# 1st Annual Virtual Symposium on PGBSD

Prenatal-onset Group B Strep Disease

**E-CONFERENCE BAG**

15-25 OCTOBER 2018

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Excellent performance and automation.

THE PANTHER FUSION® GBS ASSAY

The Panther Fusion GBS assay detects Group B Streptococcus (GBS), a serious and sometimes fatal infection that poses a distinct threat to newborns born to infected mothers.

This is a real-time PCR assay for antepartum testing with vaginal and rectal swabs following 18-24 hours incubation in selective enrichment broth culture of Lim Broth or Carrot Broth. It features dual-target detection of Cfb and SIP genes.1

- Fully automate your GBS testing with sample-to-result processing on the Panther Fusion® system.
- Process 335 Panther Fusion® tests or combine Aptima® and Panther Fusion assays for up to 500 tests in 8 hrs.
- Consolidate your GBS testing along with other Panther Fusion and Aptima assays for virology, respiratory, cervical and sexual health.
- Eliminate manual assay preparation with ready-to-use GBS reagents.
- Provide better patient care with excellent assay sensitivity (compared to culture).
- Reduce waste with unit dose assay format and 60-day onboard stability.

Excellent automation and performance guard against a distinct threat.¹

PERFORMANCE YOU CAN TRUST

The Panther Fusion® GBS assay provides excellent, accurate results expectant mothers and their providers can rely on.¹

The CDC and other leading medical organizations support universal screening for GBS in expectant mothers at 35-37 weeks’ gestation so providers can administer antibiotics when necessary and prevent the transmission of infection to babies.²

In the clinical study, the Panther Fusion GBS assay demonstrated 100% sensitivity and 96.5% specificity. Results from the test provide information to accurately identify mothers that would benefit from intrapartum antibiotics to reduce the incidence of vertical transmission of GBS, which can ultimately save an infant’s life.¹

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WHAT THIS MEANS FOR YOUR LABORATORY

- **Labor Saving**
  - Free-up Staff
    - Full sample-to-result automation; load samples and walk away
  - Automate test requests and result reporting
    - Bi-directional LIS interface
  - Eliminate reagent prep
    - Ready-to-use GBS reagents

- **Time Saving**
  - Eliminate batching restrictions
    - Random and continuous access
  - Increase sample throughput
    - Process up to 335 Panther Fusion assays or combine with Aptima assays for up to 500 results in 8 hours

- **Cost Saving**
  - Dramatically reduce waste
    - 60-day on board reagent stability
  - Reduce costly operator errors
    - System process checks ensure valid assay processing with true positive ID of samples and results


To see how far your lab can go, contact your Hologic representative or visit PantherFusion.com.
Test Your fFN Knowledge

Do you know the truth?

1. A negative fFN result is valid after sex. True or False?

2. 80% of women will get a negative result. True or False?

3. Collection window: 24⁰–34⁶ weeks. True or False?

4. fFN must be collected before a digital exam. True or False?

5. fFN has the best sensitivity for ruling out PTL. True or False?

Answers on Back
Did you know?
fFN Fun Facts

1. A negative fFN result is valid after sex.
   A negative fFN result is valid even if she’s had sex in the last 24 hours. Semen will not cause a false negative, but it can occasionally cause a false positive. So a positive result, in this situation, should be reconfirmed after 24 hours.¹

2. 80% of women will get a negative result.
   The vast majority of patients, ~80%, will receive a negative result allowing you to focus on the 20% that really are at the highest risk.¹

3. 24 weeks, 0 days – 34 weeks, 6 days.
   That’s the FDA approved gestational collection window for patients with symptoms of preterm labor.¹

4. Always collect fFN first; there are no 2nd chances.
   Always collect an fFN sample before a digital exam. Collection kits are free, and you can always decide later whether to actually test the sample, but you can’t decide later to collect a sample.¹

5. fFN has the best sensitivity for ruling out PTL.
   With a 99.2% NPV plus an 86% sensitivity, you can be confident if you decide to send her home. No other test has a higher sensitivity or higher NPV.¹² Don’t be fooled by competitors. False negatives can have serious consequences.

