

Minnesota Sudden Infant Death Center

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Mikey – How He Changed Me

Thoughts on a 10-year grief journey

By Kathy Allard Whelan

Why do I always feel something simmering, just under my skin? Simple acts of taking a child to get a haircut, watching kids board a school bus, setting the table. These are all hard because of the missing one. My heart bears a hole, and sometimes grief bubbles up through it.

I survived the most painful death. The death of a baby. My baby. I am surprised that I continue to live without my son. Through the years, I discovered how to live through each hour, each day, each anniversary, birthday and holiday. On those days I expect the familiar grief, and am comforted by it, for it is a palpable remembrance of the depth of love for my son.

Dead ten years. Now he lives and grows in me. It's not an angelic presence, a breath of wind, or some vague, warm feeling. He appears so real in my daydreams. I felt his nine-year old hug last month, in that time just before waking. I imagine him, helping Anna and Michelle with their homework. Dunking baskets. Playing trucks with Stevie. Shoveling the driveway. My children, so full of life and love, are just like we said you were Michael, at only a few weeks. So full of life and love. I imagine you growing up. Dark brown crew cut? Mischievous blue eyes? Sassy mouth? Strong and loving like your father?

Sometimes my grief is so near the surface I make people uncomfortable. I want to tell them, "Don't be afraid to know me because you sense my pain simmers inside me. If you know me, you will learn something about the resiliency of the human soul."

Every person encounters loss. They may not carry their loss near the surface as I do, but they carry it. And if they can share their loss, they are much better off. Open up your soul. Share your pain, ease someone else's load.

Mikey's death changed me, yes. I had to mourn the loss of part of myself when he died. However, I still live. My greatest fear was that I would go crazy. But I did not lose my mind. I found out what was important. Before, life was successful, carefree, just plain fun. I was happy-go-lucky. I believed life would continue on that path. But by losing Mikey, I understood that life is good and bad. Horrible things I read in the paper can happen to my family. I mourned the loss of innocence, the idea that nothing bad happens. By accepting that life holds pain, I became more understanding and empathetic. I cry more, but my crying helps ease other people's pain.

I am more careful about how I spend my days. I understand the importance of a hug, the importance of a game or playing with Duplos and an hour on the beach.

And so, almost 10 years after losing my son, I am surviving. No, I am thriving. I faced the fears of having children again. I lived through five pregnancies, one miscarriage, and three first years of worry. I am raising three beautiful children.

They are loving, affectionate, creative. I have used my pain to write meaningful stories and poems that have touched other people's hearts. I have used my creativity as an outlet for the love of my dead son, a son who may never see my work, but who lives in my heart because of my work.

I have been an example of survival to other parents who are just beginning their grief journeys. I have used my pain to show my children the depths of my love for them.

I love how my dad explained grief. With time, grief would find a place in my heart where it could live peacefully. And every now and then, I could take out my grief and feel its overpowering sadness. The feelings would be similar to those I first felt, but they would not take control of my every waking thought. And so I bear my grief for Mikey in my heart, close to the surface of my soul. And every once in a while, my grief, my love pours out, reminding me of the passion I had for my first-born son. And I can live with that.

Written in memory of Michael Stephen Whelan born October 21, 1989 and died December 31, 1989. Grief Songs, Kathy Allard Whelan, editor. Reprinted in part with permission. Massachusetts Center for SIDS.

*"Don't be afraid ...
because you sense my
pain simmers inside
me. If you know
me, you will learn
something about
the resiliency of the
human soul."*

American Academy Of Pediatrics Expands Infant Safe Sleep Recommendations

October 2011

Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from Sudden Infant Death Syndrome have declined dramatically. But sleep related deaths from other causes, including suffocation, entrapment and asphyxia, have increased.

In an updated policy statement and technical report, the AAP is expanding its guidelines on safe sleep for babies, with additional information for parents on creating a safe environment for their babies to sleep. "We have tried to make it easier for parents and providers to understand the recommendations by providing specific answers to common questions," said Rachel Moon, MD, FAAP, chair of the AAP SIDS task force and lead author of the new guidelines. "As a health care community, we need to do a better job translating what the research identifies as 'best practices' into the day-to-day practice of caring for infants in both the hospital and home environment."

