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NOVEMBER 2000

# Parents

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A bizarre accident during her fifth month of pregnancy left Jenifer Evans in a wheelchair—and her unborn child on the brink of death. Miraculously, both survived. Here, Jenifer's husband tells their incredible story of courage and triumph.

# Saving Addy

By Larry Zimbleman, as told to Sandra Gordon

**O**ur 17-month-old daughter, Addy Marie, squeals with delight each morning when she greets her mom. And though my wife, Jenifer, beams at the sight of her child, she's never been able to hold her, tickle her, or play peekaboo. When Jenifer was 17 weeks pregnant with Addy, she had a freak accident and became a quadriplegic. That terrible event changed our lives forever. But although our situation is devastating, I can't help counting our blessings. After all, it's a miracle just that Jenifer and Addy are still alive.

The day the accident happened, nearly two years ago, was a typical Saturday in November. We were browsing for antiques in Noblesville, Indiana, a small historic town not far from home. The day was cool and sunny. We were excited to be out because we had so much to look forward to. Jenifer, at 43, was pregnant with our first child. It was an incredibly happy time, especially because we had been undergoing fertility treatments for three long years.

We split up when we got into the main antique mall. I went down a

staircase to the basement level. As I stood near a second staircase, browsing in a booth, I heard a loud smack. I looked up and saw Jenifer bouncing down the stairs on her back, headfirst, like a rag doll. Apparently, as she had started up the staircase to the second floor, she grabbed the wooden banister on her left for support—but the banister wasn't attached to the wall, merely propped up. It came off in Jenifer's hand, smacking her in the face. Then she spun around and careened down the 18 steps to the basement, backward.





**Our biggest dream is  
that someday Jenifer  
will be able to hold  
Addy in her arms.**

I ran to Jenifer at the bottom of the stairs. What I saw was terrifying. She looked up at me and mouthed, "I can't breathe. I can't breathe." Blood was gushing from her nose. I yelled for someone to call 911. Another customer rushed over, brushed the blood from Jenifer's nose, and began to administer CPR. Within a few minutes, the emergency-medical team burst through the back door.

**"She's Pregnant"**

"What happened?" one of the paramedics asked as he inserted a tube down Jenifer's throat to get her breathing. "She fell down the stairs—and she's pregnant," I quickly told him. His jaw dropped.

At that moment, Jenifer began having heavy contractions. The paramedics quickly gave her medication to stop the labor. I felt numb as I

watched them work, but I remember one of the paramedics saying, "You don't know how lucky your wife is." Later, I learned that Jenifer had been within minutes of death.

The ambulance took Jenifer to a local hospital, which was only about a mile away. There, she was put on life support because she couldn't breathe on her own. "She has a broken neck," the doctor told me. It sounded horrible, but at that point I had no idea how bad her condition really was.

Once Jenifer had been stabilized, she was flown by helicopter to Methodist Hospital of Indiana, in Indianapolis, the closest neuro-critical-care unit, where she underwent a more intense examination. Her par-

ents and mine met me there. "The X rays show a break in the C2 vertebra, the second vertebra in the cervical spine," one of the doctors told us. As he explained what that meant, the reality of Jenifer's condition began to sink in. Jenifer would probably be a quadriplegic, and on a ventilator, for the rest of her life. When you damage your spinal cord that high, you can't breathe on your own. From the neck down, everything shuts off.

The cold, hard truth of Jenifer's condition took my breath away. That night was a long one for us—we were all devastated, and there were a lot of tears. But thoughts of the baby kept us going. Jenifer had decided to be strong. There was simply no way this baby wasn't going to be born, she said.

Because the medical staff had never dealt with a pregnant woman with her type of neck fracture, Jenifer's doctors couldn't give us any definite answers. We felt helpless, but the obstetrician finally gave us something to latch on to—and something for Jenifer to fight for. If the baby can hold on until she's 28 weeks old, he told us, she might have a chance of making it.

