

Bereavement and Coping

Handling the Holidays, Your Way

By Darcie D. Sims, PhD, Wenatchee, Wash.

I'm tired. I'm tired of being tired. I'm tired of always trying to find the right thing to do, the right thing to say, the right way to feel. I'm tired of dreading every waking moment and of fearing every quiet space. I'm tired of avoiding places, people and parts of every day. I am tired of looking at the calendar and wondering when is it going to end. I'm tired of trying to be cheerful when I'm not, and I'm tired of being sad all the time.

I hear winter's music and see its sights and sounds and find myself awash in icy loneliness instead of holiday warmth. I see the decorations and watch others as they scurry about, buying gifts for those they love. It leaves me empty and hollow inside, and I'm tired of that, too. I smell the cinnamon and spice and read holiday recipes and think only of the empty place at the table, forgetting those who are still here. I seem to be caught in between someplace, and I'm too tired to wrestle my way out.

The holidays are supposed to be joyous and the cards that sit on my table only add to my gloom. I'm too tired to turn on the lights and it's dark at 4:30 p.m. That's OK with me except everyone else in my life thinks I should not be sitting in the dark.

So, it's holiday time and I'm supposed to be getting ready. Everyone else is busy planning menus and parties and addressing cards. The only thing I'm planning is my escape into the closet, where no one can find me and try to cheer me up. I'm tired of being cheered, and I'm tired of trying to explain to everyone that I don't want to be happy. This season of dark and cold suits me just fine and I want to wallow in my despair. I'm too tired to tell them, "Leave me

alone, and let me grieve."

It is as if everyone needs me to be OK right now – especially in this holiday season. I am not quite as OK as everyone wants me to be and not nearly as OK as I would like to be. I am tired of hurting, of grieving, of wondering if the sights and sounds of the holiday season will ever reach me again. I'm tired and I think I need a nap. I'll sleep until it's over, and I'll awaken only when springtime can bloom again. Can anyone stop the holidays, please? I need a nap.

Ah, a nap...what a delicious thing a nap used to be! But even naps can turn into nightmares when a grieving mind tries to rest. We try to escape into sleep to avoid the trials of learning to live with the empty space at that table and in our hearts. And soon, we discover, even sleep can become an enemy of sorts. When the body rests, the mind begins its work. Memories seem to flood into our consciousness and there seems no place for a grieving soul to hide.

Besides, naps were outlawed after kindergarten. Only little kids are allowed to nap. We're grown up, responsible people with too much to do and too little time to do it. And I'm tired of being grown up, responsible and not getting to nap.

I'm dreading the approaching holiday season, and I'm beginning to think that napping in the closet might not be a bad idea. No one would think to look for me in there! There are closets we haven't opened in years, and there are great places to hide back there behind the coats that no one wears and in between the snow boots and tennis rackets that no one uses any more.

I'm tired, but I think I can make it to the closet. I can hide there until spring or until I get

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hungry and even then, I can probably find something to snack on in the closet. I'm sure someone has left a half-eaten candy bar in a pocket or a stray stick of gum must be lurking inside a mitten.

When I'm hiding in the closet, I won't have to think about the holidays and I won't have to wear a silly mask that says, "I'm fine." The coats don't care if I'm having a bad day and so far, the boots have remained remarkably unaffected by my moods. I can pound on the floor or scream into the sweaters, and no one will hear me or worry about me. I can hide under the umbrella or dress up in fancy clothes, trying to recapture the happier times in my life. I can hide here in the closet and let time pass, in hopes of the pain passing too.

And, if anyone should happen to open the closet and find me, I can always say I am cleaning and they will know I have returned to normal and will leave me alone. A clean closet is a sign of a functioning person, not given to moments of sheer grief or terror or craziness. I can line up the boots and bring order to my world, as long as my world is only as small as this closet.

I can nap here too. And when I can't stand the light anymore, I can always retreat to my closet. I can sit here anytime I want to, napping or just thinking and remembering. I can remember the little boy who used to wear these boots and the growing up young girl who wanted to trade mittens for gloves. I can feel the warmth of my spouse's being as I caress the well worn sleeve of his coat and I can almost smell her perfume as I sit here,

among the remnants of my memories, the fabrics of my life.

