in mid-February and promised to phone me back as soon as she could.

The following Thursday, a colleague with whom I had trained contacted me to do some mother-baby case work with a borderline patient whom she had in therapy and who was about to give birth to her fifth child. The first three had been abducted by their father, the fourth was in foster-care; it was panic-stations at every level: gynaecology, maternity, neonatal, PMI, social services, and adult psychiatry. The only imaginable rescuers were in child mental health. We agreed to meet in the maternity unit the following Tuesday. I had found a baby, but perhaps I would be discussing this one as a clinical case.

### **Week 23–29 October 2006**

I went to the agreed meeting-place, hoping I could stay a little longer and discuss my quest with the midwives. Having met the mother, we went up to the neonatal unit where the baby Manon was. Her mother got her ready quickly to give her a bottle of breast milk. The baby was hitched up to various pieces of equipment and it was not at all straightforward for the mother to settle down with her daughter in her arms. When at last I could actually see her, I spoke to Manon, introduced myself, and talked to her about herself and about her mother. The baby then made deep eye contact with me, very serious and reflective—dare I even say, mature—as she listened. The mother was

flabbergasted, and said several times over, 'Did you see how she is looking at you; but did you see how she is looking at you?' I couldn't help thinking of the future baby that I would be observing. This encounter pleased me despite the fact that I couldn't approach the maternity team until Thursday on our staff day.

The situation of Manon and her mother was far from simple; there were numerous pressures, and medico-legal questions had been raised. A psychiatrist would have to give the green light for them to leave, and child mental health services would swing into action thereafter.

All these pressures spilled out and overwhelmed the mother. She and her daughter were not due out until Friday 3 November. So it became out of the question to drop in and see the midwives, because I did not want to compromise the work I was now engaged in with Manon and her mother.

### **Week 30 October–5 November 2006**

In quiet moments, I was examining the possibilities outside my professional circles and was thinking of the 25-year-old daughter of a friend of my mother's who might perhaps have pregnant friends. So I approached Nathalie, who very quickly understood what I was doing and told me about a friend who had just had a baby.

I felt I had come to a standstill; I often thought of the other people in our observation group. Where had they gotten in their searches? Had they already found a family? Was it easier in Paris? One morning, after a night broken up by false awakenings due to a dawning anxiety, 'What if I don't find a baby?' I came up with the idea of meeting a friend who had always been cared for and delivered by a liberal-minded midwife. Happily, next day my thinking was clearer and I recovered my forward drive. Alas! The midwife was on leave and asked me to phone her back the following Monday.

Meanwhile, Nathalie brought me back a positive response from her friend, but the baby had been born on 5 October 2006. Immediately that rang alarm bells in me—wasn't this baby already too old? So I left a message for my seminar leader who confirmed my fear, which left me to break the news to the mother.

### **Week 6–12 November 2006**

On Monday, when I arrived at the CMP, I found a message from the nursery nurse, Emmanuelle, who had called me while I was on leave. As soon as I had a minute, I telephoned her with my heart in my mouth. In fact she was asking to meet me about a work situation, but thought she would see her friend very soon and also suggested I track down a certain midwife.

As soon as I got home I shut myself in the study and telephoned the two midwives. I explained my project to them. One suggested we meet the following Monday, while the other asked me to send her something written on observation so that she could talk about it more calmly to her expectant mothers.

I found an article by Rosella Sandri (1999) that explained in broad outline the nature and relevance of baby observation and posted it straight away the next day. My nights continued to be difficult from time to time, as a latent sense of disquiet stayed with me.

I finally plucked up the courage to telephone Nathalie's friend, doing my best to explain that her little girl was already too big. Her disappointment was palpable, she had been waiting impatiently for me; the message was well given but was too late in coming. No other news.

### **Week 13–19 November 2006**

On Monday 13 November, I scurried to the meeting offered by the midwife, Catherine. She proffered a whole list of her patients who would be giving birth between now and mid-January. Her welcome was warm, her rocking chairs very hospitable, and I let myself be lulled. Catherine was insistent about one name. This was a mother whose baby had shown one femur too short when scanned. It was her third baby. It seemed important to this midwife that someone follow her patient. I tried to explain to her that ideally she should talk about it first to the mothers, but in her mind the women who came to her would all be open to this sort of proposition. When I went home, the anxious faces of my husband and children were waiting for me. I was very dubious, but tucked my list carefully away.

The next day, a phone call came from Emmanuelle in the middle of a clinical meeting and I rush to it. Emmanuelle had seen her friend; she was in favour; she'd be giving birth in mid-January; she would give me all the details on Friday at the CPP. Something released in me, I gave some deep sighs; I could breathe better. That's it, then; I had found a family and everything fitted. The expected baby was a boy, and his big sister would be 18 months old when he was born. I didn't tell anyone about this news.

On Friday, I took the piece of paper Emmanuelle had prepared, put it in my trouser pocket, and checked it was still there several times during the day. It had all been done in a very discreet way and we had exchanged no more than a few words when we were alone. I did learn that her friend's parents were divorcing.

