

Neonatal Intensive Care Unit makes M I R A C L E S happen every day

From its humble beginning as nine nursery beds “set aside” in the Maternity Unit, St. John’s Neonatal Intensive Care Unit (NICU) has grown into a regional referral center for south-central Illinois caring for nearly 450 premature and seriously ill newborns each year. But more than 60 years later one thing remains the same — every baby receives the finest care available.

About 75 percent of infants in the NICU are born prematurely, the other 25 percent are full-term babies with serious health complications, such as an infection or other condition that requires special medical care or surgery.

Dennis Crouse, MD, Ph.D, is St. John’s Newborn Services Director, Co-Director of the Perinatal Center and a Professor and Director of the Neonatology Division of SIU School of Medicine. He has nearly 20 years of experience in neonatology. “When I first started, many of the babies we are taking care of now were thought to be too small to survive,” he explains. “Today our various therapies have improved, equipment has become miniaturized and surfactant is available to help immature lungs function.”

Crouse is one of four neonatologists on staff at St. John’s. He is joined by Narinder Khanna, MD; Charles F. Potter, MD; and Nestor Ramirez, MD. One of these four men is in the hospital at all times to attend high-risk deliveries and oversee medical care in the NICU.

NICU Supervisor Pat Titone, RN, says it’s not usual to see babies who weigh between 1.5 and 2 pounds. These infants are typically born between 23 and 24 weeks gestation (40 weeks is full term). “These infants are on respirators and fed intravenously, but parents are encouraged to caress and talk to them,” she says.

The Unit has 50 specially trained registered nurses who are assisted by a social worker, pastoral care



Dennis Crouse, MD, Director of Newborn Services at St. John’s, reviews an X-ray of a NICU patient magnified 50 percent. The spots on the X-ray are pockets of intestinal gas.

chaplain, dietitian and pharmacist, and respiratory, occupational and speech therapists.

Crouse says he and the other neonatologists work closely with specialists in pediatric surgery, cardiology, neurology and genetics. “It isn’t unusual to have a team of two or more physicians caring for one patient,” he adds.

Titone says NICU nurses spend a lot of time simply getting to know and educating parents. “We cover everything from baby care basics to what developmental differences they can expect,” she explains.

Barb Wheatley, RN, has worked in the NICU for 25 years. “The first question parents always ask is, ‘When can my baby go home?’ Fortunately, most of our babies go home before their due date. There really is no set weight babies must reach before they can go home.

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Infants are ready when they can maintain their body temperature, feed properly and gain weight.”

Crouse says he is proud of the care the NICU provides. “Our survival rate of 93 percent is above the national average,” he says. “But we are constantly reviewing new therapies because they can make our babies better — and that’s our goal.” ■

NICU nurse Barb Wheatley, RN, administers medication to one of the infants under her care.



Infection causes premature birth

Tomicia McBride of Springfield was sitting in church on October 10 when she felt her first contractions. At only 23 weeks gestation, she knew something wasn’t right. She went to the hospital and was sent directly to St. John’s Perinatal Unit where she received drugs to stop her labor. “The medicine worked for a few hours,” McBride says, “but Donovan was delivered by Cesarean section later that day.” Donovan weighed only 1 pound, 9.5 ounces.

McBride’s doctors believe an infection caused her premature labor. Dennis Crouse, MD, Ph.D, is Director of Newborn Services and Co-Director of the Perinatal Center at St. John’s. He explains, “If a bacterium gets into the amniotic fluid or inside the womb it can start an infection. Our body recognizes there is something foreign and tries to expel it. The majority of the time there is no evidence the mother has a problem. In fact, there is an 80 percent incidence of infection in spontaneous pre-term birth below two pounds.”

One month later Donovan is fighting another infection, which is not unusual. He is receiving a human milk fortifier mixed with McBride’s breast milk and other nutrients to help him gain weight as he fights off the infection.

Donovan has a long road ahead of him, but his mother says he is “feisty” and fights the nurses when they must perform various procedures. McBride and her husband, Aaron, hope Donovan can come home near his due date of February 5. ■

Tomicia McBride strokes the head of her one-month-old son, Donovan, as he sleeps in his isolette. Donovan weighs under two pounds in this photograph.



Birth complication brings Galesburg infant to St. John's

Carson Hopping spent a week in St. John's Neonatal Intensive Care Unit in November 2004. He weighed 5 pounds, 13 ounces when he was born on November 2 in Galesburg, but excess fluid in his lungs kept them from expanding. He was immediately transported by helicopter to St. John's.

Since parents aren't allowed to ride in the helicopter, his dad, Scott, got in his car and drove to Springfield — and beat the helicopter. Five hours after giving birth,

Dena Hopping's parents drove her to Springfield to be with Carson.

Carson received pressurized oxygen and had a feeding tube for five days before he was well enough to eat and breathe on his own. Dena says she wasn't sure she was going to breastfeed, but a visit from NICU nurse and certified lactation counselor Debbie Blanton, RN, changed her mind. "Debbie was wonderful. She made breastfeeding easy for me," she adds.

Carson was discharged with a clean bill of health on November 9.

"The nurses and doctors have gone out of their way to explain things for us," Scott says. "The nurses taught us infant CPR and allowed us to view videos on basic child care. They have been great." ■

"One of my favorite things to do is to be able to tell parents, 'You can hold your baby now.'"

— Nilsa Smith, RN, NICU nurse



Above: Dena and Scott Hopping are all smiles on November 9 after learning Carson will be discharged later that day.

Right: "One of my favorite things to do is to be able to tell parents, 'You can hold your baby now,'" says NICU nurse Nilsa Smith, RN.

