

# Baby City



Freida McFadden & Kelley Stoddard

# **Baby City**

a novel by  
Freida McFadden  
& Kelley Stoddard

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“Somewhere on this globe, every ten seconds, there is a woman giving birth to a child. She must be found and stopped.”

– Sam Levenson

## FOREWORD

*Labor and Delivery. Sunshine and Roses. The Babies! The JOY!*

The nurses and physicians that work on the labor floor must hear it a thousand times, if not more, in their lifetime, “Oh, what a wonderful job you must have, bringing life into this world!”

Yes, yes we do.

On the good days, we have an amazing and awe-inspiring job. In our over-scheduled, planned-to-the-minute society, labor is one of the last forces we can more guide than truly control. We have a great privilege and honor to help mothers and babies arrive through Labor and Delivery safely.

“Safely” being the key word, because we also bear the burden of seeing the dark side of Labor and Delivery. The sadness. The heartbreak. The heart-pounding, muscle-clenching fear. The fact that things can go wrong in a blink of an eye. All of these extremes combine together to make Labor and Delivery one of the most intriguing, exhilarating, fascinating, and exhausting professions to choose.

The stories in *Baby City* are representative of some of the more common scenarios that can be encountered on any Labor and Delivery floor, in any city, on any given day. If the stories feel familiar, it is because they happen in many different ways, over and over again, with slightly different variations, throughout the nation, and throughout the world. This novel, while a work of fiction, provides a very real glimpse behind the curtain of the perception of the orderly labor floor, into the true whirlwind of perpetual motion that lies beneath the well-known façade, and gets to the heart of what makes Labor and Delivery so very special... the people who work there.

Kelley Stoddard, MD

## CHAPTER 1

I am going to make this medical student cry.

I don't know how I know it, but somehow I can sense it. I know it the second she walks into the resident room on Labor and Delivery at Cadence Hospital, her perfect blond ponytail swinging behind her. And I'm certain of it when she holds her slim hand out to me and says, "Hi! I'm Caroline! I'm the new medical student!"

No, I am not exaggerating those exclamation points.

"I'm Emily," I say. (Note the lack of exclamation points.) I stay in my seat, but I reach out to take her hand, which is as smooth as a baby's bottom. And I've touched a lot of babies' bottoms lately, considering I'm working on Labor and Delivery right now. "I'm a third year resident."

My co-resident and sometimes friend, Jill, who also happens to be the chief resident for OB/GYN, looks down at Caroline's outstretched hand and shakes her head. She leaves Caroline hanging as she says, "I'm Dr. Brandt."

Actually, maybe Jill will make her cry.

"I'm so excited to be here!" Caroline says, practically bouncing on the heels of her practical shoes. She's wearing the requisite blue scrubs—if she weren't, Jill would be chewing her out as we speak. "I'm really interested in women's health."

"Do you want to do OB/GYN?" I ask her.

Caroline shakes her head, trying not to look too horrified at my question. Most people are freaked out by the very idea of doing what we do every day. I have Caroline pegged as more of a family medicine or pediatrics type.

"I want to go into family medicine," Caroline says. Bingo. Then she adds, "But I'm considering a fellowship in women's health."

Jill snorts. She doesn't think much of family medicine residents who want to horn in on our territory.

This is our second day on Labor and Delivery, which somebody years ago nicknamed Baby City, like one of those discount places that sells TVs or computers. Baby City, as in *bring home the baby of your choice in any shape or size at low, low, low prices!* Of course, it isn't really an accurate comparison. You don't get to choose the shape or size of your baby. And I



definitely would not describe the prices as “low, low, low.” If this were a real store, we’d definitely go out of business.

We were sort of hoping that we wouldn’t get a medical student this month. I do believe in teaching and all that crap, and I was excited about having medical student when I first started out in residency. But since then, I’ve learned a very important lesson: most medical students are very annoying. Occasionally, we’ll get some rare gem who is just wonderful and who makes our lives easier. But the vast majority seem to be lazy, whiny, and disinterested.