### **Week 20–26 November 2006**

I waited until Wednesday to telephone the family. I had thought a lot about what I was going to say to them and had re-read several texts about observation. I shut myself off from the rest of my family and dialed the number. After three rings a woman answered. Her voice struck me as anxious, strained. I introduced myself. She answered, 'Oh! Yes. Can you call me back in ten minutes?' I said I would, before hanging up. Questions were jostling in my head: had I disturbed her while she was busy with her little girl? I let 15 minutes go by and rang again: answering machine. I left my name and telephone number and hung up with a sinking heart. Was the family no longer in favour? Did they have serious reservations?

I couldn't meet Emmanuelle before Friday afternoon, because she was absent on Thursday. I told her about my phone call and explained that I did not want to seem to be badgering her friend, so what did she think—could I phone her back? Emmanuelle reassured me that her friend was very keen on this proposition, that I could contact her again without qualms, and that she must have disquiet concerning her own mother.

Calmer now, I called again on Saturday at the beginning of the afternoon, thinking the little girl would be having her nap. As soon as I said my name, the mother dissolved into excuses.

She immediately explained that she had concerns about her mother. Her parents had been separated since February 2006. Mme P. described her father as a very egotistical man, 'The world has to revolve around him on his terms'. Since September her mother had not been well and was being treated by a psychiatrist who is in charge of liaison psychiatry in the hospital where I work. He had prescribed her medication and saw her once a fortnight.

I sensed that Mme P. needed to talk and I was content to listen, occasionally saying that it can't be easy going through all this. She was expecting a call from her mother's neighbours. There was a ring—it was her mobile—and she excused herself, and asked me to hold on. In spite of myself I followed her conversation; the neighbour seemed to be reassuring her. She ended the other call and told me the outlines of her conversation, then, 'You won't drop me?'

Her voice was suddenly very knotted, and she seemed to be holding her breath. I quickly reassured her and suggested that we meet. Mme P.'s voice returned to normal and we fixed a meeting for the following Thursday at eight o'clock. Her husband would be there to take care of their daughter if necessary.

At the end of the conversation I let a wave of happy calm, close to fulfillment, sweep into me. I had found a baby and his family.

The same evening, I sent an email to my seminar leader, booked a hotel room for the following weekend (which it was high time to do!), something freed up in me, and I began to think about what I was going to write about the observation for our first seminar.

### **Week of 27 November–3 December 2006**

On Monday evening, my husband tells me my seminar leader had replied. Reading her message, I was very moved. Without my having had to tell her, I thought she had completely understood the stages through which I had passed.

On Tuesday, Emmanuelle got the news, was not surprised, and was very happy for her friend. She confided, 'I'd have loved you to come to the house like that for my daughter'. Such emotions!

### **Thursday 30 November 2006**

I had thought a lot about the P. family today and about our meeting, all the while reminding myself of the seminar leader's advice about how to present ourselves.

The P. family lived in the neighbourhood where I spent part of my childhood, but at that time, where their house now stands, there were fields where we used to toboggan. . . . After my father's death and my mother's departure for Normandy three years ago, I had seldom gone back to this neighbourhood, but I was on familiar territory and it took me just ten minutes to get to their house. On arrival I rang, and it was Mme P. who came to the door—I had never imagined otherwise.

Very quickly I caught sight of her husband and little girl. Mme P. seemed very slim—I had difficulty making out that she was carrying a baby. Her light chestnut hair was long and rested on her shoulders; she was unaffected, no trace of makeup, she looked well—her mother must be doing better. M. P. was immensely tall, with black hair and a pleasant face; he welcomed me with a smile.

Lili was sitting in her high chair. She tried to get out by sliding legs first, but she did not escape her father's vigilance. She is big and well built for her 17 months (she was born on 28 June 2005); she has a round head with a halo of wavy dark-blonde hair.

Mme P. suggested I take my coat off and go into the living room and asked if I wanted her husband to take part in our conversation. I turned towards him; he had an amused smile, and I replied that he would be welcome if he wished, but that he could finish eating first.

Lili came to join us in the living room but settled herself at the other side of the low table. I made little 'peek-a-boos' for her with my hand. After a moment of reflection, she responded to me with a fleeting smile as well. The mother swiftly called me back to task, saying 'So you are going back into training this way, as a specialism?'

'Yes, it is rather like that'.

She offered me tea, I accepted, and then she turned to her husband who understood the message, because he rejoined us a few minutes later with a tray. Mme P.:

It's a breech again; it seems unlikely he will turn around now, so it must be a womb problem.

It seems the chance of a breech birth is three in a hundred and this is twice! I am going to my gynaecologist tomorrow and she will arrange me an appointment with the surgeon, and that way I will be able to give you an exact date. The first time, he said "I have nothing left except 28 June". It was very hot—do you remember, the next day we had a mini tornado?'

Indeed I did remember: it did rather a lot of damage and caused big traffic jams.

Mme P. was toying with a little ball that she rolled around with her feet; sometimes she curled up around her belly, sometimes she straightened up and looked me straight in the eyes with great gentleness and trust. She carried on telling me about her delivery: she had an epidural and asked many times to have her little girl on her at the moment of birth, but she had felt very clearly that something was being taken out of her, did not hear a cry (later she was told that her daughter did give a slight cry) and had seen a parcel handed into the nurse's arms. It seems nobody had answered her questions until long moments had passed.

The father laughed gently, pointing out to me that he had been right there with his daughter; they did think to summon him, but he hadn't been allowed to be present at the caesarean section and actually didn't fancy it. The parents laughed, agreeing that it was Daddy who had seen his daughter first.

