



REFLECTIONS

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July 2010

A Note From The President

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I'm so excited to announce that the 30th Annual California SIDS Conference is around the corner. Mark your calendars for Oct 4th and 5th and then go to www.californiasids.com to register. I personally have been working with some great people in the planning of this conference. If you are a parent, grandparent, or first responder we would LOVE to see you there. I hope to see you there! Please feel free to say hello to me if you can make it.

Our Orange County group GISOC has also started a new 8 week parent support group that will start August 3rd. You can go to www.newhopegrief.org to register.

Every once in a while I come across or someone will share with me a great poem or inspirational quote. I came across this one while reading a website on loss. I thought I would end my letter with it. I hope you all have a great summer and know even

though I personally do not know you; you are all in my thoughts and prayers!!

God Said "For a little while I'll lend you a child of mine for you to cherish while he lives, and mourn for when he is dead. Look after him for me! It may be 2 months or 1 year before I will call him home.

Will you care for him?

He'll bring you love, joy and happiness and should his stay be brief, you'll have a whole host of memories as solace from your grief."

I cannot promise he will stay, since all from the earth returns to dust, but there are lessons taught below that I want this child to learn.

Will you love him?

I've looked the whole world over in my search for teachers true, and from the masses that crowd life's lane at last I've chosen you.

Now will you give him all your love and not think your labor in vain

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Ask the Doctor

FOX 6 NEWS VIDEO ON BEDSHARING Friday, May 14, 2010

Thank you very much for sharing with me the U-Tube video by Fox 6News on bedsharing and the risk for SIDS.

As you know, I chair the *California Sudden Infant Death Syndrome Advisory Council*, which has legislative authority to advise the *California Department of Public Health* on issues related to SIDS in California. I take this responsibility seriously, as successful public health educational campaigns ("Back to Sleep", SIDS Risk Reduction, etc.) have resulted in a 75% decrease in the number of babies dying from SIDS in California over the past 20-years. Thus, the *Council* wholeheartedly supports and encourages legitimate SIDS Risk Reduction education to the public. I append the most recent *American Academy of Pediatrics* Policy Statement on SIDS and actions which are known to the reduce the risk of SIDS.

I have viewed the Fox 6News video on bedsharing and SIDS. While I strongly support SIDS Risk Reduction education, this video is not an educational video with a clear message, and it should not be used for SIDS Risk Reduction education. This was obviously made for a local news broadcast to highlight controversy, in some cases where little controversy exists. Much of the factual information is incorrect.

It makes some recommendations and associations which are not based on scientific research, and which are not true. Further, as a public health message, the video is confusing, and the viewer walks away not knowing what to do. One specific message is that bedsharing is safe if breastfeeding occurs, but that babies will die if they do not breastfeed. These are both incorrect. It is important for the *Los Angeles County Department of Public Health* to continue to be active in public education about reducing the risks of SIDS. However, anything used as part of this education must be accurate. It must be based on scientific studies, and it should be consistent with the well-researched information given out by the *California SIDS Program*, by the *American Academy of Pediatrics*, and by the NIH sponsored "Back to Sleep" campaign. This video does not meet any of these criteria. Therefore, the *California SIDS Advisory Council* advises you in the strongest way possible that this video NOT be used for public education to reduce the risk of SIDS. The best available materials can be found on the website of the *California SIDS Program*, or by consulting them directly.

If you have any comments or further questions, please do not hesitate to contact me. Thank you very much for helping to improve SIDS services, education, and research in Los Angeles County.

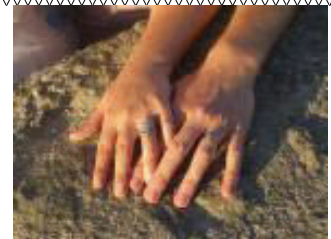
Thomas G. Keens, M.D. Chair, California Sudden Infant Death Syndrome Advisory Council Professor of Pediatrics, Physiology and Biophysics Keck School of Medicine of the University of Southern California Division of Pediatric Pulmonology Childrens Hospital Los Angeles

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If new parents want to meet with other SIDS parents for support, please feel free to call:

Rachel 714-305-0421
or
Jordy 714-501-6346

We will be more than happy to meet up with you.



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and turn against me when I come to take him back home again.

