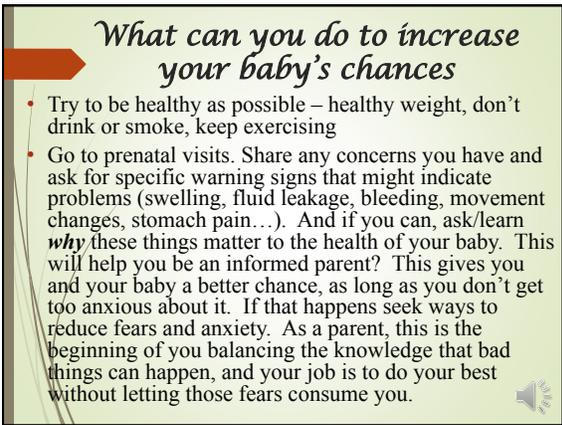


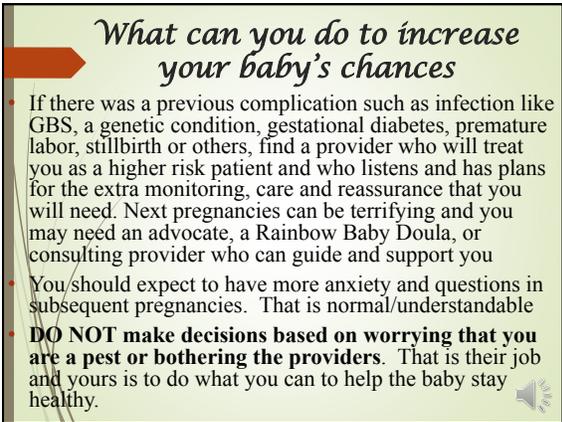
Part 3



What can you do to increase your baby's chances

- Try to be healthy as possible – healthy weight, don't drink or smoke, keep exercising
- Go to prenatal visits. Share any concerns you have and ask for specific warning signs that might indicate problems (swelling, fluid leakage, bleeding, movement changes, stomach pain...). And if you can, ask/learn *why* these things matter to the health of your baby. This will help you be an informed parent? This gives you and your baby a better chance, as long as you don't get too anxious about it. If that happens seek ways to reduce fears and anxiety. As a parent, this is the beginning of you balancing the knowledge that bad things can happen, and your job is to do your best without letting those fears consume you.





What can you do to increase your baby's chances

- If there was a previous complication such as infection like GBS, a genetic condition, gestational diabetes, premature labor, stillbirth or others, find a provider who will treat you as a higher risk patient and who listens and has plans for the extra monitoring, care and reassurance that you will need. Next pregnancies can be terrifying and you may need an advocate, a Rainbow Baby Doula, or consulting provider who can guide and support you
- You should expect to have more anxiety and questions in subsequent pregnancies. That is normal/understandable
- **DO NOT make decisions based on worrying that you are a pest or bothering the providers.** That is their job and yours is to do what you can to help the baby stay healthy.



What can you do to increase your baby's chances

- **Trust your gut/instincts/sense of body and baby's health.** Raise concerns to providers (each one you speak with) in a calm, respectful manner, if possible (this can decrease defensiveness and improve their desire to help you.) It's okay if it turns out to be nothing, you are then reassured. At least you didn't just do nothing when you were worried.
- **We often don't listen to ourselves and get in our own way.** It may be challenging because you are not used to trusting your gut. But you have the power to start making changes on behalf of your child. Trust that you can deal with the fallout, if there is any. When you sense something is not right that is happening to your body or your baby, don't second guess yourself. Trust your unease and translate your thoughts and needs into words.
- **BE KIND** to careproviders but persistent and even pushy when you think it is needed.

