

THE Bright SIDE

Summer 2016

Women's and Children's Services Newsletter

Life Triumphs Over Tragedy: The Unger Family Story

It's a Friday afternoon in the Unger family home, and all is quiet — for the moment. Surviving quadruplets, Sophia, Greyson and Lyle IV, born at 26 weeks gestation on Nov. 15, 2015, are either sleeping or enjoying a feeding from mom and dad.

The tranquil scene inside the Niles, Michigan, home is in stark contrast to the tumultuous year for parents, Jennifer and Lyle Jr. Jennifer gave birth to Lyle III, Liam and Kenneth, at 23 weeks gestation on Dec. 9, 2014. All three died before Christmas of 2014.

As devastating as it was for the Ungers, they held strong to the belief that their triplets would forever remain a visible and constant part of their lives going forward.

"They're always here with us and they always will be," says Jennifer, 30. "They are still a part of everything in our lives."

NEWFOUND HOPE

With the memory of their boys alive and well, the Ungers also kept hope alive about becoming pregnant again. Because Jennifer has polycystic ovarian disease, one of its symptoms being an inability to ovulate, she again tried medicines to stimulate egg growth and encourage her body to ovulate. In February of 2015, "wanting our boys to be big brothers," the Ungers again used a hormone called Follistim® to stimulate egg follicles to develop and mature. On the fourth cycle of the hormone, Jennifer got pregnant.

The news became even more shocking shortly thereafter — an ultrasound revealed Jennifer was carrying quadruplets.

The news, as might be expected, immediately sparked fear in their hearts being that they lost three babies less than six months ago.



The idea of reducing the pregnancy for the betterment of all four was shared with the Ungers — and was rejected right away.

"You can't show this momma their heart beats and not have an instant love for these little flickering blurbs on an ultrasound screen," says Jennifer. "For us, we have already lost three babies, we could not and did not want to lose anymore. We decided we would do anything we had to do in order to try to get these babies as full term as possible."

OBSTACLES AHEAD

It would be a long and bumpy road ahead, especially for Jennifer.

While in the care of Beacon Medical Group Maternal Fetal Medicine, Kurt Stiver, MD, performed a preventive cervical cerclage at around 11 weeks to prevent premature birth. The pregnancy was further complicated when Jennifer was diagnosed with gestational diabetes.

She continued to work until 13 weeks when physicians ordered her to go on bed rest.

"I would continue weekly or biweekly appointments to check the babies and my cervix. Then at roughly 20 weeks, 5 days I had a mini meltdown. With the stress of knowing the timetable we were on, it had finally gotten the best of me. I could not stop crying, my emotions were all over, and I was going on roughly 23 hours with no sleep and no sleep in sight."

Overwhelmed by fear and anxiety, Jennifer went to Maternal Fetal Medicine where Dr. Stiver checked her and the babies.

"All four babies were moving all over the place with no issues. This was a bit of a relief but I still had flashbacks to the triplets when the growth scan was going great, until they checked my cervix. I then went into the ultrasound for the internal cervix check. She got my cervix (fully closed and long) on the ultrasound and I cried. I felt a wave of relief sweep over me. I even joked, 'I know you have women cry over their babies, but I am sure I am the first to cry over knowing their cervix was okay!'"

Life returned to normal, as much as that's possible, until Sunday, Oct. 18 (21 weeks and 5 days pregnant), when that night Jennifer started bleeding. She was admitted to Memorial's Special Care Obstetrics where Willie Donald, MD, maternal fetal medicine specialist, discovered a placenta tear, but thankfully there was no harm to the babies. She would remain in the hospital where a steroid injection at 24 weeks was done to help with lung growth. To help Jennifer, a donut pessary was inserted to reduce pressure on the cervix, and Jennifer began blood-thinning injections as well.

THE BIG DAY

During the early morning hours of Nov. 19, 33 days into her stay in Special Care Obstetrics, Jennifer, 26 weeks pregnant, began contractions that could not be halted, even by medications.

"At around noon I was wheeled back to get prepped for a C-section. I had not been awake for my previous C-section and was very nervous. Once I was prepped and ready, they allowed my husband to come in."

