

▶ Monthly Newsletter

Healthcare Professionals Feel Loss Too

Volume 2, Issue 4, July/August 1997

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*Praying today that
in the silent moments
you will find peace
in knowing God's
promises are true.*

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▶ Healthcare Professionals Feel Loss, Too

I hope everyone is having an enjoyable summer despite the grief some of you are enduring. I guess the summer months will always be somewhat bittersweet for me as it is the time of year that I lost Jonathan. I always wonder what he would be doing when I see children playing at the park, swimming, and running around outside. Would he love playing ball like his big brother? Would I have enrolled him in water babies (swimming lessons)? Would he like playing with all the neighborhood toddlers? And now I wonder what he would think of his new little girl cousin who was born June 6 and lives next door.

This recent addition to our family has brought about many emotions among all of us. I wasn't quite sure how I would handle her birth knowing it would be a joyful yet painful experience for me. I truly give credit to the Lord for His peace and strength that enabled me to be with my twin throughout her entire labor and even witness the delivery. I also attribute my strength to the sincere compassion of the nurses and my wonderful doctor who assisted my sister. In the midst of the happy atmosphere, different staff members would quietly ask me if I was okay and were very sensitive to me. Most of these healthcare professionals were also involved in both of my pregnancies and were greatly affected by Jonathan's stillbirth.

I will forever be grateful for the love and support they showed me during that time. There were

nurses who sat at my bedside for what seemed like hours just talking to me and making sure I was okay. I believe my doctor was as devastated as any doctor could possibly be over the death of his tiny patient. I have never harbored an ounce of anger or blame at any of these people thinking they could have prevented this. Instead I have developed a deep love for every one of them and pray God's richest blessings upon them for having "...done right in helping me in my present difficulty." (Phillipians 4:14)

Over the last two years I have wondered how a loss affects healthcare professionals. Do they become "hardened" to it or do they grieve as well? For this special issue we received several articles from nurses, chaplains, and nursing instructors sharing what it's like to be on "their side." As you read their articles I hope it will bring about a new admiration and appreciation for those who have devoted their lives to reaching out and helping others.

Rebekah Mitchell

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No Life Too Small

Words and Music by Dennis Jernigan

Little hands; Little feet;
Little smile, soft and sweet,
Tells the world
That a child is conceived!
Woven deep in the womb
Of the Lord's special loom
That no human hand there
Could weave!
Children come. Children go.
We must cherish them so,
For we have no assurance
They'll stay.
Death may come.
They may grow.
Tender care we must show
Even there in the womb
Day by day!

For life is a gift
No matter how small,
Though lived long or short,
It's a treasure for all!
To be loved in each heart's
Deepest call!
There is no life too small!
Every child, a work of art
From the Father's own heart
To be treasured
For time goes fast!

In our arms, in the womb,
In our hearts give the room!
Love is the one thing
that cannot be surpassed!
Every life is a line
In the music of time,
Sung to live
In the heart of the King!
Like the words in a rhyme
Of a sweet lullaby,
Sung as only
Lord Jesus could sing!

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Dennis Jernigan
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Healthcare Professionals and Loss

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Pam Novak Cawley

Health and medical journals are rife with articles and research studies on approaches for professionals to take when caring for a family experiencing the loss of a loved one. One would surmise from the volume of information that health professionals were well equipped with skills to assist families in times of loss and in particular the loss of a pregnancy, preterm infant, and child. However, family and individual stories about encounters with less than caring healthcare professionals in a variety of health professions are still very prevalent. Are these families simply unfortunate in their encounters or are there other variables at work? This article presents some perspectives on the issue, a look at one education solution, and reemphasizes the importance of grass roots support groups in bringing the message of caring and support forward to all health professions.

From a professional perspective, I have worked as a faculty member teaching nursing students for the past seventeen years. From a personal perspective, I am a woman who over a ten year period experienced seven early pregnancy losses, adopted one child, and gave birth to three biological children after treatment for immunological pregnancy loss.

