

WISCONSIN PERSPECTIVES

**THE VOICES OF CHILDREN: CHILDREN GRIEVE, TOO  
"AM I STILL A BIG SISTER?"**

**By Joanne Cacciatore**

"How many brothers do you have?" they ask her.

"I have three brothers," she says.

"Wow! And how many sisters do you have?" they ask again.

"I have one sister. But she's in heaven taking care of us," she replies proudly.

These are words that made my eyes fill with tears when I heard them. My 6-year-old daughter has fearless strength I often envy. I made an effort to encourage questions and communication. Children may be too frightened to ask without assurance. Keep your answers honest and simple.

Another factor I feel was extremely beneficial for our children was our "open emotion" policy. I allowed myself to cry, wherever and whenever I felt the need. As a parent, they looked to me as an example. I was able to set a standard for them.

My openness validated their feelings of loss and despair. It made them feel comfortable to come to me when they felt overwhelmed. I cried many, many times in front of them.

And then I would let them see me laugh again. The expression of grief is not something to be hidden. Nor is it reason to be ashamed. The life and death of their deceased sibling certainly is worth the acknowledgement of the pain.

In times when my children wanted to express their grief, I encouraged them to cry, yell, punch a pillow, and join me on a walk or anything else they felt would help them through the difficult time. On several occasions, I encouraged them to draw a picture or write a letter to their sister, which we would then take to the cemetery. In this way, they were able to express a great deal more than attempting to verbalize an emotion difficult for them to communicate.

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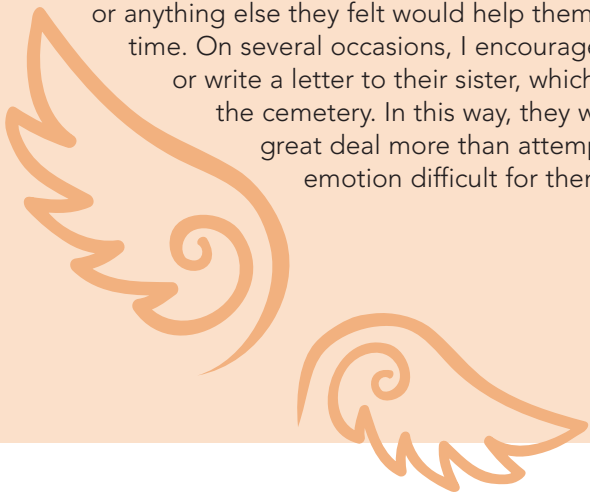
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## | RESEARCH REVIEW

JASON JARZEMBOWSKI, MD, PHD

### MATERNAL DEPRESSION: BABIES AT RISK

*By Jason Jarzembowski, MD, PhD – Dr. Jarzembowski is program director of Perinatal Pathology at Children’s Hospital of Wisconsin, an assistant professor of Pathology at The Medical College of Wisconsin and medical advisor to the Infant Death Center of Wisconsin.*

Depression affects many women during their childbearing years and causes significant health problems for both mother and baby. In fact, one study found that in the 10th week of pregnancy, as many as 40 percent of women reported significant or severe depressive symptoms. In the prenatal period, depressed mothers-to-be are less likely to receive appropriate care, adequate sleep and proper nutrition for themselves and their unborn child; they also are more susceptible to drug and alcohol abuse and suicide. After giving birth, afflicted mothers often have difficulties caring for their child and forging appropriate bonds. Perhaps most importantly, women with depression are at a markedly increased risk for premature birth compared to unaffected women (20 percent versus 5 to 10 percent).

Prematurity is a leading cause of infant mortality and chronic illness in the United States, and it is a worsening problem; the percentage of births occurring before term increased from 10.6 percent in 2000 to 12.8 percent in 2005. Furthermore, black women are more likely to deliver prematurely than white women (18.1 percent versus 8.5 percent in one study), accounting for a significant portion of known health disparities in birth outcomes between races. Recent studies have confirmed that women with depression are up to twice as likely to have premature babies. Intriguingly, blacks also are more likely to suffer prepartum depression than whites and to experience increased levels of self-reported social stress, possibly accounting for some of the difference in rates of prematurity. Across the board, there seems to be a direct correlation between the severity of depressive symptoms in women and their risk for preterm birth.

