

TINY

# Miracles

*Every newborn is a miracle, but you can be sure that any family with a preemie, especially a micropreemie, has a unique kavanah as they recite the brachah of “she’asah nissim la’avoseinu, bayamim haheim, bazman hazeh.”*

*In essence, all preemie experiences are journeys chock-full of nissim! Contrary to popular notion, premature babies and their families are not just dealing with miniature cute-as-a-button newborns. Having had my own micropreemie twins and talking*

*to mothers of preemies for nearly 18 years, I well know that they encounter endless health concerns, tough decisions, delicate surgeries and procedures; it’s often compared to a roller coaster — and aptly so. That’s not to mention the balancing act with domestic responsibilities, other children, all the traveling and usually dealing with continued tipul after homecoming.*

*What is a miracle? The Michtav MeEliyahu and others discuss the daily nissim Hashem provides for us, but since we have become*

*so accustomed to them, we view them as teva. When Rabi Chanina ben Dosa said, in the oft-quoted Gemara Taanis, that the same Ribbono shel Olam Who makes oil light can cause vinegar to burn, he was expressing the same sentiment. Most often, it is only when we are tested that we recognize the nes within teva.*

*Preemie parents can well understand this. When a baby is born early, the simplest of reflexes and functions are not yet developed. There is worry about kol neshimah uneshimah. The*

*baby needs to develop the ability to maintain his own body temperature and then learn the rhythm of suck, swallow and breathe in order to eat properly. And that’s just the tip of the iceberg, as there are the various organ challenges and other issues that crop up.*

*Yet the wonder begins anew each time I speak to a preemie mom and get to hear her story with all the accompanying anecdotes of hashgachah.*

was laid up in the early stages of my pregnancy with triplets. The hospital staff, and I do not exaggerate, would remind me multiple times daily that there was a good chance my babies weren't going to live, that they'd probably never leave the hospital if they did, and that, if I'd ever be privileged to bring them home, they wouldn't have basic functions and senses.\* But here's what these doctors and nurses got wrong: Hashem gave them the power to heal, not to give dire prognoses that were beyond their control.

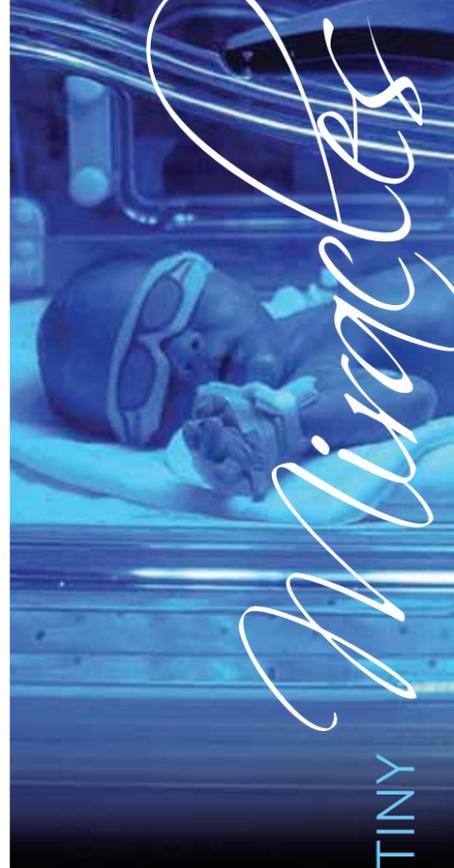
We made it until 27 weeks — the end of the sixth month — and for that gestational age they did amazing, baffling everyone in the NICU! In fact, although our trio endured a lot, they received far less intervention than other preemies born under similar circumstances.

Hashem sends *brachos* and *nissim* in all shapes and sizes, often in ways of which we are unaware. In the weeks prior to delivery, I was battling severe gestational diabetes. Concern was great, especially considering the fact that I was carrying multiples, and it likely contributed greatly to their early arrival. Yet the diabetes, according the doctors, saved their lives! Gestational diabetes increases a baby's birth weight, sometimes to a dangerous degree. In our case, it prepared all three and strengthened them for their NICU stay — a *brachah* in disguise!

\*To clarify, I have encountered wonderful medical personnel, and I know they are required to prepare patients to a certain extent — but in this case, it was over the top.