'I don't know how it will be this time, but afterwards it hurt getting up and especially holding myself upright. Well, we will see—in any case, I have no choice'. She said this with great gentleness and with calm resignation.

Breastfeeding had been difficult and Mme P. quickly abandoned it: she shrugged her shoulders by way of comment. Her husband gently pointed out that he himself had only had bottles and it hadn't stopped him developing properly.

Lili, who had been playing quietly around the table, only approaching her father, as though to let her mother talk with me, asked to go to bed. I had time to play a little game of 'peek-a-boo' with her before her father took her upstairs for bed. I had been completely absorbed in conversation with her parents and had only given her brief moments of attention.

Mme P. talked again about her mother: things were better, but it was not easy because she had little family left. Her grandmother died on 28 February 2006, a fortnight after she had asked for a divorce; her father and sister had died in 1992. Mme P. explained this time that her aunt had been 100% disabled after a breech birth that had gone wrong. Mme P. gently passed her hand over her belly and said that that was why she preferred having a caesarian and did not feel like attempting a vaginal delivery.

She continued with the ill-treatment her mother had suffered from her father, and the heavy atmosphere that prevailed in the house for her brother (three years younger) and for herself. Mme P. was angry with her mother for not having listened to her advice, and I risked saying that at this particular moment her mother would certainly not be able to hear it at all, however hard this might seem to her. She agreed sadly and her husband gave her a comforting smile.

Was he afraid I was leading his wife into dangerous waters? And yet I had a sense that we'd rounded a cape and that he trusted me, and he started telling me about his work for an energy company and especially about the house he was currently building. They planned for it to be very big: six rooms.

'Oh yes, I started late at 30, and that's why they will only be 18 months apart, but I am missing one tube. I had an ectopic pregnancy before Lili and after that I was afraid because I would only have one chance every other month'.

M. P.: 'Yes, in short, you should start early, you should start early ...'

His wife insisted: 'All the same, we needed medical help—a little boost from a thumb'. I did not sense any animosity between them on this subject, just a difference: Mme P. seemed afraid that she could not have children.

Mme P. asked me what I would be doing at the beginning with her son, 'Above all, will we swap notes?' I explained that I would not be taking notes during the observation times; that of course she could tell me about her own observations of her son, and that my observation would begin right from the first days.

The couple seemed to accept the guidelines for the observation, they were not very curious; it seemed the quality of our exchange was more essential. I prepared to leave, left my contact details at home and at work. Emmanuelle had felt obliged to explain to them how she knew me; this had helped them to understand why I was embarking upon a return to my studies, and the mother went so far as to say that this kind of training could definitely not be undertaken without a certain period of prior professional experience.

As she said goodbye, Mme P. invited me to drop in any time I wanted to. ‘Above all, don’t hesitate’. It was not easy to leave; it was a rather strange feeling, and I wondered when I would see them again. Suddenly their son’s birth seemed rather a long way away. It occurred to me to send them a card for the end of the year.

I went calmly home on ‘automatic pilot’; on the motorway I was only driving at 80 kph. I was deep in my thoughts, reliving certain passages of our exchanges, reflecting on how I would transcribe all that, imagining the baby.

## **Sequel and end of the log book: The birth**

### ***Several days before the birth***

After the Christmas festivities I was truly on holiday and could put my bags down. I was thinking more and more frequently of the baby who was soon to be born, and of his family. I was not calm, and I found myself several times in a state of troubled semi-sleep, without clearly defined anxieties, but concerned—suppose the baby had to go into special care? I remembered the mother’s anxieties about her son’s weight, and her pregnancy messed around by family worries.

I decided to telephone the parents at the weekend at the end of the holidays (after New Year’s) to get their news. On Sunday 31 December 2006, I was watching a DVD with my daughters when the telephone rang. It was Mme P., who was calling to let me know the date for her son’s birth: the caesarian was to happen on 2 January. The mother explained that she was making all the arrangements for the birth, and for her little girl, who was going to spend one day with her paternal grandparents, one day with her maternal grandmother, and at the weekend would go back for a while to stay with her nurse. She was preparing a bag for each day. I couldn’t help but imagining her surrounded by piles of washing, somewhat submerged.

Her husband was very busy with work on the house; she slipped in that they had taken out a bridging loan and that that was beginning to weigh heavily on their budget. I asked her if she’d been able to rest a bit since we had seen one another. Mme P. answered with a rather disenchanted and weary air that she’d barely had the time to. She accepted that with a sort of sad fatalism.

She continued in her gentle and resigned voice to tell me about her admission tomorrow afternoon, about her gynaecologist who would have preferred to find a date in the following week, but the timetable was full. ‘Anyhow, maybe he will weigh 200g less than if he were born later’. There wasn’t an ounce of dissent in her monotone voice. I sensed her distress—it was almost palpable—and I heard myself offer to call her tomorrow evening just to say hello. When I hung up something released in me,

and I was happy; I could have danced and sang for joy. What gave me such joy? With my own children's births, my joy had always been mingled with fear and anxiety.

Several moments later, a question bore in on me: I had offered to call her back. I thought of my seminar leader and her advice to respect the setting carefully. I had progress to make.

While making supper I told my son the baby would soon be born and he replied, 'Huh! I thought you were going to tell me he was dead'. What anxiety of my own had I passed on to my son?

