



WISCONSIN PERSPECTIVES

THE FIRST DAY OF SCHOOL

By Kay Falkenhan

I took another swallow from my coffee cup and watched as my neighbor's daughters bounded out the door to the school bus stop.

There was much laughter and chatter that morning as they awaited the bus. They greeted classmates they hadn't seen all summer and shared the highlights of their summer vacations.

And then I spotted him. A little guy — his hair carefully combed and sporting his brand new backpack. He ran the back of his hand across his eyes. To brush away a tear or two, I suspected. He looked excited and frightened like every child on his or her first day of school.

Suddenly, my vision was blurred by the tears in my own eyes. If not for SIDS, our Aaron would be waiting at the bus stop, too. I could "see" him — his strawberry blond hair, his huge chocolate eyes, his chubby cheeks and deep dimples. He would be sporting new clothes, a new haircut and a new backpack — probably Thundercats! I would be feeling the pride and the sadness of every other mother before me as I watched my "baby" head off to school.

I wondered if anyone else remembered. I was surprised that I still felt the loss of what would have been.

I missed him and felt sad he wouldn't come home that afternoon to tell me what he had learned in school today.

But I had to admit that I was better. I was sad but not bitter. I had accepted that I would never be completely over my son's death, there always would be times that the memories — or loss of memories — would tumble around me.

I reached for the phone. I called my dearest friend, another bereaved parent. We talked. I laughed. And life went on. ↩

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RESEARCH REVIEW

DR. RALPH A. FRANCIOSI, MD

RESEARCH REVEALS POSSIBLE CAUSE OF SIDS/SUID/SUDI

By Ralph A. Franciosi, MD - Dr. Franciosi is program director of Perinatal and Infant Pathology at Children's Hospital of Wisconsin, a professor of Pathology and Laboratory Medicine at the Medical College of Wisconsin and serves as the medical advisor to the Infant Death Center of Wisconsin.

The terms Sudden Infant Death Syndrome, Sudden Unexpected Infant Death and Sudden Unexpected Death in Infancy are used on death certificates to indicate the cause of death of infants that die suddenly and unexpectedly. SIDS has been used as a diagnostic term on death certificates since 1975. However, the SIDS diagnosis was based upon an incomplete investigation of the death. For example, not examining the scene of the death and lack of a complete autopsy. Concern was raised about the use of the SIDS diagnosis on death certificates.

In 1989, the National Institute of Child Health and Human Development established diagnostic criteria for SIDS. The criteria specified that the infant be younger than 12 months old, a scene investigation must be performed, a complete autopsy was required and, after a thorough case investigation, there was no scientifically accepted explanation for the death.

SIDS is a death due to lack of oxygen in the absence of known conditions that can result in asphyxia, such as pneumonia. However, is asphyxia due to external factors such as mechanical suffocation or a developmental abnormality, which prevent the infant from responding to a hypoxic (oxygen deficient) environment?

The medical examiner and coroner are the diagnostic arm of the district attorney (county, state) responsible for determining the cause of death of an infant that dies suddenly and unexpectedly. The essential information comes from the medical history, scene of death, circumstances of death, complete autopsy and postmortem tests, such as an X-ray. If tissue changes sufficient to indicate cause of death are found, the diagnosis indicates an explained cause of death. If no specific tissue changes are seen, postmortem tests and the scene of death become essential. There are no diagnostic tests for SIDS or asphyxia. Asphyxia from external cause(s) is accepted as the cause of death when the scene reveals:

- Wedging of the body/head.
- Strangulation.
- Entrapment under a sleeping adult usually related to interference with wakening, (for example, alcohol, drugs or obesity).
- Entrapment beneath a sofa or couch cushions.

These environments will cause hypoxia – a deficiency in the amount of oxygen reaching body tissues – in normal, healthy infants. However, there is not agreement that hypoxia alone is the cause of death when scene investigations indicate the infant was sleeping face down or sharing a sleep surface with a caregiver (not entrapped).