I wish I could tell you, but I can't that as a well informed health professional I stood up for myself every time a health professional communicated in a less than caring way. My focus was on having a baby and my efforts were into that fight. Dealing with uncaring health professionals was often secondary and there was always the residual feeling that, uncaring or not, perhaps these were the people who could help us achieve our dream. In reflection, I am still firmly convinced that the responsibility and accountability for caring communication rests with the health professional and not the client and their family who have considerable events and decisions to make in a time of crisis.

Fortunately, I have seen significant changes being made in relation to loss and healthcare in the past 10 years. Many of the changes were empowered by support groups who would point out very clearly to hospital administrations what families needed during times of pregnancy loss. Through networking and distribution of literature, support groups are now called upon to deliver inservices to health professionals to present the very unique perspective of family. In many cases, support groups are far more aware of new techniques in intervening with loss than health professionals who may need to keep abreast of a wide variety of topics. Seminars on loss are usually very well attended by hospital staff.

From a professional point of view, I started in a small way to make a difference about a year ago with nursing students. I work with junior level students to have them explore the concept of loss, its meaning to them and strategies for intervention early in their careers. Many nursing students express a fear of death and in many cases a loss of someone close to them was a driving force to enter the profession. In some cases, the fear of death and loss is buried in the subconscious and unless a student reflects on it meaning to them it may make it difficult for them to deal with loss in their career with the most common defense mechanism being avoidance. In many stories where a woman has a loss, it has often been the "being left alone by healthcare staff" that has affected her the most. I would suspect that in at least some of those cases avoidance of loss on the part of the staff was playing a part.

In the class on loss, I concentrate on two main aspects: (1) personal meaning of loss and (2) strategies for assisting a family through a loss. The focus in this class is not exclusively on pregnancy loss, but plays a major part in the class, particularly in the family story component.

For the first exercise I have students write out the person or thing most significant in their life. Then I collect the papers, keeping them anonymous, and rip them up and drop the pieces into a garbage can. I then inform them that whatever was on that piece of paper is gone, never to return. For the next 30 minutes we explore how they felt at that moment and how they feel about me as the healthcare worker at the time when it happened, or in this case the healthcare worker that "looked responsible for what happened." Feelings of desolation, powerlessness, denial, hopelessness, and extreme anxiety are most commonly identified. Students report that they find it difficult to concentrate and think at that moment and they are overwhelmingly sad even though they realize rationally this is "just an exercise." The most predominant feeling expressed towards me as the healthcare worker is anger. This exercise gives students with very different loss and life experiences a universal experience together and in reflection will assist them in looking at their own loss experiences and feelings associated with past events.

In the second and longer exercise I randomly distribute stories donated from families and individuals on internet pregnancy loss support groups (infanlos, spals (subsequent pregnancy after loss), and pal (parenting after loss)) and from some newsgroups (alt. grief as an example). The stories represent both excellent, average, and poor role models in the healthcare field. This gives the students a chance to look at what went right or wrong in the support for that family,

how families see some of the tasks that healthcare professionals may view as routine, and most important, how often communication is at the root of what goes right and wrong in a situation. Some are examples of professionals that cannot be described as anything but uncaring and this gives the students a chance to describe actions they could take if this happened to them with a co-worker being the example of the poor role model.

In the classes that I taught, I cannot think of one student whom I would consider an uncaring individual. So, what happens between the time these enthusiastic individuals graduate and examples of uncaring behavior start showing up in these "expert healthcare professionals"?

There are as many answers as individuals, but there are probably a few common themes and variables. Some of the variables are summarized below:

1. Levels of Health Professionals

While education is not a guarantee of caring or the reverse, the fact is that there are many levels in the health professions. Nursing is probably the most diverse in terms of levels with education ranging from one year to eight years for an advanced degree. All registered nurses receive a minimum of two years of education and many have degrees. Generally speaking, when you identify an ultrasound technician, an x-ray technician, and a physician, you can usually ascertain where they fit in the health system, but with nursing the range is extremely wide. The main point of this is that it is difficult at times for the client to determine who is caring for them. Since it is often impossible to prepare for a loss in advance, "who said what" may become a blur. While uncaring actions are not excusable, in some cases individuals may be working without much in the way of education in loss along with a range of supportive techniques. When giving feedback about care received, if at all possible try to be a specific about the who, what, when, why, and where, if possible, whether the feedback is positive or negative. It is important for hospitals to know what is done right and perceived as caring by the client and what could be done better from the consumers eyes. While we may not like to think of healthcare as a business, in many respects it is a business and it's important to remember who is the consumer.

