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HIEROGLYPH

Dec. 17

I sit a few feet from Anne in the dark ultrasound room. I'm steaming over the fact that I apparently left my wallet in a cab after a rare "guy's night out" at Nye's Polonaise Room in northeast Minneapolis. I'm not paying much attention as the technician spreads the familiar blue gel on Anne's abdomen. I'm wondering if and when I should cancel my credit cards and dreading the probable trip to the Hennepin County Government Center to apply for a new driver's license. I'm thinking I should finally replace the Social Security card I lost fifteen years ago.

It's the halfway point in our second pregnancy. Our son James is playing at his grandparents' house. My mother and father will be the first to hear our news about an hour from now. James will finally know whether he is getting a baby brother or a baby sister.

A conical white shape shoots down the monitor—a spotlight searching for its star. I see a small figure fade in and out of the light's domain, only the spine easily discernable. I lean forward in my chair, the wonder I felt two years ago flooding back.

"I'm sorry to be the one to tell you this," the technician says, "but I'm not seeing a heartbeat."

I hear the low hum of the ultrasound machine.

She doesn't see a heartbeat? I don't remember having to "see" a heartbeat two years ago. What is she talking about?

I look at the technician. She trains her eyes on the monitor. I look at the monitor, look at Anne. Anne looks at the monitor. I check the monitor again. At Anne's appointment four weeks ago, her doctor heard the heartbeat and pronounced everything "normal."

This can't be right. I want to say something, but I don't. Somehow I know what the technician said is true, just by the way she said it. I look at Anne, who looks at the monitor. I look at the technician looking at the monitor. Anne's eyes are closed. No one speaks. I hear the low hum of the ultrasound machine. A tear forms in the corner of Anne's left eye.

The technician wears jeans. I remind myself that she's not a doctor. She's younger, barely out of college. She must be mistaken.

The technician moves the wand that resembles a supermarket price scanner—over the blue gel, over Anne's abdomen. On the monitor, the baby's spine fades in, fades out, but the shape around it does not move. I don't know what a heartbeat looks like, but I keep looking. The machine hums. I look at the technician, the monitor. Anne's eyes are closed; her chin quivers.

We are in a bright room in another part of the clinic. It looks like any room at a clinic: one metal table with sanitary paper draped over it, a metal sink, a chair, the obligatory, round stool that doctors wheel around on, small water cups, a painting of a timber wolf howling against the low winter sun.

A doctor comes in, not Anne's normal OB. We don't know her. She's young, blond, gentle but deliberate in her manner. Something about her bothers me. I decide it's the exaggerated facial expressions—split-second winces preceding each word.

She tells us the baby is, indeed, dead. I'm surprised that she actually uses the words "baby" and "dead." I expect "child" or "fetus," and maybe "passed away." It's like a meat tenderizer to the ear, hearing "dead" next to "baby." In a small way, I appreciate the bluntness. There is no way around these two words. They are precise. They are true.

The doctor says the baby is small, only about fifteen weeks in appearance. The head looks somewhat misshapen in the ultrasound, causing her to wonder if this is a genetic issue. That prospect is immediately sad to me—a potential being that is mortally flawed in its very construction. Then the same idea emits a bleep of comfort: This pregnancy wasn't "meant to be." We didn't do anything wrong. It's some natural process in the incomprehensible big order.

"Because the baby was so far in development, the best thing to do is to induce labor and have a delivery," the doctor says in her super-nodding, ultra-clear way—as if she's talking to a toddler or a trauma patient.

Deliver? I look at Anne. She's blank. Maybe she's heard of this possibility in a miscarriage, but I haven't. I know about things happening unexpectedly in the bathroom. I know the term "D&C" and loosely what it involves. But going through an inducement process? Forcing labor on Anne as they did with James? How can you make a woman go through labor without the payoff for the pain?

The doctor explains: "If you want an autopsy that will give you answers—if you want to keep alive the option of another pregnancy with minimal harm to Anne—this is your best choice."

Anne is still blank. I know how she is: stoic and trying her best to listen when a stranger is present, then finally letting herself crumble when we're alone—and even then, not too often and never for too long. She's already endured the deaths of both parents—one a drawn-out

battle with cancer ending in a sea of morphine, the other a fatal stroke just months before our wedding. She's been through induced labor and major surgery. She's suffered sleep deprivation, exhaustion, heart palpitations, bursitis, and undiagnosed joint pains—not to mention a husband whose snoring keeps her awake even on the rare nights when she does feel good enough to sleep.

