



An Immeasurable Need

Wendy Margaret Dwyer-Albano, MD, sits down with POST to explain how patients—and their families—will benefit from the new NICU at Rochester General Hospital.

BY MARY STONE

The Twigs committed \$2.5 million toward a new Neonatal Intensive Care Unit (NICU) within the future Sands-Constellation Center for Critical Care at Rochester General Hospital. In May 2017, Rochester Regional Health began construction on the 7-story, 312,000-square-foot center, which will include a new state-of-the-art NICU with 14 private rooms, enabling more advanced and specialized care for the most critical newborns.

POST: Tell us a little bit about your practice and approximately what percentage of your cases use the NICU.

Dr. Dwyer-Albano: I have been a physician at West Ridge Obstetrics & Gynecology for the

past 14 years. We're a practice of 12 OBGYN physicians and three nurse practitioners. Almost all of our hospital care is provided at Rochester General Hospital. We deliver hundreds of babies every year at Rochester General Hospital and approximately 10-15% of them require care in the intensive care nursery.

POST: Why is the new NICU important?

Dr. Dwyer-Albano: As an OBGYN, I care for patients who are building their families, and my focus is on providing care throughout pregnancy and childbirth so that they can have healthy babies. If one of my patient's newborns is needing extra medical attention shortly after birth, it can become critical to have NICU care providers and NICU services to have the best outcome. In our West Ridge OB-GYN practice, we care for many patients who have higher-risk pregnancies. For example, we have patients that have medical conditions such as hypertension or diabetes, or they may have a history of prior preterm birth. These risk factors increase the possibility of their newborns needing NICU support. It is reassuring to be able to provide them care at a hospital where we know a high level of newborn care is readily available.

POST: What are the most common reasons a baby might need the NICU?

Dr. Dwyer-Albano: The NICU is often where a baby receives care for breathing difficulties, infection, prematurity, jaundice or other problems that may involve the heart, lungs or intestines within a few days of being born.

POST: What are some of the rarer instances?

Dr. Dwyer-Albano: In more rare instances, babies may need the NICU for cardiac support, management of birth defects, or complications resulting from extremely preterm delivery.

POST: How will the new space be an improvement over the hospital's current NICU?

Dr. Dwyer-Albano: The new NICU will have updated innovative technology for babies that require specialized care, and the changes being made will reduce the number of newborns needing to transfer from RGH to another center for treatment.