Now that you’ve tested **positive** for Group B Strep (GBS),
learn how to help protect your baby

Testing positive for GBS means that you “carry” or are “colonized” with group B strep, a type of bacteria naturally found in the digestive tract and birth canal. Carrying GBS does not mean that you have an infection. However, GBS can infect babies before birth through several months of age due to their underdeveloped immune systems.

You can help protect your baby from GBS (as done)

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### DURING PREGNANCY

- Ask your provider to do a urine culture for GBS and other bacteria if not already done early in pregnancy. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. **GBSI advocates a recheck ("test of cure") after treatment. GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.**

- See your provider promptly for any symptoms of a bladder (urinary tract) infection.

- See your provider promptly for an exam and possible GBS testing if you have any symptoms of vaginal infection. **Be aware that bacteria can be passed between sexual partners, including through oral contact.**

- Contact your care provider immediately if you notice either of these signs:
  - Decreased or no fetal movement after your 20th week
  - You have any unexplained fever

- Get a copy of all culture test results and keep them with you!

- Plan ahead if you have short labors or live far from the hospital. Ask about a late 3rd trimester penicillin shot as a possible safeguard. (Note: This is not a widely accepted strategy.) **The IV antibiotics you receive in labor generally take 4 hours to be optimally effective.**

- Tell your provider if you are allergic to penicillin. There are antibiotic alternatives.

- Know that "alternative medicine" treatments such as garlic or tea tree oil have not been proven to prevent your baby from becoming infected. Some are unsafe.

- Avoid unnecessary, frequent, or forceful internal exams. **Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby.**

- Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before “striping” (also known as “sweeping”) membranes.

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### WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your care provider. Remind him or her of your GBS status. Report any fever.

- Go to the hospital immediately. Have all test results with you. Be sure to tell the nurses that you need to start your IV antibiotics for GBS.

- Avoid unnecessary, frequent, or forceful internal exams. **The IV antibiotics you receive in labor generally take 4 hours to be effective. Vaginal or perineal ultrasounds are less invasive options.**

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### AFTER YOUR BABY IS BORN

- If you give birth before you have had 4 hours of antibiotics, the hospital should observe your baby for 48 hours. You can ask about your baby having antibiotics while waiting for the results of the culture. **Note: Recent research suggests antibiotic treatment may disturb the baby’s protective intestinal flora.**

- Breastfeeding can supply your baby with important antibodies to fight infection. However, it is speculated that a few late-onset and recurrent GBS infections are possibly associated with infected breast milk. **It is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure to GBS.**

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**Group B Strep Disease**
**Awareness & Prevention**

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**Symptoms of GBS Infection**

Call your baby’s care provider immediately or take your baby to the emergency room if you notice any of these signs:

- **Sounds** — High-pitched cry, shrill moaning, whimpering, constant grunting as if constipated
- **Breathing** — Fast, slow, or difficult breathing
- **Appearance of Skin** — Blue or gray or pale skin, blotchy or red skin, tense or bulging fontanel (soft spot on a baby’s head), infection (pus and/or red skin) at base of umbilical cord or in puncture wound on head from internal fetal monitor
- **Eating and Sleeping Habits** — Feeding poorly, refusing to eat, not waking for feedings, sleeping too much, difficulty being aroused
- **Behavior** — Marked irritability, projectile vomiting, reacting as if skin is tender when touched, not moving an arm or leg, listless, floppy, blank stare, body stiffening, uncontrollable jerking
- **Body Temperature** — Fever or low or unstable temperature, hands and feet may still feel cold even with a fever

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**Emergency Contact Info:**

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For more information, please visit www.groupbstrepinternational.org
Even though you’ve tested negative for Group B Strep (GBS), learn how to help protect your baby

GBS is a type of bacteria naturally found in the digestive tract and birth canal of about 1 in 4 pregnant women. However, GBS status can change throughout pregnancy and culture tests can show a false negative so it is important to be aware that GBS can infect babies before birth, during birth, and even by sources other than the mother up to several months of age. Women who test negative are not usually treated with IV antibiotics during labor and delivery due to concerns about antibiotic resistance and altered vaginal flora.

