



**SPREAD  
THE WORD**



2017 Highly Commended:

An extract from *The Year Dot*  
by  
Claire Lynch

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I

My wife is pregnant.

I realise I'm not the first woman in the world to say this, but still, it feels like a pretty big deal to me. It is late summer and we are in a phoney war. The antenatal classes are finished, the nursery is decorated and all we can do now is wait for the big (or rather, small) arrival who will change our lives forever. Like most new parents-to-be, we pass the time reading books on the subject, revising for our forthcoming practical exams on colic and nappy rash. I'm a diligent student in theoretical motherhood, but I am not in any of the books. My body is not transformed. I'm nobody's father. Sometimes I am a footnote on 'alternative families'. At best, in some American parenting books, I am a 'non-bio mom', but that's not right either, besides sounding more like a type of washing powder.

II

Some people seem to make babies as easily as using packet cake mix. Add an egg, put them in the oven and out they pop, fluffy and delicious. We're working to a more complex recipe and we can't seem to get it right. More years than we can bear to count, more money than we allow ourselves to think about. So this time around there's a change of tactics, I am to lay some eggs and Beth will try to hatch one. In practice this means a course of daily injections, multiple tablets and frequent scans to maximise the number of eggs I can produce. By the day of the collection procedure I can barely walk. My swollen ovaries press into my other organs, I am bloated, uncomfortable, and hungry as a result of being nil by mouth. The kind of magazine articles which suggest high-flying career women might pop out on a lunch break to freeze their eggs never mention any of this. The procedure is all glamour; not least the moment a nurse sends me into a toilet cubicle with two suppositories and a latex glove. Next, I am led into the operating theatre wearing only a surgical gown and blue plastic shower caps over my feet and asked to lay down with my legs suspended in stirrups. I divert all my attention into looking very carefully at the clock, and then the lights, and then the air conditioning unit. For a change, I allow myself a short fantasy about the bacon roll I plan to have as soon as this is over. I look at the clock again, and the ceiling, and the air conditioner and the lights. There is an impolite amount of time to leave a person in an exposed position without their underwear and this is it. The nurse makes small talk about the traffic in central London and while we chat sagely about the congestion charge she arranges instruments and fiddles with monitors. I look back at the ceiling for a bit. Eventually, the gynaecologist comes in. She has a kind face and also wants to make (mercifully brief) small talk as she adjusts her seat at the end of the bed between my swinging ankles. Finally, the anaesthetist is at my side too, taking my hand

and warning of a sharp scratch. I go along with the fiction and he slides the needle into the back of my left hand. An oxygen mask is placed over my face and the cold sleep runs up my arm and over me.

Swimming up from sedation in the recovery room, I am rewarded for my knickerless work with tea and biscuits as we listen to the embryologist who has appeared in the cubicle, all clipboards and confidence. Twenty-two eggs have been collected, the sperm sample is excellent and they're ready to proceed. 'IVF not ICSI?' we ask, (because we are experts). 'No need', he says, 'they've thawed really well and look like good strong swimmers.' It is an odd feeling to be proud of a stranger for producing exemplary sperm but here we are. I sip my tea and think of our cells meeting this afternoon. Around eight the next morning I am on the phone to the embryologist who is asking me, in a tone usually reserved for television talent show hosts, if I am 'ready to hear some results?' Since I am, by now, a professional pessimist I take this to mean that all the eggs have failed and he needs me to sit down with a hot sweet drink before breaking the news. It isn't that, fifteen have fertilised so we're over the first hurdle.

There is a particular expression on a woman's face which, I suspect, is reserved for the cranking of a speculum. I hold Beth's hand and try to transmit anything I can from me to her that might help her feel more comfortable. The nurse scans from above, the doctor pokes from below and, again, we wait. The embryologist comes in, rather casually I think, bearing our hopes in a thin catheter and we all watch on the screen as the white line progresses. The catheter seems to turn a right angle once and then twice as if walking up a step and the doctor says, 'You see, we just had a little mountain to climb'. It is done. We all wait again for the embryologist to check the catheter under the microscope and bellow the all clear from the adjacent lab.

