

ENGLISH TITLE:

Placenta

AUTHOR:

Alaine Agirre

ORIGINAL TITLE:

Karena

TRANSLATED BY:

Kristin Addis

---

## Part I

### DIAGNOSIS

#### Get it out of me

Sara wants to tell them to get it out of her now. She would scream it, if her body weren't frozen. Open me up, she wants to tell them, give me betadine, take the scalpel, cut me open, but her mouth can't speak a single word, she can't even move. She would weep, if she could weep. She would wail, if she could wail. Open me up, get it out of me, but she can't move. She is frozen.

“There's nothing else we can do.”

Sara is trapped inside her body. And her body won't let her move, her body won't let her shout, or scream, or shriek, or howl, it won't let her fight, she can't, she is captive, imprisoned by the pain, her body, reality.

“It'll be worse if we put it off. You could get an infection, there could be complications...”

And how do you blink your eyes? How do you push your diaphragm up to give yourself space to breathe? How do you tell your heart to keep pumping blood? How do you order your body to keep living?

“It'll be harder later... and it'll hurt more, physically as well.”

At that moment she feels herself starting to leave the prison of her rigid body, as if she were levitating, and she leaves behind muscle hair skin bones, she leaves behind breath, sight, hearing; she's rising, she's going, she leaves.

“We’re so sorry, we can’t even imagine what it must be like to hear this.”

She’s evaporating, her entire being is dividing into thousands, millions of tiny particles, into miniscule swift droplets of being that slip away from the solidity of her body and flee. She lets herself be carried away on a current that’s not strong enough to be a breeze, she has become a mist that wafts across the gynecologist’s office seeking an open window, a crack or chink through which to make her escape from this room, to get away from this pain, to fly freely, lightly, alone, without pain.

“It’ll just take a couple of days. Three at the most.”

They’ve closed the windows on her, filled in the chinks in the door. They tell her she must do it. There’s no other way. There’s no other solution.

And Sara wants to shout no at them, it can’t be, she can’t do it. She can’t stand it anymore, can’t take any more pain. She can’t bear any more suffering, can’t fit any more pain into this body, she’s been storing it away for months and years, drop by drop, needle by needle, and her muscles are swollen with pain, the spaces between her organs have filled up with pain, pain has filled her bones, and now she is overflowing, running over with pain. They have to get it out of her. It has to be right now, this very minute, she can’t stand it anymore. Open me up and take it out, right now, cut me open and use instruments, use catheters scissors tweezers, whatever you want, but get this child out of me right now.

“There’s no chance it will survive.”

### **Something unusual in its heart**

The gynecologist saw what she had not felt, on an ultrasound during a routine check-up five days earlier. The gynecologist’s face had clouded and she thought that perhaps something was wrong, but she shooed the thought away

---

immediately, telling herself it was her usual jitters. Adri always told her she worried too much, even made things up to worry about.

The thought that she had surely used up her share of bad luck by now calmed her down. She told herself that nothing could go wrong and occupied her mind by reading the poster she could see above her open legs: a campaign for the prevention of human papillomavirus. A photo of a girl faking pain. A pink background, but a neutral font. When she had read every word on the poster a second time, she cast her gaze around the examination room, with a relaxation born of light boredom. In one corner of the room there were shelves of the kind used for files and tall books, but it was empty. Everything that was missing from the shelves was spread out on the wide table: cardboard files full of papers, two or three books, trays for sorting documents, a souvenir from the Canary Islands that cost more than it was worth, holding down a stack of papers, a small plant that had started to wilt, still gift wrapped, a computer adorned with post-its. Except for the stethoscope and pens advertising a pharmaceutical company, it could be an office at her own workplace, thought Sara. The worktable of a generic civil servant.

Next, she examined the textured walls and as she was mentally reviewing the list of what she needed to buy at the fruit market on the way home once she got out of the clinic, the gynecologist told her that something was wrong and they would have to do a biopsy. He told her other things as well, but she didn't understand. Only the words *wrong* and *biopsy*. The only thing that occurred to her to ask was, are you serious? The gynecologist nodded his head without a word, which Sara took as a bad sign.

She didn't understand anything and didn't know what to do, so she went to the fruit market. She bought yoghurts and bananas but couldn't remember the rest of the things she needed to buy. When they asked if she needed a bag, she said no, and gathered the yoghurts and bananas to her chest. She went back home, but didn't really grasp what was happening until she fell into the silence of her bed.

