

COMMUNITY LIFE

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FAMILY ROOM



TIM SMITH

Father delivers package of stories on micropremies

In today's Community Life section of this newspaper are stories about a special group of premature babies, those born on the edge of viability, often weighing less than two pounds, sometimes 3-4 months early. These stories are also about not giving up hope.

My own daughter, Elizabeth Ellen Smith, was born Nov. 20, 1994, at 25 weeks gestation, merely 30 ounces. She fought for nearly four months in the Beaumont Hospital neonatal intensive care unit in Royal Oak and, finally, came home in March as healthy as anyone could expect.

Happy birthday

Today, as she nears her first birthday, Elizabeth is right on target — knock on wood — medically and developmentally.

Yet, so many television reports and magazine articles continue to paint a picture of gloom and doom for the lowest of these low birth-weight babies.

Our stories today intend to show the picture isn't only a dark one.

Many happy endings

Here's how the whole thing got started. Although I wrote a column about my daughter at the time she came home, I realized there was unfinished business. Thanks to a number of telephone calls, I realized that many other people, every day, face the same circumstances: months of uncertainty wondering if their children will 1.) come home and 2.) have a chance to lead a reasonably normal life.

So, with hopes of heightening public awareness about the plight of these "micropremies," I talked to other parents. I also talked to the doctors and nurses who dedicate their lives to these tiny babies.

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Answers vary

The answers I received weren't unanimous one way or the other. Medical professionals, even parents, debate the merits of using improved technology and new procedures in an expensive quest to try and save severely premature babies who — particularly at 22 and 23 weeks gestation — might not have very good prognoses for viability.

This, of course, is an extremely sensitive, controversial and complex subject.

But the general feeling was that many of these babies are worth saving. Even when medical costs jump into the hundreds of thousands or more.

Worth it

Those who make it are, indeed, "worth a million."

Meanwhile, a word about the term "micropremies" itself, the word being used in this series to describe these babies.

Although physicians balk at the use of the term — they instead call them very low-birth-weight or severely premature babies — "micropremies" is a word that is popping up more and more in conversations inside and outside of hospital nurseries.

According to Dr. Jean Steichen, the director of the high-risk clinic at Children's Hospital in Cincinnati, physicians agree the term "micropremies" is not used in medical reports or vital statistics. It is a term that is becoming more common among the general public to crystallize, in a word, the severity of prematurity for these infants.

Attention please

"If you use that word, it gets people's attention," said Kiti Alexander of Troy, a parent whose daughter Carson, 5, is featured in this series.

And getting people's attention is just what these stories intend to do.

Tim Smith is a staff writer for the West Bloomfield-Lakes Economic and the father of a micropremie. He can be reached at 901-2577.



Severely premature infants

M · I · C · R · O · P · R · E · M · I · E · S

Stories by Tim Smith • Staff Writer
Photos by Dan Dean • Staff Photographer

Taking big risk may save lives

Editor's note: The word "micropremies" is becoming increasingly used among the general public, but not in medical circles. Doctors usually refer to these as very-low-birth-weight or severely premature infants.

By TIM SMITH
STAFF WRITER

It seems so incredibly farfetched, yet it happens every day. As fast as you can say Messenger, minuscule infants barely out of the fetus stage are sparking enough controversy to bring the medical world down to its knees.

Both nationally and in Oakland County, medical efforts as to whether 23-week-old "Baby X" should be given a shot at living is viewed by some as high-stakes gambling, even called "playing God in the nursery." Not all who dedicate their lives to neonatology agree with that stance.

It is a subject always scrutinized in the neonatal intensive care units that serve metropolitan Detroit, including William Beaumont Hospital in Royal Oak and Providence Hospital in Southfield.

Worth it

Whatever the controversy, evidence continues to roll in that it is well worth the trouble and cost (as much as \$500,000) to try and save these "micropremies" — those babies born three-to-four months early, typically weighing under two pounds at birth.

"The smaller the baby, the bottom line is you are

See PREMIES, 15A



Grasping life: Good things do come in small packages, as illustrated here. Not long after she was born in March 1993 at Providence Hospital in Southfield, tiny Andrea Volpe clasps onto one of her mom's fingers. Andrea and her family now live in Farmington Hills.

Couple rejoices over toddler who beat the odds

By TIM SMITH
STAFF WRITER

As far as Lora and Kevin Volpe of Farmington Hills are concerned, they know the medical world is doing the right thing in going all out to save the tiniest premature babies.

For evidence, they only have to look across the table at their bubbly 2½-year-old daughter Andrea — born a 28-week micropremie who these days is a healthy toddler who likes potato chips, her brother Anthony and Barney the Dinosaur.