2. Stress and burnout

Working as a health professional, regardless of level, is highly stressful and demanding. For some individuals, uncaring behavior may be a component of on the job stress and burnout. Again, as with the first component, it is important to give feedback, both positive and negative, to the individual or hospital involved. In many cases, this may aid in recognition of an individual for giving quality, sympathetic care, recognizing that certain areas are understaffed, or indentifying the need for additional education or realignment of areas and staff.

3. Choice of Specialty

As with any job, professionals choose their specialty as an area in which they would most enjoy working. Using maternity and labor and delivery as an example, most individuals do not choose this specialty due to the "losses" that may occur. Usually the rewards of this specialty are in working with the new family. Loss may be in the back of the mind, but not usually first and foremost. Fortunately, education in loss and ongoing inservice work is usually mandatory in

this area. However, other areas where pregnancy loss and preterm labor occurs, such as the emergency room and general ward settings, education relative to pregnancy loss, particularly early pregnancy loss, may either not be available or as near the forefront as in the maternity/labor and delivery settings.

The intent of healthcare is to optimize the outcome for each client/patient and their family. As many members of M.E.N.D. are painfully aware, sometimes the optimum does not happen. As I stated earlier, support groups have had one of the greatest impacts on the delivery of healthcare during and after pregnancy/infant loss. Through networking, delivery of written materials, volunteer phone calls to the family experiencing loss, and support group sessions, support groups have and will continue to make a significant impact in this area.

Continued support for the family with loss and empowering the family are major functions. If you are uncertain of whether to write a hospital or particular health individual about negative care, I would encourage you, if at all possible, to write or speak directly to your healthcare system. Support groups can be instrumental in helping individual families collect their feelings and thoughts about particular instances and document them in an objective manner. Families who have experienced loss are a large link in an expert system. Without the sharing of stories, both positive and negative, there is a large hole in the system. It is important to remember that families experiencing loss, support groups, and the healthcare system are all in this battle together. No one should have to endure the loss of a child, infant, or "hoped for" dreams bound into pregnancy, but the road to discovery after loss is long and sometimes lonely.....together is usually the better way.

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Judy Frizell

As much as we would like to, pastoral caregivers cannot fix the problem when parents lose children. We cannot even make parents feel better though, if we could, we would feel better. What we can do is be a faithful presence in the midst of a painful process. We can walk through the hard times with them, offer an ear to hear the questions we wish we could answer, reassure them that their grieving is not only normal but necessary for health, facilitate support from others who have suffered similar loss, cry with them, pray for them, and re-present the possibility of hope.

And how does all this affect us? We suffer and we rejoice. Compassion means to suffer with. By God's grace, we are made willing and able to enter into the suffering of these parents. And we stay there for as long as it takes for healing to happen. That is a painful time, for compassion is borne out of love and it is painful to see someone you love suffer, to have no way to make to pain go away, to have no answers. But, of course, there is more to suffer than this. For one thing, past personal losses resurface, just as they always do in the face of new loss. Those of us who have suffered perinatal losses in years gone by are sometimes broadsided by a brief poignant moment, and the resultant tears are tears for ourselves and our own lost

children. Other times, the utter helplessness seems unbearable. And those unanswerable questions, those 'whys" and 'what ifs", can remind us of our own struggles with the mysteries of our faith.

So, when do we rejoice? In the midst of the suffering. We rejoice that our own suffering has given us an authentic voice, has made us wounded healers, has given us courage to enter into this painful process with another, knowing that this is not the end of the story but an important, life-changing part of it. We rejoice that these parents have been courageous enough to embrace their suffering and to ask for the help they need. We rejoice that over and over again healing does happen--gradually. Parents come to value deeply what they once took for granted; they know their lives have been profoundly affected by their child despite his/her short lifespan; they realize that not only was their baby a gift to them but they were gifts to their baby, the only parents their baby will ever have, who can love and pray for him/her as only parents can; they know they will never be the same; and they see that their own ministry which arises from the ashes is a way to honor their lost little one.

