

Zuzu's Petals



❧ *A True Story of Second Chances* ❧

Lauren Ward Larsen

I CLOSE MY EYES AND TRY CONVINCING MYSELF

that Clare will be okay, that bad things happen to other people, not to us. As my self-assurance withers, I switch tactics and begin bargaining with a god I mostly believe in, but sometimes doubt. *Please*, I plead silently, *please, please, please*. *If something bad is destined for Clare, give it to me instead*. As the surgeons stitch my abdomen shut, I repeat my request, this prayer of the intermittent believer. *Please*.

 From *Zuzu's Petals*

“Calling *Zuzu's Petals* a medical story would be like calling *The Wizard of Oz* a story about storms. This memoir is really about love, courage and destiny, and how even when life doesn't go as planned, somehow it turns out exactly the way it should.”

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“*Zuzu's Petals* combines the wonder of what we know about the human body and the mysteries that surround life. By sharing her story, Lauren Larsen has given all of us quite a gift.”

 Nancy Snyderman, M.D., NBC News chief medical editor

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BOULDER, COLORADO

This book is a work of nonfiction. Some names have been changed to protect the privacy of those whose lives intersected with the author's.

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For HB —

*Fee, fi, fo, fum.
Side by side 'til the day we're numb.*

INTRODUCTION

SHORTLY AFTER I MOVED TO BOULDER, Colorado, my mother stopped by my home and handed me a thick document. Across the top and in all caps it read *LAUREN'S LOG*.

"What's this?" I asked.

"It's what happened," she said.

I thumbed through page after page to see that everything she'd written in her blue notebook during the worst two months of my life was now typed up and organized, each separate date an underlined heading. Single-spaced, the pages totaled forty-seven.

"Forty-seven pages?" I asked, incredulous.

"You have no idea," Mom said. "Hell, you weren't really there half the time!" She laughed at her own joke and left to resume her morning errands.

By then, I was getting used to these whirlwind visits from Mom. Rarely a day passed that she didn't stop by to give me an interesting article she'd cut out for me or to pick up an empty Tupperware container that had held the soup she'd dropped off two days earlier. I thought the frequency of her visits was tied to the excitement of finally having one of her four grown children living in the same neighborhood, let alone in the same time zone. Today, however, I believe these visits were Mom's way of reassuring herself that the nightmare was over—that her youngest child, the one who would've been voted Most Likely

to Laugh in the Face of Adversity, was still alive, and indeed laughing again.

I stood alone in my kitchen staring at Lauren's Log, my head buzzing. I'd been told that Mom had taken copious notes and collected scraps of paper with others' notes during what I now refer to simply as "the train wreck," but I was taken aback by the abruptness of actually receiving them. Over the past six months anecdotes had been doled out—gradually and tentatively—by those who'd been with me as I lay unconscious and unlikely to live, or as I screamed from physical pain so great I wanted only to die. As if putting together a jigsaw puzzle with no photo on the box to guide me, I'd taken each detail, each story, and figured out where it fit into the larger picture that was unfolding, the richness and depth of the scene not yet taking shape. I sensed that in my hands I held fistfuls of additional puzzle pieces. I tucked the document under my right arm and climbed the stairs of my new home, clutching the railing with both hands to pull the weight of my body up each step, slowly and one at a time. Reaching the second floor, I paused to catch my breath, then wobbled precariously to the overstuffed chair in my home office and sat, exhausted.

I began to read, and ten pages in I was choking back tears for these people: the baby, the husband, the new mom. *Oh my god, oh my god*, I said under my breath over and over and over again. I felt like I was watching a movie and was suddenly transposed from the audience to the screen. *Holy cow, this is me!* I remember thinking, as if discovering this fact for the first time.

I had no idea how unprepared I was to look back, naïvely believing that because I was alive and breathing and moving more each day, I was healing. I had no idea that the wounds to my psyche were far greater than the wounds to my body, that the true healing hadn't even begun.

Lauren's Log helped fill in more details, but the bigger picture revealing purpose and meaning wouldn't emerge until I

began to write about it, presumably to give encouragement to others in similar situations. With ten years of hindsight, I now know that I wrote *Zuzu's Petals* for me, and in so doing gave myself the final piece of the puzzle.

Part One



*I knew if I were drowning, you'd try to save me.
And that's how I saved you.*

—CLARENCE ODDBODY, *It's a Wonderful Life*

I

ROSES. HE BROUGHT ME ROSES. It's the middle of the afternoon, a workday no less, and my husband's six-foot-four frame fills the doorway to the guest bedroom, a bouquet of roses in hand. Still drowsy from my nap, I take a few moments to soak in his presence—the recently purchased suit that accentuates his broad shoulders and that early dusting of gray across his hairline. *Damn, he's handsome*, I think.

His smile fades, giving way to that wrinkled forehead he gets when he's concerned about one of the women in his life. When his mother broke her back. When his sister was diagnosed with multiple sclerosis. Now.

"You look awful," he says, crossing the room toward me as I lie on the bed.

"Thanks," I say. "You look like shit yourself."

He ignores my Jersey Girl shtick and sets the roses on the desk we plan to replace with the crib next week. With almost a month until the due date, we'd felt no need to rush the transformation of my office into a nursery.

I shift the weight of my body, pushing our standard poodle, Spike, off the bed with my foot. Jeff leans down and touches my bare leg. His hand recoils, touches again.

"Feels hot. Like you're sunburned," he says.

"Hmm," I say, feigning interest but wanting only to go back to sleep.

"We should go to the doctor's."

"I was just there three days ago. Everything was fine."

"Then I want to call them. At least check in."

