

We Proudly Present Mia Corinne Terrell: Life Start with MNRI®

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Background History

We had just reached 20 weeks in our pregnancy when we learned that our baby wasn't growing at a normal rate. Previously, I had an ultrasound at 9 weeks which read as completely normal. We had wanted to have a minimally invasive pregnancy and deliver Mia at a birthing center in a bathtub. The news we received that fateful November day changed not only the birthing plan, but our lives, too! We didn't want to consider terminating the pregnancy, even though doctors informed us of the high probability for a very sick baby if she survived at all. But this was our love child. We were high school sweethearts who had just been reunited after over 20 years of being apart. We were in a hurry to start our lives together and this was the baby of our dreams. We knew that Mia would need to be delivered early and finish developing in an incubator but we had no idea how scary the journey would be.

Each week, the ultrasounds showed grim results. She was hardly growing. The umbilical artery, which carries nutrients to her, was showing signs of slowing and reversing the flow. This evidence caused our doctors significant stress, which, in turn, caused us stress. We didn't know what any of it meant really, and so we looked to the doctors with complete trust. This pregnancy was no longer in our hands. All I could do to help my baby was to sing and chant to her, "I'm in love, love is in me, we are well," (a mantra I had been given) and imagined a bubble of safety surrounding us. On January 18, 2011, I was on the beach playing with my dog when I got the call from our doctor to check in to the hospital. The rest of my pregnancy would be spent hooked up to monitors in the hospital. The nurses constantly adjusted two monitors, one for Mia's heartbeat, and another measuring contractions. Every so often, her heartbeat would drop off the monitor and they would run in to my room to readjust the monitor and find it quickly. The daily ultrasounds continued showing signs of the umbilical artery stopping and reversing flow.

After a week, the decision was made to schedule Mia's delivery. They pumped me with steroids to speed up her lung development and gave me two magnesium treatments (recently found to preserve the brain). The treatment, fully worth the agony, made me feel like I was dying of the worst flu, and burned as it passed



Abi Terrell



Rachel Shimer-Lal



Diane Whiteside

through the IV. I was more miserable than I had ever felt but didn't care how much pain I had to go through to help my baby. You really don't know how strong you are until you have to be and you just are! There's no effort, it's pure survival mode – survival of your baby. A couple of hours before my scheduled C-section, I went into preterm labor. Mia's heartbeat was lost again, and the doctor switched the plan to an emergency C-section. As they rushed me into surgery, a more seasoned doctor entered the operating room and calmed everyone down. I was so relieved when he calmly found Mia's heartbeat and switched the plan back to a non-emergency C-section.

Mia was blue when they delivered her and as tiny as a Barbie doll. I couldn't believe she was real. She breathed on her own from the start, but was placed on a respirator anyway, due to protocol. Less than 24 hours later, Mia was placed on a C-Pap. The doctors were amazed. Later, when the doctor conducted the pathology on the placenta, I was told that it was the smallest placenta he had ever seen in all his years, and that the reasons for our troubled pregnancy were unknown. Mia's survival is a true miracle. Many children that are born under these circumstances and survive, have lasting difficulties, such as poor eyesight, cognitive and other developmental delays, asthma and breathing problems, and sometimes cerebral palsy.

Our Miracle Mia is healthy, happy and developing like a normal child. How was this possible, I asked myself. How is this possible that she is so perfect? I know the answer to this question. I know that it's a combination of the love and the intervention she has received. From the start of her life, Mia attracted admirers from all over the world. We uploaded her picture on Facebook and it quickly spread. Over the months, many people watched her progress, sending encouraging words and support.

When Mia was 12 days old, Rachel, my best friend, and Dr. Svetlana Masgutova, came to see her in the NICU. During this visit we witnessed the most profound and amazing miracle. I could see that Dr. Masgutova's subtle touch was having an instant effect on Mia. She explained that the techniques would help Mia's underdeveloped nervous system to become activated and set up to develop normally. We truly believe that Mia's perfect development started that magical day in the NICU. As Dr. Masgutova gently worked on Mia, whose body was smaller than the doctor's hand, Mia softened into her touch. Mia's face softened too, and I was amazed to see my feisty little baby look relaxed for the first time. Her tight little muscles let go for a moment, letting go of the fight or flight survival mode and trusting completely what was being done to her. Up until that day, I had felt so helpless and at the mercy of the doctors. While we were grateful for the medical interventions that kept Mia alive, we also knew that some of those interventions came with lasting side effects that would later cause trouble, such as the C-Pap causing Retinopathy of Prematurity (ROP). Mia was surviving but not thriving at this point, and we wondered how healthy she would ever be.