A research study by SIDS experts David Paterson, PhD, and Hannah Kinney, MD, has provided a biologic cause for SIDS (JAMA, 2006; 296:2114-2132). They found the brainstem is defective or immature in SIDS infants. Brainstem abnormalities occurred in nerve cells that make and use serotonin, a chemical essential for nerve transmission. This chemical is known to coordinate the nerve cells that automatically control our vital functions such as breathing, blood pressure, heart rate and temperature. Abnormalities in control of vital functions prevent an infant, particularly younger than six months old, from automatically increasing his or her speed and depth of breathing when the body accumulates carbon dioxide. Normally, a sleeping infant lying face down can accumulate carbon dioxide in the blood and the body responds automatically by increasing the rate of breathing to get rid of the excess carbon dioxide. A SIDS infant cannot increase the rate of breathing and succumbs to the elevated carbon dioxide. In this case, the death is due to hypoxia and the autopsy does not reveal a tissue alteration.

Literature indicating the Back to Sleep campaign has decreased the prevalence of SIDS by 40 percent has been used to support the theory that a face down sleep position causes SIDS. However, brainstem research suggests these infants are predisposed to succumb in a hypoxic environment. A normal infant would be expected to respond to an increase in blood levels of carbon dioxide by waking up, turning his or her head and starting to breathe faster.

Until a diagnostic test is available to identify the cause(s) of SIDS, the controversy regarding hypoxia as a cause of death will not be settled. The medical examiners and coroners will continue to wrestle with this difficult diagnosis knowing the impact the infant's death has on his or her family. Death certificates across the nation will reflect various interpretations of the cause of sudden and unexplained infant deaths, for example, SIDS or SUID. ↩

TIME MOVED ON

By Lisa Sculley

Time moved on for me today. Another year. Today is the day that you came to us eight years ago and brightened our lives with your presence. As dawn came, and light filtered through windows and poured over my bed, I curled closer to my pillow. I wanted to lay and remember that day. But time moved on and pressed against our family, pushing us out of bed and on to a morning busy with ordinary things — missing combs, misplaced shoes and pants to be ironed. Places we had to be called out to us, urging us to hurry and not be late. The hustle and bustle of a new day began; the moment passed and the heaviness with it.

Time moved on for me today and people swirled around me, oblivious to the remembering of my heart. Greetings, questions, handshakes and good-byes, with not a mention of your name. And in the midst of a song, I remembered and tears tickled the corners of my eyes. But time moved on, the moment passed and the heaviness with it.

Time moved on for me today, watching my daughter play with other children and feeling the sweet weight of her as she climbed into my lap for a snuggle. I longed for the snuggle that you would have given me, but then remembered. At 8, you probably wouldn't snuggle. You probably would pull a prank instead. And I remembered. But time moved on and the playtime was done. Bags were gathered, the car was loaded. The moment passed and the heaviness with it.

Time moved on for me today at a restaurant where our family gathered around a table for five. There should be six. Or should there be? Would there have been another if you were with us still? Could I choose between you and her? How could I? But children and husband vied for my attention, pushing questions out of my head. Time moved on, the moment passed and the heaviness with it.

Time moved on for me today, rushing past me just like your life rushed passed — too fast. Not enough time to love you. Not enough time to know you. Soon the day was gone, the sun sinking below the trees. I wanted to sing "Happy Birthday." I wanted to visit with you and sit and remember. But time moved on for me today. The moment passed, the heaviness remained.

Time moved on for me today as I sat in a darkened room, holding the little one that is in my life now. Rocking her gently, I longed to hold you and rock you, too. I longed for what I didn't have. The moment came and the tears flowed. Listening to the nighttime sounds of a family "snuggling in," I remembered and I cried. And it felt good to cry. The moment passed, the pain faded and the heaviness with it.

Time moved on for me today and so did life. Today, I remembered not only who I lost, but also who I had. And it was wonderful, rich and sweet. I also remembered what I still have and what I have gained. I realized that life does move on and was glad. Moving on is not forgetting; memory doesn't die. You died, but your love remains, and moments pass and the heaviness with them.

Life moved on for me today. Another year passed. And I remember. I always will. ↩

Reprinted with permission from *Changes*, issue 4, vol. 14, newsletter from the Colorado Sudden Infant Death Syndrome Program.

BUTTERFLIES MAKE ME HAPPY

By Lynn Vines

Sometimes in our grief we truly believe we are going crazy. We hurt so badly we don't think we can manage to go on living without our precious child here with us. Part of the grieving process is learning how to do just that. Some parents need the reassurance that their child is okay. I think the human mind can take only so much pain and jumps at the chance to see signs from their children, reassuring them that they are okay.