And now we must spend a fortnight living in the old joke: 'How does the devil torture souls in hell? He makes them wait'. This time we have made a pact not to search the internet for symptoms of early pregnancy. I mostly stick to it, apart from a moment of weakness when I consult a Magic 8 Ball. The outlook isn't good. We keep busy. We work hard. Over dinner each night we talk and talk about anything else to help the minutes pass. At 5am on the Saturday, Beth wakes me, whispering that she needs to wee and heads to the bathroom clutching a pregnancy test. When she climbs back into the warmth of the bed I set the stopwatch on my phone for three minutes. This gives us two and a half minutes of pep talk; we bat cliches back and forth, 'whatever happens we've got each other', we say, 'we can always try again'. At 2 minutes 27 seconds we begin our walk along the landing. Beth says she will go in and look so I wait outside the bathroom door. She is in there too long. And then, she's in front of me with her hand clasped over her mouth, squeaking through her fingers that 'we did it'. We are a cartoon strip of shock, mouths open and eyes wide. We go back to bed and marvel over the test stick and its blue lines as if it were our baby itself. It is still before six so we allow ourselves a joke about getting used to early mornings and then, Beth goes back to sleep. I lay awake thinking about the dangerous blind in the spare room and wondering whether I can fashion something to cover the sharp edges of the hearth.

When we leave the house that morning the world has already changed. In a cafe near Trafalgar Square we eat inexcusably sweet peanut butter and jam donuts and talk to each other in grinning code. It is really too sunny for mid-February and people are caught out, too warm in their scarves and winter coats. On the walk to the theatre I long for the kind of perspex box the Pope travels in to protect Beth from the scrumming tourists and grunting

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buses. The show is fun and loud and in the quiet hum of the interval I whisper in her ear,  
'we're going to have a baby'.

III

In a way, I had been waiting for the call.

It came while I was in the supermarket: 'I need you to come home, now'.

I run to the car, as if it will make a difference. I drive like a mad woman, as if that will make any difference either. I run from the car and through the front door and into a wall of heartbreak. We have let ourselves be too happy too soon and when I ask her, 'is it over?', she nods.

Somehow, I drive back to the supermarket to buy pizza and ice cream, and sanitary towels. In the supermarket car park I fold my scarf onto the steering wheel and howl into it a noise I didn't know I could make. We pass the evening in a mixture of crying and consoling ourselves that there will be other times. Beth has a bath and a glass of wine and we endure one of those nights when you see every hour on the clock through sleepless eyes. When the sound of bin lorries on the street marks the start of the morning I force myself into the shower and then to my desk. I call the clinic and hear my voice say, 'my wife is having a miscarriage.'

On the way there we plan the holiday of a lifetime. We could go to America, to New York maybe, drink cocktails in loft apartments and lose ourselves on long straight streets? If not that, an Australian beach maybe, or a lake in Italy, or anywhere but grey London, anywhere but our own minds. The blood test is over in minutes and yet another wait begins. By late afternoon there is still no phone call and we know that means we are last on the list, there's no rush to give or receive bad news. We are lost in grief, we are immune to more pain, we are resolved to try again, we are ready to give up. And then, in

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all of this, a plot twist. The blood test results are back, the numbers are good, very good even. Bleeding happens, no one knows why. We are to go back to the clinic in the morning for Beth to start a course of injections.

We have to wait another week before a scan will tell us the source of the bleed and whether the injections are working, injections I have to administer deep into Beth's muscle as she tries not to tense in anticipation of the pain. Somehow this time passes too and we survive the torture of the waiting room and make it into the appointment. Beth goes behind the curtain and undresses from the waist down, the doctor asks me several questions about our dates, almost all of which I am unable to answer in my fog of anticipation and worry. As the scan begins, the doctor makes a sort of humming noise, a good one, I think. Then she asks me, 'Can you see anything here?' So, absurdly, I look at the screen. 'Two black shapes?' I offer. 'Yes', she smiles, 'there are two babies. What kind of car do you have?'

#### IV

Each Friday morning an email arrives with an update on the babies' development. At first the babies are only poppy seeds, then peas, then plums, then peaches. I read the emails as if they have been sent directly from the womb rather than the National Health Service and I report their progress to Beth as she dresses for work. 'Do you know they can blink now? Do you know their toes are now fully formed?'

Today's email is metaphysical poem. Although not yet visible on a scan, the sex of the babies is now formed. I am amazed to read that, if there's a girl (or girls) in there, all of her eggs are already in place waiting to mature as she grows. I try to think of that part of myself, an unimaginably small Russian Doll, not just within my mother but also my grandmother. They are not growing inside my body now but I have held them there, at least in part, since I was the handful of life that they are now.