We also rejoice that we are so blessed by getting to be there as all of this healing unfolds.

*Judy Frizell
Chaplain
Presbyterian Hospital
Dallas, TX*

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Lyn Craig

I still think about the events of and leading up to July 16 and 17, 1996. I believe god allows the events of our lives and uses them to make us into the people he wants us to be. the experiences I shared with Paul and Lynne Böer touched me deeply and played a big part in making me the nurse I am today.

It all started a few months before Paul and Lynne's baby was due. Lynne's prenatal records were being read by several nurses in L&D one day. As they came to me and I began to read the notes that Lynne had written, I realized why everyone had been reading them with such interest. The Böer's baby had been diagnosed with Trisomy 18. They had obviously put much thought and prayer into some specific requests for the time Lynne would be in labor and then at the time of Michael's birth. I knew very little about Trisomy 18, much less what all could be possible at the delivery. I began to feel something that I couldn't shake or explain. I went home with it on my mind that night and as I awoke the next morning, I knew so clearly that I wanted to be Lynne's nurse when she came in to deliver. I felt that meeting the nurse who would take care of her during labor and delivery ahead of time would help ease some of the fear and uncertainty...but as a relatively new nurse, I wasn't sure how professionally proper or realistic this was. After speaking to my supervisors and having it approved, I knew I had made the right decision when my supervisor said, "I was hoping you'd do this!

We were all finally introduced on Monday, July 15 at Lynne's doctor's appointment. We only had a few minutes together, but I explained why I wanted to be involved and asked them to give it some thought and decide if they felt comfortable with me.

The next day at work, Lynne's doctor called and said he was sending her to the hospital. Michael had died during the night. Lynne and Paul arrived at the hospital a few minutes later and seeing a familiar face, we hugged and once again, I knew that God had intended for me to be here at this moment and I was so grateful that we had met the day before. I was Lynne's nurse until 11:00 p.m. that night as we induced her labor. I slept at the hospital so I could be there if she delivered. The next morning I assumed her care again. Michael was born shortly after noon. You could feel God's presence in that room as Lynne and Paul held him, loved him, and told him goodbye. I have never felt more sure of my calling to be a nurse as I did that day. I think we shared every possible emotion. It was an experience that touched me so deeply that I cannot put it into words. I was grateful to be allowed to be a part of this family's experience which has changed the way I look at nursing. It's not just my job...it's my calling. I don't think I'll ever forget that time or the impact it had on making me the nurse I am today.

*Lyn Craig, R.N.
Labor and Delivery
Columbia Plaza Medical Center
Fort Worth, TX*

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Beki Cecil

As a nurse in Labor and Delivery for many years, I have experienced the total evolution of caring for patients who experience some kind of loss. We have come so far just in the last 15 years. We have come from trying to "shield" parents to learning that helping them to truly bond begins the healing process.

Remember, nurses are people, too. If you had a nurse that seemed uninvolved or distant, she more than likely has her own grief issues. From my own personal experience, I can tell you that your loss affects your caregiver very deeply. We discuss it among ourselves and comfort one another. Most of us remember you for a long time.

*Beki Cecil, R.N.
Labor & Deliver
Presbyterian hospital
Dallas, TX*

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Kay Myers and Jean Russo

I am a professional nurse. My role is caregiver, teacher, and promoter of health. In this role, my expectations are for good and positive outcomes. When something unexpected happens - as a miscarriage, stillbirth, or death of a baby, not only does this sadden my heart, but it also shakes my professional identity.

In the world of obstetrical nursing, my days are filled with happy parents having healthy babies, taking them home to start new lives. When a baby dies, that world is turned upside down. It is a gut-wrenching, painful, horrible "bomb blast" to my goals and expectations, my

role as a professional - to my world. As a professional nurse, however, my immediate duty is to you-my patient-and to your family.

