

## Submission Information

Essay Title: A Mother's Intuition

Description of the assignment: Write a short story. Length: 6-25 pages (1200-6000 words)  
Format: Double-spaced, in RTF format. Make sure to have title page with name, name of story, date, etc. Make sure to start a new paragraph when a new character speaks. Make sure to use correct capitalization, spelling, and grammar. Short stories will be evaluated based on the following criteria: Are the characters well developed through a variety of character techniques (such as dialogue, using gestures, observations, etc.)? Is the plot interesting and original? Is the plot condensed enough to develop in the length of the story? Does the story start with action or dialogue instead of summary? Does the story contain scenes that let the characters act and move and not just a summary of events or time periods? Does the story contain college-level writing and an interesting writing style? Are there too many grammar, spelling, and punctuation errors? Is the dialogue in the story natural and realistic? Does it help develop characters, action, and scenes? Are the setting and details in the story well developed and unique?

Help requested: revising, suggestions

Areas of Interest: Grammar & Mechanics  
Transitions

### **SMARTHINKING's Tutor Response Form**

**(Your marked-up essay is below this form.)**

**HOW THIS WORKS: Your tutor has written overview comments about your essay in the form below. Your tutor has also embedded comments [in bold and in brackets] throughout your essay. Thank you for choosing SMARTHINKING's OWL; best wishes with revising your paper!**

#### **\*Strengths of the essay:**

Welcome to Smarthinking, Beth! My name is Erica M., and I'll be reviewing the short story that you submitted to us. You picked a significant and emotional subject for a story, and you used lots of dialogue to keep the reader engaged, such as when you write "As I leaned forward to kiss his tiny nose, I whispered in his ear, "I love you baby boy and you are my blessing from God. I promise to fight if you promise to do the same."" Dialog like this really helps the reader imagine they are hearing it aloud! Now, let's discuss ways to make the story even more specific and creative in the next draft! We'll talk about ways to focus your story further, and we'll also talk about using transitional phrases to clarify the passage of time—which is especially important in a short story, like yours.

#### **Content Development:**

Beth, you're trying to cover a long period of time in this piece, which makes it read more like a long summary than a detailed story. Instead, most short stories focus on specific moments or events in time. Ernest Hemingway's "Hills Like White Elephants," for instance, is set during a short stop at a train station, but that small moment tells us a great deal about the relationship between the two main characters. Similarly, James Joyce's "Araby" revolves around the narrator's journey to the local fair one evening, but the story is packed with greater symbolic and thematic meaning.

Can you limit your story to something similar, Beth? Rather than trying to tackle all of these events, choose only one to focus on when you revise. For instance, this story might only describe one moment at the hospital. What specific details or images can you highlight from this time? How can that help you develop a central theme? Remember, the story should be organized in several scenes (shorter moments in the longer narrative). Look at the following sample outline for a creative essay:

- Introduction:
  - The narrator receives an important call in the middle of the night.
- The Conflict:
  - The narrator returns home to take care of her ailing father.
- The Background Information (or Summary):
  - The narrator always resented her father for his drinking problems when she was a child.
- The Resolution:
  - The narrator learns that her father's drinking problem was fueled by her mother's death, but she still believes that each individual must take responsibility over his or her own life.
- The Falling Action:
  - The narrator decides to stay with her father, a decision she makes more for herself than for him.

This is a simple example, Beth, but notice how the story is broken into several shorter scenes from this time. This will also keep the reader interested in what happens next. Can you organize your story into similar scenes? For more on this, visit our guide to writing about memories:

[http://www.smarthinking.com/static/Document\\_Library/docs/writeman/1\\_01.cfm](http://www.smarthinking.com/static/Document_Library/docs/writeman/1_01.cfm)

**\*Beth 3163862 has requested that you respond to the Transitions:**

You've got lots of details about time period, Beth, as I note below. For now, you will want to consider how you can use transitional phrases to move between time periods. If you look at your essay, do you see how shift back and forth in time?

For example, your story begins at an unknown time in the past. Then at the beginning of the third paragraph you write "Everything changed in April of 2007, when I realized I was indeed pregnant, birth control and all. I was filled with mixed emotions... afraid of what my husband would say, and do, nervous to be pregnant again after eight years and most of all, ecstatic to be carrying the child I had hoped and prayed for all along." Right now, do you see how it isn't clear whether the first two paragraphs of your essay took place before 2007, or after 2007? As a reader, I'm not sure whether your first two paragraphs describe a time in the past and then flash back even further to 2007, or whether your first two paragraphs describe a time in the past and then fast forward to April 2007. How would a transitional sentence clarify this?

Basic transitional words include "also" "not only," "then," "years later," and so on, but it seems like you will need a developed transitional sentence or two to clarify these shifts in time. Can you spot other areas in your story that need transitional phrases? For more help with transitions, take a look at the end of our guide to paragraph formation:

[http://services.smarthinking.com/static/Document\\_Library/docs/writeman/3\\_20.cfm](http://services.smarthinking.com/static/Document_Library/docs/writeman/3_20.cfm)

## Word Choice:

While you are working to develop your scenes, and clarify time, look for places to describe things in even further detail, Beth. A story, whether fictional or non-fictional, should *show* the reader how the narrator feels using literary devices (images, descriptions, figurative language, etc.). In contrast, the author should be careful not to *tell* too much in long or vague summaries. Let's look at an example:

*Telling:* Shelly ended up going home in a bad mood. I hated when she did that, which seemed to happen all the time anymore.