~ Esty

While recalling all the *nissim* that we experienced along our preemie journey, it's hard to focus on just one aspect. From the moment I



Though our journey was long and fraught with difficulties, Hashem has shown us the way, continuously making miracles.

found out that I was expecting twins, through my difficult pregnancy, emergency early delivery, our NICU stay, years of therapies, doctors' visits, medical crises, and up until this very moment listening to my twins planning their upcoming fifth birthday, Hashem's guiding Hand has been apparent throughout.

Perhaps, though, this is the biggest miracle for me: being able to move around my kitchen like an ordinary mother of ordinary children and eavesdrop on a typical 4-year-old conversation between my son and daughter in which they enthusiastically discuss the gifts they are each planning to ask for in honor of the birthday they share — and which we were told they might never reach.

From early on, when we were experiencing one complication after another, my husband and I were told that there was a slim chance that these babies would survive. Even if they were to live, the pessimistic doctors added, they would likely be severely disabled.

Our reality of healthy, developing children is so different from their gloomy predictions that day-to-day life with them, hectic as it may be, is a string of constant opportunities to thank the One Who determines the outcome. Though our journey was long and fraught with difficulties, Hashem has shown us the way, continuously making miracles, until we've reached this monumental five-year milestone. And that is why I regard their adorable and very normal birthday-planning excitement as a *nes* of its own.

~ Yaffa

My preemie daughter came home on a feeding pump which is complicated to use on Shabbos.\*\* Unfortunately, we didn't have enough nursing help set up yet, but we had someone come shortly before the *zman* to help us set up the pump. Trying to be creative, we

had figured out a way to fool the machine so that it thought it was on continuous feed — or so we thought. The goal was to avoid as much *melachah* as possible, but just 20 minutes after *shkiah*, it began beeping with an error message. Of course, we had asked *she'eilos* about all the paraphernalia we were dealing with, especially because there was *pikuach nefesh* involved. The need was not immediate, though, so my first thought was to try to locate a Shabbos *goy*.

I live in a housing complex that is not near any main streets. No one wanders onto my block, and certainly not non-Jews. While I was a bit flustered, my kids repeated words they had heard from me: "Ma, let's *daven*. Hashem always listens." And they proceeded to sincerely *daven* in their own words, "Hashem, Shalva needs to eat and the machine is not working! Please send a *goy* to our house!" Admittedly, I was skeptical, but I found myself at the front door anyway. I opened it and there stood an African-American man on my doorstep!

Stunned, I composed myself and went out to speak to him, though he was wary at first. I discovered that he was an aide for the elderly. There is a yeshivah not far from my house and a group of elderly men was staying there for Shabbos. While they were out on a walk with the aide, one man had veered from the group so they ended up following him and continuing through my neighborhood. Another aide, who was Jewish, came to see what the issue was.

Not only did both of the aides come into my home to help, but the Jewish man shared that he had a child on a feeding tube! When I explained the method we were attempting to use to avoid *chillul Shabbos* as best we could, he looked thoughtful. "Y'know, my dad is always telling me not to press the buttons on Shabbos, but I tell him I have to. I think I am going to try to be more careful."

Needless to say, I told my kids how proud I was of their earnest *tefillah* and *emunah*.

~ Gayil

Seven years ago, my preemie son entered this world with lots of complications. Neurologists were quick to tell us that it was a severe case and he had a 3% chance of survival. Even then, they said, he would never advance physically; he would be in a vegetative state. This *yingele* is now 7 years old and walks, runs, climbs, bikes and does nearly everything else expected for a child his age. He has received endless therapy and is not without challenges, but he is performing beautifully in class, learning in Hebrew, Yiddish and English.

What is miraculous beyond belief is that, based on *current* imaging of my son's brain, doctors would *still* envision an immobile child in bed. He is truly a living *nes* — *l'malah min hateva!*

~ Faige

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If having a preemie in the hospital is challenging, having a preemie hospitalized over Yom Tov is all the more overwhelming.

It was before a “three-day” Sukkos, and my daughter was very gradually making progress, *baruch Hashem*. When I left on Erev Yom Tov, she was almost ready to be taken off the feeding tube. Anticipating each milestone was a highlight, but we also had to tread carefully, because as often happens with these early arrivals, progress was two steps forward and one step back.

