

By Dr William Hwang Ying Khee



**“Push!!!”**

I huffed and puffed; drawing all the resources I could muster to push our baby down the last few inches of the birth canal. I could feel my consciousness slipping ...

“Sir, the contraction is over.” I could make out a nurse’s voice floating around my semi-conscious brain.

If I huffed any more, I would have passed out.

“Hey, I’m the one giving birth to the baby... and the one who has to huff and puff and push, not you!” My wife said with a grin. It was amazing how, in spite of her pain, I could still make her smile. Beads of sweat glistened like jewels on her forehead. She looked beautiful.

“Just trying to help things along,” I said sheepishly. I looked around to see if the doctors and nursing staff were laughing at my vicarious but overzealous sharing of her travail.

No one’s eyes were on me.

I followed their line of sight to the bedside monitors where the heartbeats of the two most important people in the world to me were scrawling their frantic electrical messages.

“Forceps.” The doctor said.

I knew enough to know that she was not talking about the small pincer-like things I used in the science lab when I was in college. The doctor looked at me as she quietly put the metallic claws together, fitting them into the birth canal.

“Decelerations,” she said in simple, emphatic tones. “We have to get the baby out now.”

I nodded with implicit trust. My friends’ babies were all delivered by her and she had handled all the deliveries in an excellent manner.

The next few moments went by too quickly for me to comprehend or recall. I just remembered myself yelling an emphatically vicarious “PUSH!”; seeing the top of the baby’s head; feeling the strongest grip I ever felt clamping down like a vice on my hand; and then, magically, the cry of a baby.

“Congratulations, it’s a healthy baby boy!”

The midwife smiled as she held the baby up for me to see after its umbilical cord had been clamped and cut.

I looked at him in wonder, half expecting him to turn to me and call “Papa” as he did in my

Dr William Hwang Ying Khee is Consultant Haematologist at SGH, Clinician-Scientist in SingHealth, Medical Director of the Singapore Cord Blood Bank, and Vice President of the Bone Marrow Donor Program in Singapore. He loves his family and his work, but hopes this world will not be his final home.

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dream some months before. But the midwife quickly huddled him up and brought him to a humidifier where a paediatrician was waiting. I saw the paediatrician do some manoeuvres and knew she was assessing the boy's APGAR score; the quick measure of how a newborn baby fared with the birth process.

“How did he do?” I asked.

The paediatrician looked at me impatiently, and then something in my facial expression caused her to smile. “He did very well,” she said. “Full marks.”

I beamed a smile in return. But almost immediately, I realised that I had to check myself lest I start pushing him through assessment after assessment in the rat race of life.

“Wow, we have collected quite a good sample of cord blood too.” Our obstetrician, overhearing my conversation with the paediatrician, said. Blood from the umbilical cord flowed through a needle, which she was holding, to a blood bag which seemed to have a small collection of blood inside. “I think we have more than a hundred millilitres in this one ... which is good. And you both did say that you wanted to put this into the public cord blood bank, right?”

I stiffened a little. Putting it in the public bank meant that the baby's cord blood would not be kept specifically for him, but could potentially be used by others for transplantation. Furthermore, not all samples would meet the criteria for public banking, which is based on internationally accepted criteria to determine the cord blood samples which would most benefit patients.

Throughout the pregnancy, we had read claims from the private cord blood banks about how we should keep the baby's cord blood for ourselves as there was a chance he would need it again in future. The fuss in the press about stem cell research and how cord blood was a rich source of stem cells further fuelled these claims.

However, many prominent physicians and scientists had come out to put down these claims. They said that a person's own cord blood is



*Cruising the Chao Phraya River in Bangkok: Dr William Hwang with his wife, Mei, and son, Lucas.*

usually not the best source of stem cells for the treatment of many diseases, including metabolic diseases and leukaemia. Also, while stem cells sometimes found in cord blood could be directed to form cells of other tissues, there is much suggestion that these cells could be found in the person's own bone marrow. An article I read in the Los Angeles Times also piqued my interest. The stand of the American Association of Paediatrics and the European Group on Ethics in Science and New Technologies was also clear on this matter. In the end, we chose to bank the cord blood with the public bank because we did not feel that current evidence supported private cord blood banking. But I did have a nagging doubt: “What if?”

“Hey, I thought we already decided on this.” My wife, in her exhausted state, called me from across the room as she gave me a most exasperated look which snapped me back to reality. Our obstetrician was also giving me a most quizzical stare – she could not understand what had gotten into me suddenly. I then thought about the data which suggested that if ever anyone in my family needed a cord blood transplant, the best source would be from a public cord blood bank. I remembered my conclusion that if we all chipped in, we would all have a better chance at finding a suitable sample of cord blood if we needed it. Then suddenly, the choice was clear.

“Hey,” I smiled. “Did I ever say otherwise?” ■

**Disclaimer:** The author, as Medical Director of Singapore's Public Cord Blood Bank, admits that he is obviously likely to be biased in his view. The characters in this story are fictional but true. They represent no one and everyone.