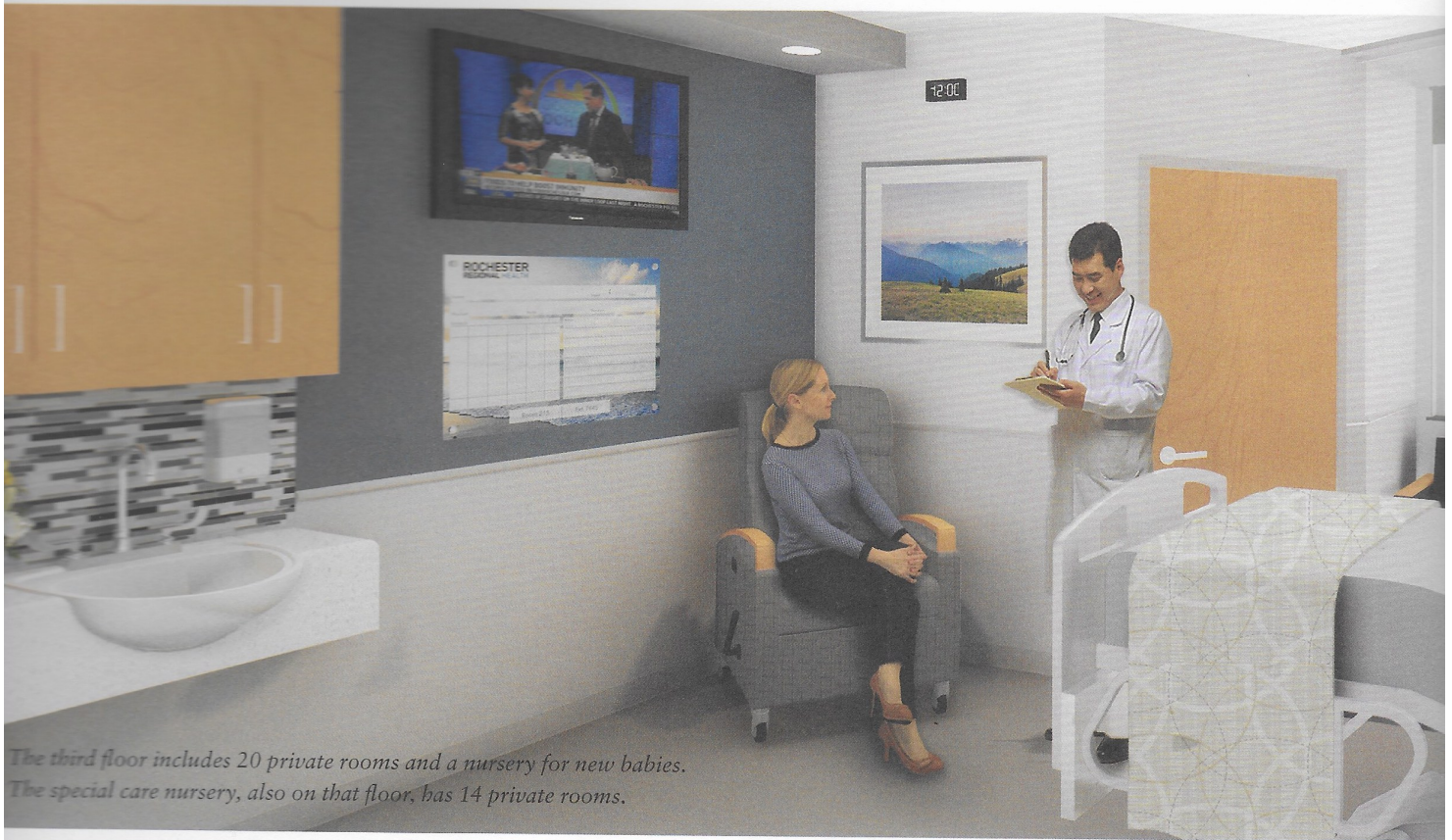
The new updates will make it possible to care for babies that may be born at earlier gestational ages, or that may have more complex medical conditions. Also, the new design is going to include 14 private rooms with extra space. This not only will increase the ability to have more patients in the unit if needed, but it will be a radical change from the current open-bay layout. The individual patient rooms will provide better privacy for the family and newborn. Parents will be able to stay in the room with their newborns, allowing them to be more involved with their baby who is receiving medical treatment.

POST: How does the new facility compare to other NICUs in the region?

Dr. Dwyer-Albano: While the NICU at the University of Rochester Medical

A surgical suite on the second floor of the Sands Constellation Center for Critical Care will have 20 operating rooms, and a pre-anesthesia care unit with 26 private patient bays.





The third floor includes 20 private rooms and a nursery for new babies. The special care nursery, also on that floor, has 14 private rooms.

Center continues to be the highest-level nursery in our region, Rochester General Hospital's NICU will be the highest-level nursery within the Rochester Regional Health System, and the second highest-level nursery in the Rochester area. The new RGH NICU will be able to accept more transfers in for babies with higher complexity of needs, while having to transfer fewer babies out.

POST: The new NICU is said to offer more advanced and specialized care for the most critical newborns. Can you give us some examples?

Dr. Dwyer-Albano: Our facility is going to be updated with new equipment and organized in ways that will allow for better flow of care, more one-on-one contact with babies, and reduced spread of infections, along with making it possible to manage patients with greater needs.

The design of the NICU space is a new, modern development plan in health care that will change from an open bay with multiple patients in one room, to having patients in their own private rooms. Private rooms will allow for quieter, less crowded conditions, while letting the baby be in closer contact with parents. The space is going to provide better opportunity for skin-to-skin contact, holding, and family bonding time. The environment will be more comfortable for breastfeeding. All of this improves the emotional well-being of the parents, which may also ultimately affect the well-being of the infant.

POST: Are there any examples with your patients of how they

could have benefited from the new capabilities that will be offered at the NICU in the new Sands-Constellation Center?

