

the women's
the royal women's hospital

our stories

Issue No. 20 January 2012



WE WANT THE BEST FOR OUR BABIES

NEONATAL SERVICES AT THE WOMEN'S

CEO MESSAGE



At the Women's we are passionate about giving babies the best start in life.

While most babies born at the Women's go home soon after birth, babies born sick or premature can spend many weeks, even months in our Newborn Intensive and Special Care (NISC) unit. Giving these sick babies the best start in life involves health professionals and families working together as a team.

Our experienced clinicians bring their specialist expertise to care for the newborns, combining their skills with research and technology.

We also work hard to assist mothers to provide some of the very best medicine for their baby – their own breastmilk and skin-to-skin contact with their babies through cuddling.

I hope you enjoy reading about this wonderful work in *Our Stories*.

Dale Fisher
Chief Executive

DIRECTORS, NEONATAL SERVICES

The Newborn Intensive and Special Care (NISC) unit at the Women's is proud of the family-centered care we provide to babies and their families.

The move to the Parkville campus in 2008 gave us an opportunity to give care in a state-of-the-art facility, and to develop a more intimate environment that provides privacy for families.

The service is a leader in neonatal research and participates in a large number of studies so that clinical staff can determine the best way to look after babies.

Care extends into the community with a *Hospital in the Home* service, and an integrated follow-up program for very preterm infants.

Carl Kuschel & Cvetka Sedmak
Directors, Neonatal Services

*Top right: Cvetka Sedmak
Right: Dr Carl Kuschel*



WE WELCOME YOUR CONTRIBUTIONS

So please write to us at:

Our Stories

The Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052

Or email:
admin.foundation@thewomens.org.au



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DID YOU KNOW?

- The number of premature babies born every year in Victoria has increased by 2% over the past twenty years. In 2010, the Women's Newborn Intensive and Special Care (NISC) unit had more than 1200 babies admitted. Of these, 961 were born at the Women's, with 552 (of the 961) classified as preterm (premature).
- The most common cause of premature birth is spontaneous preterm labour for which there are a number of causes including infection and multiple pregnancy. Other reasons for babies to be born prematurely include fetal abnormalities, pre-eclampsia, intrauterine growth restriction, fetal distress and for maternal health reasons.
- A large number of unwell and premature babies are born at the Women's because it is the leading tertiary hospital for the care of women with difficult or complex pregnancies.

TEACHING THE WORLD

"Attachment" describes the baby's emotional bond with her primary care-giver (usually her mother). Secure attachment is the basis for good mental health for the rest of the baby's life, thus preventing disruptions to attachment will help prevent future mental health issues.

Associate Professor Frances Thomson-Salo, from the Centre for Women's Mental Health, has been working with parents and other staff to prevent attachment problems in babies who have a long-term intensive care stay.

The work on attachment and infant mental health at the Women's has now received international recognition, with Frances invited to teach the Women's model of care to attendees at the 2012 World Congress of the World Association for Infant Mental Health in South Africa next year.

*Top right: A/Prof Frances Thomson-Salo
Right: Georgia Ingram bonding with her newborn baby Ivy*



OUR NEWEST SUPPORTERS

The Women's Foundation welcomes and thanks our newest donors.

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All of the Women's top donors can be found online at: www.thewomens.org.au/OurSupporters

AUDREY'S STORY

Audrey & Molly Webb were born at the Women's at just 27 weeks. After spending almost 260 days in our Newborn Intensive and Special Care (NISC) unit, Audrey was able to go home to join her twin and older brother. Her parents, Donna and Simon, shared this touching moment with us.

Audrey's birth?

Audrey was born via emergency caesarean at 27 weeks exactly. Audrey was born first and a minute later, her twin sister Molly was born. They were 13 weeks premature.

Audrey's weight & size?

When Audrey was born, she weighed only 529 grams, the weight of a small tub of butter. She was the size of the palm of my hand. Today, she weighs over six kilos.

When were you able to see your twins?

