2024, Volume 56, Issue 9, 593-594, e-ISSN 1938-3800

Family Medicine

NARRATIVE ESSAY

Baby Jesús

José Rodríguez, MD

AUTHOR AFFILIATION:

Family and Preventive Medicine, University of Utah Health, Salt Lake City, UT

CORRESPONDING AUTHOR:

José Rodríguez, Family and Preventive Medicine, University of Utah Health, Salt Lake City, UT, jose.rodriguez@hsc.utah.edu

HOW TO CITE: Rodríguez J. Baby Jesús. *Fam Med.* 2024;56(9):593-594. doi: 10.22454/FamMed.2024.157846

PUBLISHED: 30 August 2024

KEYWORDS: childbirth, pregnancy, prenatal care

I was a newly minted physician practicing family medicine with prenatal care in the Bronx when my patient, who we will call Francisca, came to see me. Francisca was in her early 20s, maybe a little overweight, but otherwise healthy. Although Francisca was not expecting to be pregnant, she was thrilled when I told her the news; she wanted to "do everything right" for her baby.

I prescribed prenatal vitamins, planned for an ultrasound, and performed a physical exam. I tried to help Francisca get the best outcome, and she seemed willing and interested in getting the care she needed. Francisca is Puerto Rican (technically, Nuyorican like me—born and raised in New York by people of Puerto Rican descent), and I felt connected to her. Francisca was one of the reasons that I chose to work in the Bronx, to care for patients with whom I shared this Nuyorican identity.

Unfortunately, Francisca missed her subsequent appointments. We tried to contact her, but someone answered her phone who did not know any Francisca. Attempts at contacting her through the mail failed as well. I was concerned for her, but I suspected that she had moved to a different city or had gone to live in Puerto Rico like many of my patients did. I hoped she was getting care.

Five months later, my practice partner Julie woke me with an early morning phone call. Julie was working labor and delivery and had just attended the birth of Francisca's baby. Julie's words stunned me.

"José," she said, "This baby will die if he is not dead already. You need to get here immediately. Yours is the last note in the patient's chart."

I had not seen Francisca since that first visit, but I remembered her well. I did not know why she did not come back. The complex reasons for leaving care rushed into my brain: Was she being abused? Was she afraid of me, of the practice, or of being pregnant? Did I offend her in some way that made her not want to see any physicians?

I grieved for her and was deeply affected by the pain that Francisca must have been feeling after losing a baby. Julie did not tell me that the baby was dead—I just assumed that was the case. I felt guilty because I had not been more diligent in finding Francisca and continually questioned why I allowed this to happen. I could not comprehend *why* Francisca had to have such a horrible experience. I wanted Francisca's pain to go away, but I knew I could not do that alone. I offered up a prayer for guidance, for Francisca, and for her lost baby.

When I got to Francisca, I saw a baby in an incubator in her hospital room. My heart flooded with relief because maybe Francisca's son was alive. The possibility of a miracle that defied science was before me. Francisca, in tears, confessed that she was frightened because her baby was so "sick." She wished she could have done something more. Francisca named her baby Jesús, and she said something like, "Only Jesus can save him now."

I was thinking about my son, who was going to be born in a few months, and how difficult it would be if he were extremely premature. At that moment, it was difficult to see where my emotions ended and hers began.

The care team had already told Francisca that Jesús likely would not survive. This news was devastating to Francisca and to me. I usually didn't mention my faith with patients, but I wasn't *against* talking to them about it. I also did not want my actions to suggest that my belief system was somehow more important than hers. But like Francisca, I was desperate.

I assumed it might be okay to share with her because we had so much in common.

I said, completely out of character, "If you would like, I can pray with you for the baby."

Francisca said, "I will take any help I can get."

After washing, I put my hands through the holes in the incubator on baby Jesús' head and prayed for blessings for the child. After the prayer, I said I would be in touch, offered my continued support, and went on to the clinic.

Baby Jesús' neonatologist insisted on providing his primary and specialty care, but I could tell from the electronic record that Jesús was growing. I finally saw Jesús 1 year later. He was healthy, developmentally appropriate, and had the kind of chunkiness that everyone finds attractive in babies. I was stunned! Jesús made it! Shortly after that, I moved away to be closer to family, and I lost touch with Francisca and Jesús.

Asking Francisca whether I could pray for her baby was a risky move. In training, faith was not something you mentioned in the exam room; for me, it was and is an intimate and personal subject. Most people are not interested in hearing what their doctor believes; they are more concerned with how their doctor can help them. When patients give signals like Francisca did, I am more comfortable discussing my faith. My faith has helped me through death and illness, and sometimes can help others in the same way. Even when I get a signal from the patient, I still ask whether they are okay with me talking about it. Their trust is essential to me, and I would not want to violate it by discussing something a patient may consider irrelevant, divisive, or invasive.

Jesús must be at least 20 years old by now; this experience has stayed with me. Francisca taught me that being with patients in their suffering is an intimate, sacred, and complex experience. When received well, sharing an intimate prayer of faith on behalf of a patient can be a rewarding, fulfilling, loving, and gratifying experience. I would never have connected with patients this way if not for Francisca. Francisca changed me.

https://doi.org/10.22454/FamMed.2024.157846