Several theories have been proposed to explain these findings. One possible explanation, the “allograft theory,” is based on the fact that a subset of every baby’s proteins – some of those made from his or her father’s genes – appear foreign to his or her mother’s immune system, just like those of bacteria, viruses or tumor cells. Thus, in order to prevent the baby’s cells from being continually attacked throughout gestation, the activity of the maternal immune

system is decreased by the action of pregnancy hormones akin to how the proper medications keep transplant recipients from rejecting their new organs. Gradual loss of this immunotolerance may play a role in the normal separation of the placenta and induction of delivery at term and, in some cases, amniotic infection might trigger an increased immune response leading to premature birth.

In the setting of maternal depression, elevated levels of cortisol, a stress hormone, may upregulate the immune system thereby initiating preterm birth. In support of this hypothesis, one study has shown that high cortisol levels are associated with more severe depression, lower infant birth weight and earlier gestational age at delivery.

So what can be done to lessen the impact of maternal depression on babies? First, it is important to recognize the symptoms and acknowledge the problem. Expectant mothers often are reluctant to seek help for depression, as they may feel embarrassed or shameful about feeling sad when those around them instinctively assume they will be joyful about the coming baby; one survey found less than 15 percent of depressed mothers sought treatment. Obstetricians and internists routinely are screening women for ante- and post-partum depression, and pediatricians are beginning to use well-child visits as opportunities to also assess mothers’ well-being. Physicians also are watching more closely for the warning signs and symptoms of depression – fatigue, changes in appetite, anxiety, irritability, sadness, crying, loss of interest in formerly enjoyable activities, and feelings of worthlessness or helplessness that interfere with daily functioning – and promptly getting patients the help they need.

Treatment might consist of a combination of psychotherapy, medication and/or other interventions. The risks and benefits of antidepressant drugs during pregnancy must be carefully weighed by both the mother and her physician. Ultimately, a mentally and physically healthy mother is best for baby, both during pregnancy and throughout the childhood years. ↩

## ROSE-COLORED GLASSES

By Darcie D. Sims, PhD, Milwaukee

There are some days when nothing helps. Silent pain echoes across the heart, leaving tear stains and shattered dreams. It hurts to move, to think, to breathe. It even hurts to be. On those days, when memories burn scars deep into the soul, there seems little relief.

All the coping tricks we have tried in the past seem to fail us, and we are left with a pain so deep that we fear we will be consumed by it. We firmly believe that we shall never again find the hope or joy in this world. Our own death often seems the only escape.

That despair comes at the bottom of the valley. We have all stumbled across those treacherous rocks – many of us more than once. Just as we begin to think that we might survive, something tumbles us back into the darkness, and we are sure we have drowned.

What then? It is as if we are left without our dreams or our memories. Existence has become a void, filled with nothingness – not even hurt. On those days, we cannot even feel our pain. We come to know that we can never return to the Land of Make-believe where Humpty Dumpty is put back together with a trace of the jagged edges where he broke into a million pieces and where everyone lives happily ever after. Those are the days when we must put on our rose-colored glasses and learn to see in new ways. I always carry my rose-colored glasses with me because I never know when such a day is going to happen.

My special glasses give a rosy hue to even the most dismal of views; but more important, people look at me differently. Maybe they see me differently, because I see things in a new way.

Just putting on my rose-colored glasses gives me a lift. I know that whatever I am looking at or feeling hasn't really changed. I have changed! Whenever I have dared to laugh in the face of pain, the pain didn't change or go away. I simply changed the way I saw the pain or the emptiness or the hurt of grief.

Rose-colored glasses simply are a dramatic (and perhaps a little silly) change in perspective. But what's wrong with being silly sometimes? If I can catch my breath and gain a few

seconds of relief from the emptiness of my grief, then they have created a miracle for me.

Wearing rose-colored glasses isn't denying anything. Rather, it is claiming it all. It is searching for joy and light and love, even in the darkest of corners. Love is the reason we hurt, but on those days when all we can see is the hurt, then we fear we may be losing the love.

Life does become good and warm and loving once again, but only when we have learned to trust enough to move through the hurt and to claim even that which hurts so terribly. It is a part of us, and as such cannot be ignored or abandoned.

Looking through rose-colored glasses isn't being a Pollyanna, it's being real in the most honest sense. It is an attempt to both accept and live instead of turning it all away and denying that love ever existed.

