United Methodist Women
FAITH · HOPE · LOVE IN ACTION

MARY AND MARTHA MAIL CIRCLE UMW

Christ United Methodist Church - Mobile, Alabama

June 2015

Member Involvement

Circle Coordinator
Vera Moore

Birthday Cards to MMM Circle
Patsy Adams

Birthday Cards to Missionaries
Melissa Motes

Weekly Prayer Focus
Norma Spiller

Children's Sabbath Planning
Notalsia Whiting

Get Well Cards MMM Circle
Glenda Contos

UMCOR Health Kits
Glenda Contos

Bake Sale Workers
Dawn Seese
Glenda Contos

Bake Sale Bakers
Dawn Seese
Glenda Contos
Melissa Motes
Angel Dahlgren

Bake Sale Posters
Kerry Cohen

Safe Haven Workers
Glenda Contos

Soup Sale Workers
Glenda Contos

Soup Makers for Soup Sale
Glenda Contos

Please let us know if some have volunteered and not been listed.

United Methodist Women shall be a community of women whose **PURPOSE** is to know God and to experience freedom as whole persons through Jesus Christ; to develop a creative, supportive fellowship; and to expand concepts of mission through participation in the global ministries of the church.

"No One Teaches You About Pregnancy or Parenthood."

Maternal & Child Health

A difficult pregnancy leads to large financial burdens.

As children grow up and take sex education classes, the emphasis is always on protection against pregnancy, and on abstinence. Sex education is primarily focused on preventing pregnancies — very little is taught about motherhood (or fatherhood). Motherhood is still primarily thought of as a natural, intuitive process; thus no one takes much time to teach young girls [added comment, OR boys] about the maternal mortality ratio, what it means to be a parent, or the financial responsibilities that come with pregnancy and parenthood.

According to the U.S. Department of Health and Human Services, in the U.S., maternal mortality rates for black women are 2.7 times higher than for white women. (28.4 versus 10.5 per 100,000). Interestingly, a 2003 report from the Centers for Disease Control found that African-American women do not have a higher prevalence of pregnancy-related illnesses (such as preeclampsia or post-partum hemorrhage) than white women. However, they have a significantly higher mortality rate from each of these conditions. The question is why. Is it due to racial disparity factors such as lack of prenatal care, lack of access to adequate care or preexisting conditions? Socioeconomic disadvantages can often lower access to prenatal care.

First Child

When I got pregnant with my first child at 24, I wasn't aware of most of these issues. I knew some women died during childbirth, but no one ever explained why. Although I had what is considered good private insurance, the doctors or nurses didn't educate me for things to watch for. A pregnant woman doesn't think about her health. Everything that is done is for the unborn child's health. My son was born at full term, but he was small. Many tests were conducted and nothing out of the ordinary was found. He was healthy, and I was thankful.

Second Child

Due to my first son being born small, I was more vigilant with my second pregnancy, which was at 26. I pressured my doctor and asked more questions.

When I was six months pregnant, I moved from Florida to Georgia. It was hard to find an obstetrician. Every doctor I called said I was too far along and didn't want to take on the pregnancy. I was shocked. I finally found one doctor who agreed to take me as a patient. Seven months into the pregnancy I was having symptoms that felt abnormal. I would feel blood rush to my head, and a warm feeling in my face which would last for about a minute and then disappear — followed by an intense headache. I spoke to my doctor and he shrugged it off as stress.

Since my doctor said it was nothing I didn't press him anymore on the issue. One day I got a call from my mother while experiencing those strange symptoms. My mother lost her mother (my grandmother) when my mother was 13 years old. My grandmother was pregnant with her sixth child and always complained of a warm feeling in her face, followed by an intense headache. One day she was hospitalized and died in the hospital. My grandmother probably died from complications of pregnancy-induced high blood pressure. I explained my symptoms to my mother and she advised me to be vigilant with the doctor.