The policy statement, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*, and an accompanying technical report, was released Tuesday, Oct. 18, at the AAP National Conference and Exhibition in Boston and published on line at www.aap.org and in the November 2011 issue of *Pediatrics*.

The policy statement and technical report provide global recommendations for education and safety related to SIDS risk reduction. In addition, the AAP is providing recommendations on a safe sleeping environment that can reduce the risk of all sleep-related infant deaths, including SIDS. Three important additions to the recommendations include:

- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50 percent.
- Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.
- Don't smoke during pregnancy or after birth.
- Breastfeeding is recommended.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
- Infants should receive all recommended vaccinations.

"It is important for health care professionals, staff in newborn nurseries and neonatal intensive care units, and child care providers to endorse the recommended ways to reduce the risk of SIDS and other sleep-related infant deaths, starting at birth," Dr. Moon said. "There needs to be more education for health care providers and trainees on how to prevent suffocation deaths and to reduce SIDS and other sleep-related infant deaths – our goal is to ultimately eliminate these deaths completely."

The report also includes the following recommendations:

- Always place your baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
- Wedges and positioners should not be used.
- Pregnant woman should receive regular prenatal care.

More information for parents is available at www.healthychildren.org/safesleep

Around the Center

- **2010 OVERVIEW:** In 2010 the Center received 69 referrals statewide. 34 of these referrals were deaths attributed to SIDS (sudden infant death syndrome), SUID (sudden, unexpected infant death), undetermined or no anatomic cause. Thirty five referrals were sudden, unexpected deaths due to other causes, such as accidental asphyxia, suffocation, infection, congenital anomalies, accidents etc. Compromised sleep environment was a risk factor in many of the deaths referred to the Center. Thirteen percent (13%) of the 2010 referrals occurred in licensed childcare. Services were provided to approximately 153 families. Other activities included:

Distribution of information materials:.....	33,000
Education programs:	8
Media Interviews.....	5
Newsletter distribution:	3,500

Center staff serves as a member of the Minnesota Department of Human Services state child mortality review panel appointed by the Commissioner of Human Services. Staff continues to work towards decreasing racial disparities in infant mortality in partnership with community organizations as active members of the executive committee for Twin Cities Healthy Start and the American Indian infant mortality review project community action team.

SUPPORT: Metro area support groups include one meeting a month for parents, and special events through Children’s Hospitals and Clinics of Minnesota.

EDUCATION: Broad based education programs reached newborn nursery staff, childcare providers, childcare licensing and referral agencies, physicians, nurses, social workers, first responders, medical examiners and the community at large. Media interviews included radio with the MN News Network, Minnesota Public Radio, and FM 107.1, print media with the Star Tribune and television with KARE 11 Showcase Minnesota and KARE 11 News.

RESEARCH: Trend data continues to be gathered and shared with the Minnesota Department of Health to support infant mortality risk reduction public health efforts.

This data informs public health messages about safe infant sleep practices at home and guides safe infant sleep regulations in child care settings.

- **In the Media:** In September 2011, Minnesota Public Radio’s *Morning Edition* featured a story about the role of death investigation in determining cause of death when a child dies suddenly. Parent Colleen Lindstrom was interviewed to offer a parent’s personal perspective on the process. In October 2011 Medical Director Dr. Patrick Carolan was interviewed by the Star Tribune to offer expert response to a recent book that proposes that parents are more resistant to the message promoted by the Back to Sleep campaign. Check out our website for more information.
- Although the newsletter is now printed and mailed only once a year, the Center’s website is updated regularly and is another source of information and links to resources. Check it out at www.childrensmn.org/sidcenter

Safer Cribs for Babies Now Required

Consumer Product Safety Commission

June 28, 2011

Retailers, importers, distributors, and manufacturers must now offer only cribs that meet the Consumer Product Safety Commission’s (CPSC) new and improved full-size and non-full-size crib standards.

Some of the new mandatory rules for cribs include: (1) traditional drop-side cribs cannot be made or sold; immobilizers and repair kits are not allowed; (2) wood slats must be made of stronger woods to prevent breakage; (3) crib hardware must have anti-loosening devices to keep it from coming loose or falling off; (4) mattress supports must be

more durable and (5) safety testing must be more rigorous.

