

# NURTURING A FUTURE GENERATION

## Markham Stouffville Hospital's neonatal intensive care unit expands for the community

**H**elen Cruz was in her seventh month of pregnancy with her second child when she felt something go wrong. An examination at Markham Stouffville Hospital (MSH) confirmed that Cruz's water membrane was leaking and that she would have to be confined to hospital until the baby was born. At the time, MSH wasn't equipped to potentially provide care to a baby as premature as hers would be, so she was transferred to Mount Sinai Hospital in Toronto where, despite treatments to hold off labour, Cruz gave birth to her son, Tyler. Once Tyler, who was born at about 29 and a half weeks of gestation, was stabilized, doctors recommended that he be transferred closer to home and back to MSH.

"When we first came into Markham Stouffville Hospital's neonatal intensive care unit (NICU), just the size and the spacing took us aback," Tyler's father, Derick, says of the recently renovated area. "It was much more open and we didn't feel like we were in the way. The welcoming was very warm; the nurses and attending physicians came out and gave us a quick assessment, filled us in on what was going to happen over the next few weeks while Tyler was in their care."

In March 2013, MSH's expanded building opened to meet the needs of the growing community around it. Among the upgrades is the hospital's NICU, which is four times the size of the old unit and which can now provide for infants who are born up to 10 weeks early, or 30 weeks gestation and longer. The NICU has 10 beds but could accommodate as many as 15 babies. Typically, though, there are between six and eight babies, and the average length of stay is two to three weeks. The majority are born prematurely.

"We are able to care for babies close to home with state-of-the-art equipment," says Cheryl Osborne, patient care manager, NICU and pediatric services at MSH.

Indeed, the NICU now boasts several new CPAP machines and ventilators for respiratory support, two areas for resuscitation, new isolettes that allow staff to transport very sick babies for diagnostics or higher-level care, as well as cardio and respiratory equipment that enables staff to pick up any changes in an infant more quickly.

Security in the new building is also progressive. All infants wear a security tag around their ankle, which locks down elevators and doors if anyone attempts to take a baby off the floor.

For the families, the additional space in the new building is equally important. The old NICU had 10 beds as well, but was one-quarter the size. "It was difficult for the

mothers to do skin to skin, and they couldn't do it with privacy," Osborne says. "The new family-centred environment is absolutely tremendous. There's a large space around each bassinet, which allows families to very comfortably sit together and bond."

The new building and its extra space is meaningful to staff as well.

"Our space in the past was adequate to help us provide good care for our patients," says Dr. Deepa Grewal, chief of pediatrics at MSH. "Now I feel like we're moving into a whole new realm, where our hospital was built today to provide service for the future. As our community continues to grow we need to be able to expand and now we have space and beds to grow with the demand."

Extra space also means families don't have to step aside during daily rounds. In fact, rounds at the NICU involve representatives of various medical specialties — one of two full-time neonatologists, a respirologist, nurse, social worker, clinical manager, and lactation consultant. Rounds also involve vital participants, the parents, which Cruz and his wife really appreciated.

"The nurse gives an overview of what happened the previous day," he says. "They have a joint session and talk about setbacks or issues they have encountered and then they brainstorm what they could do — in front of us. They allowed us to participate and ask questions. It felt like we were part of the team to help Tyler grow and progress."

"It's not just the baby we're caring for," Dr. Grewal says. "It's the baby and their family."

Every month, a multidisciplinary group — including pharmacists, social workers, neonatologists, dietitians, nurses — meet to talk about how they can further improve and to update policies and care practices.

"There are a lot of things that have come out of being in a new space that have allowed us to grow in a wonderful way," Dr. Grewal says. "I love the direction that we've taken. It's where we want to be with our NICU care. There's no sitting back and keeping the status quo. We continually want to improve on practices and improve the care we provide."

Tyler Cruz's corrected age is now six months, though his actual age is eight months, and is doing well. His father says he and his wife are so grateful for the comfort and support they received at MSH and for everything the staff did to help their son.

"We do visit as much as we can just so they can see Tyler and how he's progressing," Cruz says.

"We wanted them to know that what they did is a great part of where he is today."



Neonatal intensive care nurse Jacquelyn Dunne holds Tyler Cruz as she sits with Tyler's mother, Helen, and sister, Paige, at Markham Stouffville Hospital. Nick Kozak photo

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### VITAL SIGNS

- Markham Stouffville Hospital's neonatal intensive care unit (NICU) is now a Level 2C-designated facility, meaning it can look after babies born as many as 10 weeks early.
- Two neonatologists are there seven days per week, and pediatricians take calls at night.
- MSH has beds for 10 babies, but can accommodate up to 15 if necessary.
- The majority of babies in the NICU are premature. Other frequent causes for admission include collapsed lung, complications from infections and jaundice that is not resolving.