He leaves the room and in the distance I hear the muffled sound of his voice answering questions over the phone. Minutes later he returns.

"We're going to the doctor's office. They said it's probably nothing, but they want to check your blood pressure to be sure."

"At least let me grab a quick shower and brush my teeth first," I say, but when I try to get out of bed I realize I'm too lethargic to do either. And that's when a small doubt bubbles up from deep within, breaking the smooth surface of smug certainty that has cloaked my pregnancy for eight months. What if things *aren't* okay?

I ignore my misgivings and ask Jeff to bring me something to wear. He returns carrying a baggy maternity frock and slippers—the only shoes that still fit on my sausage feet—then he helps me get dressed. Holding my arm, he guides me toward the door, but the sense that I'm forgetting something makes me look back over my shoulder.

"The roses," I say. "They need water."

"I'll get it later," he says. "When we get home."

There's an old expression: *We plan, God laughs.*

I've always been a planner, and my daughter's impending arrival has not escaped my need to control the process. My birth plan is simple: no IVs, no epidurals, no surgeons. When the time comes, I want a birthing chair, a CD of ocean sounds, and lots of deep purple helium balloons to go with the *Welcome to Earth, Clare!* sign my girlfriends and I made at the baby shower two weeks ago. As soon as I go into labor, Jeff will call my sister-in-law Dede, and she'll take the next flight from Orange County to San Francisco and meet us at the hospital. In the birthing room I'll appear calm and confident, some of which will be faked. Pacing the floor, I'll crack inappropriate jokes be-

tween sharp jabs of pain, my overuse of profanity fully excusable under the circumstances. Jeff will get nervous as each wave of labor registers on my face, but Dede, having given birth three times, will reassure him that everything's fine. Once the baby is delivered, Dede will call Liz, one of my closest gal pals, and she'll begin spreading the word of Clare's arrival to our friends and family members on the telephone list. *Mother and baby are both doing great*, I imagine Liz saying. *Damn, she's a long one*, she'll add about Clare. Those on the other end of the phone will laugh. *Of course she's a long one*, they'll say. *She's got two giants for parents!*

We arrive at my obstetrician's office, and with greater expediency than I've come to expect during prenatal visits, I'm shuffled into an examination room for a blood pressure check, then to a small bathroom for a urine sample, then back to the examination room, where my doctor tells me that my baby girl is "in distress," that I seem to have developed preeclampsia.

Pre-uh-what? I can't even spell the word, let alone tell you what it means. But apparently I've got it. And it's killing my baby, so she must be delivered immediately.

My obstetrician orders a wheelchair and before I can comprehend that my daughter's birth is happening in fast-forward, a nurse pushes me outside, across the street, into the hospital, and up to the Labor & Delivery Unit. Taking long strides, my husband keeps pace beside me. With all my carefully crafted birth plans being superseded by the urgency of the situation, Jeff and I offer one another weak consolations. We cling to what our instructor said repeatedly during the all-day birthing class we attended last month. *Your goal should be: healthy mom, healthy baby. How you get there doesn't matter.* I adopt a façade of acceptance about the impending cesarean-section surgery, but beneath all the bravado I'm terrified. If there's no reason to worry, as everyone keeps suggesting, why is everything happen-

ing so quickly? Could this preeclampsia thing actually kill my baby? I don't dare express my concerns. If I ignore them, they can't come to pass, can they? I pretend that all is well and allow my increasing exhaustion to numb my fears.

After an accelerated check-in process, I'm wheeled into a private room, where a nurse pierces both arms, my right hand, and one of my feet, but is unable to tap a vein for a blood draw. Preeclampsia, she tells me, is a common pregnancy-related condition characterized by high blood pressure and protein in the urine, and it often causes swelling beyond what is normal during pregnancy. My body now seems to be inflating by the minute. No blood sample, no epidural. And if I can't have an epidural, I'll have to go under general anesthesia, which means Jeff won't be allowed in the operating room. And I want—no, *need*—him with me.

"Please try again," I plead.

"We will," she says. "But right now we have to get you to the OR." She tells my husband to stick around, that she'll come get him if it turns out he can be present for the C-section. Jeff kisses me goodbye, and two people in blue sterile garb wheel my gurney into the hallway toward double doors that separate the surgical wing from the rest of the Labor & Delivery Unit. Inside the operating room, another nurse slaps the fleshy insides of my arms in search of a visible vein. After two tries she is successful, and blood is drawn and tested on the spot. Cleared for an epidural, I hear someone say: "Find the husband."

Two nurses press against either side of my body, holding me upright as I sit on a cold steel surgical table, a hospital gown loosely draping my front, my backside exposed. They keep a firm grip on each of my arms, like bouncers expecting a struggle from the tavern drunk who's being ejected for unruliness. I hear the words *hold still* and *small pinch*, and I immediately understand why the nurses are squeezing me so tightly.

"AHHH!" I yell, as the epidural needle is inserted into my lower spine.

"Got it," says a voice behind me.

"Small pinch, my ass," I say, trying my best to disguise the pain with sarcasm.

"Just a couple more minutes and you won't feel a thing," says the obstetrician.

I look around the sterile room with its gray linoleum floor and muted blue tile walls. The overhead lighting casts a bright glare off all the stainless steel: steel tables, steel carts, steel instruments.

"How do you feel?" asks a nurse.

How do I feel? I feel panicked and frightened by what's happening. I feel like crying. I feel like I'm losing control, and I'm *not* a woman who loses control.

"I'm good," I say. "Where's Jeff? I don't want to do this without him."

"Don't worry," she says. "We'll find him."

