

Volume 19, Issue 2
March/April 2010

Sharing

touching lives...

healing hearts...

giving hope...



Topic this Issue:

Recurrent Loss

We hope that this newsletter
brings you comfort and hope
for the future.

Dear Friends,

As we begin putting together each newsletter issue, I start preparing an article or some reflecting words from my past experiences. This issue, *Recurrent Pregnancy Loss* truly tears at my heart. As a caregiver, I have supported many families through several losses. I have always said no one should have to go through this even one time, yet some families experience not just a single death but often numerous losses. As I sit with these dear families, I find there are often no right words, yet a constant presence means a great deal. I have learned those who have more than one baby die need extra care and resources as they search for the much-needed answers and determine the next steps.

I am most grateful to Rose Carlson, Share's Program Director, who has so eloquently shared her heartfelt journey regarding the losses of her four, tiny, most loved babies and the struggles of her subsequent pregnancies in this newsletter issue. Not only has Rose had this personal experience but she has supported countless families over the years who have struggled with their recurrent losses. I knew she was the best person to write about this topic. I also appreciate Billy Kutteh, MD one of Share's Advisory Board members who has given us permission to share his article on recurrent pregnancy loss with our readers. Dr. Kutteh is known worldwide for his research and sincere interest in reproductive endocrinology medicine. Thank you Rose and Dr. Kutteh as well as the other wonderful contributors who shared their poems and stories. I trust this issue can provide hope to those on this difficult journey and give some ideas to those supporting them.

I have been working with other professionals throughout the country to plan the upcoming conference, *The International Conference on Perinatal and Infant Death: Partners in Prevention, Advocacy, Research and Support* to be held November 4-7, 2010. For many years, the conference has been called the National Perinatal Bereavement Conference (NPBC) sponsored by the Pregnancy and Infant Death Alliance (PLIDA), for which I serve as vice president. The 2010 conference will be co-sponsored by PLIDA and also The Association of SIDS and Infant Mortality Program (ASIP). This conference will be held in the Washington, DC area at the Old Towne Westin in Alexandria, VA. This historic area is a short few metro stops from the capital mall in Washington, DC, the Smithsonian, and Arlington National Cemetery. Both the conference site and its location offer something for everyone during the formal conference hours and in moments to recharge and relax. Rooms are available at the Westin Alexandria for \$139/night conference rate. Please mention the PLIDA/ASIP conference when you call to reserve.

I am happy to announce I will be providing a pre-conference on *Advanced Support Group Management*. Other pre-conferences will discuss art therapy, perinatal hospice, perinatal depression, and subsequent parenting after loss.

The Speakers Call for Abstracts are available online www.nationalshare.org; submissions will be received from March 15 – April 15, 2010 only. An abstract review panel consisting of both PLIDA and ASIP board and members at large will review all abstracts. Registration forms and information will be available soon, along with a formal announcement of confirmed Keynote and Plenary speakers. We hope to see our Share caregivers in DC!

With hope,



Cathi Lammert, RN
Executive Director



Cathi Lammert, RN
Executive Director



Rose Carlson
Program Director



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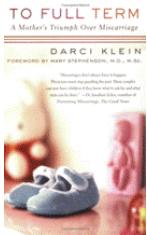
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April 9th

St. Charles Convention Center

Call 636-947-6164 for reservations

13th Annual Share Golf Tournament

September 13th

Bear Creek Golf Course

Email Stephanie at sgrant@nationalshare.org

for more information



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Questions, Tests, and Tears

Written by Cynthia Prest

A basket case. That was me for weeks thinking about my appointment with the reproductive endocrinologist in Chicago. What would she be like? What questions would she ask me? Would I be able to answer her questions? Would she be able to help us?

I drove three hours from my home in Madison, Wisconsin to downtown Chicago. I got the car parked and headed in the clinic. I was running late. I didn't know where I was going, who I was looking for, or which set of elevators to get on. I did have a floor number. I finally made it to the right department and waited a few minutes before being called back. I lugged my bag carrying all 200+-pages of my medical file, along with a two-page summary I compiled the night before of my seven pregnancies. I sat down with the nurse. She consulted the treatment summary from my doctor, but hadn't received my full medical records. I answered personal questions about my sex life, what diseases exist in my family, and whether I have any relatives from Canada. (Huh?) We then went through each of my pregnancies in detail. The summary turned out to be the best thing I could have done. Without it, I would probably still be sitting with the nurse. By the way, I highly recommend to anyone going through medical treatment to get a comprehensive list of both sides of your family history. You'll never know when you'll need to know if your husband's paternal grand-mother had arthritis. Seriously.

I was weighed and pressurized and then taken back to meet with the doctor. She asked me questions about my pregnancy history, medications, and test results. She was interested in every detail. Some of her questions were easy to answer. Were all my babies with my current husband? Yes. Did I have trouble conceiving? No. At what points during the pregnancies did the babies die? I knew that by heart. Other questions weren't so easy. Had I been tested for cystic fibrosis? Not sure. Was I confident about the chromosome test results from the second baby? I don't know - why wouldn't I be?



So many questions about such difficult experiences. What did all of this mean? What was she thinking? Did she know what was wrong with me? After about 20 minutes, she pulled out a piece of paper and wrote her recommendations. I needed more blood work (a lot of blood work) to see if I really have anti-phospholipid syndrome (blood clotting disorder). I was tested for this once in 2004 and had been treated for it throughout my pregnancies. I needed to have the tests repeated. Since I had a living child, the results could now be completely different. No. I needed an endometrial biopsy to see if I have a luteal phase deficiency. This would mean treatment with progesterone. Couldn't I just have the treatment without the pain and expense of another procedure? No, the dosing must be accurate. Due to my extensive use of Heparin (a blood thinner) in five of my pregnancies, I needed to have a bone density scan. I don't remember being told that Heparin affects bone density, but I must have been. Osteoporosis runs in my family. Could I be at a higher risk of having bone damage now? Had I taken this drug to save my babies and destroyed myself in the process?

There was so much information. So much to think about. So much to do. It eventually became too much, and I did what I had prayed I wouldn't. I broke

down. The stress of all the questions, reliving each of my losses, and feeling more and more confused took its toll. I dreaded doing this, prayed I wouldn't do it. I couldn't help it - the tears came. I sat with my hands covering my face, tears running down my face. I heard the doctor push a box of tissues toward me and apologize for upsetting me. She then continued with her questions and ideas. I tried valiantly to pull myself together and get through the rest of my appointment. The doctor showed me slides from her research and explained something about the differences between miscarriages at 6 weeks and those at 10 weeks. I don't remember anything she said. The last ten minutes of our time together is a blur. I agreed to work with my doctors at home on her recommendations. We discussed the merits of taking progesterone in the absence of a test. She cautioned against using serious medication as a placebo. She requested I track down the tissue from my last miscarriage, which my doctor's office screwed up to the point of making it non-testable. She could do another test, at a substantial cost. Thank goodness she wrote all of this down.

