



Women's Health Overview

Supporting Families Experiencing Pregnancy and Infant Loss with New Bereavement Suite

Minutes and a lifetime ago, I walked into the same labor and delivery unit where I had operated the day before. I changed into a gown, got my IV, and answered all the nurse's standard admission questions. I had my induction of labor and delivered my baby in the same kind of room and the same hallway in which I had delivered his older brother two years before. Except this little guy was very small and wouldn't be coming home with us. His heart had stopped beating in the second trimester. No test would answer why.

Seven months later, I repeated the same process, except that time, it was a girl. Still no reason why. And that time, it happened in the same room where her big brother was born.

Almost exactly 1 year after that, my 9-week-old daughter had open heart surgery (surgery was successful and she's doing well).

I was invited to advocate for Nebraska Medicine's bereavement suite because, as far as I know, I'm the obstetrician on faculty with the worst personal obstetric history.

And I'm honored and privileged to speak out for this mission!

But in doing so, I've realized that my

experience as a 'heart mom' is at least as important to my understanding of why we need the bereavement suite as my experience as a 'loss mom'.

When you have a pregnancy loss, everyone at the hospital (and hopefully your family and friends as well) treats you with extreme gentleness and kindness. They're professional and empathetic. They keep the lights down, their voices low, and show all the tenderness and patience appropriate to the situation. They're skilled at their jobs and know exactly what needs to be done, regardless of the complications that may come. And those things are all so important.

But the induction still happens in the same spaces used for a healthy birth. The monitors are off, but they're there. The screens still show the fetal heart rate patterns in the other rooms. You can still hear people celebrating and babies crying.

In any pregnancy loss, including in the first trimester, it is normal to grieve that loss like you'd grieve another first-degree family member. The core difference is that you are grieving the potential instead of the known. The love and its sudden void are life changing and to be in the same space where the healthy delivery "should" have occurred is an insult to injury.

Also, pregnancy loss is incredibly lonely.

Whether it's stigma or shame or pain that's just too raw to share, many people go through their grief alone or in very small groups. Perhaps it's by choice or necessity, but being surrounded by healthy families in a space where the last occupant probably took home a baby and tomorrow's occupant probably will too, having delivered a dead baby where the live babies belong reinforces that sense of isolation.

Fast forward to the complex congenital heart disease diagnosis. It came with fear, grief, and uncertainty, but it didn't come with isolation or shame. There was no room for stigma.

The first long visit after diagnosis included a plan of care, a prognosis, a nurse coordinator, information about developmental clinics and connections to several communities and support systems.

It might have been harder to find families with the same diagnosis as us, but those supportive connections introduced us to a family in our daycare, a colleague in my department, and another on a committee - all whose children also had heart surgery in infancy.

see **Bereavement Suite** pg. 4



Women's Health overview

newsletter is published quarterly for health care professionals and the general public with special interest in women's health issues by the Olson Center for Women's Health.

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From the Chairman

In April of 2002, I authored my first Message from the Chair article. In that article, I expressed gratitude for the vision of the Olson family and its consistent support for women's health. The Olson Center for Women's Health began in 1993 and focused on the support of education and research. Expansion to a more comprehensive clinical center ultimately followed. The Olson Center and the Department of Obstetrics and Gynecology are so closely tied as to be inseparable. Support from the Center has included all the basic functions of an academic department: education, research, clinical care and community health.

After 23 years and 95 Messages, this will be my final submission. I am deeply honored to have been the Chair of this department. The support from the Olsons, the health system, the community and our resident and student alumni have been tremendous. I was lucky enough to have hired many gifted faculty who were committed to our academic mission. Any success that we have had is attributable to the efforts of our faculty, staff and trainees. I am profoundly grateful for their collective efforts.

On August 1, Sarosh Rana, MD, will become the next Chair of the Department of Obstetrics and Gynecology. She is currently Professor of Ob-Gyn and Director of the Division of Maternal-Fetal Medicine at the University of Chicago. This transition is a wonderful opportunity for the department and the Olson Center. New leadership brings new ideas, new people and additional resources. I look forward to working with Dr. Rana to ensure a smooth transition.

I am optimistic about our future and look forward to watching it develop.

Carl V. Smith, MD, FACOG

Chairman, Department of Obstetrics and Gynecology
College of Medicine
University of Nebraska Medical Center

research news

Fertility and Other Age-Related Issues in Women

According to the Centers for Disease Control and Prevention (CDC), female infertility is a major health problem. It affects 1 in 6 reproductive-aged couples, with roughly 10% of U.S. women of reproductive age (~7.5 million) experience infertility.

