

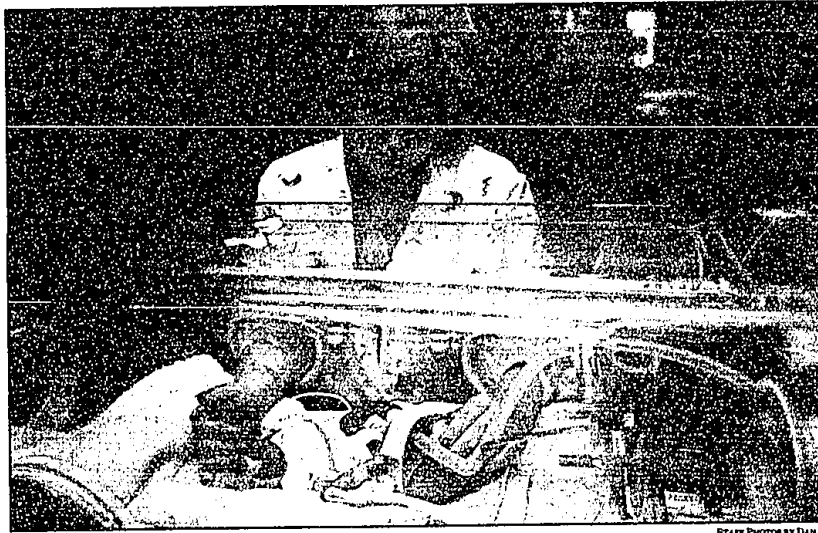
# Severely premature infants

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

Stories by Tim Smith • Staff Writer  
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**Coping coach:** Beaumont NICU nurse Barbara Cain (right), a Rochester Hills resident, offers warm words of advice for the mom of a preemie. Cain said one of her main roles is to help parents gain confidence in caring for their babies at home.



**Always there:** According to Marie Kuznicki, a nurse in the neonatal intensive care unit at William Beaumont Hospital in Royal Oak, constant monitoring of micropremies is crucial. "There are so many slight changes that, as nurses at the bedside... we can see."

## Nurses bring dignity, personal touch to battle



**So small:** Touch is viewed as an important factor in whether micropremies make it or not. Here, a baby's minuscule hand is held by nurse Kuznicki.

By TIM SMITH

**N**urses are the vital link between anxious parents and their micropreemie babies, who are battling to survive in sometimes impersonal neonatal intensive care units.

The long-term health of these infants is affected by how NICU nurses go about their jobs. And that fact doesn't escape Kitt Alexander, a Troy resident and mother of a micropreemie daughter, 5-year-old Carson.

"When a healthy newborn is brought home, it's cuddled and held gently," Alexander said. "Prematures need to be treated in the same way and not be spread in a box and treated like a thing... I credit the nurses who took care of Carson largely responsible for her successes."

Alexander said nurses' attention in touching her gently, and with dignity, forever made an impact on how Carson relates to the world.

Several NICU nurses at William Beaumont Hospital in Royal Oak and Providence Hospital in Southfield agree with Alexander about the importance of doing their jobs well, and with

sensitivity. Their efforts range from coaching moms and dads on how to feed and bathe those babies still attached to various monitors and electronic leads to being involved in very serious decisions.

And it's all a whirlwind environment, according to Mara Sipola-Lensa, the NICU nursing manager at Beaumont.

"You need flexibility to work in this kind of area because everything is changing," said Sipola-Lensa, who lives in West Bloomfield. "What you learned a month ago or a year ago isn't true now. But you know what the bottom line is? You gotta love to work with newborns, sick newborns and their families. You can't separate the two."

### Pressure cooker

The medical duties these nurses deal with are probably more intense and pressure-packed than those nurses in other hospital departments might experience. Adding to the stress in the unit is the fact that, for every micropreemie that grows enough to go home, there is a constant influx of these babies.

Dr. Daniel Batton, a Birmingham resident and Beaumont's director of newborn medicine, said the realities NICU nurses face in their daily work are constant, with no room to stop and smell the roses of accomplishment when parents bring former NICU babies to the hospital for a visit.

It is why Batton believes Beaumont's annual preemie reunion picnic — this year's is scheduled for Sunday, Nov. 5 — probably does more good for parents, who are able to discuss their mutual hardships and show off their growing infants. (Providence had its preemie reunion in August.)

"On that day... for the caregivers of the premature babies, the reunion picnic offers them an opportunity to feel good about the work they do," Batton said. "(But) for people who work in a neonatal intensive care unit, there are few opportunities to concentrate on feeling good about what we do."

"Because on any given day, we tend to focus our attention and energy on those patients in the NICU who are most at risk or having the most problems. There is no day where every baby in the NICU is doing well... So the stress level for the staff never lessens."

### Watching them grow

Agreeing about the environment's high stress level was NICU nurse Barbara Cain, a Rochester Hills resident. "These are the ones that can get sick in just a split second, in front of your eyes."

And their eyes are fixed on these babies for hours at a time, checking constantly for a multitude of things, including the levels of oxygen and carbon dioxide in the blood; skin color (pink is good, gray isn't); reaction to sound and light; heart rate; blood pressure and temperature.

"There are so many slight changes that, as nurses at the bedside looking

See TOUCH, RAA



**Comfort zone:** Linda Omstead, NICU nurse manager at Providence Hospital in Southfield, says nurses encourage parents to bond with their micropremies. One of the best ways to do that is skin-to-skin contact, known as "kangaroo care."

## Quandary: When should doctor step in?

By TIM SMITH

STAFF WRITER

Inaccurate estimates about gestational age — the medical term for how far along a pregnancy is — are common, even in the modern era of ultrasounds. But they can have serious implications for micropremies teetering on the edge of life or death.

That the pendulum of viability swings as much as two weeks one way or the other in estimating gestation concerns physicians such as Dr. William Michaels of Bloomfield Hills and Dr. Randall Kelly of Rochester Hills. Michaels, who has a private practice, diagnoses and manages perinatal problems. Kelly, meanwhile, is a perinatologist at Crittenton Hospital in Rochester.

So, when decisions about how to approach pending premature deliveries and neonatal care are decided by such question marks, Michaels explained, "The gray area becomes grayer."

In addition to the subject of perinatal care and gestational dates, the physicians also give their opinions about whether or not to aggressively treat infants born as early as 23 weeks — an issue brought to the

forefront by the Messenger case in late 1994 and early 1995.

"The judgment has to be made under emergency circumstances," said Michaels — himself a 25-week preemie when born in 1943. "In essence, the more accurate information we have in terms of gestational age... effectively, the more appropriate advice and decisions can be made at birth."

"Which means, in capital letters, under ideal circumstances, all pregnant patients that we see early in gestation have adequate prenatal care and pre-pregnancy planning. So that, when premature birth does occur, the appropriate information is available."

Crittendon's Kelly agreed inaccurate estimates are a large concern, albeit one that is lessened by ultrasounds. He said medical research indicates: 15 percent of all pregnant women "don't have any idea when their last menstrual period was"; 30 percent are wrong with their estimates.

Still, modern technology now provides physicians with better information to use time in the past.

See QUANDARY, RAA



**Clouded by questions:** Dr. William Michaels said uncertainty about actual gestational age has great impact in how perinatologists approach premature deliveries.