I can't believe this is our only real option. But at least the delivery doesn't have to occur right now. At least we'll be able to go home and try to process what's happened.

"My recommendation is that you do this in the next day or two," says the doctor. "The baby's blood might be mixing with yours, which could lead to unpredictable clotting problems. And we don't want that."

I look the doctor in the eyes for the first time. I have nothing against her, and it's really none of her concern. But I want someone else to feel—or at least acknowledge—the cruelty.

"Tomorrow is her birthday."

The doctor's throat contracts a little. Her head drops a few degrees. She glances at the floor. It's a small, meaningless victory.

We're at my parents' house. I called ahead to soften the blow. My mother opens the door holding James, our two-year-old, who is now, at this moment, beyond a doubt, the most beautiful creature ever born. (*Born*. The word has new meaning.)

I take James, hug him, kiss his soft cheek. My mother reaches for Anne. It's maybe the third time I've seen her cry. She embraces Anne as her own daughter. It's a beautiful, awful scene.

Darkness. Anne and I lie in bed. We stare at the darkness, close our eyes and see a deeper darkness, open our eyes to a thinner darkness.

Do you think the baby had a soul, or does the soul only enter the body once it's born?

Is the body merely a vessel?

Maybe the soul leaves the body once the baby dies, and lies in wait for the next vehicle.

Does this make you mad at God?

We close our eyes, enter the darkness.

Dec. 18

Anne's birthday. We allow ourselves a day of denial before the inevitable. We leave James with my parents in the afternoon. It's a needle-prick cold, crisp day. We head to downtown Minneapolis for an annual tradition—the Best of British Advertising Awards.

We sit among a packed auditorium at the Minneapolis Woman's Club. The ads are variously funny, odd, and deadly serious. But the extremes don't hit us as hard this year.

We walk across Loring Park, against the wind, past the frozen pond, to Café Lurcat. In spring, summer, or fall, this would be a pleasant, five-minute jaunt. In mid-December, it is a trial. We cover our ears, cough against the cold.

It's only 4:45. We head to the bar and wait for the restaurant to open. We sit on a couch, next to each other, touching. Enormous windows overlook the park. The sun already sets behind buildings to the right. The new Walker Art Center, still under construction, is a giant ice cube backlit by the setting sun's muted reds and pinks.

I order a beer. So does Anne.

In the restaurant, the atmosphere is elegant, yet cozy. The kitchen sits in plain view. We stare across the table at each other. At times, we forget. We talk about music, or movies, or future trips we might take. Or James. Then we remember, and we don't say much.

The food is exceptional. Anne eats sole. Despite all, she looks beautiful. The large dining room is full of wealthy-looking Minneapolitans. And all I can think is, if these people happen to steal a glance in our direction, they'll see a young married couple having dinner—one with dark hair, one with light. The woman is eating sole, and she's striking, and there's a dead baby inside of her. They would have no idea. This beautiful woman is eating a wonderful dinner, it's her birthday, and she's with her husband, who adores her. She's eating sole, and there's a dead baby inside of her.

I can't stop thinking about this.

Dec. 19, 6:00 a.m.

Minnesota Public Radio, the alarm. It's dark outside. Anne and I flip off the covers. Our body heat dissipates in seconds. We pack our things for the hospital, all business.

James wakes before Grandma arrives, before we leave. He gives Anne a spontaneous hug. I start to think he knows what's going on. The night before, he tried to push the high chair and booster chair next to each other at one end of the table. I have symbolism sensitivity to an irrational degree. Everything says "miscarriage" and "loss." James' gesture is his toddler way of expressing defiance: *I want the baby brother or sister you promised me for two months. Where is he? Where is she?*

In the kitchen, a pink rose head floats in a white bowl on the counter. Anne must have rescued it from the bouquet sent by her brother and his wife. I would have thrown the bloom

away. Anne saved it and gave it its own life, as she tells me her mother used to do. This gesture breaks my heart. The pink rose bloom becomes the daughter I was anticipating—cut off, floating, alone.

I imagine a quick demise for the bloom, while the bouquet will undoubtedly live longer. That symbolism works for me. The bloom will soon die. All flowers have short lives. A cut flower's life is even shorter. A bloom from a cut flower, separated from its stem, has no chance at all.

I squat next to James in his high chair. He leans over and tries to hug me. He's never done this before.

My mom arrives, a saint. We say goodbye to James, not knowing exactly when we'll see him again.

7:00 a.m.