I fancied that I heard you say to me:

"Dear Lord your will be done, for all the joy your child shall bring the risk of grief we'll run. We'll shelter him with tenderness. We'll love him while we may, and the happiness we've known forever grateful stay. But should the angels call him much sooner than planned, we'll brave the bitter grief that comes and try to understand."

"I'll lend you for a little while a child of mine," God said, "for you to cherish while he lives, and mourn for when he's dead."

Rachel

The Grief of Fathers

Terry Jago, TCF, Regina, Canada

In the early days of my grief, a tear would well up in my eyes, a lump would form in my throat, but you would not know . . . I would hide it, And I am strong.

In the middle days of my grief, I would look ahead and see that wall that I had attempted to go around as an ever-present reminder of a wall yet unscaled. Yet I did not attempt to scale it for the strong will survive . . . And I am strong.

In the later days of my grief I learned to climb over that wall . . . step by step remembering, crying, grieving. And the tears flowed steadily as I painstakingly went over. The way was long, but I did make it . . . For I am strong.

Near the resolution of my grief, a tear will well up in my eyes, a lump will form in my throat but I will let that tear fall . . . and you will see it. Through it you will see that I still hurt and I care . . . For I am strong.



My Little Angel

You've just walked on ahead of me
And I've got to understand
You must release the ones you love
And let go of their hand.
I try and cope the best I can
But I'm missing you so much
If I could only see you
And once more feel your touch.
Yes, you've just walked on ahead of me
Don't worry I'll be fine
But now and then I swear I feel
Your hand slip into mine.



Ask the Doctor

Tom

The news today is of an article about breastfeeding & SIDS online April 5 Pediatrics. The news as usual is very guilt provoking. Since I don't subscribe, I'm not privy to the online articles. Can you send me a copy along with your thoughts.

Norm

To the California SIDS Community:

I received an inquiry from *Doctor Norman Lewak* about a recent article on Breastfeeding, published in *Pediatrics* this week. As my comments might be of interest to many of you, I forward my comments to *Doctor Lewak** and copies of the recent article, and a previous better article on SIDS and breastfeeding.

If you have any comments or questions, please do not hesitate to contact me. Thank you very much for helping to improve SIDS services, education, and research in California.

---Tom Keens

* *Doctor Norman Lewak* is a recipient of the *Daniel E. Boatwright Award* for his pioneering efforts to establish SIDS as a diagnosis and insure SIDS services and education started in California beginning in 1974. He continues to be an advocate for SIDS parents, education, and research.

Dear Norm,

Thank you for your e-mail. I hope all is going well with you.

I was not aware of the article you referenced, but I looked at it. The article is really more of an economic analysis of "suboptimal breastfeeding". They do not really (in my opinion) add to the body of knowledge about SIDS risk and breastfeeding. This study only makes some assumptions (based on other studies) and suggests that X-number of lives could be saved. The data is based (I think) on a 2009 German study, which I think is a very good study, and does provide some compelling information that breastfeeding has a risk reduction effect on SIDS.

As you know, there have been many studies which suggested that breastfed babies had a lower SIDS risk than bottle fed babies. But some of the larger and better epidemiological studies, such as the CESDI Study by Peter Fleming and Peter Blair in the UK, found that breastfeeding mothers were also more likely to follow other SIDS Risk Reduction recommendations (back sleeping, no cigarettes, safe bedding, etc.), and therefore breastfeeding did not emerge as an independent risk factor. The 2009 German study performs similar analyses, but it find that breastfeeding appears to have a substantial protective effect, even when other factors are considered and factored out. Therefore, based on this study, I think that breastfeeding should be included in the SIDS Risk Reduction Recommendations.

Of course, as you know, SIDS risk factors are not causes of SIDS. Many babies without the risk factors still die, and most babies with the risk factor will not die. I hope this helps. Thank you so much for all you have done for SIDS. ---Tom Keens

Disparities in the Accuracy and Consistency of SIDS, Undetermined, or SUID Diagnoses

Thomas G. Keens, MD
*California Sudden Infant Death
 SIDS Syndrome Advisory Council*

A longstanding problem in California is a disparity in the consistency of the diagnosis of infants who die suddenly and unexpectedly without an obvious cause. In some jurisdictions, such infants may have a cause of death signed out as "SIDS", in some "Undetermined", in still others "Sudden Unexplained Infant Death", etc. The problem is that infants presenting in the same way with the same findings will have a different diagnosis as cause of death, depending in which county the death occurred. This makes no sense medically or scientifically. This is a complex problem, which has eluded the *Council* for many years. Yet, this must be addressed in a systematic manner. The *Council* has committed itself to make this issue a priority.

