
The Journey of Rebecca Rose

Stephen Kovach

Kovach Publishing
www.kovachpublishing.com

Cover design by Angi Shearstone
Shearstone Creative Services
www.angishearstone.com

Copyright 2006 by Stephen Kovach



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivs 2.5 License](http://creativecommons.org/licenses/by-nc-nd/2.5/).

To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/2.5/> or send a letter to Creative Commons, 543 Howard Street, 5th Floor, San Francisco, California, 94105, USA.

The Creative Commons license gives you the right to reproduce, quote, copy or otherwise use this work for educational/non-commercial purposes ONLY. You must give the author and source full credit and this license must be reproduced along with the copy. You may not make any derivative work although you may create excerpts as long as the excerpt is identified as such and the original license is included with the excerpt. All other rights reserved unless written permission is obtained from the copyright holder. See www.kovachpublishing.com.

Online and hardcover editions of this book may be available, some with full color photos. Please see www.rebeccarose.info or www.lulu.com for details. Lulu Content ID for this free ebook edition is 357808.

First published 2006

This version of the book is distributed free.

Notice: This publication contains the opinions and ideas of its authors and is intended as inspirational and pleasurable entertainment. While the story contained herein was not fabricated in any way, the medical information presented in this book was interpreted through the author's personal experience. This book was not reviewed by any medical professional prior to publication. Thus it should not be relied upon for the diagnosis or treatment of any medical condition or symptom. Please consult with a competent medical professional if you have any questions about the procedures, diagnosis or treatment of premature infants as discussed in this book. The author also welcomes corrections from any certified medical professional and will incorporate such corrections in a future edition.

Table of Contents

Introduction	ix
Prologue	xi
Week One – An uncertain beginning	1
<i>17 March thru 23 March</i>	
Week Two – A frightening week	15
<i>24 March thru 30 March</i>	
Week Three – Mum’s milk	27
<i>31 March thru 6 April</i>	
Week Four – The Kilo Club	35
<i>7 April thru 13 April</i>	
Week Five – “The girl who lived”	45
<i>14 April thru 20 April</i>	
Week Six – Late nights and plain air	57
<i>21 April thru 27 April</i>	
Week Seven – “Eat and grow!”	67
<i>28 April thru 4 May</i>	
Week Eight – There was a girl in special care	83
<i>5 May thru 11 May</i>	
Week Nine – The fanged beast of Gloucester	99
<i>12 May thru 18 May</i>	
Week Ten – Blustery Days	119
<i>19 May thru 25 May</i>	
Week Eleven – Wonderful, Counsellor	131
<i>26 May thru 1 June</i>	
Week Twelve – The Homecoming	147
<i>2 June – 8 June</i>	

Week Thirteen – Big Eyes	167
<i>9 June thru 15 June</i>	
Week Fourteen – An official US Citizen	175
<i>16 June thru 22 June</i>	
Epilogue	193
Appendix – the air crash	195
Glossary of Medical and British Terms	197

Prologue

At the start of 1999 a new project began for CAO, Ceres Ace Orb (name changed), the software company for whom I worked. The project was the first major one to be tackled from our European office located in Surrey county in the United Kingdom. Because of a shortage of technical staff in the overseas office I was asked if I would be interested in a two year assignment getting the project “off and running”. It sounded like a lot of fun so in July 1999 we moved house from Freeport PA to Walton-on-Thames, Surrey. At the time our family was composed of Margie and I, Jennifer aged 3 years 10 months, and Daniel aged 2 years and 2 months.

After 9 months on the project, the responsibilities drifted more and more to British Energy’s technical centre in Barnwood, part of Gloucester in Gloucestershire, about 100 miles to the west of Walton-on-Thames. Thus for the second time in less than a year we packed up our household things and moved to a little house at the end of a treeless cul de sac ironically named “The Copse” in Barnwood. Barnwood, once a small village in its own right, was now a suburb of Gloucester, an ancient town founded over 2000 years earlier. Gloucester had an interesting history first as a Roman frontier outpost and later, as the frontier receded (much as the American old west) it became a more civilized post for career centurions to spend their retirement. We enjoyed our new life in Gloucester; unaware that one of the best centres for premature infant care in the west of England was only two miles from our doorstep. Even had we known we would not have paid it much attention as we believed our childbearing years were past.