---

Apparently, the doctor had seen something unusual, something he had never seen before, in the fetus' heart. He didn't know what it was. It could be a simple cardiac problem or, among other possibilities, something associated with a chromosomal anomaly. They would have to do a biopsy: push a needle into her belly, through muscle, to her uterus, and take a sample of her placenta. It could be serious, it would be best to move quickly, so they would do it the next day, at ten in the morning. She would need to fast. It should only take an hour. Someone should come with her. As all these things jumbled in her mind, she suddenly remembered that she had forgotten to buy kiwis and apples at the fruit market.

She didn't want to call anyone. She didn't really know what to say and what to keep to herself. She didn't know whom to tell, or how. She would go alone.

### **Biopsy**

The gynecologist sits at her waist on the examination table. She is looking at her belly, in silence. Sara imagines that she must be thinking about where to place the needle. Everyone in the room understands that they must remain silent. Every once in a while, the gynecologist shakes her head no and turns her gaze to a different spot on Sara's belly. She considers this one for a while. She touches Sara's skin, pushes in on the flesh. The minutes pass. The gynecologist shakes her head no again, and returns to the initial spot.

Finally, she finds the right spot. These are its coordinates: the right side of the belly, two or three centimeters from the tattoo she got as a teenager after forging her mother's signature, west of her birthmark and below a scar from an injury she got from a piece of glass when she was five.

The gynecologist looks down, closes her eyes. She takes a deep breath, and opens her eyes when she breathes out again.

“Okay,” she decides.

---

A few more seconds of silence.

“You’ll do the ultrasound,” she says then to one of the nurses, who quickly goes over to the machine. “You can’t lose the image for even one second.”

The nurse nods, and looks closely at the screen, the buttons, the ultrasound device. She takes a firm grip on the apparatus.

“You’ll hand me the forceps and gauze, please,” she says to the second nurse.

“Snake or Pozzi?”

“Snake, but have the Pozzi handy, just in case.”

The second nurse also nods: she understands. The gynecologist gives the first nurse a last look and she nods too.

They’re ready.

The gynecologist looks at Sara for a few seconds, then she says, “This is going to hurt, but you can’t move. It’s very important that you don’t move.”

When she hears this, Sara understands why the gynecologist took a few seconds to think: she was looking for the right words, but the right words don’t exist.

“I’ll try to go as fast as I can.”

This too Sara understands, and she also nods.

“We’re going to insert the needle here,” she presses on the place with a finger. “I have to get in as far as your uterus. You’ll feel pain mostly in the muscle. That’ll be the worst.”

Her breath catches, but Sara nods.

“I need to move the needle quite roughly to get all the way in. Sometimes

---

I'll have to pull out a bit and find another way. You just keep calm.”

Sara feels a sob catch in her throat, in the place where tears hide; the back of the throat is their stronghold. But this is no time to cry. She swallows hard. She takes a deep breath, as deep as she can.

“I need to sit on top of you.”

The gynecologist sits on Sara’s thighs. She moves her behind to make room for herself. Sara understands that she needs a strong base to do what she’s going to do.

“Is this bothering you?” asks the gynecologist, and immediately realizes how ridiculous the question is.

Sara says no, but her voice is hoarse, so she shakes her head as well. The gynecologist moves again to find a firm base, and once she’s securely seated, she looks at her nurses, first one and then the other. She inhales deeply and exhales slowly. Hands on Sara’s belly. Image of the fetus on the screen. The second nurse hands her the needle.

“Here we go, Sara.” She takes a breath. “Hold on.”

It’s time. It’s impossible to escape. Sara grips the edges of the examination table. She clenches her teeth. She looks up at the ceiling and concentrates on a crack in the cement. She can do this. She’ll get through the pain. She’s done it before and she can do it now.

The needle enters with a dry jab. This is nothing like the injections she was giving herself every night several months ago. The pain is sharper, more violent, almost solid. It’s a stab that extends as it penetrates her flesh. But as it penetrates, as the seconds go by, the pain expands, like ripples moving out and further out when you throw a stone into the river. Now it’s not just a stab, now it hurts across her whole belly and is beginning to invade her whole body.

---

The gynecologist has started to move the needle, agitating it, as if she had to force her way, with the same hand motion you use to grind raw garbanzos with a mixer to make hummus, unable to fully control the device no matter how tightly you hold it. Sara doesn't see it directly, her eyes and her mind are fixed on the crack in the ceiling, but the movement of the gynecologist's hand just enters the very edge of her field of vision.