You can help protect your baby from GBS (✓ as done)

...DURING PREGNANCY

☐ Ask for the results of your urine culture for GBS and other bacteria which should be done early in pregnancy. If you have already had a baby with GBS disease or have had GBS in your urine at any time during this pregnancy, you should receive IV antibiotics promptly when your water breaks or labor starts regardless of this pregnancy’s GBS test results. Use checklist for GBS positive women instead!

☐ See your provider promptly for any symptoms of a bladder (urinary tract) infection. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. GBSI advocates a recheck (“test of cure”) one month after treatment. GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.

☐ See your provider promptly for an exam and possible GBS testing if you have any “vaginitis” symptoms. Symptoms may be mistaken for a yeast infection and treated incorrectly. Be aware that bacteria can be passed between sexual partners, including through oral contact.

☐ Know that “alternative medicine” treatments such as garlic or tea tree oil have not been proven to prevent your baby from becoming infected. Some are unsafe.

☐ Contact your care provider immediately if you notice either of these signs:
  • Decreased or no fetal movement after your 20th week
  • You have any unexplained fever

☐ Avoid unnecessary, frequent, or forceful internal exams. Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby. Vaginal or perineal ultrasounds are less invasive options.

☐ Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before "stripping" (also known as “sweeping”) membranes.

☐ Ask your provider to not strip your membranes. Procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby.

☐ Get tested between 35–37 weeks even if you tested negative earlier in pregnancy. (If you still test negative, ask your provider about having a new test after five weeks if you have not yet given birth.)

☐ Know that you still need to be tested at 35–37 weeks even if you are having a planned C-section.

...WHEN YOUR WATER BREAKS OR LABOR STARTS

☐ Call your care provider. Report any fever.

☐ Avoid unnecessary, frequent, or forceful internal exams. Vaginal or perineal ultrasounds are less invasive options.

...AFTER YOUR BABY IS BORN

☐ Breastfeeding can supply your baby with important antibodies to fight infection. However, it is speculated that a few late-onset and recurrent GBS infections are possibly associated with infected breast milk. It is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure to GBS.

Symptoms of GBS Infection

Call your baby’s care provider immediately or take your baby to the emergency room if you notice any of these signs:

• Sounds — High-pitched cry, shrill moaning, whimpering, constant grunting as if constipated

• Breathing — Fast, slow, or difficult breathing

• Appearance of Skin — Blue or gray or pale skin, blotchy or red skin, tense or bulging fontanel (soft spot on a baby’s head), infection (pus and/or red skin) at base of umbilical cord or in puncture wound on head from an internal fetal monitor

• Eating and Sleeping Habits — Feeding poorly, refusing to eat, not waking for feedings, sleeping too much, difficulty being aroused

• Behavior — Marked irritability, projectile vomiting, reacting as if skin is tender when touched, not moving an arm or leg, listless, floppy, blank stare, body stiffening, uncontrolled jerking

• Body Temperature — Fever or low or unstable temperature, hands and feet may still feel cold even with a fever

EMERGENCY CONTACT INFO: ________________________________

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________________________________________

Emergency Contact Info:

Have everyone wash their hands before handling your baby. Babies can become infected with GBS by sources other than the mother.

Make sure everyone who takes care of your baby knows the symptoms of GBS infection in babies and how to respond. GBS can infect babies up to several months of age.

Post for quick reference

For more information, please visit www.groupbstrepinternational.org
Save the Date!
June 19-21, 2019
Minneapolis, Minnesota

Plan now to join your colleagues and leading still birth researchers from around the world at
STILLBIRTH SUMMIT 2019

More details available at
www.stillbIRTHsummit.org
June 21-23, 2019
Minneapolis, Minnesota

CALL FOR ABSTRACTS

DEADLINE FOR SUBMISSION: November 15, 2018

Stillbirth Summit 2019 is an educational and networking event expected to draw 300 health professionals and advocates from around the world. Presenters will reveal their latest research findings and participate in discussions about what is needed to improve stillbirth prevention and care.

You are invited to share your experiences and research with this passionate assembly!
ISA 2019
Madrid

4th, 5th & 6th of October 2019
ANNUAL CONFERENCE ON PERINATAL MORTALITY AND BEREAVEMENT CARE
WWW.ISA2019MADRID.COM

Passionate about saving babies lives and supporting families
ME Preg
By Project Alive & Kicking™

The ultimate guide for all things pregnancy!