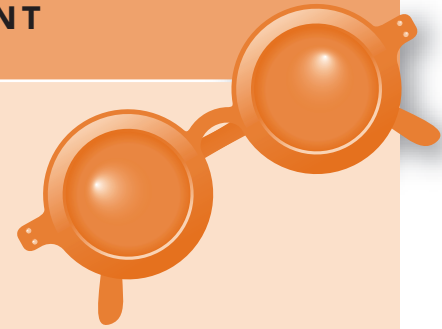
If you ever laughed with your loved one, you have already worn rose-colored glasses. Don't forget them now. They helped you conquer mountains before and they will help you to see the other side of grief, someday.

Don't wait for joy to come to you – go find it. Search for it, insist on it every day. Wearing rose-colored glasses is a change in perspective; nothing more, nothing less. It is not a choice between pain or no pain, but how we manage the pain we feel.

The trick to those days is learning to live with what you got instead of wishing something else had happened. As you pick your next step through the valley, remember that the rocks are everywhere, but so is the path!

Don't let death rob you of your heart spaces – the place where your loved one lives. Don't let death dominate the spring places in your heart. Don't let death rob you of your rose-colored glasses. ↩

Reprinted with permission of Grief, Inc., Louisville, Kentucky. Article from *Why Are the Casseroles Always Tuna?*



## PERSONAL VIEWPOINT

### CLICHÉS ARE NOT ALWAYS HELPFUL

By Jan Borgman, LISW, CT, Cincinnati

"I just don't know what to say." In a world of instant messaging and the need to stay connected, often we lack words to help the grieving. And when all else fails, clichés seem to find their way into conversations. But often, it is better to say simple and sincere words such as "I'm so sorry" or "I don't know what to say but I just wanted you to know that I care" than to try to say things to make the situation better.

There are no words to take away the pain of death and loss. Those who are grieving need to be encouraged to grieve rather than have their feelings minimized by phrases such as "Only the good die young" or "At least she didn't suffer" or "He had a long life." No matter how young or old, their death evokes feelings of loss for those who knew and loved them. It often is better to say nothing than to say something that can be heard as hurtful or something that minimizes the feelings of those who are grieving.

Friends and families often will say to the bereaved "Call me if I can do anything for you" or "Let me know when you would like to get together." Dealing with the feelings associated with grief can be exhausting, and asking for help when feeling vulnerable can isolate a grieving person. Grief work is perhaps the hardest work one will ever deal with in his or her life. Here are a few things that can be helpful to the bereaved:

- 1) Be specific with your offers to help. "I would like to provide a meal for you and your family. How is next Wednesday?" "Since our kids play on the same team, I will take them and pick them up from practice and games."
- 2) Don't wait to be asked for help. If you notice that plants need to be watered, the bushes need to be trimmed, the leaves raked or the grass mowed, tend to them. There may be things that need to be done, and your outreach efforts may mean more than you will ever know.
- 3) Call them instead of waiting for them to call you. Grieving is hard work, and picking up the phone to call someone just to chat can be overwhelming. Make conscious efforts to call on a regular basis, just to check in and offer support.
- 4) Don't overstay your welcome. While the griever may welcome visits from family and friends, they also may be tired from the emotional and physical aspects of grief. Watch for body language and other signs that the visit should be nearing an end.
- 5) Don't give up on the offers or invitations. Many times, the initial offers of help or invitations to go out may be turned down due to other things related to the death of a loved one. Just because they turned down your offers of help in the past doesn't mean they will always turn them down. It may be too soon or too much initially, but there will come a time once the death is a few weeks or months removed that going out or allowing others to help will be welcomed.
- 6) Don't tell him or her what to do. Initially grief is overwhelming and making decisions may be difficult, but it is important to keep the bereaved in the decision making process. So many things may feel out of control, and making decisions may help restore some sense of order in the life of the griever.
- 7) Don't minimize his or her grief. We are a quick fix society, and we want those who are grieving to "get over it and move on." When you tell someone how they should feel or you know exactly how they feel, you take away from their grief or make them feel like they are not grieving correctly. No two people grieve the same way, and no one can ever know how we truly feel because our grief is uniquely ours.
- 8) Be open to experience their grief, when they are ready. An important gift we can give someone who is grieving is the gift of time – the time they need to experience their grief and our

## PERSONAL VIEWPOINT

time to be there when they need us. Don't force someone to talk if he or she is not ready, but sit with him or her in the silence and when he or she is ready you will be there to listen and be present. You can't force the healing process.

