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Sam Blessed be the God, the Father of the Lord Jesus Christ, who has blessed us with every spiritual blessing in the heavenly realm. We are chosen. We want no God. Him we have redemption through Christ blood. He forgives our sins according to his grace and with his, we are chosen. We were known by God. Praise to God. His glory is on us. Son exalted high in the heavenly earth. Praise to God. Yes, glory is done. Blessed be the God, Father of the Lord Jesus Christ, who has blessed us with every spiritual blessing in the heavenly realm. We are chosen. We were known by God. May you God, his glory is on us. Son exalted high in the heavenly earth. Praise to God. His glory is on. Sam welcome to the Pro Life Team Podcast. I'm Jacob and I'm here with Robin. Robin, would you share a little bit about your. Your backstory and along with your medical credentials?

Sure. Thanks for having me here. So I'm something called a neonatologist, which is a critical care doctor for babies. If the baby is either too premature or too sick, then the babies come on over to the neonatal intensive care unit. So full time neonatologists, been in practice for 25 years, which means I've been on call for 25 years in addition to my own family. And basically I decided I need a nap and was going to retire. But that really didn't last for very long, like five minutes. So before I had the privilege of founding a group called Navigating Fetal Concerns, where we walk with families who have traumatically, often enough received a prenatal diagnosis, but they're offered death, they're offered to be made complicit in their own baby's demise. And that doesn't have to happen. So while I certainly can't heal things, that's not in the cards. We don't have to abandon people, and we walk with them. And we do this with humility because a lot of time the prenatal diagnosis is not accurate and we don't admit how much we don't know. And the other thing is we brand things imperfect, and in this society, we kind of get rid of them. We don't have to do that with our children. So once again, walking with people, where they're at, in the place where they come from, what's appropriate for them. And it's not about religion. It's about the inherent value of every single human being.

Hmm. That's good. So, yeah, so tell us something about, you know, the prenatal. Well, providing care, providing medical care to a prenatal baby. What is that. Like, what does that include? Or what? How would you talk about that area of work?

So, sounds like two questions. So just in general, our premature kiddos, they're just. They are so fragile and yet so perfect. The edge of viability is now down to about 22 weeks. So literally about half baked, literally halfway through the pregnancy term being 40 weeks. But these little ones arrive with perfect fingernails. And by the way, they arrive with a personality I love. When there's multiples, there's twins or more. One of them tends to be the kind of calm soul, and the other one's been kicking the other guy in utero. The parents are like, oh, yeah, this one I know. Which one is it? So we arrive as real people. I've been at, like I say, at the bedside for a lot of years. I've never seen a human being give birth to a platypus. It's a person every single time. But they're. They are fragile. Every single organ system is immature. It's not just. It's a small baby who, by the way, is about the size of your hand. These little guys, their skin is immature. It's this kind of soft, translucent kind of stuff. The lungs are, in particular, very immature. The brain has to mature. To the surprise of no one who's had a teenager, the brain is still maturing. So all the different systems, how do we. My job as an unitologist is how do you help someone adventure through all the stages of development until closer to term, when you are supposed to be able to deal with food and air and all the stuff that mom takes care of in utero? I think one of the fascinating things for me is the embryonic period is 0 to 8 weeks by the end of that. And some women don't even know they're pregnant yet. Every single organ system is present. The rudiments are there from nine weeks all the way until term is the fetal period of development. So I literally take care of fetal people. They're born during the fetal period of development. So it's not just like a phrase. This is legit. And even babies who are born closer to term, some organ systems, like, miss the memoir, and they're just not up to speed. So how do I help them transition safely, which is not always an easy process. Lots of it is the wedding of technology and parents, because I'm telling you, the babies whose parents are at the bedside clinically, like, measurably, do better than those whose parents are not there. And this isn't to give guilt to the parents who need to go to work and they've got kids at home and one car and they're juggling and all this stuff. It's just to say the little ones recognize the voices that they've been listening to in utero for as long as mom was able to stay pregnant. We're good, but we're not the same as parents. And you know, who knew we needed medicine to prove that we need our parents. But this is just the reality of what we get to witness at the bedside all the time.