Besides, it's warm here in the closet, and I'm feeling a little less frantic now. So what if everyone else thinks it's strange for me to be spending so much time cleaning closets. They don't know what secrets and comforts hang here, waiting for my escape. It's not so crazy to want to spend some time alone, comforted by the very things that speak of my loved ones. There are memories here, and in my own time and in my own way, I am finding a path through this darkness called grief.

I can touch the sleeve and remember. I can weep and be comforted by the scarf, and I can nap here just as a little one did so long ago. Cats curl up in soft piles of clothing and we think it sweet. So why can't I seek comfort from these holidays, hidden away in the closet? I won't spend forever in here, although everyone else might think so. I just want a place to hide for a little while, long enough to face a fear, find a memory and take a nap.

I'm tired, and maybe claiming my fatigue and embracing it is the way to healing. Maybe acknowledging my fears and my grief is a better way than wearing a plastic smile and pretending to be OK. I am OK, just hurt and sad and grieving, a natural, normal, necessary (but sometimes nasty) response to change, loss and death. There is nothing wrong with grieving and your time frames are yours. No one can dictate your grief or the time it takes to experience it.

Give yourself the gift of individuality this holiday season. Claim your grief, become aware of it, acknowledge

it and create an action plan to cope with it. If hiding in the closet sounds good to you, do it – or at least try it. You will never know what will work unless you try it.

Be cautious in what you try, however. Some things never will work while others only will postpone or delay your grief. Use your common sense. You did not lose that, although it may seem that way (at least to others). You know what you need, so give yourself permission to grieve your way this holiday season. Do whatever works for you. Just be careful of drugs, alcohol and high places. None of those work effectively and can lead to additional problems that you don't need. Be tired. Be hurt. Be grieving. Your tears are a symbol of the love you shared. Let them flow in whatever way you need as you find your way through the pain and into the light of memories and love. Grief is an individual journey. No one can walk it for us. Each footprint must be our own.

Find a closet. Take a nap. Dream the dreams you had and find the ones still waiting for you. The holidays are rough, but not impossible as long as we give ourselves permission to be. We probably can't even manage that for ourselves (just yet), but we can cope and we already are, even when we're tired. Good luck.

Have a good nap. See you in the spring! ❖

By Ralph A. Franciosi, MD – *Franciosi is medical director of Pathology at Children's Hospital of Wisconsin and a professor of Pathology and Laboratory Medicine at the Medical College of Wisconsin.*

State summit addresses perinatal infant mortality

Infant survival is a top priority nationally and locally. In Wisconsin, the mortality rate for Caucasian infants has been declining steadily with a near 50 percent decrease over the past 20 years. However, the infant mortality rate for African Americans has seen no decline during the same period. When compared to other states, Wisconsin has dropped in infant mortality rank from 10th to 21st since 1979. The current infant mortality rate in Wisconsin remains at 7.1. In order to reach the goal set for Wisconsin of 4.5 by 2010, a summit titled "Healthy Babies in Wisconsin: A Call to Action," was held in Wisconsin Rapids in July.

Approximately 240 people attended the summit, representing health care providers, community-based organizations and consumers. Attendees heard national speakers, consumers and community leaders address new approaches to improve perinatal outcomes and racial/ethnic disparities.

Michael Lu, MD, MPH, an obstetrician from University of California Los Angeles School of Medicine presented a new perspective in explaining racial and ethnic disparities in birth outcomes. He proposed that these disparities are the consequences of disadvantages and inequalities experienced prior to pregnancy. Carla Damas, PhD, RN, indicated the March of Dimes is extending its recommendations on perinatal health by stressing the importance of periconceptual health habits, for example, folic acid to prevent neural tube defects (spina bifida).

Diane L. Rowley, MD, MPH, presented a new approach to prioritizing the approach to fetal/infant mortality in Wisconsin. Labeled perinatal periods of risk (PPOR), this public health model was developed by Brain McCarthy, MD, at the Centers for Disease Control and Prevention, in collaboration with the World Health Organization to investigate fetal/infant mortality. This model identifies potential gaps in perinatal health care and attempts to focus public health action to targeted studies that will reduce fetal/infant morbidity and mortality and promote prevention.

PPOR uses reported rates of fetal, neonatal and postneonatal mortality and focuses on relevant medical problems of pregnant women and their children to find out what the outcome of pregnancy is and how we can use this information to prevent fetal/infant mortality.