I was left with more questions. This doctor challenged my deep-seeded, perhaps erroneous, belief that a highly invasive drug is my savior. The savior is wielding a double-edge sword. Save the

baby, sacrifice the mom? This changed the framework I have had for years that Heparin injections kept my son alive. Maybe that had nothing to do with his survival. Considering I lost three babies using that same treatment, it makes sense that isn't the cure. What value will these tests bring if nothing else is found to be wrong? Do I not take Heparin if the blood tests are inconclusive? Do I take another controversial drug that scares the heck out of me? Do I pursue getting the tissue from my last miscarriage so we can actually determine if the baby's chromosomes were normal or not? If she wasn't, the doctor said she would change her treatment protocol for me, since it's very likely there's something seriously wrong with me. What if my bone density scan indicates my bones are weaker from having taken so much Heparin? Will I not be allowed to use it again? Will I want to use it again?

This doctor did exactly what I needed her to do - she offered new insights, asked lots of questions, and made recommendations. Unfortunately, I didn't come away from the day with more hope, just more confusion. I took several weeks to think about the decision to have an endometrial biopsy. This doctor has researched recurrent pregnancy loss (RPL) for decades and knows her stuff. I believed her when she told me this would help us understand if I have a luteal phase defect. This decision rattled around in my brain for days and days. I talked to a friend who had the procedure recently. I talked to my new OB. She recommended not having the procedure exactly for the reasons I feared - the pain and the inconclusive results. She simply handed me a prescription for the treatment - synthetic progesterone. I thought about how many procedures I have had over the six years I've spent trying to have children. All the doctors (some known, others strangers), exam rooms, the time off work, the pain medication, the time spent curled up with a pain that medication can't heal.

The answer came to me easily one day. I can't do it. I refuse. I will not have this procedure. The trauma to my body and my psyche is too much. I'll take the progesterone, absent the proof of need. I'll face the specialist to tell her I won't do this thing she thinks I should do. I'll do what I feel is in my best interest, despite the rational argument that taking medication is a risk, should be dosed properly, and may not help.

Because thinking about the alternative - the PROCEDURE - is more than I can bear.

One of the frustrating things about RPL (there are many) is the unknown. The body's ability to create life is still a mystery, especially when it isn't successful. Some doctors are willing to test, others aren't. Some give out medications without proof, relying on the concept of Tender Loving Care, which is big in the reproductive medical community. It translates into "give the woman whatever she wants when she wants it - ultrasounds, beta HCG test, medication that may or may not help." Show compassion, listen to her, answer her questions. Giving us something to feel like we are DOING SOMETHING is supposed to help alleviate the fear and anxiety that comes with being pregnant when you've had RPL. Unfortunately, the tests are usually inconclusive and often lead to more tests. We submit to blood tests, painful procedures, talking to insurance reps who think RPL is the same thing as infertility and infertility isn't considered a medical condition, scheduling appointments, praying for approved referrals, waiting for nurses to call, not getting to talk to our doctors, taking medication.

Subsequent tests revealed that I do not have evidence of a blood clotting disorder. That, along with my bone density scan showing some deterioration already, my specialist strongly advised against taking Heparin. I knew that was going to be the result and I already resigned myself to the idea of not taking this drug that I relied upon so much. It's a relief now that I won't have to endure injecting myself in the belly every 12 hours.

So, I've done all the testing I can. My previous OB, new OB, fertility specialist, and recurrent pregnancy loss specialist have done all they can do. My thyroid tests have me stabilized on a dosage. I have the prescription for progesterone. I received test results that I have no medical reason to do Heparin. There are no other tests for me to do, no more procedures. I'm now faced with making a decision. I've been able to put my pregnancy plans on hold since September while I've worked with my specialist to find reasons to treat. I didn't have to make a decision about getting pregnant because my specialist told me not to. It was comforting to not have to make a decision about this. I've

made a decision to get pregnant seven times. The joy and excitement of making that decision, throwing out the birth control, imagining that we're creating a baby...it's all gone. I now dread the decision.

Since my life was changed on July 29, 2003, I've developed a spirit of living in the moment and taking things as they come. I now have to monitor when I ovulate so I can start taking the progesterone at the precise time within my cycle. It will now become a project that will consume my ever waking moment. I will have to look at all the other obligations in my life and figure out when I can work this one in. I will be going to the doctor every several days for HCG tests, thyroid level checks, progesterone checks, and the ultimate terrorizing experience...ultrasounds.

After taking a break from pregnancy, I'm stronger now. I've learned that I'll bend, but I will not break. I still wonder...am I up for this? Do I want to do this again? Can I handle another pregnancy? Do I want another child that badly? Can my marriage survive another pregnancy? Can I be the wife, mother, employee, friend, support group leader, human being that I want to be while I'm consumed with being pregnant? So many questions that only I can answer, and with time, I'll make the decision to conceive again when it feels right. I know, without a doubt, that one more pregnancy will be my last. Perhaps that's why I've been putting off making the decision, since I know there is finality in it. I want another child; I also want my sanity. I want to enjoy my life - the life I have now, not the life I dream of having. I try to live every day choosing hope...believing that the best is yet to come...knowing, even though not quite believing, that I can survive anything. I do hope to have another child some day, and for the first time since this nightmare began, I know I'll be okay if I don't.



In loving memory of Alex, Amelia, David, Elizabeth, Gabe and Madeline.

Thank you for your Gifts!



In loving memory of...

Margie Alexander
By: Robert Boschert
By: Laura and Scott Ilgenfritz

Baby Ashmore
By: Terry Quattrociocchi and Aaron Ashmore

Baby Bahl
By: Rebecca Bahl

Baby Baird
By: Sarah and Cameron Baird

Owen Michael Backer
Miss you on this Christmas. Love Grandma and Grandpa Ball.
By: Ted Ball

Dear Baby Owen: You are 6 months old in our hearts where you will stay always. We miss and love you so much but know we will hold you forever in Heaven. God Bless you, little man! Love, Mommy and Daddy.
By: Julie and James Backer

Wesley and Matthew Bielamowicz
By: Michael Bielamowicz

Christopher Robert Birkholz
By: Les and Heidi Birkholz

Griffin Brase
By: All Saints PSR
By: Chris and Steven Daigle
By: Mike and Conni Knobbe
By: The Employees of the Bank of Franklin County
By: Shawn and Mindy Tihen

Baby Luke D'Amore
A life so brief, A child so small, You have the power to touch us all.
By: Diane Dalrymple

Aidan and Jack Baratta
Merry Christmas beautiful boys. We love and miss you everyday. Love, Mommy, Daddy, Ryan and Max.
By: Kelley and Mike Baratta

Nathan Michael Batstone
Miss you always my seet baby. Look forward to holding you one day in heaven. Love Mommy
By: Melanie Batstone

