

NOBODY TOLD ME ABOUT THAT

The First Six Weeks

Ginger Breedlove

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Opinions in this Book:

Each of the participating authors represent expertise in their unique experience and field of education and practice. While we see no conflicting opinions in this book, each of the authors are sharing their own perspectives and may or may not share the opinions of their co-contributors in this book.

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Acknowledgements

So why another parenting book? This book was inspired out of frustration in witnessing inadequate postpartum support for my son and his wife with the birth of our first grand-child. There is critical need to help families experience a realistic and supported transition during the early weeks, most noted as an exhausting period. Unfortunately, even when parents do their best to prepare there are significant gaps in knowledge that contribute to fear and anxiety. As a Midwife and OB Nurse now 40 years, I have witnessed a rapid rise in preventable and treatable postpartum complications for moms and newborns. Nearly every professional society and even the mainstream media are discussing how the U.S. fails to meet and provide comprehensive and timely support for new families.

I am grateful to the moms that participated in an informal focus session and shared their personal experiences, confirming need to write this book. Each conveyed that in becoming a new parent they struggled to receive adequate reassurance, support and education about care of self and baby. It is the voices of these first-time moms that motivated me to search for other experts willing to help write a book.

To the contributing authors, seasoned professionals in their field,

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THANK YOU ALL!

*McKenzie this book is dedicated to you~
With Love, Grandma Ginger*

WE'RE HOME, NOW WHAT?

Ginger Breedlove, PhD, CNM, FACNM, FAAN

Introduction

This book was inspired by listening to new moms retell their early weeks of becoming a first-time parent, including my daughter-in-law and her close friends. Collective memories were shared in my living room, passing a box of tissue around our circle, remembering sadness and frustration adapting to this new role of parenthood. Each prepared for their labor and birth through reading and attending childbirth classes. Although they anticipated a joy filled experience, in reality the early weeks were overcast with chronic fatigue, fear, and uncertainty. Each remember seeking reassurance or resources about what was normal and wondering when life would again become normal.

Many researchers suggest that over the last 20-plus years, U.S. maternity care has set the 'prepared to parent' bar too high. This is evidenced by lack of critical resources for new families such as home visits, follow-up phone calls and no-charge/walk-in clinics for breastfeeding support. In the U.S., health care providers discharge new parents from hospital to home confident they received adequate postpartum education. Unlike other high-income countries, the US does not provide universal reimbursement for professional health assessment and assistance after childbirth or mandatory paid family leave. Our 'prepared to parent' society believes that parents are capable, calm and confident as they navigate uncharted waters without a compass. Even with a recent recommendation that moms return for an early postpartum visit at three weeks, an additional fifteen minutes will not come close to providing sufficient postpartum reassurance. The first 14 to 21 days postpartum is when the most serious, preventable, complications occur. An additional visit at 21 days (three weeks) is simply not enough!

A recent family experience prompted me to do something about my growing professional frustration regarding the overall inadequate support of new parents. Now as a new grandmother I had first-hand observation of how inadequate education can be and how it contributes to unnecessary anxiety. After the birth of our first grandchild, their first baby, my professional radar was on. I sensed a lack of awareness in their learning about common care needs of mom and baby. I sensed their seeking assurance

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they were doing things right. Through my listening and her asking questions, a repeating response was, “Nobody told me about that!”

Despite believing this hospital was renowned for providing best care in the city, I soon became convinced my daughter-in-law’s experience was simply unacceptable in preparing families to be confident, and to understand normal variations from possible cause for concern. When asked how much direct education and personalized care she experienced with postpartum nurses before leaving the hospital (at 48 hours), she replied, “less than 15 minutes.” There was no instruction on how to change a diaper, swaddle the baby, burp the baby, or specifics about baby breastfeeding on demand. Her need for basic information led to frequent Google searches.

My urgency became finding a book exclusive to the first six weeks. That’s what she needed, now! After a thorough search via Amazon and finding no available U.S. book specific to *first-time parents in the first six weeks*, I searched for UK publications. Quick to locate and numerous to select from, a random book was purchased, given to her, and read cover to cover. I asked how friends, also new moms, found information about parenting questions. Her reply, “We Google it.”

It was then that I realized the need to gather professional experts, friends and colleagues, to collectively write a book for first-time parents. Each contributing author agreed on the abysmal state of postpartum education and supportive services. Our aim is to provide a relatable book that combines personal experiences with evidence-based recommendations. All authors have decades of experience caring for childbearing families and postpartum parents in a variety of specialties. And, chapters were confirmed as being of high importance by the focus group.