The way I look at it, if you get comfort from a dream or a sign enjoy it. You've suffered enough. Believing in signs, butterflies, dreams or whatever else gives you comfort and hurts no

one else is your right as a bereaved person. Are these signs real or just in my imagination? Can I prove they are messages from my son? Does it even need to be proven? No, I can't scientifically prove it. But I know that dreams, butterflies, signs and enjoyment in nature make me feel closer to Eric and therefore I will continue to enjoy them. It hurts no one, I'm not obsessive about it and anyone who chooses to think I'm nuts for believing in such things can think I'm nuts.

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PERSONAL VIEWPOINT

THE POSSIBILITIES OF HOPE

By Andrea Gambill

There is an ancient fable about an argument between the sun and the wind. They often quarreled about who was the most powerful. Finally, the sun persuaded the wind to a challenge. "There is a man walking on the road with a cloak about his shoulders," the sun offered. "Whichever of us can cause him to remove his cloak first will be proven the most powerful."

The arrogant wind rose to the occasion. "I, of course, am stronger than you, so I easily will remove the man's cloak."

As the wind began to blow, the man clutched his garment around his shoulders. Then the wind blew more fiercely and the man drew his cloak ever more tightly around himself. At last, the angry wind attacked the poor man until he nearly was blown off the road, but the man resisted by doggedly protecting himself even more firmly with his guardian cloak.

Finally, in disgust, the wind admitted his failure, but he mockingly challenged the sun (whom he believed to be impotent and weak) to produce any results, either.

Gradually and ever so gently, the sun began to shine down on the man as he trod along the path.

Soon, the warm rays of the sun began to invade his bones, and in a short time, the man released his tight grip on the cloak. In just a few minutes, the cloak was open, welcoming the sun's gentle and gracious presence. Finally, the man removed the cloak completely and spread it on the grass next to the path, as he lay down to rest and bask in the pleasant warmth.

"Continually we learn, we grow, our souls are weathered and we become stronger and more resilient as we forever follow on the trails of hope."

Light, warmth and gentleness always will vanquish ferocity and aggression if only we have the patience and tenacity to hang on!

Grief has been our fierce wind, but the gentle, pleasant sun rays can warm and comfort the most resistant heart.

Look now at the flowers, the grass, the blueness of the sky, the white, fluffy clouds and see hope.

Smell the freshness of new life and be reminded that nothing is really lost — only changed for a while. Warmth and chill often may trade places in the dance of life, but hope always will call the steps.

For those whose pain is fresh and raw, it's hard to imagine there ever will be a better time, but the testimony of veteran grievers can be an encouragement. Like the hard and frozen ground of winter, suffering softens with the gentle rain and sunshine of spring — not necessarily on the timeline of the actual seasons, but with gradual healing.

Those who have crawled through the broken glass of grief bear witness to the truth that the excruciating journey is eventually through as the shards diminish and even disappear. We are left with our scars, but the initial pain no longer has power over our lives.

The "summer" of grief can be a mellowing and growing time if we allow hope to prevail in our hearts. Our experience teaches us to widen our horizons, and we learn to let compassion billow around us like chiffon in a gentle breeze.

It is generally in summer that we see rainbows, but they almost always are preceded by storms. It is in summer that we see the results of our late-winter and early-spring planting and investing of emotional efforts.

Grief is hard work, but when we have attended to the tasks it requires, "summer grief" can give us a time of rest and renewal. Like the seasons, our pain may come around again and again, but each time we are encouraged by experience that has proven we need never give up. Often, a new perspective lies right around the next rainbow.

Continually we learn, we grow, our souls are weathered and we become stronger and more resilient as we forever follow on the trails of hope. ☞

The Possibilities of Hope, by Andrea Gambill from May/June 1994. Reprinted with permission from Bereavement Publications, Inc., *Bereavement Magazine* and *Living With Loss Magazine*, (888) 604-4673.

LOSING THE DREAM

By John Hyter, *Masters of Divinity*

Memory is one of the most important tools we have to help us heal from the grief caused by the death of someone we love. Remembering experiences we shared with them and the stories others tell about them is a source of comfort for most of us. Eventually, happy memories even can bring us joy. As we relive those times in our hearts, we experience again the richness our loved ones brought. Memories also are frequently attached to special “things,” like pictures or personal items that belonged to the one who passed away, and become very precious to us. The memories and the things attached to them help us feel connected to that one we love and become sources of comfort and encouragement in our healing.