### **Monday 1st January 2007**

A day of driving rain with great gusts of wind and some sunny spells. I spent the end of the afternoon writing cards and sending messages—it was a long time since last that had happened. I waited until six o'clock before phoning the clinic. The switchboard operator had difficulty finding Mme P., but was sure she was there because she herself had admitted her. In the end she put me through to room 107. Mme P. answered in a joyful voice and we wished one another a happy new year. She had just had the visit from the anaesthetist who had promised to change the dosage of the anaesthesia so as to avoid the untimely vomiting that happened with Lili. She was waiting for the gynaecologist to learn when the caesarian would take place.

I ventured; 'Between twelve and two' (as for Lili); Mme P. laughed heartily and said perhaps it would be a little earlier because her gynaecologist was the only one operating tomorrow, but her husband was expecting a delivery of building supplies for the house at the beginning of the morning. With Lili it was also a Tuesday, but this time the gales happened the day before. Her deliveries seemed to be ushered in on blasts of wind—on tempests.

Mme P. then talked to me about feeding Lili: she had such pain in her breasts and her scar that she had to bite on a spoon to avoid screaming. I held my breath and clenched my belly, imagining what the baby must have sensed of all that . . . and the mother, too.

I got a grip on myself and advised her not to hesitate to approach the midwives and nursery nurses at the clinic. Mme P. answered that it was OK at the clinic, even if the midwives hadn't been much help to her, but back at home it had been a catastrophe: the baby would only take a little and was on her every hour and a half. So this time she had downloaded articles to read from the Internet, in hope of finding help and answers. Her aloneness seemed palpable to me. Lili was going to come to see her mother and brother tomorrow evening with Mme P.'s mother, and she had prepared a little present, but 'I don't know whether she will understand . . . she is so little . . .'.

I replied that it would surely be a nice moment (I was thinking of the present). My remark seemed to reassure her and she could go on talking about the caesarian. Mme P. hoped that this time the theatre staff would talk to her and explain what was going on. I suggested she not hesitate to mention this as soon as she arrived in the block. We

agreed to talk on the phone on Wednesday evening. On hanging up I felt serene; I felt that everything was going to go well.

### **Tuesday 2 January 2007**

I often thought about the baby and the mother. Were they well? Was he born? Something freed up in me: it was as if life were surging up and sweeping me along with it; where was this joy and trust coming from? All the same, I knew things don't always turn out to be simple. Nonetheless, I spontaneously announced the baby's birth to people I met that day, and who were *au fait* with my work, of course.

### **Wednesday 3 January 2007**

When I phoned at the end of the day, the mother was giving her baby the breast. Our exchange was therefore brief, because I wanted to leave the mother in peace and not disturb this privileged moment. Mme P. told me with much delight that she had had no reaction to the morphine and so had been able to sleep all night. Straightaway, she was in much better shape. The baby measured 48cm and weighed 2kg 950g. We agreed to meet the next day at the end of the morning. My family drew my attention to the fact that I had not yet asked for the newborn's name—bizarrely, it did not seem important to me.

### **Thursday 4 January 2007**

Before going to the clinic I dropped into the florist and as soon as I had gone through the door my attention was caught by a bouquet of white tulips accompanied by greenery dusted with snow. It was such a perfect illustration of my sentiments of the moment that I simply had to buy it. At the clinic, it seemed apparent that Mme P. was in a single room, and she immediately answered my knock at the door. The room was large, very light, and Mme P. was sitting in the middle of the bed, her bent arms resting on what I thought was a pillow, with a tuft of black hair emerging from the hollow of her left arm.

As I approached I found the baby latched onto his mother. It seemed he was on his right side; the mother's right forearm covered the baby's back, his feet were apparently hidden under the other arm, and I could see neither the baby's hands nor his feet. My eyes were then drawn by a strong and regular sound of sucking and I finally located a tiny part of the newborn baby's face.

I could make out a little bit of his forehead, then a shut eye making a hemisphere with the shape of the pouch just below, a little *retroussé* nose, and a minuscule portion of cheek. His head was stuck fast to his mother's breast but I could not see either mouth or lips. His skin was rather dull and the baby was wearing a yellow jumpsuit. I could not see the slightest movement: this body seemed lifeless and did not affect me at all.

Mme P. looked well, a little tired, and seemed glad to see me. She thanked me for the bouquet, adding that she would go to find a vase later on; she could already get up and had a lot less pain than the first time.

I wasn't sure where to station myself, where I might best see the baby. I abandoned that idea: it didn't seem important. Mme P. talked about her delivery. On the morning itself she still didn't know at what time she was going down. Her husband arrived just as she was reaching the block, and the anaesthetist injected a different mix from the first time. Right at the start they had to wait a bit longer before her sensitivity went to sleep.

Mme P. said she felt everything but without any pain, and had her son in her arms straight away. Her face was radiant at this point in her account. She was happy because it went so much better than with Lili. The recovery room was shared by all the blocks, so she only rejoined her son and husband at two o'clock (the baby was born at 10:27am). She immediately put the baby to her breast but had difficulty rousing him. With Lili, she had put her to the breast in the delivery room, which didn't stop it being a fiasco—Mme P. said that with an edge of rancor towards herself, or her daughter?