**The Waiting Game**

We took the next 11 weeks day by day. Jenifer had problems with bleeding ulcers from the stress of her injury; her lung collapsed twice and had to be inflated. She also developed pneumonia, which can be

fatal for someone in her condition. At least once a week, she got contractions so severe that she had to be given medication to stop the labor.

That period of our lives was a nightmare. My parents and Jenifer's took regular shifts at the hospital, which was a big help. My life consisted of coming home to do some work and going back to the hospital. As a freelance artist, I do painting, figure sculpture, and limited-edition porcelains for exhibitions around the country, and the work has proved good therapy for me. Jenifer has always been the biggest supporter of my artwork. Every day, when I went to visit her, she'd ask me what I had painted that day. Often I'd bring a pic-



**READ THIS INFORMATION COMPLETELY BEFORE USING SARAFEM** (SAR-a-fem). This leaflet provides a summary about SARAFEM and does not contain complete information about your medicine. This information is not meant to take the place of discussions between you and your doctor. Talk with your doctor, pharmacist or other healthcare professional if there is something you do not understand or if you want to learn more about SARAFEM. Always follow your doctor's instructions on how to take SARAFEM.

#### **What is SARAFEM?**

SARAFEM is a prescription medicine used by women who have menstrual periods or cycles to treat the symptoms of premenstrual dysphoric disorder (PMDD).

#### **What is PMDD?**

PMDD is a medical condition that affects only women who have menstrual periods or cycles. Symptoms of PMDD are limited to the week or two before a woman's menstrual period and commonly include mood symptoms such as irritability, mood swings, and tension as well as physical symptoms of bloating and breast tenderness. When the symptoms of PMDD appear they cause interference in day to day activities and relationships.

#### **What is the active ingredient in SARAFEM?**

SARAFEM contains fluoxetine hydrochloride, the same active ingredient found in Prozac.

#### **How does SARAFEM work?**

While it is unknown what causes PMDD, many doctors believe it may be related to an imbalance in a natural chemical in the body called serotonin. The actions of SARAFEM on serotonin may explain its effects in improving the symptoms of this condition.

#### **Who should not take SARAFEM?**

You should not take SARAFEM if you:

- are allergic to fluoxetine hydrochloride, the active ingredient in SARAFEM.
- are taking a type of antidepressant medicine known as a monoamine oxidase inhibitor (MAOI), such as Nardil (phenelzine) or Parnate (tranylcypromine). Using an MAOI together with many prescription medicines including SARAFEM can cause serious or even life-threatening reactions. You must wait at least 14 days after you have stopped taking an MAOI before you can take SARAFEM. Also, you need to wait at least 5 weeks after you stop taking SARAFEM before you take an MAOI.
- are taking a type of antipsychotic medicine known as Mellaril (thioridazine). You need to wait at least 5 weeks after you stop taking SARAFEM before you take Mellaril.

#### **How should I take SARAFEM?**

- Take SARAFEM exactly as directed by your doctor.
- SARAFEM comes as a 10 mg lavender capsule and a 20 mg pink and lavender capsule. The usual dose is 20 mg a day, but your doctor will prescribe the dose that is right for you.
- If you miss a dose, take it as soon as you remember. However, if it is time for your next dose, skip the missed dose and take only your regularly scheduled dose. Do not take more than the daily amount of SARAFEM that has been prescribed for you.
- SARAFEM can be taken with or without food.
- To help you remember to take SARAFEM, it may be best to take it at about the same time each day, such as every morning.
- Remember to get your refills before you run out of SARAFEM.
- Talk with your doctor about how long you should keep taking SARAFEM.
- Talk with your doctor before you stop taking SARAFEM.

#### **What should I talk to my doctor about when taking SARAFEM?**

- If you get a rash or hives while taking SARAFEM, call your doctor right away because this can be a sign of a serious medical condition.
- Be sure to tell your doctor if you are taking Prozac, since this contains fluoxetine, the same active ingredient found in SARAFEM.
- Be sure to tell your doctor if you are taking or plan to take any prescription or nonprescription medicines, vitamins, natural supplements, herbal remedies or alcohol. As with most other prescription medications, SARAFEM may interact with some of these products.
- You should tell your doctor if you are pregnant, plan to become pregnant or are breast feeding while taking SARAFEM.
- Tell your doctor if you have diabetes. The dose of diabetes medicine you need may change when you start or stop taking SARAFEM.
- Tell your doctor about any other medical conditions you may have, especially liver disease, or a history of seizures or mania.