Sydney Elizabeth Bijur
By: Anne and Matthew Bijur

Herb Boschert
By: Robert Boschert

The Two Calcari Babies
Merry Christmas sis! We love you so much and are happy to donate to this wonderful cause in memory of the 2 Calcari babies!
By: Cory Carlson

Bobby Christoffers
Merry Christmas! We love and miss you.
By: Michael and Collette Christoffers

Emma Elizabeth Clohery and Four Moran-Cloherty Angels
By: Maureen Moran

Baby Cooke
By: Mary Jo and Chris Guinn

Ron Decker
By: Robert Boschert

Jacob Douglas
Too fragile and pure for our world, her lives on in our hearts.
By: Scott and Sarah Johnson

Phoebe Johannah Duffley Taylor
You are forever in our hearts. Love-Mom, Dad, Naomi & Lydia
By: Chris Taylor and Sarah Duffley

Karen Esposito
By: Anthony Esposito

Hope Falter
By: Richard and Pamela Falter

Madeline Elizabeth Fontaine
We love you and miss you.
By: Thomas Fontaine

Caroline Frazier
In honor of our Caroline's 3rd Angel Day. Three girls-one in our hearts, one in our arms, one on the way.
By: Greta Frazier

Aidan Robert Gard
By: Nadia and Robert Gard

Patrick James Green
We miss you everyday Pooky Bear.
By: Virginia Green

Maizy Lynn Gordon
In memory of our precious angel, our granddaughter. We love you baby girl.
By: Pam Gordon

Nicholas Matthew Huggins
By: Matthew and Marjorie Huggins

Gabriel Michael & Rebecca Grace Jeffries
We love and miss you both so much! Love, Mommy, Daddy, Cole and Abigail
By: Kelli Ann Jeffries

Keira Olivia Jones
By: Rochester Clinical Research

Keira Elizabeth Keady
By: The Segal Company

Thomas Christopher Kemner
By: Margaret Raich

Audrey Hope Keinrath
Our hearts ache because you are not here. Please know we love you beyond words. Love, Mom, Dad, and your sisters.
By: Pete and Tracy Keinrath

Baby Kroll
In memory of our son, baby Kroll (7/21/08).
By: Andrea Kroll

Ida Claire Lanier
With love and support to Ida's family, Will, Janelle, Annie, and Ethan Lanier. Thanks to Share for your support to this beautiful family.
By: Barbara Lanier

Katie Jane Lawler
To our beautiful granddaughter with her perfect little feet...until we join you "over the rainbow". With Love, Grandpa and Grandma
By: Mark and Sarah Fredricksen

Joseph Michael Margherio
By: Mike and Diane Margherio

Makena Christine Moss
Sleep with the angels, Baby Makena
By: Danica and Jack Hendrickson
By: Mr. and Mrs. Petar Lucich

Payton Edward Motre
By: Brent and Shelley Motre

Paige Newberry
By: Ronald and Cheryl Fauquher

Joseph Pezold
By: Marian Jungermann

Sawyer Pontz
We are sorry for your loss.
By: Greg and Kammye Matz
Allison Grace Powell
In loving memory of our daughter,
Allison Grace Powell, 5-14-2002
By: Twyla Powell

Jacob Douglas Przybylski
By: Alper Services LLC.

Joshua Redington
By: Michael Redington

Jacob Reising
By: Jason and Shannon Reising

Nevaeh Elaine Richardson
So sorry for you loss. Nevaeh will not be forgotten.
By: Mike and Dianna Bridgins

Steffen Matthias Roth
Our firstborn son, January 9-20, 1999
By: Engelbert and Bonnie and Chloe, Liam and Matthew

Our Loved Grandson
By: Diana and Ray Cheshire

Matthew and Melissa Scheller
By: Bruce and Linda Scheller

Aidden Schuler
In loving memory of little Aidden whose life was short, but full of hugs and kisses!!
By: Annie and Chris Regan

Jordan, Cameron, and Conner Schneider
By: Stuart and Beth Schneider

Chantal Lue Shirley
By: Francoise and John Shirley

Andrew James Stege
By: McChesney & Ortwerth LLC.
By: James and Jennifer Stege
Kevin and Elizabeth Malloy
By: Keith and Patricia Pallardy
By: Heather Pallardy

Lillian Kate Stinson
By: Ryan and Kelly Mebust

Frances Raymond Stockmann
By: Anne Phelps
By: Affton High SSD Staff

Zaida Love White
You and Zaida are in my thoughts and prayers. May God watch over all of you.
By: Carola Girvan

We are deeply sorry for your loss. You will remain in our thoughts and prayers.
By: Internal Medicine Residency Program

I am truly sorry for your loss and you will continue to be in my thoughts and prayers.
By: Nancy James

No words can express our sorrow towards both of you. All things happen for a reason and it is so hard to understand all of this. Our love and prayers always, Mom and Dad
By: Donald and Margaret White

Alina Rose Young
To my granddaughter Alina Rose, I miss you and wish you were here with all of us to celebrate Christmas. To run and jump and laugh with your brother Brady and cousin Adam. I know you are in the arms of our heavenly Father and you are loved beyond measure. With all my love, Grandma and Mr. Scott
By: Patti Kenney

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Laura Matlock
Terry Toomey
Rick and Carla Feldmann
Walk For Remembrance and Hope, Peterborough, NH.
Christine Kirchoff
Susan Mosquera



With Gratitude

Share thanks those who have so graciously given these monetary donations in memory of a baby, relative, friend, and in honor of all loved ones and through Matching Gift Programs. Gratuitous donations are also accepted from anyone who wants to help Share in its mission. We gratefully acknowledge these gifts, which help us continue to reach out and fulfill the daily needs of bereaved parents. Share's services are available free of charge to bereaved parents, family and friends, or anyone whose life has been touched by the loss of baby.

When you make a donation in memory of a/your baby(ies), please include the name(s) of the baby(ies), the birth/death date(s) and the parents name(s). If you donate in memory/honor of a special loved one, please include their name(s) and pertinent information. A short message may also be included with any donation.

Please remember to include your return address and the addresses of those you wish to receive an acknowledgement. Unless previously authorized to do so, Share will not release any personal information, (address, phone number, e-mail, etc.) except to print donors names in this newsletter. If you wish your name to remain anonymous, please indicate this when submitting your donations.

The Mission

Share's mission is to serve those who are touched by the tragic death of a baby through early pregnancy loss, stillbirth or in the first few months of life.

Six times a year, we share information and ideas from parents and professionals to support and provide a sense of friendship for bereaved parents. We hope you will find this newsletter helpful and that you will share it with others you feel it would interest.

We encourage you to send your personal articles, stories, poems, artwork and recipes to our newsletters at any time. Please do not submit copied, copyrighted, or web articles. The Newsletter Editor reserves the right to edit your personal submission for content and/or length to fit the needs of the particular newsletter edition in which it will appear. Your submission may be used for the current newsletter, or may be used in a future publication. All submissions become the property of Share.