Or in Caroline’s case, overenthusiastic. Which is very possibly the worst of all.

Caroline hovers in the center of the room, as if afraid to sit in our presence. Jill looks up in disgust, and rubs her temple with one skeletal hand. In residency, many people tend to get either really fat or really skinny based on what they do with food when they’re stressed out. Jill obviously starves herself when she’s under stress, as evidenced by the fact that I can make out every single bone in her hand. I bet I could count her ribs.

I wouldn’t say this to her face, but if Jill gained about 15 pounds, styled her hair, and put on some makeup, I think she would be gorgeous. She has wispy white blonde hair that is clearly natural based on the roots and the fact that there’s no way she has enough time to dye it. Her crystal blue eyes are always slightly bloodshot with purple circles underneath, and her high cheekbones only make the hollowness of her cheeks more exaggerated. I don’t think I’ve ever seen Jill looking any less than gaunt and completely exhausted.

But she’s only got one year of residency left. Maybe after that, she’ll start taking care of herself again.

“Emily,” she says. “They just put The Princess in a room. Why don’t you take Caroline here to go see her?”

“The Princess is here?” I ask. “Why?”

“Elective C-section,” Jill says.

I sigh. Figures.

I turn to Caroline. “Do you want to come see a patient with me in triage?”

Caroline’s eyes light up like she’s a puppy who just found out she’s being taken for a walk so she could go pee.

“Oh, yes!” she gushes. If she had a tail, she’d be wagging it.

Baby City consists of three parts. The first part is what you traditionally think of as Labor and Delivery: a bunch of rooms where women’s cervixes are busy dilating or else they’re busy trying to push out their babies. The second part consists of an operating room for C-sections, D & C’s, or whenever other procedures may be required over the course of bringing babies into the world.

And the last part is Triage. That’s where the women go when they think they’re in labor, are waiting for a C-section, or have some other pregnancy-related problem that is yet to be diagnosed. That’s where our patient, The Princess, is waiting.

The Princess is well-known to pretty much every resident in OB/GYN. We take turns doing outpatient clinic throughout residency, and The Princess seems to show up there almost daily. If this woman breaks a nail, she needs her OB/GYN to check it out and make sure it’s not early labor. She’s been asking for a C-section since she was 32 weeks pregnant. The part that surprises me is that we’re actually doing it. When did we start letting the patients run the asylum?

Caroline follows me down the long hallway to Triage. I’d prefer if she walked next to me, but instead she walks directly behind me. I feel like I have a stalker. I keep turning my head, to see if she’s still behind me, and being slightly disappointed to find her there.

The Princess is in Room 2 in Triage. I pick her chart off the door, and quickly ascertain that she is only 37 weeks pregnant. Pregnancy is supposed to last 40 weeks, so I can’t imagine why she would be getting an elective C-section three weeks before her baby is done cooking. Presumably, there’s a good reason. None of the attendings that I work with would deliver a baby early just because the patient asks him to.

Well, none except one.

I knock twice on the door to the room where The Princess is waiting. She’s lying on the table, her long dark hair impractically loose. And she has on way, way too much makeup for a woman about to have major abdominal surgery. (Although I think any amount of makeup is probably too much for that.) The first thing I notice is that she’s on her cell phone, and when she sees me enter, she holds up a manicured finger to indicate she will just be a minute.

So I wait.

I recognize in this day and age, everyone has a cell phone. So it's not completely crazy to expect that occasionally you will walk into an exam room and find the patient using one. I don't like it, but I accept it. But most of the time, the patient will quickly say something into the phone along the lines of, "The doctor's here. I need to go." I wait for The Princess to say something like that, but she doesn't. She seems to just be continuing her conversation as if I'm not even standing there. Moreover, the conversation seems to involve some juicy gossip from work. Seriously, you would not *believe* what Dave said to Angie.

I clear my throat twice, and am this close to throwing her chart on the floor and storming out of there, when The Princess finally says, "Okay, I've got to go have this baby now." And then she hangs up the phone.

