

Preemies

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rolling some dice," said Dr. William Michaels, a Bloomfield Hills physician who has consulted many expectant mothers at risk to give birth very prematurely. "It's my belief that for those who do survive and do well it is indeed an act of God."

That aside, Michaels and other medical professionals agree decisions about viability — whether a baby can survive outside the womb — are made only after painful scrutiny and consultation with other medical professionals and family members. They are made only after all evidence and data are carefully weighed, not during a time of emotional frenzy.

Although no particular viewpoint on the subject is right or wrong, research shows that these babies are doing better — at an earlier gestational age — than anyone could have predicted just a few years ago.

According to the reported results of a recent national study, conducted between 1990-95, improved outcomes exist for these tiny "miracles" of the pediatric world. Among the findings:

- There is a survival rate of about 70 percent for babies born under two pounds.
- Significant handicaps — such as cerebral palsy — crop up in only about 20 percent of those who do live.

Success for these micropreemies appears to be greater at Beaumont than the survey results indicate.

In fact, Dr. Daniel Batton, Beaumont's director of newborn medicine since 1987 and a Birmingham resident, estimated that about 100 babies in the 23-to-25-week-gestation category have been discharged during his tenure at Beaumont. "And approximately 80-to-90 percent have been free of severe problems."

Critical to that success rate, according to Troy's Kitt Alexander, the mother of a 5-year-old micropreemie, is the special attention and sensitivity from caregivers in hospital neonatal intensive care units.

"So many times you see these babies poked and prodded," said Alexander, whose daughter Carson was born at 24 weeks gestation. "If you have nurses in touch and in tune with how this early stimulation is going to affect them in later life, it makes a world of difference in the child's outcome."

It's a dilemma

Regardless of the improving success rate, the big question continues to be asked: Should hospital NICUs leave no monitor unattached, so to speak, in attempts to save the tiniest pre-

ature baby? It depends on who you talk to.

Michaels favors the initial resuscitation of all premature babies. But for those born less than 24 weeks — with virtually no hope of a healthy, normal life — he advocates doing little more than providing "humane treatment and hydrated and not hooking them up to ventilators."

He bases that stance on the latest medical research and accurate clinical data and stresses that life-and-death decisions are made without talking to other doctors and parents.

Linda Omstead, NICU nurse manager at Providence, emphasized that babies over the 20-week gestation mark are monitored on a case-by-case basis, with aggressive treatment reserved for infants who show a fighting spirit. "Some families will actually talk to you and tell you if their child is so premature, so immature that 'We don't want all these heroics done,'" Omstead said. "But we will always talk to families who talk to us this way. . . . We are not going to let that baby just lie there, particularly if it is 'fighting for a chance to live.'"

Meanwhile, Batton said all efforts are exhausted at Beaumont in Royal Oak, with infants born as early as 23 weeks, until it be-

comes "a hopeless situation. We don't want to be in the position of not resuscitating a baby that, in retrospect, had a chance."

He added that it's "obviously a different situation" for infants born at 22 weeks, unless they appear to be a "fairly good size and you're not sure of the gestational age, and it would (then be) wiser to attempt initial resuscitation."

Efforts in the NICU do not go unnoticed, or unappreciated, said Leslie Helleppie, a West Bloomfield resident whose daughter Veronica was a 27-weeker born at Beaumont in 1994 — before technology pushed the edge of viability down to around 23 weeks. In 1995, Veronica is a bright and sociable youngster who is an award-winning gymnast.

"We believed in the care," Helleppie said. "Dr. (Karen) Hufnagel and the neonatal (staff) they were excellent in there."

No room for emotion

Strong performance in saving micropreemies, meanwhile, can only take place after doctors use a combination of medical data and input from NICU nurses to make some kind of decision. They try to keep emotion out of that process.

At least at Beaumont, parents are not consulted about whether or not their baby should be taken off life support until there is no

realistic hope for survival, Batton said.

Decisions on which babies to save or let die are never made by a single person "in the middle of the night," he explained.

Instead, doctors and nurses gather as much information as they can collect, then evaluate the size, age and condition of the baby.

Batton said that only in cases where "the likelihood of survival is remote" are parents brought in and given the option of life support being withheld or withdrawn. "In that situation, we honor the parents' request," Batton said. "But this situation arises only after physicians and nurses feel we're dealing with a hopeless situation."

Concurring was Omstead, who said the Providence medical team working on a particular infant "will go in and resuscitate that baby" if there are any signs of fight.

"We will do everything we can until the physician sees there's absolutely no hope for the life of this baby being maintained," Omstead said. "Then the parents are called in. . . ."

"Initially, with a lot of these babies you're going to know in the first 24 hours anyway if they're going to survive."

Miracles happen

Such measured approaches mean that, at least at Beaumont and Providence, there is no chance of a Messenger episode, where a father unplugged the ventilator that kept his newborn child alive.

More likely is a Harris episode. According to Southfield resident Tina Harris, her daughter Clark wouldn't have made it without the flexible approach to neonatology that Beaumont subscribes to. Clark was only one pound and six ounces when she was born at 28 weeks gestation on Oct. 18, 1992. She now is a happy-go-lucky child, with only mild asthmatic problems.

Had someone simply made a cut-and-dried decision simply because of Clark's low birth weight, however, the Harris family would be short one member.

"They should take each case on its merit," Tina Harris said. "And then that might not even matter. Because these babies have a will to live. They are people. My daughter was supposed to be dead. She pulled through and medically there was no reason why."

Which is enough reason to justify why NICUs are working harder than ever to bring the Clarks, Carsons and Veronicas into this world.

Hospitals share intensive care units

Neonatal intensive care units are not in place at Crittenton, Botsford and Huron Valley hospitals, located in Rochester Hills, Farmington Hills and Commerce Township, respectively.

But spokespeople for those hospitals said ample care is provided for at-risk mothers and their babies through affiliations with hospitals that do have NICUs.

"We can handle all but the sickest premature babies," said Crittenton publicist Peggy Hayes,

adding that if the hospital knows in advance about the likelihood of a very premature delivery, that the patient would be referred out to Beaumont or North Oakland Medical Center in Pontiac. "Sometimes people think 'I have to be in a place that has a NICU.' But with the majority of babies, that's not the problem."

Botsford publicist Bridget Gosine said patients are transferred to Beaumont, Children's Hospital in Detroit or U-M Mott Hospital

in Ann Arbor for micropreemies with extreme cardiac problems. Susan Hoppel, community relations director at Huron Valley, said the hospital has a complete care nursery that is equipped to handle the medical needs of most premature infants. Those with congenital heart conditions are transferred to Children's Hospital while others may be sent over to North Oakland Medical Center in Pontiac.

By Tim Smith

WEDDINGS

Govan-Ludwig

Suzanne Marie Ludwig and Dean Vincent Govan were married Aug. 5, 1995 at Immaculate Conception Catholic Church in Traverse City. She is the daughter of Mr. and Mrs. William Ludwig of Williamburg, Mich., and he is the son of Will and Sandy Govan of Commerce Township.

The bride is a graduate of St. Francis High School in Traverse

City and Central Michigan University. She is employed as an elementary teacher in Farmington Hills.

The groom is a graduate of Walled Lake Western High School and Central Michigan University. He earned a bachelor of science in hydrogeology.

The couple received guests in Traverse City before leaving on a trip to Vermont and New York. They are making their home in Novi.



Photo by Rick Smith



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