That night the baby suckled three to four minutes, fell asleep, and as soon as his mother put him in the crib he cried, and this was repeated until 3:00 am.

At this point there was a big silence, the little one stopped drinking, nothing moved at all, and I was struck by his immobility, but not frightened.

The mother added, 'Look, like right now, none of this is very effective, I think I am not very well equipped for breastfeeding'. Her voice was infinitely sad . . . I shared a moment of sadness, then spoke of the nursing cushion she had brought, and was very positive about that idea. The mother smiled and explained that this spared her any pain from her scar and let her be relaxed with her baby. As she spoke she released her arms, giving him a quarter turn, and I could now see the baby's face—it was smooth, his eyes were puffy, and his closed mouth was encircled by thin lips. His hands were freed, first the left, with his arm swinging in nothingness until it met his mother's leg, which stopped its fall, at which point the hand opened very gently as though in slow motion, and closed again. The right hand stayed close to his face, the fist half-closed, the arm folded halfway between mother's breast and baby's head. This hand was all red and crumpled—it must have been wedged between the baby's body and his mother's. Then his legs began to appear. He folded them and stretched them at the same time; his face creased from bottom to top, his mouth, eyes and forehead made three horizontal lines, then everything gathered back into place towards the body—his legs, arms and face relaxed, resuming his original expression. He remained curled up in the cushion, encircled by his mother's protective arms. I finally thought to ask the baby's name.

'Ah! Oh! I never told you! Quentin'. My stomach clenched: he had the same name as a baby in a group under my care, who has a rather particular history and an unusual name (before changing it).

I quickly recovered from this moment of distraction and listened to the mother telling me again about breastfeeding Lili. 'Switching to the bottle was a real comfort,

almost a celebration. But with Quentin, I would like to feed him for at least two months so he gets lots of antibodies; he has already lost 200 grams and needs to regain it. Maybe breastfeeding isn't for me!

While she was talking, the mother tenderly stroked her son's head in a very enveloping gesture that made me think of the way she had stroked her belly when she was pregnant.

A midwife arrived and asked me to step outside. In the corridor I almost immediately found a replacement name for the baby.

Behind the door, I heard snatches of conversation about breastfeeding. I was happy and above all comforted that the mother was daring to talk about it. Meals arrived after 15 minutes and I could go back into the room.

I found the mother relaxed and eating. Quentin was in his crib, laid on his left side, with only his eyes and the top of his head visible. He seemed to be sleeping.

Mme P. apologized for the length of my wait, but the midwife after taking stock of the feed, had undressed Quentin and proposed he drink. 'There! Skin-to-skin was really effective, he took it well'. Mme P. had an air of delighted fulfillment and I myself was very happy that someone had taken the time to listen to her and support her in her efforts. They were going to take stock again tomorrow morning.

Then I spoke again of our future meetings. She replied that she wanted at least three children, but had started late. All the same, she'd have to wait for a bit. 'But, you know, after you start late, there are more defective babies'. I had difficulty understanding her and following her. Then she added, 'Yes, with age ...'.

Her husband arrived, put his big bag on a chair, came to peck me on the cheek, wishing me a happy new year, embraced his wife, and rushed towards his son, whose head he stoked with the same gentle gesture his wife had used, but saying in his big voice, 'So how are you, my shrimp?'

The scene was completely incongruous—himself so large and still dressed in black and his little son so tiny. M. P could almost have held two babies' heads in his hand .... He then went on to set up his camera with a telephoto lens—I was amazed to see this type of camera again—he must like photography. Mme P. soon confirmed my impression, telling me about safari photographs they had taken in Africa just before their marriage: 'It was magnificent'.

The house was coming along, the heating was installed; M. P warmed up his camera lens near the radiator, while we fixed up a meeting on the following Wednesday.

The father went to the crib while I put my coat on, and spoke to his son, 'You have as much hair as your sister, you!' Then, looking at me, 'He sleeps all the time'. He did not seem affected, but rather to take things as they come. He added, 'I haven't seen his eyes yet'. I said that I hadn't either; Mme P. smiled. I thought she was the only one who had seen them.

Quentin moved his arm a little and lifted his covering, while rubbing his left hand on the lower sheet with a movement back and forth. His right arm stayed suspended in mid air, holding onto the sheet, so we could see his face, much as someone might do with a curtain to reveal part of the stage at the theatre. Quentin then pulled up his

right cheek while stretching the corner of his lips and wrinkling the skin of his forehead towards the roots of his hair, as though to drag his eyelid upwards, letting a crack appear through which we glimpsed his eye. The adults burst out laughing in concert. The mother told us how on that night when he hadn't wanted to sleep, Quentin was opening his eyes, and she had even shown him the lights projected by a little bear cub given to the baby, the night before. As for Quentin, he resumed his initial position, closing the curtains again in slow motion. Mme P. thought the room might be too bright for the baby's eyes. She suggested I stay longer, but I didn't want to inconvenience them and we said goodbye.

On the way home I needed some calm, my mind floated, and I drove mechanically. It was composure time—as though all the emotions I had experienced were finding their places in me. This moment strongly resembled the time for washing the paintbrushes after an art therapy studio, where the act of performing an ordinary and banal task in silence allows the feelings experienced during the session to knit into a narrative, find their places, link up.