Check off milestones with My Empowered Pregnancy™ Checklist

Track your baby's kicks and movements with My Baby Movement Tracker

Meditate with My Bump Time

And so much more!


Download on the App Store

www.projectaliveandkicking.org
Tips for Health Professionals When Treating the Mom Experiencing Pregnancy After Loss (PAL)

Compiled by Lindsey M. Henke MSW, LICSW

1. **Understand the Unique Emotional Experience of PAL**
   Many women feel alone and confused when pregnant again after loss. They often feel like they no longer fit into the loss community, but they also feel uncomfortable in the mainstream pregnancy world. Encourage them to reach out to others who have been through pregnancy after loss (PAL) and consider referring them to Pregnancy After Loss Support’s online community at PregnancyAfterLossSupport.com.

2. **Remember the Loss Mom’s Need for Reassurance**
   Women who are pregnant again after a loss often need a great deal of reassurance. Extra doctor’s visits, extended time during these visits, and understanding care from the hospital’s labor and delivery department/emergency room will help reduce some anxiety in the mom, as well as provide attentive care with the added level of reassurance that the PAL mom needs.

3. **Help Reduce Anxieties**
   Doctors’ appointments and ultrasounds can provoke high anxiety for the PAL mom. Most PAL moms received the news and confirmation that her baby had died during a past doctor’s visit or ultrasound check. Taking into consideration that these visits can be stressful and even bring back past traumas for the mom is vital. One way to reduce this anxiety is to begin by reassuring the mom that the baby is alive, either through a Doppler check in the doctor’s office or during an ultrasound.

4. **Provide Concrete Medical Information**
   PAL parents need truthful and concrete medical information about the development and health of their baby. PAL parents might need information repeated or explained further. Please remember to be patient with their questions, as they are not questioning your professional training; they are insecure about this pregnancy and the health of their baby.

5. **Understand that the Relationship between a Loss Mom and Her Body is Complex**
   A woman pregnant again after a loss often has a hard time trusting her body to do what it is supposed to do during the pregnancy and birth of her baby. Her trust in her body has been broken after the loss of her previous baby, and sometimes that lack of trust is accompanied by guilt. Understanding this loss of trust can help medical doctors advise a woman on her birth options, as well as direct the PAL mom to further mental health services if needed.

6. **Know That Risk of Mental Health Disorders are Increased for PAL Parents**
   PAL moms and dads are at an increased risk for mental health disorders, including perinatal and postpartum mood and anxiety disorders. Research shows that women who are pregnant again after a loss report having higher symptoms of anxiety and depression during their subsequent pregnancy compared to those who have not experienced a previous loss. Keep this in mind when assessing if parents need further mental health support and a referral to a mental health therapist or a support group during this pregnancy.

7. **Acknowledge Their Grief and Their Fears**
   PAL parents are often afraid that this baby will die too. Acknowledging their fears with phrases like, “It makes sense you would feel this way,” and “This must be very difficult for you,” can help the PAL parents realize you are empathetic towards their loss and haven’t forgotten how they have arrived at this place of pregnancy after loss.

8. **Know that it’s Normal for PAL Parents to be Hesitant to Attach During Pregnancy**
   Couples who are pregnant again after a loss may struggle with making plans for the baby’s arrival. They often have restrained expectations and use language like, “if the baby lives,” PAL parents may resist attending prenatal and childbirth classes. It is also quite common for PAL parents to refuse celebrations such as baby showers as well as purchasing any items for the baby until he or she arrives. Parents struggle with attaching due to fear of this baby dying too. Remember to normalize this experience for the PAL parents if they question their actions.
Realize One Baby Does Not Replace the Other
Sometimes PAL couples admit to having a hard time realizing that this is a different baby. Encourage the couple to continue to find ways to connect with their child who died in order to differentiate between this baby and the one they lost. Parents need health professionals to acknowledge the loss of their child who died and understand that a new baby does not take away the pain of losing the other.