What can you do to increase your baby's chances

- **Recognize that sometimes mothers feel anxious** and the baby is really okay. Not all babies are in trouble, even if mom identifies worries and has deep concerns. But what is the down side of going in for a check? Maybe only that extra testing will be needed and there may be a decision to induce early (which can cause some problems with baby if too early, etc.) One father stated that they agreed for early induction knowing some issues might arise, but we wanted her to be alive, so were willing to take that risk.
- **Read and talk with others** (doula, childbirth educator, parents, Bereavement Doula, other medical professionals) about issues you are facing or are concerned about such as: GBS, stillbirth prevention, Gestational Diabetes, cord compression, entanglement, short cords, placenta concerns, etc. and/or any symptoms to watch for, as well as things you and your provider might do to help

What can you do to increase your baby's chances

- Movement/kick counting may help**, even if provider does not suggest or recommend it. Some suggestions--
- When you count movements for the same period of time each day (after 28 weeks is recommended and for 30 or 45 minutes) you start seeing patterns and get to know your baby better. Count all movements, but not hiccups
 - I suggest you write down the numbers so you can see/remember the pattern, making it easier to note changes. Go in immediately if you see sudden drops or increases (Don't need call to ask permission). Bring these notes/chart in so provider has some 'data' in addition to your intuition/sense
 - Some believe that excessive hiccups (over 10 minutes and/or many bouts each day) may indicate a problem with baby or cord compression. Extra heart monitoring and other observations could be helpful.

What can you do to increase your baby's chances

- **Learn/ask for the potential consequences** ...for ex. WHY do I need to pay attention and go in if movement changes. Ask for best and worst case scenarios which could mean baby is in stress, or with worst scenario NICU or could die. This helps you be an 'informed' consumer/mother
- **It's important to communicate specifically what you need/want to see changed.** The way to do that is to remove the emotion, and communicate calmly, accurately and clearly (without disdain, anger and disrespect) what you need of them, and what you see as a problem

What can you do to increase your baby's chances

- **If you go to the clinic or hospital due to deep concerns and are turned away or only get a short heart beat check, refuse to leave or go to the ER to get additional care.** You could say something like "If I were having a heart attack and come to the hospital, would you find it acceptable to just check my heart and say - 'Well it's beating, you're fine'? What if my baby is having a life threatening situation here...a heart attack of sorts... shouldn't we investigate this more thoroughly for a longer time? Who do I need to ask permission to get more thorough care?"
- Contact experts or find a website that offers people/advice (GBS Int'l, Star Legacy, Trisomy18...) to get more information and guidance
- Bring in any 'facts' you can like your movement chart, ultrasound picture showing cord/placenta or copies of tests that show you have an infection, etc. Keep asking/demanding care. Ask for a patient advocate from the hospital to have your story/concerns heard, or a charge nurse or the unit manager

What can you do to increase your baby's chances

- **Use Assertive Conversation** when possible (not passive messages which gives them all the power or aggressive ones which can promote defensiveness and a resistance to helping you - they are human beings)
- Try something like... "We don't wish to offend or upset you, but we are quite concerned and convinced that our baby could be (or is) in trouble. We need your help to listen to our concerns respectfully. Please tell us what other options we have to learn more about what is going on and do something about it. We have learned that when Tylenol can not stop/lessen the pain of a headache (or bleeding, or fluid leakage occurs), there may be serious concerns like placental abruption or _____. We are not going home until we have more answers and a plan for having this baby, or dealing with mom's issues or _____."
- "I know other mothers who advocated for their baby who seemed ill and were given care that likely saved lives. I take this seriously. I am asking you to also, please."

What can you do to increase your baby's chances

- "I cannot go home feeling this way. If my baby dies or has serious problems, it will not be on me. I don't give up easily, especially when I am fighting for my child."
- "I'll wait here until someone will listen to me and take my concerns seriously. Please call the charge nurse, unit manager or the President of the hospital. There is something wrong and we need to investigate, not assume that it will fix itself overnight."
- "I want my baby to have a longer check and more tests like...an ultrasound or blood flow test (to check for cord/placenta problems) or to have my blood pressure monitored or to make sure I don't have a placenta abruption or ???"