"I'm sending Mary Smith (not her real name) in because she hasn't felt the baby move since yesterday" With those words, I begin to fear the worst. She arrives nervous and scared 20 minutes later and as I walk her to the room, I'm nervous and scared, too....."Please God, don't let it be...Please let everything be okay. Let me find a strong heartbeat. Let this baby be healthy and just sluggish for some other reason....." Thankfully, it usually is--but not always.

It's those "not always" times that I want to write about today because being the nurse for someone who has lost their baby is a very difficult place to be. What do we feel? What can we do? How can we help? For me, several feelings surface. First of all, I feel great sadness for this mother and father. I've never lost a baby of my own but I do have children and I know how deeply you love this baby and how you have looked forward and dreamed of its birth. At the same time that I feel this sadness, I also feel a tremendous responsibility to say and do the "right things" but I don't always know what the "right things" are for you. One thing I must not do is say or do anything that will add to the pain you already feel. I also feel it is very important to prepare you for some of the things you will have to face in the hours ahead. I know from my grief experience, that you are in shock and that none of this feels real yet. I know you will be called upon to make some decisions that will affect you in the weeks and months ahead...some of the decisions you will have to make will seem totally foreign and unacceptable to you...you have never even considered holding a baby that is not breathing and crying but I will try to encourage you to do that. I will tell you that most women who have been through this grief are glad that they did. I will take pictures of your baby and will try to provide you some memories to hold onto in the weeks, months, and years ahead. I will encourage you to do whatever feels right to you. I will also try to help your family. They, too, will be feeling intense sadness and pain, both for you as well as themselves. I will try to slow things down because I know you won't have long with this baby. These are precious moments and will be over in the blink of an eye. I will listen to what you say and pay attention your nonverbal behavior for clues to guide my care. I will hug you...I will cry with you and when this part is over, I will say good-bye to you. But, I won't forget you. Please know that you do not grieve alone. I relive our experience many, many times. I remember you and your loss for years after. The memories of the "happy families taking home healthy babies" melt together, but your experience is imprinted on my mind and heart forever.

I'm probably much older than you. (My babies are now grown. I have been helping mothers have babies for over 20 years.) I have learned that time heals wounds (mostly), that we grow from pain, that joy after loss is possible, but there are scars on your heart that you will have forever. My prayer is that, in spite of the scars, you will experience healing, growth, and ultimately joy.

*This has been the collaborative writing of
Kay Myer, R.N. and Jean Russo, R.N.
Charlton Methodist Hospital
Dallas, TX*

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- [Let's Talk About Heaven \(Children\)](#)
- [Sudden Infant Death Syndrome \(SIDS\) Network \(Internet\)](#)
- [SIDS Alliance \(National Organization\)](#)
- [No Life Too Small \(Music\)](#)

Note: M.E.N.D. has no financial interest in any of these product reviews. The purpose in reviewing them here is to let others know what we have found to be helpful in our own situations so that you may find some comfort in these resources as well.

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Loss and Grief Recovery:


- Help Caring for Children with Disabilities, Chronic, or Terminal Illness

by Joyce Ashton, R.N., Grief Counselor, with Dennis Ashton

Joyce Ashton candidly shares the many sufferings she has endured including infertility, the stillbirth of her first child, a miscarriage, and the death of her fourteen year old son, Cameron. Ashton is a registered nurse at Columbia Medical Center of Lewisville in Lewisville, Texas where she also facilitates the Caring and Sharing Support Groups for parents who have experienced a miscarriage, stillbirth, ectopic pregnancy, or newborn death.

Her book offers many suggestions and wonderful advice for anyone who is grieving and/or facing the challenges of caring for a terminally or chronically ill child. She has included chapters that specifically address issues such as the challenges of a loss, struggling with a diagnosis, caring for a special needs child, and relationships with others.

The author also shares how she withstood her many trials through her faith in God. She quotes several scriptures and includes quotes from other grieving parents. Loss and Grief recovery is published by Baywood Publishing and can be ordered by contacting Baywood Publishers at: <http://baywood.com> or (516)691-1270

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Let's Talk About Heaven

by Debby Anderson

This is a bright and colorful book whose purpose is to help children think about, talk about, and begin to understand what heaven is and what it is like.

