Practice pays off

Maternal Fetal Unit Providers Pleased with Uneventful First Delivery

Amidst the hustle and bustle of construction on the Anschutz Medical Campus, a landmark event quietly passed June 15. An infant arrived, causing barely a ripple of notice outside a circle of satisfied providers from University of Colorado Hospital and Children’s Hospital Colorado.

The new arrival was Laysen Carl Gardner, an 8 pound, 10-and-a-half-ounce baby boy, born to Heidi Not Afraid and Buster Gardner of the tiny southeastern Montana town of Lodge Grass.

But Laysen was also something of a historic baby. He was the first infant delivered at the two-bed Colorado Institute for Maternal and Fetal Health, the newly operational product of a joint operating agreement between University of Colorado Hospital and Children’s Hospital Colorado announced last July (Insider, July 21, 2010).

The first phase of the agreement created a maternal fetal medicine program for healthy mothers planning elective C-sections and delivering high-risk babies who require surgical intervention within 72 hours after delivery.

The new unit allows mothers to deliver and stay with their infants during the post-partum period. Previously, women carrying such fetuses delivered at UCH while their infants went to Children’s Colorado for surgery and post-surgical services.

Teams from UCH and Children’s Colorado — including obstetricians, anesthesiologists, neonatologists, pediatric surgeons, nurses and respiratory therapists — collaborate to provide the care in the new unit.

Smooth start. University of Colorado School of Medicine obstetrician Joel Schwartz, MD, performed the C-section in a procedure he said went smoothly, and took about 30 minutes.

He judged the first delivery an unqualified success. “It couldn’t have gone more flawlessly,” he said. “It’s a testament to the people involved and the team leaders, their level of professionalism, and how highly they valued their responsibility to ensure the safety of the mom and baby.”

Following delivery, Laysen went to a sterile stabilizing room, then to the Neonatal Intensive Care Unit (NICU). Within 90 minutes, Heidi and Buster were holding him, said Sally Garcia, RN, clinical nurse manager for the Women’s Care Center at UCH.

Laysen required surgery for lumbosacral myelomeningocele, or spina bifida, about four hours after his birth. Following the successful procedure, performed by School of Medicine neurosurgeon Charles Wilkinson, MD, he came back to the NICU where Heidi was able to begin breast-feeding the next day, Garcia said. Heidi, who is staying at the Ronald McDonald House near campus, was discharged over the weekend, while Laysen remained in the NICU Monday for evaluation of his bladder function.

Pieces fit. The first case went “incredibly well,” Garcia agreed. She credited extensive preparation by staff from both hospitals, especially several simulated deliveries that gave provider teams...
a chance to practice working together and to identify and address gaps in communications and operations (Insider, April 27).

“The simulations helped from a basic standpoint,” she said. “We got used to the space and made sure our process planning worked. There were kinks the first time [we ran a simulation] that we didn’t want when we delivered [actual] emergency care.”

For example, she said, early test runs featured delays in getting blood products to the unit when the simulated mother had post-partum hemorrhaging. Teams were also slow to respond to codes. Because they addressed and fixed those issues after the simulations, Garcia had no worries that either would be a problem for the first live delivery – or that they will be in the future.

“There was no doubt that if mom had bleeding, she’d get blood in time,” Garcia said. “We worked out the process with the blood bank. We knew if the patient coded, the code team knew exactly what to do. People know the space, and know it will work.”

The simulations gave the teams valuable opportunities to test the systems that serve the new unit, Schwartz added.

“One of our big concerns was getting all the different systems lined up and how we would orchestrate that,” he said. “We were preparing for a catastrophic event, and we had to have very clear processes. It’s one thing to set up a simulation on a case-by-case basis. We’ve created and put a 24/7 operational system in place.”

Schwartz judged the unit’s inaugural delivery in simple terms. “No one,” he said, “would have known the difference between this delivery and a normal C-section.”