"Well?" she says to me impatiently. "Are they ready for me yet?"

"Not yet," I say through my teeth. I can tell she has no idea who I am even though we've met several times, so I say, "I'm Dr. McCoy."

The Princess nods, and then her eyes rest on Caroline.

"Why did you bring your daughter with you?"

Okay, I realize that I am very tired and probably look it, but I really don't think I look old enough to be the mother of a 24-year-old. I mean I'm only 30 years old. Not even 30 and a half.

"This is Caroline," I say. "She's our medical student."

The Princess shakes her manicured finger at me. "No medical students."

"Mrs. Woodhouse," I say. "This is a teaching hospital."

"I told Dr. Brandt *no medical students*," she says firmly.

So Jill knew about this when she sent me in here with Caroline. That bitch. I'm going to get back at her for this.

"That's all right," Caroline says quickly. She smiles brightly at The Princess, who looks like she wants to make Caroline cry just as much as I do. "I can get you something while you're talking to Dr. McCoy. Is there anything you would like?"

The Princess nods. "Yes, I would like a vanilla Coke Zero."

The Princess is not allowed to have anything to drink, because she's about to go into surgery. She knows it, I know it, and Caroline ought to know it, but clearly does not.

"I'll be back in a jiffy!" Caroline says.

I probably ought to stop her. But I don't. It will give her something to do. I'm pretty sure there's no vanilla Coke Zero anywhere in the hospital.

"Mrs. Woodhouse," I say. "I'm looking through your chart, and somehow they haven't recorded the reason for scheduling your C-section so early. Is your baby measuring large?"

"Oh no," she says. Then she adds proudly, "I only gained 15 pounds in my entire pregnancy."

Actually, The Princess looks pretty fabulous for being 37 weeks pregnant. A lot of women are gigantic by this point and also very swollen. But she looks like a model of pregnancy. If I ever get pregnant, I want to look like her at 37 weeks.

"So here's what happened," she says. "A few nights ago, my belly got itchy. I mean, really itchy."

I wait for her to tell me more. Were her liver tests elevated? Was she cholestatic? Did her blood pressure go up? What was the indication for this early delivery?

But it turns out the story is over. That's it. She's having her baby because she's itchy.

"Dr. Buckman said I was full-term," she explains. "I mean, there's no reason for me to continue being pregnant and keep getting fatter. He said the itchiness might mean I'm getting a new stretch mark. Ew, can you imagine?"

I grip The Princess's chart hard enough that the papers start to crinkle. Dr. Buckman, the doctor with 50% C-section rate. That explains everything.

The Princess sighs and adjusts her body on the table. She hasn't gained much weight, and most of it is in her belly. She looks the way I used to look when I was a skinny little kid and I put a soccer ball under my shirt and pretended to be pregnant.

Every resident, myself included, wants The Princess to deliver her baby, because that means she'll be out of our lives. But we can't be selfish right now. I look down at her belly and think about that tiny little baby inside. That baby deserves another three weeks to grow in the best possible environment. It doesn't deserve to come out gasping for air, because its mother was *itchy* one night. I have to advocate for this baby. God knows, somebody has to.

It's up to me to convince The Princess not to have this baby today.



## CHAPTER 2

I can see The Princess reaching for her phone, so I know I've pretty much reached the limits of her attention span. If I don't convince her quickly, she'll go back to texting her friends or playing Minecraft or whatever.

"Listen," I say, trying to use my most friendly voice, like we're two old buddies chatting over cosmopolitans, "I've got this amazing cream that really helps with itchiness. The patients I've given it to say it works miracles."

The Princess just stares at me.

"Also," I add. "It's supposed to prevent stretch marks."

The Princess's painted lips form a straight line.

"Interesting," she says in a tone that makes it clear that she does not find anything I'm saying in the least bit interesting.

I force myself to smile. "If you use the cream, then you won't have to have the baby early. You can wait until the baby is full-term, and you won't even get any stretch marks. Won't that be great? I know the itchiness is bothering you a lot, but like I said, the cream will really help you with that."

