

# LITTLE DISASTERS

Sarah Vaughan read English at Oxford University and went on to become a journalist. After training at the Press Association, she spent eleven years at the *Guardian* as a news reporter and political correspondent before leaving to freelance and write fiction. *Anatomy of a Scandal*, her third novel, and her first for Simon & Schuster, was an instant international bestseller, a *Sunday Times* top five bestseller, a number one kindle bestseller, and was longlisted for the Theakston Old Peculier Crime Novel of the Year. It has been translated into 22 languages and has been optioned for television. *Little Disasters* is her fourth novel.

She lives near Cambridge with her husband and two children.

*Also by Sarah Vaughan:*

The Art of Baking Blind  
The Farm at the Edge of the World  
Anatomy of a Scandal

LITTLE  
DISASTERS  
SARAH VAUGHAN



SIMON &  
SCHUSTER

London · New York · Sydney · Toronto · New Delhi

A CBS COMPANY

First published in Great Britain by Simon & Schuster UK Ltd, 2020  
A CBS COMPANY

Copyright © Sarah Vaughan Limited, 2020

The right of Sarah Vaughan to be identified as  
author of this work has been asserted in accordance  
with the Copyright, Designs and Patents Act, 1988.

1 3 5 7 9 10 8 6 4 2

Simon & Schuster UK Ltd  
1st Floor  
222 Gray's Inn Road  
London WC1X 8HB

Simon & Schuster Australia, Sydney  
Simon & Schuster India, New Delhi

[www.simonandschuster.co.uk](http://www.simonandschuster.co.uk)  
[www.simonandschuster.com.au](http://www.simonandschuster.com.au)  
[www.simonandschuster.co.in](http://www.simonandschuster.co.in)

A CIP catalogue record for this book  
is available from the British Library

Hardback ISBN: 978-1-4711-6503-0  
Trade Paperback ISBN: 978-1-4711-6504-7  
eBook ISBN: 978-1-4711-6505-4  
Audio ISBN: 978-1-4711-6789-8

This book is a work of fiction. Names, characters, places and  
incidents are either a product of the author's imagination or are  
used fictitiously. Any resemblance to actual people living  
or dead, events or locales is entirely coincidental.

Excerpt from 'Morning Song' by Sylvia Plath.  
Reprinted by permission of Faber & Faber Ltd.

Typeset by M Rules  
Printed and bound by CPI Group (UK) Ltd, Croydon, CR0 4YY



To my husband, who sparked the idea.  
With love.



# LITTLE DISASTERS





Love set you going like a fat gold watch.  
The midwife slapped your foot soles, and your bald cry  
Took its place among the elements.

Our voices echo, magnifying your arrival. New statue.  
In a drafty museum, your nakedness  
Shadows our safety. We stand round blankly as walls.

I'm no more your mother  
Than the cloud that distils a mirror to reflect its own slow  
Effacement at the wind's hand.

All night your moth-breath  
Flickers among the flat pink roses. I wake to listen:  
A far sea moves in my ear.

One cry, and I stumble from bed, cow-heavy and floral  
In my Victorian nightgown.  
Your mouth opens clean as a cat's. The window square

Whitens and swallows its dull stars. And now you try  
Your handful of notes;  
The clear vowels rise like balloons.

'Morning Song', Sylvia Plath

I have given suck, and know  
How tender 'tis to love the babe that milks me;  
I would while it was smiling in my face  
Have plucked my nipple from his boneless gums  
And dashed the brains out

*Macbeth*, Act I Scene VII, William Shakespeare

## PROLOGUE

The cry builds. At first it is pitiful. A creak and a crackle. Tentative, tremulous, just testing how it will be received.

The doubt quickly flees. The whimper becomes a bleat, the catch hardening as the cry distils into a note of pure anguish. ‘Shh ...’ her mother pleads, reaching into the cot and holding the baby at arm’s length. The sound buttresses the space between them. ‘It’s OK, baby. Mummy’s here now. Mummy’s going to make it OK.’

The child stares at her. Eleven weeks old; in the fierce grip of inconsolable colic; her eyes two beads that glower, incredulous and intense. *Don’t be ridiculous*, these eyes say. *I am livid and I’m livid with you*. Her face folds in on itself and her Babygro dampens as if the rage that is turning her body into a white-hot furnace is so intense it must escape.

‘Shh, shh. It’s OK,’ the mother repeats. She is suddenly wary. Sweat licks the child’s brow and her fontanelle pulses like some alien life form just beneath the surface of her skin. Evidence of her pumping heart, of the blood which courses through her veins and could burst through this translucent spot, as delicate as a bird’s egg, so fragile the mother daren’t

Sarah Vaughan

touch it in case it ruptures. The beat continues, insistent, unrelenting. Like this baby's uncontrollable rage.

The cry cranks up a gear and she draws the baby close. But the child writhes against her, fists balled, torso arching backwards in anger or pain.