It's still dark as we drive to the hospital. The steam from a downtown St. Paul industrial plant rises velvety black against the pre-dawn sky. "They say you should hold the baby," Anne says.

7:15 a.m.

They don't take beautiful black-and-white pictures of stillborns, I think as we pass the framed photos under the Birth Center's halogen track lights. Labor and Delivery is a more pleasant space than I remember from James' birth, although Anne says it's exactly the same. The nurses seem nicer, too.

We order water and warm blankets. We are presented with issues, information, choices. Do we want to see the baby? Do we want to hold the baby? If so, do we want to do it right away, or after the body has been “cleaned up”? Do we want photos of the baby? If so, with us, without us, or both? We can get a stone to remember the baby by: Do we want black, blue, or rose quartz? Do we want to talk to the chaplain? Do we want an autopsy? How do we want to manage Anne’s “discomfort”? Do we want to arrange our own burial, or do we want a hospital burial? If we want the hospital burial, do we want a name plate at the cemetery? If so, what will we name him or her?

They take Anne’s vitals: normal. They wheel in another ultrasound machine for “confirmation.” Miraculous scenarios flood my head: *Oh my God, it’s alive! Your baby has a heartbeat! This has never happened in the history of medicine! You’re having a daughter! You can go home now!*

The ultrasound results are the same. The head is an odd shape. I prepare myself mentally for seeing the body. How strange will the baby look? How will I feel about it? I tell myself: It’s a body, not a soul. A dead body, not a dead soul. But I already know the baby will have a name, and that will make it real.

They take fourteen vials of blood from Anne, which seems excessive. When they leave, Anne and I talk. Maybe we deserve a trip after this. Wouldn’t it be nice to go back to the Hotel Del Coronado in San Diego? The perfect weather. The perfect ocean. The perfect beach.

Anne receives her first dose of Zydac, a pill that “ripens” the cervix for delivery. It takes six hours to work, and Anne might need multiple treatments. It dawns on me that this could take as long as it did for James: two full days. I breathe a mental sigh.

We talk to the doctor. It pains me to look at Anne when we have these consultations. She has that fragile face I've seen before—redder around the eyes, the skin on her cheekbones thinner, receded.

We decide on a hospital burial with a name plate. Practically speaking, we don't want to choose a name we might use in another (successful) pregnancy. Anne says if it's a girl, she wants to name her Margaret, after her mother. She would be comforted knowing her mother is taking care of our daughter in Heaven. I feel the tears coming, and for the first time, I can't stop them. In a similar spirit, I offer Robert if it's a boy—the name of my grandfather on my mother's side, who is in the same place as Peg.

I discover that the journal I brought is the same one I wrote in during Anne's labor with James. Anne agrees that reading it out loud—recalling a different time with a different outcome—might be a nice way to pass the time. Reading it, we realize that we also had our current nurse with James. We nicknamed her "Soft-Talker" and "Klutz." Both monikers still ring true.

A social worker comes in. We're not sure of her jurisdiction in this whole process, so our interaction is awkward. She seems eager to get us to communicate—keeps asking us what we "need" in some vague sense—but we have no frame of reference in which to answer her. We talk a little about burial choices and the autopsy. This seems to be her realm, but she clearly wants to turn our chat into a counseling session. We're not ready for that. We thank her, and she leaves. Afterward, we talk about all our friends who have suffered miscarriages. We finally understand the ache.

2:00 p.m.

Another Zydatec treatment. The cervix still has a long way to go. I head home to take a shower.

When I open the front door, I expect to see James and my mother. His toy cars are strewn about the living room (which makes me happy), but he and his grandmother are gone. I call Mom's house to see how things are going. "He's a doll," she says.

3:00 p.m.

Blood results. We are told that some of the baby's blood is in Anne's. That means hemorrhaging exists between the placenta and the uterus, so the death theory shifts to trauma. Did Anne fall? Was there a blow to the belly? I wonder if they're considering me an abusive-husband suspect. When I left the room at one point, hours before, the nurse asked Anne the required question: "Are you in a safe, non-abusive relationship?"

4:25 p.m.

I stare out the window. The sky darkens. The day has shifted to cloudy. West 7th Street is lined with Christmas lights.

4:43 p.m.

They talk about inserting a Foley catheter to mechanically help the cervix open. Anne is offered a tiny dose of morphine to ease the pain. She accepts, but doesn't like the immediate effect: a cold headache.

The Foley procedure is painful beyond description. I've never seen Anne in such physical agony. She winces, grits her teeth, tries not to scream, but screams. I see blood.