Please include all pertinent personal information so we may identify you and your baby/ies in the respective publication. Your submission grants Share permission to list your personal information with the publication unless instructed otherwise.

Newsletter Submission Guidelines:

1. Please provide title, authors' name and applicable loss information for article submissions. If donating monetarily in memory of a baby, please provide loss information, including the parent's name(s).
2. Submissions must be received no later than the 1st of the month, one month prior to issue month. If you are making a donation and would like to be recognized, or honor a birthday or anniversary, in the most recent edition of the newsletter, then it, must be received by the 10th of the month, two months prior to the publication.
3. Please type your submissions in single spaced, 10 point, Times New Roman or Arial font when possible.
4. Submissions can be mailed to 402 Jackson, St. Charles, MO 63301, e-mailed to mnichols@nationalshare.org or faxed to 636-947-7486.

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Carmel, NY 10512

Recurrent Pregnancy Loss

Written by William H. Kutteh, M.D., Ph.D.

Pregnancy Loss

Miscarriage is the loss of a pregnancy before 20 weeks. It occurs in 20% of all first pregnancies. When it recurs, it is known as recurrent pregnancy loss (RPL). It is estimated that 3-5% of all couples desiring pregnancy will suffer RPL. The experience of a pregnancy loss is both physically and emotionally draining and often results in feelings of grief. A complete evaluation is needed to identify the causes of RPL. The majority of couples with RPL will eventually have a successful outcome.

The Causes of Loss

After a complete evaluation, the cause(s) of RPL can be determined in two-thirds of cases. Identification and treatment of problems significantly increases the successful outcome in most cases. However, a complete evaluation is necessary to identify possible problems. This includes a medical history, history of all prior pregnancies, review of all test results on the couple, evaluation of social and environmental risks, and a complete laboratory evaluation (Table 1).

Genetic Problems

Many couples tend to ascribe RPL to genetic factors, so it is important to emphasize some basic points. There are two broad types of chromosomal (genetic) abnormalities, with the first and most common kind occurring in the baby. This usually involves a problem unique to the particular union of egg and sperm that resulted in a baby that was not capable of survival. This finding has no bearing on future pregnancies in many cases. The second kind of chromosomal abnormality exists in the patient or her partner and may be of concern in all of their future pregnancies. Fortunately, this type of genetic abnormality is discovered in only 3-5% of couples with RPL.

Hormonal Problems

Abnormal ovarian function with decreased progesterone production has been termed a "luteal phase deficiency" and is found in 5-8% of women with RPL. Other hormonal deficiencies that are infrequently associated with pregnancy loss include hypothyroidism, an excess

in the production of a hormone called prolactin, and an imbalance in glucose and insulin. These conditions can be treated medically.

Anatomic Problems

Uterine abnormalities are found in 15-20% of women with a history of RPL. These abnormalities may be congenital (from birth) or acquired in the course of the woman's lifetime. Many of the congenital and acquired abnormalities can be treated with a surgical procedure called operative hysteroscopy. This day-surgical procedure can be used to treat uterine septa, intrauterine scar tissue (adhesions), and growth of smooth muscle (leiomyomas) or glands (polyps).

Immune Problems

The area of immunology has become one of the most controversial in the assessment of pregnancy loss. The causes include autoimmune factors (immune reaction against another) and alloimmune causes (immune reaction against another). An example of an autoimmune disease is rheumatoid arthritis, and an example of an alloimmune problem would be rejection of a kidney after transplantation. Tests for lupus anticoagulant and antiphospholipid or anticardiolipin antibodies are clinically indicated diagnostic tests and are abnormal in 20% of women with RPL. Other tests under investigation include natural killer (NK) cells and embryotoxic factors. Treatment may include the use of a blood thinner, such as heparin with baby aspirin.

Coagulation Problems

Imbalances in the blood clotting system have recently been recognized as an area of importance in RPL. A number of inherited disorders may predispose women to venous and arterial thrombosis and block the blood flow to the developing baby. As many as 15% of women with unexplained RPL may have a blood clotting disorder. These include deficiencies of protein C and protein S, antithrombin III, genetic mutations in factor V and factor II, and hyperhomocystinemia that is often caused by a B vitamin deficiency. Once identified, these conditions can be treated.

Infectious Problems

Infection of the uterine lining or endometrium with slow growing bacteria such as mycoplasma or ureaplasma has also been associated with pregnancy loss in 5-10% of women with RPL. These bacteria can be cultured and treated with antibiotics. Both partners should be treated.

Environmental Problems

Certain habits and occupations may be related to pregnancy loss. It is known that tobacco use of greater than 15 cigarettes per day or alcohol use of greater than 4 drinks per week will increase the chance of pregnancy loss up to two-fold. Also, some studies have suggested that airline attendants, women who are exposed to chemicals in their work environment (such as hair stylists), and women with physically strenuous work may have an increased risk of miscarriage. Nontraumatic exercise, intercourse, and normal daily activity do not cause miscarriage.

During the Evaluation

The couple is counseled not to become pregnant while the reason for their past pregnancy losses is being investigated. The couple is advised to use barrier contraception until all test results are back and any necessary treatment plans are made. The entire process requires about six weeks, which approximates the time of physical healing after a loss. The emotional healing may take considerably longer.

Dealing with Pregnancy Loss

The loss of a pregnancy at any stage can result in feelings of grief. Some patients decide they do not want to conceive again, most commonly because they feel that they cannot deal with another loss. Some couples may want to take a few months to sort out their feelings. Couples with recurrent pregnancy loss usually have a greater sense of fear anticipating what might occur in a subsequent pregnancy. Other couples often feel a lack of control over their lives.

It is important to emphasize that the couple's relationship with each other is just as important as the bond either or both may feel with their unborn child. In many cases, the stresses associated with

DIAGNOSIS AND MANAGEMENT OF RECURRENT PREGNANCY LOSS

pregnancy loss may serve to strengthen the bond of marriage. In other couples, there may be the false hope that a child will help to save a failing marriage. One partner may place blame on the other, or one partner might believe the other is placing the blame on him or her. Some individuals feel profound guilt and blame themselves for past indiscretions. These couples may be directed to appropriate bereavement resources for support and counseling.

With Your Next Pregnancy

Couples are instructed not to engage in any activity that will result in guilt or blame if they have another loss. This may include travel, certain work-related activities and even intercourse in early pregnancy. Optimal medical care and support are important early in pregnancy, especially in the cases of multiple early losses. As a pregnancy progresses, interventions which are appropriate based on the prior history and risk level should continue. Emotional support and reassurance are important throughout the pregnancy. Our work with over 4,000 couples with RPL indicates that 70-75% will ultimately have a successful pregnancy.