She closes her eyes. But it's more difficult to bear the pain without the anchor of the crack in the ceiling, lost in darkness, feeling that deep waters are pulling her in. And she can't let the current take her, she has to stay strong, firm and whole. She needs a life preserver, a mooring: her imagination.

She forces herself to imagine the child she carries within her outside the womb, in the world: begging Sara to push her higher on the swing on the neighborhood playground – she wants to fly; reading her first words, while Sara moves her finger along the line; shouting and crying and screaming; a smile; her fear at the hairdresser's, her delight in animals, a monkey on the swings; telling Sara about her day at school; choking with sobs, sometimes with laughter, sometimes with tears. Sara keeps imagining her, and sees herself pushing her on the swing, this child she bears inside her but who will live outside, giving her a sandwich after school, curing scrapes on her knee with betadine and kisses, blowing on her tears, making her laugh with her laugh, piggyback rides, tickles, quarrels, two plus two is four, bedtime stories told at any time of day, four minus one is three, clown songs, diapers, naps, sleepless nights.

The pain has gone beyond her belly and has taken over her whole body. She feels like it's invading the whole room. She makes an even greater effort; she will not be conquered by the pain.

“Keep breathing, Sara.”

She tries to breathe in through her nose, she tries to breathe out through her nose, but her breathing is not a continuous flow. The air is made of solid particles of rubber that rise and fall through her nostrils, bumping and crowding,

---

impeded and obstructed. Her mouth is clamped shut against the pain, but she's afraid that if she relaxes and opens her mouth even a little bit the pain will swallow her whole. And at that moment she makes a single clear decision: she will not let the pain beat her. Not today.

Her hands begin to tremble, weakened by effort and pain, but she orders them to resist, to hold on tighter, they have to keep going, keep holding on. Her teeth are chattering more and more, and she clenches her jaw tighter. She exhales with even more force and the air is expelled from her nose violently. She has no strength left in her legs, but she summons her last ounces of energy to the upper part of her body: to her shoulders arms hands, to her neck mouth head, to her gaze anchored in the darkness of imagination, to the picture in her mind: herself and the child.

Just then she feels the needle pass through a layer of her being, an impermeable layer, like the cloth of an umbrella. The needle is deeper inside her now, closer.

“I'm in the uterus now. Zoom in. I'm going to take the sample.”

Although she's immersed in her own battle, Sara feels the tension around her increase. The needle is inside now. They don't want to harm the fetus, they mustn't touch it. They could tear off a limb. They could kill it.

Sara forces herself to summon her last reserves of strength from reserves that are already spent. She clenches her jaw even more, clenches her fists even harder. Park, sandwich, hopscotch. She breathes in through her nose, pulling in air like the plunger of a syringe, acting against the pressure of the vacuum, and then exhales, as if pushing in the plunger. A room full of toys, songs, stories. She clenches her fists, clenches her jaw. Homemade cookies, balloons losing their air, color pencils. Breathe in, breathe out. A small nightlight on all night to keep fears at bay; eucalyptus plasters for a cold or other illnesses; hugs day and night, in tears and in joy, to protect as well as to encourage.



---

Holding tight to her imagination, she feels the pain grow as her strength grows. Her strength and her pain feed each other. Her pain and her strength feed on each other, and thus take the nourishment that makes them grow. Despite all her efforts, she doesn't know how much longer she can last, how long she can hold on.

“I've got it, I've got the sample. I'm going to pull out now. Hold on just a little longer, Sara, we're almost there.”

She feels the needle retreat, passing backwards through the layers it pierced going in, and the instant she feels the needle leave her body, she releases mouth, breath, hands, she opens her eyes, lets the air flow free as the wind like a colt in a meadow kicking and bucking in a crazy dance.

“Measure the sample, see if it's enough,” the gynecologist says to the nurse in charge of the ultrasound equipment, while she rubs Sara's belly, the coordinates of pain, with her hands.

“That's it, Sara, breathe, deep breaths,” says the gynecologist, still sitting on Sara's thighs, then, to the ultrasound nurse, “Show me the image. Put the speaker on.”

And there is the fetus' heartbeat, alive, lively, as if it were unaware of the battle just fought in its abode. Sara tries not to cry.