After my emergency caesar, Audrey and Molly were taken straight to intensive care. I was able to come and see them in a wheelchair, after about four or five hours. It was the longest time of my life.

As Audrey was much smaller than Molly, we weren't able to hold her until about six weeks after she was born.

Medical assistance required for Audrey?

Audrey had some problems with her heart and gut. She still requires some medical assistance and we have undergone training so we know how to give her oxygen and medication. We feel confident that she will be fine at home. The Women's NISC *Hospital in the Home* service will also be providing support and help.

Did you breastfeed or express milk?

Both the girls had expressed breastmilk for the first seven months of their life. Neither ever breastfed, so I had to express six or seven times a day. I had a double electric pump at home and I used the one in NISC every day.

With up to 50 babies in NISC there were never enough breast pumps available and every day I would have to walk around and try to find a pump to use. It was very frustrating, but I knew how beneficial breastmilk was for premature babies.

Did you have a particular routine?

I visited Audrey in the Women's NISC every day. On school days my typical routine would be:

Get up, take my five year old to school, express, come to the hospital, express, feed a baby, change nappies, express, feed a baby, change nappies, express, feed a baby, change nappies, express, go home and pick my five year old up from school.

How long has Audrey been in hospital?

Audrey has been in NISC for 260 days. Molly (her twin sister) came home on the girls' due date, 26 June, just over five months ago. It is such a big milestone to be able to take Audrey home with us.

What are you most looking forward to, when you arrive home with Audrey?

It means she gets to come home and be a part of the family. That is the biggest thing for us. It will be wonderful to not have to travel to the hospital every day.





Audrey Webb with her mother Donna. Photo by Woodrow Wilson. Dec 2011

LOOKING AFTER THE BABIES IN INTENSIVE AND SPECIAL CARE

Our Newborn Intensive and Special Care (NISC) unit is an extraordinary place.

Some of the most vulnerable, sick and premature babies come to us to receive the highly specialised care required for their survival.

Our teams work around the clock to care for the newborns and support the families through the highly emotional and often difficult journey.

We recognise that parents are the most important members of the care giving team. Their voice, smell and touch are already familiar to their baby and their presence and involvement in the care that is provided, supports their baby's continuing growth and development.