Use the Child Who Died’s Name in Conversations
When working with the PAL parents, if you don’t know the name(s) of the child/children who have died, then ask them gently. If you do know the name(s), use them in conversations with the PAL parents when appropriate. Using the child’s name will validate the significance of the loss and build trust between the parents and professional.

Understand that Detachment After the Birth Can Be Normal
Feelings of detachment from the baby born after a loss is quite normal at birth. PAL parents report having a hard time coming to terms with realizing that this is a different baby. Like during pregnancy, they also struggle with attaching after birth due to fear of losing this baby too. This detachment should dissipate over time. However, if attachment issues arise that are of concern, consider referring the PAL parent to the appropriate resources for support to help build a secure attachment for both baby and parents.

Educate Yourself and Your Patient on Emerging Resources for Support
Studies have shown that peer-to-peer relationships have been a significant source of support for women who experience perinatal and postpartum mood disorders as well as bereaved parents (specifically for those who have lost a child during pregnancy or within the first year of that child’s life). Encourage the PAL parents to connect to other PAL moms and dads through in-person support groups or reputable online support communities such as Pregnancy After Loss Support.

Anticipate Anxiety During Early Parenting of This New Baby
Professionals working with PAL parents should expect the parents to experience anxiety over the health of a baby born after a loss. Be patient and understanding. Acknowledge their concerns and gently remind them that this is a different baby, constantly reassuring them about the health of the baby, as long as the baby is healthy. Also, be mindful of the PAL parents’ history of loss and use your professional judgment to determine if all that is needed is extra reassurance. If the PAL parents are suffering with larger underlying issues, including postpartum mood and/or anxiety disorders, for which they are at higher risk, refer them to the appropriate resources.

Sources


Mills, T., (2014). Improving support in pregnancy after stillbirth or neonatal death: IMPs study. School of Nursing, Midwifery and Social Work at the University of Manchester. 1-10.

O’Leary J, Thorwick C, Parker L: The baby leads the way: Supporting the emotional needs of families’ pregnant following Perinatal loss. 2nd edition. Edited by Ragland, K. Mpls, MN; 2012

Jalen's Gift Support Groups
www.jalensgift.org

Jalen's Gift Support Group
This group is for families that have experienced the loss of their baby. There are no words to explain such pain. We understand the pain oh too well. You are not alone! Please join us.

Jalen's Gift En Espanol
Nuestro grupo ofrece apoyo a padres de bebés fallecidos en el embarazo, en el parto o después de nacer. No estas solo. No hay palabras para explicar el dolor.

Rainbow Babies Group
This group is for families that are currently pregnant, trying to conceive or have delivered their rainbow baby. Pregnancy after a loss is devastating with a roller coaster of emotions associated with it. Come and join our group to ask for advice and support through this new journey.

Jalen's Gift Kids Group
This group is for children, kids and teens that have experienced the loss of a loved baby. Sometimes, we forget that they grieve too. Starting in January we will be starting our kids face to face grief support.
Jalen's Gift Support Groups
www.jalensgift.org

I will carry you!
This group is for families that were told in their pregnancy that their baby is "Not compatible with Life" but chose to continue with their pregnancy. The journey of not knowing can be devastating and you are not alone.

Heartbreaking Choice
Jalen's Gift Foundation
Heartbreaking Choice
This group is for families that were told in their pregnancy that their baby is "Not compatible with Life" and made the difficult decision to terminate their pregnancy. You are not alone. We have a secret FB support group. To join please email me at admin@jalensgift.org and let me know you would like to join the Heartbreaking choice group.

Jalen's Gift Nurse's Group
This group is for our nurses that are there for us during the most devastating times of our lives. There are and will forever be a part of our journey. Nurses grieve too and this group is designed to bring the nurses together and to work together as bereavement nurses.

You are not alone!
Who can parents turn to when given bad news about their baby?

**Baby Loss Family Advisors™ & Baby Loss Doulas®**

*Our Independent, well-prepared, certified one-to-one caregivers can—*

- **Comfort, Listen** and help **Navigate** soon after the news, while in the hospital, and/or beyond. Act as a **Parent Advocate** while supporting the good work of the staff.
- **Guide and Advise** in helping to create personalized plans that include: what might happen next, decisions, options, and short and long term consequences...
- **Serve** partners, families, and staff via email, text, phone and in person, if possible.