#### **What are possible side effects of SARAFEM?**

All prescription medicines may cause side effects in some patients.

- In medical studies of women taking SARAFEM for PMDD, the most common side effects likely caused by SARAFEM were tiredness, upset stomach, nervousness, dizziness, and difficulty concentrating. Other side effects were reported less frequently in those same studies. Side effects were generally mild, often disappeared after a few weeks, and most did not cause women to stop taking SARAFEM.
- SARAFEM can cause changes in sexual desire or satisfaction.
- Do not drive a car or operate dangerous machinery until you know what effect SARAFEM may have on you.
- Contact your doctor or healthcare professional if you get a rash or hives, or if you get other side effects that concern you while taking SARAFEM.

#### **What else can I do?**

In addition to taking SARAFEM:

- eat a well-balanced diet (including fruits, vegetables and fiber) and get regular exercise.
- drink plenty of water daily and lower the amount of caffeine and salt in your diet, especially before your menstrual period.

Talk to your doctor before you begin any diet or exercise program.

#### **How do I store SARAFEM?**

- Store SARAFEM at room temperature.
- Keep all medicines, including SARAFEM, out of the reach of children.

#### **General Information**

This is a summary of information about SARAFEM. Medicines are sometimes prescribed for purposes other than those listed in a patient information summary. This medicine was prescribed for your use only. Do not let anyone else use your SARAFEM.

If you have any questions or concerns, want to report any problems with the use of SARAFEM or want more information about SARAFEM, contact your doctor, pharmacist or other healthcare professional.

This patient information summary has been approved by the US Food and Drug Administration.

[www.sarafem.com](http://www.sarafem.com)

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Sarafem™ (fluoxetine hydrochloride)

## **Saving Addy**

(Continued)

ture to hang in her room: a watercolor for Christmas, a hand-painted card for our anniversary in January, and another one for Valentine's Day.

## **The Miracle of Birth**

As the weeks wore on, Jenifer began to undergo physical therapy, but it was tough because she was getting heavier. She also had to have a pacemaker implanted because her vagus nerve, a major nerve that runs from the brain to the heart and lungs, became hyperactive, nearly causing her heart to stop several times. Finally, Jenifer made it to 28 weeks' gestation. We were so relieved that we had a little celebration in her room. The doctors were very pleased with the baby's progress; they told us that they wanted to see whether Jenifer could hold out for a few more weeks.

Finally, at 34 weeks, Jenifer's doctors tested the baby's lungs and decided that they were developed enough for her to enter the world. They had told us weeks earlier that a vaginal birth would be safest for Jenifer, because a C-section is invasive surgery that requires a lot of healing. Jenifer and I were both excited and very nervous. We had been focusing on this day for so many long, hard weeks that it was hard to believe it had finally arrived. "I'm so proud of you," I whispered to her as they induced labor.

Thankfully, her labor went off without a hitch. During the hours leading up to Addy's delivery, doctors and nurses from other floors in the hospital stopped by. Word had spread about this amazing woman who was about to give birth. My parents and Jenifer's waited anxiously in the crowded hallway. I was the only family member in the delivery room, but there must have been 50 doctors and nurses in there with me. I didn't really realize it until I was about to cut the umbilical cord—I looked up and saw a sea of smiling faces. By that time, our parents had joined us. Later my father-in-law said he had never seen so many nurses crying.

Addy, who was born on March 24, 1999, weighed five pounds, seven ounces. We were overjoyed. We named her after my grandmother, Helen Adair, who had been born almost exactly 100 years earlier.