*Showing:* Shelly stomped home, hands jammed in her pockets, angrily kicking rocks and anything else that crossed her path. I watched her from the front window until I felt my teeth stabbing into my bottom lip.

In the first example, the author *tells* us exactly how he feels. This type of information takes us out of the story because it doesn't describe any of the action or emotion. In the second example, though, the author describes each moment in rich detail. Can you create similar descriptions in your story, Beth? Keep your five senses in mind as well (sight, sound, taste, touch, and smell), and work to create vivid scenes for your readers.

## \*Beth 3163862 has requested that you respond to the Grammar & Mechanics:

Remember to start a new paragraph whenever you move to a new speaker as well, Beth. Dialogue often moves the plot along and defines the characters. For instance, look at the following excerpt from John Updike's "A & P":

"That's all right," Lengel said. "But this isn't the beach." His repeating this struck me as funny, as if it had just occurred to him, and he had been thinking all these years the A & P was a great big dune and he was the head lifeguard. He didn't like my smiling -- -as I say he doesn't miss much -- but he concentrates on giving the girls that sad Sunday-school-superintendent stare.

Queenie's blush is no sunburn now, and the plump one in plaid, that I liked better from the back -- a really sweet can -- pipes up, "We weren't doing any shopping. We just came in for the one thing."

"That makes no difference," Lengel tells her, and I could see from the way his eyes went that he hadn't noticed she was wearing a two-piece before. "We want you decently dressed when you come in here."

"We are decent," Queenie says suddenly, her lower lip pushing, getting sore now that she remembers her place, a place from which the crowd that runs the A & P must look pretty crummy. Fancy Herring Snacks flashed in her very blue eyes.

"Girls, I don't want to argue with you. After this come in here with your shoulders covered. It's our policy." He turns his back. That's policy for you. Policy is what the kingpins want. What the others want is juvenile delinquency.

Not only does Updike start a new paragraph whenever he moves to a new speaker, he also includes descriptive physical details and other images. For instance, Queenie blushes and sticks

out her lip, telling us a great deal about her age and personality. Can you format your dialogue in a similar way?

**Summary of Next Steps:**

- Focus on describing a more specific moment in time during the story.
- Use an outline to help you organize your scenes.
- Add transitional phrases to clarify time.
- Continue describing things in richer detail.
- Remember to start a new paragraph when you move to a new speaker.

You have a lot of good material to work with in revision, Beth. Keep these points in mind, and if necessary, feel free to submit the new draft to Smarthinking for further review. It was a pleasure working with you!

- Erica M.

P.S. For more help with writing short stories, take a look at our guides in the Smarthinking Writer’s Handbook:

[http://services.smarthinking.com/static/Document\\_Library/docs/writeman/1\\_15.cfm](http://services.smarthinking.com/static/Document_Library/docs/writeman/1_15.cfm)

[http://services.smarthinking.com/static/Document\\_Library/docs/writeman/1\\_16.cfm](http://services.smarthinking.com/static/Document_Library/docs/writeman/1_16.cfm)

**Find additional resources in SMARTHINKING's online library:**

**You can find more information about writing, grammar, and usage in SMARTHINKING's student handbooks. You can visit the [SMARTHINKING Writer's Handbook](#) or the [SMARTHINKING ESOL \(English for speakers of other languages\) Writer's Handbook](#).**

\*\*\*\*\*  
\*\*\*\*\*

**Please look for more comments in your essay below. Thank you for visiting SMARTHINKING. We encourage you to submit future essays.**

\*\*\*\*\*  
\*\*\*\*\*

## A Mother's Intuition

Beth  
September 30, 2010

It was a brisk wintry day at the end of January. The frost clung thickly to the windows, and the sound of ice laden branches snapping made the bitter cold seem even more uninviting. The sun was just beginning to peak around the tree tops as I awoke to begin the day. **[You did a nice job using creative images and details, like the verb "clung," to describe the day. Keep this up elsewhere in the story!]** Barely awake, I crossed our warm cozy living room to where my newborn baby boy lay sleeping in his bassinet. The sight of him was still so awe-inspiring to me, almost as though nothing could hinder the happiness I embraced.

My husband, Andre, and I, Isabella, had been together for six years, and each of us had come into the relationship with a child from previous marriages. My son, Tucker, was two and a half years old and Andre's daughter, Brooke, had just turned two, when we began dating. We raised our children together and

became a content, happy family very quickly. Everyone would ask, "Isabella... When are the two of you going to have a child together? Complete the circle." Although it was my heart's desire to have a child with the man I loved and to give our children a younger brother or sister, Andre couldn't have been more against it. He would say things like, "We already have two happy and healthy children.", "You'll get fat!", "I don't want to start all over again.", "We can't afford it.", etc. Although some of the excuses seemed reasonably valid, and others I just ignored, I still wanted a baby, yet continued to stay on birth control and feared that it may never happen. Our families would say, "Just give him time, he'll come around. Wait 'til he turns thirty. He'll be begging you to have another child.", but thirty came and went and his mind never changed.