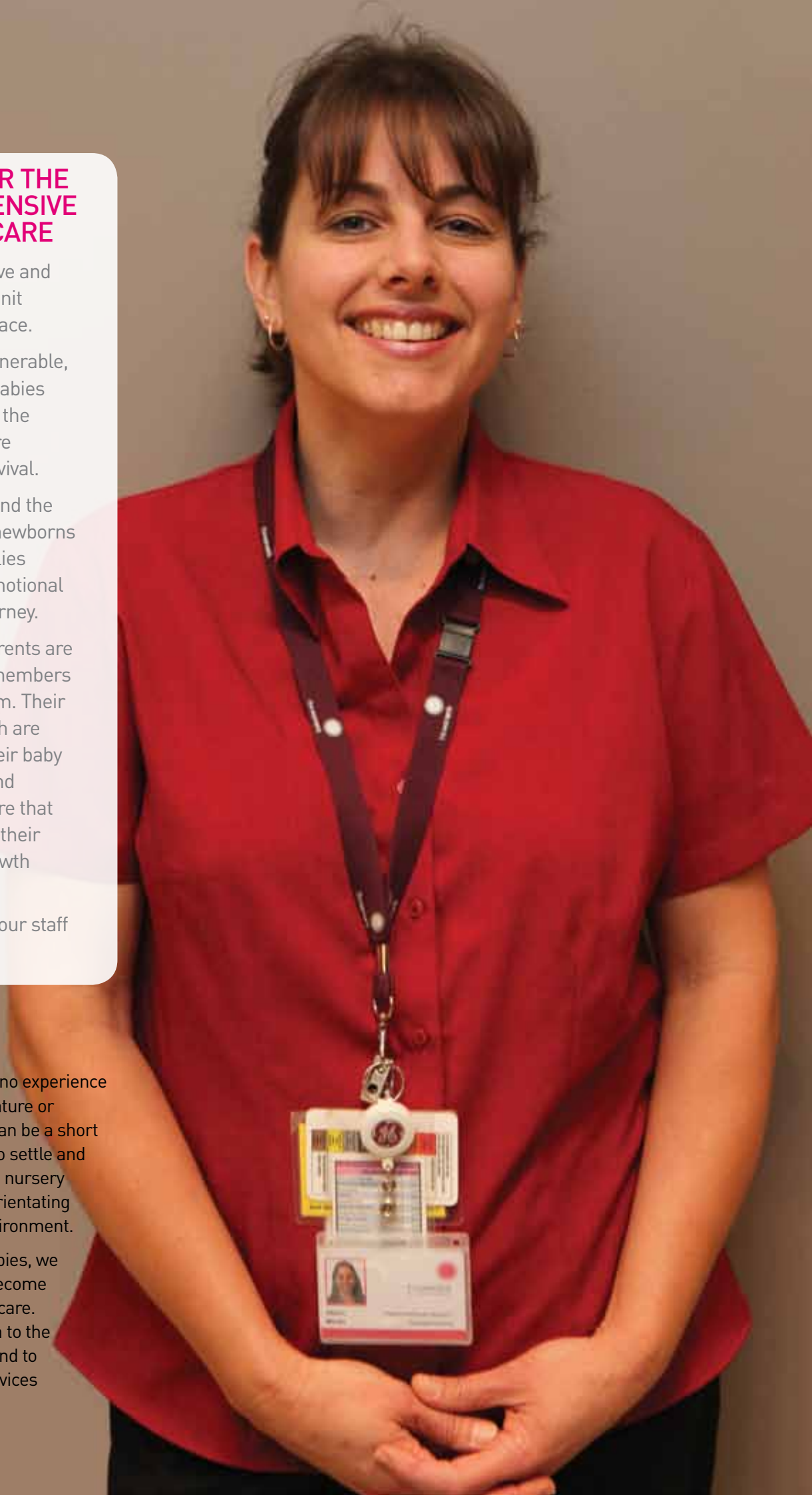
Here's what some of our staff have to say...

NISC NURSE

ALISON MARTIN

Most parents have had no experience with a baby born premature or unwell, and their stay can be a short or a long one. We aim to settle and stabilise a baby into the nursery while welcoming and orientating parents to this new environment.

While caring for our babies, we help parents learn to become involved in their baby's care. We also introduce them to the daily routines in NISC and to the various support services that are available.



FLOOR COORDINATOR

DEBBIE BLACK

To be separated from your sick or premature baby, is the most heart breaking moment for a parent.

Each day I welcome families into the unit. I ensure that they have any questions answered, that there is always someone to talk to, and to share their fears or worries with. I quietly watch the interactions of parents with their baby and I encourage the gentle touch, as babies need to feel the comfort of their parent's hand.

NEONATAL PAEDIATRICIAN

OMAR KAMLIN

Neonatal intensive care can be a very stressful and challenging environment for families and staff.

Our role as team leaders, is to provide direction and continuity of clinical care to the infants and their families. During rounds, we integrate the views and opinions from the team and together formulate a management plan that deals with the clinical issues but also the emotional and social factors affecting the baby and family.

CARE MANAGER

ANGELA REILLY

Each family who has a baby in NISC will have a Care Manager to support and guide them through their stay.

We are nurses available 7-days a week to support and co-ordinate care as well as liaise with all members of the team. We also offer breastfeeding support and organise transfers of babies to other nurseries or discharge them to go home.

SOCIAL WORKER

NINA GRILLO

Having a baby in NISC can be a very stressful and confronting experience for parents, which can often challenge their expectations of what it means to be a parent.

Social Workers help parents adapt to the experience of having a sick or premature baby in hospital and provide emotional and practical support.