## **A New Life at Home**

Addy was released from the hospital quickly; Jenifer followed two months later. Since then, Jenifer has had in-home nursing care 20 hours a day. She's still on a ventilator and has a pacemaker. The only sensation she has is from her neck up. During the day, my mom and Jenifer's take turns caring for Addy so I can do my artwork. We bring Addy in to see Jenifer as often as we can. We'll set her up on the bed next to Jenifer or cuddle her up to Jenifer's face for a kiss and a hug. You can tell Addy knows that Jenifer is her mom. We often bring her high chair in next to Jenifer's



## Facts on Spinal-Cord Injuries

As many as 230,000 Americans today are living with spinal-cord injuries, including actor Christopher Reeve, who was thrown from his horse during a riding competition in 1995. He sustained the same injury as Jenifer—a break in the C2 vertebra—and broke his C1 vertebra as well. Vertebrae are rings of bone that surround the spinal cord, which carries nerve impulses from the brain to the rest of the body. A C2 break damages the cord, wiping out the nerves that control all movement below that point, as well as basic functions such as breathing and body-temperature regulation. Because she's unable to move, a quadriplegic is at constant risk of infection. Her lifeline is a breathing apparatus that runs down her throat and pushes oxygen into and out of her lungs; the tube makes it difficult to speak. For more information about spinal-cord injuries, contact the National Spinal Cord Injury Association, at 800-962-9629 or [www.spinalcord.org](http://www.spinalcord.org), or the Christopher Reeve Paralysis Foundation, at 800-225-0292 or [www.paralysis.org](http://www.paralysis.org). —Lexi Petronis



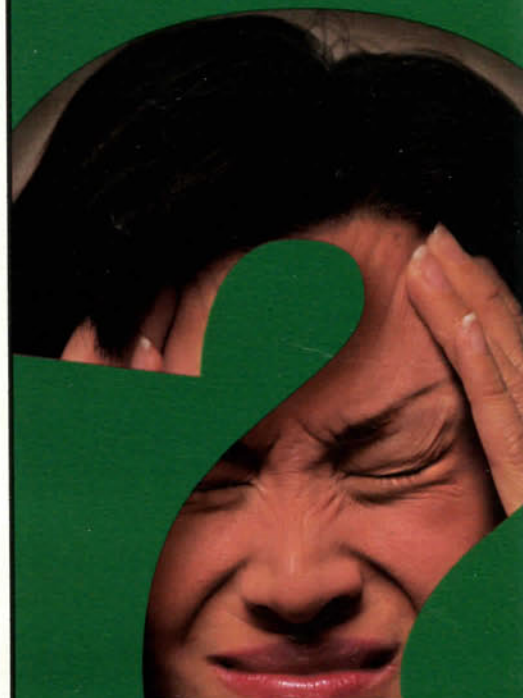
bed so she can watch Addy eat. Because of the ventilator, Jenifer can still only mouth words. We've all gotten really good at reading lips. To get Addy's attention, Jenifer makes a clicking sound with her tongue on the roof of her mouth.

When the weather is nice, we put Jenifer in a wheelchair and take her outside to see her garden and flowers. We also bring her to the living room to watch Addy in her play yard. It's a two-person operation getting Jenifer into a chair, but it's worth it, because sitting up makes her feel more normal and alive.

After a lengthy legal battle, we received a settlement from the proprietor of the antique mall. Unfortunately, the money won't last long. Right now, Jenifer is on a private insurance plan created by state law that covers high-risk patients. The plan pays up to \$40,000 annually for home nursing, but Jenifer's care costs \$300,000 a year. This year, she

will qualify for Medicare, but it won't pay for full-time home health care, so I'm working with the bank to stretch the settlement money as far as possible.

It's been nearly two years now, and the reality of Jenifer's situation is still a struggle. I don't think she or I could ever have imagined that we'd have the strength to endure a tragedy like this, but amazingly, we do—we just take it one day at a time. And we thank God for bringing Addy into our lives. I know it's frustrating for Jenifer to watch Addy reach new milestones without being able to share those moments with her, but her happiest times are with our daughter. Addy is sometimes the only one who can get her to smile and laugh. We pray each day for a breakthrough in medical research or some other miracle. Our biggest dream is that someday Jenifer will be able to hold Addy in her arms. □



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