Everything changed in April of 2007, when I realized I was indeed pregnant, birth control and all. I was filled with mixed emotions... afraid of what my husband would say, and do, nervous to be pregnant again after eight years and most of all, ecstatic to be carrying the child I had hoped and prayed for all along. I knew that getting pregnant, despite being on birth control, must be what was in my destiny, and my heart beat with anticipation as I prepared to tell my husband the news. **[You have done great work here introducing time period: you mention the month, the season, and provide context about the current year and the years that have passed. Should you also introduce place? For example, what city, state or country is this? Adding details about place will really help the reader understand your setting!]**

I was a nervous wreck to say the least. I rehearsed telling Andre the news, even tried several times to break it to him, but I was nervous and feared for the worst. I knew he didn't want another child and I thought, worst case scenario, that I would be raising our child alone, without a father who didn't want him or her. I called my Mom and my best friend first, asking for advice. Both of them offered the same lines, "Isabella, he loves you and although he may be upset at first, you have to tell him and he will be okay." I wasn't so sure about that. I waited Tucker and Brooke went to bed and made my way, as slow as possible, to our bedroom, where mine and my baby's fate lay in my husband's hands.

"Andre?"

"Yeah Izzy."

"I have something important I need to talk to you about." I slowly made my way into our room and waited for him to reply.

He turned to me, most heart-melting smile on his face, and said, "What's up Babe?"

Even after taking three separate pregnancy tests, rehearsing what to say and speaking with my "delegates", I still had no clue where to start the most crucial conversation we had shared in 6 years. So, I

just said it. "I'm pregnant."

He smirked and said, "Right Izz. Now what did you really want to talk about? Is everything okay?"

I said, "Yes, everything is okay with me, but I am pregnant."

He didn't turn to look at me, and for a moment the whole room was so silent. Then he said it, "You better figure out where you're gonna get the money for an abortion!" And that was that. I sat there for a moment, tears creeping from my eyes, stunned and speechless. I walked from our room and with the closing of one door, another opened. **[Look for places to slow down and describe the events in even further detail. For instance, can you describe this scene in richer detail? What other things can you add about the characters?]** I went from being heartbroken to determined. I thought to myself, "If he doesn't want this baby that is fine by me! I am a strong woman and I can and will raise my baby and Tucker on my own. I will make sure he is still able to see his big sister and if Andre doesn't want him, that is just fine. We will be perfect on our own." I had made the decision, on my own, sitting on our living room floor. I would start packing the next day and find a place to live where I would raise my growing family. I rose and walked back to our bedroom to deliver the news to Andre. A decision that had taken me just moments to establish. But as I reached the bedroom door, I became that coward again, and then realized that I wasn't being a coward at all. As much as I wanted to be strong and take care of my life and my children's lives on my own, I didn't want to lose the man I loved and the daughter I had gained as well. But I wasn't putting my body or my baby through and abortion either.

I opened the door, tear stains streaking my face, and told Andre of my decision, not letting him get a word in edge wise. He turned to look at me and said, "We will figure it out."

I said, "Figure what out! I love you Andre and the last thing I want is for us to be apart but I am not having an abortion and if you cannot accept that then there is no future for us."

Andre took his hands in mine and said, "Izzy, I am sorry for what I said. You're right. This isn't what I wanted but it must be what was meant to be and I do know how much you wanted a baby and I love you. We will figure it out. I love you." And that was that.

Ten months later, our beautiful baby boy, Lance, was approaching his one month birthday and everyone, including my husband, was on a baby high. The upset that had once filled Andre's heart had turned into pure joy and happiness. My heart filled with and unexplainable bliss when I watched my husband fall asleep on the couch, after work, with Lance upon his chest. As Lance and I continued to settle into our daily routine, Andre, Tucker and Brooke swooned over our charming little prince at night.

On that blistery wintry day in January, Lance's tiny little body lay swaddled in his bassinet just like

any other ordinary day. Was he real? Did he really belong to me? I could smell the scent of his sweet baby skin as I leaned forward to gently kiss his soft little forehead. Suddenly, as I drew closer to my newborn, I heard the sound of his labored breathing and realized that something may seriously be wrong with our child. Frantically, with Lance in my arms, I woke my husband, fearing for the worst. Lance's breathing was shallow and quick, too quick. As I opened his tiny little pajamas, I noticed that when he breathed, the skin on his chest and sides was sinking into his ribs as he breathed, something I would later find out was called retracting.

Andre and I decided that he would bring our older children to school and go to work, while I brought Lance in to see our family physician. The usual 20 minute drive to the doctor's office seemed to take forever and I was frantic the entire trip. The roads were icy, the wind was blowing and even the full force heater inside my car couldn't stop my fingers and toes from nervously tapping the floorboard and steering wheel. Finally, after what seemed like a lifetime, Lance and I arrived at the doctor's office for what I hoped was just an in and out visit with a diagnosis of a simple cold... somehow I knew, deep in my heart, that it was really much more serious than that.

The receptionist checked us in and as I waited for the nurse to call Lance's name. I watched him sleep uneasily and stir each time his tiny breaths seemed to get caught within in his chest.

The nurse went through the regular routine with Lance; weight, temp, heart rate, etc. As well as counted his respirations and hooked him up to a pulse oximeter. Respirations, retractions and pulse oximeter were words I had never heard before, nor knew the meanings of. All three of those words would soon become frighteningly familiar to my husband and I, and they would continue to be a part of our daily language for quite some time. To count Lance's respirations, the nurse watched his chest rise and fall and counted how many times he did that within sixty seconds. The normal respiration rate, I would soon learn, for an infant his age was approximately 30 to 40 per minute and a pulse oximeter is a small machine that indirectly monitors the oxygen saturation of a patient's blood. It is also used to measure the percentage of air flow getting to the patient's blood. If the number drops below 90%, it can mean that the individual is not getting enough oxygen into their body/blood and therefore, not putting off enough carbon dioxide out of their body/blood, therefore affixiating themselves. Retractions refer to the visible sinking in of the chest wall with inspiration in a child with respiratory difficulty. They are observed in the area above the collarbone, between the ribs and below the ribcage. Retractions are seen most often in asthmatics who are laboring to breathe through constricted and obstructed breathing tubes. Another time to watch for retractions is during an attack of infant bronchiolitis. Retractions are a sure sign of the need for immediate definitive treatment - as in call

your doctor. Retractions in a child with pneumonia would be a bad sign, as well.