CPSC has recalled more than 11 million dangerous cribs since 2007. Drop-side cribs with detaching side rails were associated with at least 32 infant suffocation and strangulation deaths since 2000. Additional deaths have occurred due to faulty or defective crib hardware. The new standards aim to prevent these tragedies and keep children safer in their cribs.

Starting on December 28, 2012, child care facilities, including family child care homes and infant Head Start centers, as well as places of public accommodation, such as hotels and motels, and rental companies must use only cribs that comply with the new crib standards.

The Consumer Product Safety Improvement Act of 2008 (CPSIA) required the CPSC to update the old crib standards, which had not gone through a major revision in more than 30 years, to ensure that the standards provided the highest level of safety possible.



Do Baby Products Prevent SIDS? FDA Says No

On October 17, 2011 the Food and Drug Administration (FDA) announced that it is working to prevent manufacturers of over-the-counter sleep products for babies from claiming that their use will prevent or lower the chance of SIDS. These products include infant positioners, mattresses, crib bedding, pillows, crib tents and baby monitors. Baby products that claim to cure, treat or prevent any condition are considered medical devices, and are subject to FDA regulations designed to protect consumers and patients.

The agency has never approved a product to prevent SIDS and is asking manufacturers to stop marketing their products with these claims until they have received FDA clearance or approval, or to change their labeling to remove all medical claims.

"These products are absolutely not necessary and they can be very dangerous," says Susan Cummins, M.D., M.P.H., chief pediatric medical officer in FDA's Center for Devices and Radiological Health.

Dangerous comforts

FDA is aware of 13 infant deaths in the past 13 years associated with sleep positioners, which are used to keep the baby in a desired position. The Consumer Product Safety Commission has received reports of babies found in hazardous positions after being placed in a positioner.

Other products can also be hazardous. Babies can slide down and be trapped by wedges

designed to keep them on their back, says Cummins. Blankets, quilts, soft toys and pillow-like crib bedding can smother, she adds.

It's a matter of A-B-C, says Cummins:

- **A**lone in their own bed. Don't keep the infant in your bed next to you and risk that the baby will be accidentally suffocated if you roll over.
- **B**ack to sleep—every sleep. "The safest way to put the baby to sleep is on his or her back every time," says Cummins. "Do not put the baby on his side or on his stomach." Since the national Back to Sleep campaign in 1994 urged parents to place babies on their backs, there has been a 60 percent reduction in SIDS, Cummins says.
- **C**rib. The baby should always be placed in a crib or bassinet to sleep.

Cummins describes the ideal sleep environment for an infant as being free of anything that could block the infant's movement or breathing. All that's needed is a firm crib mattress and a tight-fitting sheet.

To parents who have visions of a crib filled with comforts, she says, "Though a crib full of plush toys and soft bedding may look appealing to you, it is hazardous for your baby during his or her first year of life."

"Your baby will develop faster in that first year than any time after. Newborns can't even hold up their head, yet by their first birthday they

are walking or nearly so," says Cummins. "In between, your baby will learn to roll, sit, turn, crawl and even may start to climb!" "So in that first year, your baby constantly and rapidly develops new skills, even in the crib during sleep time," she says. "Make your baby's crib a safe place to sleep and move, with nothing to get in the way."

Safe Sleep Resources

FDA is starting a new website on SIDS prevention claims for parents, caregivers and manufacturers of sleep products for babies. Its purpose is to:

- inform parents and caregivers about the risks associated with over-the-counter products that claim to prevent SIDS.
- help manufacturers understand and comply with FDA laws and regulations governing medical devices, which are designed to protect consumers and patients.

The site also offers advice to parents on reducing the risk of SIDS and a list of "baby safe sleep" resources. "The sleep environment is the one place where the baby is alone, so we want to make sure it's safe," says Cummins. And in this case, she says, less is more.

This article appears on FDA's **Consumer Updates page**, which features the latest on all FDA-regulated products.

Duluth and Virginia Plan Angel of Hope Parks

Memorial parks featuring an Angel of Hope statue are being developed in Duluth and on the Iron Range. Bereaved parents in each of these communities want to create a quiet place where bereaved families can go to remember their children and find a feeling of hope, peace and joy.