Of course at home everyone was waiting for me, to discover at last the baby's name. They almost took my non-curiosity as a serious fault. When I said the name, the reaction was unanimous, 'Oh well! Good for him!' All the family knew the little boy I saw at the medical psychology service at the hospital, because he lives in our neighbourhood and his mother had asked for my help in getting admitted to the service without knowing that her paediatrician had actually taken the same step. (This is the doctor I work with in the community mother-baby service).

## Reference

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## Advice from a student

### *Monica Khanna (Tavistock)*

Many students struggle with the task of finding a baby to observe. Many concerns may flood a student's mind: Where do I start? What do I do? Whom do I approach? How should I come across? The process of finding a baby can be filled with frustrating experiences, and it sometimes relies upon incessant motivation and enthusiasm, in the face of rejection. However, before you let these feelings engulf you, take a few moments to read about my experiences; hopefully my simple words of advice may be able to help.

The first is to attend the introductory evening organised by your course. I went to this induction in July, before starting the course in October. We were introduced to the task of infant observation; given the opportunity to ask questions; informed about the guidelines; and given examples of letters for professionals and families. This meeting opened my eyes to the reality of the situation and the task ahead of me. I walked away realising I had three months to find a baby before the course

began. I decided to set the wheels in motion straight away. I would certainly recommend starting early, as it reduces the amount of pressure you are under once the course has begun. It also means that if you experience rejection, or things do not work out for whatever reason, it is not so difficult to take because you still have time to pursue another avenue.

I was fortunate enough to know work colleagues who had undertaken infant observations themselves in the past. I asked them about their experiences. I found out that the most common route my work colleagues had taken was 'A friend of a friend'. Although this route was not useful for me, exploring social avenues is a helpful route, as others found.

At this point, I anticipated that the process of finding a baby would become difficult. I found myself becoming 'baby-obsessed' and found it hard to resist the urge to ask every pregnant woman I came into contact with when she was expecting to give birth. In order to help contain my anxiety, I set about conducting the largest search for a baby I could muster.

Primarily, this involved searching the Internet for the telephone numbers and addresses of anything baby-related in my home town, and if necessary, the whole county. This was a time-consuming task in itself, but not as time-consuming as the task of contacting all the professionals I had found with access to newborn babies. I contacted hospitals, doctors' surgeries, midwives, health visitors, Surestart, and antenatal clinics.

I thought it would be helpful to be clear about what I was asking for. As I had begun searching early, I was able to specify that I was looking for a pregnant woman due to give birth in October; this radically reduced my three-page long list of contacts. I gave the same facts to every professional I came into contact with, including my name and mobile telephone number; details of the course I would be starting in October; the purpose of the infant observation and what the role of an observer entailed; the level of commitment that would be necessary and the fact that I needed to observe a newborn baby (preferably due in October) in the family home being looked after by the primary caregiver (usually the mother). I endeavoured to maintain a positive, enthusiastic and motivated attitude throughout, even in the face of rejection, which filled me with a sense of injustice at the time. Since I had so many avenues to explore and had a task to complete, this helped me keep focussed and helped me to think practically instead of emotionally. Sure enough, things began to swing in the other direction. People did listen, they were positive, and they began to sound as if they were willing to help me find a baby.

At this stage, don't expect people to come up with the goods if you are not going to chase them up about it—even if they say they will get back to you. It is all about communication; if you don't hear from them, phone them up again, restate the facts and the situation you are in, and see how things have progressed. If there are potential babies available, you are relying on these professionals to make initial contact with the parents. As important as it is to us to find a baby, it is not so important to the people you come into contact with along the way.

The other thing I would recommend is, as soon as you have attracted some interest from a professional, offer to drop by and distribute the course letter and introduce yourself. Meeting face-to-face shatters any illusions they may have about you and it gives you an opportunity to be regarded as a human being and not a meaningless name on their list of things to do. You will be able to talk on a more personal level and you may be able to make more of an impact than you would have over the telephone.

In the end, I had a handful of prospective babies. I received a phone call from a pregnant woman called Laura, who was due to give birth on the ninth of October. Her mother had been working as a receptionist in one of the many doctors' surgeries I had telephoned. She had noted down my details and passed them onto her pregnant daughter, who telephoned me and asked me to observe her baby. It is funny how these things work out—never underestimate 'word of mouth'.

At this moment in time, delighted as I was to hear from Laura, I forced myself to keep realistic. I did not want to put all my balls into this one bag and so I maintained contact with other professionals with links to other potential babies (also due in October) just in case; Laura was two months away from giving birth and she could change her mind at any time. I kept in contact with Laura via email and I arranged to visit her at her house during the summer. This gave us the opportunity to meet and I could answer any questions she had; I could also explain the role of an observer in all honesty. After this meeting I waited until October until Laura's baby girl was born. During this time I also pursued other successful avenues, which included midwives and health visitors (particularly, I found, if you were able to speak to their managers), as well as doctors' surgeries and Surestart. I found that the professionals I spoke to were knowledgeable about infant observation, so there was a helpful level of understanding and thoughtfulness. Having a handful of babies due in October at my fingertips reduced my concerns as to whether Laura would change her mind or not. These babies were dotted all around the Kent area, and as ideally located as Laura was, I would have been prepared to travel anywhere in Kent had I needed to.

