

Survival likely for high-risk infants

Once every six hours a newborn child in distress is rushed to Children's Hospital in the Detroit Medical Center for special care to save the baby's life or prevent brain damage.

To meet growing demand and changing medical technology in intensive care, the hospital opened a completely remodeled special care unit for newborn infants on Jan. 25.

The new center doubles the number of patients that can be cared for. It is now the largest perinatal unit in the state and one of the largest in the country, with space for 12 acute care and 48 premature or intermediate care babies.

It is estimated that two to three per cent of all newborns require more than routine care.

"We're able to support patients through problems that used to kill them," said Dr. Ronald Poland, director of the neonatal unit. "We encourage doctors always to send us the baby when they have doubt about his or her ability to survive."

Infants from 50 hospitals in Michigan are brought to Children's. Special care for the newborn is a common occurrence these days, and intensive care has increased because it is cost-effective, according to Dr. Poland. For every dollar spent in an intensive care unit, over four dollars in chronic institutional care is saved as the number of brain-damaged children is reduced.

Babies with Hyaline Membrane Disease (the respiratory disorder that killed Patrick Bouvier Kennedy) are routine cases today in the neonatal intensive care unit at Children's Hospital.

TEN YEARS ago, 70 per cent of premature babies had significant brain damage. Today at Children's less than ten per cent do.

Cardiac surgery to repair congenital heart defects is performed frequently and sometimes on infants old one day old.

Some of these tiny patients in intensive care require up to 100 square feet of hospital space for such life-saving equipment as respirators, cardiac monitors, blood warmers and radiant heat warmers. But Dr. Poland points out, "The sophistication in how to use the equipment, not in the equipment itself."

Dr. Poland is assisted by another full-time neonatologist (a physician specializing in the care of newborns), three physicians taking post-graduate training, and a staff of over 90 especially trained nurses. Each nurse in intensive care is assigned one or two patients while one nurse in intermediate care monitors four patients.

Children's has increased its bed space as a result of a new concept of the spread of infection. Eighteen beds were added in the same amount of space.

In the 1960s, infants were separated from parents and staff to prevent infection. Parents could only see their baby through a window.

Since then, epidemiologists have shown that simply washing hands with soap before touching patients controls the spread of infection. The glass-walled viewing corridor which took nearly 40 per cent of the space has been eliminated.

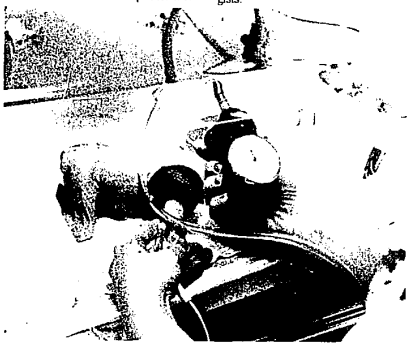
Another result from the change in thinking is that parents have physical

contact with their babies.

"We want parents to touch and hug their kids," said Dr. Poland. "We have a whole emotional support system here besides the respirators and other technical advances."

Dr. Poland and his staff are concerned about the psychological needs of the mother as well as her infant. Before the baby is transferred from the hospital where he was born, a member of the transfer team from Children's (made up of a nurse, a medical resident and a respirator therapist) makes sure the mother has seen and touched her baby. As soon as the child arrives at Children's, an instant picture is taken and sent to the mother. She is encouraged to visit the baby on her way home from the maternity hospital and as often as possible afterwards. The staff involves parents in feeding and caring for the child as much as possible.

Weekly meetings are held for the parents so they can talk about problems with each other and with social workers, psychiatrists or psychologists.



Infants look tiny next to the special blood pressure cuff used in the special care unit for premature newborns at Children's Hospital.

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ORT looks to spring

Fashions by Kasper with the interpretation of the renowned designer himself will be a highlight of the Michigan Region of Women's American ORT's membership gala on Wednesday, Feb. 15.

The event entitled "Swing into Spring" will open at 11:30 a.m. at Congregation Shaarey Zedek in Southfield and will honor ORT members.

ORT (Organization for Rehabilitation through Training) is a vocational teaching system of the Jewish people. It maintains vocational schools in 30 countries around the world. ORT's goal is to provide the opportunity to learn a trade and to develop pride and a recognition of self-worth to Jewish children and adults.

Maxine Pomerantz of Southfield is president of the Michigan Region and Barbara Weisberg is chairwoman of the executive committee.

Planning the membership event are Hanne Jacobson of West Bloomfield,

chairwoman of the day, Ina Kahn of Farmington Hills, reservations chairwoman, and Karen Schwartzfeld of West Bloomfield, who is assisting Mrs. Kahn.

Advance reservations are necessary. For information, call the ORT office at 355-9151.

Mac Allister-Shea

Mr. and Mrs. James Mac Allister announce the engagement of their daughter, Glennie of Denver, Colo., to J. Patrick Shea Jr., son of Mr. and Mrs. John P. Shea Sr. of Southfield. Miss Mac Allister's parents reside in Santa Fe, N.M.

The bride-elect is a student at the University of Denver. Her fiancé graduated from Michigan State University and is a landscape architect employed with the National Park Service. An April 8 wedding is planned.

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