Kathryn Martin, Ph.D., M.P.H., Tommi Gaines, Dr.P.H., and Laura Wiggs, at the Southern California Injury Prevention Research Center at UCLA, are conducting a study on Coroners and Medical Examiners in California. The project hopes to assess how Coroners and Medical Examiners arrive at diagnoses of the causes of death in infants dying suddenly and unexpectedly. Laura Wiggs, one of the investigators, summarized progress on the study to date.

The study methodology is a survey, describing a number of death scene investigation and autopsy findings, and asking the Coroners or Medical Examiners on autopsy and deaths scene investigation findings to try to identify the point at which Pathologists would diagnose "Undetermined" vs "SIDS". Preliminary work suggests that in a death scene where a baby sleeps supine, alone, in a safe bed, etc., most pathologists diagnose "SIDS" (93%). As other features are added, such as bedsharing, prone sleep, unsafe bed, etc., the proportion of those diagnosed as "Undetermined" increases. For example in the case scenarios, if "heavy bedding" was a factor, 8% diagnosed the death as SIDS and 73% as undetermined.

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From Helplessness to Hopefulness Part 1—First Five Guidelines

By Dr. Earl A. Grollman

These first five guidelines are a cooperative endeavor; not only my own thoughts that I have learned from counseling the bereaved, but in quotation marks, the exact words of the experts—the survivors who share their insightful, painful revelations.

When someone you love has died:

1. Accept Your Emotions

Death hurts. It's so difficult to say goodbye—to realize that in your lifetime you will never see or touch your loved one again. Why pretend that you are not experiencing terrible inner turmoil? Your emotions are a natural response to the death of a loved one. Reactions to death are varied and contradictory, appearing in widely contrasting combinations. Many feelings may be expressed in the space of a few moments.

"My emotions went on a roller coaster. One minute I would be weeping, the next minute I would feel almost normal."

The way you confront the death of your loved one will depend on many factors: how recent the death, the quality of the relationship, the manner in which you normally handle stress and the support of your family and friends.

That's why:

"The only script is no script. Everyone copes in his or her own way. There is no prescribed way to mourn. General stages, perhaps. But within these phases, there is tremendous variability."

Initially, you may be in shock. Not only has your loved one died, you feel dead, too. You are literally stunned, as if under anesthesia.

"I felt like a spectator in a drama. I had to keep reminding myself that

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Guild For Infant Survival, Orange County Information:

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 Ph: (714) 973-8417
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 (800) 474-SIDS (7437)

Email Address:

gisoc@att.net

Website Address:

www.gisoc.org

Newsletter Deadlines

If you would like to contribute an article or poem to an upcoming issue of **Reflections**, please contact: Lisa Biakanja at (714) 960-9897 or email her at lbiakanja@yahoo.com. **The next newsletter deadline is 10/1/10.** We encourage your participation!

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all this fuss was about my wife. She was dead. I just couldn't understand what was happening around me. I felt paralyzed."

Guilt feelings are perhaps the most demanding, erratic and the hardest to cope with reactions to death.

"Because I hadn't been able to sustain my baby's life, I felt a public flogging would have been appropriate."

"I didn't do enough for my husband."

"I feel relieved that her terrible pain is over, I no longer have to take care of her, and she now is at peace. And yet, I feel guilty for feeling this way..."

"If only I had called the doctor sooner..."

You may find yourself becoming angry with everyone around you. At the doctors and nurses:

"A well-meaning new resident... told us (our daughter) was doing fine and we would have her home soon. Anyone with eyes ... knew she was dying."

Or at God:

"At times like this everyone questions the will of God. Why did God let this happen?"

At your friends:

I haven't seen them since the funeral."

You may even want to lash out at the person who died.

"It's so easy for him. Buried so comfortably in the cemetery. Leaving me with all these problems and responsibilities."

You could be angry with yourself.

"Other people seem to manage so well. What's wrong with me?"

