



Parents' Potpourri

A Newsletter from the Family Care Network

Family Care Network • 103 William Howard Taft Road • Cincinnati, Ohio 45219 • 559-8810 or 559-7801

Welcome

A Mother's Story

by Nadine Miller

I'll never forget the words of my obstetrician gynecologist, Dr. Frank Albers, as he and his staff came to my bedside at Good Samaritan Hospital (GSH) on the afternoon of May 30, 1996.

"Your blood pressure is still high. You can have a seizure or go into a coma," Dr. Albers said. "If we don't deliver your baby today you can die."

The news sent my body into a paralysis and questions to myself were non-stop. What does he mean by the high blood pressure resulting in a coma, or having a seizure or death? What does he mean by delivering my baby today? Can a baby be delivered this early? I'm not due until September 4th, and that's more than three months away!

It was unbelievable. I had become a victim of preeclampsia or toxemia, a pregnant woman's worst nightmare. This condition was all new to me this time around. I did not encounter toxemia with my first child, Joshua, who was 2 at the time.

I glided through the first five months of my pregnancy with no difficulties. The end of April and beginning of May was the end of my second trimester. It was at this time that my regular prenatal visits were preempted by additional appointments to check the sudden rise in my blood pressure.



After several appointments to check my high blood pressure and medication to lower it during the month of May, Dr. Albers decided to admit me to GSH the evening of May 29th.

Once admitted to Good Sam's maternity ward, my blood pressure and the child I was carrying were being monitored

all night. I was instructed to stop the methyldopa prescribed by Dr. Albers, and given an even stronger medication, 50 mg of Hydralazine, a bitter tasting liquid medication, that my attending nurse would administer to me by mouth underneath my tongue about every two hours. But to no avail, my blood pressure remained very

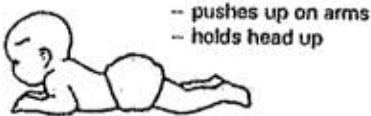
Some Things To Watch For:

As a parent, you most often will be the first to know that "something is wrong". You see your baby not lifting his head, reaching out, or rolling over, as you think he should, for his gestationally adjusted age (age based on due date rather than actual date of birth).

The drawings that follow are postural examples that may indicate a developmental problem. If you have questions or concerns about your child's development, talk to your doctor. Early diagnosis is important in receiving treatment that maximizes a child's potential.

Watch your baby for these signs:

NORMAL DEVELOPMENT



- pushes up on arms
- holds head up

NORMAL DEVELOPMENT



- sits with support
- holds head up
- straight back

NORMAL DEVELOPMENT



- sits without support
- arms free to reach and grasp

NORMAL DEVELOPMENT



- pulls to stand

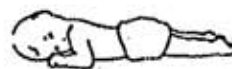
NORMAL DEVELOPMENT



- independent standing or walking

DEVELOPMENTAL PROBLEM

By 3 Months*



- unable to lift head or push up on arms
- stiff legs



- pushing back with head
- constantly fisted hand and stiff leg on one side
- difficult to move out of this position

DEVELOPMENTAL PROBLEM

By 6 Months*



- unable to lift head
- rounded back
- stiff arms

- arms held back
- stiff, crossed legs



DEVELOPMENTAL PROBLEM

By 8 Months*



- rounded back
- poor use of arms for play
- stiff legs, pointed toes



- poor head control
- difficult to get arms forward
- arches back-stiff legs

- poor ability to lift head and back
- will not take weight on legs



DEVELOPMENTAL PROBLEM

By 12 Months*



- difficulty getting to stand
- stiff legs, pointed toes



- cannot crawl on hands and knees
- uses only one side of body to move

DEVELOPMENTAL PROBLEMS

By 15 Months*



- walks on toes on one side of body
- holds arm stiffly and bent
- excessive tip-toeing when walking

- sits with weight to one side
- uses predominately one hand for play
- one leg may be stiff



* 90% of babies do this before these ages. Remember to correct your child's age for prematurity.

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