CLINICAL MIDWIFE CONSULTANT (LACTATION)

ANITA MOORHEAD

When women give birth to an unwell or premature baby, they can feel overwhelmed and exhausted, wondering what they can do for their baby.

The lactation consultant meets with the new mother soon after birth. We talk about breastmilk as being both medicine and nutrition for her baby. Our role is to guide women through the process of learning about the unique properties of breastmilk, the benefits of skin-to-skin care (kangaroo care), expressing milk and breastfeeding.

NEONATAL OCCUPATIONAL THERAPIST (NEONATAL DEVELOPMENTAL THERAPY TEAM)

ABBIE EELLES

Babies cared for in the NISC nurseries are often acutely ill or premature. They have a fragile and rapidly growing brain which continues to develop in an environment that is very different to the internal environment of the uterus.

Our role is to facilitate care that minimises a baby's stress, protects them from inappropriate sensory stimuli and assists the families in providing experiences that foster optimal development.

HOSPITAL IN THE HOME NURSE

LEONIE MCBRIDE

After the stresses of having a baby in hospital, it is a relief for parents to take their baby home.

No matter how well prepared, leaving the security of hospital and being responsible for a baby can be an anxious time for some.

Hospital in the Home helps with this transition. It enables babies that need specific treatments, such as oxygen therapy and nasogastric feeding, to be cared for in the family environment with 24 hour back up available.

CONSULTANT INFANT MENTAL HEALTH CLINICIAN

A/PROFESSOR FRANCES THOMSON-SALO

When a baby needs to be in NISC, parents wonder what their baby might be feeling, in particular how to help their baby feel happier.

Observing their baby as a person with his or her own personality, I'm available to think with parents about their baby's social and emotional development and the relationship connecting babies with parents.



WE WANT THE BEST FOR OUR BABIES

Over the last 20 years, our research initiatives have resulted in thousands of parents gaining hope and confidence that their children have not only been granted the chance of survival, but the opportunity for a quality life.

Today, the Women's Newborn Research Centre, led by Professor Peter Davis, is a world leader in improving brain and lung outcomes for babies requiring intensive care.

*Top: Lorraine Callaghan with baby Madison
Right: Lorraine Vanderweele with baby Maggie*



MEET PROFESSOR PETER DAVIS

DIRECTOR OF NEWBORN RESEARCH AT THE WOMEN'S

Professor Peter Davis has been a consultant neonatologist at the Women's since 1993. He is also Director of the Women's Newborn Research centre.

What are the biggest changes you've seen over the last decade?

The outlook for sick and very preterm (premature) babies has improved considerably over the past two decades.

Twenty-five years ago most babies born at less than 28 weeks had very poor outcomes. Now, more than 80 per cent survive.

Today, it is the 23 or 24 week babies that are having their outcomes improved.

Our research focus is on resuscitating babies and helping them to breathe. We have been assessing just how much help these babies actually need. Over the past decade the Women's has developed a niche in resuscitation research and we've contributed a decent chunk of the evidence that helps to form international resuscitation guidelines.

About 20 years ago two paediatricians, Dr Rex Betheras and Dr Neil Roy, believed the Women's could conduct neonatal research better if a Research Centre was established. We are very lucky that the Women's backed their idea and today we are seeing the results of that investment, in terms of better care of our babies.



Why do you do what you do and what is the most rewarding part of your job?

I got into this field, because I love the buzz. You have the chance to make a difference. The things we do, particularly in the delivery room, have the capacity to make a difference between life and death.

I love the technical and research side. As you get older, you're left with the realisation that we don't have all the answers. There is always more to learn, and that is what I find exciting.

I like that we have the freedom to question the way we have been treating babies for the past 20 years and explore if maybe there is a better way.

I really enjoy working with the junior researchers and staff here. They inject energy and enthusiasm. Having these enquiring minds around makes every day different and interesting.

How do you cope working with sick or very premature babies?