2. Express Your Feelings

It is not enough to recognize your conflicting emotions; you must deal

with them openly. A feeling that is denied expression is not destroyed; it remains with you and often erupts at inappropriate times. To intellectualize your reactions and by-pass your emotional stress is to prolong the agony and delay the grief process. Acknowledging pain when you feel it is much better for your long-term emotional health. Be honest about your feelings:

"I couldn't say the words 'dead' or 'widow.' I couldn't admit that my life had changed so abruptly. Now I have to accept the fact that my husband will never come back. And it hurts."

It does hurt to use words like *die* and *dead*, but euphemisms like *expire*, *pass away*, *pass on*, and *depart* may be evasions that indicate an inability to deal honestly with the situation. You must confront reality. Your loved one is dead. Put your feelings into words or put your thoughts on paper:

"My big mistake was bottling up my reactions. When people asked me how I was doing, I would say 'fine' even though I couldn't think of a single reason to go on living. Feelings festered inside me until I could scream them out loud, I felt better then."

"Writing down our experience has helped us to do some further grief work together."

"Reading and rereading the diary has been such an effective grieving tool for me."

"My journal is my special friend, my instrument for survival."

You have a right to cry if you want to. It is a natural expression of grief for men as well as for women and children. Weeping helps to express the depth of despair that follows the slow realization that the death of your beloved is not just a bad dream. Don't take pride in stoicism or excellent self-control. Crying is the emptying out

of the emotions.

"The healing began when a friend embraced me, leaving some of his tears upon my cheek."

Everyone needs outlets to discharge pent-up feelings. Don't count on tranquilizers to do the grief work for you. If you need any sedation, get a prescription for a small amount of tranquilizers and stay in touch with your doctor. Alcohol, too, only delays the mourning process. There are no detours around the pain of separation.

3. Don't Expect Miracles Overnight

Allow sufficient time for the grieving period to run its course. The process is never the same for any two people. Don't compare yourself with others in similar positions. Their smiles may not reveal the depth of their sorrow.

Heal in your own way and in your own time. Insist that others give you this freedom as well. Be yourself. You don't need to pretend grief beyond the time you need to grieve. Nor do you need feign recovery before you are recovered.

"I made a valuable new friend—time. The sadness can seem interminable, the pain relentless, but it does pass. The tears still come, unexpectedly, but with less intensity and less frequency. At first, the sudden waves of sadness knocked me down, but I have learned to stand up to them—all because of time."

4. If You Have Children, Bring Them Into the Grieving Process

Children should not be shielded from tragedy. Death is a crisis that should be shared by all members of the family. Children too often are forgotten by grieving adults.

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If there was bed sharing, 57% diagnosed the death as undetermined and 21% as accidental suffocation. If the mother had been using alcohol, ½ replied they would use undetermined as the diagnosis. Results indicate that there is no consensus as to the cause/manner of death among coroners /MEs in California. UCLA hopes to turn the results into policy actions and is looking at getting their research published. More results are anticipated.

◆ Impact of the Diagnosis on Parents.

One concern about the increasing use of the undetermined diagnosis is the impact of the specific determination of the cause of death on SIDS families, their grieving process, etc. *Magali Leialoha* made a brilliant and thought-provoking presentation at the California SIDS Conference two-years ago. Her talk brought up the question of whether the impact of the diagnosis goes beyond statistics, and whether it is potentially impacting parents. If coroners do not use the SIDS diagnosis, then what went wrong and why did the baby die? There are a number of published studies on the impact of a SIDS death on parents, their psychological reactions to the death, etc. However, we are not aware of any published studies, which address this specific issue. Based on a rich discussion by many SIDS parents on the Council, and who have been willing to help the Council address this issue, the *Council* believes that the specific diagnosis received *does* have an impact on parents' grief and road to recovery. SIDS is generally considered to be a biological disorder and a natural manner of death, which implies that parents did nothing to cause the death. According to the SIDS parents participating in *Council* discussions, this helped tremendously to reduce grief, as these parents could point to this diagnosis as evidence that they did not cause their baby's death. On the other hand, a diagnosis of "undetermined", or a similar non-SIDS diagnosis, tainted the baby's death. If the Coroner could not use the SIDS diagnosis, what did he or she think the parents might have done to cause or contribute to the death? Many SIDS parents believe that the use of a

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Silence and secrecy deprive them of an important opportunity to share grief. When, in your heartache, you overlook your children's feelings, you heighten their sense of isolation. The youngsters need your help to sort out their emotions. When you discuss death with your children openly, you enable them to face reality without psychological defenses.