V

She labours the point, the class instructor. Signs of labour. Stages of labour. Worksheets. Diagrams. Knitted organs and plastic babies.

Now she wants a division of labour: 'Mums to the front of the room, Dads to the back', she instructs with a clap of damp hands.

The middle of the room is mine. Paused in no-woman's land, I look at Beth. She is embarrassed for me and angry, her right hand on our bump. I send the three of them a laboured smile, find a seat at the back and pick up the marker pen.

A labour of love.

## VI

It might even have been funny, her call to say- 'my waters have broken', as my train rushed in the opposite direction. But it was too early to be funny. The phone call sets my Saturday on fast-forward. I jump off the train at the next station, sprint through the barriers and over the footbridge to catch any train that will take me back towards home. At the hospital, Beth is prodded, poked, triaged and admitted. The babies do not know, or do not care, that they are not due for several weeks so Beth is given a steroid injection to mature their lungs.

On Sunday we wait.

Their hearts beat.

Her eyes close.

I watch.

We wait.

The midwife comes in. Checks. Goes out.

The midwife comes back. Checks. Goes out.

Their hearts beat.

She is hungry.

She is tired.

We are frightened and nervous and ready and not.

Beth is in a queue for an emergency Caesarean and so we wait as other bigger emergencies push her down the list, or wait for her case to become more serious and outrank others. I spend the day pretending not to be hungry in solidarity with Beth who is unable to eat because of the operation. After three o'clock the midwife sends me to the canteen and I stand by the chilled cabinets contemplating which hospital sandwich is most

suitable for marking the birth of one's children. It is cheese and ham. Returning to the delivery room I find it has suddenly become our turn and I am given oversized scrubs to change into. Before the operation can begin, each of the relevant medics visits Beth's bedside. The anaesthetist asks about allergies, explains the usual risks. The surgeon explains the procedure and what to expect. The midwife lays out two tiny knitted hats. The Paediatrician is last, a short and serious man, flanked by a tall sandy-haired junior doctor. 'When the babies are born they will be placed on heated cots as we assess them', he says. 'They are still very small, as we know, but the chance of survival is good.' They leave and his words hang in the air behind them. It is the first time it occurs to me that they might not survive this. And so I do what every self respecting non-believer would do and pray.

In the operating theatre there are so many people that they take a kind of roll call to introduce themselves. I am told not to touch anything blue. 'First incision' announces the surgeon, and as she does so, an alarm goes off and most of the people in the room run out. 'What's happening?' I ask the anaesthetist. 'They've been called to an emergency' he says, fiddling with the display on a monitor. Before I can even shape the question 'Isn't this an emergency?' they are all back again and busying themselves on the other side of the screen.

She does not cry, our daughter, as she comes into the world. The doctor passes her high and backwards to waiting blue-gloved hands. She is dark red and floppy and, I presume, dead. 'She's fine, she looks absolutely fine' I hear myself say to Beth as I watch, and try not to watch, the doctors helping her to breathe. So many hands, hands as big as her whole body, suck and pump and check and rub. There is whispering and bustling as she is wrapped and warmed and we are allowed a glimpse as she passes by on a trolley to intensive care. And then, lifted high, her sister, cleaned and wrapped and checked. She is

a little stronger and well enough to rest a few moments on Beth's pillow. So we meet her at last, this tiny girl with her knitted hat and bright eyes.

I do not know my lines, when I find myself at the reception desk of the Neonatal Intensive Care Unit, thirty minutes after becoming a parent. When I manage, 'My babies have just been brought in here' the nurse on duty contorts her face in a mixture of alarm and confusion. 'They're twins,' I offer, by way of clarification, and then, 'they've just been born'. Which far from clearing it up makes her splutter 'What do you mean? Sorry, what do you mean?' She flaps and flutters round to my side of the desk as it slowly occurs to her that I have not risen, Lazarus-like, from an epidural but might just be another kind of mother all together. I am shown into a side room and pointed towards the kettle and donated mugs.

