Sidney Berardin, also known as Baby Frederique, was born at 27 weeks and spent 6 months in the N.I.C.U. This past November 14, he smiled from his stroller and his dark eyes sparkled as his parents and grandmother joined hundreds of N.I.C.U families, nurses and doctors for the hospital’s annual reunion. “This is a very special day,” says Mrs. Frederique. “We are blessed to be here today and very thankful to all the people that helped Sidney and supported us during those difficult months.”

Children of all ages enjoyed pony rides, face painting, bounce houses, games, clowns and cotton candy, while dozens of hospital volunteers in yellow shirts registered and entertained the guests. A TV news crew interviewed staff and graduate parents for a report on premature babies. The Parents Advisory Council volunteers invited families to join them and distributed the first edition of their newsletter, The Lighthouse. But the stars of the day were the N.I.C.U graduates, who received smiles and hugs from the team that had taken care of them during their hospitalization.

“We started the reunion 17 years ago,” says Frederique Auguste, N.I.C.U clinician. “It was a way for us to see the babies that we had taken care of and their families. Once a baby goes home we always ask ourselves how that baby is doing, and how the family is coping. We get very close to some of the families, specially the long term patients. The reunion is always a great way to stay in touch and it’s rewarding for the staff to see the fruit of their labor.”

“The babies are our inspiration and our source of energy”, says Dr. Alex Koetzle. “I can’t explain the joy we feel when we receive pictures of them, or see them at the annual reunion, and see the happiness in their parents’ eyes.”
What is your role as a medical director?

My role as a medical director of Baptist’s N.I.C.U is to make sure that the quality of care that we provide meets and exceeds the national standard. I have been working here since 2002. At the time, there were two groups of neonatologists, South Dade Neonatology (SDN) and Critical Care Newborn Services (CCNS), and one N.I.C.U medical director. In 2009, Baptist made a change to have 2 co-medical directors, one from each group, and that is when I was named medical director for CCNS.

How do the neonatologists in your group work as a team to care for the babies?

Beside myself, there are two other main CCNS neonatologists: Dr. Smalling and Dr. Sanchez. Doctors Basavegowda, Cruz, and Organero also work with us sometimes. We work 24 hours shifts, 2 to 3 times a week. Because of our schedule, we are all primary doctors of all of our patients. Although we are not all at the hospital every day, making rounds, we have a comprehensive signing out system that allows us to know all the patients’ progress, and we make management decisions as a team.

Tell us about your background and education.

I trained in perinatal-neonatal medicine at the Los Angeles County-University of Southern California Medical Center and Children’s Hospital of Los Angeles. After I finished my fellowship program, I practiced neonatology for three years in Thailand before I joined Critical Care Newborn Services (CCNS) in 2000. Throughout my career I have worked on several researches and publications, mainly involving hormonal responses to stress of critically ill newborn infants, newborn lung mechanics, high frequency oscillatory ventilator, chronic lung disease of newborn, inhaled nitric oxide and neonatal ECMO (heart-lung machine).

What are currently the most critical issues for neonatology?

We have come a long way in improving survival of the most critically ill and most premature infants. We need to focus on improving the long term outcomes of our patients, especially the more premature ones.

What makes you particularly proud of the Baptist N.I.C.U?

Baptist’s N.I.C.U has many well qualified and dedicated staff. It is the quality of people here that makes the difference. Our outcomes are among the best in the country and in the world. And we never stop trying to find ways to improve ourselves and our unit.

What are your thoughts on the concept of family-centered care?

We have learned that the long-term outcome of patients depends not only on what happens in the N.I.C.U, but also on what happens once the baby goes home. In addition to providing the best care to our patients as individuals, we also need to support our N.I.C.U parents and siblings in coping with these tremendously stressful situations. We need to generate an atmosphere that promotes family bonding, family involvement in care, and family support after discharge. I believe these are the factors that will help us improve the short and long term outcome of our babies.

What would be your advice for N.I.C.U parents?

We appreciate the parents’ trust in allowing us to take care of their precious babies. We also appreciate their involvement in caring for them. I strongly encourage them to let the medical team know about their questions and concerns, and not hesitate to voice their opinions and thoughts. We are here to work with them in providing the best care for their babies.

Is there anything else you would like to add?

I would like to thank the PAC team for their time and energy in trying to help our N.I.C.U parents cope with the stress of having sick babies, of being away from their children, of worrying whether their beloved babies will survive and will be OK. Their dedication is truly appreciated.
WHO’S WHO IN THE N.I.C.U?
MEET THE N.I.C.U DEVELOPMENTAL THERAPIST

Most of the time you will see them feeding the babies, or assisting the parents in doing so. Michele Watson, Debbie Saltzman, and Jackie Caban are the N.I.C.U therapists, and although they are usually referred to as “OT/PT” (occupational therapy/physical therapy), each one specializes in a different kind of therapy – Michele is an occupational therapist, Debbie is a physical therapist, and Jackie is a speech therapist.

Upon the neonatologist’s request, they assess a patient in terms of her reflexes, range of motion and response to touch, and based on the evaluation they create a personalized treatment for the baby. They work very closely with the baby’s parents, to ensure that they feel comfortable and involved in the treatment.

Feeding is an important milestone for N.I.C.U babies, and it can be challenging for them because of prematurity, they might need help in learning how to coordinate breathing, sucking and swallowing. Once they are able to start nipple feeding, the therapists assess them and help them develop the skills to take their bottle.