When a loved one dies, children often suffer the death of two people: the one who died and the parent or parents who are too absorbed in their own grief to notice their youngsters' needs. Let them know the reason for your tears and unhappiness.

"Until my mother told me how terrible she felt about Daddy's death, I thought she was mad at me."

There is no "right" and "proper" way to explain death to children. What is said is significant, but how it is said will have a greater bearing on whether your youngsters develop unnecessary fears or are able to accept, within their ability, the reality of death. Approach your child gently and with love. The tone of your voice—sympathetic and kind—will communicate feelings more completely than any specific words.

Your children's most important source of security is you. Stay close to them, hug them, let them feel the warmth of your body. When words fail, reaching out physically is the clearest communication of reassurance and comfort.

5. Escaping Into Loneliness is the Wrong Solution

If you stay alone too much, your home will become a protective shell that keeps you from facing the new challenges of life. Admittedly, the road ahead is unfamiliar. But you must leave your house. You might start with routine chores, like shopping, that do not demand too much exertion and concentration.

"I didn't want to leave the apartment and meet people. It was too painful to hear how sorry they were about my child's death. Some even asked how she was—didn't know she died. But I made the leap, I couldn't hide anymore."

At the same time, don't overload the circuits. Look over your priorities. What are the things that have to be done now? Are your plans realistic? Don't punish yourself with unworkable and impractical tasks. Stick to what is important and necessary now. You need not worry too much about what is down the road. Take one step at a time outside your home. How about reconsidering that dinner invitation to your friend's home?

Look for the final 5 guidelines in the next edition of *Reflections*.



**INTERNET
LINKS
WORTH
VIEWING**

- ◆ **WWW.TEXT4BABY.ORG** - **Text4Baby is an educational program of the National Healthy Mothers, Healthy Babies Coalition . Get free messages each week on your cell phone to help you through your pregnancy and your baby's first year. Text BABY to 511411 or envia BEBE al 511411 para Espanol.**
- ◆ **http://www.californiasids.com/Universal/MainPage.cfm?p=10** **Designed to serve individuals affected by a SIDS death. Includes grief materials, SIDS facts, and Reduce the Risk of SIDS information**

REFLECTIONS

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Reflections is a tri-annual publication of the Guild for Infant Survival, Orange County — a non-profit organization. *Reflections* is committed to the collection and dissemination of accurate, up-to-date, scientific and lay information and the correction of misinformation related to SIDS. The Guild is dedicated to the support of families and friends suffering the death of an infant to SIDS.

New Post-Partum Protocol for Cessation Counseling— Protocol Tackles High Relapse Rate of New Mothers with Encouragement, Support (6/6/2008)

WASHINGTON, D.C.—Up to half of all women who quit smoking during pregnancy resume smoking within six months and up to 80 percent start smoking again within 12 months. Relapsing after a baby is born puts the mother at risk and increases chances that the infant may suffer from sudden infant death syndrome (SIDS), bronchitis, pneumonia, asthma and ear infections. Because of the serious consequences of post partum tobacco use, a new counseling protocol is being introduced into state quit lines, which will focus on support, encouragement and the issues that matter most to post-partum women.

"Many women smokers are able to quit successfully when they find out they are pregnant. They have the best motivation there is — having a healthy baby. Temptation often returns after baby arrives, often brought on by stress, and with such high relapse rates among women who start smoking after giving birth, it was critical that we develop a protocol focused on encouragement and relapse prevention," said Dr. Cheryl Heulton, President and CEO of the American Legacy Foundation.

A collaborative effort among experts, including the American Legacy Foundation, American Cancer Society, Environmental Protection Agency, American College of Obstetricians and Gynecologists, American Academy of Pediatrics and The National Partnership for Smoke Free Families, this newly developed post-partum protocol is an extension of the American Legacy Foundation's *Great Start*® initiative. Launched in 2001 after evidence revealed that smoking negatively impacts the health of unborn babies, *Great Start* was the first national quit line and media campaign to help women quit smoking during pregnancy. This new protocol will continue the effort. To address tobacco addiction in the first few months post partum, protect infants from exposure to second hand smoke, and encourage women to stay tobacco-free.