We would not be able to be with the baby over Yom Tov, but my cousin lives in Manhattan and she and her husband were planning to walk to the NICU each day of Sukkos — a very comforting thought. Arrangements were made for the doorman of her building to leave a message on our answering machine with a daily update.\*\* The nurse said that relatives I pre-approved would be allowed to visit, but they would not be privy to any medical information. Hopeful, I told my cousin that the baby may be taken off the feeding tube over Yom Tov, describing what an NG tube looks like so she would be able to let us know if that indeed occurred.

On the third day of Yom Tov, we received a message that the baby didn't have a tube in her nose. The *mitzvah* of *simchah* took on new meaning!

As soon as we made *Havdalah*, we called the NICU and the nurse said, “We have a surprise for you!” Not wanting to disappoint her, we didn't tell her what our cousin had already indicated. When we arrived at the hospital, we were shocked to see that not only had her feeding tube been taken out, but her nasal canula (oxygen tube) wasn't there either! The nurse told us that it had fallen out and the staff had begged the doctors to leave it and see if she could manage. And she did!

It was the first time we saw her face without tubes and wires in 101 days!

That night, an overwhelming feeling coursed through me, with the words “What a miracle!” repeating themselves over and over in my head.

~ Chaya Rochel



TINY

This fellow who had “happened” to sit down there was in exactly the right place at the right time.

I recall one particular Friday when our baby was having an incredibly rough afternoon. (That's an understatement for a micropreemie!)

A third-year medical fellow of neonatology was sitting right next to my son's isolette doing paperwork, exactly where his nurse would usually sit. Other than this one time, I never saw a fellow sit down (certainly not a third-year!) at any desk in the NICU during our entire three-month stay. They were usually all business, making their rounds and then leaving right afterward.

Just then, the baby started having recurring bradycardia (low heart rate) episodes, and this fellow who had “happened” to sit down there was in exactly the right place at the right time to help the nurse stabilize him and immediately call for the doctor.

This certainly wasn't a natural occurrence — it felt like a *nes*!

~ Yehudis

After a few weeks with a baby in the NICU, my husband and I had developed a rhythm of sorts with our schedule. I went earlier in the day while he generally went to the hospital directly from work.

A number of weeks after our baby was born, my husband was feeling under the weather and he decided to go to the doctor (though that was unusual for him), where he was diagnosed with the flu. We were frantic. The possible ramifications of our preemie and all of the babies in the NICU having been exposed to the flu were frightening. In fact, the doctor immediately put our entire family on Tamiflu even though they were not symptomatic.

Nervous and frustrated, we weren't allowed to visit the NICU for over a week.

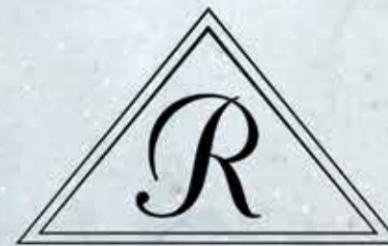
When things settled down, we realized something we hadn't thought of earlier. Two days prior, my husband had driven me to the NICU early in the morning and ended up not coming

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back in the evening due to a business meeting. The following day, he was very tired and the kids nudged him to come straight home because he was at the NICU most nights.

The incubation period for flu is 48 hours. This meant that for those two days when he was contagious, even without symptoms, my husband hadn't been in the hospital! We felt it was another *nes* to add to our growing list.

An additional dose of *hashgachah pratis* was that our favorite nurse was working overtime that week, something she didn't do regularly. I had been feeling so guilty that I couldn't be there, but she comforted me by saying, "I'll be his mommy for the week!"

~ Yocheved

I quit my job after my son was born prematurely and once things settled a bit, I started working at home. It evolved into a successful business that never would have happened without my preemie experience!