Questions such as "Who is going to be in Heaven?", "What will I be like in Heaven?", "What will our forever home be like?", and "What will we do in Heaven?" are explored with scriptural references to support the information given.

You should be able to find this book, that is appropriate for children 4-7 years of

age, in your local Christian bookstore or by contacting:

Chariot Books
David C. Cook Publishing Co.
Elgin, Illinois.

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Sudden Infant Death Syndrome (SIDS) Network

This site (<http://sids-network.org>) contains the efforts of people from all across the United States and around the world pertaining to SIDS and infant loss. There is information about reducing the risks of SIDS, sibling grief, neonatal death, and many resource links.

This page is maintained by Chuck and Deb Mihalko of Ledyard, CT in memory of their daughter, Margaret Joy, who died from SIDS October 23, 1989 when she was 5 1/2 weeks old.

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Sudden Infant Death Syndrome (SIDS) Alliance

This organization is dedicated to eliminating SIDS through research, serving SIDS families, and educating professionals and the general public about SIDS. For more information, you may contact them at:

1314 Bedford Avenue
Suite 210
Baltimore, MD 21208

or call them at:
(410)653-8826 or (800)221-SIDS

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No Life Too Small

Dennis Jernigan. Sheperd's Heart Music.

This song is recorded on Dennis Jernigan's *No Life Too Small CD*. This can be purchased or ordered at most Christian book stores. (The words to [No Life Too Small](#) appear in this newsletter.)

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A Prayer for the Grief Counselor

Lord, guide me along another person's path of grief and sorrow.
Allow me to walk humbly by their side.

Teach me to listen not only with my ears, but also with my heart
Teach me to speak not only with words, but also in silence.
Guide my actions and words that no further pain will be inflicted.
At the end of the visit, give me the strength to cross back over into my life's path
until we journey again.

And finally, help me to accept each person as they are without judging them.

Irene Wolf

A prayer Jean Russo refers to frequently as she cares for grieving families.

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Little Ones So Young and Fair

Little one so young and fair;
Sent from God's love and care,
Born to fill his perfect plan,
Your tiny frame knit by His hand,
You came into our lives one day,
And touched each one in different ways.
I wonder that a babe so small,
Possessed such strength, gave like his/her all,
With silent courage plain to see,
I know you touched the love in me.
And as I watched you day by day,
I sought to know God's will, His way...
Yet when He touched my life with grief,
I asked Him, "Why a life so brief?"
Hush dear child, know peace, be still,
Remember, it's My sovereign will...
This little lamb sent from above,
Has known his/her parents' boundless love,
I blessed him with their words so dear,
And with their presence ever near,
Hush dear child, know peace, be still,
Remember, it's My sovereign will...
I've drawn you closely by my side,
With me forever, to abide!

Jan Williams, R.N

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My Holy Father...

My Holy Father, God of all grace,
I bow in your presence, beholding your face.

At your mercy seat I kneel, as I humbly pray,
"Father, I need my fears and doubts washed away.
Which way do I go, what do I say?
Is my faith really strong, or will it just slip away?
Do I hold to the left, do I cling to the right?
Father, please help me...I can't walk by sight."

Then into my spirit a sweet peace rolls,
Saying, "Child of mine, you trusted Me with your soul.
I am the potter, you are the clay,
I'm molding a vessel, day by day.
Trial by trial, the blemishes disappear.
The colors are wrought, tear by tear.
And when I am finished, then all will behold
A vessel worth far more than silver or gold.
For this my chosen vessel will be one of a kind
Wrought by God's hands, not of human mind.
It will be given the highest esteem
For the marks of the potter can clearly be seen."

"I've given instructions, made by my hand,
Not man's ideas, but your heavenly Father's plans.
Eyes have not seen what is yet to be,
Don't be afraid to trust in Me."

To the right, to the left, which way do you go?
Neither, my children - walk in Heaven's warm glow.
I'll walk close beside you, I'll hold to your hand
One day, My will, you'll understand.