Wow. So I'm sure. Yeah. So tell me about some of the stories of when a doctor or a medical person sees a non perfection.

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Admirality and pushes abortion. You know what, what are the thought processes that go with that and what would be your response and thoughts on that?

Oh, well, what often happens? So we now have screening tests. Well, first of all, the genetics explosion of information, I kind of look at it as Pandora's box. Not all information is good. Not all information is automatically helpful. Just because we can doesn't mean we should. I have seen genetic information used well for babies that what I call is a diagnostic odyssey. When we're like, what is going on here? And when you can find an answer, even if it's one that I don't have the ability to solve necessarily, it's still, it's a peace of mind to know you don't have to keep torturing people with different tests or different things like okay, here's what is and here's prognostically what we think can happen. So that can be helpful. The problem is in utero a lot of those tests just give a. They're screening tests. First of all, they're not diagnostic, which means they give you a percentage of being correct. So and parents often don't get really good informed consent. What happens is prenatal testing has become a routine. And so people, or so they don't get any consent at all. It's just okay, part of the package or they think it's a gender reveal and to their surprise they're all of a sudden told, oh my goodness, there's a chance that there's all these genetic mutations or there's an abnormality. And the parents, and this is, there's good medical literature to show this, they are absolutely traumatized by this and they weren't prepared, they weren't ready for this. Some people find out by accident through something called Mychart, where you can look up your own labs and things online. And so in the middle of the night, you Find this out without a doctor or anyone around to help you. And it's just some people I've heard like they're in the grocery store line when they get a call and they're like, what? And I've heard parents describe it as a train wreck or a car crash. I mean their whole world changes in an instant. But there's a chance that first of all, the screening tests are never 100%. And I've met parents that the chances it was correct was like 20%, what they call a positive predictive value, the chances of being true and accurate. And it's not. And yet even with a positive predictive value that low, they are offered to terminate their baby, which is for many families just adding kind of a moral injury on top of the trauma of. What do you mean there could be something wrong? And you know, when we're in a crisis, you can't think everything sounds like Charlie Brown's teacher talking to us. And so being asked to quickly make a decision in the midst of a crisis, we can't. And we're talk about abortion vulnerable. Especially if you have multiple people. The genetic counselor, the obstetrician, maternal fetal medicine, nursing people often. And this is just what's been described to me and I've seen this where multiple people are like, oh yeah, there's a chance this baby's really sick. And I'm telling you, I've sent home kids that parents were told couldn't survive. And yes they did, or the, or the diagnosis was just wrong. I recently there's a mom I have the privilege of meeting that the early ultrasounds were completely normal, but she had an abnormal nipt. Some of these early genetic tests, she's like, well what does that mean? And you know, we ran the numbers for her age bracket in, you know, her point in gestation, there was about a 43% chance that it was correct, which means that there's still over half that it's not correct. But she was getting leaned on to abort. She was told, your marriage is going to fall apart, you need to do this. And she's like, but it's a normal ultrasound. We just found out because this was very early on, we just heard the 20 week ultrasound is still normal. So this kind of stuff goes on all too frequently. And you know, the, the other thing though, what if it was true? And I did have this conversation, I said, okay, in this case it was potential, you know, for one of the trisomies. And I said, but it's still no other diagnosis. Negates diagnosis number one. It's a baby. And so can you care for this little one? And she's like, yes. I always love asking parents, do you have a name picked out? Absolutely. And, you know, this little girl is already a valued member of the family, and whatever route is going to happen is going to happen the same as any other pregnancy. We also know parents survive better if they're not made to be complicit in their own baby's demise. So, you know, the perfection, what we call, quote, perfect, is really kind of overrated. And I don't mean to make little of people who have really, truly medically needy children. That's difficult. But I've also heard these same people say, what a privilege to care for this child. I am made a better human being by having this. My other kids are more gentle, more caring because of their sibling. And these stories just echo over and over. So, yeah, the first diagnosis is it's a baby. And now, okay, let's talk about how do we cope with all the rest of it? How do we plan? What can we do besides offering death, which, you know, I, I pro, I took an oath to do no harm. So, yes, death, death does happen. Disability happens. But, gosh, they're being part of making that happen is very, very different. I also like to push back. Thank goodness my mom, on my own fetal ultrasound, couldn't tell how stubborn, what a pain in the butt I would be, who would sign up for me. So there's a lot of things we don't know about our children, which is a good thing on an ultrasound. And, you know, offering death is probably a little extreme to what's really the appropriate thing to be doing.

