

caring matters

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ROYAL COLUMBIAN HOSPITAL FOUNDATION

report on giving

How Donors Help Save the smallest & sickest babies

When a woman is expecting a baby, it should be the happiest time in her life. But not every story is happy and not every baby is born healthy. Some women have high risk pregnancies or babies born with significant health problems. It's not something anyone wants to think about, but there is relief knowing the best care is available with the equipment needed to treat them at RCH, thanks to donor support.



Neonatal incubators act as a mother's womb for premature babies, keeping them warm and safe.

"At Royal Columbian Hospital, we have one of the best neonatal teams in Canada who provide specialized, expert care to extremely premature babies and high risk newborns with complex medical conditions," says Dr. Zenon Cieslak, Medical Director of the Neonatal Intensive Care Unit (NICU).

"However, all the expertise we have would be impossible to apply without access to modern equipment and technology," adds Dr. Cieslak. Equipment upgrades help provide a steady improvement of patient outcomes. Most of the tiny babies who are treated at RCH not only survive but go home healthier, with fewer complications.

This level of care would not be possible without the generosity of donors. "As frontline health care providers we like to think about donor support, especially in the intensive care unit, as 'gifts of life.' State-of-the-art medical equipment translates into lives saved, hearing and vision preserved, properly treated illnesses with better results and fewer disabilities," says Dr. Cieslak.

Thousands of babies from BC spend their first days, weeks and even months of life at RCH. The NICU is one of three regional centres in BC with 24 Level 2 and Level 3 beds to care for premature babies, multiple birth babies and those with serious health problems. RCH is also the only centre in the province to offer tertiary obstetrics for women requiring renal, cardiac, neurological or intensive care, including a High Risk Obstetrics Clinic.

This year's annual **Urgent Needs Campaign** will help better equip units throughout the hospital and achieve a higher standard of patient care, including for the Maternal Health program and NICU. The RCH Foundation plans to raise \$1 million from individuals, organizations and corporations from the community. "Thanks to donor support last year, we raised over \$2.5



Over 3,000 babies are born in the Maternity Health unit at RCH each year.

million to fund new equipment," says Adrienne Bakker, President and CEO of RCH Foundation. "This year, we are counting on the community once more to help fund vital life-saving equipment where it is needed most."

Donor support will help fund urgently-needed equipment in the NICU including infusion pumps and incubators. "Infusion pumps are used around the clock in our nursery. They are basically life lines for the babies and provide vital fluids, nutrition, vitamins and trace minerals as well as a variety of treatments and medications," says Dr. Cieslak.

over, please...

Urgent Needs for Maternal Health & Newborn Intensive Care Unit This Year

Each year, caregivers throughout RCH count on donor support to replace aging or out-of-date equipment. The Neonatal Intensive Care Unit (NICU) and Maternity Health Programs at RCH care for a combined 4,300 babies each year. Some of the Annual Urgent Needs in these areas for 2007-08 include:

Area	Equipment	Unit Cost	Total Cost
Maternity	2 Fetal Monitors	\$25,000	\$50,000
Maternity	1 Infant Warmer	\$26,000	\$26,000
NICU	4 Infant Incubators	\$26,500	\$106,000
NICU	10 Infusion Pumps	\$9,493	\$94,930

How donors help cont'd...

Incubators act as a replacement for the mother's womb for immature, tiny babies to help them grow and thrive. "Infusion pumps and incubators need to be in perfect shape," says Dr. Cieslak. "Malfunctioning, old equipment jeopardizes lives and undermines the efforts of the medical and nursing staff in providing the best possible care."

The Maternity Unit also needs new equipment. "When things start to break down, there are only so many times you can fix them," says Margaret Lee, Manager of Maternity Health Services.

One of the most needed items for the Maternity Unit is an Infant Warmer, which is used in the delivery suite. When a baby is born, it is placed in the warmer for immediate assessment. "If they need oxygen, then we attach it in the warmer and if there are any problems, we can monitor the baby and respond to their immediate needs," adds Margaret Lee. "Seconds count with birth and babies. If the equipment is unreliable then patient safety is compromised."

Dr. Cieslak sums up the hospital staff's gratitude towards donors for their ongoing support. "The value of donor funding for our precious children and their families cannot be fully expressed in words – it impacts on their future life opportunities, on their ability to go to schools and to carry on with normal, productive lives."

Baby McKenna A Story of Survival

It was a cold but beautiful winter morning when baby girl McKenna was delivered by Caesarian section at Peace Arch Hospital at 38 weeks. "I had some complications with my first delivery when my son Benjamin was born, so we had scheduled a C-section for McKenna," says mom Koryna Kirkpatrick.

Soon, doctors noticed that McKenna was having breathing problems. "I was in the recovery room at Peach Arch Hospital when I heard that McKenna wasn't breathing properly," says Koryna, whose moment of joy quickly turned into fear. McKenna was assessed by staff in the Paediatric unit. During delivery, not all of the fluid had cleared from her tiny lungs. "Basically she was drowning." Every breath was a struggle for her.



Koryna Kirkpatrick can now give baby McKenna a cuddle anytime, now that she is well.

That night, Koryna and her husband Derek waited and worried. In the morning, they were told that McKenna's condition had worsened and she had developed a tiny hole in her lung. Because of McKenna's serious condition, she was immediately transferred by ambulance to Royal Columbian Hospital (RCH) for treatment in the hospital's Level 3 Neonatal Intensive Care Unit (NICU).

Koryna, still recovering from the C-section, sat next to her daughter's incubator during the ride, while Derek drove separately to RCH in his own car. "It was so hard to be apart during that time," shares Koryna.

At RCH, Koryna was sent to a postpartum recovery room while McKenna was taken to the NICU. She was treated with CPAP (Continuous Positive Airway Pressure), a ventilator attached by prongs into her nose, leaving most of her face covered. "When McKenna came into the NICU, she was in respiratory distress and suffering from a collapsed lung, so we placed her on CPAP," explains Coreen Claggett, Clinical Nurse Educator of NICU and Paediatrics. "It helped McKenna with her breathing while her lungs were recovering."

Under the care of Dr. Todd Sorokan, the NICU staff also treated McKenna with antibiotics in order to prevent infection. "Once we were at Royal Columbian, we felt much calmer. The care was consistent and all of the nurses

instilled a sense of confidence in us and their ability to care for McKenna," says Koryna.

"I like to know everything that is going on and it was comforting to be in the NICU and learn all about the care that McKenna received," adds Derek. "We also saw a lot of success stories while we were there, so we felt confident leaving McKenna under their care because she was in such good hands."

After the first day on CPAP, McKenna responded so well she was taken off the ventilator and was then treated with oxygen through nasal prongs. And just two days later, Koryna was finally able to hold McKenna in her arms for the first time. "We had such a nice cuddle," says Koryna with a smile.

After seven days in the NICU, McKenna's lung had healed and she was well enough to go home to meet her big brother Benjamin. "Dr. Sorokan was just incredible and we were impressed with the nurse Ruth Stevens, who was McKenna's primary caregiver," says Koryna. "She was really warm and understanding," adds Derek. "She had a great sense of humour and was so compassionate and genuine it made the entire experience as positive as it could be."

Today, McKenna is a little underweight for her age but is catching up quickly. On a sunny spring day, the Kirkpatricks look back to those difficult days with bittersweet feelings. "We are so grateful for the level of care McKenna received at RCH," says Derek. "Now because of our experience we let others know and enjoy sharing our own success story."



Koryna and Derek Kirkpatrick at home with son Benjamin and baby McKenna.

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