'It's OK.' Who is she trying to convince? Not this baby, who has been crying for the past eight weeks. And not herself because every time she thinks she's found a fresh solution – a Hoover sucking at the carpets; an untuned radio hissing white noise – the rules of this particularly cruel game shift and she has to think again.

'Shh, shh.' Her eyes well with self-pity and frustration and an exhaustion so entrenched she is sometimes knocked off balance. *Please be quiet, just for a minute. Be quiet. Just SHUT UP!* she wants to say.

The wails seem to mock her. *A terrible mother. Not even your first. You're meant to know how to comfort your baby. What will next door think?*

'OK. OK!' She is shouting now. The baby squirms. She is pressing too tightly: frightened, she releases her grip. And as she does her baby's lungs expand so that she erupts in a blast of fury that turns her tiny body rigid, fierce energy pulsing from the tips of her toes all the way along the length of her spine.

'OK, OK.' Like an addict desperate for a fix, she will do anything now for silence, and so she stumbles to the bathroom; strips down to her bra and pants. Then she flings a heap of clothes into the washing machine, switches

## *Little Disasters*

it on and, huddling in the darkness, pulls her daughter close.

The machine starts up: a rhythmic swish as the drum fills with water then turns, noisy and repetitive. White noise that is the most potent balm. The cries catch, falter, stop, as the swish and the slosh and the dull clunk of the spinning clothes fill the damp, dark room.

She risks glancing down. Two eyes stare back. *Please don't cry, please don't cry*, the plea is automatic. The baby's bottom lip quivers and the uneasy quiet is broken with a bleat. Great gulps of rage soon drown out the heavy lullaby. *Please be quiet. Just be quiet. Be quiet, won't you? Just be quiet, for God's sake!*

It's no good. The walls push in; the heat bears down and the noise – the terrible crying that has been going on for three hours – engulfs her. Her eyes burn and she feels like joining in. She cannot cope with this: she *cannot* cope. She does not know how much more she can bear.

They say you should leave your baby when you feel like this. Put her down, close the door, and walk away. Remain elsewhere until you feel calmer. But then the crying will continue; the baby quivering more with anger than a cause that can be fixed, like a wet nappy or pain. Doesn't it make sense to hold her tight, to plead, to bargain, perhaps to shout? To try to shake a little sense into her? No, not that: she knows she mustn't hurt her baby – though if she could shock her into silence, if she could stifle that noise again . . .

Sarah Vaughan

At moments like this, her mind fills with toxic thoughts. *You're a bad mother. She'd be better off without you.* And then, insidiously, the more shameful ones that she tries to shake away.

Thoughts she can barely acknowledge, let alone express, about the desire – just for a moment – for this child to be silent always.

LIZ

Friday 19 January, 2018, 11.30 p.m.

One

It is definitely the short straw of hospital medicine. A&E in a trauma centre on a Friday night in late January; almost midnight, and the waiting areas are rammed. Patients glazed with boredom slump on every available chair, a queue is waiting to be triaged and we're nearing the mayhem that descends when the drunks and the lads whose fights have turned a bit nasty roll in, lairy, disruptive, laughing in the face of reason. If the abuse turns physical – walls punched, a nurse shoved, a Sri Lankan doctor spat at – security will have to be called.

A cold January means that the hospital is already busy: filled to ninety-nine per cent capacity. A&E is on the brink of turning away ambulances: almost on red alert. Many patients don't need to be here: not least those who couldn't get – or didn't *think* to get – a GP's appointment and who now realise that a long and uncomfortable weekend stretches

Sarah Vaughan

ahead of them unless they hotfoot it to A&E in the belief that doing so will make their virus swiftly better. They're the ones who are the most vocal about the long wait, who hover by the nurses' station ready to harangue them. The properly sick don't have the energy to complain.

I wouldn't go near an A&E in a busy trauma centre on a Friday night unless my life depended on it. Nothing short of a cardiac arrest, a stroke, a fracture or a massive haemorrhage would force me through the automatic doors. So why am I here, breathing in the fetid fumes of others' illnesses; tramping the corridors; peering at the faces of the frustrated, and those with life-threatening conditions who wait, two, three, four hours – or sometimes more?

Well, I don't have a choice. This is my job. Senior registrar in paediatrics at St Joseph's, west London: a major acute general hospital and trauma centre at the cutting edge of clinical care. My career hasn't been meteoric: two babies and two six-month maternity leaves plus disappearing down a cul-de-sac of research mean I'm still not a consultant, unlike the men I studied with at med school. But I'm only a year off and then I'll have reached the giddy peaks of medicine's hierarchy. Twenty years of study and I'll finally be there.