In fact, we had fertility problems going back almost 10 years. After we were married in 1990, we waited for a year before taking the big step of having children. Only something was wrong. Doctors told us to be patient but after a year they began to also be concerned. We had several miscarriages with each occurring in the first trimester. Despite painful tests and having our hopes dashed several times, by 1993 medical science shrugged its shoulders and said they had done everything they could. It looked as if we might remain childless. There was no treatment except prayer. I believe most of Ford City’s population was engaged in a prayer chain at the time thanks to my grandmother Albina and many others.

Then in late 1994 Margie was laid off from her job as a Pittsburgh deli manager. Only a short time later, just before Christmas, we got a positive result on a pregnancy test. Guardedly, we did not tell our families for a little while because we were afraid of another sad episode, but we passed into the second trimester and everything still looked good. We announced the news to the delight of our families. Tragically, my grandmother Albina suffered a stroke in May 1995 and passed away only days before it was possible to feel her

The Journey of Rebecca Rose

granddaughter moving. On the other hand she may have stormed the heavens as she admonished St Peter, “This child had better make it or I’m not coming in!”

Through luck, lack of stress, or miraculous means, Jennifer was born to two very happy parents on 5th September 1995 and we gave her the middle name of Helina which was made up of both my late grandmother’s first names (Helen and Albina). To this day Jennifer is proud of her name and her heritage.

Since it had taken five years to have one child, we decided to waste no time in trying to have another. Besides we both ascribed to Bill Cosby’s rule of thumb that you need at least two children to be parents. After all, if something in the house got broken and we had only one child, we would know who did it. At least with two children I had the chance of blaming them both when *I* broke something, and maybe I’d get away with it. We would try again as soon as Marge forgot about labour. That took about a year...

Well you know, God has a sense of humour. For Jennifer we had tried for five years through countless memorably passionate evenings, however, our son Daniel was conceived the second time we had unprotected sex. He was born a mere 16 months after his sister on 6th May, 1997. Jennifer had been born Caesarean after 17 hours of “failure to progress” but Margie was ABSOLUTELY determined to have Daniel using “natural child birth”. Medical nomenclature describes this as VBAC (Vaginal birth after Caesarean). Dan, however, did not agree with the “natural child birth” plan and put himself stubbornly in an obtuse presentation (that’s face up). Marge managed to push him out anyway. Which one of them was more determined? (Years later, Rebecca showed the same determination and strength at her own birth.) It took 76 stitches repair the damage when Daniel was born. Now who do you think was more determined? What a tough woman I’ve married.

After Daniel we mused about having a third child and eventually Marge must have forgotten about the 6 dozen stitches because after a few years we started trying again. However, after two more years of nothing happening, we resigned ourselves to being a comfortable four unit family. Margie remained a happy stay-at-home Mom and as we began to stabilize, we began to look for outside interests. The opportunity to move to England had come at exactly the right time in our lives.

Now we had uprooted our young family and travelled 4000 miles to a foreign country. Still, as parents of school-age children, we begin to make friends with the parents of the other school-age children. I think perhaps we were a bit of a curiosity to the neighbours at first because we did some things differently. For instance, our children convinced all the children in our neighbourhood to play together on the street rather than in their own “back garden” as was more commonly done.

About the Author

In the autumn of 2001 we were just getting settled into the start of the school year when Marge unexpectedly became pregnant again. We were pretty excited, and despite the years that had passed, we were thrilled that our children could share in the joy and excitement of expecting a new brother or sister. We did have a couple of sonograms done and we participated in a new test which could predict with some reasonable accuracy whether the foetus will have Down's Syndrome. It was with great relief that we found that despite Margie being 37 years old all indications were that it was to be a normal pregnancy and the infant would be completely normal.

Everything progressed very normally until March 2002. We had even planned one last trip while we were a four-unit family and had booked a week stay at Tenerife in the Canary Islands. We were looking forward to the trip because Margie had never been to a tropical destination and we were excited to visit a part of Africa. The doctor had given his ok as well.

About three days before we were going to leave on our Spanish holiday, Marge was getting ready for bed and turned to me with a surprised expression and said, "I think my water just broke". The instant realisation of what this meant made my heart feel as though it had just skipped a beat. The infant was only 26 weeks gestation and we couldn't even really feel it moving yet. Margie was only barely showing. We went to the hospital where they could not confirm the water had broken. Their rationale was that if the integrity of the womb had been broken, the action of checking could further endanger the baby. Instead, they waited to see if labour would begin. It did not, so after a day of observation, they sent us home telling Margie that she was just suffering from the indignity of prenatal incontinence (she was spontaneously wetting herself).