"We want to ensure that women have the support they need and this new post-partum protocol is tailored to these women's special needs," said Dr. Cathy Melvin of the National Partnership for Smoke-Free Families.

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Save The Date

- 9/13/10— Training for Child Care Providers
- 10/4/10 to 10/5/10—30th Annual CA SIDS Program Fall Conference— Angels Among Us. Doubletree Hotel Anaheim/ Orange County, 100 The City Drive in Orange.
- 12/6/10— Angel of Hope Memorial Service. El Toro Memorial Park, 25751 Trabuco Road in Lake Forest. Services begin at 7 pm.

IMPORTANT

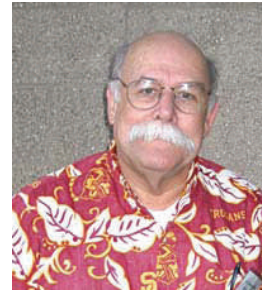
This could be your last newsletter! Contact lbiakanja@yahoo.com to confirm your desire to receive *Reflections* by email or send an email gisoc@att.net to remain on the mailing list.

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non-SIDS diagnosis complicates grief and recovery. If a non-SIDS diagnosis is found to complicate grief, this finding may dissuade Coroners from making such diagnoses when medical or scientific evidence is lacking to differentiate.

John Margetis, a USC undergraduate working with *Doctor Thomas Keens*, and in collaboration with *Dawn Dailey*, *Kathleen Roche*, *Susan Moore*, *Magali Leialoha*, and *Gwen Edelstein*, designed an anonymous questionnaire study (using validated instruments, demographic information, and open-ended questions), to attempt to assess if and/or how differing diagnoses affect parent grief. The study received Institutional Review Board review and approval (to assure that the rights and welfare of human research subjects are protected). We have sent out over 900 questionnaires to SIDS parents from the *California SIDS Program* mailing list and from the *SIDS Alliance of Northern California* mailing list. We have already received ~120 questionnaires, and preliminary analysis is being performed. Most of the responses were from subjects who received a SIDS diagnosis. The surveys for 78 respondents have been partially analyzed, and another 20-30 are not yet analyzed. There were a number of questionnaires returned as “undeliverable.” 61 of the respondents had a SIDS diagnoses; 5 Undetermined; 9 other diagnosis, and 1 SUID. JM summarized feedback on some of the open ended questions. For example, when asked “How much do you agree with the diagnosis?”, 64% strongly agreed with the diagnosis; 12% said the diagnosis did not matter or they did not care; 23% of the 61 respondents disagreed with the diagnosis. When asked “Did the wording on the death certificate matter?” only 43% said it mattered. JM may consider obtaining additional data base files of SUID infants from San Diego and/or Los Angeles County, but that will depend on the actual number of responses received from those with a “non-SIDS” diagnosis and the trends. Council/Academy parents who had completed the

questionnaire noted they felt it was difficult, complex and emotionally draining. Continued analysis will be performed this summer.



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The new protocol emphasizes topics such as relapse prevention, risks of secondhand smoke exposure and the health benefits of quitting smoking for mother and infant.

Additionally, it touches upon potential and underlying issues such as post partum depression, stress and miscarriage. An appendix for counselors to use as a reference tool during counseling sessions is also included.

Pregnant and post-partum women can call the toll-free quit line (1-800-QUIT-NOW) to receive free counseling and learn how to quit and stay quit now. In addition, the postpartum protocol will be incorporated and used by the American Cancer Society Quitlines® at 1-800-ACS-2345.

*The American Legacy Foundation® is dedicated to building a world where young people reject tobacco and anyone can quit. Located in Washington, D.C., the foundation develops programs that address the health effects of tobacco use, especially among vulnerable populations disproportionately affected by the toll of tobacco, through grants, technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns. The Foundation's programs include **truth**®, a national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; **EX**®, an innovative public health program designed to speak to smokers in their own language and change the way they approach quitting; research initiatives exploring the causes, consequences and approaches to reducing tobacco use; and a nationally-renowned program of outreach to priority populations. The American Legacy Foundation was created as a result of the November 1998 Master Settlement Agreement (MSA) reached between attorneys general from 46 states, five U.S. territories and the tobacco industry. Visit <http://www.americanlegacy.org>.*