Auline Meek Summers
In Loving Memory of Cecil Lee Meek
11/26/31 - 3/11/97

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Subsequent Births After Loss

Congratulations And Best Wishes!

Allen and Josette Doughty of Euless, TX announce the birth of their daughter, Emily Brooke, born May 10, 1997 while remembering baby Doughty miscarried May 14, 1995.

Lori and David King of Flower Mound, TX and their son, Brooks David, welcome Kaylee Marie, born 8/8/96 while remembering Sarah Ann, stillborn 6/22/95. Kaylee weighed 7 lbs. 2 oz. and was 20 inches long.

If you have had a subsequent birth after loss that you would like to announce, please send the appropriate information to [Rebekah](#)

Birthday Tributes to Our Special Angels

- [Samantha Grace Leising](#)
- [Marisa Angel Ley](#)
- [Michael Joseph Böer](#)

Samantha Grace Leising

In our family we have a tradition of writing a letter on each birthday reflecting on the adventures and milestones of the past year. We then place the letter with a birthday picture in a special book. We only had Samantha for 5 1/2 days and I would like to dedicate this year to her.

On July 30, 1996, your dad and I were surprisingly (two weeks early) and joyfully on our way to bring you into this world. There were some concerns of fluid accumulated in the lung cavity, but tapping and draining the excess fluid should take of the problem.

It's 3:00 a.m. July 31st and we are preparing for a C-section. Our new doctor (specialist) stops for a sonogram before surgery to confirm the fluid and make other observations. This is when he told us of the massive amount of fluid surrounding your entire thoracic cavity and that you had a 25% chance. My first words were "25% chance of what?". It was your chance of living he was talking about. Your father and I just looked at each other in total shock. We discussed our faith and prayed...and prayed. Next thing we know we are in the operating room cheering you on. The doctor tells us "It's a girl". Our cheers got louder. "Come on Samantha, hang in there Sweetheart." The medical team of 12 swooped you up. This is when your dad got his first glimpse of you. I didn't see you till NICU and you were then part of the ECMO unit (heart-lung bypass). Samantha, you were absolutely beautiful and so sweet.

Within a couple of hours, all of your family were here; all of your grandparents, aunts, and uncles. They were here for your special birthday and they stayed right by your side day and night. We all prayed for you, sang to you, told you family stories and just watched you. One day, I think the second day, I was whispering to your and you opened one eye. Thank you.

And, then Samantha, after 5 1/2 days, your sweet body couldn't take it any more. Though I think your spirit tried, it was time for you to go. For the first time, your father and I got to hold you in our arms, "holds" I'll always treasure. After that, the family met in a room and everyone held you. Sam, your spirit and the love you created has touch so many people: family, friends, doctors, nurses, God, and even strangers we have never met. One person you touched very deeply is your sister, Kathleen. We told her the heartbreaking news in a park that afternoon. She was sad, scared, and confused like your dad and I but she accepts this now as we do, and she is very proud to be your sister.

Sam, we've struggled; we've cried; we've rejoiced; we've moved on and honey, we carried you right along with us. You will always be in our every prayer, our every wonder, and our every

"thank you" to God for blessing us with your grace and ascending you to Heaven after life here.

This year has been filled with lots of sorrow, love, strength, belief, and courage for so many people who shared your short and sweet life.

Happy Birthday, my angel.

*Susan Leising
In Loving Memory of Samantha Grace Leising
July 31-August 5, 1996*

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Marisa Angel Ley

Happy Birthday Beloved Angel
You would have been two this year...
We love and miss you so much!
You've changed our lives forever.

*Cindy and Darryl,
Matthew and Michael Ley
In Loving Memory of
Marisa Angel Ley
July 5-9, 1995*

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Michael Joseph Böer

Dear Little Michael Joseph,

We miss you so much and wish you could be here with us. It's hard to believe it's been a year since you came into this world and affected all of us so profoundly. I sometimes still feel as though I've been in the Twilight Zone and question if all of this really did happen to you and to us. And then there are the days when I am very aware of the loss that we bear especially when we are around other babies who are the age that you would be now and the cousins that you would have grown up with. We miss you much then.