The PPOR approach includes all deaths in stillborns and infants and places them into two study groups: babies weighing 500 (approximately 1 lb.) to 1,500 grams (3 lbs. 5 oz.), and babies weighing more than 1,500 grams. This approach allows us to identify risk factors in each category and possible interventions.

The perinatal summit clearly indicated the need to address fetal/newborn mortality. Remember the Infant Death Center of Wisconsin is a resource not only for grieving families but for families trying to implement preventive measures to improve infant survival.

SIDS research released this year

There have been a number of research reports related to Sudden Infant Death Syndrome (SIDS) released this year. The following are key points from some of the research:

- Low birth weight and preterm infants are three to six times more likely to die of SIDS than term infants. Many clinicians have advocated placing premies on their stomachs in the nursery. Research studied whether parents continued placing his or her child to sleep on their stomachs after discharge. They found that at one, three and six months following discharge stomach sleeping was reported in 16 percent, 27 percent and 28 percent respectively of the low birth weight babies studied. In the lowest weight babies all stomach sleeping was replaced by side sleeping.

Mothers of very low birth weight infants who sleep on their stomachs said that the influence of medical professionals and nursery practices were the most important factors in choosing sleep position (Vernacchio L et al: *Pediatrics*, March 2003; 111:633-640).

- In another study, the risk of SIDS doubled when infants were placed to sleep on his or her sides. An infant usually placed to sleep on his or her back and then placed on his or her stomach or side was found to be seven to eight times greater risk of SIDS. The study showed the importance of consistency in placing babies on their backs to sleep (Willinger: *American Journal of Epidemiology*, March 1, 2003; 157(5) 446-55).

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Holiday letter

By Larry Uglov

Holidays are wonderful! Or at least they used to be when my energy level was higher. The season seems to be lasting forever this year and I am wondering how I will survive. If only I could come up with a plan to help get me through I would feel much better. Friends just don't seem to know what to do for me. I'm worried that I will ruin everyone else's holiday because I am so down. Last holiday season, others were very understanding of my grief, but this year I'm not sure what to expect.

Have you found yourself saying or feeling any of these thoughts? Here are some ideas from other families that may help.

Believing there is a simple solution to getting through it can only lead to disappointment. Start by accepting that during the holiday season you will have some sad times. Try to use the coping mechanisms that worked before. Take a break if the intensity or duration of your grief seems to be too much. Let others know how they can help you. If others fail to mention your baby, you may want to do so. You may find you feel considerably better when you acknowledge your child and memories.

- Other ideas include:
- Attend a grief group in your area. Others are eager to share ideas that have helped them during the holidays.
 - Light a candle or buy an ornament in memory of your baby.
 - Save your energy. Do only the things that you think are most important for you and your family.
 - Buy a gift in the name of your child and donate it where it will be appreciated.
 - Share memories.

- Attend a religious service. Keep in mind that it is OK to leave if it is too difficult.
- Leave town. Some people find it helps to get away for awhile.
- Donate your time by volunteering.
- Play games. Start a snowball fight or build a snowman with the neighbor kids.

Others have tried many different things to help themselves during the holiday season. Try things that have worked in the past. But if they don't work, try something different. If you find an activity that brings you joy, make sure to do it again.

Joy seems to be one of the most difficult emotions for those whose baby has died. They worry; "How can I enjoy myself with what has happened?" and "What will others think of me?" However, just as sadness, guilt and anger are a part of one's grief, so is joy. To move on, you must experience it. As far as what others may think, you can't please everyone. So align yourself with people who won't rob you of a moment of joy.

The holidays themselves typically are only a day or two. Often, the months leading up to them are worse. Remember, you have survived other times you thought you wouldn't and you will survive again. Please feel free to contact the Infant Death Center Wisconsin for support or with questions. ❖

New course at technical college addresses SIDS reduction

The Infant Death Center has worked with Northeast Wisconsin Technical College to develop an online course for child care providers: "Child Care – SIDS Reduction."

The course focuses on the legal and ethical responsibilities of early childhood education professionals in providing for the health and safety of infants.

For more information contact Mary Beth Boettcher at (920) 498-5410 or marybeth.boettcher@nwtc.edu

Sixth Annual Worldwide Candle Lighting

The sixth annual National Children's Memorial Day Worldwide Candle Lighting will be held Dec. 14. Everyone in every time zone around the world is invited to light a candle in honor of all children who have died, that their light may always shine.