Etiology	Diagnostic Evaluation	Abnormal Result	Therapy
Genetic	Karyotype partners	3-5%	Genetic counseling Donor gametes
	Hysterosalpingogram	15-20%	Septum transection
	Hysteroscopy		Myomectomy
Sonohysterography	Lysis of Adhesions		
Endocrinologic	Midluteal progesterone	8-12%	Progesterone
	TSH		Levothyroxine
	Prolactin		Bromocriptine, Dostinex
	Fasting insulin : glucose		Metformin
	Day 3 FSH, estradiol		Counseling
Immunologic	Lupus anticoagulant	15-25%	Aspirin
	Antiphospholipid Antibodies		Heparin + Aspirin
Thrombophilic	Antithrombin deficiency	10-15%	
	Protein C deficiency		Heparin + Aspirin
	Protein S deficiency		(? low molecular weight heparin)
	Factor V Leiden mutation		
	Factor II (prothrombin)		
Microbiologic	Hyperhomocysteinemia		Folic acid
	Cervical cultures	5-10%	Antibiotics
	Psychologic	Interview	Varies
Questionnaire		Counseling	
Iatrogenic	Tobacco, alcohol use	5%	Eliminate consumption
	Exposure to toxins, chemicals		Eliminate exposure

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Paradox of Happiness

Written by Amanda Hayward-Draper

In 2005, we had our second child. Our son Callum was born at 33 weeks after a very long, very complicated pregnancy. He was 3 lbs, 11 oz and had the softest, fluffy blonde hair. Callum lived for 40 hours, and died in our arms. Our family was devastated and I felt so cheated out of knowing our little boy. I was convinced we would never, ever want to have another baby.

For a long time after his death, we didn't. My arms ached so much for him and I just wanted my baby – I wanted our little boy back. I remember telling friends and family that I would not ever go through this again. Another pregnancy meant the chance to bring home a new baby, not my baby that I was missing so much. I didn't want another baby at all. There were many days where I couldn't imagine being able to love a different baby the way I loved him.

I don't know when it changed, but sometime around 8 or 9 months later, I realized that my arms were aching not just for him, but for a baby to hold. I wanted him back still, but I was realizing that I could love a new baby, too. We started to talk about trying again. I was very scared that we would have another loss, but at the same time I was able to believe we would bring a baby home. Surely, this couldn't happen to us twice.

A few days before Callum's first birthday, we found out we were expecting again. It was such a very difficult time emotionally – I was excited that we were pregnant but I was still completely devastated by the anniversary of Callum's birth and death. We didn't wait to tell our parents and closest friends, as we needed all the support we could get.

Things were going well with the pregnancy. I started to relax a bit after 12 weeks, which was when we started having problems with Callum's pregnancy. I started to believe that it would be ok, and allowed myself to imagine this baby was going to come home with us. I strongly felt we were having another boy, and was excited at the thought of finally knowing what it would be like to have a son in our house. We started to talk about names, and told other people about our news.

At 16 weeks 4 days, I began haemorrhaging. We lost our second son, who we named Shea. He measured 12 weeks.

I was so angry and felt so hopeless. I felt terribly guilty that our son had been gone for weeks, and I hadn't known. I wondered what we had done to deserve this, twice. Our family and friends were supportive, but at the same time, didn't really understand how I felt. Many people assumed that because we were earlier in the pregnancy, it would be easier this time – some people even expressed that they were thankful it had happened so early, not like the last time. This was the furthest from the truth for me. When we lost Callum, I was heartbroken and nothing about it was easy – but I was only grieving the loss of him. When we lost Shea, I lost so much more – I grieved for Callum all over again, I grieved for the loss of Shea, and I began to doubt that we would ever have a healthy baby again. I lost hope that good things could happen for our family, and I lost the belief that I could have control over what happened in our lives. I was not thankful that he was gone sooner than Callum – I was angry that I had less time, less memories, less mementos, and fewer people who felt a connection to him and shared in our loss. I felt like I lost who I was as a Mom, and a wife.

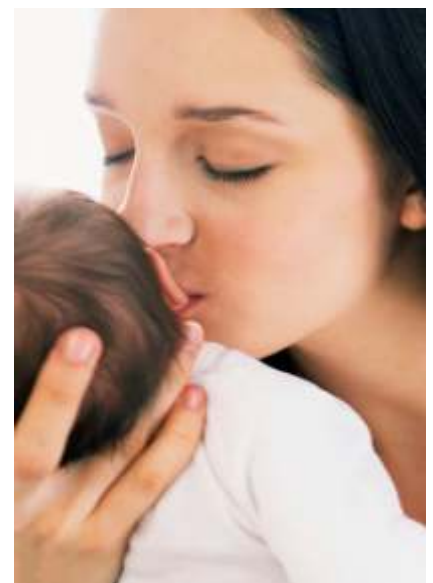
Unlike when we lost Callum, I immediately felt I had to try and become pregnant again. I think that without even being conscious of it, I had decided that if I got pregnant as soon as possible, I could have him back. As if maybe, if I got pregnant right away, his spirit would still be close enough to me, that it would be him again. I was consumed first by tests – blood clotting disorders, thyroid problems – anything I could convince my doctor to test me for. When nothing was conclusive and we were given no reason for the loss, I became consumed with getting pregnant – temping and charting and anything else I could do to make it happen as quickly as possible. It was a very long and scary year of trying to conceive, and I began to fear that I would never even get pregnant again. I didn't even allow myself to worry about the pregnancy yet.

When we finally were pregnant for the

fourth time, I didn't know how to feel. I was relieved we had conceived after many months of wondering why it was taking so long, but beyond that I was numb. I wanted to be happy and I wanted to share that with those close to me – but if anyone expressed too much excitement it upset me – while I wanted it to be a normal, happy pregnancy if anyone seemed to suggest to me it was, I was angry. How did anyone think this was going to be a happy ending, when I wasn't sure I could believe it myself? I stopped talking to many people outside of my Share friends about what I was feeling or thinking, partly because I was so ashamed of my lack of hope. Some days I would find myself thinking about how to paint the baby's room, and other days I would be thinking about how this time, if my baby dies, I want to make sure I get hand moulds.

Our third son, Mitchell, was born healthy in Feb 2008, 3 years after we lost Callum. It took me many weeks to believe he was even here, and the fear that he might suddenly be gone was with me for much longer.

Our lives have been so blessed by our two living children, but also so deeply touched by our two who are not here. It is such a paradox to be so happy, and still feel so sad at the same time. I often feel guilty when I look at what I have in my life; guilty for missing my boys so much when I have two beautiful children with me, and guilty for enjoying my life with them so much when there are two gone.



Close to Giving Up

Written by Rose Carlson

Throughout my years at Share, I have shared bits and pieces of my story here in the newsletter and our blog when something I have experienced related to certain topics. But, I have not written the complete story, and when Megan and I chose this newsletter topic, I knew it was time. It should come easy to me...I love to write, and this is a topic that is close to my heart. Yet it didn't come easy. I shed many tears while writing, but I persevered. While it is a story filled with difficulties, stumbling blocks and fears, it is also one of hope...and those of you who are dealing with this situation may know that holding onto hope can be quite a formidable task.