- 9) Don't be afraid of grief. Grief can make us uncomfortable, and we may find ourselves avoiding the grief-stricken. Don't be afraid to talk with them and to share your feelings. And don't be afraid to touch or hug someone who is grieving. They long for human touch, and a gentle hand or hug may help them feel less isolated and alone. Don't be afraid to talk about things that are going on in your life. Life continues on and despite their grief, they may want to hear about things that are important in your life. It may evoke feelings of sadness, but it helps them feel involved in life.

- 10) Be willing to share the silence. Don't feel like you always have to talk or carry on a conversation. Be willing to just be present with the grieving person. Watch TV or enjoy a nice evening outdoors or take a walk. Don't feel like you have to force a conversation. If you are at ease with the silence, the grieving person will be, too.

There are not hard fast rules to help someone who is grieving, but realistic suggestions. Grief is hard work, and it is a unique experience. Since no two people grieve the same way, there is no set way to help someone who is grieving. Avoid empty clichés that might make you feel better but offer no comfort to the bereaved. Be specific with your offers to help. A gentle touch, a hug, a thoughtful note or just the simple words "I'm sorry" can mean more than any cliché. ↩

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## THE VOICES OF CHILDREN

### *Continued from Page 1*

Another helpful idea for siblings is to offer them a "special" remembrance token of their sibling. For example, giving them their sibling's favorite rattle or toy. It is a tangible reminder of a love that will never be forgotten. Every Christmas, our children choose a special ornament in memory of their sister to hang on our tree. It is engraved with her name and the year. They know we have not abandoned her memory, nor will they.

Reassure your children they are still a "big brother" or "big sister" even after the death of their sibling. Reassure them they always will be. Take time, even years later, to reminisce

together and share memories of your precious child. The pictures of our beloved daughter and sister still hang on our walls. They have become a permanent fixture in our home. Despite outside pressure, they remain. She is a significant part of our past, present and future. I want our children to know their sister. I encourage them to remember her and the beauty she gave our lives. Her surviving siblings have a simplistic and genuine gift of discernment for grieving. Every day, I strive to become more and more like my children. ↩

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**Educational programs**

- May 5 - Presentation at HoChunk Honoring Our Mothers Workshop, Black River Falls, Wis.
- May 27 - Affinity Health Systems presentation, Appleton, Wis.
- May 28 - Safe sleep presentation to Great Lakes Inter-Tribal Council, Honoring Our Children outreach workers and community nurses, Lac du Flambeau, Wis.
- May 29 - Concordia University's 17th annual Parish Nurse Conference, Mequon, Wis.
- July 16 - Presentation of *Unnatural Causes: When the Bough Breaks* to Children's Service Society of Wisconsin outreach workers, Wausau, Wis.
- July 21 - Children's Hospital of Wisconsin-Fox Valley staff, Neenah, Wis.

**Informational exhibits**

- March 4 - Aspirus Hospital's Baby Fair/Open House, Wausau, Wis.
- May 9 - The Women of the World Health Conference, Milwaukee
- May 23 - Aurora Hospital's third annual Community Health Fair, Milwaukee and Sherman Park Family Resource Center, Milwaukee
- June 13 - Hawkeye Neighborhood Block Watch Party and Health Fair, Milwaukee
- June 27 - Fourth annual AIDS/HIV Symposium, Milwaukee
- Aug. 18 - Public Health Nurse Conference, Stevens Point, Wis.

**Initiatives Infant Death Center of Wisconsin currently is collaborating with:**

- ABC's for Healthy Families.
- Affinity Physicians meeting.
- Association of SIDS and Infant Mortality Program Professionals.
- Beloit African American Infant Mortality Coalition.
- Black Health Coalition of Kenosha.
- Black Health Coalition of Wisconsin.
- Casa Hispana.
- Center for Grieving Children.
- Central Wisconsin NICU Transitions Committee.
- Children's Service Society of Wisconsin.
- Cribs programs in Barron County, Bayfield County, Kenosha County.
- Lincoln County, Marathon County, Milwaukee County, Taylor County and the cities of Neenah and Racine.
- Concordia Metcalfe Community Health Improvement Project.
- Dane County Child Fatality Review Team.
- Every Family Counts.
- Fetal Concerns Program, Children's Hospital of Wisconsin.
- Fetal Infant Mortality Healthcare Action Team.
- Fox Valley Caregivers Network.
- Great Lakes Intertribal Council Honoring our Children Project.
- Hope After Loss.
- Healthy Babies in Wisconsin Steering Committee and Regional Action Teams.
- Healthy Infant and Child Alliance Team meetings.
- Healthy Native Babies Consortium (Menominee, Stockbridge-Munsee and Ho-Chunk Nations).