I'm not a doctor who works full-time in A&E. I'm here because I've been called down from the children's ward to see a patient. But I'm the sort of doctor on which every hospital depends. Sufficiently senior to make crucial decisions; sufficiently junior to be based in the hospital during long



## *Little Disasters*

nights and weekends on call. Dressed in periwinkle blue scrubs, what you see is what you get: someone pragmatic, no-nonsense, approachable, empathetic; occasionally a little blunt, according to my teacher husband, but a good person. (I work with sick children and deal with distressed parents, after all.) Physically unremarkable: five foot six, wiry dark brown hair scraped into a ponytail, a permanent crease between my hazel eyes. Negligible make-up, no jewellery except for a thin gold wedding band, worn and scratched. White hospital crocs: good for running. Easy to wash when splattered with blood.

I'm anonymous, dressed like this. Androgynous, too. No one's going to assess the size of my hips, a little wider than I'd like thanks to night shifts when I don't get a break until after ten and rely on vending machine chocolate or canteen chips. No teenage boy's going to spy my cleavage when I bend over to examine him on a hospital bed. I'm a doctor, this pyjama-type uniform says, as does the lanyard round my neck. *Hello. I'm Dr Trenchard. I'm here to do a job, and to do it well.*

Wearing scrubs, like any uniform, also bonds you with your colleagues. We're all in it together: an army working for a greater good we still believe in – the dysfunctional, fracturing, only-just-about-coping-because-of-the-goodwill-and-professionalism-of-its-staff, free-at-the-point-of-need NHS. And if that sounds sentimental or sanctimonious, I'm neither of those things. It's just that when it's your daughter's tenth birthday and you

Sarah Vaughan

can't put her to bed because it's impossible to swap a Friday night shift, and she's said, piling on the guilt in a way that only your firstborn can: 'It's all right, Mummy. I understand that you need to work.' When *this* is the background to your fourth late shift in a row, and you're exhausted and would really like to be in bed, curled around the husband you only grunt at during the week. When that's what you're missing and your reality's very different: when you know your colleagues are racing to a crash call – hearts pumping as they run, shoes squeaking on the shiny floor, curtains whooshing around a bed; that fierce concentration as they crack ribs or apply paddles to shock a patient back into life . . . When, more prosaically, you haven't had time for a wee . . . Well, you have to cling onto some belief in what you're doing; you have to believe there's a point in being committed to this sort of career. Because otherwise? You'd give up medicine, or emigrate to Australia, New Zealand or Canada, where the weather, hours and pay are all far, far better.

Oh, don't get me wrong. I love my job. I believe what I'm doing is important. (What could be *more* worthwhile than making sick children better?) It's stimulating; and, coming from my background – I'm the child of a single parent who ran a seaside café – I'm immensely proud to have got here at all. But this shift comes at the end of a string of nights preceded by an academic course last weekend and I'm shattered: my brain so befuddled I feel as if I'm seriously jetlagged. Adrenalin will carry me through the next few

## *Little Disasters*

hours. It always does. But I need to focus. Just ten more hours: that's all I need to get through.

I'm thinking all of this as I trot along the shiny corridor from the children's ward to A&E, my mood not enhanced by the art on the walls: a mixture of seascapes and abstracts in bright primary colours that are supposed to soothe patients and distract them from the unpalatable fact that they have to be here. I pass the oncology and radiology departments; and think of the lives being fractured, the hopes and dreams evaporating; for some, the lives ending; then shove the thought aside.

I'm on my way to see a patient. Ten months old: fractious, irritable. She's vomited, according to A&E, though she hasn't a fever. She may be no more ill than Sam, my eight-year-old who's just had a chest infection, though it's odd to bring in a child who's not genuinely poorly at this time of night. The junior isn't happy to discharge and asked me to come down. My heart tips at the thought of a complicated case.

Because I could do without another terrifyingly sick child right now. My shift started with a crash call to the delivery suite to resuscitate a newborn: a full term plus thirteen days overdue baby; blue, with a slow heartbeat, and a cord pulled tight around his neck. I got him back: stimulation, a few breaths – but there was that long moment when you fear that it could all go horribly wrong and the mother who has managed to carry her baby beyond term might end up mourning the child she has dreamed of. As every obstetrician knows, birth is the most dangerous day of your life.

Sarah Vaughan

Then a child with an immunosuppressant condition and a virus was brought in by ambulance, and just after he'd been admitted, I had to deal with a three-year-old with croup. The mother's anxiety made the situation far worse, her panic at his seal-like whooping exacerbating the condition until it became dangerous, the poor boy gasping for breath as she distracted our attention. Often parents are the most difficult part of this job.

So I've had enough drama tonight, I think, as I squeak along the corridor and take in the chaos of paediatric A&E, filled with hot, disgruntled parents and exhausted children. A boy in football kit looks nauseous as he leans against his father in a possible case of concussion. A waxen-faced girl peers at a blood-soaked dressing, while her mother explains she was chopping fruit when the knife slipped. From the main A&E, where the aisles are clogged with trolleys, there's the sound of drunken, tuneless singing: 'Why are we waiting' half-shouted increasingly belligerently.