Our visit with the doctor that day proved that Lance was retracting a bit and his respirations were a bit quick but his pulse ox level was still in the safe zone and the doctor did not feel he was in any immediate danger. Before the visit was through, the doctor had revisited how Lance was doing with the new diagnosis of acid reflux, which we had discovered previously that week, I received a brief review on using a neb machine and we were sent home with a liquid steroid, an antibiotic, and an inhalant to be used through the nebulizer. I was also told to use Tylenol and Motrin as needed. As a parent, I felt a bit uneasy going home with such a young child and all these meds, but in the same breath I was so overwhelmed, frightened and in shock. I also trusted our doctor and felt that if he was okay with sending Lance home that I should be as well.

**[You tend to spend a lot of time summarizing, Beth. Instead, should you pick a major moment from the piece to describe in even greater detail? See my comments in the form above for more on this.]**

As I drove home, I called my husband to tell him what the prognosis was and spoke to him about how my Mama's Intuition was getting the best of me. I just felt like something wasn't right and that we were definitely not out of the woods. Andre told me that I was an excellent mother and I should trust my instincts but to also remember that I could be a bit hysterical about things at times, and then asked if I felt up to taking the family out for steak and salad bar that night with the in-laws. He promised that we wouldn't be out long and that maybe that's what I needed... food, family and laughter, to ease my worried mind. That would be the last time Andre ever second guessed my intuitive abilities when it came to mothering our children.

That night we met our family for dinner, as planned and although I tried to enjoy myself, every time I looked at my sleeping child, lying in his car seat, all I could think about was that feeling in the pit of my stomach that the worst was yet to come and I needed a second opinion. I didn't even have to say anything to anyone around me; they all could tell by the look on my face what I was thinking. My sister and brother in law offered to take Tucker and Brooke to a sitter and told us to take Lance to the emergency room and not to leave until we were satisfied with the prognosis of our tiny child's health. We kissed and hugged Tucker and Brooke, all the while trying to hide the worry in our faces; for fear that we would let on that something was seriously wrong and frighten our brave little soldiers.

We drove, in silence, at speeds seriously unlawful to not the nearest hospital, but rather the furthest of at least half a dozen hospitals. Both Andre and I felt that as long as Lance's health wasn't in danger, that

we would be more content with a diagnosis from a doctor at a hospital we trusted, a larger, more advanced hospital. Throughout the forty minute drive to the hospital, the only words spoken were an occasional, "How's he doing?" uttered by a pretty shaken up Daddy.

We arrived at the hospital in record time, filled out the necessary forms for Lance to be examined and waited to be triaged by the first available nurse. Due to the fact that Lance was so young, and that he was having difficulty breathing, it didn't take long for the nurse to call our names. She went through the same routine, questions and measures that the nurse earlier in the day had. The difference between this visit and the last was that Lance's retractions were visibly sharper, and his breathing had become more labored, causing his respirations to increase. The nurse didn't waste much time before she rushed us back to the emergency department. We had a pediatric nurse in our room asking questions, taking vitals, and calling for reinforcements so quickly that it felt as though we were in an episode of ER. And before we knew it, the doctor was with us, asking what seemed like the same questions I had already been asked over and over again that day, ordering tests and blood work.

The first of many tests that our 4 week old endured was a chest x-ray. The tech told us that only one of us could stay in the room with Lance while they took the x-rays and suggested that Andre stay with Lance and I wait in the hallway because mothers don't generally do well with the x-rays when their baby begins crying. I told the tech that he would have to pry me away from Lance, so if he thought I was waiting in the hallway he must be nuts. Andre pretty much took that he would be waiting for his wife and infant son in the quiet hallway. In order to get an accurate view of Lance's lungs, he needed to be restrained with a plexi-glass type tube to keep him from moving. The nurse positioned his legs down into the leg holes within the contraption, and then she and a tech held his arms up and wrapped the plexi glass walls around his back and chest. A protective vest was put around my body and I was then instructed to hold Lance's arms straight up and tight to his head until the x-ray technician was finished taking the photographs. As I held onto his tiny little arms, he stared at me, tears streaming down his face, as he screamed. By the time we were finished with procedure, Lance appeared to be exhausted and I couldn't wait to get him out of that cold, scary contraption and into my warm, loving arms. As the tech's assistance opened the door for Lance and me to retreat into the hallway, into Andre's arms, the tech approached from around his protective wall and remarked about how he couldn't believe how well I, as a mother, handled the situation. All I could do was to offer a small smile of gratitude and ponder what our child would have to endure next.