The MNRI® intervention addressed Mia's long-term development. Dr. Masgutova gave us private training on the MNRI® techniques that she used with Mia on that day at the hospital. We did not understand how these techniques worked and it took us some time to learn them but we saw instant and consistent results with the MNRI® techniques. When Mia came home from the hospital, the MNRI® specialists came to visit again. This time, Mia received additional intervention to help her develop a deeper suck. She had learned to breastfeed while in the NICU, but her suck was shallow and weak. She fatigued quickly and couldn't receive the nutrients she needed before becoming too exhausted. Andrea, one of the MNRI® specialists, taught me how to do the MNRI® Suck Reflex technique and within 4 months, we were breastfeeding almost exclusively. Over the next 2 years, Mia saw the specialist team periodically. Every time Mia saw Dr. Masgutova, we noted a significant growth and/or developmental spurt in Mia over the next few days. My husband and I even joked that



Mia at 12 days old in the Neonatal Intensive Care Unit receiving MNRI® from Dr. Masgutova: (left:) Oral-Facial Reflex Integration. Re-patterning of Babkin Palmomental Reflex pattern; (center:) Archetype Movement Integration: Sequential Arm Opening for stress release; (right:) Oral-Facial Reflex Integration: work with Crowning Reflex pattern for release of birth stress.

we wanted Svetlana to keep Mia for a couple days afterward so that she could deal with the difficult behavior the intervention would bring on! After the difficult days passed, though, we saw a huge and positive change in Mia. We observed that the MNRI® techniques helped her muscles to loosen, helping her to move easier and rotate her body. We also saw her better able to regulate her moods and relax. Over the past three years, we have continued to do MNRI® techniques at home, and have follow-ups with Rachel and Dr. Svetlana. Everywhere we go, Mia amazes and charms. Although she remains tiny, she is a picture of perfect health and the gap between her and her peers is narrowing. She is smart, focused, inquisitive, emotionally intelligent, empathetic, a problem solver, a performer, can count to 20, speaks clearly and well in two languages, and even reads her name! She has perfect eyesight, no lung or breathing issues, no significant delays in her development, and can keep up with her full-term peers in every category. We know that the intervention done by the MNRI® specialist team has helped Mia to avoid those common problems micro-preemies experience, and we are forever grateful.



Mia at 12 days old still in the Neonatal Intensive Care Unit.

MNRI® Intervention

Per Diane and Rachel: As mentioned above, MNRI® was started for Mia at the Neonatal Intensive Care Unit at the University of California at San Diego Hospital, 12 days after her birth. Mia's parents invited us to work with Mia and were waiting for us with great hope. Mia was in deep survival – with no promises for it. We all were inspired to help Mia thrive and continue her successful neurodevelopment. She was so small she could fit in the palm of your hand. She did not have an efficient sucking pattern and was being fed via an NG tube down her throat then, later, in her nose. Mia lacked a clear voice, distinct facial features, and eye movements and the pacifier was too big for her very small mouth. Mia demonstrated unstable breathing and heart rate, and protested when nurses conducted medical procedures. However, she responded amazingly well to MNRI® Reflex Repatterning and Neuro-Structural Reflex Integration Programs.

Medical personnel warned us that Mia would only be able to tolerate our intervention for a maximum of 10 minutes. However, Mia's session went on for almost two hours, with short interruptions by doctors and nurses who conducted routine medical procedures. She immediately displayed an amazing desire to be touched and responded with comfort and inner peace to our tactile techniques. She was expressing this desire even with her voice – cooing with a vibrating tone of her voice. The MNRI® Core Specialist team also visited Mia the next day and it was noted that her chances for survival and healthy development were already improving. Mia's strength and determination inspired and touched her nurses and doctors, and they were amazed that she was doing so well despite the fact that she was so tiny, and not growing very quickly. The MNRI® Specialist Team visited Mia at home shortly after discharge, at almost four months old, and was amazed at the improvements they observed in her development. In less than a year, Mia was demonstrating extraordinary skills of gross and fine motor coordination, emotional and social development, and a great inner strength and determination.