The bouncer nurses lower me onto my back, carefully rotating my body lengthwise as someone else lifts my legs onto the table. Although there's a plastic tube lodged in my spine, I feel nothing as I lie on top of it. Not my back, not my belly, not my legs. A nurse eases my arms into Velcro restraints and secures them to thin boards jutting out from the operating table.

"Comfortable?" she asks.

"Yes, thanks." Then, "Where's Jeff?"

"We're still trying to find him."

Despite a consistent show of confidence throughout my pregnancy, I cannot do this part without him. I don't know why I'm so anxious, and perhaps I don't want to know why, don't want to consider the possibilities that are anything but positive. I just know I need Jeff to be here.

A short blue drape is hung at my chest, blocking my view of the surgical opening through which my baby will enter the world. A lamp is positioned two or three feet over my body and I'm startled by its brightness.

"We've got to begin," says a voice from beyond the drape.

"Where's Jeff?" I demand.

A door to the operating room swings open. “Found him,” says a nurse, positioning her facemask over her mouth. “He was in the phone booth. Says he’ll be here in a minute. He’s putting on scrubs.”

A sigh of relief escapes my mouth, and I don’t feel a thing as one of the obstetric surgeons makes an eight-inch horizontal incision above my pubic bone.

“Wrong door!” someone barks. My husband comes into view with a surgical cap on his head and a mask over his nose and mouth. Even with half his face covered, I can tell he’s grimacing as a nurse guides him past my gaping abdomen to a stool behind my head.

“Sorry,” says the nurse to one of the doctors. “Didn’t know you’d already cut.”

“Ewww,” Jeff whispers in my ear, adding a bit of levity to a situation that is moving too fast for both of us. Stroking my cheek, he repeats little phrases of encouragement. *You’re doing great. This is it. Here we go.* I sense these affirmations are as much for his benefit as mine.

I watch the surgeons from their chests up as they work to extract Clare from my womb. Muffled voices volley brief commands back and forth. I hear words like *distress* and *stat* and *resuscitation*. Then the voices go silent, and above the surgical drape I see one of the doctors holding a limp little body covered in blood and mucus and some other dark goo. She isn’t moving. *My baby isn’t moving!*

Everything will be fine, everything will be fine, everything will be fine. I repeat these four words to myself as a mantra, a mandate even.

No congratulations are offered. No baby is placed gently in my arms.

More people in surgical scrubs seem to appear from nowhere and surround Clare. Hushed voices cut the whirl of activity, as she is moved to another table across the room. Jeff moves back

and forth between Clare and me, trying to see what he can at her table, trying not to see what is below the surgical drape at mine. About a dozen people are in the room now, most of them focused on Clare. Their close-knit huddle blocks my view. I strain to see her but cannot, so I turn my head away and squeeze my eyes shut, sending tears into the light blue surgical cap covering my hair.

Everything will be fine, everything will be fine, everything will be fine.

The activity around Clare increases and Jeff comes back to my side. He looks frightened, more than I’ve ever seen before. And I need him not to be frightened. I need him to be certain and strong. Because I no longer am.

“They said she passed a stool in utero and choked on it. They’re about to move her to another part of the hospital,” he says. “To the intensive care unit for newborns.” Above his surgical mask, Jeff’s eyes reflect the terror I’m feeling.

Several people push the incubation cart holding Clare toward the operating room exit. “Stay with the baby, honey,” I say to Jeff. “I’ll be fine.” He gives me a quick kiss, then falls in step with her entourage.

I close my eyes and try convincing myself that Clare will be okay, that bad things happen to other people, not to us. As my self-assurance withers, I switch tactics and begin bargaining with a god I mostly believe in, but sometimes doubt. *Please, I plead silently, please, please, please. If something bad is destined for Clare, give it to me instead.* As the surgeons stitch my abdomen shut, I repeat my request, this prayer of the intermittent believer.

Please.

That evening, still groggy from surgery, I smile when Liz pokes her head into my hospital room. “Hey, you,” she says, without a trace of her usual acerbic wit. Her husband, Rick, fol-

lows behind, holding a duffle bag with the items Jeff requested: toiletries, my bathrobe, jeans and a sweatshirt for Jeff, my date book, our cell phones, the camcorder. He hands the supply bag to my husband and shoots footage of us while we all await the arrival of my baby for a brief visit from the neonatal ICU. Jeff, still wearing his delivery room scrubs, his white surgical mask dangling around his neck, crouches next to me as I lie in the hospital bed waving to the camera and sounding slightly disoriented as I try to explain what happened.

“Well,” I say in a slurred voice, “things didn’t go quite as I had planned.”

Jeff lightly strokes my forearm with his fingers. His tone is one of *c’est la vie* as he recounts the ups and downs of the day and the happy ending we are experiencing now that night has fallen. It’s been four hours since Clare’s alarming arrival into the world and she’s doing surprisingly well. Her Apgar scores have improved. Supplemental oxygen has been discontinued. No apparent health risks remain. And even with her three-and-a-half-weeks-early arrival, she weighs an impressive eight pounds, nine ounces.

I appear to be doing well too, resting in a regular Labor & Delivery room after what seems to have been a textbook case of sudden-onset preeclampsia. “It’s as if the mother has an allergic reaction to being pregnant,” my obstetrician told us before sending me to the hospital. “And once we deliver your baby, you’ll feel better too,” she added. Reassurances from various doctors and nurses have been plentiful. *Close call, but everything’s okay now. The worst is behind you. It’s over.* I believe them all and feel nothing but relief. The story of Clare’s dramatic birth will be added to the collection of crazy Lauren and Jeff stories, like how we got engaged on our second date.