We retreated back to our room and waited for the medical professionals to administer more tests, tests that would include a nasal swab, several blood draws, and a throat swab, among others. After

reviewing Lance's medical history, reading the results of the tests and doing a bit of research, it was determined that Lance was suffering from RSV, respiratory syncytial virus. RSV is a common virus that leads to mild, cold-like symptoms in adults and older healthy children. However, it can be more serious in younger babies, especially those in high-risk groups. Most babies, when they are born premature, with heart problems, or other medical problems, are given an RSV vaccination at birth... Lance was not premature or suffering from any health issues at his time of birth, therefore he was never given the shot. Being a pretty healthy baby, up to this point posed many questions for Andre and I as parents. Why was Lance so ill? What had caused him to contract such a dangerous virus? Had we done something wrong? It made us second guess every event and each decision that had been made since the moment he was born. With the exception of a couple hospital stays due to kidney infections, my pregnancy and delivery had been very successful. When Lance was born, the doctor thought his heartbeat seemed a bit slow but because it didn't remain at that pace for long, they chalked it up to being because I had been given a small dose of pain meds. One week prior to Lance getting sick, he had been diagnosed with Acid Reflux. Could that have been precursor to him contracting RSV? No one had any definite answers for us which was frustrating in itself. However, the doctor knew that because of Lance's age, the severity of the virus within his tiny body and the lack of treatment available for RSV, we had a decision to make.

Treatment of RSV is tricky, as there is not antibiotic that can fight the illness and most times, children get worse before they get better. It is common for a child to have three days of slight symptoms, cough, fever, runny nose, etc. have three days of intense illness, breathing difficulties, higher fever, labored breathing, croupy cough and wheezing, and they then have three more days of lessened symptoms. In some cases, generally 1 out of 100, a child can suffer from RSV so badly that they also inhibit bluish colored skin, nasal flaring, rapid breathing, shortness of breath and sometimes carbon dioxide poisoning. Because it seemed as though Lance was becoming one of those 1 of 100 children, the ER doctor felt that their hospital wasn't capable of giving him the specialized care that they would need to save his life. **[Don't let yourself get too bogged down in the medical terminology and diagnoses. How could you focus on the emotional weight of the story? How you can convey that to the reader? What does the reader want to know about these characters and what they are thinking?]**

The doctor ordered for Lance to be taken by ambulance to the University of Minnesota Children's hospital in hopes that the highly trained medical team and more advanced medical equipment at the U would be most beneficial to Lance and his recovery.

In little to no time, there were emergency medical technicians in Lance's emergency room to assist

the nurses with preparing Lance for transport. They had a gurney that Lance's car seat would be strapped and we were told that one of us could ride with him and the other would have to follow.

As Andre and I wrapped our baby in his homemade bunting from Grandma, we knew that Lance would be alright because he had so many angels pulling for him... and because we had to tell each other that in order to keep the faith. Andre looked at me with worry in his light brown eyes and said, "Mama. You ride with our baby. I will follow." With those words in my heart and our boy on my mind, we walked to the waiting ambulance, boarded and were off.

The hour ride to the hospital seemed to take forever. I remember unknowingly holding my breath as I would watch Lance's sleeping body to make sure he was still breathing himself. My body was facing the rear of the ambulance and with every bump in the road, I wondered if the same tears were leaking out of my husband's eyes, as mine.

It was around midnight when we reached our destination. As Andre searched for a place to park our car, I walked behind the gurney that my tiny baby lay upon, as the medics rushed him in. It seemed as though we went through door after door until we reached the most serene of hospital areas I had ever seen in all my thirty years of existence. It was late, so the other children were asleep and the night shift staff was underway. There was a peacefulness about the children's wing of the hospital and it eased my worried mind just a bit. The walls were covered in drawings and paintings done by children throughout the years and the lighting was a dim blue that made a person feel as though they were under water in Heaven. The nurses spoke with quiet, angelic like voices and as they offered a knowing glance, it made my mother's intuition feel at ease.

As I waited for Andre to find us, I listened as the paramedics explained Lance's situation to them, and before I knew it, I was lifting him from his car seat and being escorted to his room. As we walked in, I was amazed to see how beautifully decorated and well stocked his room was. There, next to his own little crib, was his type of formula, diapers and wipes. There was soft lullaby music coming from his own personal cd player, placed next to a playstation, television and a tote full of toys and books suited to Lance's age. The color scheme of his room was that of a Mother Goose nursery rhyme and the murals on the walls were peaceful, yet uplifting.

Soon after getting settled into our room, Andre found us and was followed in by a medical student. She introduced herself and explained why she was wearing the particular garb upon her body. She donned a long yellow, paper-like gown that tied in the back, on top of her stylish clothing. Along with the gown, she wore a matching cap that also tied in the back, like a handkerchief, a masked that covered her mouth and

nose and was secured by intertwining behind the ears, and latex gloves. She explained that all medical professionals entering Lance's room would need to put the gear on to not only protect themselves and others from contracting the virus, but also to protect Lance from becoming infected with any other viruses, as his body's immune system would be at high risk for such an occasion while suffering through the RSV. She recommended that family and friends entering his room wear the same pieces of protection but at this point it was not mandatory.

The medical student performed a thorough examination of Landon, checked the IV in his leg that had been administered at the previous hospital, his oxygen, and explained the events that would take place during his stay. She explained that several medical students, nurses and technicians would be keeping an eye on him and that we would need to stay in their care until he could breathe again, with ease, on his own. She left us feeling in less fear than we had been in just minutes before. Both Andre and I felt the doctor sending us to Childrens had made the best decision and that we were in the best capable hands to care for our little fighter.