30th Annual California SIDS Program Fall Conference

October 4 - 5, 2010 ~ Save These Dates ~ Mark Your Calendar Now

The California Sudden Infant Death Syndrome Program invites you to join us on October 4-5, 2010 for *Angels Among Us*, the 30th Annual California SIDS Program Fall Conference. This year's events and agenda have been planned in collaboration with the Southern California Regional SIDS Council and the California Department of Public Health, Maternal, Child and Adolescent Health Division. The conference site is the Doubletree Hotel Anaheim/Orange County located at 100 The City Drive, Orange, CA. 92868. The hotel is 20 minutes from Orange County's John Wayne Airport and within minutes of Disneyland and other local tourist attractions. Restaurants and shopping venues are conveniently adjacent to the hotel.

Pre-Conference Events ~ Monday, October 4, 2010

Making Memories ~ The Guild for Infant Survival of Orange County (GISOC) is sponsoring this special afternoon workshop on Monday, October 4th from 2:30 to 4:30 pm. This complimentary session is intended for bereaved parents, grandparents, family members, child care providers and others experiencing the sudden unexpected loss of an infant. The GISOC will provide decorative supplies/materials and instructional assistance for making memorial shadowboxes. Attendees are asked to bring small photos, mementos and other treasured items for displaying in their infant's shadowbox. This informal gathering offers an opportunity for newly bereaved and those years beyond their loss to meet and network in a caring supportive setting.

Celebrating Our Angels: A Service of Remembrance ~ This complimentary event hosted by the GISOC is open to everyone. It will take place at 5:00 pm on Monday, October 4th on the Patio of the Doubletree Hotel. This early evening memorial service will include a pictorial slide presentation, readings, musical interludes and a commemorative butterfly release. Anyone wishing to honor an infant is invited to participate in the memorial pictorial tribute. Photographs can be mailed with a return self-addressed envelope to the Guild for Infant Survival of Orange County c/o Rachel Strickland at PO Box 148, Tustin, CA 92781 or digital photos can be emailed to Sarah Held at heldfamily@socal.rr.com.

Welcome Reception ~ The Guild for Infant Survival of Orange County is sponsoring this free pre-conference event. It is open to SIDS parents, family members, friends, relatives, professionals and para-professionals and interested individuals. Meet, mingle and enjoy light refreshments as you network with others and get acquainted with the California SIDS Community. The reception will immediately follow the memorial service at 6:00 pm and will take place in the Atrium of the Doubletree Hotel. For more information about the reception and other pre-conference events please contact:

California SIDS Program
11344 Coloma Road, Suite 560 * Gold River, CA 95670- 6304
800-369-SIDS (7437) Within CA * 916-851-SIDS (7437)
info@californiasids.com * www.californiasids.com



Produced by the California SIDS Program under funding
 by the California Department of Public Health
 Maternal, Child and Adolescent Health Division

California Sudden Infant Death Syndrome Program
 800-369-SIDS (7437) ² www.californiasids.com

* Note: Registration with the California SIDS Program for all pre-conference events is requested for planning purposes.



Conference Highlights ~ Tuesday, October 5, 2010

Henry F. Krous, MD

8:00 am to 4:30 pm
Keynote Speaker



We are honored to have as our keynote speaker on Tuesday, October 5th a world renowned SIDS researcher, Henry F. Krous MD, Professor of Pathology, University of California San Diego School of Medicine and Director of the San Diego SIDS/SUDC Research Project. Dr. Krous has served as a consultant to the Centers for Disease Control and Prevention and the National Institute of Child and Human Development in the development of national standards for infant death scene investigation. In California he is credited with formulating the State's standardized autopsy and death scene protocols. Dr. Krous has been involved in SIDS research for more than thirty years, of which twenty have been in collaboration with Dr. Hannah Kinney. Their cooperative efforts have been instrumental in identifying the link between SIDS and low levels of serotonin. Dr. Krous will provide an in-depth update of current research surrounding SIDS and other sudden unexplained infant deaths. Immediately following his presentation, Dr. Krous will moderate an informal dialogue among SIDS medical experts as they respond to audience questions. The morning's general session will conclude with three parents sharing their journey of grief and the lessons they have learned in coping with their loss.