What happens when that precious one who died is a very young baby and the store of memories left to survivors is very small? When a baby dies, those who love the child are left with a few memories and large dreams of “what might have been.” It is especially difficult when the baby dies suddenly and unexpectedly. But everyone who loses a child – regardless of cause – shares this in common: a large part of their grief is for the death of the dream. They spend a lot of time thinking about and hurting over what will never be.

Together, the loss of the baby and the loss of the dream make the healing journey more difficult. It is more difficult because the dream keeps coming back to remind us of our loss. Sometimes we can anticipate when this will happen. We often expect to have a hard time at holidays, birthdays, the anniversary of the death and other special days. Sometimes it takes you by surprise. You may be in a store and see a child who is the age of your child would now be, and it hits you. Or you

subconsciously may be keeping track of the milestones your child should be reaching at this time. He would be starting school now. We should be shopping for her first prom dress. And it hits you. The pain is as fresh as the day your child died.

How do you deal with this? I wish there was a good, simple answer, but there isn't. Here are some thoughts:

Remember what grief healing is. It is not getting over it and going on with life as if nothing happened. Grief healing is subconsciously learning how to live with it, how to adjust your life so you can somehow carry on in spite of the loss. Understanding what is happening to you because of your grief is an important first step. The more you understand, the less power the pain has over you. You will be able to find comfort in the memories and the special things connected with your baby's life, but the lost dream is still out there. From time to time, it will come to remind you of what you have lost.

Remember you are not alone. Others who love you and love your child are walking at your side. Some may be able to understand what you are going through better than others. Turn to them when you need support. There also are others who have been through what you are going through. Find them.

Finally, remember moms, dads and others touched by this loss will experience and cope with it differently. Be kind to each other. Try to be aware of what the other is going through at the moment and reach out with love. ↩

Reprinted with permission from the Northwest Ohio Sudden Infant Death Syndrome Support Network newsletter.

Butterflies make me happy

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We've all heard how the butterfly is a symbol of rebirth. Whether it's our child moving from this world onto a higher plane, or a bereaved parent emerging from the cocoon of grief into a world without his or her child here. With us, butterflies are a comfort for many. When I'm missing my son and see a butterfly flitting from flower to flower, I smile and feel better. When I'm in a happy mood and see a butterfly, I enjoy the beauty of such a delicate creature. Taking the time to slow down and watch such a fragile creature going about its business is calming and I don't think anyone should discount the benefits from having a calming moment.

About four months after Eric died, I had a dream about him. I woke myself up from tears of joy running down my face I knew he was okay. What a relief that was. I still hurt terribly and missed him more than I thought I could endure, but I felt

comforted by the dream. Some could say it was my subconscious trying to sort things out, but I choose to believe it was his way of trying to comfort me. Either way, it made me feel better.

Maybe it's because bereaved parents walk around in such a fog and function on automatic pilot that we are moving slow enough to notice the signs that are around us. Maybe dreams are one way for us to accept messages we need to hear and take into our hearts without logically trying to interpret them. Maybe faith is what we rely on when nothing else makes sense and we instinctively know we need something to hold on to. Whatever it is, just give me a second helping; I like feeling closer to my son! ↩

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EDUCATIONAL PROGRAMS

May 29 - Essential Tools for Life, Safe Sleep information for teen mothers in foster care in Milwaukee County.
 May 31 - SIDS for the Parish Nurse, Concordia Parish Nurse Conference, Mequon, Wis.
 May 31 - Supporting Bereaved Families, Concordia Parish Nurse Conference, Mequon, Wis.
 June 26, 28 and July 12 - Safe Sleep for Infants, Children's Family and Community Partnerships, Milwaukee.

INFORMATION EXHIBITS

April 21 - Children's Day Community Fair, Watertown, Wis.
 April 23 - Wisconsin Association for Perinatal Care Conference, Madison, Wis.
 May 2 - Baby Fair, Aspirus Hospital, Wausau, Wis.
 May 3 - Wisconsin Family Child Care Association Annual Conference, Wisconsin Dells, Wis.
 May 5 - Community Baby Fair, Wausau, Wis.
 May 12 - Women of the World Conference, Milwaukee.
 May 19 - Children's Health Fair, Milwaukee.
 May 23-24 - Wisconsin Public Health Association annual

meeting, Appleton, Wis.
 May 31 - Concordia Parish Nurse Conference, Mequon, Wis.
 June 4-5 - Wisconsin Coroners and Medical Examiners Association annual meeting, Janesville, Wis.
 June 23 - Neighbors Place Hispanic Block Party, Wausau, Wis.
 June 23 - Midtown Church of Christ Health Fair, Milwaukee.
 July 20 - Ho-Chunk Health Fair, Baraboo, Wis.
 July 21 - Ho-Chunk Health Fair, Black Earth, Wis.
 Aug. 4 - Christian Fellowship Community Church Resource Fair, Milwaukee.
 Aug. 17 - Southside Health Fair, Milwaukee.
 Aug. 18 - Milwaukee Urban League Health Fair, Milwaukee.