The medical professionals refuse to use the word "pain." They prefer "discomfort." *I'm sorry for the discomfort, Anne.* (Bullshit. It hurts. It's extremely painful. Anyone can see that.)

When the doctor and nurse leave, Anne cries.

I can't imagine why such violations are necessary. I never want to see a speculum for the rest of my life—nor hear that medieval word.

An inordinate amount of blood is coming from the uterus. For now, this means more blood tests, more vital signs, more vigilance. We're both concerned about this. Anne's blood is type O+.

The only sound in the room is the air system. We have a new nurse, Mary, who is convincingly compassionate. I see some news coverage of the Vikings' victory over the Lions. The Detroit quarterback is frustrated about constantly falling a few points shy of winning. He's a millionaire talking about football, and he's getting choked up in front of the TV cameras. I want to strangle him.

8:00 p.m.

Still in waiting mode. We watch *The Simpsons*, *Arrested Development*, *Dateline*. Every *Dateline* story is about medical conditions—the Mexican poet with a severely curved spine; the recently separated, conjoined-at-the-head twins; the biologist who crawled to safety from a plane crash despite a broken back and third-degree burns. And finally, the story they teased endlessly in the promos: how fat Kirstie Ally is.

The staff is confusing us about the blood-clotting issue. First it was a concern. Then they drew blood, did tests, and two doctors told us the results were good. Now Mary says she is troubled by the tests. “The body is using up its clotting ability,” she says. We ask for a worst-case scenario. “Transfusion,” Mary answers, “followed by C-section, and a hysterectomy.”

Mary offers Anne chocolate. Under the circumstances, this makes her very happy. I can't stop thinking about the clotting issue. My mind goes back to a movie about the birth of communism in China. In a perfectly symbolic scene, a woman dies in childbirth because all of the intellectuals—doctors included—have been rounded up and imprisoned. The baby (The People's Republic) lives, while the mother (Old China) bleeds to death. I tell the scene to go away, but the projector keeps playing.

11:10 p.m.

“You're going to have your baby by one a.m.,” Mary says. We understand the reason for her small hint of a smile, and it's not at all inappropriate. We already know the outcome here. We just want two things: for Anne to be safe, and for it to be over. We want to go home and see our son. We want to hug him and kiss him, hug and kiss each other, crawl into our own bed, close our eyes, and wake up to a new day.

But I don't believe Mary about the timing. The entire experience seems too much like James' birth—the drawn-out inducement process, the multiple doctors and nurses, the contradictory information, the false predictions.

Still, we like Mary, and when her shift winds down, she seems genuinely sorry that she won't be there to see us through. She shakes Anne's hand and hugs me (an amazing gesture, considering that some nurses seem trained to distrust husbands).

Before she goes, Mary orders drugs for a PCA—a device that allows patients to choose their level of pain relief. We feel as though we’re entering the final stretch.

11:40 p.m.

“I’m Kate. Are you getting an epidural or a PCA?”

This is all our new nurse says when she enters the room. She stands six feet from Anne. Sharp cheekbones, small mouth. She reminds me of the creepy nanny from *The Omen*. Not a single molecule of compassion. Pure antimatter.

We tell Kate that our last nurse favored the PCA over the epidural. She is annoyed. She obviously favors the epidural (“because it totally numbs your lower half”) versus the PCA (“which just takes the edge off”), and she seems to have a personal problem with Mary.

We’re not in the mood to be our own health advocates. We ask to talk to the doctor for the tie-breaker. The doctor defers to the anesthesiologist. When the anesthesiologist arrives, he seems allergic to offering anything that could remotely (or legally) be construed as advice. But he does seem to fall into the Mary camp, so we go with the PCA.

The next time we are alone, Anne says, “I’m so scared.”

Time to sleep. The clotting issue still worries me. What if Anne starts hemorrhaging in the middle of the night? Who’s going to know? I flag down Kate, who agrees to put an oximeter on Anne’s index finger. She seems slightly compassionate for a minute. Then I realize why—the oximeter means she won’t have to come into the room during the night; she can just view all the transmitted vital signs from her station.

Dec. 20, 7:00 a.m.

Worst stretch yet. Puking. Blood. Drugs. Bed pans. At least Kate is gone.

We find out there's a nausea drug that can be added to Anne's I.V. (more reasons to hate Kate, who never mentioned this, even though Anne complained of nausea for an hour). My mom calls right before the vomiting starts. I have to cut the conversation short.