Date of Assessment	Reflex Patterns Group 1 - Sagittal plane of body and movements). Scores (norm 16-17.75 points)									
	Core Tendon Guard	Hands Grasp	Hands Pulling	Babkin	Babinski	Leg Cross Flexion-Extension	ATNR	Abdominal Sleep Posture	Bonding	Foot Grasp
Feb. 6-th, 2011 12 days old	8.5	6.75	5.75	3.75	6.5	6.5	9.25	6.25	8	7
	Group 2- Horizontal plane of body and movements									
	Autom. Gait	Crawling	Moro	Fear Paralysis	Hands Support.	Segment. Rolling	Landau	Flying/ Landing	Grounding	Head Righting
	4.25	4.25	8.5	8.5	7.25	3.25	7.75	3.25	4.25	3.75
	Group 3- Dorsal plane of body and movements									
	Trunk Extent.	STNR	Galant	Perez	TLR	Foot Tendon Guard	Spinning	Locomotion	Balancing	Pavlov
	4.5	6.75	6.75	6.25	8	3.25	3.25	3.25	3.25	7.25

MNRI® Reflex Pre-Assessment

On February 6, 2011, at 12 days old, when Dr. Masgutova visited Mia at the hospital NICU, she administered an MNRI® Reflex Assessment of Mia. The results of this Assessment are presented below:

Mia's scores for the reflexes Assessed at that time indicate pathology for 8 schemes according to A. Krefft: (criteria: 2-3.75 points), deep dysfunction for 4 reflex patterns (criteria: 4-5.75), average dysfunction for 11 schemes (criteria: 6-7.75), light dysfunction for 6 (criteria: 8-9.75). (See the article about *Assessments* in this book for further information.) There were no reflexes at a functional (low) or normal level. The results from this Assessment show that Mia's sensory-motor system and its neurological circuits were not well developed and matured. These results also show a very high level of stress which actually was seen in her behavior at the hospital NICU – it was evident that Mia was suffering when any even simple medical procedure was administered to her. During this Assessment, several overall features were noted in Mia including a hyperextension reaction

Peabody Developmental Motor Scales Test at 2 months				
MOTOR SKILLS	Raw Score	Standard Score	Percentile	Age Equivalent
Reflexes	4	12	95th	4 months
Stationary	8	8	25th	1 month
Locomotion	4	8	25th	1 month
Object manipulation	0	N/A	N/A	N/A
Grasping	2	6	9th	1 month
Visual Motor Integration	1	5	6th	1 month
	Gross motor	Fine Motor	Total	
Sum of Standard Scores	28	11	39	
Developmental Quotient	96	73	85	
Percentile Rank	39	3	16	

and hyperactive extensor tone when her head was turned to the right. Mia also demonstrated significant asymmetry in body flexion to the left. Her reflex Assessment conducted by Dr. Masgutova was recorded on video and presents unique material from which others can learn. The MNRI® Assessment allowed Dr. Masgutova to create an individual program for Mia's parents and her therapists for further work.

Other Pre-Assessments

Peabody Developmental Motor Scales were assessed on June 3, 2011 when Mia was chronologically 5 months old, with an adjusted age of 2 months old.

Raw scores are the total points accumulated by Mia on a subtest. Each subtest has different possible raw score totals, therefore the raw scores are not comparable to each other, nor do they provide any information regarding motor performance. It is the standard score that provides a clearer indication of Mia's subtest performance, and these scores can be related to one another. Standard scores are based on the distribution of a mean of 10 and standard deviation of 3. Standard scores of 6-7 are considered below average, 4-5 poor and 1-3 very poor performance. The percentile rank represents the percentage of the distribution that is equal to or below a particular score. For example, Mia scored in the 25% rank for stationary gross motor skills, meaning that 25% of the standardization sample scored at or below her score. The age equivalent, also referred to as 'motor ages', are used only to communicate a child's competence in a universal language, and are not always the best measure of a child's performance. The developmental quotient provides information regarding performance of overall fine motor, gross motor, and total motor skills. Quotient scores are based on a distribution of a mean of 100 and a standard deviation of 15. Quotients ranging from 90-110 are average. Scores of 80-89 are below average, 70-79 are poor and 35-69 are considered very poor performance. Mia was in the Below Average range.