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Selections From the Prayer Calendar
+ Mary and Martha Birthdays

JUN 1 Hyeyun Hong Seo (M)
JUN 2 Kathleen Peterson (D/CCW)
JUN 3 Virginia Baker (D)
JUN 4 Amanda Howe (CCW)
JUN 5 Helen De Leon Camarce (M
JUN 6 Umba Ilunga Kalangwa (M)
JUN 7 Ann Farris (D)
JUN 8 Palestine: Grassroots International
JUN 9 Sarah Capers (D)
JUN 10 Global Justice Volunteers
JUN 11 Becky Warnock (D)
JUN 12 Anna Gill (MI)
JUN 13 Kharissa Allman (US-2)
JUN 14 Brenda Thompson (S)
JUN 15 Dong Min Seo (M)
JUN 16 **Connie Lynn Di Leo** (M)
JUN 17 Taleah Edmonds (CCW)
JUN 18 Israel/Palestine: Bethlehem Bible College
JUN 19 Nancy Robinson (M)
JUN 20 Stephanie Plotas (US-2)
JUN 21 Helen Sheperd (M)
JUN 22 Cindy Moon (M)
JUN 23 Women in higher education initiative
Alicia Golemon
JUN 24 Wendy Putka (D)
JUN 25 Ellen Dizon (D)
JUN 26 Soyoung Cho (S)
JUN 27 Laura Wise (MI)
JUN 28 Gail Quigg (M)
JUN 29 Jordan: Middle East Council of Churches
JUN 30 Angela Ali (MI)

Copied from **The Prayer Calendar**:

In our efforts to attract young people to our youth services we are always searching for new and different ideas. One of our youth shared an idea that she learned about while attending the university in the capital. It was "Twin Night," where everyone was encouraged to bring a friend and look as much like a twin as possible. We had no idea how this idea would go over and were very pleasantly surprised to see how many really took this challenge seriously! We had a full house and celebrated a night of double blessings!

Connie Di Leo

Missionary of the Month
Connie L. DiLeo
Happy Birthday June 16th!

The Rev. Connie L. DiLeo is a missionary with the General Board of Global Ministries of The United Methodist Church assigned to the Dominican Republic, where she is engaged in a range of ministries.

A new ministry in 2013 is that of developing a new congregation of young adults and youth in the village of La Hoya. The new church is committed to strong outreach to bring youth and young adults off the streets and to introduce them to Jesus Christ. She also works with the Evangelical Church of the Dominican Republic, helping to coordinate medical groups that come from Western North Carolina Conference to provide surgeries and medical outreach to the surrounding areas. She also continues her work with surrounding Haitian communities in many different facets.

An ordained deacon of the Florida Annual Conference, she served for nine years as project director and chaplain of Community Partners, a health and community service ministry near Barahona, work sponsored by churches in the US and Great Britain. She continues to serve on their Dominican board of directors.

Reflecting on her call to mission service, Connie says she felt God showing her the future during a mission volunteer trip in 1986. "I didn't know how my becoming a missionary would ever come to pass," she recalls, "but I trusted Him to make a way." Now that the call has become a reality, she observes that "we may not understand God's timing, but we need to always trust it."

A native of Tomahawk, Wisconsin, Connie earned a B.A. degree in elementary education and an M.A. in administration and supervision from the University of South Florida in Tampa. She also completed religious foundation classes required for deacon's orders from the Candler School of Theology, Emory University, Atlanta, Georgia.

Prior to her work in the Dominican Republic, she served from 1992 to 2000 as director of lay ministries and in 2000 to 2001 as associate pastor at Aldersgate United Methodist Church in Seminole, Florida.

She calls Aldersgate her church home. Connie has two adult sons and one grandson. Jon and Jenny, parents of Matthew, live in Kyle, Texas. Son Robert and Leanne live in Dublin, Ohio.

Response Moments

Responsively Yours by Harriett Jane Olson

Going from the Northern Hemisphere to the Southern Hemisphere in January and February means going from winter to summer. Both times I did so this year I arrived bleary-eyed and uncomfortable in clothes that were not really warm enough in New York and too warm in Chile and in Mozambique. And both times I was greeted by welcoming women who are part of our global sisterhood of grace. What a privilege to represent your love to them and their love to you!