PROGRAMS FOR FAMILIES

April 13-14 - Family Bereavement Conference, Olympia Resort and Conference Center, Oconomowoc, Wis.
 SAID Group meets the second Thursday of every month at Children's Service Society of Wisconsin, Wausau, Wis.

COLLABORATIVE MEETINGS

March 27 - Organizational meeting with Lincoln County committee to finalize the protocols in its Cribs for Kids Program.
 April 9 - Marathon County Child Fatality Review Meeting, Wausau, Wis.
 May 21 - Marathon County Healthy Babies Committee, Wausau, Wis.
 May 22 - Statewide Community Council.
 May 30 - Women's Health and Beyond.
 June 6 - Maternal and Child Health Advisory Committee.

June 15 - Meeting with representatives from Oneida, Menominee and Stockbridge-Munsee tribes.
 June 20 - Western Region Healthy Babies meeting, Eau Claire, Wis.
 July 9 - Healthy Babies Steering Committee meeting, Madison, Wis.
 July 19 - Great Lakes Advisory Council Honoring Our Children Program Advisory Council meeting, Lac du Flambeau, Wis.
 Monthly meetings with Milwaukee Child Fatality Review Team.
 Quarterly meetings with the Waukesha County Child Fatality Review Team.

COLLABORATIONS

The Center continues to be involved with:
 • Association of SIDS and Infant Mortality Program Professionals.
 • Beloit African American Infant Mortality Coalition.
 • Center for Grieving Children.
 • Community Health Improvement Project.
 • Dane County Child Fatality Review Team.
 • Fetal Concerns Program.
 • Fetal Infant Mortality Healthcare Action Team.
 • Great Lakes Intertribal Council Honoring Our Children Project.
 • Healthy Babies in Wisconsin Steering Committee and Regional Action Teams.
 • La Causa Madison Health Department/Prenatal Care Coordination.
 • Marathon County Healthy Babies.
 • March of Dimes.
 • Milwaukee Birthing Project.
 • Milwaukee County Child Fatality Review Team.
 • Milwaukee Fetal Infant Mortality Review Project.

- Milwaukee Healthy Beginnings Steering Committee, Data Evaluation Committee and Consortium.
- Milwaukee Tobacco Free Task Force and Faith Based Community Health Committee, Black Health Coalition.
- Northeast Wisconsin Technical College.
- Northern Wisconsin Neonatal Intensive Care Unit Transitions Planning Committee.
- Racine County Death Review Team.
- Racine Infant Mortality Coalition.
- Racine Unified School District; School-aged Parent Programs.
- Spanish Center of Kenosha.
- State of Wisconsin Bureau of Health Information.
- State of Wisconsin Division of Public Health.
- Waukesha County Child Fatality Review Team.
- Wisconsin Association for Perinatal Care.
- Wisconsin Child Care Resource and Referral Network.
- Wisconsin Early Childhood Association.
- Wisconsin Maternal and Child Health Coalition.
- Wisconsin Public Health Association.

OTHER

April 15 - Two staff members attended the Child Fatality Review Training Seminar in Minoqua, Wis.
 April 19-20 - Two staff members attended the Healthy Native Babies Seminar on SIDS in Minnesota.
 May 22 - Staff members participated in the statewide Community Council meeting in De Forest, Wis.

DONORS

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To make a gift

Children's Hospital and Health System Foundation can assist you if you or your organization would like to donate to the Infant Death Center of Wisconsin. To reach the foundation office, call (414) 266-6100.

Periodically throughout the year, you may receive mailings from the foundation seeking support. Often there is a card enclosed with options for giving. Feel free to check the Infant Death Center as an option, or write in the center if it is not listed on the card.

The center also can be chosen as an option on your United Way designation form. Your support of the program allows us to provide a continuum of services throughout the state.