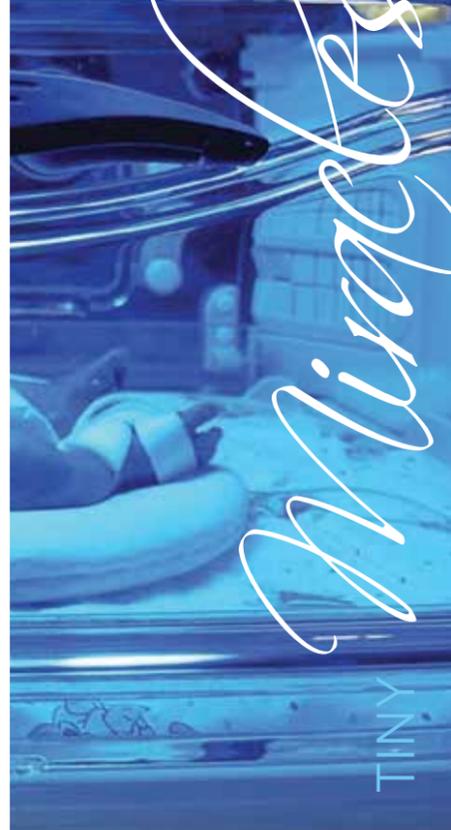
~ Debbie

Before my daughter was to leave her home away from home, nursing care had to be arranged, only we were denied that service. Delicate as she was, and despite her medical condition, the insurance didn't feel she was entitled to it. Our hope was that our Chayale would be ready for homecoming within a couple of weeks, but we were at a dead end.

Walking into the hospital the next day, we saw a neonatologist we didn't recognize patiently making rounds. After some small talk, we learned that although retired, on rare occasions, Dr. Thomas would come in when the hospital was short-staffed. For some reason, he took a liking to my baby, and although he was in the NICU for such a brief period, Dr. Thomas invested a great deal of time to ensuring that Chayale would receive the care she deserved. In the end, this retired doctor, who only showed up one random day, was the best *shaliach*.

For me it was such *hashgachah*, but even more than that, it served as *chizuk*. It's hard to fathom how many crises we had been through. Our family had merited lots of *brachos* and *yeshuos*...and in a way, I thought we might be "maxed out." Hashem was reminding me about the *koach* of a *nes* and how everything is orchestrated by Him.

~ Chumi



After a rocky 10 months in the NICU, my twin boys finally came home. It wasn't without various issues, though, and shortly after their first birthday, one of my preemies landed back in the hospital. As I was sitting in an area waiting one day, I overheard a nurse talking, and to my surprise, it seemed like she was discussing my twins.

"Yes, they had micropreemie boys. One had a serious brain bleed that kept him behind his twin in terms of development. Interestingly, the stronger twin is the one that came back to the hospital..." I couldn't believe it. The details she was sharing were very specific. Wondering if she would go on to speak about me, I kept my ears attuned. "Yes, the mom

had her own complications after delivery..."

I couldn't help but think how unprofessional this sounded.

And then she said, "Isn't it amazing how far they've come? Six years old already!"

Aside from the obvious lesson in *dan l'chaf zechus*, as a result of this conversation, I had the privilege of meeting this set of twins and speaking to their mother. She had, in fact, endured a lot of what we were going through and was able to provide guidance and *chizuk* at just the right time.

~ Bracha

One mother shared that people often ask, "How's your miracle baby?" or "Do you still call him a miracle?"

The answer is that they're all miracles! The preemie experience reminds us that every baby that enters this world is a *nes* and nothing should be taken for granted.

Tiny miracles? These precious and delicate bundles may be small, but the miracles... not so. ●

\*\*One should ask a Rav regarding each particular situation.

To reach WeeCare, a frum non-profit for families of preemies, co-founded by Rifky Amsel, please call 732-813-3299 or email [weecarepreemies@gmail.com](mailto:weecarepreemies@gmail.com).

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## PROVIDER SPOTLIGHT, featuring Catherine Cano, CNM, RN

### Biographical Sketch

Catherine Cano, CNM, RN, is a board-certified Nurse Midwife. She received her midwifery training from New York University and has worked at the Maimonides Medical Center, North Hudson Community Center, and Brooklyn Birthing Center. She has 17 years of midwifery experience and enjoys the individualized care she is able to give her patients. "We don't just treat individual issues," said Catherine, "we care for the person as a whole." As a midwife, Catherine is privileged to work with women throughout their lives and desires to form relationships that embrace each patient with compassion and respect. She feels honored to attend births and witness miracles happening every day. Catherine delivers at Good Samaritan.

"Birth is about making mothers...  
strong, competent, capable  
mothers... who trust themselves and  
know their inner strength."



**Q:** How would you describe your philosophy of care?

**A:** As a midwife, I believe that pregnancy, labor and birth are natural and normal processes. I work with women throughout their lives, not just during pregnancy, and it's a true partnership. I like to hear mothers' opinions, fears and hopes during this special time in their lives so that I may better support them through this life-changing process. I value the strength of individuality, and I strive to promote each patient's health with respect to her beliefs.