“The sucking reflex typically comes in at 35 weeks of gestational age, but with some encouragement, practice, special nipples and handling techniques, we can help them feed earlier,” says Debbie.

The non nutritive sucking is very important, which is why therapists use the pacifier to encourage it. Sometimes they dip it in the milk to give the baby a taste of it, or they offer her the pacifier while she is being fed through the feeding tube, so that she associates sucking with receiving food. “The baby’s ability to suck on the pacifier lets us see her readiness to advance to nipple feeding. Kangaroo care is very important to stimulate feeding,” says Michele.

The process can take some time, and is not always linear — there are a lot of “ups and downs”. Many times, learning to take her bottle is the last step before a baby goes home, which is why the feeding process can be frustrating for parents, especially after several weeks or months of hospitalization.

Feeding a very small baby can be scary, and parent involvement is one of the keys to success. Nurses and therapists change, so the parents are really the only consistent factor when feeding the baby, this is why it is advisable for them to be as involved as possible. With the support from the N.I.C.U therapists, they will become experts very soon!

“...that there is a manicure and hair salon in the hospital? Vanessa’s Cut offers haircuts, hair coloring, waxing, manicure and pedicure. Vanessa’s Cut is located on the first floor, near the rehabilitation area, and is open Monday through Friday from 10 am to 5:30 pm. Tel: 305-596-1960 ext. 66170.

FORGET ME NOT!
Join other N.I.C.U graduate families for an informal and candid conversation in our support group meeting “Chatter That Matters” (“CTM”) on Wednesday, February 24th at 7 pm, in the OB Conference Room (on the 2nd floor, near the N.I.C.U). Light refreshments will be served.

See you there!

TIPS
“A coping strategy for me when I was in the N.I.C.U was journaling and charting information about my baby.”

Lisa Henry-McQueen
N.I.C.U graduate mom

DID YOU KNOW...

Most N.I.C.U parents discover early along that many time relatives and friends make comments that hurt them or make them feel uncomfortable. These are some tips we encourage you to share with them, so that they can support you in the best possible way:

* Don’t compare the baby’s situation with other cases, particularly those of full-term children. Each child is different.
* Don’t judge the parents’ reactions. Everybody responds differently under stressful situations.
* Offer and provide practical help: babysit older siblings, buy groceries, do laundry, prepare meals.
* Don’t ask how much the baby weighs. Many times it is not an accurate indicator of the child’s situation.
* Don’t ask when the baby is going home. The parents are dealing with the anxiety of not having him/her home every day.
* Be a good listener, and show your support. Sometimes a hug says more than a thousand words.
THE LIGHTHOUSE

KEEPING INFECTION UNDER CONTROL

Maintaining a clean and safe environment for the babies in the N.I.C.U is a top priority. The N.I.C.U Infection Control Team is a task force integrated by staff members from different disciplines that work to have an infection-free N.I.C.U through the use and implementation of best practices. A Parent Advisory Council representative participates in the group, and ensures that the voice of the families is taken into consideration when decisions are made. Some of the areas of focus of the Infection Control Team include hand hygiene, which has a compliance of 95% to 100%, weekly isolette changes, alcohol gel and gloves at the bedside, and the observance of the dirty and clean sides in the isolettes (anything dirty should be toward the baby’s feet, and anything clean should be toward the baby’s head).

Specific measures taken to prevent infectious diseases in the N.I.C.U are:

- Alcohol gel before touching the baby and the babies’ environment
- Starting peripherally inserted central catheter (PICC) lines within the first week of admission. A PICC line is a form of intravenous access that can be used for a prolonged period of time (e.g. for extended antibiotic therapy, or nutrition), therefore decreasing the risk of infections.
- Isolette changes every 7 days
- Stethoscope at each bedside
- Frequent terminal cleaning of the units
- Appropriate aseptic management of the lines, tubings and hubs
- Crowdedness control

During the recent threat of H1N1, Baptist Hospital offered the H1N1 vaccine to its entire staff. Also, anybody (staff, parent or relative) that had minimal symptoms of a cold was asked to stay out of the N.I.C.U for at least 7 days. Visits by children under 18 years old were not allowed in the unit during the flu season. Parents can contribute to prevent infections by complying with the initial scrubbing and by washing their hands regularly, particularly when handling expressed breast milk or any of the baby’s belongings.

NEWS

BAPTIST LAUNCHES SPECIAL PALLIATIVE CARE GROUP

Palliative care is sometimes associated exclusively to the last stages of terminal illnesses, but its scope is much broader, and it applies to patients facing complex, chronic or life-threatening conditions, which is many times the case of N.I.C.U babies. Palliative care includes the comprehensive management of the physical, emotional, social and spiritual needs of the patients and their families. In order to provide better care to patients and families, Baptist Children’s Hospital recently launched the Pediatric Advanced Care Team (P.A.C.T), an interdisciplinary palliative care team that will provide services for pediatric and N.I.C.U patients.

The P.A.C.T includes a wide array of professionals, including doctors, nurses, social workers, psychologists, pastoral care, therapist, respiration specialists, family members and representatives from the hospital’s leadership team. Its goal is to provide the best quality of life for patients and their families, minimizing their suffering and stress. To achieve this, the PACT will continue to educate healthcare professionals on palliative care, measure the outcomes, incorporate a pediatric pain consultative service, and develop community partnerships to assist in the care.

For more information on the P.A.C.T, please contact Jennifer Coucuyo at jennifer@baptishealth.net or (786) 596-7836.