

Baby Sally was born at 36 weeks of gestation by caesarean section at her local hospital. She needed some resuscitation at birth, and then began to 'grunt', so was taken to the hospital's Special Care Baby Unit. Her parents were told that, hopefully, she would simply remain there overnight having a bit of oxygen and would be able to return home with them the next morning. By the time the next morning came, however, Sally's condition had deteriorated, and she was transferred to a larger hospital with a Neonatal Intensive Care Unit for further investigations. Over the next few hours, her parents were told that she had suffered from a collapsed lung brought on by a pneumothorax.

This is where I entered the picture. Sally's parents are old friends of mine, and they phoned me to let me know of Sally's birth and subsequent problems and to ask me to explain a few of the things that they hadn't understood from the staff at the hospital, who they said were very lovely, but also very busy. I asked Sally's mum to tell me a bit more of the story so I could build a picture of what was happening myself and hopefully fill in a few gaps for them.

I was amazed to hear Sally's mum relay what she had been told about the cause of the pneumothorax. She said, and I quote, because her words have stayed with me ever since, "It was her own fault. Apparently, when she came out, she took too deep a breath and ruptured her lung. Silly, silly little girl!"

### Explanations and Implications

It has been understood for over thirty years that the origins of pneumothorax are sometimes spontaneous and sometimes the iatrogenic result of medical intervention. Although a 1973 discussion of this issue in *The Lancet* encouraged the more widespread use of blow-off valves on resuscitation equipment in order to prevent pneumothorax, even today it is understood that vigorous resuscitation (in babies or adults) can sometimes result in iatrogenic injury, but that those injuries are a better proposition than the alternative of not taking this life-saving action. I feel fairly sure that most parents would accept this if it were explained to them, especially if they were also given information about how babies' lungs develop and some of the other possible risk factors that may have contributed to their baby's problem.

What I am less sure about are the implications of telling parents that it is effectively their baby's own fault that they are in intensive care; that they have caused themselves a serious injury simply by breathing. Rather than enabling them to understand that their

baby has a level of knowledge about the world which will enable her to ask for what she needs, to learn about the world as she grows in it and, on a physical level, to heal when she is hurt, is this going to cause them to think that their baby is weaker, or less intelligent than normal?

When I spoke to them, both of Sally's parents were, of course, primarily concerned with Sally's well-being, but they were also really concerned that they were not able to touch, kiss or breastfeed her while she was in the incubator. The relationship that they were developing with Sally, then, was perhaps more dependent on non-physical aspects, and I would think that the picture that the staff were verbally helping them to build of Sally's personality and character was perhaps even more significant than if she had been a well baby.

### We're Only Human

Happily, Sally's condition improved significantly over the next couple of days. She is now back at home with her parents and has almost completely mastered the art of rolling. Her mum and dad have now read rather widely around the subject of pneumothorax, have a somewhat different idea of the possible causes to the one they were initially given and continue to be focused on the fact that Sally is now well, so all ends happily in this particular story.

On a wider level, however, is this something that needs to be given some thought? There is already rather a lot of women-blaming going on in the Western medical model of childbirth, as evidenced by the continued use of terms such as *incompetent cervix* and *failure to progress*. Why can we not acknowledge that, just as a woman's perceived *failure to progress* may be our *failure to individualise*, there is sometimes no way of knowing just how the condition of the baby's lungs, the baby's first breath and the professional's desire to successfully resuscitate came together to cause such a problem?

I'm pretty sure there isn't a lot of research which explores the effect that blaming a baby for a medical condition has on that baby's relationship with her parents. But, even in the absence of this, wouldn't it be great if, instead of placing all of the blame on a baby who is unable to argue with this, we could instead acknowledge that both health professionals and babies have something in common; the incredible, if occasionally imperfect, quality of being human?

Anon (1973) Neonatal Pneumothorax. *The Lancet*, 302(7841): 1304