“Okay. The fetus is fine, Sara, nothing happened to it.” But as she says this, the doctor looks down, as if thinking that her words are not totally exact. “How's the sample? Did we get enough?”

The second nurse doesn't answer.

“Is it enough?”

“I'm not sure. Could you come over here, please?”

---

The gynecologist gets off of Sara's legs and goes over to the table on the other side of the room, where the second nurse is. Silence again seizes the examination room except for a few clicks and clacks from the instruments. The other nurse looks at her companions intently without letting go of the ultrasound wand in her hand.

“Yes, yes. It's enough. We're done, Sara, it's over. It's done. Breathe and relax. We're done.”

And only then does Sara let her body fall, release, soften. She is still short of breath and her vision is clouded. But she frees her body, relaxes. A sob escapes her. Her arms, legs, jaw are trembling and weak in the aftermath of pain and extreme effort. She lets her body melt into the examination table.

She feels the three women around her relax as well: one of the nurses sighs, the other puts down the ultrasound wand and draws a trembling breath; the gynecologist rubs her hands, massaging her own pain.

“You did great, Sara,” the doctor tells her, and massages her belly.

“You can stay lying down for a while, there's no rush at all to get up,” says the ultrasound nurse.

The other nurse pats her leg.

Sara suddenly realizes that they are all women, and that if it had been otherwise, it would have been a lot worse. She gives silent thanks as she passes her tongue over the inner walls of her dry mouth.

She remains lying down for a while more. She tells herself it's over, it's done, she can relax. But when her vision and breath return, she remembers that no, it's not over yet. The worst is yet to come.

---

## How to deliver bad news

Today the gynecologist gave her the biopsy results. Not the gynecologist who pushed a needle through her belly to her uterus; this is a different one. Nor is it the gynecologist who found the anomaly in the fetus' heart on the ultrasound; this is a different one. Not the one who kept telling her with a smile that everything was going fine during the ultrasounds they've been doing throughout the pregnancy; this is a different one. Not the one who increased her dose of progesterone in the emergency room when she started losing blood and told her not to worry, the fetus' heart was still beating; this is a different one. Nor is it any of the gynecologists who have followed up her nearly futile quest for pregnancy over the last two years, each with their own style of doing vaginal ultrasounds, each with their own greater or lesser ability to communicate.

This is a different one who gives her the diagnosis, and not just this one, but a whole group: this one plus three or four residents who are studying this specialty trailing after her. Surely the lesson to be taught today is how to deliver bad news, and surely these students knew in advance what Sara's gynecologist was going to tell her, however, they listen to the news in silence and with respect and with dutiful empathy but also with professionalism and with a neutral expression on their faces.

“The biopsy results are not good. They confirm what we feared. There is no chance that the fetus can survive. If we don't abort it, it will die inside you, one month from now or three, it's impossible to know exactly when. And in the best of all cases, if it did survive until birth, it would die within a few days. As I mentioned before, it would be best to abort it.”

The gynecologist must have talked to her students earlier, while Sara was listening for her name to be called in the waiting room. She would have told them that explanations must be clear and leave no room for doubts. Bad news must be delivered in its entirety, leaving nothing out. And if there's something the patient doesn't understand, or if she fails to react at any point during

---

the explanation, the news must be repeated until the patient takes in all the information.

“It wouldn’t advance. Even if we didn’t do it, it wouldn’t have the slightest chance of surviving.”

The gynecologist would have instructed her residents that they must listen calmly and patiently to their patient’s questions, and she would have reminded them that all the information must be given and repeated as many times as necessary for the patient to understand.

“Unfortunately, there’s nothing we can do. I’m sorry, but there’s no other way.”

Once the patient has received the bad news and has taken in the information, warmth and understanding must be offered, to show her that her doctors are aware of her pain.

“We’re so sorry. We know this is very painful, and we’ll be available to help you throughout the whole process.”

Finally, a clear conclusion must be reached and the next steps plainly and precisely stated. This will help the patient to accept what comes next and prepare herself appropriately for it.

“It will be like giving birth. You’ll have contractions and when you’re sufficiently dilated, you’ll have to push the fetus out.”

One final warning: never use the word *baby*, which would impose too great an emotional burden: it’s better to use the word *fetus*, if it has made it to three months. If not, it is simply an *embryo*.

---

## Giving birth I

### Admission

“Give me your wrist.”