So much has changed over the years in the way miscarriages and recurrent pregnancy losses are handled and treated. And so much more is now known as to why some women repeatedly miscarry. I will admit that I sometimes wonder if my experiences are even relevant to those of you who are just now going through the heartache and challenges of multiple pregnancy losses. Yet while many things *have* changed, the feelings and fears we all have, or have had, are universal whether the miscarriages happened in recent months, or years ago. When I first began volunteering and then working at Share, I was frequently amazed when I talked to moms who shared their feelings with me because they so closely mirrored those I once had. I had virtually no support at the time of my losses and thought I was abnormal...crazy even. I have now been at Share for nearly eight years, and I still find it comforting to know that I wasn't crazy back then...that many others feel and have felt almost the exact same way I did back then.

My losses occurred over a span of 8 years; in April, it will be 17 years since the last one. They ranged from

happening at 6 weeks to 12 weeks. In between those four losses, I gave birth to my son Brandon, who will soon be 19. There were two before him, and two after. After the first two, I was led to believe by my doctors that miscarriages are common and nothing to be concerned or worried about. I was told they are just "bad luck." I was "reassured" that 25% of all pregnancies end in miscarriage...everyone has a miscarriage...the next pregnancy will be fine...this one wasn't meant to be...there was probably something wrong with "it." I'm sure you've all heard *that* statistic and *those* platitudes, and most likely, you despise hearing them just as much as I did. Once I gave birth to my son, I naively believed that I had experienced *my* bad luck and that from then on, things would be smooth sailing.

But the waters were far from smooth. While it took some time to become pregnant with Brandon, we became pregnant the first time we tried again. And I miscarried at 12 weeks. While the pregnancy had been full of problems for

nearly the entire time, my doctor assured me that all was well, and since I had made it to that magical 12 week point, I thought everything would be okay. A month later, I was pregnant again, and I miscarried that baby at 10 weeks. It was diagnosed as a blighted ovum, and I was told by everyone, including the nurse in the surgery center as I waited for a D & C, that I should be relieved and comforted by knowing that it wasn't really a baby at all, just an empty sac.

Relief and comfort were the very last things I was feeling. Anger, fear, and more anger were what I was feeling, but relief? No. Comfort? Definitely not. In four months, I had lost two babies. How could I feel any comfort in *that*? Fear and anger consumed me. I was angry at everyone...at the woman I knew who was pregnant with twin girls, yet smoked all through her pregnancy...at my doctor...at my husband...at God. I feared for my future.

Most of all, more than anything, I wanted answers. My doctor, who was truly



wonderful in so many ways, didn't think it was necessary to do any testing since I hadn't had three miscarriages in row and I had a living child. However, I can be very persistent when I need to be, and I convinced him to do the tests anyway. So began the months of testing...some were as simple as having blood drawn. Others were pretty invasive, not fun and to be honest, downright painful. I still can't believe sometimes the things I willingly subjected myself to. Yet nothing was shown to be amiss, and I dreaded the "Good news, Rose!" calls from my doctor. He was always happy that nothing was wrong, yet I *wanted* something to be wrong. To everyone I knew, that sounded ridiculous. It sounded ridiculous to me, as well. I wanted something to be wrong because I wanted answers. Of course, I wanted it to be something simple. And fixable! I could not accept that there were no good reasons why my babies had died. Yet the answers and reasons I so desperately wanted were not there.

After all of the tests were complete, it was time to decide if we wanted to try again or if I could be content with having only one child. I really struggled with the decision. I say "I" rather than "we" because my husband left it up to me, and I hated that he did that. I wanted to try again, yet I didn't. I seemed to flip flop daily. One day, I would think that I would do whatever I had to in order to have another baby. The next, I would call my doctor and tell him I wanted my tubes tied. The poor man...he put up with a lot from me! Thankfully, he told me in one of my crazy moments that no way would he perform a tubal ligation when I was in the mental turmoil I was in, that if that is what I truly thought I wanted, then I would have to find another doctor.

While I knew that my heart could not take any more anguish, and I wasn't sure my marriage could either, what was even harder was giving up hope...giving up on my dream. I struggled with that more than anything. Before I began my quest for motherhood, back in my good old innocent days, I naively thought that you got pregnant and nine months later were in a sun-drenched hospital room gazing lovingly at the precious baby in your arms swaddled in a pink or blue blanket, surrounded by bouquets of flowers. We had talked about having several kids, and I naively thought that it was up to us how many children we had.

Well-meaning friends and relatives tried to make giving up on that dream seem less painful by saying things such as "you

need to be thankful for the child you have and move on." My doctor tried to make giving up on that dream seem less painful by telling me to "think of those who can't get pregnant or have a baby at all." Neither of those well-intentioned sentiments helped make giving up my desire to have a houseful of children any easier. Yes, I felt very blessed that I had my son. I don't know how I would have made it through that dark time without having him to hold and love and take care of. But, did that mean that I could not long for other children? Did that mean that my heart could not ache for the children I should have but did not? I felt like I was going crazy, and I can say pretty confidently that most everyone would have readily agreed with me.

Finally, after much soul searching and praying, I realized that I just couldn't try again. I decided that I needed to be the best mom I could be to my son, and I didn't feel as if I was being the mom that he deserved to have. I called my doctor and told him I wanted to start taking birth control pills. I cried on the way home from the pharmacy because while I knew it was the best decision for me and for my family, it wasn't the path I really *wanted* to take. I didn't *want* to give up on my dream, yet I felt I had no choice. And I felt like such a failure...I had failed at the one thing that is supposed to come so naturally to women. But, at the same time, I felt more peace than I had felt in a long time. I even felt a little bit of relief that I was getting off the emotional rollercoaster I had been on. I was feeling so many conflicting emotions, yet I knew in my heart that I was doing the right thing.

I still had a few days before my cycle would start, so I left the pills in the bag in a kitchen cabinet, dreading the day that I would begin taking them. It turned out that the decision was ultimately out of my hands. Before I had a chance to start taking the pills, I found out I was pregnant. I was excited, and I wasn't. I ran across the street to show my friend the positive pregnancy test. I was crying, and she thought it was because I was so happy. Really, I was crying because I didn't think I could do it again. I was crying because at that point, I felt like another miscarriage was inevitable, and I knew that another loss would destroy what was left of the cracked and battered person I had become. It seemed like a cruel twist of fate that I had finally made a decision that I felt somewhat good about, and now....I was hopping back on the roller coaster.

The bleeding started within a couple of days, and I was a mess. Some days, I could barely force myself to get out of bed. I couldn't help but think "here we go again." That pregnancy was my most challenging one yet. I went to a specialist who diagnosed low progesterone, and after an extremely difficult pregnancy that included lots of bleeding, sometimes more than weekly doctor visits with two different doctors, preterm labor, eight weeks of bed rest and pre eclampsia, our long-awaited and hoped-for second child arrived healthy and screaming. While I knew that I would never forget what I had been through, he brought hope back into my life.