The first person to call me mummy is a nurse in a black headscarf and green scrubs. In the dark cave of beeps and lights, the woman turns to me with a clipboard and says, 'Mummy, we'll need nappies, cotton wool and their clothes.' I nod. 'Do you have names yet?' she asks. 'We need them for their charts, otherwise it'll be Twin 1 and Twin 2.' So I write their names on the chart, Megan Hope and Orla Grace. 'Lovely', she says and copies them onto the laminated signs on their incubators. For the next few hours I shuttle between the babies' and Beth bringing photos on my phone until, just after ten, she is wheeled in on a trolley to see them.

Time doesn't matter in hospitals but visiting times do so, when the matron sends me home, I drive back to the house which has become a museum of a different life. I wander around it trying to find the right thing to do. It is too late to call anyone and too lonely to open champagne so I make a cup of tea and drink it in the bath.

## VII

Hands must be washed and coats removed. Voices lowered. Hearts strained. The Neonatal Intensive Care Unit is divided into three rooms: sickest, sicker, sick. Over the days or weeks or months they spend there, babies pass through the rooms, until, all being well, they graduate to their own homes. Home is a whispered word in here, a mythical place that premature babies dream about.

The babies in here are unfinished people, too thin and too fluffy; a tangle of wires and tubes. All of the babies wear stickers on their fragile skin and wires on their chests. Their hair, if they have any yet, is stuck down, unwashed, on their heads. Some have arms in splints, or eye masks, protecting them from the Ultra-Violet Lights that shine on them. Oxygen flows through tubes in their nostrils, vitamins and antibiotics drip through tubes in their arms.

The ward is like no other place, silent and noisy all at once. When the babies cry, the sound is muffled by the glass of the incubators. When the parents cry, they have to make do with shoulders or sleeves. The machines which monitor the babies are strangely musical, making the ding-dong chimes of a doorbell so that, at all times, the room is filled with blipping and beeping space-age lullabies. Until, in a missed breath or paused heartbeat, the monitors flash red lights and change their melody to bring the nurses running.

The nurses never talk of 'changing nappies', instead, they consult the babies' charts and say, 'it's time to do their "care"'. Our babies wear the smallest nappies you can buy and they are still far too big. We learn to change them through the portholes of the incubator with cotton wool and sterile water as they lay in their little nest of wires and blankets. The

babies are also too small for any of the clothes we have bought them, so they are dressed in cardigans and bonnets knitted by kindly and, doubtless bored, old ladies who donate them to the hospital.

With each day we become absorbed into the routine. We wash our hands like surgeons, we fold and refold their spare blankets, we learn to hold the tiny syringes of milk which fill their stomachs via tubes in their nostrils. We try to wear shirts which allow us to sit with the babies against our skin. We learn about the youthful arrogance of the junior doctors we are dependent on and the unflappable toughness of the nurses working long and tiring hours. We learn about where to park the car and what to avoid in the canteen.

Sometimes the days are not the same. 'Megan's blood is too thick' the doctor explains, 'some of it needs to come out so it can be watered down and then flow more easily. It will take two doctors to do the procedure, we'll put a line into her vein on the back of her hand.' The doctors talk in extremes- one wants to explain the molecular structure of bilirubin, the other talks to me as if I have never heard of blood. 'Will she have pain relief?' I ask them. 'No, but we can give her a few drops of a sugary solution to suck, for comfort.' The doctors stand either side of the incubator and talk about what time their shifts finish as they squeeze her left hand to raise a vein to the surface while I hold her right hand in the palm of mine. The needle looks unfeasibly large and when they tap the cannula into the tube her blood is sluggish and dark. Finished at last, one of the doctors takes off her gloves and says, 'I've never known a baby not cry during that procedure' and I know it is because she is the bravest of babies and because we held hands.

The evenings are the busiest times on the ward when it fills with dark eyed new parents doing the only thing they can, proffering their little fingers to tiny gripping hands. Each

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family takes their turn to be the newest, all too quickly becoming the experts, explaining to others which alarms to worry about and which to endure. We aren't real people, the parents. We try to talk to each other but we don't know each other's names or what to say. We are all tired and sick of hospital canteen food and wearing odd clothes that we grab in the few moments we have at home. We all belong in a novel, not here. Two mums and two babies. The teenagers ('just babies themselves', people whisper as they leave the room), who are told off by the nurses for racing wheelchairs in the corridor. An addict whose baby is withdrawing, who folds her son's clothes so carefully, but is gone by the time the social worker comes to pack them into a bag for him.