Performance Observations/General Descriptions

To help understand areas of assessment, each subtest is explained below as described in the Peabody Developmental Motor Scales examiner's manual.

Reflexes – measures the child's ability to automatically react to his/her environment. Stationary – measures the child's ability to sustain control of his or her body within its center of gravity and retain equilibrium. Locomotion – measures the child's ability to transport his or her body from one base of support to another. Object Manipulation – measures the child's ability to throw, catch, and kick balls. Grasping – measures the child's ability to use his or her hands and fingers. Visual-motor Integration – measures the child's ability to integrate and use his or her visual perceptual skills to perform complex eye-hand coordination tasks.

Neuromuscular Status

Mia's neuromuscular status was assessed on June 3, 2011 and the results of this evaluation are shown below.

Muscle Tone: Mia had a combination of low tone in her flexor muscles and high tone in her extensor muscles. She demonstrated higher tone in her upper extremities as compared to her lower extremities. She had poor head control with low muscle tone of neck and trunk flexors. While being pulled to sit up, Mia demonstrated neck extension and spine extension with extreme flexion of her upper extremities.

Mia's occiput was extremely tight on the left side. She was in a constant Stage 2 Suck with a forward swallow so her sucking was extremely inefficient. Mia used her jaw and buccinator muscles to swallow. Mia demonstrated positive protection on her upper and lower lips and positive Rooting Reflex bilaterally. Mia's muscles were tight, with limited elasticity.

Strength: She generally had poor neck and trunk and extremity strength.

Endurance: Mia had poor endurance and fatigued with minimal activity such as nursing, interacting with Mom, or in any antigravity position.

ROM/Flexibility: She had the ability for trunk and extremities extension except for her upper extremities where she had excessive tightness of flexors.

Righting reactions: Mia had minimal head righting reactions.

Movement Patterns: She demonstrated fair to poor quality of movement. Her movements were influenced by poorly developed reflexes and tone. Her movements were jerky, with poor muscle grading. Her hands were in flexion 80% of the time. She had cortical thumbing, greater on the left than the right hand. Her grasp was extremely forceful/inefficient in the distal aspect of her fingers, with difficulty getting therapist's fingers in her palm to assess grasp secondary to fistling bilaterally. Mia did have symmetrical movements of her hands and legs.

Visual Motor Skills: While lying supine, Mia was able to horizontally track a rattle to the right approximately 45 degrees and to the left 30 degrees. She was able to vertically track a rattle upward 20 degrees. All eye movements were challenging as she fatigued quickly.

Sensory: Mia was hyper sensitive to tactile stimuli, greater on her feet and face. She did not tolerate the C-pap device on her face. She was hyper sensitive and hyper active on her trunk and abdomen. She was desensitized to the auditory stimuli in the NICU. She was able to tolerate high levels of noise.

Vestibular: Mia enjoyed gentle rocking but hated riding in the car.

Proprioceptive: Mia enjoyed being swaddled.

Motor Skills: While lying prone, Mia lifted her head 25 degrees and would rotate her head to both sides. She had increased flexor tone in legs and neck. She kept her arms extended and abducted with fistled hands. She had minimal movements of her legs in prone. While lying supine, she was able to flex and extend lower extremities. She would kick her legs in that position both at the same time. Her arms were held in extension and abducted with bilateral hands fistled. She was able to keep her head in midline. In side lying Mia would flex her legs and her hands would come together. She did not tolerate side lying well except with support. While supported in a sitting position, she was able to hold her back in a rounded position for 3 seconds.



Mia at 3 months old.

MNRI® Reflex Post-Assessment Results

Mia's scores for reflexes at the second Assessment showed significant positive changes in reflex scores: no pathological reflexes were evident (versus 8 reflexes at the beginning), deep dysfunction was still present for 10, average dysfunction for 3 schemes, light dysfunction for 4, on the boundary of functional and dysfunction for 3, and functional on a very low and low level of development for 7 and 2 schemes. These results show that Mia's sensory-motor system and neurological circuits were progressing very rapidly and evidence that the level of stress of her prematurity was major. Her behavior, communication, and perception were very close to a neurotypical infant, though her gross motor coordination was still significantly delayed and demanded the special attention of therapists. The reflex Assessment also indicated an increase of tone in her hands (though precision was very high); hypersensitive and hyperactive reaction in her feet bilaterally; and also in Spinal Galant and Perez Reflexes.