I check with the sister in charge, and glance at the patient's notes: Betsey Curtis. My heart ricochets. Betsey? Jess's Betsey? The baby of a friend I know well? Jess was in my antenatal group when I was pregnant with Rosa and she with Kit. Together we navigated early motherhood and stayed close when we had our second babies, though we've drifted apart since Jess's third. Perhaps it's inevitable: I've long since left the trenches of early babyhood, and work, family life and my suddenly vulnerable mother are all-consuming. Still, I've only seen her a handful of times

*Little Disasters*

since she's had this baby and I've let things slip. She didn't send Rosa a birthday card and I only noticed because she's usually so good at remembering. Far better than me, who sometimes forgets her son, Kit's, a week later. Of course it doesn't matter – but I had wondered, in a distracted, half-conscious way as I scooped up the cards this morning, if she was irritated with me.

And now she's brought in Betsey. I look at the notes again: 'Non-mobile, irritable, drowsy, tearful, has vomited ...' they say.

'Ronan, is this the patient you were concerned about?' I double-check with the junior doctor.

He nods, relieved at deferring responsibility.

'I'm not sure what's wrong,' he says. 'No obvious temperature but her mother was concerned enough to bring her in. Wondered if you'd keep her in for observation for twenty-four hours?'

I soften. He's been a doctor for less than eighteen months. I've felt that uncertainty, that embarrassment of asking a senior colleague.

'Of course – but let's have a look at her first.'

I pull the curtains aside.

'Hello, Jess,' I say.

'Oh, thank God it's you.' My friend's face softens as I enter the bay, tension easing from her forehead. 'I didn't think we should come but Ed was adamant. It's so unlike him to worry, it panicked me into bringing her in.'

Sarah Vaughan

I look up sharply. *Panicked's* a strong word from an experienced mother of three.

'Poor you and poor Betsey.' Examining a patient I know is really not ideal, but with no other paediatric registrar around, there's no other option. 'Let's see what's wrong with her.'

Jess's baby is lying on the bed, tiny legs splayed against the paper towel coating its blue plastic surface; large eyes, watchful, her face a tear-streaked, crumpled red. I'd forgotten how pretty she is. Almost doll-like, with thick dark hair framing a heart-shaped face, a cupid's bow of a mouth and those vast blue eyes peering at me. A thumb hangs from the corner of her mouth and her other fist clutches a dirty toy rabbit. It's the toy I bought her when she was born: the same make as Sam's, an unashamedly tasteful, French, velveteen rabbit. Her bottom lip wobbles but then the thumb sucking resumes and she manages to soothe herself. She is heavy-lidded. Looks utterly exhausted.

'Hello, Betsey,' I say, bending down to speak on her level. Then I straighten and turn to Jess, whose hand rests lightly on her little girl. It still surprises me that someone this beautiful could be my friend. She's one of those rare, effortlessly striking women, with copper, pre-Raphaelite curls and slate grey eyes, now red-rimmed and apprehensive – perfectly natural, since no one wants their baby to be this sick. She has fine bones, and slim fingers garlanded with rings that she twists when nervous. A tiny gold star nestles in the dip of her neck. Her glamour is incongruous in this world of

*Little Disasters*

specimen containers, rolls of bandages and stainless steel trolleys. I think of the shadows under my eyes, the rogue grey hair kinking at my forehead I found this morning. I look a good five or six years older than her, though we're the same age.

'Can you run through what you think is wrong?'

'She isn't herself. Grizzly, clingy, listless and she was sick. Ed freaked out when that happened.'

'Is he here, now?'

'No, he's at home, with Frankie and Kit.'

I imagine her boys lost to the depths of sleep; her husband unable to settle; and Jess's loneliness as she sits in A&E with a poorly baby who can't tell her what the problem is.

She gives me a quick, tense smile, and pulls a charcoal cardigan around her. Her top slips, revealing a black bra strap, sleek against her blanched almond of a shoulder, her improbably smooth skin. The top of her ribs and her clavicle are exposed and I realise she is noticeably thinner than when I last saw her just over a month ago at the school nativity. Under the glare of the fluorescent strip lights, she seems more vulnerable; less assured. And very different to the woman I first met ten years ago, who buzzed with excitement at the thought of having her first child.

## LIZ

Thursday 22 November, 2007

### Two

‘Shall we give him another five minutes – and then we’ll need to start?’ Cathy, the antenatal teacher, tilts her head at Jess, the only expectant mother with an empty chair beside her.

‘No, let’s begin. He’s in a cab now, but he’ll be a while longer.’ Jess smiles at each couple. *I’m so sorry*, her expression says. That look dispels any momentary irritation and I feel a rush of sympathy for a fellow mother-to-be whose partner hasn’t been able to make the 7.30 start. Beside me, Nick shifts in his seat and I am grateful that his job as a secondary school teacher means that, though he will never be rich like Jess’s hedge fund manager husband, he is unlikely to ever be late for such things.

We have been waiting for Ed Curtis for nearly fifteen minutes now and the very pregnant woman who introduced herself as Charlotte is breathing heavily: possibly as



*Little Disasters*

a result of having the largest bump among us, though it's difficult not to read bad temper in each sigh.