It is very easy to fall into the trap of thinking we are very good when we get a good outcome, and the converse of that, is that we are hopeless if a baby doesn't do well. As a team we just try and do the best we can. What works for us as a team, is knowing that we have helped these parents through, no matter what the result.

Interacting with families has been another big change over the past 20 years. Better access to social workers and care managers has meant that families now have a voice and they (as well as their babies) get the best of care.

Finally, we are acknowledging the tremendous stress that comes from having a baby in NISC, even when things are going well from a medical point of view. There has also been recognition of the demands this job makes on nurses and doctors.

There is a realisation that although we come from different professions, we work as a team. We need to support each other through the highs and lows.

The care that we give our babies at the Women's is up there with the best in the world. The research culture that exists, helps keep us there and reminds us that we can always try to do better.

*Top: Professor Peter Davis
Left: Sarita Quinlivan with baby Wattie*

CELEBRATING 155 YEARS OF LEADERSHIP & INNOVATION

To celebrate 155 years of leadership in women's health, the Women's hosted a Gala Fundraising Ball for 400 guests at The Myer Mural Hall on 26 November 2011.

Comedian, writer and actor Corrine Grant generously donated her time to MC the event. The Honourable Alex Chernov AO QC, Governor of Victoria, and Mrs Elizabeth Chernov, the hospital's patron, and The Honourable David Davis MP, the Health Minister, attended.

All proceeds from the Gala Ball will support our vital women's health research and help fund additional clinical equipment.

The Ball was made possible thanks to the generous support of the following sponsors: Flower Temple, Medical Design Innovations, Tyrrell's Wines, Smartsalary, Zouki, Hewlett Packard, Melbourne IVF, Bilfinger Berger + Baulderstone, Design Inc, Corporate Traveller, Deanmac, Victorian Equal Opportunity Commission, Express Office Systems, Hocking Stuart Bentleigh, Catanach's Jewellers, Healthsmart Pharmacy.



The Myer Mural Hall was decorated with beautiful flower displays kindly provided by Flower Temple. For more photos and information on the event, visit the Women's Gala Ball webpage: www.thewomens.org.au/GalaBall2011



PLEASE HELP US MAKE A DIFFERENCE TO THE HEALTH OF PREMATURE BABIES

Lactation consultant Michelle Ngan with Iva Tsihrintzis and baby Billie

Some of the most vulnerable, sick and premature babies come to the Women's each year, to receive the highly specialised care required for their survival.

Mothers of these babies can at times feel overwhelmed, stressed and exhausted and desperately want to do whatever they can to help their baby along.

One thing that can make a big difference is breastmilk.

Often described as '*liquid gold*', breastmilk is a vital ingredient in the care of sick and premature babies. Breastmilk has many unique properties; properties that support growth and protect against infection.

Many of the babies admitted to the unit cannot be breastfed to start with, and can only receive breastmilk via a tube.

For mothers, this means expressing milk with an electric breast pump, up to eight times every day.

Please consider making a donation to the Women's today, and help us purchase enough breast pumps for every mother with a baby in our Intensive and Special Care (NISC) unit.

Please donate today
www.thewomens.org.au/DonateNow

**YES! I WANT TO HELP
THE PREMATURE BABIES
AT THE WOMEN'S**

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Address: _____

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Enclosed is my cheque or money order for the amount I have indicated:

\$100 \$50 \$25 \$500 \$2,795

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I would like to donate the entire cost of a breast pump (\$2,795) for mothers with babies in NISC

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Monthly amount \$ _____

I would like my gift to remain anonymous

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All donations \$2 and over are tax deductible. ABN 70077725261
If you do not wish to receive further communications from the Women's Foundation please write or telephone.

The Royal Women's Hospital Foundation,
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Ph: 03 8345 2954
E: admin.foundation@thewomens.org.au

thewomens.org.au/SupportTheWomens



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TO THE HEALTH
OF PREMATURE BABIES**

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Please consider making a donation to the Women's today, and help us purchase enough breast pumps for every mother with a baby in our Intensive and Special Care (NISC) unit.

Please return in envelope supplied