I found 'keeping several balls in the air' useful, because infant observations may not be 'secure' until the baby is born, you have had a successful introductory meeting, and the family are still happy to proceed with observations. This process can last a long time. Also, as urgent as you may feel about finding a baby, it is important that this feeling does not transform into harassment when communicating with professionals or parents. I also did not want to brush over the facts of the observation. After all, it is a two-year-long commitment of an hour a week at a regular time. It is better to lose out on a baby at this stage than risk starting an observation with a family who are not ready to make such a commitment. Similarly, I valued the advice to emphasise the role of an observer and the fact that we are students, rather than the 'all-knowing' professionals we can (however mistakenly) be perceived to be if we emphasise our professional roles. We are undertaking these observations to learn and we will play a non-intervening part in the natural interaction between a primary caregiver and a baby. Also, as observers we have a set of boundaries to abide by in order to maintain our role (we will not be babysitters or friends), which is worth bearing in mind when

explaining the role of an observer. Our focus should always be on the baby, as the seminar leaders say.

Finally, there is the observation seminar itself. Students are not alone throughout this journey and the seminar is a forum that offers a great deal of helpful advice and support, before, during, and after, the initial set-up of infant observations. Once you have successfully made enquiries and found a prospective baby, it is always necessary to check with your seminar leader as to whether the family you have found is appropriate for infant observations (it may not be, so hold off from starting observations of the baby until you have discussed the situation). Any concerns, questions or difficulties you may have can also be talked through with your seminar leader and the seminar group. The infant observation seminar offers containment and guidance throughout the two years, including advice during these early stages of establishing the observation, having an introductory meeting and starting to observe.

When it comes to finding a baby, I would say I found the moral of the story to be 'more rather than less'. It is easier to cope with rejection when you have other options to turn to. If you maintain a practical head and do not let the emotions get the better of you, it is easier to pick yourself up, dust yourself down, and try again. Of course, once observations are underway, we all experience the emotional ride of being an observer, which is different.

## **Another approach**

### ***Mathis Erdman (Tavistock)***

If asked how best to find a baby for infant observation, I would on the basis of my personal experience highlight two aspects. I believe it can be helpful to ask personal acquaintances for their assistance in identifying a family that is expecting the birth of a baby. Once having identified such a family, I would consider it important to schedule a preliminary meeting with the main caregivers of the expected child in a relaxed, unpressurized setting.

I found a baby through a 'word of mouth' procedure. I informed friends and work colleagues about my planned task and asked whether they knew of a family that was expecting the birth of a baby. In my case, one of the people I asked was the head of a nursery school where I used to teach. I felt that nursery school children would be likely to expect new siblings. Hence, I informed the head of the nursery school (as all the other people I approached) about my planned project. He told a pregnant mother about my endeavour. She appeared interested and allowed the head to forward me her contact telephone number. I contacted her and arranged a visit to her family's home, during which I was able to present my plans for infant observation and answer questions; she and her husband then decided that they were interested in having me observing their to-be-born son.

When reflecting about the advantages and disadvantages of finding a baby through mutually known contact people, I regard a sense of familiarity as the main benefit. A family being approached by a friend or acquaintance who is also known to the student may consider this link as a recommendation: 'If our friend tells us that this student

wants to do an observation the student must be trustworthy, otherwise our friend would not have told us about him'. In my case, the mother knew parents of former nursery pupils of mine, and this, I believe, helped her to establish a level of trust in me even before discussion of her family's potential involvement.

However, common social links can also place challenges on the establishment and maintenance of the confidentiality that is crucial in view of the sensitive nature of infant observation. The infant's family might worry that the observer would pass on private information gathered during observations to the mutual acquaintance. Moreover, mutual social contacts could lead to meetings of the observer and the family on occasions other than the observation appointments, for instance at a party organised by the mutual acquaintance. Referring to my own experiences, I have decided to put active contact with the nursery school organisation on hold for the duration of my observation to avoid contact with the infant's family in a social setting.

To round off my initial thoughts on finding a baby for infant observation, I would like to point out that besides identifying a potential family in first place, the arrangement of a preliminary meeting with both parents in a confidential and private setting is of noticeable importance. I believe it is vital that both parties (observer and parents) get to know each other in a quiet setting conducive to the observer explaining the rationale of infant observation and what it encompasses, to allow the family to make an informed decision.

Before having found my family, I approached a pregnant nurse I had been introduced to by colleagues, telling her briefly about my observation and asking whether she and her partner would be interested in participating. We met in a small room at work, and she only had a few minutes before having to leave for a meeting. A few days after, she informed me that her husband was not interested. In retrospect, I believe that the decision might have been different if I had met both mother and father in more tranquil and relaxed circumstances. I learned from this experience when arranging the preliminary meeting with the parents of the infant I have begun to observe at the family's house. In hindsight, I am fairly certain that my being able to explain my planned observation to the parents in the familiarity of their home environment, and to discuss it fully, had a positive effect on their decision to allow me to observe their baby.

## **Taking it seriously**

### ***Sonya Landesmann (Lincoln Centre)***

*Before the course began: Early days*

I had very little idea of what it would be like to find a baby or for that matter how long it would take or how difficult it would be.

I would eventually find out, but it took a while for the realisation to dawn. It was pointed out to me during my interview for the course. I, along with other members of my group to be, were told to put out feelers but not actually to engage with a mother and baby until we had started in our infant observation seminar.