The next day, Andre and I felt that Lance was improving some and agreed that he would be okay to head for home and go to work for the day once my mother arrived to stay with Lance and me. Later that day Lance was doing so well that the prognosis was to take him off his oxygen and if he continued to do well they would send us home. After all that we had been through the evening before, my mother's intuition was against the decision the team had made but was reassured that they felt he was over the hill and on his way to a quick recovery. So, with trust on my mind but still worry in my heart, my mother and I packed up our little man and headed home.

We arrived home late Friday night and were exhausted by the last 24 hours of events but relieved to be safe and home. [**< How can you show the reader that relief? For example, what did the characters do when they got in the door? Did they slump down in a chair, or make a cup of coffee?]** Andre and I didn't sleep much that night as we woke up with every breath that Landon seemed to skip. Had we made the right decision agreeing to come home so soon? We would soon find out.

The next morning, we awoke to a bright sun shining. The wind had died down and it seemed as though we were on our way to a great day. We spent the day enjoying the company of each other and rejoicing that our youngest child was on his way to another healthy day and beyond what we thought had been the scariest moment of our lives... or so we thought. Around 6pm that evening, I noticed that Lance was really working to breathe again, his wheezing had worsened and his retractions had worsened. Without hesitation I told Andre that we needed to head back to the hospital immediately. The entire ride to the

hospital was spent in silence.

I spent the entire ride thinking, "What had we done wrong? Did we forget to give him medicine that day? Had our going outside for such a short time caused him to regress?" In my heart I knew that nothing we could have done would have made or break Lance's health, and it brought me back to the feeling I had felt the day prior when I felt sick about bringing him home from the hospital so soon.

Once we arrived at the hospital, the nurses and docs went through the same routine as two nights prior, but because they now knew that Lance was carrying the RSV virus, they gave him a neb treatment, a treatment of oxygen, checked his pulse ox rate and eventually admitted him because his body was in dire need of the extra aide. Andre and I made the decision that I would spend the evening with Landon and he would go home and give Tucker and Brooke some normalcy. The nurses set Landon and me up in a private room and although he slept pretty well throughout the night, I was awake frequently, checking on his breathing and vital signs.

The next day, Lance seemed to be doing well again, with the help of the extra oxygen. The doctors had anticipated sending us home when out of nowhere he appeared to decline again. Lance's respirations were hanging around at 60 (they should be 30-40) and at one point peaked to 70-80. The doctors kept an eye on his oxygen levels, took a test to see how much carbon dioxide was in his blood and used a portable x-ray machine to take more pictures of his lungs. Also was not eating well and not putting out good diapers so they decided to do an I.V. for nutrition and prevent dehydration, as well as keep him another night. At this time, Andre, his parents, brother, sister-in-law and Brooke had joined us at the hospital, with my mom on her way. As two nurses walked in to the room to administer Lance's IV, Andre, myself and the rest of our family walked to the waiting room, one floor below.

What we thought was going to be a simple, routine IV administration became a parent's worst nightmare. As we were waiting to go back up to Lance's room, a nurse's aide came running down the corridor and shouted, "I need the parents!" There was a fear in her eyes that I had never seen before and all I could think as I ran to my baby's rescue was, "My baby is dead. Oh God! My baby is dead!"

As Andre, the aide and I reached Lance's room, we noticed there were medical professionals surrounding his bed, and as they moved aside I could see blood surrounding my tiny baby's body and him lying almost lifeless. As I tried to weave my way between nurses, doctors and aides, I heard the doctor telling Andre that as they were trying to administer Lance's IV, he screamed and cried so hard that he turned blue and lost consciousness. The doctor and his team had given him CPR and resuscitated him but his body was now so weak that the medical attention he needed was again too much for their facility to feel safe

performing. The doctor explained that because of his condition, he would be airlifted to U of M Children's Hospital where he would be put on a respirator until his body could properly work on its own again.

As I held my baby in my arms, I thought, "What is going on? How is this happening? He was fine ten minutes ago and now his life in more danger than we had ever imagined possible."

The air flight team arrived at the same time my mother arrived and as the medic explained to me what was going on, what being intubated would entail, etc. I looked from one person to the next in that room, searching for someone to whisk me away from this horrible nightmare. I looked to Andre, and although he seemed distant I knew that look on his face. It was one of sheer terror and hopelessness. At the other end of the room were my mother, Andre's mother and the nurse who had taken care of Lance and I for the past 18 hours. They were holding onto one another, each looking more afraid than the next. And last of all I look towards my father in law. Tall, unfaltering and strong as an oak, I thought to myself, "I need to look to him for strength. I will be strong again and again for my boy. He will be a fighter because it's in his blood and I will be cheering him on the entire time."

With that thought, the medic told us we needed to give our boy love before they prepared him for departure. I held him in my arms as each member of my family kissed Lance and told them how much they loved him. When everyone was finished and had walked out of the room, I held on to my baby, for fear it would be the last time I would ever hold him in my arms again.

As I leaned forward to kiss his tiny nose, I whispered in his ear, "I love you baby boy and you are my blessing from God. I promise to fight if you promise to do the same." And with that I laid him in the medic's arms, walked out of the room and wondered if what was happening was real or the worse nightmare of my life.

As we arrived at the hospital, we registered Lance and signed all the necessary papers before being told that the Life Flight hadn't arrived yet. Andre and I couldn't figure out how we had made it to the hospital before them and wondered if something went wrong. As we held each other's hands and wondered silently what could be wrong, we heard the sound of a helicopter and were told by the registrar that Lance had arrived. [**< How did their hands feel to each other? >**] We were told where to go in the hospital and made our way to the neonatal intensive care unit of the hospital.