It was during this wait that we made the decision for Marge to have an injection of steroids which would help the baby's lungs develop enough to breathe, just in case Marge should find herself in premature labour. The painful injections required a day to take effect. Marge was able to stay at the hospital and the critical day passed without Margie going into labour. The hospital sent Margie home and we tried to figure out whether to cancel our holiday or not. The doctors felt there wasn't anything that a set of Depends couldn't solve.

Only a day later the labour pains started and we went back to the hospital. This time there was no mistaking it, and a monitor confirmed the worst. A doctor came in to talk to us about the prospects if labour continued and the staff tried all they could to stop the labour with drugs. We anxiously waited and labour seemed to slow down. The staff claimed it had been stopped, but Marge was certain that it had not. The doctor reassured me saying Marge was mistaken. Things appeared stable so I went home at around 9pm.

I got a call from the hospital at 2:45am that I had better get back immediately. I pulled on my clothes and knocked on our neighbour's door. Debbie Harding answered the door and went over to our house in case the

The Journey of Rebecca Rose

children should wake up and need someone. I remember very clearly her answering her door in her bathrobe and wishing me the best. The drive to the hospital was very quick, and I recall being chilly outside as I pressed the buzzer. I identified myself and walked into the hallway being told to go in the fourth door on the right.

I found Margie looking pained as her labour had now progressed to the point of being dilated. The baby was going to come out and there was nothing to stop it now. The paediatrician had told us the infant had only about a 40% chance of surviving the birth and the nurse was wheeling in a sonogram machine to check the baby's heartbeat. As we observed, (in the UK they let you watch) the machine's display showed a small blackish blob that we all took to be the heart. It was completely still. Softly, the nurse said, "I'm sorry, but your baby has passed away". Silent tears filled my eyes but there was no time for grief as Marge still had to deliver the baby and she needed my support.

The attending midwife began to do an internal exam on Margie to check the progress and then turned to me and said, "Oh my, get the paediatricians in here immediately! The baby is in the birth canal." I did as I was told and ran out the door and told the desk nurse. Three doctors appeared out of nowhere including our favourite whom we had affectionately nicknamed "Big Nose". By all the activity something critical was happening, but I didn't really understand what. Was there a chance for the baby? Was there some way they might be able to restart its heart? Wouldn't there be brain damage? How could there be any hope?

The doctors told Marge to push and I recall seeing an impossibly tiny baby born in only one little push. I was standing there feeling sorry for our child thinking how she never had a chance at life, would never take her first steps, say her first words or get her first kiss but the doctors were all working frantically. As they whisked her across the room to a brightly lit table, I observed the baby was a girl. The doctor said quietly, "it's a girl".

I said, "I know, her name is Rebecca". I began to have the briefest glimmer of hope. The paediatrician had told us that girl babies did much better than boys.

As the doctors rubbed her tiny body and worked to put a long L shaped tube down her throat, I felt a little bit of wonder and pride in how far medical science had progressed. 100 years ago this child would simply have died and nobody would have even thought of trying to resuscitate. Then I heard a little gasp. Then another. I realized this baby was fighting – fighting for her life. She wanted to breathe. She wanted to live. But how had her heart started beating again? It didn't matter, the tiny gasp was a life changing event for us all. Before this moment, I had heard the cliché, "My heart leapt for joy" but never before in my life had I realised what it really meant.

About the Author

She was not dead. My innermost thoughts turned to rally for her. “Fight! Breathe! I Love you little Rebecca!”

The doctors whisked Rebecca away nearly at light speed. Suddenly and unexpectedly, we were alone again with the nurse who had done the sonogram. It was very quiet in the room. After thinking for a minute, she apologised to us, “I think we must have been looking at her bladder as she was turned upside down and already in the birth canal.” So that was it: her heart had not stopped beating at all.

Now there wasn't much we could do for her. She was in the care of the Special Care Baby Unit at Gloucestershire Royal Hospital. Luck or fate or divine intervention had dropped us exactly in one of the few places in the world where Rebecca would have a chance.

And that's where our story really begins...
