

The Art of Medicine

Moments held—photographing perinatal loss

In 2009, I was asked by the Northwestern University Feinberg School of Medicine to exhibit my photographs taken for parents who had experienced perinatal loss—the death of a baby. During the run of the show, I received an email from Eliza Meade, an obstetric/gynaecology resident.

“For whatever reason, maybe because I’m not a very “touchy feely” or “emotional” person, I didn’t expect to have a reaction to your exhibit. This made the experience even more powerful for me when I started crying. As an OB/Gyn resident, the life-changing experiences for our patients, like having a baby or a “crash” cesarean section, is all somewhat routine. It’s not that we take it for granted, but it’s simply what we do every day and every night. For this reason in and of itself, we aren’t emotionally consumed and we probably would not be able to function long-term if we were. This is not to underestimate the overwhelming emotion that I feel anytime I have ever diagnosed an intrauterine fetal demise near term, or watched the welling tears of a patient who learns that her water broke at 20 weeks. That being said, there is for me the subconscious safety of escape—both literally and figuratively. I can hide behind the “medicalization” of any experience (i.e., now we will start the pitocin and wait for contractions to begin, we want you to be comfortable, you can receive your epidural whenever you desire).

There is one image [from your exhibition] I remember so vividly, of very premature fetuses, probably 18–19 weeks. I can recall a handful of very premature deliveries that I have been involved in. Getting sign-out from the team before often goes like this “she ruptured at 18 weeks, elected for induction, now comfortable with an epidural, has gotten 3 doses of cytotec...NEXT patient.” I stood looking at this one photo for a while, thinking about cutting the shoestring sized umbilical cords from these small alien-like creatures and covering them in towels. Some patients would want to hold the fetus right away, some would want to wait for them to be cleaned off, some not at all. For me, they were always fetuses. This image transformed them into babies. Even that early, even without fingernails and with glistening translucent skin, with no body fat, they are infants that existed. They had existed for their parents often for months longer than the gestation and that loss is so, so profound.”

I began my work taking photographs with grieving families nearly 14 years ago. At the time I was a 12-year veteran medical photographer in a large teaching hospital and was exposed to patients in various states of illness. Even as a novice in that job, I encountered patients and their families as individuals, rather than simply forms in space, which had been a feature of my earlier street photography work. My hospital photographs began to reveal a deep intimacy and also to capture relationships between patients and the professionals in the health-care system—doctors, nurses, therapists, social workers, among others. After 6 years I felt I’d photographed most subjects and scenarios in a hospital setting but for two: birth and death. To me, both experiences are integral to our corporeal existence and are the most mysterious, miraculous, and sacred of life events. With the help of a prenatal nurse educator I sought and secured the opportunity to photograph childbirth.

A few years later, in 1996, I experienced a confluence of seemingly disparate thoughts and actions. My own life was torn open by loss, I was seeking more meaning in my work, and I began collecting antique photographs—19th-century daguerreotypes, ambrotypes, tintypes, and paper prints. In these images and in those few published books on Victorian post-mortem memorial photography, I discovered many portraits taken in death. Before modern medicine and the advent of the funeral home industry in the USA, death and its rituals often occurred in the home. A tradition had grown out of memorial painting, to photograph the dead or dying in order to remember. The vintage images of children and babies, and those pictured with parents, were particularly evocative. 150 years after they were made, I could sense the sadness of the parents pictured. I wondered if it was possible to make a



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Kim Fellows whose twin daughters Breanna and Anne both died, holds baby Breanna

post-mortem memorial image today. I approached a paediatric chaplain I knew who was involved with perinatal deaths in the hospital. When I stepped into the neonatal intensive care unit with that first family and their dying baby, I felt much trepidation, reminiscent of my first day in a surgical suite. I was apprehensive, unsure how to behave or what was to happen. I spent just under an hour with that family and the experience changed my life. I was prepared to make a Victorian-like post-mortem memorial portrait but instead found myself witness to a profound story unfolding before me, inviting a more nuanced approach.

In our contemporary information-laden culture, photography holds a position of great importance and influence. In our personal lives, we use it to record both momentous and mundane moments. Photographs, as storytellers, build and pass on our family histories and legacies. When a baby dies, the natural order of this history and legacy is upset by an awful disruption of life assumptions. Whether their baby dies early or late in pregnancy or shortly after birth, parents have strong emotional ties to their baby through many months of pregnancy or even through long-held hopes and dreams, but have few tangible mementos that would affirm this child's existence and significance after the death. Parents often feel disoriented as they struggle to cope with their grief, integrate their loss, and reconstruct their changed lives. Relatives, friends, and community members also struggle with how to offer support, some unable to grasp the fullness and depth of the experience. Additionally, as parents move through grief they may struggle with holding on to memories and feelings about this short time with their baby. Meeting these challenges, my photographs serve as a gentle link to memories and feelings; offer an illustrated narrative for parents and those they choose to share it with; play a part in helping parents grieve and heal; and help parents to find the treasure in their adversity.

The documentary approach that I favour appropriately mirrors the unfolding experience in an effort to make it tangible without intrusion. Photographs are made without electronic flash and are not staged or posed. When we later meet to view the photographs, parents often speak of being aware of my presence in support yet of being oblivious to the camera. Elucidation of loving bonds and relationships tend to be most important for parents. Religious rituals and those innovated by parents are also documented.

I strive to be fully present, mindful for each moment and attentively supportive. As parents experience this precious time, I am witness to great sadness, deep love, courage, and truth. Rooms often become crowded as they fill with family and caregivers, yet there exists for me through intense human connection, an



Aiden is held by his parents Julie and Frank Mirandola with their family in support

expansiveness and sense of oneness, of spirit. My entrée into this sacred space is modern society's instrument of authenticity—the camera—that offers validation of a life and loss, affirmation of parenthood, and confirmation of the death. These photographs contribute to a family's story, to family history, and to legacy. While my primary purpose is to be of service, to bear witness, and to take photographs that will be helpful to the bereaved family, I also hope to reach caregivers and others who might have contact with these families before, during, or after a loss. With parents' generous permission I am able to share some of my images in presentations, publications, and exhibitions. By doing so I hope to contribute to the paradigm shift occurring around services and support for what has for too long been a disenfranchised group of grievers.

Like other documentary photography, I believe that my work might help affect social and cultural change, thereby indirectly improving compassionate care for future families experiencing the death of a baby. Yet more important to me, my images seem to provide direct therapeutic benefit to the people who are the subjects of the photographs. And uniquely I receive feedback from families in follow-up meetings. I try to engage with all aspects of my work as an individual, a photographer, an artist, and a community member. I am grateful to be a part of the support parents receive from health-care practitioners at this challenging and fragile time. While my work is inextricably linked to death it brings me into contact with our common humanity—I find it an enlivening place to be.

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