And now I'm just babbling.

The Princess's lower lip juts out in a pout.

"I'm not going to get bumped, am I?" she whines. "I've got to have this baby today, you know. I already filed the disability paperwork. I really can't wait any longer."

I'm wasting my breath—I may as well be talking to the wallpaper. This baby is going to be born today, like it or not.

"By the way," The Princess says. She lifts up her shirt and I see that below her belly, she has drawn a line in black permanent marker. "I was looking at my friend Cindy's C-section scar, and this is how big it is. I don't want my scar to be any bigger than this line."

I examine the black marker smeared across her pelvis. It looks like her belly has grown a Charlie Chaplin mustache. I can't imagine any baby being small enough to fit through that incision. Maybe if she was giving birth to a baby kitten. But there isn't any full-term human being that would fit through that narrow black line. Unless Harry Houdini delivered her friend's baby, her scar was undoubtedly larger than that.

“You know,” I say. “If you deliver the baby vaginally, you won’t have any scar at all.”

“Oh no,” The Princess says, horrified. “I don’t want to get all torn up down there. That’s disgusting. Anyway, Dr. Buckman said that my cervix wasn’t, like, *in favor* of having the baby right now.”

Okay, I’m done arguing with The Princess.

“So you won’t make the incision any bigger than that, right?” she presses me.

“Sure,” I say.

She won’t be able to see what we’re doing during the surgery anyway, thank God. We’ll deal with the consequences later.

I leave The Princess’s room, longing for a stiff shot of whiskey. Luckily, Caroline shows up at that moment with the next best thing: a can of vanilla Coke Zero. I don’t know where she got it and I don’t care. I grab the can from her hand, pop the tab, and take a long swig. Ah, that hits the spot. It’s too early for whiskey anyway.

The smile fades from Caroline’s face.

“I thought Mrs. Woodhouse wanted that,” she says carefully, afraid to offend me.

“Mrs. Woodhouse is NPO for her surgery,” I remind her.

NPO means you can’t eat.

“Oh,” she says meekly. She wrings her fingers together. “Um, I was just wondering...”

Those are my least favorite words to hear out of the medical student. I brace myself and say, “Yes?”

“What are the indications for primary C-section?” Caroline asks.

All 37 weeks of my irritation with the Princess comes rushing to the surface. I couldn’t take any of it out on her, but I can damn well let Caroline have it.

“Next time you have a question,” I say in a low voice that isn’t yelling but may as well be, “make sure it’s not something you should’ve read about the night before.” I shake my head, to indicate that Caroline has really disappointed me. “The answer to your question is available in *any* OB/GYN review book.”

Caroline’s eyes widen. “Oh, I...” she stammers.

Hey, maybe I could make her cry on her very first day.

“A word of advice,” I say. “It’s a good idea to show up on your first day *prepared.*”

“Sorry,” Caroline says. Her jaw trembles, but I don’t see any tears yet. Well, there’s always tomorrow.

As I brush past her to return to the labor unit, I see Caroline fumbling with her phone, probably to look up the indications for C-section. I can guarantee she won’t find itchiness among them.

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A large part of rotating on Baby City is sitting around and waiting. After all, babies come out when they’re good and ready. But things can get incredibly exciting and you don’t have a moment to sit down, eat, pee, or sometimes even breathe. On the other hand, then there are large chunks of time where you’re just staring at the wall, watching the paint dry.

This is one of those times.

When Caroline and I return from Triage, we head over to The Pit to wait. Years ago, the resident room on Labor and Delivery was nicknamed The Pit. The room is in the dead center of Baby City, so there’s no window. Jill says back in the day there was no ventilation in the room and it would be freezing cold in the winter, and sweltering in the summer. Since then, a single vent has been installed to make the room marginally tolerable. But the nickname stuck.