What can you do to increase your baby's chances

- Know some of the warning signs of medical conditions that could lead to problems with baby or stillbirth:
 - Headache which doesn't go away with Tylenol, RUQ (right upper quadrant) pain, visual changes (think pre-eclampsia)
 - Swelling and pain in one leg (think blood clot)
 - Any concern for loss of fluids
 - Chronic high-risk conditions (obesity esp BMI >40; hypertension before/during pregnancy; diabetes before/during pregnancy)



What can you do to increase your baby's chances

- Know some of the warning signs and things you can do :
 - Sleep on your side (not your back) after about 28 weeks (this appears to help blood and oxygen flow to the baby)
 - Ask to see the ultrasound and inquire where the placenta is, how it looks, and information about the cord – is it tightly wrapped, have knots, short or extra long, etc. While these don't normally cause problems, they can. So asking for extra diligence and keeping an eye on baby in these cases is a good idea (Dr. Jason Collins, Dr. Harvey Kliman and Dr. Alexander Heuzel are experts in this area.)
 - Ask when your provider is 'allowed' to deliver a baby who may not have one of the 7 conditions where early delivery is allowed...if your baby does not meet the 'allowable circumstances' (Dr. James Nicholson is an expert in this area.) you may need to advocate for your baby even harder because of these newer standards promoted by ACOG and March of Dimes



What can you do to increase your baby's chances

- **Realize that not all births are normal and problem free as many people believe.** While unlikely, it is possible this could be a LIFE or DEATH situation. If that is in your vocabulary, it might influence you to do things differently now or in the future.)
- Recognize providers are not perfect and you are not perfect so do your best and ask/expect them to do their best. And mistakes do happen despite our best efforts.
- It is possible that not all doctors/midwives are 'protecting patients.' They may act 'protectively' rather than 'empowering' through education and fully informing mothers. And they have standards and expectations from ACOG, medical boards and the hospital to follow. So don't assume that every decision is focused on the best for YOUR baby, though of course, many are.
- Don't give up. This is your baby, your future, and your life.

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You have been there
since their first **Breath.**
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connection
and insists that they
become
the best that they can
possibly
be.
-- Rita F. Pierson



How do you go on if your baby is injured or dies, especially following less than ideal care?

- Forgiveness and grace
- Prayer/meditation
- A conversation with the provider, if they are willing
- A letter to the doctor/midwife and the administration
- Try to change things for the future and other parents
- Counseling or other healing modalities
- Making the choice to move ahead without satisfactory resolution for your own health. Victim or victor?
- Letting love (for your partner, yourself, and your baby) rule the day, not anger, frustration, and regrets



Today I decided to forgive you.
 Not because you apologized, or because you acknowledged the pain that you caused me, but because my soul deserves peace.

Najwa Zebian

Awakening People



Thoughts from an OB Doctor who also has had a stillbirth

“From a physician perspective, I would say that most of the time, physicians are trying to do their best, and there are only a limited number of ways to know how a ‘fetus/baby’ is doing—virtually all of our markers are just that—markers or risk factors. Many times, even when we are worried about a baby and have a crash C-section, the baby (fortunately) comes out screaming. OB monitoring and detection just hasn’t made a ton of break throughs, so we are really trying to guess which babies are truly in distress...I’ve started telling all my pregnant patients – “If you are worried or you feel like something isn’t right, call us. I’d much rather have you call and let us reassure you than have something going on and you sit at home not wanting to bother us or just assume everything is okay. Trust your gut—if you are worried, I want to know.”

—Dr. Katherine Gold





A Love Song

The mention of my child's name
May bring tears to my eyes,
But never fails to bring
Music to my ears.
If you are really my friend,
Let me hear the beautiful music of his name.
It soothes my broken heart
And fills my soul with love.
-Nancy Williams



Gratitudes

Thank you to the many who helped me create this session and to be a conscientious advocate, including the many unnamed professionals and families throughout the years :

Martj Perhach, GBS Int'l
Dr. Katherine Gold, MD, Ob Gyn, researcher
Dr. James Nicholson, MD
Dr. Jason Collins, MD, Ob Gyn
Parents:
Shannon Renfro, Kristina, Amy, Yadira

Contact me at: Sherokeellse@yahoo.com
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www.babylossfamilyadvisors.org