It's a day before the solstice. Cloudy, blue, freezing rain pelting the window. We know that when the light does finally arrive, it will leave us after fewer than nine hours.

9:20 a.m.

It's quiet. Anne sleeps on and off. I move between reading, writing, and watching ESPN broadcast its eighth round of the same highlights from the same NFL games from the same day. The freezing drizzle on the windows has melted. It's still cloudy. Every fifteen minutes, the blood pressure monitor takes an automatic reading. I watch it carefully, looking for any numbers that seem low.

I find myself so preoccupied with Anne's health that I forget about our lost child. It's been three days since we first heard the news, but it seems like months. This baby— please forgive me—is like a cancer to me now. Its body is something that must be expelled—not so that we may share the joy of a new life, but simply to put an end to suffering.

I tell Anne she can have anything she wants after this experience—for the rest of her life. I miss James. My hope is that the baby is delivered this morning still, and that Anne and I will sleep in our own bed tonight. I watch Anne's chest, make sure it moves up and down. I used to lean into James' crib when he was an infant and listen for the sounds of breathing—the simple, precious, amazing sounds of breathing. I still do.

I call my mom, check on her and James, tell her little has changed. “Is there no God?” she asks.

12:35 p.m.

Anne and I doze on and off from 9:00 until noon. I have an eerie sleep, feel like I’m caught in an undertow.

The baby is in the birth canal, but it won’t go any farther.

The nurse breaks Anne’s water. We think everything is going to happen all of a sudden. Anne even tries pushing. The nurse says, “I see little pieces of the baby.” I try not to take this literally, but when the baby’s health isn’t an issue—and when the medical staff has cautioned you repeatedly about what the body might look like after being dead for four weeks—your imagination travels to undesirable places.

We now have Pitocin in the I.V. to stimulate contractions, as well as fluids, anti-nausea medicine, and a pain-killing drug. It’s still cloudy outside, but not dark. My only wish now is to have this event not take place in total blackness.

2:10 p.m.

Anne pushes. The baby is halfway out, so the doctor is called. There’s an awkward wait before she arrives. Anne gives one push, and it’s done. Just like that.

When James was born, we heard awed voices from the other side of a blue curtain. “Look at that head!” “Don’t bother with the newborn diapers on this one!” This time, the only words we hear are in a whisper: “Very small.”

I hold Anne's hand. She stares hard at the ceiling. We don't shift our eyes to the other end of the bed. We will see eventually, but not now.

The doctor says the cord is wrapped around the body in several places—ankles, body, neck. The implication is clear. Yet another death theory emerges: strangulation.

We ask about gender. The doctor thinks girl.

Anne experiences some painful pushing as the doctor presses on her abdomen. The placenta won't come. It's still attached in one place. The doctor recommends a D&C procedure to remove it. This involves a whole new saga: surgery under general anesthesia.

2:30 p.m.

When they wheel Anne away to the O.R., I feel an infinite emptiness. So much of this trial has resembled our first pregnancy, but with a different meaning and outcome at every turn.

The baby, they say, has been dead for some time. We won't see it until later. Once again, we are warned about its appearance. I grow more fearful of seeing it, but in this situation, you have only one chance.

I feel guilty for allowing myself to feel anything of my own, given what happened to this baby, and to Anne. But I'm spent. I have a lack-of-coffee headache. I'm on the verge of exploding with tears, and it's taking too much energy to repress them. I tell myself I'll wait until I'm alone. At the same time, I maintain a scientific distance from everything. This is just a body. The soul has passed, disappeared, or returned to its origins.

Yes, we'll call her Margaret.

3:20 p.m.

I sit in the recovery room, waiting for Anne to arrive from the O.R. I finally read through some of the literature. The social worker mentioned yesterday that the way hospitals treat miscarriages has improved immensely over the last twenty years. We've witnessed a definite procedure here. You appreciate the effort most people make to be sensitive, yet I am not moved by the brochures.

Your baby has died. There are no words to express how you feel. Everybody reacts differently. You might grieve for many years. You might grieve for only a few days. You might feel an incredible bond with the baby and mourn its loss at every occasion. Or you might believe it 'wasn't meant to be' and feel little connection at all. All of these feelings are normal.

I sympathize with the writer. It's nearly impossible to craft words that can resonate with every person—and convince total strangers that you feel their pain. But this material is vague and inclusive to the point of meaninglessness. I stop reading.

3:25 p.m.

Anne is wheeled into the recovery room. She wears an oxygen mask. Her eyes are half-closed from the general anesthesia. We start hearing the terms “cord injury,” “cord accident.”