The Pit is about the size of a jail cell. (I’m not sure why that’s the first comparison that comes to mind.) There’s a computer in one corner of the room, more plastic chairs than the room can comfortably accommodate to the point that we’re always tripping over them, and a giant whiteboard on the wall. If this really were a jail cell, there would probably be a bed, as well as a toilet in the corner of the room, and I can’t say that either of those additions would be unwelcome.

There isn’t a whole lot to do right now. Jill is fumbling with her phone—she recently got one of those new huge smartphones and she hasn’t quite figured out how to use it yet. She keeps shoving it in my face and saying things like, “Emily, how do I add this phone number to my list of contacts?” How should I know? I have an iPhone. Those things are idiot proof. And I need it, because my brain is so exhausted and filled with information about



my patients that I don't think there's any room left to store knowledge about other types of smartphones.

I settle into one of the uncomfortable plastic chairs, and pick up the lukewarm coffee I abandoned to go see *The Princess*. It tastes terrible but I drink it anyway. I've been awake since 5 a.m. this morning, and I'll be asleep on my feet by noon if I don't have my coffee.

Caroline doesn't sit down though. She hovers over me, swaying slightly in my direction. She's making me really claustrophobic, which isn't that big a challenge in this tiny room. "Is there anyone I should see?" she asks me.

"No, not right now," I say. And then I add, because it obviously needs to be said: "Sit down."

Thank God, Caroline settles into one of the many plastic chairs (good doggie), and digs through the bookbag she brought with her this morning. She pulls out a copy of an OB/GYN review book and makes a big show out of opening it up. I yawn and take another sip of my coffee.

And then I shut my eyes. Just for a second.

"Um, Emily?" I hear Caroline's voice saying.

*Go away, medical student.* "Yes?"

"What does the chart on the board mean?"

I crack open my eyes. She's referring to the table we keep on the giant whiteboard, which keeps track of women in labor. I probably should've explained it to her when she arrived. That's what a good resident, one who isn't completely exhausted, would have done. I glance over at Jill, who is fully absorbed with her phone. I guess it's up to me.

I struggle to my feet, and make my way somewhat unsteadily to the whiteboard hanging from the wall. There's only one name up there right now.

"This is a list of the women having babies," I explain. "The first column is their name. The second is their age. The third is how many weeks pregnant they are. The fourth is how dilated their cervix is, then how effaced the cervix is, then how high up the baby is."

"Oh." Caroline bites her lip. I can tell she's struggling to balance her desire to ask me a question over her fear of me. Desire to ask the question apparently wins out. "When is the woman fully dilated?"

Jill, who had been previously fiddling with her phone, slams it down on a table with a loud snap. She rests her icy blue eyes on Caroline's face.

“What rotation is this?” she asks in a sharp voice.

Caroline eyes dart around like a trapped animal. “What?”

“I’m just wondering what rotation you think this is,” Jill says. “I mean, I know you don’t think it’s Labor and Delivery, because if you did, you’d be able to answer the most basic question about labor.”

Caroline bites her lip.

“Really, tell me, I’m curious.” Jill folds her arms across her chest, waiting for a response. “Do you think it’s... Psychiatry? Anesthesiology? Radiology?”

I can’t help but stifle a laugh. Ever since we were newbie residents, Jill has always been known for her quick wit. She’s actually biting funny, although recently her snarkiness has been leaning more in the direction of mean than hilarious. But she’s still often hilarious, especially when someone else is the object of her mockery.

“It’s OB/GYN,” Caroline finally says, her voice cracking slightly on the words.

Jill raises her eyebrows at me. “Look at that, Emily. She knows what rotation this is. Go figure.” She glares at Caroline one last time before getting up out of her seat to leave the room. “Maybe tomorrow she’ll actually come prepared.”

Caroline hardly breathes until Jill has disappeared from the vicinity. When the sound of Jill’s footsteps has faded, Caroline bites her lip again and says to me, “Is it five centimeters?”

I sigh.

I could be nice and tell Caroline that ten centimeters represents a fully dilated cervix. It’s not like it would be hard to do. But truth is, I’m just as irritated by her stupid question at Jill is. “Look it up,” is all I say.