- Jackson County Child Fatality Review Team.
- Kenosha Black Health Coalition Infant Mortality Delegation.
- Lincoln County Child Fatality Review Team.
- Marathon County Child Fatality Review Team.
- Madison Health Department/Prenatal Care Coordination.
- Marathon County Healthy Babies.
- March of Dimes.
- Milwaukee County Child Fatality Review Team.
- Milwaukee Fetal Infant Mortality Review Project.
- Milwaukee Healthy Beginnings.
- Northeast Wisconsin Technical College.
- Northern Wisconsin Neonatal Intensive Care Unit Transitions Planning Committee.
- Outagamie Death Review Team meetings.
- Racine County Death Review Team.
- Racine Fetal Infant Mortality Review Team.
- Racine Infant Mortality Coalition.
- Safe Kids Wisconsin Coalition.
- Spanish Center of Kenosha.
- Start Right Program.
- State of Wisconsin Bureau of Health Information.
- State of Wisconsin Division of Health Services.
- United Way of Kenosha Infant Mortality Delegation.
- Waukesha County Child Fatality Review Team.
- Wisconsin Association for Perinatal Care.
- Wisconsin Child Care Resource and Referral Network.
- Wisconsin Early Childhood Association.
- Wisconsin Public Health Association.

**Programs for families/ support groups:**

- Nov. 8, 2009 - Memorial Program, Mt. Mary College, Milwaukee

**Other**

- March 20 - Healthy Native Babies Consortium
- March 25 - Participated in viewing and discussion of Unnatural Causes video, Merrill, Wis.
- March 27 - Great Lakes Intertribal Council Honoring Our Children Program Advisory Council meeting, Lac du Flambeau, Wis.
- April 15 - Central Wisconsin Neonatal Intensive Care Unit Transitions planning meeting, Wausau, Wis.
- May 1 - Western Region Community Council meeting, Barron, Wis.
- May 14 - Marathon County Healthy Babies meeting, Wausau, Wis.
- May 20 - Northeast Wisconsin Regional Council meetings
- June 17 - Western Region Healthy Babies Action Team meeting, Eau Claire, Wis.
- June 26 - Great Lakes Inter-Tribal Council Honoring Our Children Program Advisory Council meeting - Lac Du Flambeau, Wis.
- June 29 - Healthy Babies Steering Committee meeting, Milwaukee
- June 29 - Northern Region Community Council Meeting, Wausau, Wis.
- Aug. 26 - Northeast Wisconsin Regional Council meetings

**Media interviews**

- June 5 - Television interview on *Adalante*, a Milwaukee Public Television program. Air date: August 2009.

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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 Feb. 1, 2009, and June 30, 2009.

**Eugene Anderson**  
Dick and Peggy Larsen

**Erik Richard Baumler**  
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Mr. Michael N. Buresh

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**Ari Panico**  
Ms. Ramona Bosch

**Gordon Wentzel**  
Dick and Peggy Larsen

**Cassidy Tiana Weyek**  
Mr. and Mrs. James A. Weyek  
Jasmine and Grayson Weyek

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

#### Infant Death Center of Wisconsin, [idcw.org](http://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, [chw.org](http://chw.org)

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

#### Crisis, Grief and Healing, [webhealing.com](http://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](http://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, [compassionatefriends.com](http://compassionatefriends.com)

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

#### M.I.S.S. Foundation, [misschildren.org](http://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, [nichd.nih.gov](http://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, [aplacetoremember.com](http://aplacetoremember.com)

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

#### Safe Kids, [safekids.org](http://safekids.org)

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

#### U.S. Consumer Product Safety Commission, [cpsc.gov](http://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.



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**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.

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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](mailto:aharvieux@chw.org).

To reach the center and the south/southeastern regional office, contact Anne Harvieux at (414) 266-2746 or [aharvieux@chw.org](mailto:aharvieux@chw.org) or Vivian Jackson at (414) 266-2745 or [vjackson@chw.org](mailto:vjackson@chw.org). To reach the satellite center in northern/western Wisconsin, contact Dora Gorski at (715) 218-8424 or [dora.gorski@cssw.org](mailto:dora.gorski@cssw.org). To reach the satellite center in northeast Wisconsin, contact Anne Harvieux at (414) 266-2743 or [aharvieux@chw.org](mailto:aharvieux@chw.org).

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