The city of Virginia, MN has agreed to dedicate the land on the south shore of Silver Lake to create a children's memorial park with an Angel of Hope statue as its centerpiece. This will be a regional park for all the

surrounding Iron Range communities. For more information on the Children's Memorial park go to www.childrensmemorialparkmn.org

In a similar action, the Duluth City Council supported parents' efforts and voted to locate the Duluth memorial park in Lake Park Place. The Duluth Angel Memorial Park is scheduled to be built in the summer of 2012. For more information go to www.duluthangelofhope.org

Duluth and Virginia join Maple Grove, Perham, Grand Rapids and Willmar, Minnesota in creating an Angel of Hope Memorial Park.

The Willmar Angel of Hope Memorial is located at the Flags of Honor Park on North Business Hwy 71/23 adjacent to Willmar Lake. For more information contact the Willmar Area Compassionate Friends at www.compassionatefriendswcmn.org

Community Initiatives to Reduce Infant Deaths

Center staff partners with community and government agencies to offer insight about the grief experience of parents and to promote messages that can reduce infant deaths. Racial disparities exist in our community in many arenas including infant mortality. Agencies and community groups are mobilizing with renewed commitment to improve the health of all children and to offer support and guidance to parents. Several of these initiatives are highlighted below.

Hennepin County Safe Sleep Committee is a community partnership led by the Hennepin County Human Services and Public Health Department. The committee's goal is to educate staff about safe sleep practices and to promote safe infant sleep practices to their clients. This committee was formed in response to the results of a case review conducted by the Hennepin County Medical Examiner's Office. Dr. Andrew Baker and staff reviewed five years of infant death data and found that a high percentage of deaths involved unsafe sleep practices, such as infants sleeping on sofas or in adult beds with others. The Medical Examiner suggests that almost half of these deaths are potentially preventable. Committee members enacted

policy so that shelters now have cribs and that safe sleep education is offered to all families who use shelter facilities. The committee has been conducting health fairs at the Hennepin County Government Center, Century Plaza and Hennepin County Libraries to promote the American Academy of Pediatrics' safe infant sleep messages.

Community Voices and Solutions Advisory Group (CVAS) is a partnership between the Minnesota Department of Health Office of Minority and Multicultural Health, representatives from Minnesota's African American community, Maternal and Child Health, and the Center for Health Statistics. The CVAS formed to consider the causes and recommend solutions to the infant mortality crisis in Minnesota's African American Community. This partnership brings together representatives from various fields that influence health with the purpose of developing a plan to address infant mortality among African Americans in the Twin Cities metropolitan area. Goals include using media to increase the African American community's awareness of infant mortality, outreach and education through church and community based programs, promoting coverage of doula services

through mainstream health insurance programs, and making African American infant mortality a priority among state and local government and policy makers.

American Indian Community Action Teams grew out of a case review process that examined two years of data on American Indian infant deaths. The case review team consisted of tribal and urban American Indian health leaders and community agencies, staff of the Minnesota Department of Health, MN SID Center, University of Minnesota and others. Recommendations from this process included the creation of three community action teams to expand community engagement and develop action steps to address three leading contributors to infant mortality that were identified by the review process – teen pregnancy, racism in the health care system, and SIDS and sleep related infant deaths.

*Those we love don't go away.
They walk beside us every day.
Unseen, unheard but always near.
Still loved, still missed and very dear.
Wishing us hope in the midst of
sorrow, comfort in the midst of pain.*

Anonymous

The Center's website is updated regularly and is another source of information. Check it out at www.childrensmn.org/sidcenter

Journaling through Grief: Finding Your Relief Valve

By Amy Lyon

The mind really can be like a steel trap. Our thoughts and feelings swirl around inside our heads without an outlet, causing a buildup of pressure and grief – especially in a situation as devastating as the loss of a child.

But there is a relief valve: Putting your thoughts on paper.

Journaling is a form of self-expression that comes with no rules, boundaries or expectations that anyone else will ever read what you write. But by getting those thoughts out of your head and onto paper, you open your mind to valuable insight and healing.