Sara stretches out her arm so the nurse can put the wristband on her. She stares at it. It has her first and last names, her details, the date, which she'll never forget, and the time of her admission a few minutes ago. The wristband is a chain that binds her to the here and now. She won't be able to take it off until she goes home, at least a couple of days from now, empty and wearing a maxi pad. The wristband is made of hard plastic; she won't be able to get it off by hand.

The time that will pass before she can cut it off with scissors will seem like a long time, she thinks, unbearably long, and anxiety begins to pound where her heart used to be.

The nurse tells her she'll be right back, she'll let the gynecologists know Sara is ready. Sara is grateful to be left alone. This way she can bow her head, hug her waist, hunch over. Give herself over to pain. Call silently for her mother. Weep, cry that she can't even think about it, she doesn't want to. She says her daughter's name out loud. The name sounds strange in the echo of the examination room: small, weak, insignificant. It seems the name was meaningful only deep inside her. It seems this baby was conceived only to live inside her, without moving into the world, her placenta its only home. Bend over, cry, wail. She thinks that she can't do this, shouts that she can't, but without saying a word: she feels that this pain, like her daughter, is meaningful only inside her. In her placenta. There are things that are not meant for this world.

But there's no other way. Although people will tell you otherwise, there are many points in life at which there is only one way. And the way you walk down that path, or along it or across it, will dictate its direction.

---

Right now, while she's alone, Sara decides to walk the path before her with love. Love for her daughter, love for herself, and above all, above her daughter and herself, love for her life, which she does not want to surrender.

She gathers her strength, and decides to take control. Sometimes the only way out is through the pain, even barefoot, even if the road itself is aflame, with the resolve of someone who knows that the pain will not destroy them.

The nurse is back. She closes the door behind her. She starts to explain, but Sara is ahead of her. With her head high and hands on her knees. She wants to know what's coming.

“What will it be like?”

“The medicine you took at home the day before yesterday will induce the birth. But that won't be enough, so we'll be giving you more doses today.”

“What is it, oxytocin?”

“Yes. You won't feel anything yet. You'll need at least two more doses. Maybe three.”

Sara doesn't tell her that she woke up at three in the morning, body restless with unease, and that she spent the last several hours walking up and down the hall at home. She couldn't sit still. Her body was strangely alert. She doesn't tell her that her body has already understood that it will be attacked, even though nobody told it, even though nobody asked its permission; that they will force it to act against its will. It knows that it will be overpowered, once again, more violently than ever before. Sara doesn't tell the nurse that her body already knows everything.

“We'll take you to your room now and give you the first dose. The second will be four hours later. We'll see if you need a third dose, most likely you will.”

“So it'll begin this evening?”

---

She tries to hide the claustrophobia that comes over her when she says that sentence out loud. The thought of having to stay inside that bubble of pain for twelve hours makes her feel like she's suffocating and she doesn't know if today it will be possible to lower the shades so that what she feels inside can't be seen from outside. She feels naked, made of glass, transparent.

“Yes.”

“How long will it last?”

“It's impossible to know.”

“More or less?”

“Every termination is different.”

Sara glimpses something in the nurse, like a ray of light that peeks through the slats of a faulty blind. It seems to her that answering her questions pains the nurse too. Or that she already knows what question is coming next and is waiting for it.

“Is it going to hurt?”

Yes, the nurse knew that question was coming. And this one might be the hardest for her to answer. Perhaps the two women's bodies are not so different after all. Neither their pains nor their violence.

“You'll have contractions,” – a silence – “they'll hurt. After all, it is a birth,” –another silence – “or something a lot like it. In any case, we'll try to ease the pain.”

Sara regards the nurse in silence. Some answers hurt both directions: giving them and receiving them.

She remembers how she thought when they gave her the bad news that she wouldn't be able to stand a single droplet more of pain, how she wished they would get the fetus out of her body. How she thought she couldn't take any more, that it would be impossible to bear, that neither her body nor her mind

would be able to stand it. So much pain for so many months, months of futile attempts, losses, depression, crushed hopes, only to find that when at last she has finally managed to get pregnant, she has to terminate the pregnancy: this child she is carrying will die at birth. She couldn't do it, she can't.

She remembers the pain that invaded her body two days earlier, when they told her the baby had no chance of survival and she should abort it.

She remembers the pain again and feels it in her body.

The thought she's been hearing on a loop takes over her whole being: she cannot give birth to this baby and survive.

“If you need it, we can give you an epidural.”