There’s a soft knock at the door and a nurse enters holding Clare, wrapped snugly in a flannel baby blanket, looking like a giant burrito with a face. A thin cotton cap in muted

pastels covers her nearly bald head. Rick and Liz and Jeff all lean in to coo at her, joking about her drama-queen nature and the genetic probability that she gets it from me. When visiting hours end, Jeff thanks our friends for taking care of Spike for the night and walks them to the door. Liz and Rick say their goodbyes and leave us to our privacy as a new family.

The nurse places Clare in my arms, careful not to put any pressure on the area surrounding my stitches. I’m unable to stop staring at her, this little soul who chose me to be her mama. Jeff turns on the camcorder and leans over both of us for a close-up.

“What’s the first word that comes to mind?” I hear him ask off to the side.

“Miraculous,” I say.

2

SLEEP. I JUST WANT SLEEP, but they keep fussing with me. A nurse tucks my hair into a blue surgical cap. Another swabs my neck with iodine. Jeff is talking and I try to focus on his words, his face. He says something about a central line, that they need to insert one in my neck. *Whatever*, I think. As long as I can sleep. I can barely stay awake even though people are talking to me, at me, and about me. Go away. Let me sleep.

It's four in the morning and I have no memory of all the disruptions during the night: the three times the crash cart slammed into my room, the flashlights shined in my eyes, the fluids hung on my IV pole—the commotion. I have no understanding of what Jeff has already gone through in watching the Blue Team's repeated attempts to stabilize me while I lay unconscious, how surreal his first night as a father has been.

“Even with the topical anesthesia, this is going to hurt a bit,” the on-call doctor says, his voice apologetic. “Try not to move.” He jabs the right side of my neck and a searing pain slices through my sleepy haze like a laser. I adopt an air of stoicism, an unconvincing attempt at maintaining control.

“Damn,” he says. Then he jabs again. And again.

I see Jeff wince every time the needle pierces my skin. It's a look that says he would take my place in a heartbeat if he could. Blood leaks from my neck onto the pillow, and the doctor tells Jeff he's having trouble getting the needle into my jugular in the proper position. Someone lifts my head and places a large

pad under it, as I make what I think is a joke about vampires. No one laughs. I'm not entirely sure what is happening, but I can feel each attack on my neck, each attempt by the doctor, whose frustration registers on his face. He asks my husband to step back because this may be too much for him to watch. Jeff complies and a nurse pulls the curtain around my bed, leaving my husband to rely on his imagination as the doctor and I both swear repeatedly—he because he's unable to secure the central line, me because it hurts like hell.

The central line is finally secured and someone pulls back the curtain. Jeff approaches the bed and the doctor explains that I need to go back into surgery as soon as possible because I'm not responding to the “fluid boluses.” Jeff says he doesn't understand. I don't either, but I don't care. I just want all these people to leave so I can sleep in peace. The doctor says that my repeated blood pressure drops indicate that I'm hemorrhaging internally and they need to find out why. They've booked the OR. The surgeons are on their way. Please sign these papers.

03/03/00—At 6:30 a.m., Jeff called us to say that Lauren was bleeding internally and that the doctors were going to operate through her original incision to repair it. He broke down on the phone and could hardly talk. Fluid and blood were collecting in her abdomen. Legs, ankles, feet, face, hands—all puffy and distended. I made arrangements to fly out immediately.

I awaken in a hospital bed, my body still numb from the general anesthesia, bags of ice covering my belly. The room is full: Jeff, Mom, girlfriends Liz and Pam, my brother Tim. And Clare. Tim holds my baby, walking around the room and speaking softly to her as he gently bobs up and down. Mom sits in the corner writing in a blue spiral-bound notebook. Someone notices that I have opened my eyes and familiar faces lean in toward me.

“How’re you feeling?” I hear. My throat hurts too much to speak, an aftereffect of the breathing tube that pumped oxygen into my lungs during my latest surgery. Instead, I simply nod my head.

With Clare still in his arms, Tim approaches the foot of the bed, a wicked smile playing on his face.

“Hey,” he says, “If you die, can I have your bike?”

It’s an age-old family joke that elicits a scowl from our mother every time my siblings and I say it to one another, usually when one of us is embarking on a lengthy journey or precarious endeavor. “I love you” has never come easily for my family, humor being the more common expression of affection. The fact that Tim is using the bike joke now tells me everything must be okay.

I drift in and out of consciousness, grasping pieces of conversations about me. I hear my family comparing notes, questioning doctors, and accepting small comforts from the nurses: the extra time taken to explain medical terms, recommendations for a good sandwich shop nearby, general reassurances about my prognosis.

When the latest blood test results arrive, one of the doctors explains that they don’t reflect the kind of recovery pattern expected in a preeclampsia patient. Although there is no definitive cure for this pregnancy-related disorder, delivering the baby typically sets the recovery process in motion for the mother, the baby, or both. But I’m proving to be anything but typical. My body isn’t producing the clotting factors needed after surgery, and since this morning my platelet count has dropped to 54,000, normal being 150,000 to 450,000. Round-the-clock blood transfusions replenish my vascular system while my own blood continues to leak through my vessels and veins, filling my abdomen, which is now much larger than when I was pregnant. The ongoing blood loss can no longer be blamed on the few small “bleeders” discovered and repaired during the surgery ear-

lier today. It is now attributed to DIC—Disseminated Intra-vascular Coagulation, the failure of the blood to clot. Because of its high fatality rate, medical professionals—behind closed doors—also define DIC as Death Is Certain.