Many companies provide a match to donations given by their employees. Check with your employer to see if such a program is available to you.

IN MEMORY OF

The Infant Death Center thanks the following individuals for their generous donations in honor of someone or in memory of a special child.

These donations were received between Jan. 1, 2007, and May 31, 2007.

Danielle Marie Fischer
Pat and Patty Hennessey

Matthew Alexander Gauthier
Mr. Michael N. Buresh

Kera Jo Haase
Mr. and Mrs. Bruce A. Otterberg

Kenneth Hale
Dick and Peggy Larsen

Ellen Marie Hoffman
Warren and Georgia Wilson

Irene Pride Baca
Dick and Peggy Larsen

Stephen Wells
Fred and Mary Goetz

Cassidy Tiana Weyek
Mr. and Mrs. James A. Weyek

IN HONOR OF

The Butterfield Family's Aunt
Anonymous

Maggie Butterfield's 25 years at Children's Hospital of Wisconsin
Anonymous

Below is a list of Web site links that may be helpful resources to you:

Infant Death Center of Wisconsin, www.idcw.org

Learn about the Infant Death Center and read online articles from *Wisconsin Perspectives* and information about grief, loss and risk reduction.

Children's Hospital of Wisconsin, www.chw.org

This site provides an online magazine, information on health and safety, as well as other pertinent information.

Crisis, Grief and Healing, www.webhealing.com

Find links to a wide range of Web sites including ideas on how to honor your child and articles from grief therapists.

The National SIDS/Infant Death Resource Center, www.sidscenter.com

This site provides access to, "The Death of a Child, the Grief of Parents: A Lifetime Journey," to assist families in their grief as well as other information on sudden infant death. It also provides information on safe sleep and SIDS risk reduction.

The Compassionate Friends, www.compassionatefriends.com

The Compassionate Friends assists families in the positive resolution of grief.

M.I.S.S. Foundation, www.misschildren.org

This site provides support to families and seeks to increase public awareness and decrease infant mortality.

National Institutes of Health, National Institute of Child Health and Human Development, www.nichd.nih.gov

Provides up-to-date information on the Back to Sleep campaign, safe sleep environment and federal initiatives to educate the public.

A Place to Remember, www.aplacetoremember.com

This site offers support materials and resources in dealing with a crisis in pregnancy or an infant death.

Safe Kids, www.safekids.org

Safe Kids is dedicated to the prevention of childhood injury. Safety tips are updated regularly.

U.S. Consumer Product Safety Commission, www.cpsc.gov

This site provides information on product recalls and ways to reduce the possibility of injury or death from consumer products. It includes information on throwing a baby safety shower. This site also provides an interactive section for children on safety in the home.

WISCONSIN PERSPECTIVES is the newsletter of the Infant Death Center of Wisconsin. The goal of this newsletter is to provide information to help reduce infant deaths and improve infant health.

The Infant Death Center of Wisconsin is funded by Children's Hospital of Wisconsin and a MCH Title V Services Block Grant, through the Maternal Child Health Bureau of the Health Resources and Services Administration, Department of Health and Human Services.

If you are receiving this newsletter for the first time, it is because you have been referred to the center at Children's Hospital of Wisconsin. Contact us at (414) 266-2743 if you wish to be removed from the mailing list. With any questions or comments about the program or newsletter, contact Anne Harvieux, program administrator, at (414) 266-2746 or aharvieux@chw.org.

To reach the center and the South/Southeastern regional office, contact Anne Harvieux at (414) 266-2746 or aharvieux@chw.org or Vivian Jackson at (414) 266-2745 or vjackson@chw.org. To reach the satellite center in Northern/Western Wisconsin, contact Dora Gorski at (715) 843-1877 or Dora.gorski@cssw.org. To reach the satellite center in Northeast Wisconsin, contact Nina Maroszek at (920) 969-7903 or nmaroszek@chw.org.

WISCONSIN PERSPECTIVES

NEW ARRIVALS

Congratulations to the following families on their new arrivals.

Isabella Claire Giese was born Aug. 22, 2006, to Heidi and Eric Geise.

Jazelle Dalbec was born April 7, 2007, to Crystal Dalbec.

Garrett Wilder Jensen was born June 5, 2007, to Angela and Kit Jensen.

If you would like your baby's birth announcement in the newsletter, contact the Infant Death Center satellite or central offices.



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