As candles go out in one time zone, they will be lit in the next, creating a wave of light that will encircle the globe. Please join in this 24-hour memorial by lighting a candle, wherever you are, at 7 p.m.

CJ Foundation grant helps create Native American video

The Great Lakes Inter Tribal Council received a grant in the fall of 2002 from the CJ Foundation to create a culturally appropriate video for Native Americans about SIDS risk reduction. Along with a video, brochures and posters also have been created.

The video features Ojibwa parents, babies, a teenager and elders relating recommended risk reduction activities. There is a detailed illustration of how to

safely place a baby down to sleep. Test viewings were presented throughout Indian country in northern Wisconsin. The reactions to the video have been overwhelmingly positive.

In addition, an educational curriculum about SIDS was developed that could be used in conjunction with the video.

Center staff member Dora Gorski worked with Great Lakes Intertribal Council staff members under the leadership of Hank Schuman, as well as staff from the CJ Foundation to develop the video.

For further information contact Hank Schuman, Great Lakes Inter Tribal Council, PO Box 9, Lac du Flambeau, WI 54538 or e-mail: hschuman@glitc.org.

In addition, Great Lakes Inter Tribal Council has initiated a smoking cessation education program for pregnant women also funded by CJ Foundation.

Save the Date for the next family conference

The next family conference will be held March 26–27 at the Raintree Resort and Conference Center in Wisconsin Dells. Invitations will be mailed in February, or check our Web site at www.idcw.org.

Thank you March of Dimes

We would like to extend a special thank you to the March of Dimes for the support they have given us this year. Through a grant we have been able to provide risk reduction education to outreach workers throughout the state.

This education allows us to bring current research information to those workers who directly interact with families in their homes. As a result, many families who may have received contradictory messages from care providers in the past are receiving a more consistent “back to sleep” message. ❖

Consider a gift to the center

It has been a very busy year for the Infant Death Center of Wisconsin. This past year, we have developed a new look for our Web site, provided training sessions to outreach workers throughout the state, participated in creating an educational video and were actively involved in a statewide summit that we hope will lead to better perinatal outcomes throughout the state. We also provided bereavement support to many families.

We are grateful to the families and organizations that have provided financial support to the program. Without their support we would not have been able to accomplish all these things. The March of Dimes and CJ Foundation have allowed us to move forward in meeting our goals and Children’s Hospital and Health System has provided support that allows us to provide a continuum of services in various locations around the state. Over the past 10 years support from the state actually has decreased, but we have been able to maintain the level of services, and even add things like the Web site. But although we have managed our resources well, unfortunately costs have increased over time.

These have been economically challenging times for everyone. We continually are looking at more cost-effective ways to provide services. Grants have provided support for specific activities such as the family conference, outreach worker training and some work on improving our ability to capture data. We continue to seek grants but this has become increasingly more challenging. Foundations also have felt the impact of the economy on their ability to provide funds, and more agencies and programs are seeking the limited dollars available. This also comes at a time when the costs of health care are being scrutinized and

hospitals and other health care providers are being forced to make hard choices. Children’s Hospital and Health System has been very generous in its support of the program, but we realize there is a limit to what the organization is able to provide in the current health care environment. So what does this all mean?

We are asking that you keep the Infant Death Center in mind as you make end-of-the-year decisions about contributions. There are a number of ways you can support the center:

- Consider making a donation. There are many ways to support the center, including outright gifts, multi-year pledges, endowments, life-income gifts, bequests and charitable trusts. For more information, call (414) 266-6197.
- Ask your employer if they have a matching gift program.
- Name the center as your choice on your United Way gift.
- List the center as your charity of choice for Pick n’ Save’s WE CARE program #110625.
- Support one of the fund-raisers planned by families and friends of the program.
- Consider the center as you do your estate planning.
- Consider coordinating fund-raising activities for the program. We have developed fund-raising kits to assist you in planning such an event.

Our goal is to ensure that families are able to have bereavement support at the time of their greatest need. We need your assistance to ensure the program has the financial support to keep that possible over time. We appreciate whatever support you may give.

Center and satellite summaries

U P D A T E

Infant Death Center and South/Southeastern Region

Anne Harvieux: (414) 266-2746 or
Larry Uglow: (414) 266-2745

Educational programs

Presentations on SIDS, risk reduction strategies, grief/loss issues and services provided by the Infant Death Center of Wisconsin were given on:

Oct. 23 – Madison.