How journaling has helped me

When my daughter, Isabelle, passed away in 2007, I had gallons of guilt stored up inside of me. “I shouldn’t have brought her to daycare that day. I shouldn’t have put her in that outfit. I should have told her I loved her one more time ...”

I let the guilt simmer up there for a day or two before I opened my notebook, cranked that valve wide open and let my feelings spill onto the blank pages. In the beginning, there were only words: “devastated,” “shattered,” “depressed,” and frequently the question, “Why?” But then came the sentences: “I feel like there’s an empty void inside me that will never be filled ...” And eventually there were paragraphs.

As I scribbled on the pages, not caring about the legibility of my writing, I felt the pressure ease out of my head and felt the constraints loosen around my chest. I allowed myself the time I needed to feel sad or angry or lost without apologizing for those feelings. Instead, I encouraged them. Armed with my pen and paper, I had a newfound weapon to help me stand up against the loneliness of grief.

Time has passed – four-and-a-half years – and the sharp edges of loss have softened a bit for me, but I continue to write in a journal. Sometimes I incorporate photos or drawings into the pages when words are hard to find. My entries have changed as my journey has changed, but the benefits remain the same.

I often write before bed, taking 15 minutes or so to clear the clutter from my head. Other times I give myself a writing prompt to help me reach deeper into the moments I treasure the most.

Getting started

Finding a journal in which to record my thoughts is my favorite part. Barnes and Noble has an incredible selection, but a simple notebook will do the trick if you want to get started right away. The only rule is that you refrain from judging the words you choose to use. Write freely. This journal is for you, not an audience.

Here are some ideas to get you started:

1. Write one word for the most prevalent emotion you feel right now, then write a brief paragraph describing the details of that emotion to someone who has never experienced it before.
2. Heaven’s Mailbox: Write a letter addressed to your child. You can write about your day, share a favorite memory about him or her, or tell your child the things you miss most.
3. Letter Poem – Write the letters of your child’s name vertically on your journal page, then write a word or sentence using that first letter.
4. Timed Writing – Set a timer for eight minutes and write continuously about the day you found the best outfit or toy for your baby.
5. Treasured Moment – Recall a treasured moment. Draw lines to divide your paper into five sections labeled “Hear,” “See,” “Smell,” “Taste” and “Feel.” Close your eyes and focus on one sense at a time. When you’re ready, write down words and sentences related to that sense.

Memories - Keepsakes

The memories you have of anniversaries, holidays, and special events are of celebrations of family times together. Now you face these times feeling empty without your baby. You have a different outlook about such occasions and may have an image of how you would have shared the moments with your baby.

While sadness will remain with you forever, the memories of your baby are some of the most important “keepsakes” you will have. You can treasure them. You can share them with others.

Family and friends often feel they will cause you more pain by talking about your baby. Let them know if you want to talk and together you can build memories.

As time passes, happy memories of your baby will gradually replace the sad ones, and you will be able to laugh again.

Author Unknown

Whether you’ve just experienced loss or you’re 10, 15, 20 or more years out, journaling can act as the relief valve to help release some of the burden that often weighs so heavily on your mind as you continue moving forward on your journey.

Amy Lyon lives in Prior Lake, Minnesota, with her husband Chad, son Wyatt and angel in Heaven Isabelle. She is a community newspaper editor and the author of “Beyond Belief: A memoir of death and rebirth,” to be released this spring. www.amylyon.com

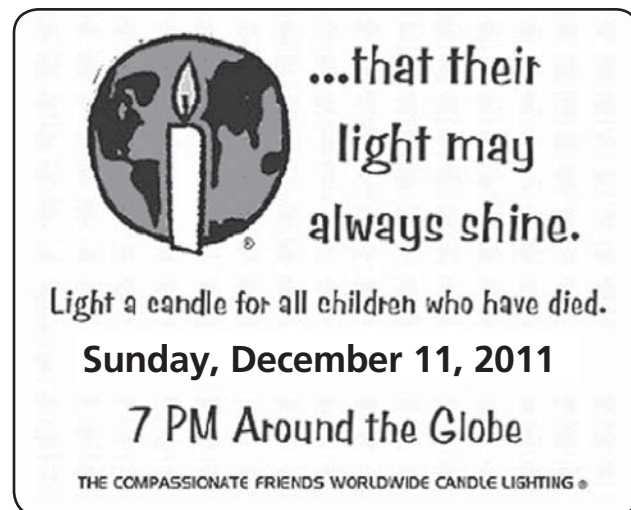
December 11 – Worldwide Candle Lighting

Light a candle for all children who have died...that their light may always shine