One of the most common causes of infertility in women – especially in their late 30s to early 40s – is declining ovarian function. This age-related change plays a central role in decreasing fertility and complicating attempts to conceive.

What is infertility? Infertility is defined as:

1. The inability to achieve a successful pregnancy as established by your medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors, or
2. The need for medical assistance – such as the use of donor eggs, donor sperm, or donor embryos – to achieve pregnancy, either as an individual or with a partner.

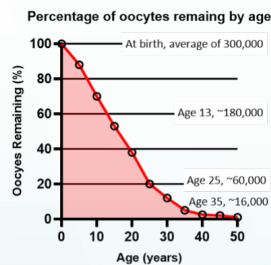
Fertility rates in the U.S.

- The U.S. fertility rate has declined about 20%, from 70.9 births per 1,000 women in 1990 to 56.1 in 2022.
- The average age at first birth has risen from 27 years in 1990 to 30 years in 2019.
- Contributing factors include lack of a partner, economic insecurity, career aspirations, and long work hours.

The biology of ovarian aging Women are born with a fixed number of oocytes (eggs). That number decreases with age:

- At 20 weeks in utero: ~7 million oocytes.
- At birth: <1 million.
- At menarche (first period): ~200,000.
- By age 30: ~12% of prebirth oocytes remain.
- By age 35: ~16,000 oocytes.
- By menopause (average age 51): <1,000 oocytes.

The depletion of the fixed oocyte pool is



caused by apoptosis (cell death) through a process known as follicular atresia. Oocyte loss accelerates in the late 20s

and 30s and is irreversible. Genetic and environmental factors, such as exposure to toxins, can speed up this decline.

Currently, there is no effective method to grow new ovarian follicles, and few women older than 45 years can achieve live birth with their own oocytes, despite optimal diet, exercise, or in vitro fertilization (IVF).

Additional age-related fertility

challenges The incidence of infertility in reproductive-aged couples is 1 in 6 (World Health Organization).

There are many causes of infertility, for example, ovulatory disorders, male factors, obstructed fallopian tubes, and ovarian aging. In addition to reduced fertility, as

women age, oocytes develop defects in mitochondrial structure and function and alterations in meiotic spindles (cell structures required for fertilization).

Furthermore, there are increased rates of aneuploidy, a condition characterized by having too few or too many chromosomes, which can cause a chromosome disorder like Down syndrome, and miscarriage.

Rates of aneuploidy by age:

- Age 35: 25%
- Age 40: 40%
- Age 45+: 65%

The transition to menopause brings more than just fertility loss. It is associated with:

- Significant morbidity.
- Irregular reproductive cycles.
- Dysfunctional uterine bleeding.
- Urogenital changes.
- Impaired fertility.
- Declining bone mass.
- Vasomotor symptoms.
- Psychological impairment.

Advancing women's reproductive health Research efforts - including those at the University of Nebraska Medical Center (UNMC) - are focused on slowing the loss of oocytes and extending ovarian function. The goal is to improve women's health and improve fertility.

Contributed by **John S. Davis, PhD**
UNMC Department of OB-GYN

On the day of our surgery, we were ushered into our own waiting room. When things went longer than expected, Child Life stepped in with backup supplies. No one wondered where to put us or what to say to us. When we were in the waiting room, we knew that other families had been there the day before and would be there tomorrow for the same reasons.

Pregnancy loss in the second and third trimesters has an incidence of about 1 in 100 pregnancies. Congenital heart disease has an incidence of about 1 in 100 live births. Yet the former is treated as an isolated misfortune, while the latter is expected and managed accordingly.

The Nebraska Medicine Bereavement Suite is such an important step forward for obstetric care. It treats pregnancy loss as its own medical phenomenon, giving it the respect that it deserves. In many ways, it shows grieving parents and families that they are not alone, that others have come before them and will surely come after. Beyond that, it also offers a direct connection to support groups through

No Foot Too Small, the organization in Iowa that inspired, launched and championed this entire program.

The Bereavement Suite is beautiful, a testimony to the vision and hard work of many wonderful people.

When I toured the suite to view all the amenities, I opened every cabinet until I found the dedicated space with memory boxes and baby clothes. Seeing these thoughtful items normalizes and de-stigmatizes the whole experience. I am grateful that we now have a space that provides medical and psychological safety for grieving families. I expect that we will see improved outcomes on many domains of healing. I am also grateful to No Foot Too Small, and to all those who contributed to making this a reality.

I am proud to be a part of an organization that takes pregnancy loss seriously.