We will be in this room for another hour, then move to the same area where nineteen months ago we fretted over whether our newborn would “latch on” in breastfeeding (and I worried about whether I would ever be able to change a diaper properly).

Anne sleeps. I watch her chest rise and fall. I'm ashamed that I want to leave and eat a pepperoni pizza and drink a gallon of coffee. Anne hasn't eaten anything substantial for nearly a day.

When she wakes, I feed her ice chips.

4:10 p.m.

They bring in the body. I think it's a bit premature to do so, since Anne is still groggy, but I let it happen.

There's nothing wrapped in a blanket. It's actually in a Ziploc bag, resting on a blanket. A nurse brings it forward and removes it. The body is tiny indeed, palm-of-your-hand tiny. A fifth of a pound, six inches in length.

It's gray. Dark gray.

It doesn't seem human. I notice how two-dimensional it is—like a hieroglyph. I feel curiosity more than anything. Nothing breaks through this wall until the nurse turns the body slightly and shows us the face.

Yes, it has a face. And fingers. And toes.

They're saying it might be a boy now, but we won't know for sure until after the genetic testing.

The distance returns. I can tell that Anne truly wanted to see the body. She appreciates this experience for what it is. But I also know she's exhausted and ready to move on. The nurse persists in showing us more detail. She mentions that the development is totally normal for a fifteen-week-old baby. She never uses the word "fetus." "It's a beautiful baby," she says.

It's not, really. It's not a beautiful sight in any normal sense. It's not the way it was supposed to be. And it's not a baby—it's a body.

I try to snuff any chance for emotional attachment, but the next second I'm thinking beyond what this is to what it might have been. That's what really hurts. It's not about now—

it's about the future you imagined. It's about the intrinsic meaning of the word "potential." It's about the fact that this body could have been bursting with soulfulness. It could have grown and breathed and entered the world and learned how to eat and walk and talk. It could have displayed a personality the universe has never seen. It could have touched your life and other lives around it. It could have laughed and made you laugh. It could have skinned its knee, stubbed its toe, gotten sunburned on the beach during a family vacation. It could have gone to school and made friends and learned to write and maybe paint and play the saxophone. It could have seen Central Park and the French Quarter and the Grand Canyon. It could have climbed the Slieve League mountains of Ireland's County Donegal and stood where Mommy proposed to Daddy. It could have studied in Mexico, dreamed in Spanish. It could have cried at loss, as well as beauty. It could have fallen in love and had children of its own. And grandchildren. And great-grandchildren. And through those seeds, it could have touched the lives of hundreds and thousands of people across generations and borders and oceans and continents forever. Yes, it could have altered time and space just a little—just by being born, just by living. But it won't. It will never get that chance. And the world will go on without ever knowing what it lost. And the universe will never have to recalibrate in some small way to accommodate the intangible weight of this tiny little life. And that's what causes the grief.

When I return home that night, I see the rose bloom Anne placed in the dish before we left. It's not brown and withered as I had suspected it would be. In fact, its petals have spread to fill the dish—wings unfolding from an infinite core.

Jan. 14

Our baby's death was a combination of two rare events—the fetus detaching from the placenta, and the cord wrapping around the body. Our child was, after all, a girl.

I struggle to find a perspective on the loss of Margaret. I reject the tacit notion “It wasn't meant to be.” If it wasn't meant to be, why did we get pregnant in the first place? If it wasn't meant to be, why did we feel such relief after reaching the traditional, twelve-week miscarriage-free milestone? If it wasn't meant to be, why did Anne get to hear a heartbeat on numerous occasions? And if it wasn't meant to be, why did we place James' new Christmas-stockings just left of center, knowing that next year we would have a fourth stocking to round out the family symmetry? Fate is a wonderful idea during times of joy. Successful businessmen, winning athletes, and victorious politicians believe in fate. The little girl whose parents are drowned in a tsunami does not. And I don't blame her.

I believe that the soul leaves the body at the moment of death and lies in wait for the next vessel to carry it through—although I acknowledge that this, like fate, is a belief of convenience. It allows me to think of the body in the Ziploc bag as a mere specimen. It allows the form to be a symbol and nothing more, because my rational mind can force it to be true. And this is comforting.

But then I look at the remembrance card the hospital staff made for us. And I see two tiny purple footprints against white paper. And these footprints crush my heart. Because they're so small, and they have toes, and they're beautiful. And they'll never touch the ground.