Inside the operating room were 27 medical professionals ready to do everything they could to ensure the health of Jennifer and her four babies. At 26 weeks and 2 days, excitement and relief filled the OR as Sophia, Greyson, Lyle IV and Carrie were born.

"I had the utmost confidence in the staff and I knew whatever needed to be done they would do their best," says Lyle.

One month later, on Christmas Eve, Carrie became afflicted with necrotizing enterocolitis, a serious complication of prematurity. Unfortunately, she died at Borgess Medical Center in Kalamazoo, Michigan, while in the arms of her father.

Despite jaundice and some breathing problems, Sophia, Greyson and Lyle IV continued to show progress. Sophia was released from the NICU on Feb. 12, Greyson on Feb. 16 and Lyle IV on Feb. 23. All told, Jennifer remained in the close care of Memorial staff for 129 days.

Today, all three babies are doing well — as are their parents. Sophia and Greyson are improving from retinopathy, acute



damage to the retina, while Lyle IV has a monitor to ensure he's breathing well.

The rollercoaster the Ungers have been on — seven babies over the past year — has them feeling grateful for the gift of life, even if it's fleeting, and for the compassionate, expert care of Memorial Children's Hospital.

Lyle and Jennifer trusted completely in the staff every moment of the way.

"They are amazing," says Lyle. "They do everything above and beyond, treating the babies like they are their own."

Memorial neonatologist Basharat Buchh, MD, was honored to care for the Unger babies while in the NICU.

"It meant a lot to me to be a part of the NICU team that took care of them. Jennifer and Lyle were very strong throughout the stay," he recalls. "Sending a set of parents home with three children after having lost four in the previous year is an amazing feeling that is hard to describe in words."

Dr. Stiver will be forever grateful he played a role in the maternal care of Jennifer.

"It was a group effort on our part at Beacon Medical Group Maternal Fetal Medicine to help Jennifer get to 26 weeks," he says. "I'll look back on this as one of my highlights at Memorial."

THE FUTURE

The Ungers would like to have more kids, but they're in no hurry. And if they do, the spirit of Lyle III, Liam, Kenneth and Carrie, will be just as alive then as it is now. And no matter the obstacles down the road, Lyle and Jennifer will stick together.

"With my wife," says Lyle, "I think we can move a mountain."

FAMILY-CENTERED CARE MEMORIAL CHILDREN'S HOSPITAL DEPARTMENTS INVOLVED IN THE CARE OF THE UNGER FAMILY

Special Care Obstetrics

Beacon Medical Group Maternal Fetal Medicine

Newborn Intensive Care Unit

Mother-Baby Unit

Childbirth Unit

Music to the Ears

THE BENEFITS OF MUSIC THERAPY

"Music gives a soul to the universe, wings to the mind, flight to the imagination and life to everything." - Plato

People begin to love music at a young age — a very young age. So while listening to music has many benefits in adults — reduces stress, improves sleep quality and enhances mood, among others — research shows that music can have far greater health benefits in sick babies and children.

This is why Memorial Children's Hospital introduced music therapy in January in their Newborn Intensive Care Unit, Pediatric Unit/Pediatric Intensive Care Unit and Pediatric Hematology and Oncology.

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional, according to the American Music Therapy Association. A rapidly growing field, with new research and advancements taking place every day, music therapy is an innovative way to help patients and families become more involved in the recovery process.

ROCKIN' BABIES

Research with music therapy in the NICU began almost 20 years ago and has produced consistent results over the years. Infants in the NICU who receive music therapy have been found to:

- Gain more weight
- Exhibit better vital signs (i.e., pulse, respirations, oxygen saturation), and
- Experience shorter lengths of stay than those who do not receive music therapy.

Parents may also be taught massage techniques with music to help their infant gain the previously mentioned benefits. The parents who learned this technique became more active partners in their infant's progress, by "visiting more often and spent less time over-stimulating their infants" than their non-music therapy counterparts.

KID ROCK

The use of music therapy in the pediatric units has also demonstrated significant benefits. As a part of the Peds/PICU/PHO units, music therapy helps promote "normalcy" of environment by providing pediatric patients the opportunity for control, choices and coping. Additionally, parents of pediatric patients reported that music therapy was helpful to their child, helpful in reducing their own stress and provided opportunities to promote family bonding, even while in the hospital environment.