Charlotte strikes me as someone who is always five minutes early. A corporate lawyer, she has already told us it is imperative she quickly establish a routine. She favours Gina Ford and will be pumping breast milk to stimulate her supply and provide her husband, Andrew, with enough to do the night feeds. 'It's the least he could do,' Charlotte says with a sardonic, surprisingly sexy laugh, and it isn't clear if Andrew will be doing this to compensate for getting her pregnant or because so much of the burden of early parenthood lies with a breastfeeding mother. 'He'll be doing all the nappies too,' she says, and she doesn't appear to be joking.

There are nine expectant parents, sitting on black plastic chairs and smiling nervously at each other, this Thursday evening. Five women, all over seven months pregnant, expecting their first babies in the new year. Three of the fathers have rushed straight from work and look out of place in this preschool nursery decorated with collages of dried pasta and finger paintings. Andrew's suit trousers ride up to expose red silk socks and an inch of hairy ankle, and it seems unimaginable that this man, who looks a good ten years older than me, will be getting down on a floor with a baby any time soon.

But it is going to happen to us all. The tiny pegs in the hall with their laminated labels and names in Comic Sans font tell of a world we are going to have to get used to.

Sarah Vaughan

One filled with human beings so alien even their names differ from those of our childhoods: Olivia, Ethan, Jade and Ayaan; Callum, Chloe, Mia, Zac. There are small icons on those labels – an umbrella, a football, a butterfly – and pairs of bright wellington boots, neatly stacked under each bench. And it is something about the care with which these have been placed, and the sense that each preschooler is seen as an individual – Millie with her fish; Ollie with his cricket bat – that reinforces the magnitude of what is going to happen. These aren't babies we are having but small people for whom we will feel responsible for the rest of our lives.

'Well, if you're sure?' Cathy, neat and grey, a mother of three girls in their twenties, looks relieved to be getting started. 'Let's begin by introducing ourselves properly and explaining why we want to do this course.'

She turns to the pregnant mother on her right: a slight, blonde woman with rosy cheeks, an eager smile, and a partner whose body language – crossed arms and legs, eyes fixed on a spot in the distance – suggests he'd rather be anywhere but here.

'I'm Mel,' the woman says, 'and this is my husband, Rob. I'm a primary school teacher and I want as natural a labour as possible with minimal intervention.' She beams as if she knows she's given the right answer. 'Ideally a home birth.' She turns to her husband, who grunts his assent. 'Rob?'

'I work in the City, and I'm here because my wife told

*Little Disasters*

me to be,' he says. A ripple of laughter from Charlotte and Andrew, and from a younger man with a broad physique and reddened skin.

Mel's cheeks redden but she smiles, indulgent. 'As you can see, there's no pretence with Rob.'

'Supporting your partner's very important,' Cathy says, as she fiddles with the felt beads around her neck. 'Birth, and the whole perinatal period – the time around the birth – can be deeply unsettling. It's crucial mothers feel supported by their partner. Now.' Her tone brightens. 'Who's next?'

'Me. I'm Susi,' the girl sitting next to the youngest man says. She smiles broadly and, like her partner, speaks with an Australian accent. 'I'm in HR; Andy's in IT. We're over here from Oz, half a world away from our families. So being taught how to give birth, and meeting some other mums, seemed like a good idea.'

'Do you have any friends who are having babies?' Cathy frowns slightly. Susi looks younger than me, perhaps twenty-five or twenty-six; tall, strong and wide-hipped. She shakes her head.

'No! They're all out on the lash and having a fine old time!'

'Getting pregnant was a bit of a surprise,' Andy adds. 'But people have been having babies forever without much hassle, and I'm sure we'll manage just fine.'

He smiles broadly at his wife and I wish I could view birth and motherhood as this easy. I know too much about

Sarah Vaughan

the potential difficulties of childbirth and the lottery of a happy childhood to relax about it all.

I shift uncomfortably while Charlotte introduces herself and her husband, who looks genuinely embarrassed as she describes him as a leading intellectual property lawyer. ('Not *leading*, Charlotte.' 'Well, that's what *The Times* said.')

'And why did you want to take this course?'

'Well.' Charlotte looks as if she has practised this answer. 'I suppose one always wants to prepare for things: finals, law exams, marriage, children. Parenthood's a major change, isn't it? But no one learns how to do it in any detail. And I just want to get it right.'

I smile at her. Perhaps we aren't dissimilar, after all. I'm specialising in paediatric medicine and had to deliver a baby to qualify as a doctor but I'm anxious about being a mother. I effectively brought up my younger brother but I have no positive role model: my relationship with my mother is problematic and I've no sister or older relative to ask for help.