Wow. Yeah. It seems like, how would you say, a mom who's, who's getting, you know, pushed by medical professionals to abort. How would you say in, you know, for her to have complete informed consent, you know, what would that reflect on her understanding the trauma and the harm that abortion would cause in relation to that decision being pushed? Like, do you feel like she's, is, you know, is that part of informed consent?

No. So the first thing is permission to slow down. You do. There's no emergency. The baby is fine. The baby was fine when you walked in the door this morning. The baby is, the baby's not suffering. I, I, that is one of the biggest euphemisms that I've heard parents say. But I was told my baby's suffering, the pregnancy's going okay. You're now sadly suffering. And as one mom Put it to me. She goes, I was robbed of my pregnancy because now the worry and the concern that overshadowed absolutely everything was just. Was so heartbreaking. So, number one, permission to slow down. There are some good organizations available online that would be delighted to get to walk with you. The ones I can recommend. So navigating fetal concerns is what I do. Be not afraid. Run by Tracy Windsor, actually. And I originally started being the medical consultant with her and then tried to expand what she's doing. But this is all about trauma informed care. There's another group also offering trauma informed care. Journey of a lifetime. So these sort of groups that walk with a parent providing trauma informed care, which is a fancy way of saying safety and connection and giving mom and dad a chance to get over the trauma of what has just happened so they can think straight again and become the advocate for their particular child that they would for any other child. And then just as with any other pregnancy, you know, we're not given guarantees or return receipts or any of the other stuff I've checked. They're not there. They're not with directions either. And yet we get to care for these little ones for as long as we have that privilege. It once hurt a moment. Who had a baby with anencephaly. So probably one of the most severe diagnoses you can have. The top of the head doesn't form the. The brain is kind of open. And she was a nurse and said that was the most sacred hour and 34 minutes of my life that I held my child. That's succeeding as a parent. That little one never knew a single nanosecond that they were not loved and cared for. May we all have that. That privilege. It's. Gosh, it's not the story. This is not the journey that any one of us signs up for. And yet there's ways we can make it worse in ways that we can make it better. I love. My hope is always that the worst day is diagnosis day. But that's then we get better as we walk with each other. And the isolation of no, you can tell people it's okay. And how do you do that? Because it is scary and there's mourning the loss of perfect and hope. And yet first diagnosis isn't negated by anything else. So how do we walk with you so that you can heal and walk well and feel like you've done everything for your little one, which is what we instinctively do as parents. I've heard some heartbreaking stories of parents who once again, you make the decision that you can at the time that it's given to you and they maybe didn't have access to some of the, the healthcare and resources or they felt so they were made to feel so guilty that they thought oh my goodness, I need to do that. Deliver now and we'll just hold our baby. And I, I pray for their healing and their, that they're comfortable. This is not to negate anything that anyone has been through that's, that's just re traumatizing them. That's not. But if you have a new diagnosis, what we now know is we can accompany you and we also know with great humility how much we get wrong even if we happen to get the diagnosis. A prenatal diagnosis is not equivalent to a postnatal prognosis. I don't how is this going to affect your particular little one? Think of it this way. If you're diagnosed with cancer, I've known people with cancer who live for three days. I've known people with cancer who live for 30 years. You don't know that at the time of diagnosis we are so individual. And I guess that's one of the biggest take home messages. I think the law is a terrible way to practice medicine. The laws are made for big groups in general safety medicine is about taking care of the person in front of me, that one and figuring out from what is standard medical care. How do I apply it to that unique person with that unique medical history, with that social, economic, medical. All of the parts and pieces that are part of us and spiritual, where are they coming from? What's the right thing to do in this situation. And it's unique for, for all of us that's part of the privilege of doing medicine. There's a whole lot we don't know. And so you walk with everyone trying to figure out as best you can what's the right thing. And sorry if that's me blathering on for like way too long.