As diverse authors, we represent some of the most trusted of health professions in the world. We embrace our role as parents, partners, nurses, midwives, social workers, doulas, grandparents, educators, lawyers and healers. We are known in our day-to-day work as passionate people that speak out about the growing maternal health crisis in the United States. A system that falls tragically short in supporting ALL families during the early weeks of this major life transition.

A time when many parents expect to immediately fall in love with their baby but in reality, are desperate to find time to sleep and wonder if their life will ever be normal again. *Parental fear, anger, and anxiety that often spins out of control while trying to stay in control.*

Nothing completely prepares first-time parents for bringing baby home and becoming the 24/7 responsible caregiver. Following the nurse discharge from hospital or birth center, ‘waving the magic wand’, confirming you are ready, goodbye and good-luck, this new being now requires 100% of your attention.

She is yours! A baby you barely know that cries loudly and often, without communicating why. A baby you hover over constantly because her breathing is so quiet and irregular, you’re not sure she is OK. A baby you fear may fall out of your arms

because you fell asleep from exhaustion while sitting in the chair. A baby who startles easily and will awake if not swaddled. A baby who may not poop the first five days. A baby who does not come with an external gauge to know if he is getting enough breastmilk. A baby that has pinkish/orange staining in the diaper. Are you asking yourself, “Did I learn about all of that? Did they tell me everything I need to know?” Perhaps your experience also was, “Nobody told me about that!”



If the majority of parents giving birth in U.S. hospitals did not learn basic information and anticipatory guidance on common topics before leaving, where else might they learn? Perhaps educational moments occurred during routine prenatal care (however, these conversations focus on pregnancy and birth), in childbirth education classes (with limited focus on parenting and newborn care), and one or two new parenting classes, (if you had time and money to participate.) Additional learning may come through friends and family, and for some, skimming books. It is likely though, with access to Internet, most often parents simply search the in the moment by typing in questions like, “How do I swaddle a baby?”

Let's do a generous estimate of how much time is spent preparing parents to learn basic, essential information for the early weeks after childbirth? Prenatal Care Visits (zero time); Childbirth education classes (maybe 2 hours); Parenting classes (2 hours); education during hospital postpartum stay (15 minutes with an RN, plus optional, televised educational content). Using a simple calculation, with estimates from 40 years of working in maternity care, it is likely the average U.S. parent receives maybe 5 hours of education (if attended classes). Parents are literally handed their baby at 48-hours-old, knowing there will be no professional in-home, or office assessment of mom or baby for the next two to three weeks.

It is normal for parents to experience feelings of fear, aloneness, need for reassurance, fatigue, pain, and yes --- even moments of joy, all in the same day. And also, some parents may be dealing with deep anxiety, depression, or post-traumatic stress related to complications from labor and birth.

The U.S. standard of care is that parents should be prepared to care for their baby, without any supportive services, by 48 hours after birth. Why else would we continue this model of care for decades without mandating a system that provides home visits or phone call follow up care for EVERY family? We have instilled the notion for new parents

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that 'it just comes naturally', 'don't worry, everything will be fine'. Would a health care provider trust you with a new baby if they thought otherwise? However, *when you ask about readiness from nearly ALL first-time parents, they more often than not express high degrees of fear and uncertainty about the transition - from confident, capable, adult to novice, anxious parent.*

The early postpartum days includes unprecedented challenges of exhaustion, possible pain, anxiety and roller coaster emotions. Many parents confront levels of uncertainty that require finding every kernel of confidence in wanting to be a parent. Believing that doing one's best will prevail, while praying this too shall pass. When will the baby calm down and stop crying? When will my inexperience change to confidence? When will I be happy about this baby, this change, my new role, and responsibilities? If I don't see the baby's health care provider for another two to three weeks, how will I know if she is growing and thriving?

Birthing moms' challenges can include managing incisional pain, uterine cramps, bleeding, elevated blood pressure or blood sugar risks, new or recurrent anxiety about an unexpected event, or worsening depression. Yet until May 2018, the recommended routine postpartum health care visit was at six or more weeks after childbirth. And even now, with the added visit at three weeks, the appointment is likely to be less than 15 minutes. Imagine, an additional 15 minutes of education (if you are lucky) to increase your confidence and also provide a thorough assessment of emotional, psychological and physical health.