Your father and I were given a special gift last year while you were still alive, that of visiting a beautiful mountainous community in New Mexico. The first week of June this year we took your brother and sister there. It was a very special time of remembrance for me and I felt God's and your presence with us. It offered a way to feel connected to you . A place where our whole family had been even if not all at once.

How I long for your dad and I to be able to hold you and have Paul and Maggie get to explore what being your big brother and sister means. I know that won't be until we see each other again. God had a special purpose for you and in your short little life you have caused a chain reaction of goodness to happen - in many different directions. NO life is insignificant as we have truly been made aware because of you. While we feel pain because we miss you and didn't get to know you nearly as well as we would have liked to, we are grateful to have known you for the time that we did.

We love and miss you!

Happy 1st Birthday!

Love, Mom, Dad,

Paul and Maggie

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Silent Comfort

She was so precious
She was so pure
But she will never know
The trials and tribulations
This world endures.

I believe there is a master plan
And Sarah is part of it, too;
Now she is in God's hands
Just like me and you.
Why are there so many questions
And so few answers;
Like driving into the sun
You have to look behind
To see where you have been.

I had a dream last night
And God said to me,
Tell them, till they get here
Sarah is safe with me.

*Written by Todd Walker
In Memory of
Sarah Ann King,
Stillborn June 22, 1995
to her parents,
Lori and David King*

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In Loving Memory...

Gift of Love

Given by Jean Russo, R.N.

Grant Jacob Spachek

Grateful Acknowledgement

M.E.N.D. gratefully acknowledges gifts of love given in memory of a baby, relative, friend or given by someone just wanting to

Stillborn September 29, 1995

Donation in memory of Grant
by his aunt and uncle, Kathryn
and Bill Padilla.

Jonathan Daniel Mitchell

Stillborn June 24, 1995
Cord Accident

Donation in memory of
Jonathan by his parents,
Rebekah and Byron Mitchell
and brother, Byron, Jr.

Donation in memory of
Jonathan by grandparents,
Dennis and Sue Brewer, Sr.

Marisa Angel Ley

July 5, 1995 - July 9, 1995
Placenta Abruption at 42 weeks

Donation in memory of Marisa
by parents, Cindy and Darryl
Ley, and brothers, Matthew
and Michael.

Michael Joseph Böer

Stillborn July 17, 1996
Trisomy 18

Donation in memory of
Michael by his parents, Lynne
and Paul Böer and brother,
Paul, Jr. and sister, Maggie.

Donation in memory of
Michael by friends of the
family, Melinda and Dan
Losey, Katie and Mark.

Sarah Ann King

Stillborn June 22, 1995

Donation in memory of Sarah
by parents, Lori and David
King, brother, Brooks and

help. These donations help us to continue M.E.N.D's mission by providing our newsletter, web-site, and other services to bereaved parents free of charge. Please refer to the page entitled [Contributions](#) for more information on where to send your donations and what information to include.
Thank you so much!

sister, Kaylee.

Gift of Love

Given by Laurie Ottinger. This gift is in honor of Rebekah Mitchell and Lynne Böer for all their hard work in making M.E.N.D. possible. God bless you both!

Samantha Grace Leising

July 31, 1996 - August 5, 1996
Congenital Kyle-thorax

Donation in memory of
Samantha by parents, Susan
and Dan Leising, and sister,
Kathleen.

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Future Newsletter Topics/Submission Deadlines

September/October Topic

Subsequent Pregnancy
Deadline - July 1, 1997

November/December Topic

Surviving Thanksgiving and Christmas
Deadline - September 1, 1997

Stories, poems, thoughts and/or feelings regarding these topics are welcomed. Submissions must be received by the deadline to be considered for publication in the newsletter. Unfortunately, there is not enough room to include all submissions. Choices will be left to the discretion of the editors. Refer to the page entitled [Subscriptions](#) for the appropriate address to send your submission.

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This page was last updated August 19, 1997.

For Questions or Comments, e-mail [Rebekah Mitchell](#).
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