After lunch, registrants will attend pre-selected sessions which will provide an opportunity for networking and sharing in a smaller informal setting. Featured workshops are designed for SIDS grandparents, newly bereaved parents/family members and those years beyond their loss. Each of these support sessions will be facilitated by volunteer parents/family members who have experienced the loss of an infant. Public health professionals will attend an interactive session moderated by the PHN representatives of the State SIDS Advisory Council. The day's final general session will include a pictorial tribute honoring the "borrowed angels" whose lives were lost suddenly and unexpectedly.

Hotel Reservations

A block of rooms have been reserved at the Doubletree Hotel Anaheim/Orange County located at 100 The City Drive, Orange, CA. 92868. The hotel is about 20 minutes from Orange County's John Wayne Airport and 45 minutes from Los Angeles International Airport. A special room rate has been confirmed at \$84 single/double occupancy exclusive of applicable state/local taxes. This group rate is available from October 1st through October 7th based on room availability. Call the Doubletree reservations desk at 1-800-488-9031 or 714-634-4500 to reserve your room. Specify the California SIDS Conference when making your reservation. Additional travel information including hotel parking, local airports, shuttle service and map/directions will be posted on the California SIDS Program website at www.californiasids.com.

Conference Details and Registration

Financial assistance will be available for SIDS parents/family members. Continuing education units (CEUs) will be offered for RNs. Complete conference details including the agenda, speakers, registration form and fee schedule will be posted on the California SIDS Program website at www.californiasids.com in the coming weeks. For more information please contact:

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MEMORIAL DONATIONS

Special Thanks

**Donations have been made in loving memory
by those who loved them:**

In Memory of London Faith Chapin
Trish & Rodney Hoover

In Memory of Ryan Edward Faley
Bob, Leighann, Mallory & Kendal Faley

In Memory of Christopher Bryon Phillips
Marie T. Bowen

In Memory of Aaden Sage Proffitt
Richard Hirsh

Beyond Dream's Edge

By Debbi Dickinson
Naperville, Illinois

Three new children play tonight
In a land beyond dream's edge.
Instead of sand, they play with stardust,
Getting glitter sprinkles on their hands.

Instead of coloring books,
They color rainbows
For God to place in the sky,
His promise to us below.

Instead of jumping rope,
They jump strands of sunlight,
Braided strong by His might,
Forever shining bright.

Instead of riding bikes,
They spread their wings
And fly to distance stars,
As all the angels sing.

Instead of snow slopes,
They slide down moonbeams,
Iridescent glowing streams,
Landing in heavenly green.

Instead of TV,
They watch sunrises, sunsets,
And all that transpires in be-
tween,
Secure that God knows best.

Instead of playing ball,
They catch the stars
before they fall,
Loving the wonder of it all.

Instead of bouncing on beds,
they bounce on clouds.
Their laughter echoes about,
Just beyond dream's edge.

We meet at night in prayer.
I quietly wait to see them there,
Golden haloes on their heads,
In a land beyond dream's edge.



This newsletter is being
published thanks to a
grant from the Pacific
Life Foundation.

**Community Support
Campaigns**
Thank you to the
following donors:

Employees of Wells Fargo

IMPORTANT

This could be your last
newsletter!

Contact Ibi-
akanja@yahoo.com to
confirm your desire
to receive *Reflections* by
email or email
gisoc@att.net to remain
on the mailing list.

2010 MEETING CALENDAR

NEW Infant Loss Grief Support Group

Tuesdays Beginning 8/3/10 and ending 9/21/10

6:30 pm - 8:00 pm

First Presbyterian Church of Orange

Grand Street Center

146 N. Grand Ave.

Orange, CA

*Because the path through grief
is often a long and difficult journey*

Please call for information on the next 8 week class
to register & for more information.

(562) 429-0075 or (888) 490-HOPE

- ◆ Open to parents who are grieving the loss of an infant.
- ◆ Space is limited, so call soon to register
- ◆ Group is closed after 2nd session
- ◆ Park in the parking lot directly across from the entrance of this building

Business Meetings– Business meetings are held at the home of Rachel Strickland located in Anaheim (714) 630-0400. Meetings begin at 7:00 PM. If you would like to have an item added to the agenda, please contact Rachel at the number referenced or email her at shawnrachelhuntr@aol.com.

July 21, 2010

October 20, 2010