I took this in what I thought was my stride. I thought that that seemed a reasonable suggestion. Anyway, I lived in an area which was hugely populated by mothers with babies, babies to be and baby-related activities. I knew two women who ran popular and successful baby yoga and yoga for pregnant women groups. I had a child in primary school. I would not have a problem, or so I thought.

I told my supervisor I was doing the course. He said, 'You'll have to find a baby'. I started to think that maybe there was a reason people kept making this comment on what seemed obvious. Of course I would have to find a baby to do this course, but why did people keep saying this? The reality was slowly dawning on me. This was, or could be, a trickier thing to do than I thought.

By this time it was about August, and as the course was beginning in October, I started to get a bit anxious. However, this was nowhere near as anxious as I was going to become. My thoughts on how I was going to go about finding a baby or what I was actually starting to think of as 'my baby' were not coming to much. What was I going to do? Or rather, how was this baby actually going to come to me? I started very slowly at first to realise the baby was not going simply just to come to me; I had to do something.

#### *Before the course began: Later days*

Time was moving on; it was the holiday. At this stage I was still quietly and confidently thinking a baby would come along, maybe when school and everything else started back. After all, I would still have a month. I started to think about doing what had been suggested and making a little flyer to distribute. Still, I thought there was plenty of time.

My child's school started back and I started to notice who was pregnant or who was a new mother. I had already vaguely started to notice pregnant women around my locale as one does when pregnant oneself. I started to feel a bit predatory. How was I going to approach them? I began to wonder what I would actually say. It seemed to be a bit much to ask. I began to realise what a potentially intrusive thing I was going to ask someone. Feeling like a pariah came later. Reality was beginning to dawn on me; this was a big and important thing I was going to ask for and how I was going to approach it began to seem important and highly relevant. My casual and actually somewhat flippant easy approach was being replaced with something else. As now I was going in the other direction from thinking it was going to be as easy as pie to thinking it was virtually impossible, I felt inhibited.

#### *The beginning of the course dawns*

My anxiety rose but had not yet reached its pinnacle, as it increased incrementally with each week the course progressed. I find the course seminar meeting each week extremely fruitful and engrossing even though I do not have a baby, and, in fact, only one person out of six of us has achieved what is beginning to me to appear a phantasmagorical achievement. The guilt begins as I realise that this one person is

providing the sustenance of our group. Each week she brings her observation for us to look at. Then envy sets in as I want to be able to observe a baby and wonder when I will find the people I think of more and more, as 'my baby and mother'.

*Beyond the mid-point of the first term*

The feeling rises that I must find a baby. It comes to my realisation that the course has begun and that the work of the course has begun. I am becoming aware through the main method of the course, which is experiential, that the work is on. The process of identification has started. I feel like someone who is trying to get pregnant. The frustration, disappointment and feelings of failure start.

My anxiety becomes more understandable and starts to be differentiated into feelings that I can think about. With this comes the ability to be more real about the whole thing. I realise that I need to be more proactive. Rather like someone who realises that it takes more than longing for a baby to have a baby. In other words, I need to go and get out there and do something. A baby was not simply going to come and land in my lap, delivered by a stork.

The seminar leader had been helping to deliver this bit of our thinking in the group. You need to be more active she said. No, just putting up little flyers probably won't work. You need to make personal contact. It was rather like telling someone who wants to get pregnant that they do need to have sex.

*Towards the end of the first term*

By this time I was desperate and it felt like it never was going to happen for me. I thought, if I did not manage to find a baby I should leave the group. It's a good job we did not all do that, because one of the things that kept me grounded in reality was that nearly everyone was having difficulty. Conversations with our seminar leader about it were a regular feature.

I contacted my tutor. She was helpful but suggested several of the things I had already done. However, this was a pivotal moment. I had become much more proactive, which for me involved going to baby groups, drop-in sessions and doggedly contacting my son's former nursery. The nursery manager thought she knew someone who might be interested. She would give her my number. I hardly dared hope. A few more calls and visits to the nursery later Ms. X had not contacted me.

Then, one morning I got a phone call from her saying she was sorry it had taken so long to get in touch, she'd been busy with her first child and various other things. A few minutes into the conversation and I thought, 'I've found my baby'.

This, of course, was only the beginning of what was to be the next part of our adventure, but a part that I was no longer alone in. I had a baby and a family.

## **Final thoughts**

### ***Clare Leigh-Browne (Lincoln Centre)***

Above all, in the situation of an infant observation, remaining indefinitely as a member who does not find a baby is untenable—the only alternative being to defer or leave the course. The need to act and really to grasp the responsibility for this becomes pressing. As one adult patient whose biological clock was ticking loudly said repeatedly to me, ‘I’m thinking about it’. Eventually I found myself saying ‘Yes, but are you doing anything about it?’

In my own experience, as time in the seminar group passed—as the clock ticks—so the division between the haves and have-nots became more and more marked: whilst those undertaking their observations were negotiating new and quite different worries and concerns, discomfort, frustration and anxiety amongst the have-nots came more to the fore. Generally speaking, instead of being couched in defensive manoeuvres, the anxiety took on a more conscious, urgent and responsible quality as seminar members came to grips with the reality of their situation: they, myself included, were able to do something about it.