**Q:** What do you enjoy most about your day-to-day?

**A:** I consider myself to be very blessed to have the honor of taking care of women on a daily basis and being witness to the miracle of life. There is nothing like it. Midwifery means to be with women, to be a part of our clients' lives during pregnancy and then months later when they hold their newborn infant. What a joy. What a blessing. What a privilege to bear witness to this gift.

**Q:** Why should the women of this community come to Refuah?

**A:** Our midwifery team is filled with midwives that are truly "with women." We work together to form relationships which embrace each patient with compassion and respect. I believe the women who come to our service feel like we embrace them as individuals and care about them and their families. We have formed a group of six experienced midwives who I can truly say are some of the most genuine, compassionate women I know.

**Q:** What do you want your patients to know about you?

**A:** For the past 17 years I have worked as a midwife, providing care to women through all life stages. I received my Master's Degree in midwifery from New York University in 2002. I find being a midwife has been an incredible journey and feel very lucky to have learned so much from so many women. I am always amazed at how strong, courageous and beautiful women are during life-changing events.

I live in Northern New Jersey with my husband and two sons, 7 and 4 years old. My boys have helped me become a better midwife for they have taught me about unconditional love and everything a mother would do for her child.

# Nursing Benefits for Both Mother and Baby

**T**here are so many benefits to nursing a baby! While mother's milk provides the optimal nutrition for infants, some women may be unsure about this commitment. Some new mothers plan on going back to work. Others experience early difficulty in the task.

### Some common barriers to nursing include:

- Lack of knowledge about nursing
- Misconception that formula is equivalent
- Lack of family and social support
- Lactation problems
- Returning to work and accessing supportive childcare

But the advantages of nursing often outweigh the challenges, and both mother and baby benefit in this shared experience.

During the first days after birth a mother produces colostrum for her newborn. Colostrum is thick and yellow, high in protein and low in sugar, is the ideal first milk, and aids in the development of a newborn's immature digestive tract. After the first few days, larger amounts of milk are produced as baby's stomach grows.

### Nursing benefits for baby:

- Lowers risk of asthma
- Protects against allergies and eczema
- Causes less stomach upset, diarrhea, and constipation than formula
- Reduces risk of viruses, urinary tract infections, inflammatory bowel disease, gastroenteritis, ear infections, and respiratory infections
- Lessens the risk of SIDS,
- Makes vaccines more effective
- Protects against diseases such as spinal meningitis, Type 1 diabetes, and Hodgkin's lymphoma
- May increase baby's IQ
- Can help prevent obesity
- Strengthens mother/infant bond

### Mothers also experience a number of benefits including:

- Lowers your risk of cancers common in women
- Helps you lose pregnancy weight
- May lower your risk of osteoporosis
- Helps heal your body after delivery
- Increases closeness with your baby

With these amazing properties, let's review how we can express and store milk so that our babies may receive the best nutrition even when we are not with them.

### Storing milk

To reduce waste, store milk in 2- to 4-ounce containers. Remember to date milk before storing. The first in the

refrigerator should be the first out of the refrigerator, so that you use the oldest milk first. Also, refrigerated milk has less fat loss and more anti-bacterial protective properties than frozen milk.

Milk should be refrigerated or chilled right after it is expressed. Acceptable guidelines, from La Leche League International, for storing milk are as follows:

**Room temperature:** Cover and keep as cool as possible. For best results, use within four hours. At lower room temperatures you can use within six to eight hours.

**Insulated cooler bag (5 to 39 degrees F):** Keep ice bags in constant contact with storage containers. Use within 24 hours.

**Refrigerator (39 degrees F):** Store milk in the back of the refrigerator. Use within four days for best results.

**Freezer (5 degrees F):** Use within two weeks.

**Freezer (compartment at 0 degrees F):** Use within three to six months.

**Deep Freezer (-4 degrees F):** Use within six to 12 months.

### Reheating milk

To thaw frozen milk: Thaw slowly. If possible, thaw in the refrigerator overnight. Or run warm water over the sealed frozen container of milk or place frozen container in cup of warm water.

To warm refrigerated milk: To protect fat content and nutrients, warm milk slowly in lukewarm water.



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