**“Helping to MINIMIZE REGRETS and MAXIMIZE MEMORIES while honoring each baby’s sacred life”**

To FIND one of our ‘Navigator-Advisors’ visit our website: [www.babylossfamilyadvisors.org](http://www.babylossfamilyadvisors.org)

For Local Metro help— Our Website and/or SLF Peer Support Program 952-201-8667

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Dear Families,

- Please feel my hugs! I wrote EMPTY ARMS and other books for you!
- I am sorry you are here now. It is so unfair when a baby dies—no matter the circumstances, gestation, or size of your baby.
- I know from 3 personal experiences what an unbelievable tragedy this is. Amazingly, I survived and still hold my beloved babies in my heart. I wish the same for you.
- If you can, don’t rush into labor or important decisions. SLOW things down and begin to prepare. Remember, this is all the time you get! Make the most of these precious hours/days. Show your love, meet your baby, **BE the Parent** you are. You get no do-overs!
- And if you need help in the days ahead, you can find it on my website and from our Baby Loss Advisors. [www.BabiesRemembered.org](http://www.BabiesRemembered.org)  [www.BabyLossFamilyAdvisors.org](http://www.BabyLossFamilyAdvisors.org)

**Love & Hugs,** Sherokee Ilse  (Mama of two living children and three who live in my heart).  
SherokeeIlse@yahoo.com  952-201-8667
**The Anguish of Loss**  
**Sherokee Ilse**  
Published by Fairview Press

**The Anguish of Loss** is the ultimate resource to sensitise all those who want to understand the turbulent journey of grief. A thoughtful present for yourself or a friend in need.

"What a gift to those who are experiencing grief and to others seeking that depth of emotional understanding! Through the use of sculpture and minimal words, The Anguish of Loss allows the reader to move beyond the intellectual concepts of bereavement and enter into the loss experience: the raw, naked anguish of those long, lonely months. It is powerful and beautiful." - Sister Jane Marie Lamb Founder, National SHARE

$14.95

**Anguish DVD**

Julie’s sculptures set to music present the process of bereavement with drama and emotion. This powerful DVD show must be seen bybereaved families and all professionals who work with them. $100 DVD, includes music $45 rental

**Anguish cards** - 3 selections, use for sympathy, comfort cards, an anniversary card, or frame them. $2.00 each

**Remembrance Cards**

Flower/Scenery cards - variety of colorful pictures taken by Sherokee during her travels. All are signed on the back. Tell us if you prefer flowers or scenery, then we’ll select them for you. Here are a few samples in B&W. To see some in color, look online. Blank inside $3.00 each or 5 cards for $14.00

**Blanket of Grief**

One-on-One support at the time of loss. If you know of parents having a loss, tell them about Baby Loss Advisors®/Loss Doula®. These are well-trained, well-healed bereaved parents and birth professionals who can act as advocates, companions and guides to parents getting bad news. With intense training and knowledge of resources, they support parents over the phone, via email or in person.


**The Anguish of Loss**

Julie Fritch with Sherokee Ilse

**Inservices, Conference Speaker, Consultant**

Sherokee Ilse is an internationally known consultant, author and educator on the subjects of birth and infant loss. Her personal experience and her genuine concern are reflected in her unique presentations. She has conducted over a thousand seminars in most US states, Australia, Canada, Japan, New Zealand, and the UK. Some of her more requested talks:

- *Perinatal Loss 101: Building Awareness, Sensitivity, and Practical Care*
- *Beyond the Basics: Caring for Families During and After A Loss*
- *Empty Arms - Supporting Families*
- *Giving Care, Taking Care: Support for the Helpers*
- *Couples Communication: Healing Together*
- *The How To’s when a Baby Dies: Guidance for the Care Provider*
- *High Tech, High Touch: A Physician’s role*
- *Family Care: the needs of the Entire Family*
- *Sibling Grief*
- *The Gifts of Grief*

**What people are saying about attending...**

"I feel like we sat and had tea all day as we talked and talked.