Music therapy also monitors the patient census to anticipate any needs and assess who might best benefit from music therapy on an acute-care inpatient basis.

In addition to children's hospitals, the benefits of music therapy are also becoming better understood and documented in a variety of other settings including adult rehabilitation, aging and hospice. Referrals for music therapy are made by physicians and clinicians based upon therapeutic goals.

To learn more music therapy at Memorial Children's Hospital, contact **Cambrae Reedstrom, MT-BC**, at crreedstrom@beaconhealthsystem.org.

Cambrae Reedstrom, MT-BC



Cambrae Reedstrom, MT-BC

Cambrae received degrees in music therapy and psychology from Western University in Kalamazoo, Michigan. She completed a six-month internship program at Bronson Methodist Children's Hospital in Kalamazoo. Cambrae is board-certified in music therapy. In addition to the hospital setting, she has been a professional music therapist for hospice and private practice. She is a member of the American Music Therapy Association.

All Things Baby

The Fourth Annual B100 Baby and Family Fair attracted expectant moms and young families to downtown South Bend in February to learn about available resources and services. Beacon Health System departments that participated included Memorial's Car Seat Safety Program, maternity departments at Memorial Hospital and Elkhart General Hospital, Memorial's Children's Therapy Center, Beacon Medical Group Navarre Pediatrics, HealthWorks! Kids' Museum, Memorial's Pediatric Services, Memorial's NICU and Women, Infants, and Children of St. Joseph County.



New Physicians at Memorial Children's Hospital



Andreas Deymann, MD
Pediatric Intensive Care Medicine
574.647.7426

Dr. Deymann received his medical degree from Ruhr-University Bochum Medical School in Bochum, Germany. He completed his residency in pediatrics and internal medicine at William Beaumont Hospital in Royal Oak, Michigan, and fellowship in pediatric intensive care at Harbor-UCLA Medical Center in Los Angeles, California.

Dr. Deymann has worked at Riley Hospital for Children in Indianapolis, and as an associate professor of clinical pediatrics at Indiana University School of Medicine.

Board-certified in internal medicine, pediatrics and pediatric critical care, he has served in multiple leadership positions, including various hospital committees, conducted numerous lectures and contributed to publications. Dr. Deymann is a fellow of the American Academy of Pediatrics and the Society of Critical Care. He currently serves as Pediatric Intensive Care Medical Director at Memorial Children's Hospital.



Katherine Millen, MD
Maternal Fetal Medicine
574.647.1650

Dr. Millen received her medical degree from the University of Toledo College of Medicine and completed her residency in obstetrics and gynecology at Case Western Reserve University, MacDonald Women's Hospital in Cleveland, Ohio. She completed her fellowship in maternal fetal medicine at The Ohio State University Wexner Medical Center in Columbus, Ohio.

Dr. Millen has used her medical expertise to give back to the community. She volunteered to serve as a mentor to victims of domestic violence; helped at a health clinic for the uninsured in the Toledo area; and provided obstetrical and gynecological care to patients at a hospital in Guyana, South America. Additionally, she is a peer reviewer for the American Journal of Obstetrics and Gynecology, the American Journal of Perinatology, the American Journal of Epidemiology and Pediatric Research.

Construction Update

The final 660-pound beam as part of the new 116,000-square-foot home for Memorial Children's Hospital was hoisted into place on April 20. As a part of this construction milestone, associates, patients and family members had the opportunity to sign the history-making beam.

Overall, construction is moving along quite well. Of the 338 tons of rebar needed for the project, 228 tons have been placed. As for concrete, 2,050 cubic yards of concrete out of 4,480 have been poured.