No, that's great. That's really good. So my next question is where have you seen God's finger fingerprints in this work? Like yeah. Can you tell us a story where you've seen answered prayer or you know, God working and you, you can, you know, you can describe what you saw.

A couple of situations. The one of them, a family came into a hospital and they had edge of viability twins. But the hospital hospitals are not terribly transparent about what age they'll resuscitate at. So they thought oh there's a NICU here. We can be, this is good. But the NICU didn't resuscitate at the age. Gestational age that they were at. So they were basically said, one baby. They had a set of twins. One baby was. Was born and had passed. And they said, well, we now need to deliver the second one. They're like, whoa, whoa, whoa, why? And I don't know how they got hold of me to this day, but dad is on the phone going, and mom was safe. The membranes of the second twin were still intact. There was no infection. She was not in active labor at that point. And I'm like, okay, the best thing you do for the baby is mom needs to get prenatal steroids. And honestly, you need to transfer to a hospital that has the capacity to do this. I said, so you got to be really nice to the obstetrician. Do not be angry at them for offering this to you. You need them. They were able to convince the obstetrician to give mom steroids. And these were very prayerful people. But she. Because she was afraid to move to a different hospital, she was afraid she would go into labor again. She actually stayed pregnant for multiple. Actually up. I think it was close to over two months, long enough that she was past the age where they resuscitated at. Delivered a beautiful baby boy who I was sent a picture of at a year of age and is doing just fine. But wait, there's more. In the elevator, the dad runs into another family in the same situation. He's like, oh, you need to get them on prenatal steroids. And. And she went home, too, with her child intact. I mean, it's just. You can't make this stuff up. So getting to be any small part of the answer to those prayers is astonishing and just my privilege. So stories like that. Yeah, that's pretty cool.

Wow. So that's. Yeah. So that's so amazing. Thank you for sharing that story. That's so good. So a lot of people that listen to this podcast are pregnancy clinic directors of medical clinics or pregnancy centers. What would you. You know, how would you encourage those groups and what they are doing when it comes to trying to engage women at risk of choosing abortion and encouraging them to choose life through, you know, free services. And how would you. How would you. What would you say to that group and what they're doing?

Well, first of all, thank you for standing on the front lines and recognizing the inherent worthiness of. Of the lives in front of you. I think I've been. I've met moms without a lot of means who don't value themselves. So the first thing is trying to tell these moms how valuable they are so that they can see that there's worth in their child no matter what their circumstances are. And then the other thing is just going back to I don't care what the diagnosis of this baby is, this baby, their life is worth living no matter what and for no matter the duration of time. I'm not in charge of that. But if we can love them well for all of that, then then that's a success utilizing what we can. And it doesn't mean I've heard people accuse us of oh, you just want to resuscitate everyone. No, no, my goal is evaluate and stabilize. Every child deserves that. That's the default setting for adults. Why do we treat the babies differently? So if we can evaluate and stabilize and let the child tell us. I talk with parents all the time. Here's what responding to, to minimal resuscitation and stabilization. Here's what that looks like. And if the baby responds, then we go this way. If the baby doesn't respond, then we still, we don't abandon the child. We wrap them up very carefully and lovingly into the parents arms and we might feed them for as long as they're. Because trust me, if you don't feed people, they eventually all die. So we don't. I don't want death by lack of hydration and feeling. But how do we once again treat everyone humanely exactly as we'd all want to be treated. So once again following the baby, evaluate and stabilize and let's see what this child does or doesn't need. Because honestly, in utero there's a whole lot we don't know. And just practicing with humility in front of the awesomeness of there's no such thing as a life that's not worth living.

That's so good. Thank you again for sharing that. So what's one of the newer developments in this field of medicine and care? What's something relatively new that most people may not even know about that might be listening?