REFLEXES OF THE BRAIN

Spinal Galant: lower quadrant more hyperactive bilaterally, but more hypersensitive on left than right.

Cortical thumbing: greater on the left than the right, grasp was extremely forceful/inefficient in the distal aspect of her fingers with difficulty getting therapist's fingers in her palm to assess grasp secondary to fistling bilaterally.

Hands Pulling: opposite pattern was present, neck into extension and whole body went into extension with very tight flexion in her upper limbs.

ATNR: when head was turned to the right she had appropriate pattern but with a hyper active extension of upper and lower extremities. When head was turned to the left the pattern displayed inconsistent left and right leg flexion present, her left arm was in extension and her right upper went in and out of extension and was not as strong a pattern to the left as it was to the right. Mia demonstrated with a hyperextension reaction and hyperactive extensor tone when head turned to the right.

Babinski: went into a Foot Tendon Guard pattern.

Foot Tendon Guard: correct pattern bilaterally.

Toe Grasp: grasp on the right and more extension on the left in the pathological range.

Leg Cross Flexion Extension: positive reaction, although very hyperactive.

Trunk Extension: positive extension but seemed to block around the hips and did not flow all the way up to her head.

Automatic Gait: appropriate response with alternate stepping.

Bauer Crawling: positive reaction using Babinski with both feet when she was pushing forward.

Flying and Landing: opposite pattern, she pushed down or went for extension when lifted through her upper extremities.

Hands Supporting: opposite pattern, when facilitated into compression she initiated a little extension but her elbows were flexed and they went into abduction more than a horizontal 90 degree direction.

Hands Grasp: she was able to close her fingers in a tight grasp around the examiner's finger. She presented with cortical thumbing bilaterally. She had difficulty opening her hand in order to reach for an object or release an object. However, while breast feeding she demonstrated the ability to open her hand to reach for her Mom's breast. While asleep there was decreased tightness of the fistling.

Based on results of the Assessments, the following MNRI® programs were recommended: Neuro-Structural Reflex Integration, Repatterning, Visual-Auditory and Oral-Facial – once a week for every program. Her parents were given a MNRI® Home Program consisting of Repatterning exercises during work days (5 times a week).

Date of Assessment	Reflex Patterns										
	Group 1 - Sagittal plane of body and movements. Scores (norm 16-17.75 points)										
	Core Tendon Guard	Hands Grasp	Hands Pulling	Babkin	Babinski	Leg Cross Flexion-Extension	ATNR	Abdominal Sleep Posture	Bonding	Foot Grasp	
02/06/2011	8.5	6.75	5.75	3.75	6.5	6.5	9.25	6.25	8	7	
06/03/2011	12.5	12.25	13.25	7.25	8.5	12.25	12.25	14	14	8.5	
09/04/2011	14.25	15.25	15.5	11.25	12.25	10.5	14.25	13.25	14.25	12.5	
02/25/2012	14.5	15.75	15.5	12.25	12.75	11	14.75	13.5	15.25	12.5	
06/03/2012	15	16	16	15	13.75	13.75	15.5	14.5	16	13.75	
	Group 2- Horizontal plane of body and movements										
	Autom. Gait	Crawling	Moro	Fear Paralysis	Hands Support.	Segment. Rolling	Landau	Flying/ Landing	Grounding	Head Righting	
02/06/2011	4.25	4.25	8.5	8.5	7.25	3.25	7.75	3.25	4.25	3.75	
06/03/2011	7.25	5.5	10	10	13.25	4.75	5.25	4.25	8.5	4.75	
09/04/2011	9.25	12	13.75	13.75	14.25	9.25	12.25	9.25	9.75	9.5	
02/25/2012	11.25	13.25	14.25	14.75	15	9.25	12.75	9.25	10.25	12.25	
06/03/2012	14	14.5	15	15	15.5	11	13.5	12.75	12.5	14.5	
	Group 3- Dorsal plane of body and movements										
	Trunk Extens.	STNR	Galant	Perez	TLR	Foot Tendon Guard	Spinning	Locomotion	Balancing	Pavlov	
02/06/2011	4.5	6.75	6.75	6.25	8	3.25	3.25	3.25	3.25	7.25	
06/03/2011	5.75	12.25	7.75	8.5	11.25	4.75	4.25	4.25	5.25	12.25	
09/04/2011	12.5	13.75	12.25	12.25	12.75	12.25	8.75	8.75	6.25	14.25	
02/25/2012	13.75	14.25	13	13	13.25	12.75	9	9.75	9.25	14.75	
06/03/2012	14.75	15.5	14	14	14.5	14	12.5	12.5	12.75	17.5	