Just as we reached the appropriate wing, we saw the Life Flight team approach with a space ship looking contraption atop a gurney. There had, in fact, been a delay in their departure. It was necessary to administer an IV to Lance before they could depart and because he began flailing and fighting for a second time, the doctors and medics needed to sedate him. Once sedated, they began to administer an IV again but

because his body was so distressed, the doctors were unable to find an accessible vein so they had to administer a bone marrow IV into Lance's leg, and because he was sedated already, they decided to go ahead and intubate him immediately instead of sedating him for a second time. Therefore, in order to transfer him they had to put him in the space ship type transport case. We were able to quickly touch his little hand through the case before saying good bye to him again, allowing the intensive care staff to get him settled into his room.

Part of his "getting settled in" was for the nurses to remove the IV from his leg and place one in his hand instead. His nurse, assigned to only him, hooked him up to many machines, checking his vitals, oxygen and carbon dioxide levels, etc. Another x-ray was taken and we were finally allowed to be with our boy again, however, this time anyone, including Andre and I, entered Lance's room, we were instructed to don the garb that the medical professionals two days prior had also worn. Andre and I took turns going in Lance's room with our family members that had congregated to support us and offer their condolences. I tried to stay so strong for Lance, Andre and the others but at one point in time I entered his room with my sister-in-law and fell apart. How could my baby being lying here in this hospital bed? What the hell had I ever done to deserve this?!" I began to bawl as I laid my face upon my baby's chest and kissed his tiny hand through the sterile latex gloves I had to wear. This was so unfair. I had vowed I would do anything if God would let my baby be okay. Just take away his pain and put it upon me. I only cried two times Lance was in the hospital... that was the first.

That night, Andre and I fell asleep, hand in hand, on two fold out recliners just down the hall from Lance's room, in the middle of the hallway. I awoke that night with a sense of peace in my heart. As I walked to Lance's room to check on him, I stopped at his doorway, only to find a middle aged woman with angelic features playing the harp next to Lance's bedside. Her hands moved gently and peacefully along the strings of the harp as she smiled a small smile and closed her eyes the whole while. I knew that no matter what God had in store for us my baby would be alright.

Lance's first night in the Pediatric Intensive Care Unit proved to be comfortable and although earlier in the night he had become very puffy from the steroid, the diuretics that the doctors gave him helped tremendously in reducing that. He also was fed his formula and administered meds through a feeding tube.

The second at the hospital was spent learning new things and getting settled for the possibility of a long stay. The doctors performed another heel stick on Lance to determine how his gases were doing and the results had improved, which meant that his body was taking in more oxygen and putting off more carbon dioxide. When we spoke to Lance that morning, the nurse said that he could hear us because he moved a

little bit to show us that he could hear us and knew we were there. That afternoon we got to hold Lance and read books to him. While I held him he began to cough and the nurse had to show Andre and I how to use their suction to remove the phlegm from his tube. A chaplain came to visit with Andre and I and get to know our family. After visiting for some time, he prayed for Lance, Andre and I, Tucker, Brooke and our entire family. He offered to visit each day if we would like and we graciously accepted. The doctors figured we would be in the PICU approximately 2-3 more days before moving to another unit of the hospital where Lance could fully recover before heading home.

While in the PICU, Lance's nurses secretly gave him a tiny puppy stuffed animal named Bones. At different times he could be seen sticking out between Lance's legs, kissing his cheek, and lying next to his head.

Throughout the next day Lance was in need of the ventilator less and less and we hoped that he would be able to be taken off of it within days. The doctors felt they could take him off the diuretics that were helping to keep his puffiness from the steroids down. He still coughed quite a bit, which was painful to watch because his whole body would jerk but the nurses reassured us that he was not in any pain, just mild discomfort, and coughing was a good thing because it would produce visible mucous that they could suction out.

The process for suctioning was quite an ordeal. The nurses would disconnect the breathing tube, give him a few puffs of hand pumped oxygen, suction (comparable to the suction you get at a dentist), give a few puffs, replace the ventilator and then suction a bit inside his mouth.

His blood pressure continued to hang around the 118/73 mark, which they said was fine. His saturations, how much oxygen he is getting while breathing, was up to staying 99% and he was getting a bit of oxygen aid but most of that oxygen was his own. One of the other big numbers we watched were his respirations (how many breaths he is taking per minute). They doctors liked this number to be in the 30-40 range and his seemed to be fluctuating between 30-60, which is better than the constant 60's that he had been at a few days prior.

We soon found out that our little guy had made his way onto at least four, if not more, prayer chains. People whom we didn't even know and even from states across the country were prayer for our little fighter. Saying that Andre's employer was understanding, is an under-statement to say the least. [**< The comma is unnecessary in this case, since it separates the subject of the sentence from the verb; in doing so, it separates one part of the independent clause from the other. Instead, commas are mainly used to separate independent clauses from dependent clauses.**] They told Andre not to worry about a thing

that they would take care of whatever needed taking care of. My employer was a different story. I was reaching the end of my maternity leave and had asked for a leave of absence from my director and teaching position at a nursery school near our home. After meeting with the board, my request was denied and I was told to return to work in two weeks or they would hire the sub that had been filling in for me to permanently take my position. This job was one that I had worked ten years for and the last thing I wanted to do was to throw it away, but my family was more important than anything and right now my son needed me. Once I had my priorities straight, the decision to resign from my position and become a stay at home Mom was simple, without any regrets.