I've always sought answers in books but the medical textbooks and child-rearing books feel inadequate. Yes, I understand the theory of routine versus attachment-based parenting, I know about developmental milestones and the whole host of childhood illnesses, but there has been nothing to prepare me for how I might *feel* when I first hold this child. I don't know if I will love it unconditionally, or be able to interpret, or understand, its emotions. I need to

*Little Disasters*

learn how to mother if my maternal instinct – a nebulous concept that’s supposed to be natural but what if it isn’t? What if I lack it as clearly as my mother? – fails to kick in when I hold my child.

‘What about you, Liz?’ asks Cathy.

‘Well,’ I stall, because I can’t admit to any of my fears out loud, ‘I’m a junior doctor, so I’m not too anxious about the birth itself: I’ll take any pain relief including an epidural I’m offered. I’m here to meet other mothers with babies the same age.’

‘You’ve certainly found some potential friends here. All your babies should be born within a month or two, so you can provide vital support during those first few weeks.’ Cathy turns to the only woman who hasn’t spoken. ‘And what about you, Jess?’

Jess smiles. Mine is far from a ‘glowing’ pregnancy – I’ve had severe morning sickness and have still managed to balloon out of all proportion – but there’s no better word to describe Jess’s state. Her hair shines under the unforgiving light, and she has managed the ideal: a perfect pregnancy silhouette of full breasts, neat bump, sharp cheekbones and slight frame. In any group of women, there is always one who is the most effortlessly cool. That’s Jess, but the fact she is so obviously the Queen Bee doesn’t alienate. Her enthusiasm is so infectious I want to share it. This is how I should be feeling, isn’t it? As if motherhood is the most fantastic adventure – not something about which I am apprehensive at best, fearful at worst.

Sarah Vaughan

‘I just want to be the best mother I can,’ Jess says, and her voice is low with the hint of a rasp to it as if she’s entrusting us with a delicious secret. She strokes her bump, and looks down at it as if talking to her unborn child. ‘We know we’re having a boy and I want him to know he’ll be so cherished, and so very important.’ She hesitates, picking her words carefully. ‘I don’t think we need to parent as our parents did . . .’ and her voice suddenly turns bright so that any unease is fleeting, like a cloud passing over the sun. ‘I want my boy to know that he is the centre of my world.’

Perhaps it’s the hormones, but what should sound unbearably trite and painfully obvious is exquisite, and moving. We sit in silence for a moment, in this room with its crates of plastic cars and Duplo blocks and its smell of Milton disinfecting liquid, and sweat.

‘That’s lovely,’ Nick says.

‘Yes,’ I manage. ‘Being that sort of mother, or feeling confident that I’ll be able to be that sort of mother, that’s what I’d like to take away from here.’

Jess smiles back at me then, with the clear-eyed anticipation of a woman who has no reason to expect anything but the best for her child. And, as the rain pelts against the windows, Jess’s optimism transforms that nursery. I feel a tentative hope that I will be an adequate mother. I won’t be perfect but I will be good enough.

The door bursts open, a skittering of leaves blasting into the room on a vicious draught.

‘Ed!’ Jess’s smile grows broader.

*Little Disasters*

‘Hello, darling. Hello, everyone. I’m so, so sorry.’ Ed Curtis moves fluidly, briefcase in hand, as he bends to kiss his wife and settle into the empty chair.

‘Huge apologies. I couldn’t get away and then the District Line was delayed. What have I missed?’ He leans forwards, palms on his thighs, legs apart, a broad smile on his face. It is impossible not to be charmed by this other half of a golden couple. Not to forgive his delay, because of course his job is high-pressured. He glances around the group and, when he spots Charlotte, his brow furrows in sudden recognition and his smile grows even wider.

‘Charlotte?’

‘Ed.’ She has flushed a deep red, the blood rushing up her throat from her fussy, pussy-bow collar.

‘Charlotte Fitzgerald?’

‘Charlotte *Mason*, now.’

‘How *are* you?’ He looks delighted, Charlotte noticeably less so. ‘Sorry, sorry, everyone. Jess: Charlotte and I were at uni together. What a small world!’ He shakes his head, unable to get over the coincidence. ‘We must catch up properly.’

‘Yes, yes we must.’ She is still flushed but looks surprised, even flattered. Her husband glances at her enquiringly and she squeezes his hand.

‘Well, how lovely – but perhaps you could chat later?’ says Cathy, irritation catching her voice. ‘I’m conscious that time is ticking on and we’ve lots to get through today.’

‘Yes, of course. I’m sorry. I’ve interrupted. Where were

Sarah Vaughan

we again?’ Ed smiles at her and Cathy visibly softens as if she’s been caught in a sudden shaft of soft, warm light.

‘Jess was just telling us all about her hopes for motherhood – and how very excited she is.’



LIZ

Friday 19 January, 2018, 11.35 p.m.

Three

Jess looks afraid. Hospitals put her on edge, I understand that: it's hardly surprising given her traumatic experience giving birth to Betsey. But she looks more than wary: she seems acutely scared.

'How long has she been like this?' I ask, my tone soft and conversational, as if my examining a friend's child is a perfectly normal scenario.

'On and off all evening. She usually settles easily, but she didn't tonight.'