Mounting stress and exhaustion for new moms, combined with post birth hormonal shifts, leads to normal post-partum "blues." For some, this can also exacerbate episodes or recurrence of depression and or anxiety that may return to higher degrees. How do parents find help? The "go to" resource becomes a quick Internet search because it can be too hard and embarrassing to openly share one's inadequacy and emotional vulnerability. The often-unspoken guilt in not knowing, not feeling prepared, not being the perfect parent begins to creep into self-talk. *One of life's biggest challenges is to speak up when you are down.* A simple Google search of the phrase, "what if I don't love my baby" [at the time of this writing] has over 3 billion hits. If you search the phrase today, I promise the number has grown. You are not alone. This state of being uncertain about becoming a new parent is normal. It is worth repeating, *being uncertain about becoming a new parent is normal.* Confusing emotions affect nearly all parents and for different periods of time.

The good news is, with the explosion of social media and mommy/dad/parent blogs, a discussion on every topic can be found within seconds. There is a noted increase in parents openly sharing their real experiences, opinions, and recommendations. Headlines are now more likely to promote that becoming a new parent is really hard. Becoming a parent is not about knowing all the answers, but about trying and learning,

trying and learning vs trying and failing. That parenting becomes easier and doable --
- with time.

The authors of this book hope to help families navigate some of the most common challenges parents encounter. We have worked hard to ensure the book is presented in an inclusive manner with respect for all parents entering the brave new world of caring for a baby. The journey of becoming a first-time parent is full of, well firsts.

Where does one seek reliable information to prepare? Where do you find needed resources to understand first-time parenting? Despite the overabundance of books sifting through choices is challenging. Through numerous studies, researchers have learned that giving birth or becoming a new parent, including those early moments when you first saw, held and smelled your new baby, is an intimate life event remembered for your lifetime. Birthing families remember with a high degree of accuracy every detail of their labor and birth story. And evidence suggests recalling these experiences brings startling accuracy some 60 years later. Birth, and becoming parents, matters.

So why this book?

My story starts over 31 years ago, pregnant with my first of four sons. A story I imagined a million times I would write, about a devastating and anxiety-filled first-time pregnancy and breastfeeding experience, but never did.

At the time of my first birth, I was a certified childbirth educator for more than 10 years, a knowledgeable Labor and Delivery nurse, and new Midwife. I was extremely confident! I thought I knew everything about pregnancy, birth and parenting. My first unexpected challenge was being diagnosed with severe gall bladder disease in the second trimester. My provider and consulting obstetrician considered surgery at 34 weeks, but studies suggested risk highly associated with preterm birth. So, I lived with a chronic dull ache, radiating back pain, and diarrhea with nearly every meal until the end of the pregnancy. I had only gained a total of 10 pounds.

Well past my due date, I was induced at 42 weeks with castor oil and quinine. I worked as a full-time midwife at a free-standing birth center, caring for women through the lifespan, providing prenatal care, teaching childbirth classes, attending births and doing postpartum home visits. I had helped co-found this free-standing birth center in the late 1970s. A birth setting option far ahead of its time, embracing physiologic birth and high touch- low tech, personalized care. And, I knew that my extremely low prenatal weight gain, post-dates, and need for induction was not the "usual" pregnancy. I did not have the benefit of spontaneous labor. My professional (self) assessment was right. I labored a very long time (over 20 hours), pushed beyond recommended standards (4-plus hours) and eventually had a healthy baby boy.

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At birth he had significant molding (beyond normal) on the left side of his head with bruising around the eye. His head was descending in labor crooked, in an “asynclitic” fashion. This medical term describes baby’s head turned in a way that makes descent into the pelvis and birth harder (for mom and baby). The routine length of stay at the Center, for a healthy mom and baby was four to six hours. All families then received in-home 24- and 48-hour follow-up monitoring visits.

We went home with our baby at six hours, with a detour. I decided to stop by the home of our pediatrician, a professional friend, before driving 30 minutes to our home. I needed professional assurance the baby’s molding and facial bruising were normal. The pediatrician agreed and suggested we closely observe for jaundice, as he was also small for gestational age. His intrauterine growth was slowed by my poor weight gain from weeks of gall bladder disease and post-dates in pregnancy.

What I anticipated would be the most joyous days of my life, blessed with confidence from a graduate professional education turned into the nightmare of my life. It was winter. We lived about 30 minutes from the birth center, away from town and my supportive co-workers.