And amazingly, within the next few years, we had two more children. Two perfect little girls, and their pregnancies also were full of problems. I often look back upon those years when we were trying so desperately to have children, and I am amazed that we have the family we have now when I was so close to giving up. When they were all little, I remember many times being out at the zoo, the park, the mall, or even Walmart with all of them and having people say things to me like "Wow, 4 kids, glad it's you and not me!" or "You have the perfect little family...2 boys and 2 girls." Once, when I was on a walk around my neighborhood with my 2 boys, the youngest of whom was only 11 months old, someone I didn't know looked at my pregnant belly and said "Oh, you poor thing!" I couldn't help but think how the people who made those remarks really did not have a clue...that they were naïve like I once had been and probably thought having babies came easily for us.

I often think back on those days when I had that overwhelming fear of never having the family I imagined I would have. I remember the feelings I had of utter helplessness and hopelessness, and I remember how I often would feel anger towards those who were trying to be hopeful and positive. However, I also remember how much I wanted to read a story like the one I have just written...I wanted to read about happy endings and feel hopeful that I would one day have my own. If sharing my story gives even one person who reads it hope for the future, then it was worth the tears I shed writing it.



Phoebe

By Chris Taylor

Images and metaphor fall short
You are gone
From our arms
Our embrace
You are GONE too soon

How I long to hold you,
Soothe you,
Engage your eyes
Show you this blessed world
YET you are gone too soon

I wish to hold you through your mother's belly
To feel you move,
Kick,
Dance
to the sound of my voice
But you are gone TOO SOON

My heart is broken yet the void that remains has somehow been filled
Filled with love...
for you...
from you...
to you
Yet YOU are gone too soon

For you have lived in my heart,
but not my hands
Your feet have never walked,
yet tread heavily around my soul
You ARE gone too soon

Too soon the void where my broken heart lives has been filled with....
With what? My words fall short
YOU are gone too soon

You are loved Phoebe – little star – you are loved

I taste the fruits of Jiva and Atman's tree
I cry with the roar of the lion
Then crumble in the knowledge that you will no longer grow
For you are gone too soon...too soon...too soon

In loving memory of Phoebe Johannah Duffley Taylor, born still on November 7, 2009. Chris is also the father to Naomi, age 5, Lydia, age 3, and two miscarried babies, Issac (March 17, 2004) and Eve (February 7, 2009).

For You, Adam, My Son

By Wendy Beane

I'm missing you,
I cannot sleep, I
feel the world has shattered into two
the day I lost you.
I cry, and I weep,
I experience that pain.
Your face runs through my mind
I miss you every day.
I miss your hands,
I miss your feet,
I miss your sounds,
I miss your nose
that just like mine.
I miss your mouth
always chapped like daddy's.
I miss your hair
so soft and smooth to the touch.
I miss your eyes,
wandering as they were.
I miss your ears,
they were their own kind.
I miss your warmth,
I held you and I was warm.
I miss your breath
so cool, it meant you were still alive.
I miss your heart
that steady sound I held close.
But most of all
I miss you.

In loving memory of

Adam Beane

October 1 - October 13, 2009

National Share Office
402 Jackson St
St. Charles, MO 63301
T: 800-821-6819
F: 636-947-7486
www.nationalshare.org
info@nationalshare.org



Mother's Day & Father's Day Card Order Form

For a minimum of \$15.00 donation each, send your loved one a card to commemorate Mother's Day and/or Father's Day. Each card will include a keepsake poem and your memorial message. The memorial messages will be included in *Sharing* as well as listed on the For Parents page of the Share website.

Please select the style you wish to send: Mother's Day Father's Day

In Loving Memory of: _____

Memorial Message (Please PRINT clearly; 50 word max): _____

From: _____

Payment Information:

Enclosed is my gift of: \$25 \$50 \$100 \$250 \$500 \$1000 Other \$_____

Check # _____ VISA MC

Account # _____ Exp Date _____

Name _____

Signature _____

Billing Address _____

City/State/Zip _____

Phone _____ Email _____

In order to guarantee delivery on or before the holiday, orders must be received by the following dates: Mother's Day—April 23rd Father's Day—May 28th
Orders will still be accepted after those dates, but on-time delivery will not be guaranteed.

Thank you for your order!

Book Reviews

To Full Term: A Mother's Triumph Over Miscarriage, By Darci Klein

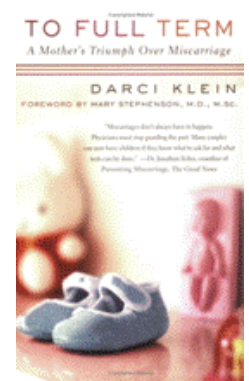
Reviewed by Rose Carlson

After Klein endured the premature birth of her living daughter, two miscarriages, and the birth and death of twins at 20 weeks gestation, she decided to take matters into her own hands when she became frustrated with the lack of concern on the part of her doctors. Her overwhelming desire for answers led her to research, review literature, ask questions, and learn everything she could that would hopefully help her

to prevent another pregnancy loss.

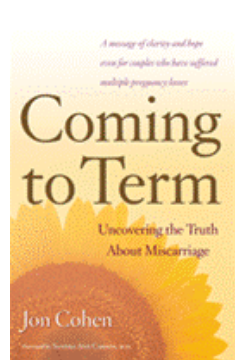
To Full Term is beautifully written book that weaves statistics, facts and research about recurrent pregnancy loss with journal entries Klein wrote throughout her subsequent pregnancy with her son Sam. It does not delve into grief issues, but if you are someone who has experienced multiple pregnancy losses and are at the point of wanting to try again, it is

a wonderful book containing valuable information that will empower you to become your own advocate and do every thing you can to have a healthy full term pregnancy.



Coming to Term: Uncovering the Truth About Miscarriage, By Jon Cohen

Reviewed by Rose Carlson



Jon Cohen is a science reporter, and after his wife experienced four consecutive miscarriages, he set out on a quest to discover as much accurate and comprehensive information as he possibly could. He interviewed experts on genetics and recurrent pregnancy loss. He analyzed the validity of scientific studies. As a result of his diligent fact seeking and

questioning of experts, *Coming to Term* provides detailed information about why and how conception and miscarriage occur, explains the latest scientific studies and theories relating to miscarriage and explains common and not so common treatment options. He does all of this in a way that makes complex biological and medical explanations understandable and easy to read.

Along with the medical information and scientific findings, there are stories and anecdotes from 12 different couples who have exper-

enced miscarriages and then went on to have healthy babies, both with and without medical intervention.

While this book does not deal much with the emotional aspects of recurrent miscarriages, it is a must read for anyone who has experienced multiple pregnancy losses with no clear-cut answers as to why. It will give you not only a wealth of information, but will also arm you with the hope you may need to try again.