'Has she slept at all?'

'A little. She woke at nine, crying ... and she was still unsettled when Ed checked on her, a little later ...'

'And that's when she was sick?'

'Yes.'

'Just the once?'

Sarah Vaughan

There is the slightest hesitation. Half a second but it's enough for me to notice. 'Yes. Just the once,' she says.

I look at her closely. Her smile is forced: not an expression I've ever seen her make but then this is an unprecedented situation. 'Is that something that's happened before? Is she a sickly baby in general?'

'No.' Jess shakes her head. 'I know you haven't seen that much of her but she's not a baby who throws up a lot. She can be grizzly and bad-tempered, particularly when she's teething, but I can't understand why she would be like this.'

I shrug off the hint of reproach – I don't know this baby like I know her other children; work this year's been particularly busy – and slip a thermometer under Betsey's armpit.

'I'm just going to have a look at her while we carry on talking,' I explain. 'Can you put your arm up for me, Betsey?' She bleats, her bottom lip quivering as she looks to Jess for reassurance.

'It's all right, darling. It's Mummy's friend, Liz.' Jess removes her hand from Betsey's to make it easier for me, but I sense her reluctance. She's never liked anyone else handling her children, not even when Kit and Rosa were learning to walk and I'd automatically pick up her boy if he fell nearest to me.

I remove the thermometer.

'Her temperature's normal. Has she had any pain relief?'

'Ed gave her some Calpol after she threw up.'

'When was that?'

'Just after ten. Before we came in.'

*Little Disasters*

‘And you hadn’t given her any before then?’

‘No . . . Perhaps I should have but, well, you know how I feel about giving them drugs . . .’

Jess is suspicious of any medicine. It’s one of the things we’ve clashed about. Betsey hasn’t had her MMR, Jess erroneously believing that the vaccine is linked to autism, and I was both incredulous and angry when she told me about this. It partly accounts for our recent distance: I can’t bear the fact she’s relying on the ‘herd’ effect: other people’s children being vaccinated to protect her own. But I can’t be irritated now. I’ve more immediate concerns.

‘Because I know you and Betsey I’m going to call my colleague, Ronan, in while I examine her properly, OK? There’s nothing to worry about. It’s hospital protocol. Then I’m going to look at your tummy, Betsey.’ I speak in my soft, no-nonsense voice to the baby, who is whimpering raggedly, a bead of spittle on her lips.

‘Ronan?’ I pull back the curtain and half-duck out. The junior doctor looks terrified, either of making a mistake or of me. ‘Could you join us?’ He slides into the cubicle beside me, his long, gangling limbs folding into the space.

‘I’m just examining Betsey’s chest,’ I explain to both of them, as I unbutton her Babygro. There’s no rash on her torso. No indication of meningitis. But my immediate relief is temporary. Betsey is grizzling properly, now, and her cry intensifies as my fingers caress the crown of her head. She flinches. A head injury? It’s something I’m automatically concerned about. I stop and part her mass of dark hair.

Sarah Vaughan

‘Did you know there’s a slight swelling at the back of her head?’

It’s not an obvious bump but I can feel a slight bogginess obscured by Betsey’s damp, dark curls. I watch Jess closely.

‘Umm, no I didn’t.’

I’m surprised. It feels like rolling your fingers over a waterbed. Was she really so distracted she didn’t notice when she’d placed Betsey in her car seat, or transferred her to her buggy? Surely she would have felt it, or Betsey would have cried out, just as she did when I tried to examine her now?

But Jess looks at me blankly. Her face is closed as if she’s blocked off her emotions. A chill of unease creeps up my spine.

‘Is she crawling?’ I ask.

‘She’s just started – and pulling herself up.’

‘It looks as if she’s knocked it . . .’

My friend looks – there’s no other word for it – *shifty*.

‘Oh,’ she says, her tone bright and high.

And then she clears her throat as if she’s suddenly thought of something she should have mentioned at the start. ‘Look. She did bash it earlier.’

‘She bashed it earlier? Oh, Jess, why didn’t you mention it? This could explain the sickness. When did this happen?’ Relief flows through me, in a sudden flood. Jess – always so perfectionist when it comes to parenting – will have feared being judged. But there’s no need for that because it sounds as if there’s a perfectly innocent explanation, after all.

‘It was around four o’clock,’ she begins. ‘Just after we’d

*Little Disasters*

got back from picking up Frankie. She was crawling in the kitchen and she slipped and hit her head.'

'So how did she fall, exactly?' I perch on the side of the bed, the paper towel puckering under my bottom. *I'm listening and I've all the time in the world*, my posture says. I haven't, of course – I'm concerned that we might need to scan Betsey, but I need to take a comprehensive history first.

'I was getting Frankie a snack,' Jess says. Her voice is constricted, as if she's about to cry. 'Betsey was crawling around. The floor was clean but slippery for some reason. I wasn't really concentrating; I was getting things ready for the kids' tea. And then I heard a sort of gentle thud, and Betsey was lying on the floor, pulling the kind of face she does when she's wondering whether or not to cry.'