Peabody Developmental Motor Scales at 32 months

MOTOR SKILLS	Raw Score	Standard Score	Percentile	Age Equivalent
Reflexes	-	-	-	-
Stationary	40	10	50%	28 months
Locomotion	102	6	9%	22 months
Object manipulation	16	6	9%	22 months
Grasping	44	11	63%	34 months
Visual Motor Integration	98	8	25%	26 months

	Gross motor	Fine Motor	Total
Sum of Standard Scores	22	19	41
Developmental Quotient	83	97	88
Percentile Rank	13	42	21

Post Assessments

Peabody Developmental Motor Scales was re-assessed on August 1, 2013, when Mia was 32 months old. Her neuromuscular evaluation is shown on the chart below.

Muscle tone: She had improved in her muscle tone but still generally had increased extensor tone. She had greater tone in her upper extremities than her lower extremities. She demonstrated greater strength in her upper extremities than her lower extremities. She was able to hang from a bar holding her body weight for 8 to 10 seconds.

Reflexes: Mia did not like her head tilted back or lying on her back. This elicited a hyperactive Moro Reflex and Fear Paralysis making it difficult to change her diaper as well as float on her back in the swimming pool. Mia demonstrated a good pattern for Hands Pulling Reflex. She spent some time on her stomach so she demonstrated good prone extension strength and was able to maintain Landau Reflex for 30 seconds.

Motor Development: Mia had good motor planning development. She was able to imitate three different positions. She could walk down stairs holding a hand two feet per step. She could walk backwards and run forward. She could walk sideways both directions. She could walk on a line 6 feet. She had difficulty in gross motor with continuous rolling, jumping with feet, and walking on her tip toes. She demonstrated a static tripod grasp with her right hand while scribbling. She could insert 3 shapes into the proper holes and she could screw on a lid. She had mild difficulty with fine motor skills such as buttons, stringing beads, and building an eight block tower. She had good balance in kneeling and standing, poor balance with single leg stance, and was not able to stand on her toes.

Quality of movement: She had very quick movements and we were unable to grade her movements. She had difficulty performing fine motor skills like unbuttoning large buttons on her shirt.

Visual motor: She continued to be hyper-vigilant with her eye tracking. She was in constant movement searching the horizon. Her system was in constant protection but continued to improve with MNRI®.

MNRI® Post Assessment results (09/04/2011 – third assessment; 02/25/2012 – fourth assessment; 06/03/2012 – fifth) demonstrated steady improvement of every reflex pattern in Mia.



Mia at 3 years, 3 months and her mother, Abi.

Summary



Mia with Dr. Masgutova.

The use of the MNRI® programs supported Mia's survival and neuro-development and was highly beneficial for Mia as an infant born prematurely. She received reflex repatterning and the neurostructural program in the NICU at 12 days of life. This work has made a significant impact on her motor development as displayed in the assessment of the Peabody Developmental Motor Scales. This is the basis for all of her motor development. Mia made significant gains in the grasping and visual motor subtests, indicating above age level in fine motor skills.

Dr. Masgutova and the MNRI® Core Specialists are so pleased and happy for Mia. Her parents are full of hope and continue to practice the MNRI® techniques they learned. Mia has an annual visit to her specialist team. At 3 years old and just shy of 19 pounds, Mia shows perfect cognitive development, minimal delays in gross motor skills, (mostly due to size-related challenges), and is in good overall health. Mia has managed to escape many of the problems that preemies typically face, such as poor eyesight, lung-related illnesses, allergies, and cognitive and developmental delays.



Mia is truly a miracle baby, a small and mighty warrior who is so dear to all of us. She is a reason for celebration for her amazing parents, Abi and John. These parents did all possible for Mia to become a True Winner! – MNRI® Team