Prayer for Amniocentesis

David McGlynn

Follow this and additional works at: https://digitalcommons.butler.edu/onearth

Part of the Creative Writing Commons, and the Religion Commons

Recommended Citation
McGlynn, David, "Prayer for Amniocentesis" (2010). On Earth As It Is. 56.
https://digitalcommons.butler.edu/onearth/56

This Book is brought to you for free and open access by Digital Commons @ Butler University. It has been accepted for inclusion in On Earth As It Is by an authorized administrator of Digital Commons @ Butler University. For more information, please contact digitalscholarship@butler.edu.
Prayer for Amniocentesis

David McGlynn

We have been debating names for weeks, but now we choose one, Hayden, aware it’s a name we might have to bury. I sit on the edge of the bed and think about the vial of amniotic fluid—Katherine’s water—traveling by van to the lab in Milwaukee. I think of its soft amber color, its protective viscosity, its blizzard of DNA, the helix of Hayden’s existence a braid of Katherine’s alleles and mine. Katherine appears in the bedroom doorway. Her eyes are wet. Without ever speaking of it, we’ve agreed not to reveal our worry to Galen. It’s late October, and beyond the window the last yellow leaf flutters on the maple, lit by the sun through the pines beyond the garage. Downstairs Galen bangs his milk cup against his high chair. The thud echoes up the staircase. We’re alone for a moment. She wants to reach for me, and I for her, but we do not. Instead I lie back on the bed and she lies down beside me, and we begin to talk.

For ten days we talk like this: in the mornings lying in bed and in the evenings sitting on the couch. In the first days we conjure forth the worst stories we know. Katherine tells stories from the emergency room, where she worked with the trauma team: of the ten-year-old girl in American Fork, Utah, hit by a pickup truck while crossing in a crosswalk. She was kept alive for two days before support was withdrawn and her heart was allowed to stop and her organs removed for donation. She tells me of mothers backing over their children, babies shaken to death by immature fathers, otherwise healthy eight-year-olds inexplicably bleeding out while having their tonsils removed. I tell her about my grandmother, who slipped on her kitchen floor and hit her head on a cabinet drawer and broke her neck, and about a friend who lost his first child to a chromosomal anomaly not unlike the one Hayden may have. The ultrasound revealed it, the amniocentesis confirmed it, and his wife carried the baby for nine months, delivered her without medication and then held her until she died, just hours after
her birth. It helps us to hear each other speak. We try to remind ourselves that the worst can happen and has happened to people we know. Children die and their parents survive; if ours dies, we will survive as well. But I believe we also tell these stories out of the more superstitious belief that if we can possess all the horror in the world, gather it to ourselves and identify it as part of us, then we can dispossess our own narrative of its tragedy. Oh God, I say, hear our prayer. We have not been immune to suffering. We’ve had our numbers called. Let this one be our freebie.

As the days pass, our stories begin to change. At first we hardly notice. The stories are as gruesome as ever—babies born with vital organs outside their bodies, car accidents and plane crashes—except that the people we’re talking about aren’t dead. They’re alive. Katherine says that the Neonatal Intensive Care Unit in Utah brought kids back in ways she never thought possible. Six months in the NICU, most of it in the dark, untouched by human skin to prevent infection or the transference of oil, eating and breathing through a tube, but in the end alive. We begin to see the possibility of a middle ground between dumb-luck avoidance of mishap and the suffocating darkness of our worst nightmares.

On the tenth day, the day we’re to hear about the amnio, we lie in bed and whisper to each other the mother of all come-back stories. I saw it in the newspaper years ago, the story of a twenty-two-month-old boy who had wandered away from his babysitter in Rexburg, Idaho, and had fallen into a canal. He was underwater for thirty minutes and had floated more than half a mile before the police fished him out, cold and unresponsive. Paramedics at the scene and doctors in the emergency room performed CPR for more than an hour before finally pronouncing him dead. The boy’s mother and stepfather spent more than an hour crying over him and kissing his cold skin and saying good-bye, and when they were finished, a nurse came in and wheeled him down the hall to prepare his body for the funeral home. It was then she noticed his chest was moving, just barely, and realized he was breathing. He’d been pronounced dead, but wasn’t. He was flown from Rexburg to the children’s hospital in Salt Lake City, where Katherine learned more details firsthand. “He was breathing on his own but then had to go back on the respirator,” she says. “About a week later he was upgraded to fair condition. As far as I know, he made it.” We practically giggle while we tell it. We kiss. It could happen, we say to each other. Sometimes it actually does happen. Every now and then someone makes it back from the dead. Please let it be.

David McGlynn’s story collection, The End of the Straight and Narrow, was published in 2008 by SMU Press and selected for Outstanding Achievement recognition by the Wisconsin Library Association. His fiction and creative nonfiction have appeared in Alaska Quarterly Review, Image, The Missouri Review, Best American Sports Writing, and other publications. He’s won the Council for Wisconsin Writers’ Kay W. Levin Short Nonfiction Award and has received an Artist Fellowship from the Wisconsin Arts Board. He teaches at Lawrence University in Wisconsin.