Contributed by **Katie Lessman, MD**
UNMC Department of OB-GYN

Dr. Carl Smith Stepping Down as Chair of Obstetrics and Gynecology

Carl Smith, MD announced in April 2024 that he was stepping down as the chair of the department of obstetrics and gynecology. As is his way, he agreed to remain in that role until a new chair was seated. This will happen on August 1 when Sarosh Rana, MD, from the University of Chicago, will take up the mantle of leading us.

This edition of the quarterly newsletter is his last Message from the Chairman.

Dr. Smith has spent his entire adult life serving others, and his passion and skill for teaching, whether it be patients, students, residents or the general public, will be sorely missed. One rarely comes across a person who has shown so much commitment to helping others. Nebraskans will certainly miss the service, dedication, and passion of someone who has so honorably discharged his duties as a doctor, surgeon, counselor, leader, teacher, and mentor - not to mention officer in the United States Navy.

He will continue to see patients, returning as he so often says, "to be a simple country doctor" at the Olson Center for Women's Health clinic, a place he was so instrumental in building.

In that role, as he has done throughout his 23 years as chair and more than 50 years in medicine, he will continue his unquestioned, sustained record of dedicated excellence in providing care to women in our city and state.



Mission Statement

The mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center (UNMC). Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research and service through innovative approaches to women's health issues.

Want More Information?

Visit our website: **OlsonCenter.com**

Learn more about our health care providers, services and programs available at the Olson Center for Women's Health. Our website also offers women's health information. Here are a few topics:

- Breastfeeding
- Breast health and disease
- Cardiovascular health
- Gastrointestinal health
- Gynecologic health
- Incontinence
- Reproductive endocrinology/infertility
- Pregnancy
- Wellness

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Save the Date

Friday, November 7, 2025
8 a.m. to 4:30 p.m.

Scott Conference Center
6450 Pine Street
Omaha, Nebraska



Featuring:

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA
Texas Tech University School of Medicine, Amarillo, Texas

Lindsay Lebin, MD
University of Colorado School of Medicine, Denver, Colorado

16TH biennial Breastfeeding: BABY'S NATURAL CHOICE CONFERENCE

**Wednesday,
August 27, 2025**

7:15 a.m. – 4:30 p.m.

New Location!!

Scott Conference Center in
Aksarben, 6450 Pine St
Omaha, Nebraska

Registration Fee

\$125 for general registration
\$50 for students with full-time
verification

*Includes breakfast, lunch and CE credit

**Registration is
Open!**



Scan this code to register or call
402.559.5929; 877.832.6924

*Registrations must be received no
later than **Wed., Aug. 20, 2025***

Audience

This accredited continuing education activity is designed for physicians (OB/GYN, pediatric, and family medicine), nurses, lactation consultants, registered dietitians, medical nutrition therapists, advanced practice providers, social workers, nurse midwives, breastfeeding advocates, residents, and students.

Topics

D-MER and weaning
Undermining breastfeeding
Psychiatric medications
Obesity
Becoming a private practice lactation consultant
Food sensitivities

Exhibits

If you would like to exhibit at the conference, please email
Jennifer Harmon at jeharmon@unmc.edu.

Sponsors

Olson Center for Women's Health, UNMC College of Medicine Center for Continuing Education, and UNMC College of Nursing Continuing interProfessional Development and Innovation.



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A Remarkable Career in Medicine for Marvin Stancil, MD



Marvin Stancil, MD, has had a remarkable career in medicine. Dr. Stancil grew up in the inner city of St. Louis and found an interest in medicine after losing a childhood friend to leukemia. He felt like she did not receive the best medical care, so at that moment he decided to become a doctor who would save young children with cancer, but then later changed to the specialty of obstetrics and gynecology.

He started a combined BA/MD program and then in 1986, completed his residency in OB-GYN from the University of Missouri – Kansas City/Truman Medical Center. A scholarship commitment with the U.S. Air Force brought him to Offutt Air Force Base in Nebraska in 1997. That same year, Dr. Stancil

joined the Department of OB-GYN at the University of Nebraska Medical Center.

Dr. Stancil is known for connecting with his patients and credits his upbringing for shaping a compassionate approach to care. Dr. Stancil's message to patients, "Be the best version of yourself – mind, body and spirit. Take time for yourself and your health."

He has also been a great mentor for medical students, especially students of color. He would help students define their goals and tell them to never give up, reminding them that even if Plan A doesn't work out, there is always a place for them in medicine and to stay positive because you never know when your patients need to see your smile or feel positive energy.

Dr. Stancil says he will miss many people around UNMC and Nebraska Medicine but is excited about his new chapter. He looks forward to helping raise his young grandchildren, spending time traveling and catching up on reading.

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