Through Ubuntu journeys, Assembly and other settings when Methodist women from around the world meet, we experience that sisterhood. And, like someone at a family reunion, we sometimes ask: How are we related again?

United Methodist Women claims a side-by-side role with United Methodist Women in the Central Conferences. Ours is not a staff or board that has governance over the work of the Zimbabwe United Methodist Women or the Women's Society of Christian Service in the Philippines—we come to the table as partners.

Just like at a family reunion, we need to look back to understand the relationship.

Until the 1960s our predecessors sent missionaries and deaconesses to serve around the world. The growing global churches began to engage in conversations with the sending churches that forever changed the nature of the missionary work. Some became autonomous churches or part of a uniting church, and some remain in one United Methodist Church together. In 1964 the mission-sending work became centralized in the General Board of Global Ministries.

In the 1980s this began to change, with the other general agencies being first allowed and then asked to think about their work more globally. In the 1990s United Methodist Women held a series of Working Conferences around the world to assess its global relationships. From these meetings we developed the plan for a new category of worker called "regional missionary." These missionaries are recruited, trained and supported by women in the United States, but their assignment is to engage in women's leadership development in large world regions, some that are Central Conferences and others that are not.

Now, with regional missionaries and leaders of the World Federation of Methodist and United Church Women participating in our program advisory group, we are restating our desire for sister-to-sister relationships. Both in Chile and in Mozambique the family resemblance was clear among the women praying, singing, learning, serving and committed to making a difference in their communities. We are learning from one another, supporting one another, pooling resources and drawing expertise from one another.

This is creative, supportive fellowship writ large!

Harriett Jane Olson
General Secretary - United Methodist Women
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I therefore pressured the doctor for an appointment. At the appointment, my blood pressure was 180/110. It was at a dangerous level, and I had to go to the hospital to be induced. My second son was born at 34 weeks and weighed six pounds. He was healthy and didn't need any medical help.

Third Child

Five years later I decided I wanted one last child. I got pregnant and was very excited. This time it was different. I was more informed. I was in my last year of college. College empowers you to ask questions and not be afraid to challenge the norm. This time I had knowledge; I wasn't going to let any doctor brush off my concerns as just stress.

I had a new ob/gyn and explained my past pregnancies. He was very understanding and explained that his own grandmother had complications from high blood pressure when she had his father. At 20 weeks I had my first ultrasound and found out I was having a baby girl. I was ecstatic to have my first girl. But my joy quickly turned to worry when the doctor informed me that my blood pressure was too high. He said I needed to be on bed rest. Despite being on bed rest and visiting the doctor's office every week, my blood pressure got worse. My doctor assumed I wasn't taking the medication so I insisted he admit me to the hospital for observation.

While I was in the hospital, one morning the doctor came in with what seemed like 20 other people to explain to me that he had to deliver the baby to save my life. I was confused. As he was explaining the procedure to me, a nurse was prepping me for surgery, while another nurse gave me a form to sign. A third nurse was trying to insert a catheter. It felt like I was being pulled in a million directions.

The surgery was quick. The baby was delivered via cesarean section and immediately sent to the Neo Intensive Care Unit (NICU). I just prayed she would be all right. She weighed 2 pounds and 10 ounces. When babies are born this early, they look transparent, frail and helpless. As a mother, you feel powerless because there isn't anything you can do to help. For several weeks you are not allowed to touch or hold your baby. You feel weak, empty and depressed.

Medicaid and Insurance Struggles

As the weeks passed, I accepted the fact that she might not make it. I visited her three times a day. Then the financial aspect of it all started to hit me. How was I going to pay for all this? I never thought about finances before getting pregnant. I wasn't prepared for this situation. I tried to get

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government assistance, since I couldn't afford the $3,000 per day for NICU care. I was denied government assistance because I earned about $2,000 a month and had around $5,000 in savings. My income was too high for me to receive government assistance, but too low to pay my bills.