03/04/00—I called Elizabeth [a good friend] and told her what was going on. She said the first thing she wanted me to do was to not think that Lauren was going to die, that she was going to be okay, but we’d need to work on it. I was to picture Lauren healthy. When I put that picture in my head, what I got was Clare just beginning to walk, tottering along, with Lauren in front of her, mimicking Clare’s walk and looking back at Clare and laughing with her.

“I want a Coke,” I say to no one in particular. I just woke up and my voice is deep and gravelly, my throat still raw from yesterday’s breathing tube. The room is empty except for a nurse, who laughs at my request. She thinks I’m kidding.

I’m not. I want a Coke. Now.

“Where’s Jeff?” I ask.

“I think he went to get coffee,” she says.

My nasal passages ache, and when I touch my face I realize there’s a hard plastic tube the width of a pencil coming out of my left nostril, leading to a clear container hanging off the side of the bed. Murky gray fluid lines the bottom of the container, maybe half a cup’s worth. A pint-sized bag of blood hangs from a tall thin metal pole on the other side of my bed, a thinner tube running from the bag to my body. My mouth is parched. I haven’t had anything to eat or drink since the small cup of water I was given at the doctor’s office while trying to produce a urine sample. That was two days ago.

“I’m serious,” I whisper. “I really want a Coke.”

“I’m sorry, Lauren,” says my nurse. “You’re not allowed to have food or liquids yet. You have to pass gas before we can get you something to drink.”

"I have to *fart* to get a Coke?"

Food and beverages will cause problems if my guts are still asleep, she explains. Once I start passing gas, they'll know the anesthesia has worn off, and it will be safe for me to eat and drink again.

"Besides, it wouldn't stay in your stomach anyway," she says, pointing to the tube in my nose. "That's sucking everything out, including all the fluids your stomach is producing on its own." I glance again at the plastic container attached to the end of my nasal tubing. *Ick*.

"If everything is being sucked out anyway, why can't I have a Coke?" I'm not willing to give up without a fight, and her expression tells me she's considering my argument. I'm making headway. Flashes of the old relentless negotiator in me spring forth to seal the deal.

"Come on," I say. "I'll let you do anything to me that you need to, if you'll give me a Coke first."

"Let's check with the doc when he gets here. If he says it's okay, I promise I'll find you a Coke."

Five, ten minutes later, a doctor enters my room. The nurse explains my request and the doctor pauses as if weighing the pros and cons.

"Sure," he says. "But only a little, 200 cc's at most."

My nurse and I share a smile in joint recognition of our small victory. I have no idea how much 200 cc's is, but I'm thrilled nonetheless. She leaves my room and returns minutes later with a cup of ice and a can of Coke. Pouring some of the soda over the ice and mashing it around with a straw, she tells me she needs to get rid of some of the carbonation just to be on the safe side.

"Small sips," she says, holding the cup to my chin. I put the straw in my mouth and suck, the burning sensation in my throat offset by the wetness in my mouth, the sweet taste on my tongue. And then, *whoosh!* Regurgitated Coke shoots out

the tube in my nose, adding a brownish color to the contents already in the container hanging off my bed. The nurse and I laugh at the absurdity of this scene. A few interns and orderlies poke their heads in my room to see what's so funny.

"Watch this!" I croak. I take another sip and once more Coke shoots out my nose. Everyone laughs. More people lean into my room to see what's going on, so I repeat my trick and they respond accordingly. Suddenly the crowd parts and I see Jeff—coffee cup in hand, his face stricken—as he makes his way into the room. He seems confused and out of breath, like he's run down the hallway to get here.

"Hey, honey!" I bark. "Check it out!" I take another sip of Coke and it shoots out my nose. All eyes are on Jeff, awaiting his response.

I promise to keep my sense of humor, my husband had said to me when we exchanged our wedding vows in a redwood forest three years earlier. Then he added, *I know that won't be a problem for you*.

Jeff slowly shakes his head, a smile playing at the corners of his mouth.

03/05/00—Thought for the day: If he were still alive, Lauren's father would have been 64 today. Is he helping her?

The average person has ten to fourteen pints of blood in his body, roughly two pints for every twenty-five pounds of body weight. Now on my fourth day in the hospital, I've been transfused with more than fifty pints. And my body is still not responding the way the doctors had hoped. It's not producing clotting factors, as if I've temporarily become a hemophiliac. My liver shows signs of acute failure. My kidneys are going too. I'm jaundiced, my skin and eyes mustard yellow. A large blood clot is forming on top of my uterus. I must be moved immediately to a hospital that is better equipped to handle my case, one

with a surgical intensive care unit and dialysis machinery, which this hospital—primarily a birthing center—does not have.

Jeff sits in the back of the ambulance with me as we drive from San Francisco's Sunset neighborhood to the Fillmore district on a foggy Sunday afternoon. He hasn't been home since his impromptu visit with roses three days ago. My mental capacity diminished, I struggle to work out a simple pun or flip-pant remark for the ambulance driver, but instead lapse into sadness and confusion. We finish the drive in silence.

At the new hospital, Jeff keeps pace with the paramedics as they push my gurney down hallways, around corners, on and off the elevator, and through the large swinging doors that make a loud *psbbht!* as they automatically open into the surgical ICU. Doctors in white coats stride around with clipboards in hand and interns trailing behind, while nurses duck in and out of patients' rooms, most of which have their sliding doors open and a single family member standing vigil. Someone directs the paramedics to a room in the middle of the unit, right across from the nurses' station. There's a noticeable difference in the atmosphere of this hospital; it's busier, much more high-tech. I groan with pain as I'm transferred from my gurney to a special air mattress.