Oct. 30 – Milwaukee, Medical College of Wisconsin.

Nov. 5 – Milwaukee, Narrowing the Gap.

Nov. 7 – Wisconsin Dells.

Outreach worker trainings were held on:

Aug. 27 – Milwaukee 16th Street Clinic

Sept. 12 – Milwaukee United Community Center.

Sept. 22 – Washington Park Library.

Sept. 26 – Baraboo Sauk County Health Department.

Sept. 29 – Milwaukee Hillside Resource Center and Milwaukee Seeds of Health.

Sept. 30 – Waukesha.

Oct. 1 – Madison.

Oct. 6 – Janesville.

Oct. 7 – Fenimore.

Oct. 8 – Watertown.

Oct. 10 – Beloit.

Oct. 13 – Monroe.

Oct. 17 – Milwaukee Aurora Healthcare

Oct. 23 – Milwaukee Social Development Commission.

Oct. 28 – Kenosha.

Nov. 5 – Elkhorn.

Nov. 11 – Baraboo House of Wellness.

Nov. 12 – Milwaukee Maximus.

Nov. 13 – Milwaukee Wisconsin Community Services Network.

Nov. 18 – Dane County.

Nov. 21 – Milwaukee St. Charles.

Nov. 26 – La Crosse.

Informational exhibits

Aug. 16 – Waukesha County Health Fair.

Aug. 17 – Praise in the Park.

Oct. 1 – Whiterock School.

Oct. 13 – Janesville Baby Shower.

Oct. 29 & 30 – Milwaukee County Medical Examiner Forensic Symposium.

Programs for families

A support group for families meets at 7 p.m. every fourth Tuesday of the month at Children's Hospital of Wisconsin. For more information, call Larry Uglow at (414) 266-2745.

Other

Sept. 5 – Statewide Advisory Council meeting.

Nov. 2 – Milwaukee Zoofari Center Memorial Program.

Nov. 17 – Southern/Southeastern Regional Council meeting.

Western Region

Phillip Nielsen: (608) 791-9410

Educational programs

Presentations on SIDS, risk reduction strategies, grief/loss issues and services provided by the Infant Death Center of Wisconsin were given on:

October – SIDS Awareness month display at the Franciscan Skemp Healthcare clinic and hospital.

Dec. 8 – Outreach worker training, New Richmond and Eau Claire

Other

Sept 11-12 – WWAPC Perinatal Day - Infant Mortality and Morbidity: Improving Perinatal Outcomes.

Programs for families

The La Crosse Pregnancy and Infant Loss support group meets from 7 p.m. to 8:30 p.m. the third Wednesday of each month at Gundersen Lutheran Medical Center (La Crosse) in the Mooney Center Patient Education Room. Call (608) 791-9410 for more information or to register.

The annual La Crosse Pregnancy and

Infant Loss Support Group holiday memorial program is scheduled 7 p.m. to 8:30 p.m. Dec. 17 at Franciscan Skemp Healthcare. Call (608) 791-9410 for more information.

Sept. 13 – La Crosse Pregnancy and Infant Loss – Walk to Remember.

Northeastern Region

Beth Tourville: (920) 969-7903

Educational programs

Presentations on SIDS, risk reduction strategies, grief/loss issues and services provided by the Infant Death Center of Wisconsin were given on:

Oct. 2, 7 – SIDS training to Marian College Nursing Students, Children's Hospital of Wisconsin-Fox Valley.

Nov. 11 – Menominee Tribal Clinic.

Nov. 12 – Outreach worker training, Menomonee Tribal Clinic

Nov. 18 and 20 – Marian College Nursing Students

Dec. 9 – Outreach worker training, Oneida Community Health Center, Green Bay

Programs for families

Remembering Through Sharing support group meets at 7 p.m. the first Wednesday of the month. No registration is necessary. Call (920) 729-2087 for meeting location and information.

Oct. 19 – Walk to Remember, Bubolz Nature Center.

Dec. 3 – Memorial Candlelight Service, 7 p.m. to 8:30 p.m., Liberty Hall in Kimberly. Open to anyone who has experienced a loss through miscarriage, stillbirth or infant death.

