Dustin Locke - Testimony

May 21st, 2008 was supposed to be the greatest day of our lives. My wife, Erica, and I planned for this day for quite some time and had prepared for all things baby for close to nine months. When after nearly thirty hours of labor and an emergency C-section, the time had come. All of our hopes, dreams, and anticipation were about to come true with the birth of our little girl; our firstborn child whom we named Meriden Camille Locke!

Erica started having contractions mid-afternoon on Monday, May 19th. Her contractions were around 10 – 12 minutes apart and we kept them monitored but never had any real concern yet. Her contractions continued into the night and the next morning when she was getting ready for work. Our doctor advised us that when Erica's contractions were around 5 minutes apart or her water broke, to come in. We waited. She endured her contractions. She went to work and endured the day of work and her contractions. It wasn't until later that night that her contractions were becoming excruciating but still no closer than 8 – 9 minutes apart. We made the call around 10:00 to gauge our doctor's thoughts. The tone was the same, "Come in if your water breaks or when contractions were around 5 minutes apart." We made the decision at 2:00 AM on Wednesday morning to just go. Erica walked herself into the hospital in excruciating pain. We made it to the 5th floor of the hospital to the Birth Center. With no real sense of urgency, Erica was checked in and hooked up to all the fetal and vital monitors. Our doctor had been on call so she entered the room to do her check while I filled out all the paperwork. The Doppler wand that monitors fetal heart rate was registering a sporadic heart rate in the 160 beats per minute range but fading quickly. The doctor did her checkup on Erica and determined she was dilated at a 10 and required an emergency C-section right away. Within minutes, we were prepped and in the surgical room. The anesthesiologist had difficulty placing Erica's Epidural due to her Scoliosis and was on his last attempt to administer the shot or they would have to put Erica under anesthesia to perform the C-section. Upon delivery, the doctor mentioned that there was meconium (the early stools of a newborn infant) within Erica's uterus and abdomen which we knew was not a good sign at all. When the doctor pulled Meriden from Erica, there was silence - the silence that comes from shock. Nothing was said. I could see Meriden as the nursing staff was assisting the doctor on removing her from Erica. She was gone and with nothing said, her appearance was obvious. Time stopped. The room spun. Silence. Erica had to ask the doctor "Did my baby die?" as the doctor was at a loss for words – confirmed. All I could tell Erica as I sat beside her as a different person at that point was "I'm sorry" as if I failed her and it was my fault. Meriden was born asleep at 3:08 AM on May 21, 2008 after 37 ½ weeks gestation.

We asked while in recovery following the emergency C-section all the questions; all of the "what's" and "how's." The doctor estimated that due to Meriden's condition, she appeared to have died anywhere between 3 – 5 days prior to Erica giving birth. The sporadic yet fading heart rate prior to surgery was actually Erica's that the Doppler wand was picking up. The reason Erica's water never broke is that there was no "water" for her to break. Her "water" had dried up following Meriden's death. The doctor concluded that it was beyond medical logic how Erica did not develop a serious infection and die in the process; how it was a miracle that the biological birthing process took place when it did or the outcome would have been far more tragic. We spent the next 3 ½ days in the hospital, recovering, coming to terms with what happened, having meetings with the funeral director and pastor, visiting with guests, and of course patient care. Patient care was great from the nurses and we did have a grief counselor when needed however our method of care could've been met better, more efficiently, more appropriately and with

additional resources had there been a more established set of terms as outlined in HB 2324.

I share part of our story in hopes that it provides merely one example of what establishing of a standard of care in hospitals could provide to families. The moment of Meriden's birth when we learned she grew her angel wings became a defining moment for us. We went from excitement and anticipation of having our hopes and dreams fulfilled to having to do what no parents should ever have to do – plan a memorial service and ultimately bury our child. Even almost eight years later, the feeling today remains indescribable. We've come to realize and understand that surviving grief is not an event, it's a process. This process of living through grief gets its start right away while in the care of the hospital. While our 3 ½ day stay for recovery in the hospital was mostly pleasant, all things considered, we did have our moments that could've been handled differently and perhaps better. With a standard of practice established for means of care, a better level of consistency as outlined in HB 2324 would've helped to make things easier to handle and deal with. Stillbirth DOES happen even if it is understood as a rare occurrence. Compared to a live birth, stillbirth is rare but Kansas still experiences close to 200 stillbirths a year on average and that is also 200 families that are not currently receiving a consistent level of care throughout the state. While I would consider us very fortunate in our level of care having delivered Meriden in a Kansas City Metro area hospital. It is likely that the hospital would have had more experience in having to deal with care for the family of a stillborn child than maybe others. Our level of care may have been a completely different story in more of a rural hospital setting where an occurrence of a stillbirth is extremely rare or perhaps has been nonexistent. An established standard of care would put all hospitals on the same playing field in providing families with the proper resources and grief counseling in the event of a stillbirth.

According to the Kansas Department of Health and Environment report of Stillbirths and Infant Deaths (2014), there have been 3,754 stillbirths reported in Kansas since 1995. This unfortunately only covers a 20-year span. The thought of how many other stillbirths that occurred prior to and following this report is staggering. As stated above, Kansas averages just shy of 200 stillbirths a year. Of these stillbirths, there may have been some that could've been prevented had there been an established research protocol intact that would've allowed more stringent data collection relevant to each stillbirth, better documentation of fetal growth and development, and the development of a database that would record data from health histories, autopsies, and placental reports. An evaluation of such data collected from previous stillbirths could easily become beneficial for future pregnancies should any areas of concern may arise.

Imagine a stillbirth case where the child was not receiving proper nutrients and vitals from the mother's placenta while in gestation and at full-term was delivered stillborn because the placenta stopped working properly. In collecting data from the mother and in studying the placental report, it was post-determined that the mother had a pregnancy condition called Preeclampsia. Preeclampsia is a fairly common occurrence in some pregnancies and can be regulated, maintained, and monitored if diagnosed properly and in time. Unfortunately in this particular example, the diagnosis was never made and the family is left to deal with their life-long journey with grief over their child. Had there been an established protocol in place with more statistical collected data to analyze from past research, a diagnosis of Preeclampsia could've been made much easier and quicker to ensure the well-being of the mother and child. This is just one of many examples that having a database of collected data could be beneficial in helping to prevent future stillbirths.

As a bereaved parent of my stillborn daughter, I am committed to making sure that my daughter Meriden's legacy remains alive. I worked diligently for two years to have Meriden's Law passed and signed into law in July of 2013. As Meriden's father, I am advocating in her honor and that of thousands of other Kansas families. When we buried her, my wife and I promised Meriden that her life would be used to make a difference in other's lives. Meriden's legacy has already been defined through her direct impact on our lives and indirectly on others as well as having a law established in her name. The opportunity to have such a law be passed in HB 2324 from the State of Kansas will provide future families with a better sense of peace in their grieving and healing process and will help to prevent future stillbirths by providing better collected data to be observed, tracked, followed, and analyzed.