I'm fading fast and within hours I won't respond to anything except through physical reflexes: the dilation of my pupils in response to a doctor's small flashlight, the jerking of my leg in response to a thumb's firm scrape across the sole of my foot. On a scale of one to ten, with ten being the worst, my team of specialists has deemed me a nine-and-a-half.

03/05/00—Jeff crashed at home around 10:30 p.m. When I went into the master bedroom to give him an update on Lauren, I thought he'd left a night-light on, but it turned out to be candles that were burning on their little altar. When Jeff woke up, he held my hand and said to look at the angel card he'd drawn. It read "Faith."

Preeclampsia is one of the oldest diseases on record, having been first identified and recorded over two thousand years ago. Delivering the baby is the only known treatment, and *usually* the mother improves once the baby is out of her body. But in some cases postpartum complications set in. Preeclampsia can develop into eclampsia and ultimately HELLP Syndrome, both related to preeclampsia and both life-threatening. My own diagnosis has morphed from preeclampsia to HELLP Syndrome to something the doctors can't quite name. So more tests will be run, liver biopsies taken, dialysis administered, and bags of blood transfused.

Each year, preeclampsia claims the lives of roughly 76,000 women worldwide. The number of babies taken by this disorder is even higher: more than half a million. And while most deaths due to preeclampsia and its related complications occur in developing countries, we in the developed world are not immune to its impact. Many of us naïvely believe that women in the West—with all our advancements in medical care—no longer die in childbirth.

But we do.

3

WHEN JEFF AND I SHARED THE NEWS of my pregnancy seven months ago, we made no secret of the fact that it was unplanned. There was, however, one detail we left out: Jeff didn't want to have children.

In the spring of 1999, I had left a job that I was ill suited for, and at my husband's encouragement, I put on a backpack and traveled throughout Europe for six weeks before launching my search for another corporate position as a VP of marketing. Jeff joined me for the first two weeks, but work demands required his return after that. A month later, I flew home to the San Francisco airport wearing a clingy French minidress, Italian pumps, and a Mediterranean tan. Time apart had increased our desire and dampened our judgment, and our usual precautions were tossed aside as quickly as our clothes. Within hours of stepping off the plane, I was pregnant.

Weeks later, we stood together in the bathroom staring at a home pregnancy test, its tiny blue plus sign irrevocably changing our future. My internal response was a mosaic of shock and apprehension and joy. For years, I'd imagined that one day a little girl named Clara, named for the angel in my favorite movie, *It's a Wonderful Life*, would be a part of my life. I'd even shared this thought with Jeff after our first date, and before he asked me to marry him four days later, he'd amended her name to Clare. During long nighttime phone conversations early in

our relationship, we'd talked about starting a family one day, had even fantasized about getting pregnant on our honeymoon months before we married. But my corporate career and his entrepreneurial company, dinner parties with friends and travel for work dominated our first years of marriage. Thoughts of children, *our* children, were left behind in the flurry of a busy life together. Conversations about Clare were fewer and fewer, until one day Jeff told me he wasn't so sure about having kids. We had a good thing going, he'd said. Why mess with it? He didn't want to lose what he called our *freedom*, didn't want anything infringing on the life we'd created together. And, equally important, he didn't want to forfeit his dream of one day returning to academia and immersing himself in a full-time PhD program. To him, becoming a father was more about sacrifice than integration, giving up his needs and wants instead of simply expanding what we shared to include one more.

"Okay, so you're pregnant," he said, sounding catatonic, before turning and walking out of the bathroom that day. I sat, head in hands, on the edge of the tub and shed tears of panic, of fear, and then, of anger. We'd discussed this before, the game plan should I become pregnant. We'd agreed that abortion would not be the solution for an unplanned pregnancy. *So if I get pregnant?* I'd asked. *We'd become parents*, he'd replied, without a hint of sarcasm. I'd assumed that Jeff's recently voiced aversion to parenthood was directly tied to the pressure of trying to sell his software company. Once that pressure was gone, once our finances stabilized, I'd reassured myself, surely he'd reconsider his position and I'd be one of those forty-something first-time moms.

Jeff worked hard to put on a show of excitement when we phoned our respective families to share the news or when we ran into acquaintances and confirmed the rumors. But at home, just the two of us, he withdrew. His mood was somber, his con-

versations numb. At night when we read on the couch together, I'd look up from my book to find him staring, expressionless, out the window or at a corner of the ceiling.

Initially, I tried to help him work through his fears. I reminded him of how much we'd both enjoyed that precocious little girl, Mathilde, the daughter of new friends we'd met in France, and how we'd jokingly said that if we could get one like her we'd do it in a heartbeat. I rented Steve Martin's *Parenthood* one night in hopes of showing the comedic side of our situation, but watching the movie made him more anxious. When a friend of mine sent us a book for expectant dads that showed a pinstripe shirt on the cover, Jeff flipped to the table of contents and, shaking his head, read aloud one of the chapter titles: "Money, Money, Money." The book, unread, went in the trash.

I sensed that Jeff sincerely wanted to embrace his impending role as a father, but I also sensed he was lost, clueless as to how to do it. I suggested therapy, a path he'd never taken, and immediately I felt the gates to his receptivity slam shut. Long ago, we'd promised one another that divorce would never be an option for resolving any marital issues we might encounter, but eventually, I'd had enough of trying to console him. I was pissed, surprised at the potency of maternal protectiveness that sprang forth, righteousness for the embryo growing within me. I offered to absolve him of his wedding vows, to let him go so he could pursue the life he'd imagined—without this baby and, consequently, without me. Jeff's expression told me I'd never say more hurtful words to him.

"Don't you know I'd never leave you?" he said, his eyes tearing up.