Everyone, including myself, thought I knew how to care for myself and the baby. I was exhausted from being awake and in labor over 48 hours. I had not been prepared for the aftermath from a long labor induction and then faced with going home to care for what became a constantly crying baby. I could not figure out what was wrong. After the first home visit at 24 hours and assurances everything would work out, I believed my co-workers. I also remember being quiet when asked questions about breastfeeding. In looking back, we were all reluctant to discuss topics I was supposed to already know. They did not ask probing questions about breastfeeding, or how I was feeling. Probably because in my professional role I had been conducting early home visits with families for over two years. And I kept saying, “everything seems OK.” Why was it so hard to talk to people who were my friends? I felt guilty something was wrong, and embarrassed to share my fears that breastfeeding was not working.

The, “how are you doing” subsequent phone conversations with co-workers became harder each time. I was shutting down and not able to be honest. My baby was losing weight from what I eventually learned was an inadequate supply of breast milk during the first five weeks of his life.

Over those weeks I was becoming increasingly anxious, depressed and guilt-ridden for not knowing how to console him. I was also frustrated by my (then) husband who decided to go deer hunting over the first couple weeks. I did not want to even share with him how sad, depressed, exhausted and angered I was with myself and our baby. What I believed in pregnancy was to be an immediate love affair with my newborn became a frightening period to just survive.

My internal conversations knew something was wrong. And yet I could not find strength to ask anyone for help, even though I was surrounded by the most caring co-

workers one could imagine and had worked for years in this field! To this day, these women are my mentors whose support of pregnant and childbearing families is the most remarkable I've seen over my career.

Within two weeks of my son's birth I was rapidly transitioning from acute anxiety to depression. Depression exacerbated from my inability to console a constantly crying baby, while holding on to the belief that breastfeeding is best. But something was not working. It was not possible that I had insufficient milk supply. I believed breastmilk was the only milk.

What mom can't make milk?

In addition to my baby's jaundice, facial bruising and small for gestational age issues he also had an overdeveloped frenulum (a genetic trait). The frenulum is normally seen as thin tissue, located and attached under the tongue, but in some babies can overgrow, become thick, and extend close to tip of the tongue. When this happens, the tongue is not allowed to move out and over the lower lip. This movement is necessary for babies to achieve a good nipple latch for breastfeeding. His frenulum was so tight and overgrown that his tongue was immobile and did not thrust forward at all. This led to inability of him sucking correctly to promote adequate breast stimulation and milk production.

Looking back, his combined conditions of being born small for gestational age, jaundice, and dehydration from being inadequately fed was a set up for disaster! In order to compensate, over time, chronically stressed babies tend to sleep more and eat less frequently. But what did I know? I was an exhausted and desperate new mom, not a professional health care provider assessing another family's baby.

Alongside his issues, I began realizing that I had not experienced any degree of breast engorgement or milk leaking, none! My breasts did not leak in pregnancy either. Breast leaking is a common and normal symptom for most women. After birth, engorgement is noted by rapidly enlarging breasts that are warm to touch, with distending bluish-like veins, within a few days after giving birth. This is a sign of onset of milk production. For most moms it is characterized as miserable and painful. My absence of any sign of engorgement after the birth added to my silent retreat inward, increased my feelings of being inadequate, hopelessness and diminishing desire to ask for help. In addition, the gallbladder symptoms from pregnancy were still present, with no sign of letting up.

In 2012 I learned about an unusual medical condition known as mammary hypoplasia, or Insufficient Glandular Tissue. This condition is *uncommon* and can cause low or no milk production post birth. The inability of milk production recurred with the birth of my next three sons, before research emerged describing this rare but diagnosable condition. Information can be found at ntmt.co/IGT.

The baby's health concerns, my physical and emotional challenges and my inability to ask for help from my coworkers placed me in the center of the perfect storm. My increasing state of fear and desperation lasted weeks. To this day, I remember every

detail and uncertainty about continuing life. Every detail characterized by my disastrous start as a first-time mom. Looking at my son's newborn pictures brings images of the "saggy baggy elephant" having lost nearly one pound from his birth weight by 5 weeks. We were both in trouble. Finding our way out took courage, resilience, and letting go of the image of the "perfect Mother" I had created in my mind.

We found our way. In learning about our problems, I was introduced to and agreed to beta test the Medela® supplemental nursing system. A device I ended up using his first year of life. He grew up healthy and thriving as a newborn.

My personal journey of first-time motherhood was recently re-kindled with the birth of our first grandchild. All the triggers of having my first-time baby flooded back. A granddaughter whose father is my first baby! Although her labor was considered shorter than average, and birth was quite rapid and uneventful (medically speaking), the early postpartum period appeared with new parent uncertainties.