I was turned down for all government assistance I applied for. My premature baby was in the NICU for 65 days. Being born that early had impacted her. She was in and out of the hospital with all sorts of complications from being born too early. I couldn't work anymore, as taking care of her had become full time work. Finally, she was accepted for Medicaid.

To be honest, I was ashamed to have to use Medicaid. There are so many negative stereotypes associated with government aid recipients that I felt ashamed to receive it. But I used it anyway, as it paid for all of my daughter's medical bills. Medicaid came with a lot of restrictions, but it was better than nothing.

Affording Feeding Therapy

The only thing that affected my daughter in the long-term is oral aversion. Since she was born prematurely and intubated for 50 days, she lost the ability to suck or make a connection between food satisfying hunger. She refused to take anything by mouth. I lived in a small city with limited resources, so I decided to move to Atlanta, which also happens to have an intensive feeding program at the Marcus Autism Center.

After I moved to Georgia, it wasn't easy finding resources to help my daughter. Applying for Medicaid was a terrible ordeal. My daughter has a gastrostomy tube, also known as a g-tube, in her belly. A machine is used to pump food through her belly because of her oral aversion. After waiting for two months, Medicaid was approved. But it came with many restrictions. It does not pay for her medical meals. I will have to apply for food stamps for that.

I used to have private insurance, but I had to give it up after the Affordable Care Act went into effect. I couldn't afford the insurance offered through the Health Insurance Marketplace, and the Marketplace suggested I place my children on Medicaid.

I also found out that the doctor's offices that accept Medicaid are limited. My daughter needs feeding therapy, physical therapy and occupational therapy. I was referred to the Children's Healthcare of Atlanta (CHOA) hospital, which has the best therapists. I got a call from a representative from CHOA, letting me know that they do not accept Medicaid.

While there are resources to help kids with special needs, they are often under-funded and over-worked. There is a long waiting period, and the support from these resources may not provide enough help. My daughter needs to be in a daily intensive feeding program, but the Medicaid program would only allow feeding therapy once a week. That will not help her.

Right now, I can't work because my daughter's condition requires my 24-hour care. And since I can't work, I cannot afford to get private insurance that will pay for her to get the best medical care. The only thing I can do at this moment is to enroll my daughter at the right program as a self-paying patient. I will incur the debt to give her better medical care. I have to do this, because the only way I can go back to work is if she gets better.

If only I had known that getting pregnant had so many risks, that becoming a parent could have such a huge financial impact on my life, I would have maybe made different decisions. I love my kids and wouldn't trade them for anything. I just wish there were better resources to help people like me whose income is too high to get them help and too low to actually pay for unforeseen situations. Young women need to be educated about complications that could arise during pregnancy. Pregnant women need to be made aware of the resources available to them in case complications arise. I had to search hard to find what resources were available to me, and I learned that government assistance is not accepted by a lot of medical practices. Everyone has the right to good quality healthcare, regardless of their socioeconomic background.

Source: www.unitedmethodistwomen.org

Service Projects 2015

Your involvement with service projects will be published here as you report them to us
and shared with CUMW treasurer, combined with others from CUMC and throughout the organization.

- Mobile Inner City Mission - purchased Boston Butt
- Walk MS - Kim Johnson walked for her mother.
- Cakes for Celebrate Recovery monthly
- Food for grieving families
- Ronald McDonald House
- Hopeful project bags
- Organ Fund

Please let us know when you are involved in any service or community project.

This publication is the monthly virtual meeting of the Mary & Martha Mail Circle, United Methodist Women at Christ United Methodist Church, Mobile, Alabama. Our Circle is just like each of the other Circles of Christ UMW with the exception that we do not have monthly meetings other than by this "virtual" program, devotion, prayer calendar/ concerns, and Response moments. We make annual pledges to mission and participate in the projects of CUMW in all ways possible. We attend General Meetings as we are able. We constantly keep each other and each woman of UMW in our prayers.

Questions? Contact: Circle Coordinator
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