## VIII

On Sunday morning, as the night shift hands over to the day nurses, the girls are weighed again. Twenty-one days after they are born and three weeks before they are due, we are given permission to take our babies home.

Even though it is a mild this mid-October day we wrap them up like arctic explorers in hats, mittens and snow suits and, as I drive them all home, I repel would-be dangerous drivers away from us with a force-field of my will. It is the longest short drive of our lives and the first time we have been alone with our own children. 'Are you nervous?', I ask Beth. 'Not really, just happy to be home'. I park outside the house and we wrestle up the frame of the pram for the first time, clicking the car seats into it to give our daughters their first taste of fresh air. And then, a kind of miracle. An ice cream van chimes onto the street so we buy two cones with chocolate flakes and raise them in a toast to our new family.

## IX

Through the window I watch the Health Visitor park her car outside our house. She has a pink streak in her hair and wears the kind of cardigan Health Visitors wear. We've been waiting all morning for the visit, looking forward to the reassurance from an expert, the approval of the system.

'Beth?' she asks with a wide smile as I answer the door. 'No, she's just through here, please come in.' 'And you are?' People can't stop asking me who I am. Often it is followed by, 'Oh, I thought you were her sister!' Sometimes it is phrased with odd delicacy, like the nurse who asked 'How long have you been "friends"?'

The Health Visitor weighs the scrawny naked girls on the kitchen table, asking about their feeds and the contents of their nappies. When she settle on the sofa to fill in the paperwork she takes out her reading glasses. The case has a red and white sticker on the lid: 'Some People are Gay: Get Over it'

The health visitor drinks her tea, she doesn't mind it cold, and asks us, 'Which of you is going to be the primary parent?'

**X**

There are extra hours in the night now, when a red-faced and screaming baby will not let you sleep. Her noise rips through you as her limbs jerk and flap and you understand that she is an animal. But you are an animal too, a bigger one, and you want her to stop. There are instincts then, not things you've learnt from books or in dusty church halls. You hold her against your body, you whisper soft songs into her ear. For something smaller than a second you see, or almost see, what happens in the worst of these moments. She needs you to know how to be her mother. So you do and you are.

XI

'Oh how lovely, are they yours?' she asks.

I am used to this by now, old ladies in shops with time to talk. On the hardest days I seek them out, lingering in cafes, allowing the babies to draw strangers to us for a few minutes of comforting chat.

'I used to look after twins once' she tells me. 'A friend of mine was pregnant and she asked me to look after the baby. I had a good job then, at the Royal School. She came back from her holiday and she was enormous so I said "Either you're pregnant with twins or you've got your dates wrong and if it's twins I'll take the job!" I looked after them every day from seven in the morning until half seven at night.'

I am listening and smiling and making the sounds of a person listening and smiling but I am not needed. 'They moved away when they were six and the thing is, you really do get so attached. One reminded me of my own daughter and one morning, when I was feeding the other, I was just thinking, perhaps I loved one more than the other when the baby opened her eyes and looked straight at me as if to say she understood and I just started to cry'. And so she does again, right there in the middle of the supermarket, next to the rail of discounted underwear. Two sets of bewildered eyes peer up at me from the pushchair. If there's a protocol for this none of us know it. 'I went to visit them once or twice and they just monopolised me, you know? "Come into the playroom nanny. Come and see our bedroom". When we left they chased after the car.' Megan makes a sound, uncomfortable perhaps with this public outpouring, or just hungry, but she breaks the spell. 'Oh, I must let you get on your way', the old lady says, 'these babies don't want to stay here all day

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looking at knickers'. 'Yes', I mumble, 'we should look at our list' and I gesture feebly to it.

'They're 29 now she says' and turns her trolley away. I steer the pushchair towards the milk.

**XII**

At 5am I lie awake and listen to my daughters. Through the monitor their sounds echo, the pops & whistles of an old wireless. Gasps and exclamations as they pass the new noises between their cots. Finding their voices.

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## About the Author

**Claire Lynch** is a lecturer in English at Brunel University London. Claire lives near Windsor with her wife Bethan and their twin daughters. She enjoys running, which is lucky, as life with two toddlers provides plenty of practice. You can contact Claire [@DrClaireLynch](https://twitter.com/DrClaireLynch) on Twitter.