So two things. One, with as we talked a little bit about the edge of valuability, babies can be resuscitated successfully at 22 weeks. If you end up at a medical center that doesn't have that capacity exactly. Like not all medical centers have cardiac surgeons. You get transported then to somewhere that does know that you can ask for can my baby then be taken? What is your plan to get my child to somewhere that can be taken care of that is completely Reasonable to ask. It's also reasonable to ask is it safe to transport mom? Because the best way to transport baby is if mom is still pregnant. If mom is in danger of going into labor before getting there, then obviously let's keep everybody safe. But it's very reasonable to ask that question because I've heard some people say, oh, our plan is palliative care or hospice. I was, 25 years ago was one of the people that helped bring palliative care into the NICU because we recognized that we can't fix everything. And some of my earliest publications are about perinatal palliative care. However, you don't want to become a self fulfilling prophecy. If you do nothing, then nothing will happen. So just encouraging parents, you can advocate for your child and ask if you're at 22 weeks, what can we do to get help? I understand if this center doesn't have the capacity, the capability to do it. I'm not asking every center to be able to. It does take specialized doctors and equipment and an entire team. What can we do to get my baby there? To just give this a try so we can feel comfortable that we, we've done everything we can. So that would be the one front. The other new thing is with all this genetic testing, please, please ask if you are someone who doesn't, who, who. Terminating a pregnancy is just not even consistent with your belief system. You don't have to get a lot of the prenatal tests done because the results could be one wrong, be traumatizing, have ultrasounds done. You know, I'm not saying put your head in the sand because if it changes like what hospital you want to deliver at, that's very reasonable. However, a lot of these early tests, once again, they're screening tests. They don't give you 100 a guarantee of what's right or what's wrong. And, and it does rob you over your pregnancy. And there's other ways we can now get information about how your baby's doing, the cardiac structure, those sort of things with, with by ultrasounds. And then you can, you know, there's room for more testing to be done or more discussions with specialists to see what, what can we do for these babies? You don't have to get early NIPT tests. It's not mandatory when it comes to.

A pregnancy help organization. What questions should they be pursuing from the local hospitals or labor and delivery facilities? Like for example, if they provide certain types of care or maybe if they provide certain economical packages for the labor and delivery, what would be Helpful for, for a pregnancy center to know about the local, you know these local facilities?

Sure. Well, they need to know what gestational age a hospital has the capacity to resuscitate at. So if you're referring in what are they going to do? The other thing is if you do get someone with a prenatal diagnosis, call me. There's we, like I say through the website, there's a button to be either you're a parent or if you're a medical personnel. All these things come into that kind of our hotline and we try to get back to people for sure within 24 hours. So far it's really been within a handful. So we talk with people directly. What do you need? How can we help? And through this network of people doing this, we talk directly with families and walk with them and try to figure out what do you first of all slow down? What's the diagnosis, what, what test do you have? So how, how clear is this? And then what's the next thing to do given your particular situation? And then we see we're getting mostly just not abandoning people. So. And we can do this working with the help center, the pregnancy health centers, we can do this working with a NICU team. My, my goal is to help everyone communicate better. I don't want to get in the middle of, of fighting or cause cancer. I just want everyone to understand, hey guys, if this is the value system of this family, then how do we not traumatize them further by offering things that, that's just not appropriate for them. And how do you work together? Or if the family isn't hearing something that the medical professionals on the ground are saying, I'm like, okay, we have to have reality. No looking at this with rose colored glasses. But it still goes back to there's no such thing as a life that's meaningless or not worth living. Your baby's valuable. How do we evaluate and stabilize and let your child, given their response, what are they telling us about what happens next? And not abandoning people? How do we walk with them? You know, sometimes palliative care, which by the way is not about abandon until that palliative care is how do I help someone live with what I don't have the ability to heal? So are giving concurrent antibiotics? Yes. Absolutely appropriate if I, we can help heal an infection. Sure. How, once again, how do we help someone live well with something that I might not be able to medically heal? The entire picture. That's, that's the real goal. It's like I say, there I've seen people misuse some of those services so that once again, it's a self fulfilling prophecy. And so the pregnancy resource centers need to know who's in their town, who's their referral center. Can't. Are they trustworthy? Do they value life? Do they think this life is inherently sacred? And when there's questions so privileged to be available through the website, get hold of me navigating fetal concerns. The website is just fetalconcerns.com and yeah, we would be thrilled to get to walk with people.