Just when we thought we were on the road to recovery, an updated x-ray showed that Lance's upper right lobe in his lung had collapsed, possibly from the RSV, or maybe from the ventilator. The doctors decided to increase his steroid a bit to aid in the airflow in his lungs which would help his lobe region regain its normal functioning and strength. Spots of pneumonia were also detected on the x-ray. Due to this new information, the doctors figured that Lance would be on the ventilator for at least another 2-5 days.

At this point, it had been days, almost a week since we had seen our other two children, Tucker and Brooke. I felt as though my heart was torn and in three different places; one with Lance, one with Tucker and one with Brooke. I wrote them both a letter;

*Dear Tucker and Brooke,*

*I want you guys to know how much we love you, miss you and are thinking about you. I am glad that you have mom (Brooke) and dad (Tucker) for you to be with. We talk about you to Lance, the doctors and nurses and we pray for you at night. We have been giving Lance kisses for you and telling him how much you love him.*

*The medicine they have him on makes him sleep most of the time but we got to have a little bit of awake time with him yesterday. We got to read to him, talk to him and he listens to music a lot (he even got to have a lady come in and play the harp for him... way cool!)*

*At night we are sleeping at a place right next to the hospital called the Ronald McDonald house and it is so cool. We are hoping that maybe you guys can come stay with us a night or two but we will have to wait a couple days to see how things go.*

*Remember forever and always that we love you more than anything and we are thinking about you all the time. Maybe you could call Lance on his telephone in his room and talk to him! He would love to hear your voice.*

*Love Forever and Always,*

*Mom, Dad and Lance*

The third day we were at the hospital was the worst ever. Andre had gone home for a few hours and my mom stayed at the hospital with Lance and I. My mom and I went into see Lance and he was wide awake. He looked me in the eyes when I talked to him and I read him half of Green Eggs and Ham. My talking to him and being there seemed to make his numbers (heart rate, respirations, etc.) really sky rocket which made him more agitated and they had to sedate him more. The nurse suggested that I was stimulating him too much and I should maybe leave him alone for the day. I was furious but I felt that if I needed to be strong for both Lance and I that I would have to follow orders and be strong from afar. I was unable to hold him all day. He was sedated and comfortable and that was really all that mattered. Later that evening when Andre had returned, my mom went to sleep early, exhausted from a long day and Andre and I watched a movie together. We cuddled and laughed. It felt so good and we needed that time together to reconnect and reassure each other that we would make it through this and everything would turn out alright.

The next day I was able to hold my baby again and the nurse attending to his needs for the day was fabulous. He was kind and gentle, yet very aggressive when it came to getting Lance's needs met. Just having him in the room with us really seemed to lighten the atmosphere. [**< How did it lighten the atmosphere?**]

The doctors had performed another chest x-ray throughout the night, which showed that Lance's lung was opening back up and the additional cap gas test they performed showed there was much less carbon dioxide and much more oxygen in his body. This also meant that they were able to turn the ventilator down. His oxygen level was down to 30%, which meant he was using 70% of his own oxygen and his respirations are in the normal range, as well as his blood pressure and heart rate soaring in near perfect numbers. When the doctors did rounds that day and noticed how magnificent Lance was doing, they made the decision to aggressively wean him off the ventilator that day, but at the same time watch closely to make sure his body could handle it. They had hoped to have him completely weaned by the following morning. Later that day, the nurse took Lance off all meds, except the sedation meds which he was being slowly weaned off and given as needed. He continued to get feeds of formula through a feeding tube but it began to go from continuous to every two to four hours in preparation from when they extubate him and he is able to drink from a bottle again.

The next day, we prepared for Landon to be extubated. The Nurse informed us that today would have to be considered a low stimuli day because they do not want Lance to get agitated and have to be intubated again. Because of this we were unable to hold him again and they asked us to keep the touching to a minimum and voices kept at a low soft tone.

The next few days went by so quickly. Before we knew it, Lance was discharged from the PICU and admitted to the general admin floor where he would continue to recover until he was well enough to go home. The doctors aggressively weaned him off his oxygen, and spoke with us about the fact that Lance's immune system had been hit hard, which would cause him to be more susceptible to getting RSV again as well as other illnesses. Something as simple as a common cold in someone else, could lead to something serious enough to land him in the hospital again. He was seen by the respiratory therapist several times a day to "beat" on his chest and sides, allowing the junk in his lungs to break up and get coughed up and out. The docs put him on amoxicillin as a preventative measure and he was soon breathing totally on his own.

One day before Lance was able to come home his big brother and sister played hooky from school and came to spend the day and evening with us. I don't know who was happier. For the first time in nearly two weeks, my entire family was together again. We spent the day laughing, hugging, smiling, taking turns holding and feeding Lance, and even crying. Happiness filled every ounce of space in our hospital room. And that very next day we took our baby, our boy and our girl and headed for home. I never thought the word home would sound as good as it did that day.

Just a few short days after we were settled in at home and back into routine, Lance had a follow up appointment with his pediatrician. He weighed 11 pounds 1 ounce, almost back up to his pre-RSV weight, and was nearly two feet long. The doc did a thorough exam and said his lungs sounded great and he looked phenomenal. We spoke about the fact that for the next few years Lance would be susceptible to many viruses but after proving to be such a fighter, our 1 in 100 boy live to be the victor! [**< Wow! That's a happy ending! ☺**]