About medical advances, Lora mentioned how doctors in the neonatal intensive care unit at Providence Hospital in Southfield told her and her husband, the night before Andrea was born, that their baby would have a 25 percent chance of survival.

They also told them another fact of

life: "If Andrea had been born 10 years ago she wouldn't be here with us today. And that makes me very sad. But it also makes me very happy, because look what I have in front of me. A beautiful little girl. I'm very grateful for all the advances that they've made," said Lora, 37.

That doesn't mean the Volpes didn't get their chance to experience the roller coaster existence that the parents of severely premature infants typically do.

Andrea struggled for two months in the Providence NICU, from March-to-May, 1993. Her heart valve would not close, causing a murmur. Eventually, along with her mom, she was the hospital's first to undergo "kangaroo care," skin-to-skin contact between the child and parent that promotes bonding.

"She would put her head on my chest," Lora said. "She could hear my heartbeat and I could feel hers. It was just very good bonding."

Lora — whose premature labor was triggered by her placenta separating from the uterine wall — added that she was "honored" to be the first Providence mom to take advantage of kangaroo care.

"I also feel it was very important to do it. I wanted to hold her so badly. I noticed other moms afraid to hold their babies, because they (babies) were too fragile, or (moms) thought something would go wrong."

She's stubborn

The Volpes don't know if the special holding has anything to do with it, but their little girl apparently has quite a stubborn streak, something they refer to it as a positive trait.

"She has a very strong personality," Lora said. "And they (doctors) told us that from the get-go. One of the nurses made the comment 'four daughter's real stubborn. The stubborn ones are the ones that make it. Of course, you're not going to like it when she's 13, but right now that's going to help her survive.'"

Some of those nurses recently got to see for themselves just how stubborn Andrea can be. In August, the toddler and her parents returned to Providence for the hospital's 11th annual NICU reunion.

Kevin, 39, said he recalled hearing discussions about medical insurance and how "they considered not treating" babies that weighed under two pounds.

"But we saw babies under two pounds, or just over a pound, that did quite well," he said. "It's hard to imagine pulling the plug on just the aspect of low weight. I'm very glad they've made great headway with premies. . . . Because we have Andrea."

Meanwhile, although he conceded that the hospital bill for Andrea's time at Providence was "quite a bit," it shouldn't be a gauge in determining just how far doctors should go in trying to save micropremies.

"This is a life or heart transplant and they're 60 or 60 years old," Kevin said. "Why would you treat someone like that and not treat a newborn baby that's got 80 years in front of them? You know what I mean? The cost is great, but how do you weigh it?"

Price to pay

Similarly to other families, the Volpes also paid a price for Andrea's

extreme prematurity after bringing the little girl home in spring 1993.

For starters, they gave up smoking and asked friends and family members to not smoke inside their home during visits. Their new household rule was met with some resistance.

"Some people didn't like it," Kevin said. "And other people had no trouble at all."

Vigorous hand washing, with antibacterial soap, was another Volpe habit. And friends of their son Anthony, now 10, were not allowed entry into their home, particularly because Andrea remained prone to colds and other illness.

Lora and Kevin also managed to change because of Andrea's struggles and the subsequent death of their third child (a 20-week boy who died only hours after he was born).

"It all makes me appreciate my kids more," Lora said. "Because you know the bounds of life and death."

According to Kevin, "You think you know that you really appreciate your children. (But) instead of just thinking that you know, when you experience that it does change you."

Perhaps another byproduct is that Andrea now isn't disciplined as harshly as she might have had she not been a micropremie, her dad said.

"I know she's gotten away with a lot of stuff because of what she's been through," said Kevin with a smile. "It does go through your mind that we're lucky to have her. It makes you more lenient."

If Kevin feels guilty about that, he only need remind himself of one of the questions he asked himself many times during those uncertain days and months in 1993: "Is she going to survive another day?"

"There were other people in the NICU and their babies seemed to be doing just fine and then they took a turn for the worse," he recalled. "Anything could have happened and you had to prepare for it."

Help from others

With that in mind, a Providence doctor took him aside one night and gave him a "worst-case scenario" about his unborn child's chances.

"He told me the possibility of (the baby) having blood on the brain was very high. . . . (as was) severe retardation," Kevin said, adding that he didn't fault the doctor for giving him that dark view. "If he tried to make it look rosy and it didn't turn out that way, then what?"

See VOLPE, 15A



Playful time: Andrea Volpe, 2½, swings on a playset in her back yard with her father, Kevin, looking on.

JOHN FRANKLIN/STAFF PHOTOGRAPHER