



FROM LEFT: PARI GHAFARI, RN, & AUDREY DAVIS, MD,
WITH NICU BABY, ARCHER CALTABIANO

advanced treatment for at-risk pregnancies

Skilled clinicians, leading-edge technology and TLC make a difference

Not only was Susan having her second baby just 10 months after her first, but she was going into labor more than two months early. Older than most mothers, Susan, a 39-year-old business professional, chose Saint John's Health Center for her delivery because she knew that she and her baby would receive the technologically advanced care they needed—as well as devoted nurturing by a unique medical staff.

"I was a 'preemie' born at Saint John's, and I know how pleased my mother was [with her care]," Susan said. "I have a lot of friends who were either born or delivered at Saint John's, and we've all had a similar positive experience with the doctors and nurses."

Women like Susan who are at risk for pregnancy complications need a medical team that is highly skilled and experienced in maternal-fetal medicine. With a longstanding commitment to a team approach, Saint John's provides a comprehensive, multidisciplinary care environment. Here, women with high-risk pregnancies and babies with complications can be accurately diagnosed, treated and managed.

The Saint John's Maternal-Fetal Medical Team is comprised of obstetricians, perinatologists, neonatologists, pediatricians,

specially trained nurses and expert ultrasound technologists. "We really pride ourselves on our unique team approach," said Bo Thordarson, MD, a board-certified obstetrician/gynecologist at Saint John's. "We are a finely tuned synergistic group that is always ready to meet any challenge that may arise."

"Once a woman has been identified as high-risk, we work closely with her obstetrician to set a course of care that will best manage the pregnancy," said Larry Platt, MD, Medical Director of the Center for Maternal-Fetal Medicine at Saint John's and a board-certified perinatologist. (A perinatologist is an obstetrician who has special training in high-risk pregnancies.)

"We do detailed prenatal diagnoses and ultrasounds so we can anticipate any problems that may occur," Dr. Platt explained. "Our experienced nurses give our patients the personal care and attention needed during what are often complex and trying situations."

"It's not just that we have highly skilled physicians and the latest technology to support patients through difficult pregnancies—it's also the culture here," Dr. Thordarson added. "It's more like family and less institutional. It really enhances the personal care we give our patients."

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high-risk pregnancies on the rise

High-risk pregnancies are on the rise in the United States and may be more common now than at any other time since modern obstetric care became available. **Reasons that contribute to the higher rate of pregnancy and birth complications include:**

maternal age

According to the American Society for Reproductive Medicine, one in five women in the United States is having her first child after age 35. As a woman gets older, her chances of having a baby with certain birth defects increase.

weight

Statistics show that of every five women who get pregnant, one is obese. Obesity during pregnancy can cause a higher rate of complications, such as pre-term delivery, hypertension and/or gestational diabetes.

pregnancy with multiples

Women who are pregnant with more than one baby are at higher risk for various complications, such as pre-term labor, anemia, birth defects and miscarriage. According to the National Center for Health Statistics, the twin birth rate has risen 59 percent since 1980. The birth rate for triplets and other higher-order multiples has risen a staggering 423 percent.

previous pregnancy problems

When women have had a problem in one pregnancy, they are more likely to have complications in subsequent pregnancies.



Tending to High-Risk Newborns

“We offer women a chance to deliver a high-risk baby at Saint John’s without having to be transferred elsewhere,” said Hugh MacDonald, MD, a board-certified neonatologist and Medical Director of the Irene Dunne Guild Neonatal Intensive Care Unit (NICU). “We follow a mother from 22 weeks to birth so we can design an appropriate care plan.”

Once a premature or ill baby is delivered, the course of care may range from a few days to several months. “Because babies can be in the NICU for a long time, we have designed our care to be a family-oriented experience,” said Dr. MacDonald. Research shows that early skin-to-skin contact between mother and baby—especially if the baby is ill—can soothe the newborn and may speed recovery. “We always have the mother see the baby as soon as possible, and we encourage a lot of touching. The lights in the NICU are muted and can be adjusted to darkness. This keeps the environment more soothing so the baby can relax and grow. We are ahead of the curve on this,” he added.

“Our new NICU is open and airy, and has a flexible design. Based on the number of patients we might have, we can

configure the unit as necessary. Families also have more room to interact with their baby, which is a huge plus,” said Dr. MacDonald. “But the NICU isn’t just ‘pretty’—it’s also equipped with the latest in lifesaving technology. We take care of the sickest and smallest babies so they will grow into healthy children one day.”

After a baby is healthy enough to be discharged from the hospital, the pediatrician plays a critical role in the long-term care of the child. That is why the neonatologist and pediatrician stay in constant contact while the baby is in the NICU. “We have great interpersonal communication that trickles all the way down,” said Danelle Fisher, MD, a Saint John’s board-certified pediatrician. “The neonatologists keep us informed with phone calls and detailed summaries, and the NICU nurses are outstanding. They take what they do very seriously, and it’s wonderful to see how involved they are.”

For more information about an expert obstetrician, gynecologist or other physician, call 1-800-STJOHNS or visit www.stjohns.org. ■