Dr. Dwyer-Albano: Over the years, I have had several patients who have had to transfer from RGH due to preterm labor. After caring for someone through months of their pregnancy, it is very difficult to then have to transfer them due to complications that were unpredictable. It is undoubtedly the hardest for the mothers and families, who are often in crisis. They are suddenly entrusting their care to new providers and maybe a hospital they are less familiar with, while worrying about the well-being of their baby.

For me, it is also difficult as a physician to transfer a patient, as you still want to be able to help and to continue to support your patient through whatever she is going through, but you cannot be present at their side. You still worry how she is and how her baby is doing, even though you are not directly involved in their care anymore. As our facility expands its capabilities to be able to care for sicker babies, I am hopeful that fewer of our patients will need to transfer due to preterm labor or other complications.

I also look forward to having more of my patients, the new moms, be able to take advantage of the private NICU rooms when their babies are admitted there. I envision seeing them sitting or sleeping in the room, closer to their newborns, and being able to learn to breastfeed in the comfort of their own personal space.

I recently had one of my patients, a new first-time mother, have a baby



mitted to the special care nursery for several days postpartum because of infection. It happened during a week when the current nursery was very busy. She was learning to breastfeed, but was struggling to do this amongst a full nursery, behind curtains and a congested space. With the future NICU, the entire experience will be very different, in ways that will better support our mothers and babies as a pair and, hopefully, improve our breastfeeding successes.

POST: Are there instances when babies are not able to get care in the current NICU, because of limited space or for other reasons? In those instances, what happens to those babies?

Dr. Dwyer-Albano: Some babies require care that currently is only available at a higher-level facility. In these instances, they require transfer from our hospital.

Transferring a baby from one facility to another can be very stressful for families. When a newborn needs to change locations, it is usually during a time when he or she is requiring significant medical support, and parents are often scared and worried. A transfer can occur shortly after surgery, and when this happens, the babies are frequently separated from the mother who is still recovering from delivery, sometimes even a cesarean section surgery. Mothers can eventually also be transferred to another facility with their babies if beds are available for them at the other facility, but they are not able to have continued hospital care from their usual OB/GYN provider when this does occur.

The new NICU is going to lessen the number of patients needing transfer, which will hopefully benefit the family as a whole and help maintain the continuity of care between physicians and their patients during their hospitalization.

POST: Will the new NICU save more lives because of increased space and improved technology?

Dr. Dwyer-Albano: I think we will ultimately see better outcomes for more patients with the new NICU, and many families will benefit. Considerations for the new NICU design have (included input) from NICU providers, obstetrical providers, and evidence-based medicine to decide what will be best for our patients. For instance, studies have shown that private rooms may reduce the rate of hospital-acquired infections as well as reduce the number of days of the baby needing intravenous nutrition. Also, compared to open-bay nurseries, those with private rooms have shown quicker maternal involvement with the baby, which improves long-term neurodevelopment in preterm infants. Private rooms will also help reduce sensory overload by eliminating excess noise, lights, and alarms going off for other patients, which occurs in an open-bay setup.

In general, babies may actually heal faster in the environment of a private room, and their length of stay in the hospital may be shorter as a result.

POST: Do you feel there are any misconceptions within the general public about the value and purpose of a NICU?

Dr. Dwyer-Albano: Most new parents envision a normal labor and delivery and do not anticipate that their baby will be born with illness that is concerning enough to require care in the NICU. But the reality is that a variety of problems can occur after birth, some of which are less severe and some which are more serious. But a newborn can be fragile, and in many situations, the NICU is the best place to receive meticulous surveillance and management that can be life-saving.

Another thing that some may not realize is the important role of a newborn's parents being able to be at the baby's bedside while in the NICU. Sometimes a newborn can be attached to IV tubing, oxygen, breathing devices, and other monitors, which can be very intimidating and even frightening to new parents, and they may feel like they cannot hold or touch their baby. But, mothers and fathers being close to their newborn during these early parts of life is beneficial for the infant's health as well as for family bonding. And parents are truly active participants in their infant's care, right alongside with the nurses, doctors, and providers in the NICU. As the baby's health improves, the goal will eventually be to shift the care to be in the hands of the parents, so the earlier they are involved, the better.

I anticipate that the new NICU at RGH will bring a welcoming and accommodating space equipped with state-of-the-art advancements to make a lasting impact on many newborns and families in Rochester.