The couple was prepared, had a doula, and went to the "best" maternity hospital in the city. However, my midwife lens observed poor support from postpartum hospital nurses, and a minimal at best checklist of instruction when they left. Despite nurses and lactation consultant visits, they left the hospital unsure how often to feed the baby, lactation and floor nurses contradicting each other on how/when to breastfeed, never bathed the baby, or even changed a diaper.

When home, I observed moms growing uncertainty of where to get information on whether the baby was OK and getting enough breastmilk. The weeks eased to confident breastfeeding, but the journey was often filled with managing diverging opinions and advice. My daughter-in-law had her hands full trying to manage a doting first-time grandma/midwife reliving her own fears about her first-born with insufficient weight gain, a poor breastfeeding experience, and genetic risk for the baby being tongue-tied.

What's Ahead?

So... that explains WHY this book was written particularly for first-time parents. The book is designed using a chapter-specific approach. Read cover to cover or select topics you need information about right now!

We discuss things like what will improve my sleep, so I can manage my needs and the baby, and pearls about getting breast feeding off to a good start. We discuss what about sex? Yes, no, or maybe I'll think about it when I get my groove back. An exploration of postpartum mental well-being includes stories of moms from normal baby blues, post-traumatic stress syndrome, to those needing immediate evaluation. We cover societal expectations of becoming a parent versus reality (what is normal), partner expectations, and managing well intended visitors. A chapter is provided with recommendations from women of color, whose risk for postpartum maternal and infant

death and complications is three to four times higher than their white counterparts. We offer discussion on unique needs, challenges and wisdom for LGBTQ families. We provide advice in learning ways to speak clearly to your provider if you are unsure, afraid, or think something is wrong. And a profound chapter explores surviving a near miss event as one mom shares how she managed daily living after nearly dying twice, related to childbirth. The book closes with emphasis on Mindfulness in parenting. A specific (and highly researched) way to cope, encouraging simple ways to relax, learning how to take short pauses to meditate, and be in the moment. This chapter includes guided meditations that can be downloaded.

While chapters give overview and guidance on common areas of concern, we do not provide conversation about issues that involve parenting a preterm or special needs baby, coping with loss of a mother, parenting multiples, or managing as a new parent following the loss of an infant or child related to, or after childbirth. We know compounding stress will play a significant role in adapting to early parenting and have provided reliable resources to supplement this book, found at the end of this chapter.

Maternal mortality (moms dying) is rising in the U.S., outpacing and with higher rates than any other high-income, industrialized country in the world. The majority of near miss and maternal deaths happen in the postpartum period, of which it is estimated 60% are preventable. The rate of severe maternal morbidity at delivery increased 45 percent from 2006 through 2015. Mortality is three times higher for Black and Brown women than White women.

Why is this happening? There are many reasons. Associated medical complications that develop in pregnancy and may be not well monitored post birth include heart disease, preeclampsia, diabetes, hemorrhage, infection and acute mental health conditions. Additional factors contributing to poor outcomes include inequity in health care, systemic racism, one's geographic residence, and lack of universal health care coverage for comprehensive services.

Advocating for self in any type of health care situation requires meaningful conversation with your health provider including assurances about a safe plan of care. Chapters are designed to encourage you to become educated, and to use your voice in seeking what you need and to learn information in order to find ways to better cope. Our approach will underscore awareness of serious warning signs to prompt you to SPEAK OUT, not to increase fear around parenting but to gain and use a clear voice.

Our journey of coping as new parents is unique, and incomparable to any other family. I have confidence your journey to understand is the key to family health. But remember for all of us it is a dance...finding necessary assurances our mind and body can find harmony, resilience throughout our day, and waking up knowing tomorrow we start all over again.

As experts we believe engaging in one's health care is a learned skill. And, it's pretty common that starting a family is the first experience most have with frequent, recurring

encounters with the health care system. Our hope is to provide recommendations to ease the transition from new parent to confident parent. To guide parents to the right information at the right time while navigating a depersonalized, complex health care system. Reliable websites and book recommendations are provided throughout as trusted and reputable resources.

Resources for Families with Special Health Care Needs

Hand to Hold: Fragile Babies, Families Support – handtohold.org/about/

March of Dimes – Parenting a premature baby ntmt.co/MoD-Premature

Parents Magazine – Caring for babies with special needs ntmt.co/BabiesSpecialNeeds

Still To Be born: A guide for bereaved parents who are making decisions about their future. P Schwiebert and Kirk, P. (2000)

Stillbirth Foundation – When your first is stillborn – stillbirthfoundation.org.au/future-pregnancies/

Parenting Multiples – ntmt.co/RaisingTwins

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