I know that, I thought. But I won't allow this baby to grow up in a household of stifled resentment. If need be, I'll leave you.

What would it be like to raise a child alone? Would I be able to provide for her and still spend time with her? Would she

ask about her father? When I was two months pregnant, these were the questions I turned over in my mind. Not questions about diaper services or breast pumps, but about my marriage. I discussed my fears with no one, not even Jeff. I felt I'd already lost him. Now it was a matter of choosing to stay with this new resigned Jeff, the one whose *joie de vivre* had seemingly been extinguished, or to move on.

Then one day, it happened. A crack. Small, barely noticeable, but a crack nonetheless.

"Could you give me the number of that shrink you mentioned?" Jeff asked nonchalantly, as he cleared the table after dinner. I squelched my elation, afraid of overreacting.

"Sure," I said, my composure matching his.

A week later, Jeff returned from his first therapy session. "So how was it?" I asked, again careful not to come across as being too eager.

"It was okay, I guess," he said. "She sure doesn't say much." I let it drop.

The following week, Jeff returned from his second session.

"Honey, I am so fucked up!" he said, laughing. "Not only do I have a fear of failure, but I also have a fear of success. You'd think I could just average the two together and be normal." As Jeff shared his insights from therapy, it was obvious he'd turned a corner and, though still anxious about parenthood, was making progress.

Two weeks later, I was visiting Mom and my stepdad, John, in Boulder, when Jeff called the day after his fourth appointment, exuberant. At the therapist's prompting, he'd taken a close look at what exactly he stood to lose by becoming a father. He realized it wasn't our freedom. It wasn't our romance. It wasn't our ability to travel or get together with friends. What he couldn't get past, he told me, was his self-imposed idea that fatherhood meant working a steady, and likely soul-crushing, job until retirement. Worse yet, it meant relinquishing his de-

sire to return to school. PhD programs took time: six to eight years, and money: tens of thousands in tuition and books, not to mention the loss of income for the duration of the program. He told me how he couldn't sleep last night, agitated by thoughts of losing his academic dream, so he got out of bed and did something he'd never done his entire adult life. He made a personal budget, calculating how much money he'd need for graduate school, as well as for major family expenses such as a down payment on a home, our child's college education, and other expenses that grown-ups concern themselves with. And that, he explained, is when the breakthrough occurred.

If Jeff could sell his software company, which was struggling financially, he might walk away with enough money to earmark some of it for school. And even if the company went under, he realized he could earn money another way and then focus on his academic goals. Viewing our situation with this newfound clarity, he told me, led to an even more remarkable occurrence. He regained his sense of hope.

My best friend, my partner in life, had returned to me.

Less than a month later, as if by some cosmic reward system, Jeff came home late one night with a big grin on his face and an even bigger check in his hand. He and his business partners, along with a gaggle of attorneys, had worked until nearly midnight finalizing the sale of the company. Giddy, we sat side by side on the couch for over an hour staring at his portion of the proceeds, a percentage of which would be deposited into two college funds. One for Clare. And one for Jeff.

4

NEITHER JEFF NOR CLARE IS WORTH the excruciating physical pain I feel. This is what I tell my husband during one of my brief periods of consciousness after he begs me to do what the doctors have said is crucial: to get mad and start fighting. I spew hurtful statements without concern for Jeff's feelings, for what he has endured on very little sleep for five days. Hepatic encephalopathy is causing the neurons in my brain to misfire, the liver specialist tells Jeff, and that's fueling my desire to lash out. Every change in my position made by well-intentioned nurses sends a white-hot searing jolt through my midsection. Liver and kidney failure conspire with gallons of hemorrhaged blood trapped in my abdomen, wracking my body with an indescribable agony, the steady flow of morphine seemingly no help at all. My deep guttural groans and intermittent screams are heard throughout the ICU and with enough frequency that some of the younger staff, I will later learn, secretly nickname me The Screamer.

My only focus right now is the pain—or more accurately, ending it. If that means slipping away without a fight, so be it.

“Just let me go,” I say to Jeff.

Preeclampsia is a systemic disease. It attacks the liver, kidneys, vascular system, and lungs. Clearly, with all the blood transfusions I've received so far, my vascular system is in failure. The latest lab results show that my liver and kidneys have lost

more ground. Now my doctors want to gauge my mental acuity, so they discontinue the use of the intravenous pain medication. My level of confusion and unresponsiveness increases and is no longer attributed to the morphine. This is not good news. It's a sign that I'm quickly moving toward the final stage of liver failure, perhaps a coma.

03/06/00—Lauren seems to be slipping away in spite of everyone's best efforts.

Tim's wife, Dede, arrives from Orange County and enters my ICU room as I launch into a fit, no longer under the calming spell of morphine. With both hands, I blindly thrash at the hard plastic tube in my left nostril, the same one that shot soda out of my stomach yesterday morning. The nurse assigned to care for me is in the next room with her other patient, the ICU having a two-to-one patient-to-nurse ratio. Jeff grabs at my forearms to prevent me from hurting myself.

"Get help!" he yells. Dede leaves without a word and soon one of the medical residents rushes in. He secures my arms to the bars on either side of my bed with Velcro-and-canvas restraints, careful not to tangle them with my IV line, transfusion line, or any of the other myriad tubes running from my arms, chest, and head to various medical devices. I succumb to the restraints and Jeff releases his grip. He walks around the bed and gives Dede a hug as she dissolves into tears.