She pauses. It's a perfectly adequate explanation and yet she watches me as if to check she's given the right answer.

'I just turned my back for a moment. I can't be watching her every second!' She is suddenly strident in her self-defence.

'It's all right. I know what a good mum you are. It's just – it's quite a bang: not something that would happen from crawling and falling. I'm wondering whether she hit anything when she fell? If she could have struck anything?'

'I don't know. I assumed she just hit her head on the floor but she was right by the fridge . . . I suppose she could have pulled herself up on the edge of it and hit her head on that as she fell . . .'

Sarah Vaughan

‘Yes, that’s possible.’

I look at the back of her head again. I don’t like this. I don’t like it all. It’s Jess’s evasiveness and defensiveness that bothers me. Why is she behaving like this? As if this accident is an afterthought? As if there’s something that she needs to hide?

‘I’m just going to check the rest of her, but there’s absolutely nothing to worry about: it’s standard practice,’ I say, and I peel away the arms and legs of Betsey’s Babygro, scrutinising her body thoroughly. There’s no sign of bruising: no bluish hues; no greens or yellows; no redness either. Not a single indication that she has been harmed. Slowly, methodically, I ease off her heavy nappy and lift up her legs. Her bottom has an angry pimpling of nappy rash, a smear of Sudocrem, but – thank God – there’s nothing sinister around her vagina or anus.

‘What are you doing? Betsey hasn’t been *interfered* with!’

‘We just check babies all over. It’s completely routine,’ I try to reassure her.

‘My God! You think she’s been *molested*!’

‘No. No, I don’t at all. There’s a little nappy rash but there’s nothing to worry about. She’s absolutely fine.’

She is momentarily relieved.

‘And she will be OK, won’t she?’

I pause.

‘With any head injury we have to be careful and so I’d like to run a couple of tests.’

‘What tests?’

*Little Disasters*

‘Blood tests, and probably a scan to check if her skull’s been damaged.’

‘That’s really necessary?’

‘I think so, and I’d like to keep her in a little longer, just in case she’s sick again.’

She hasn’t anticipated any of this. She glances at her baby, then ducks her head and starts fiddling with her rings. Is she embarrassed? Perhaps if I tread carefully she’ll tell me what’s wrong.

‘I know you, Jess. You’re protective. Perhaps even a little overprotective – is that fair?’

She nods.

‘But you left it a while before bringing her in, which seems *uncharacteristic* . . . I suppose I’m wondering why you didn’t think to bring her in before?’

Fiddle, fiddle with her rings.

‘I suppose I didn’t think it was that serious,’ she says at last. ‘You know what toddlers are like. Kit and Frankie have had worse bangs – so have Sam and Rosa, haven’t they? They fall over all the time when they’re that age. It didn’t seem that bad compared to knocks the boys had when they were starting to crawl. There wasn’t a bump. I didn’t think there was a problem. It was only when she started to be sick that we thought we should bring her in.’

‘That makes sense,’ I say, and of course it does, but I remain uneasy as Ronan begins to take Betsey’s blood and I arrange for her to be admitted to the ward.

Because when any parent presents with a child with an

Sarah Vaughan

injury, I'm trained to be alert to the possibility that it may not be accidental. That the parent may have harmed their child. Of course I don't want to think this of my friend. I've trusted her with my own children, and I know how she parents; but still, I'm conditioned to ask that question, and it nudges at me, at the back of my mind.

And so I find myself running through my checklist: am I happy with the interaction between parent and child; was there a delay in presentation; is the parent overly defensive or strangely unconcerned? Do I suspect them of lying? Most importantly: does the mechanism – the way in which the accident is said to have happened – match the injury? Does the story fit?

I stand by the desk, waiting for the paed's team to pick up the phone and I feel troubled. Why was Jess so shifty when I pointed out the trauma to the back of the head? Why did she hesitate when I asked if Betsey had only thrown up the once? And why – given how conscientious she is about all aspects of parenting – did she wait six hours to bring in her baby, and only then when Ed suggested it?

I twist the lead of the phone around my fingers, creating welts. With any other parent these would be clear red flags signalling that we should be concerned, but this is someone I know well. A long-term friend. The woman who looked after Rosa when she and Kit had chickenpox and the hospital nursery still deemed her infectious; the friend who searched for obsolete Lego for Sam's birthday then insisted I give it to him; the mother who loves her children beyond all



*Little Disasters*

else; who's ferocious in her defence of Frankie, once accusing Mel of demonising him when she suggested he'd been too rough with her son Connor, turning on her with a flash of surprising anger; the mother who is so proud of sporty, good-natured Kit.

I know all this as deeply, as instinctively as I know that Nick won't be unfaithful. I'm almost completely sure of it, that is to say.

And yet here I am, admitting her daughter for a suspected skull fracture and perturbed by her behaviour.

Am I seriously thinking the very worst of Jess?