After Miscarriage: Medical Facts and Emotional Support for Pregnancy Loss, By Krissi Danielsson

Reviewed by Rose Carlson

This is a book I wish I would have had after my miscarriages. Danielsson covers all aspects of miscarriage. She presents the medical facts about the many different causes as well as tests and treatments in easy to understand terminology. She also explores emotional coping strategies and ways to face the world when most people do not understand the grief that often follows miscarriages. There is a



chapter written for those who may be supporting someone who has had a miscarriage which talks about the things one should never say to a grieving parent. There is also a chapter with special tips and considerations for fathers. Finally, she explores the challenges

associated with trying again and going through a subsequent pregnancy. Danielsson does a fantastic job of weaving the medical facts with the emotional aspects of miscarriage along with sharing stories and anecdotes from bereaved parents. It truly is a comprehensive guide to understanding everything you need to know if you have experienced miscarriages.

Safe Arrivals

Michael & Megan Heddlestone are proud to announce the arrival of
Brooke Nicole Heddlestone
Born December, 22 2009 4 lbs 11 oz 18 inches long
Watched over with love by her sissy in heaven Danielle Nicole Heddlestone 2/19/98

Ryan & Heather Daffron are proud to announce the arrival of
Liberty Rose Daffron
Born January 15, 2010 7 lbs 12 oz 20 ½ inches long
Her big brother Brett and her big sister Avery are so proud and happy to have her safe and at home. She is also watched over by her big brother Brendon and her big sister Ellie in Heaven.

Matt & Maggie Stockmann are proud to announce the arrival of
Molly Jean Stockmann
Born January 29, 2010 8 lbs 3 oz 21 ½ long inches
Watched over by her brother Frankie.

Events Across The Nation

5th Annual Bowling for Brooke Memorial Benefit

-Mending the Broken Hearts of Grieving Families-

Date: Saturday, March 27th, 2010
Time: 09:30 PM, Check in 8:30 PM
Place: SKORE Lanes
22255 Ecorse Rd
Taylor, MI 48180
313-291-6220

Entry Fee: \$25.00 per person. Includes 3 games 9-pin no-tap, Pizza, Mystery, Door prize entry, Shoe rental, prize fund and a Donation to Metro Detroit Share Group

Raffle tickets will be available for a variety of prizes.

Special Note: Last Year was a sell-out....register quickly to reserve your lanes!!!!

Please contact Angela or Eric Winton at 313-292-6768 if you are interested in participating in the event or making a donation.

Donations should be made payable to Metro Detroit Share Group



34th ANNUAL CONFERENCE NATIONAL ASSOCIATION OF PERINATAL SOCIAL WORKERS

At the Zermatt Resort in Midway, Utah

All registration must be done on-line at
www.regonline.com/775000SLC



Share Night at the Blues
Game
Thursday, March 25, 2010 at 7
p.m.
St. Louis Blues vs. LA Kings
Maxwell House Coffee Mug
Giveaway Night
Scottrade Center in St. Louis, MO

\$20 per ticket

Help us reach our goal to sell 100 tickets!
Call the office at 800-821-6819 to purchase tickets or
to receive an order form.

Events Across The Nation

The International Conference on Perinatal and Infant Death

Partners in Prevention, Advocacy, Research, & Support

Presented by:

The Association of SIDS and Infant Mortality Programs
& The Pregnancy Loss and Infant Death Alliance

www.asip1.org

www.plida.org

Washington, D.C. ◇ November 4-7, 2010



Commitment is what transforms a
promise into reality.

◇ Abraham Lincoln ◇



33RD National Conference
Arlington, Virginia
JULY 2-4, 2010

2010 BP USA Gathering

Little Rock,
Arkansas
July 9-11, 2010



Accommodations:

The Holiday Inn Airport Conference Center in Little Rock

3201 Bankhead Drive, Little Rock, AR 72206

Phone: 501-490-1000 or 800-HOL-IDAY

www.holiday-inn.com/lit-airportcc

This beautiful hotel has offered us discounted room rates for \$99.23 per night (*including all taxes*) which applies from July 5th to July 14th, before and after our event for staying over and sightseeing. Make your reservations directly with the hotel by calling 800-HOL-IDAY. *Be sure to ask for the BP/USA Gathering rate.* The hotel provides free shuttle service to and from the Little Rock Airport and other downtown attractions.

Start making plans NOW to attend!

The Bereaved Parent "Gatherings" are a unique time of inspiration and healing. You will find yourself surrounded by old and new friends in a comfortable setting. Informative Speakers and Inspiring Workshops

For more information, or to volunteer to help, contact

Gathering Chair Linda Bates at 501-939-2275

or email bpusagathering2010@yahoo.com

"Reflections of Love, Visions of Hope" is the theme of The Compassionate Friends 33rd National Conference which will be held in Arlington Virginia July 2-4, 2010. The event will be held at the Hyatt Regency Crystal City promising a beautiful venue for the 33rd TCF National Conference. Independence Day will not only feature our Walk to Remember, but will include a world-class display of fireworks over the National Mall, visible from Arlington.



Share

Pregnancy & Infant Loss Support, Inc.

touching lives... healing hearts... giving hope...

Share Your Thoughts

Share joins the blogosphere! Check it out at nationalshare.blogspot.com



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<http://nationalshare.org/subscribe.html>



Help us Update *Bittersweet...Hello, Goodbye!*

Thank you so much to everyone who has submitted their special poems, stories, songs, pictures and artwork. There are still some things we are looking for, however. We want to include rituals from all religious faiths and cultural practices, and while we have received a few non-denominational ideas, most of what we have received so far is either Christian or Judaism based. We would also like to have a section of the book

devoted to memorial gardens (large and small), and while we have received a few, we would like to have more. If you have created a special garden in memory of your baby, please consider pictures as well as stories about the significance the plants and/or ornaments you chose. You can email your submissions to rcarlson@nationalshare.org or mail them to National Share, Attn: Rose, 402 Jackson St., St. Charles, MO 63301.

(If you are mailing your submission, please burn any photos to a CD.)

May/June 2010
Mother's Day/
Father's Day
Deadline: April 1

Some parents find that honoring days like Mother's and Father's Day can be challenging. Please share ways you have found hope through these holidays. Have you received something unique, given something special, honored a new tradition, taken a vacation, or taken a break from these days? Share your story, poem, or creative expression for Mother's and Father's Day.

Deadline: April 15

July/Aug 2009

Finding Hope

Deadline: June 1

Submit your stories, poems, recipes, and artwork to:
rcarlson@nationalshare.org

We encourage you to share your thoughts, feelings, ideas, poems, recipes, artwork and stories no matter what the designated topic. Your input is important to the creation of each newsletter.

National Share Office
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Share Pregnancy & Infant Loss Support, Inc.

presents the

Eighth Annual Angel Ball

Friday, April 9, 2010

Saint Charles Convention Center

Saint Charles, Missouri 63303

1920's Regalia or Cocktail Attire Requested

For reservations call 800-821-6819