"What an honor to be with Sherokee and to hear her first hand after enjoying her books and using them with bereaved parents."

"Very informed, humorous, passionate, and easy to learn from.

"... excellent, dynamic speaker."

**From one of her most recent seminars**

"We had Sherokee speak at our annual 'Beyond Sorrows Seminar'... She gave a fantastic presentation and was able to connect with both healthcare workers and funeral directors. The audience responded and interacted with her in a way that we had never before seen at prior seminars. We highly recommend her!" - Handel Funeral Chapels, Minneapolis

**Remembering With Love:**

**Messages of Hope For the First Year of Grieving And Beyond**

Sherokee Ilse and Elizabeth Levang, Ph.D

Published by Fairview Press

A comforting gift for anyone grieving the loss of a loved one - offers compassion, comfort, support and guidance during the lonely and painful times of one's grief.

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Stephanie Api, Ph D and Sherokee Ilse

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A poor or fatal prenatal diagnosis is devastating news, sure to reverberate through a family’s life forever. Emotional and the practical implications are difficult to navigate. The Prenatal Bombshell is a warm, reliable and understanding companion guide through the journey once the decision to either continue or to end a precious pregnancy has been made. Issues such as: birth planning, meeting the baby, creating memories, saying goodbye, future babies and the long journey ahead of such a traumatic experience are covered in detail. For those who terminated their beloved baby, there is no judgement...just guidance and support. For those who continue, help is offered to change the focus to being present and embracing the rest of the pregnancy. The lived experiences of others who have ‘been there’ are also included to provide hope, support, and guidance throughout.

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I Hardly Knew You...What Happens Next?

DVD/CD for staff and patients. Plus written handouts. $25.00

Offers practical advice for how and why to slow down the planning process before induction. To be shown at the clinic, doc’s office, or in a hospital. Promotes ‘home time/preparation time.’ Take home copies of video available and also downloadable.

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DVD/CD and downloadable from website. $12.00

Offers practical advice on what families feel and specifies on how to help. After watching this, family and friends will know how to help. Plus written handouts.

**Couple Communication After a Baby Dies**

Sherokee Ilse and Tim Nelson

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Beneficial for couples at home, in counseling, or in support groups, the last portion of the book offers a place to keep notes, answer questions, and to promote conversations.

**What’s New?**

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Another Baby? Maybe... Thirty Most Frequently Asked Subsequent Pregnancy Questions
Sherokee Ilse and Maribeth W. Doer $5.00

The authors, who have lived through their own losses, share the most common concerns, issues, and questions parents face when considering another pregnancy and living through it. Suggestions, advice and a bibliography make this booklet a must!

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For professionals and lay people who give of themselves, and must be reminded to make time to ‘fill their own wells.’

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This guide needs to be shared with families the minute they learn of the bad news, along with the humane care and good medical information from their care providers.

Empty Arms: Coping With Miscarrage, Stillbirth and Infant Death Surviving the first hours and beyond
Price $12.95

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Newly Revised 2013

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Sherokee Ilse and Elizabeth Levang, Ph.D
Published by Fairview Press

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An affirming gift for anyone grieving the loss of a loved one - offers compassion, comfort, support and guidance during the lengthy and painful times of one's grief. “...poignant, insightful, and inspirational, this book helps the bereaved through suffering to hope and healing.”

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Dear Families, Friends and Care Providers,

Do you wonder which book families need to read right away to help them make decisions? ‘Grief’s Arms or When Here Means Goodbye’ Do you wish you could evaluate your current program and update it? (Learn about our new Babies Remembered Consulting Practice.) Do you wish you could slow down the process from the time of diagnosis to the baby’s birth? Helping families better prepare and take more control instead of letting shock dictate their decisions? Check out our new video packet, “I Hardly Know You, What Happens Next?” and our Birth Planning Service.

Need a couple’s resource? ‘Couples Communication’ Interested in some new, exciting products? ‘The They Were Still Born, SHADE Survival Guide’ Where’s Yours?’ book for baby loss. And have you seen our new Babies Remembered e-Magazine meant to lead you up with advice, suggestions, resources, and new information four times a year? (Magazine available online). We’ve been busy working to support you.

Blessings,
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