Awesome. And then which Bible passage seems to give you strength in this work that you're doing? Like, which Bible passage do you hear echoing as you're doing this kind of work? Like, which one is your, you know, one of your favorites to go to?

Oh, gosh, there's many just like ran through my brain at the same time. Gosh, depending on any given day.

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When St. Paul is talking about put on the armor of God to do battle because I'll tilt against any windmill. I'm like, okay, I'm good. So. But also I formed you in your mother's womb. I mean, everything from Ezekiel just telling us our Lord has known us, from when he knit us together, we're much more 139. Yes, our souls. And so all of the psalms that echo this. And then for me personally, I, I didn't know I was going to become a doctor. I didn't want to since birth or anything like that, but yet I've been given the grace to do this. And one day when I get to face our Lord and he's going to ask me what did I do with these talents. That is the. Some of the most convicting parables. I just want to make sure I didn't waste them and that I left them at his service. So all of those things roll through my mind constantly because people have asked, you know, you really could retire. And I'm like, oh no, I gotta answer for this. And with this bizarre knowledge that I've been given and an eyewitness to life at 22, you know, at its most vulnerable and those who quote, are not formed perfectly, but yet are so alive and wonderful, how can I not speak for them? That's my privilege to get to do.

Well, thank you, Robin, so much for sharing your story and thoughts. Would you help us wrap up this podcast with a prayer for those who are serving in this space of helping, helping those in the womb, really and with expectation that those who are listening will join you in this prayer?

Sure. Boy, in the name of the Father and the Son and the Holy Spirit. My Lord and Savior, you have known us long before we got to see with human eyes this unique individual that you've granted. Help us value life at its most vulnerable. Help us value the lives of each other when we're scared and traumatized and just bludgeoned by a culture that doesn't see with those eyes. Lord, help melt our hearts. Help those who know this, those who don't know this yet. That we are valuable in your eyesight and needed in this world. Because we were intentionally made for this time in this space. And by joining together in joyful celebration of your love and mercy, we can live with a peace and strength that comes only from you. Please, Holy Spirit, come sink into our hearts and secure your loving light in our minds and our hearts and our souls. For this we pray in gratitude and thanks. Amen.

Amen.

Sa.

The Lord is my shepherd. I shall not be in want. He makes me lie down in green. He leads me back. Quiet Do y through darkness valley. You are the army. Your protection and guidance are comforting me everywhere that I go. Oh oh. Spread a fist before me in the presence of my enemies. In front of my accusers. You're enjoying me. You ignore my hesitant. My cup is overflowing. Messy beauty and your lover chasing after me. Everywhere that I go, every day of my life. Everywhere I go, every day of my life. You refresh and restore my soul. You lead me in righteous pathways. For your name's sake alone. You've invited me to make your house. I will fear no evil. You are with me everywhere I go. You spread a seat before me in the presence of my enemies and goddess by his users. You're enjoying me. You and all my heavens are my cup is overflowing. Mercy, beauty and your lover chasing after me Everywhere that I go, every day of my life. Everywhere I go on every day of my life. The Lord is my shepherd, I shall not. God being want, he makes me lie down in green. He leads me by quiet blue. Yeah. Though I walk through darkness valleys you wide me on me. Your protection and guidance are comforting me. Everywhere that I go. Everywhere I go. Everywhere I go. Everywhere I go. Everywhere I go. Spread a peace before me in the presence of my enemies. In front of my accusers. You're adorning me. You adorn my weapons up. My help is overflowing. Mercy, beauty and your love and chasing after me. Everywhere that I go, every day of my life. Everywhere I go, every day of my life. Everywhere we go every day of my eyes and everywhere we go every day of our life.