The Compassionate Friends (TCF) Worldwide Candle Lighting, held annually the second Sunday in December, this year **December 11**, unites family and friends around the globe as they light candles for one hour to honor and remember children who have died at any age from any cause. As candles are lit at 7 p.m. local time, creating a virtual wave of light, hundreds of thousands of persons commemorate and honor the memories of children in a way that transcends all ethnic, cultural, religious, and political boundaries.

Originally called National Children's Memorial Day, the Worldwide Candle Lighting started in the United States in 1997 as a small Internet observance but has since swelled in numbers as word has spread throughout the world of the remembrance. Now believed to be the largest mass candle lighting on the globe, the Worldwide Candle Lighting, a gift from TCF to the bereavement community, creates a virtual 24-hour wave of light as it moves from time zone to time zone. Hundreds of formal candle lighting events are held and thousands of informal candle lightings are conducted in homes as families gather in quiet remembrance of children who have died, but will never be forgotten.

Family and friends are also invited to post a message in the Remembrance Book which will be available during the event on the Compassionate Friends USA national website www.compassionate-friends.org.



For information about local Compassionate Friends Chapters, contact the National Compassionate Friends office at: 1-877-969-0010 or go to their website.

Angel of Hope – Tuesday, December 6, 2011

Candle Light Memorial

Maple Grove - Perham – Grand Rapids

The Angel of Hope is part of an international network of memorial parks that has become known as a place of hope and healing for anyone who has suffered the loss of a child. Each year on **December 6th at 7:00 p.m.** a candlelight memorial is held at Angel of Hope statues around the country. The public is invited to attend this short, simple, secular ceremony.

The *Angel of Hope* was first introduced to the world in the international best selling book and hit television movie *The Christmas Box* written by Richard Paul Evans. The original Angel of Hope statue, inspired by the book, was dedicated on December 6, 1994 in Salt Lake City, Utah. Since the placement of this first statue, more than 100 Christmas Box Angels have become known as gathering places for anyone grieving the loss of a child of any age, for any reason.

Maple Grove: Candles will be provided. Attendees are invited to bring a white flower to leave at the base of the statue in memory of loved ones. Following the ceremony refreshments will be served across the street at the Arbor View Early Childhood Center.

The Maple Grove *Angel of Hope* statue was donated by Rosemarie Rosengren, a grieving grandmother, in memory of her grandson, Andrew. Rosemarie wanted to leave a memorial where mourning parents and families could find a place of solace. This angel was dedicated on May 6, 2001.

The Maple Grove Angel of Hope is located in the **Maple Grove Arboretum**. The Arboretum is just north of County Road 30 at 9400 Fernbrook Lane. Participants are encouraged to car pool as parking is limited. Additional parking is available across the street at the Arbor View Early Childhood Center and at

the Assembly of God Church. For more information contact Maple Grove Parks and Recreation at 763-494-6504 or go to www.ci.maple-grove.mn.us and search "angel of hope".

Perham: The Perham candle light vigil will be held at the Perham Angel of Hope Memorial Park located at the corner of **3rd Avenue and 6th Avenue NE**. Following the ceremony, refreshments will be offered at the Perham Community Church located directly across from the park. For more information contact Brenda Thompson at gertz56@hotmail.com

Grand Rapids: A candle light ceremony will be held at the Grand Rapids Angel of Hope. Dedicated in October 2010, the Grand Rapids Angel of Hope is located in **Riverside Park** across from 102 SE 1st. Refreshments will follow at the YMCA. Contact Vicki Wilcox at 218-326-9572 for more information.

Thank You

The Minnesota SID Center is honored to be the beneficiary of family fundraising events and friends' philanthropic giving. Fundraising events such as these enable the Center to continue its work to support families, educate communities, and participate in research.

A special thank you to all those who organized them as well as to those who donated or participated in them for your generosity, dedication, and support!