I used to be a nice person, I swear.

I had hoped that both Jill and I yelling at her would be enough to deter any further questions, but that doesn’t appear to be the case.

“I was wondering,” she begins, “when I will get to have some outpatient clinic time? Since I’m doing Family Medicine, it would really benefit me to see some pregnant women in an outpatient setting. Or maybe learn how to do Pap smears.”

“Yeah,” I say. “If things are slow, we can send you over to clinic in the afternoon. Maybe sometime next week we can do that. There’s plenty of

time for it on this rotation.”

Caroline nods happily. See? I can be nice sometimes.

---

After we've been sitting in The Pit for about half an hour, one of the Triage nurses, Pam, peeks her head in to our room. Pam is one of those incredibly efficient nurses who has been a nurse since before we were born, and always seems a little bit amused by the fact that *we're* the ones giving *her* orders when she probably knows about five times as much as anyone here, possibly including the attendings. She crosses her arms and raises her eyebrows at us.

“Are you ladies planning to see the new woman who came in to Triage?”

Jill sits up straight. “There's a patient in Triage?”

Pam nods. “She's 38 weeks and says she's in labor.”

Jill looks over at Caroline accusingly.

“One of your jobs is to keep track of who comes into Triage,” she says. “You should *own* Triage. Make sure the patients are seen before we even know they're there.”

“Oh,” Caroline says. She looks at us questioningly. “So... should I go see this patient?”

Jill looks at her like she's just asked a question too stupid for words. “What do *you* think?”

Caroline scrunches a fistful of her blue scrubs in her hands. “Um, yes? I should?”

Pam decides to take pity on her, and taps her on the shoulder. “Come with me, sweetie,” she says.

“I think medical students are getting stupider,” Jill announces when Caroline is gone.

“She's not so bad,” I say, even though Caroline has been annoying me more than anyone. I'm not sure why I feel a need to defend her.

“You're right,” Jill says. “They've been this dumb all along.” She smiles wistfully. “Do you remember when I got that medical student to do my laundry?”

I do. It was during my intern year. Jill told the med student on OB/GYN that he was completely incompetent at medicine, so he may as well make himself useful by doing her laundry. Then she handed him a bag of laundry,

which he proceeded to bring to the laundromat across the street and wash for her. He even separated her white and colors.

Jill swore up-and-down that it was all a joke and she never actually intended for him to do her laundry. Especially when the program director yelled at all of us for abusing medical students. But honestly, I wonder. I know for a fact that Jill really hates doing her laundry.

“Don’t make Caroline do your laundry,” I say.

“That was a *joke*,” Jill says, but she winks.

I’m debating whether I need to further convince Jill that it would be a mistake to foist any more personal chores on Caroline, but then Jill becomes completely absorbed by her phone, so I figure that whim has passed.

“Emily,” she says. “How do you switch windows on the internet browser?”

I roll my eyes. “How should I know?”

Jill grins at me. “Aren’t you some kind of techie nerd?”

“No way,” I say. “That’s definitely not true.”

“Then how come you’re named after the doctor in ‘Star Trek?’” she challenges me.

I glare at her. She knows I hate it when people make “Star Trek” jokes about my name. Yes, the doctor in the original “Star Trek” is named Dr. McCoy, and yes, that is also my name. And that stopped being funny about five minutes after I graduated from medical school.

Jill laces her fingers together to plead with me. “Come on, please help me. I’m ready to chuck this phone at the medical student.”

I think that there’s probably at least a 50% chance of that happening either way, but I decide to take pity on Jill and attempt to help her. It’s always a good idea to be nice to the chief resident.

It’s a lost cause though. I’m even more clueless than Jill is. Jill and I are huddled over her phone, hopelessly trying to figure out how to open up a new browser window, when we hear a male voice from above us.

“What you *doing*?”

Male voices are pretty rare in The Pit. With only one exception, all of the residents are female. All the nurses are female. We have two male attendings, and all the rest are female. So any voices deeper than an alto are pretty unexpected in here.