Dec. 11 – Sudden Loss Support Group Memorial Service. 6:30 p.m. to 8 p.m. Open to any adult family member or friend whose life has been impacted by the sudden and unexpected loss of an infant or child. For more info, contact Beth Tourville (920) 969-7903.

Center summaries cont.

Northern Region

Dora Gorski: (715) 843-1877

Educational programs

Presentations on SIDS, risk reduction strategies, grief/loss issues and services provided by the Infant Death Center of Wisconsin were given on:

Aug. 27 – Outreach workers, Lac Courte Oreilles Reservation.

Aug. 28 – Outreach workers, Lac du Flambeau Reservation.

Sept. 9 – Northern regional community council meeting.

Sept. 22 – CAST group members discussion about infant loss and grief.

Nov. 5 and Dec. 3 – Display at Baby Fair New Beginnings Birthing Center, Wausau Hospital.

Nov. 26 – Outreach worker training, Wausau

Dec. 11 – Outreach Workers training, Children's Service Society of Wisconsin Wausau Office.

Programs for families

SAID (Support After Infant Death) meets at 7 p.m. on the second Thursday of every month at 705 S. 24th Ave. Suite 402 in Wausau. For more information, call Dora Gorski at (715) 843-1877.

SIDS research continued from Page 2

- Another study not only confirmed that babies placed to sleep in a non-prone position are at a lower risk of SIDS, but it also found that there was no significant increase in symptoms or illness among nonprone sleepers in the first six months of life. In fact according to parents, babies placed to sleep on their backs developed fewer ear infections at 3 months and 6 months. (Hunt: Archives of Pediatric and Adolescent Medicine: 157:469-474).
- Studies of disparity and modifiable risk factors among infants dying suddenly and unexpectedly found that more infants died on their back or side while bed sharing. Leading researchers conclude that public health information should give equal emphasis to risks and alternatives of bed sharing as well as to the avoidance of stomach sleeping. (Unger, et al, Pediatrics, February 2003; 111(2):E127-31)

Gifts

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 June 1, 2003 and Sept. 30, 2003

In honor of

Shannon Pofahl
Mom and Dad

Taylor Marie Okray
Ms. Patricia L. Wolfgram

Elizabeth and Samantha Perry
Mr. and Mrs. Dennis E. Perry

Thomas Daniel Vizcarra
Mr. and Mrs. Matt Flowers

Anne Wentzel
Dick and Peggy Larsen

In memory of

Brandon William Cook
Mr. and Mrs. Paul Perri
Ms. Cheri Schaefer

Taylor Lynn Poirier
Mr. and Mrs. James Poirier

Shirley Smith
Mr. and Mrs. Robert L. Fettig

Cassidy Tiana Weyek
Metavante Corporation

Wisconsin Perspectives is the newsletter of the Infant Death Center of Wisconsin. The goal of this newsletter is to promote the statewide exchange of information regarding infant death issues.

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. Please 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 Larry Uglow at (414) 266-2745 or luglow@chw.org. To reach the satellite center in your region, contact Phillip Nielsen in Western Wisconsin at (608) 791-9410 or Nielsen.Phillip@mayo.edu, Dora Gorski in Northern Wisconsin at (715) 843-1877 or Dora.gorski@cssw.org, or Beth Tourville in Northeastern Wisconsin at (920) 969-7903 or Btourville@chw.org.

New arrivals:

Congratulations to the following families on their new additions:



John Anthony McFadden was born Feb. 2 to Jacqueline and John McFadden.

Christian Bradley Staudt was born Feb. 5 to Lisa and Brad Staudt.

Joshua Thompson was born March 1 to Lavada Thompson.

Kshaun McDade was born March 16, 2002 and **Tone'ney McDade** was born July 5, 2003 to Karen Baggett.

Kollen Harrah was born April 4 to Tori and Kabe Harrah.

Hannah Nicole Schneider was born July 6 to Kimberly Schneider.

Zachary Edward Cowan was born July 26 to Denise and Alec Cowan.

Elijah John Piasecki was born Aug. 17 to Kelley and John Piasecki.

Dylan Andrew McCann was born Aug. 18 to Megan McCann and Mathieu Bridwell.

Grant Hunter Jacob was born Sept. 21 to Amy and Kaleb Jacob.

Jonlydia Soto was born Oct. 30 to Angel and Luis Soto.



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