Discussions about my prognosis no longer include me. My personal support team—Jeff, my mom and stepdad, Tim, my sisters Karen and Steph, brother-in-law Mark, Liz, Pam, and another close friend, Sabra—regularly meets with the medical specialists to discuss my care. These "summit meetings," as they will come to be called by my family, take place in the ICU waiting room, sometimes twice a day. A liver transplant is discussed, but for now the doctors want to take a wait-and-see approach.

My current treatment plan involves lab work every few hours and continuous blood transfusions until my body gives some clear indication of next steps. Called "supportive care," this is what doctors often do when they enter unknown territory, when—as the liver specialist puts it—the *science* of medicine becomes the *art* of medicine.

03/07/00—I went to the hospital tonight and went into Lauren's ICU cubicle by myself, when no one else was with her. She was completely unresponsive. Her lips were curled back from her teeth and her eyes looked like those of a newborn baby bird—big and kind of sunken. She was completely unresponsive to my touch. I whispered in her ear what Elizabeth had said about Capricorns being able to overcome the biggest obstacles, and that she had the ability to get well again. No response.

I went back to the waiting room and, crying, told John that I had to go home, that I couldn't handle seeing Lauren as she was. As we waited for the elevator to come, Tim and Jeff came over and held me as they reassured me that Lauren was going to get well. I let them talk and tried to listen, but the whole time I thought, They're fools if they think that body in that condition will get better. They're just deluding themselves.

Several pieces of my liver are removed through an opening in my neck, and I don't feel a thing. I'm semicomatose, and the morphine drip that was temporarily discontinued yesterday has been reinstated. Normally, liver biopsies are performed through the belly, but my midsection is now the size of a medium Fitball. I weigh two hundred and sixty pounds—sixty pounds over my highest pregnancy weight and a hundred pounds over my normal weight.

The biopsy reports come back. No microvesicular fatty cells, so fatty-liver pregnancy is ruled out. No cirrhosis, so too much

partying in college is ruled out. No hepatitis A, B, or C, and no sign of chronic disease. Yet the latest round of blood work shows that my coagulation numbers have gotten worse since the last set of lab tests was done four hours ago. I'm now a Status One on the liver transplant list. I have, in effect, cut to the front of a very long line because of my age, favorable health history, lack of previous medical challenges, and the urgency of my situation.

Each year, tens of thousands of people wait on organ transplant lists. They wait for someone else to die in a manner conducive to saving and recycling the major organs, eyes, and usable tissues of the body. They wait for the loved ones of the recently departed to acknowledge and respect the existence of an organ donation card, to see beyond their grief and offer up parts of the deceased body that can save the lives of others. And each year, in this country alone, more than 6,000 people die waiting.

The next morning's lab results indicate that I had a good night. I also had two bowel movements while I slept, a sign that the ammonia by-products linked to the toxicity in my body are now exiting my system. *She's going to make it*, declares my team of specialists. I've dropped three pounds, down to two hundred and fifty-seven. Good news indeed. By mid-morning my fluid output exceeds my fluid input by 200 cc's an hour. More good news. And by early afternoon, the doctors have discontinued the blood transfusions, including the FFP—fresh frozen plasma—that they've been weaning me off since last night. (Months from now I will hear the story of how slaphappy Tim, Karen, Steph, Mark, and Sabra were in the family waiting room after reviewing what they'd just learned in the daily summit meeting. They couldn't remember what the acronym FFP stood for, so they pondered names like Freeze-dried Frozen Plasma and Fresh Fucking Plasma. But knowing that plasma is only one component of whole blood, they decided to forget the acronym and go with the term Blood Light.)

The good news is short-lived. Within twenty-four hours the Blood Light transfusions resume. As more blood bags are on their way from the local blood center, my baby is on her way to the airport with Tim and Dede, who will act as her guardians indefinitely. I'm aware of neither of these details.

03/08/00—Blood Centers of the Pacific notified the hospital that its supplies are rapidly being depleted. I decided that it would be better if I just stayed at Lauren's home, managing the house, handling all the phone calls, and requesting that people give blood instead of sending flowers.

Somewhere, a hospital monitor goes off. *Beep! Beep! Beep!*

"Honey!" Jeff yells, his voice filled with panic. I open my eyes for the first time in days and look at my husband.

"I thought you'd stopped breathing," he says.

A nurse rushes into my room. "That alarm was in the next room," she says.

Eyelids drooping, I smile at Jeff, a crooked smile—he later tells me—that says *Silly man. I need my rest and I'm going back to sleep now*. Without saying a word, I close my eyes and return to the place I have been on and off since Clare's birth almost a week ago, a place I will have trouble describing to others later, let alone remembering clearly. Red rock canyons like the ones in Sedona, Arizona, that I hiked years ago with Spike. Warmth. Lots of warmth and light. The feeling that I am bundled snugly, the same way my baby is in the photographs that hang on the wall—a subtle plea to those caring for me that this patient is a mother now, in need of their utmost attention. In this surreal place I go I have the sense that my body is healing, that I am being nurtured and protected. By whom or by what I don't know. But I like it here. And I want to stay.

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Lauren Ward Larsen is the president and chief ambassador of the Foundation for America's Blood Centers, based in Washington, D.C. She is also an international speaker and advocate for preeclampsia research and awareness, volunteer blood donation, and clean water initiatives in Sudan. For all of her grassroots efforts to promote blood donation, Larsen was awarded the 2001 Larry Frederick Award from America's Blood Centers. She was also the recipient of the 2006 Outstanding Achievement Award presented by the American Association of Blood Banks. She holds a B.A. from the University of Arizona and an M.B.A. from U.C.L.A. Lauren, her husband Jeff, and daughter Clare live in Boulder, Colorado, where they laugh often and take nothing for granted.