



Communicating with her girls was difficult, until Wendy came up with a clever solution

Looking my husband, Scott, in the eye, I told him he was going to be a father. "I've always wanted to start a family," Scott, 37, said beaming. We had married in 1997 and were both delighted that I was pregnant just two years later.

I was apprehensive at first, but after suffering a major bleed at six weeks, I realised how attached I'd become to my little one. Chelsea was born on March 3, 2000, and all my worries disappeared as I held my beautiful baby girl.

But from the moment we brought Chelsea home, she was unsettled. She cried constantly, had trouble feeding and didn't like being touched.

In early April I took Chelsea to a paediatrician. After countless tests, we discovered she was

allergic to my breast milk. "You'll need to put her on a strict diet," he advised. Although she still didn't like to be held, Chelsea became much more settled.

She seemed to be doing fine until one day when she was three months old. She started screaming and wouldn't feed or sleep.

We rushed her to hospital, and Chelsea was soon diagnosed with pneumonia.

"We'll need to admit Chelsea so we can medicate her," a doctor said.

Seven days later we took Chelsea home. But our troubles had just begun.

We woke one night to the sound of 10-month-old Chelsea vomiting. Soon, her temperature soared, and her eyes rolled back in her head as she began jerking. We rushed her to hospital.

Thankfully, the condition Chelsea was suffering from, febrile convulsions, wasn't serious.

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has moderate to severe autism and an intellectual disability," the specialist said as we sat there in shock.

Although we couldn't help but cry, Scott and I were relieved to know what was wrong with our daughter.

Montana was born on January 5, 2003. At the same time, I started Chelsea at an early intervention centre for autistic children.

There, the staff used pictures rather than words to communicate with the kids.

Struggling to cope with how hard it was, I'd often leave the centre in tears.

And from that point on she didn't look back. The pictures gave Chelsea a means to communicate.

I started thinking how much they could help other families, too.

"Surely we're not the only ones facing these challenges," I said.

Making up cards using our computer, I started off with just two pictures – an ice-cream and choc bits. I would show them, then the actual items, to Chelsea each day.

Initially, she threw tantrums or ignored me, but one morning in July 2003, she woke me holding one of her pictures.

"Choc bits!" I exclaimed, racing to the kitchen and getting them for her.

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After getting great feedback from the early intervention centre, my dream of creating visual aides for parents and carers was put into action.

I called my business Chelsea's Challenges, distributed flyers to organisations that support children with additional needs and started making visual aides for families I already knew.

As the business grew, Chelsea progressed quickly.

But our concerns were soon switched to baby Montana.

She started having extreme emotional outbursts and showing odd, but very familiar, behaviour.

In October 2004, she was diagnosed with high-functioning autism (HFA), ADHD and selective mutism.

Scott and I were distraught, but we knew we

The visual communication cards have worked wonders

just had to get on with things. And again, visual communication worked wonders with Montana.

In February 2006, Chelsea started at a special school for autistic children.

That April, our third daughter, Indiana, was born. As soon as she entered the world, Indiana had problems. Born weighing

just over two kilos, she spent the first months of her life in the special care nursery.

Finally allowed home, her troubles didn't end. Her hands and feet started to twist inwards, so she was assessed by a physio at four months old.

She had lost weight and had had diarrhoea.

At 20 months, weighing just seven kilos, Indiana was finally diagnosed with glucose-galactose malabsorption, which caused her diarrhoea, and a developmental delay.

"We'll need to insert a nasogastric tube into her," the specialist said.

The tube, placed through Indiana's nose, past her throat and down to her stomach, enabled her to be tube-fed special formula.

In January 2008, Indiana underwent surgery to insert a peg into her stomach.

She'd need to be peg-fed well into her primary school years.

We just had to get on with things



Our concerns soon turned to Indiana



Scott and Wendy and their girls are an inspiration

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