- To the **Pottinger Family** of Vermillion, MN – Dad, Joey, Mom Suzanne and siblings Hailey and Hunter –for hosting a bowling tournament - **2011 Lanes for Life** - in loving memory of daughter and sister Lauren Marie Pottinger. Almost \$2600 in proceeds was donated to the MN SID Center. Lauren Marie was born March 12, 1997 and died from SIDS on May 20, 1997.
- To **Baby Angels Foundation** who hosted the second annual **5K Run/Walk to Remember** at Bunker Hills Park in Coon Rapids on June 12, 2011 to benefit the MN SID Center, Faith's Lodge, and other Baby Angels Foundation outreach and education initiatives. Three thousand dollars were donated to the MN SID Center to sustain ongoing support resources for bereaved families.
- To the **Labat Family** of Bemidji and Maple Grove who sponsored the **1st Annual Ray's Run** on June 18, 2011 in memory of Ray Gregory Labat who died from SIDS on January 11, 2011 at 4 months old. Family and friends joined together for a 5K run at Rice Lake in Maple Grove. The purpose of the run was to raise monies for research, support other families and create awareness about SIDS. More than \$5,000 was donated to the MN SID Center.
- To the **Powers and Hinkel Families** for sponsoring the metro area **14th annual Powers/Hinkel Family Golf Tournament**. The lives of Sandra

(Sauni) Powers and Casaundra (Cassie) Hinkel were celebrated and remembered by family members and many generous golfers, donors and volunteers. Cassie Hinkel was born on August 12th, 1999 and died on January 2, 2001. Over \$16,000 was raised at this year's event totaling more than \$175,000 in proceeds for Children's Hospitals and Clinics of Minnesota over the past fourteen years. The money has been placed in a permanently endowed fund with the distributions from the fund supporting equally the Minnesota SID Center and the cardiovascular program at Children's.

- To the **Lundgren family** for sponsoring the **Ninth Annual Cody Lundgren SIDS Memorial Golf Tournament** in Thief River Falls this past June 10. Chief organizers of this successful event include grandparents Mike and Shirley Lundgren, David and Karen Kirkeby, Cody's parents Charlie and Tami Lundgren and enthusiastic supporters, brothers Alex and Parker. The Lundgren family notes "after nine years we are still amazed at the generosity and participation of the community... their support is heartwarming". More than \$7,000 in proceeds were donated to the Center. Cody was born August 11, 2000 and died at 3 ½ months of age on November 30, 2000.



Brothers Alex (8) and Parker (4) Lundgren get out their clubs for some practice swings in preparation for the 2011 Cody Lundgren Memorial Golf Tournament.

What we have once
enjoyed and deeply
loved we can never
lose, for all that we
love deeply becomes
a part of us.

Helen Keller

Minnesota Sudden Infant Death Center

Children's Hospitals and Clinics of Minnesota
2525 Chicago Avenue South
Minneapolis, MN 55404

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18th birthday**

Jody Wermers
Mary Sue Williams
Scott & Christine Younger
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IN HONOR OF

Tyler Bechtold, 2nd birthday

Roger & Linda Bechtold

**Birth of Sam & Sophia
Buechler**

Scott Hugdahl

Birth of Finley Champeau

Scott Hugdahl

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Lucille Fugina, Christmas

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Carol Lau

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Nelson, becoming a U.S.
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2012 Newsletter Deadline October 15, 2012

We welcome letters, poems and pictures from parents, grandparents, relatives, childcare providers and friends. Because of space limitations, we must sometimes edit these submissions. The editors attempt to give as many parents as possible the opportunity to share memories of their children.

Check out SID
Center website
www.childrensmn.org/sidcenter

Want to share the newsletter? It's also available electronically on our website. With the newsletter being published once a year, we will be relying more heavily on our website to share information and updates with you. Check it out at www.childrensmn.org/sidcenter.

The MN SID Center is a program of Children's Hospital and Clinics of Minnesota, funded in part by the MN Department of Health, Community and Family Health Division.

PLEASE NOTE: If you would like to have your name taken off the SID Center mailing list, notify the Center at (612) 813-6285 or 1-800-732-3812.

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