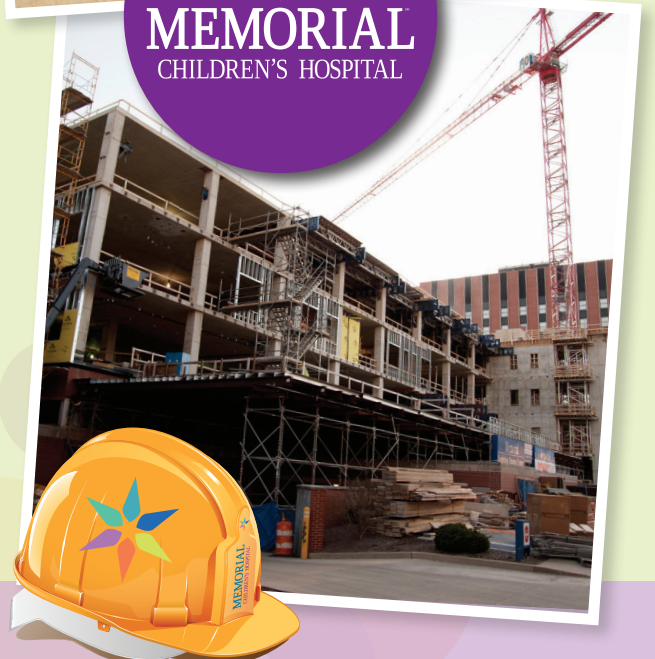
KEY MILESTONE DATES:

Concrete structure completion: **May 15, 2016**

Roofing/Skylight installed: **July 2016**

Exterior masonry completion: **September 2016**

Tower crane removal: **August 2016**



National Honor for Maternity Care

Memorial Hospital's maternity program received the designation of Blue Distinction Centers for Maternity Care Program by Anthem BlueCross and BlueShield. The Blue Distinction Centers (BDC) designation signifies the facility's maternity program met nationally established criteria by demonstrating expertise and a commitment to quality care during the delivery episode of care, which includes both vaginal and cesarean section delivery. Additionally, Memorial Hospital was designated as Blue Distinction Centers+ (BDC+), meaning it demonstrated both expertise and cost efficiency in delivering specialty care.

"This is a well-deserved award for which we have worked incredibly hard. Our reputation is built on quality and safety," says Patty De Stefano, MSN, RNC, Director of Memorial's Childbirth Unit and Mother Baby Unit. "As the eighth hospital in the state of Indiana to be recognized as Baby Friendly, a recommendation by the U.S. Surgeon General, the World Health Organization and UNICEF, we are very proud of the work we've put into supporting and educating women about breastfeeding. Our 39-week early elective delivery initiative has taken a concerted effort of both nursing and our medical staff. Working in the obstetric area of the hospital is very rewarding but it does not come without attention to details of quality and safety."



Row 1: (left to right) **Paula Barth, Andrea Portwood, Kathy Borkowski, Allison Campbell, Susie Ferrill, Lauren Rose, Melanie Artibani and Mercedes Carillo**

Row 2: **Emily Collins, Emmy Ettl, Patty De Stefano, Sharon Couture, Mona Roberts, Mary Tuttle and Lisa Strong**

Row 3: **Angie Dale, Ed Durbin, MD, Marsha Long, Kristyn Beaver, Jenny Scope, Anita Willis, Stacey Clay and Rebecca Allen**

Record Year!

2015 was the busiest year on record for the transport teams of Memorial Children's Hospital. For the first time ever, there were more than 1,000 total pediatric and NICU transports to Memorial Children's Hospital.

The four pediatric and NICU ambulances and their crews zigzagged their way to 29 hospitals in 14 counties to pick up babies and children needing specialized care at Memorial.

"I am very proud of the expertise of our team and the ability we have to serve the hospitals and children of those counties who need us," says Michaelleen Conlee, RN, Executive Director of Women and Children's Services at Memorial Children's Hospital.

PEDIATRIC TRANSPORTS

2015: 918 (403 of which were done by Memorial's Pediatric transport team, up 15 percent from 2014)
Previous high: 777 in 2013

NICU TRANSPORTS

(done by Memorial's NICU transport team)
2015: 91
High: 105 in 2012

MATERNAL TRANSPORTS

(pregnant moms transferred to Memorial)
2015: 125
Previous high: 116 in 2013

PEDIATRIC AND NICU TRANSPORTS USING MEDFLIGHT

(includes children transferred into Memorial and out of Memorial to other facilities)
2015: 32
Previous high: 29 in 2012 (all Pediatric)



Bronchiolitis: Getting Better at Doing Less

Kate Dutkiewicz, MD, FAAP | Pediatric Hospitalist



Bronchiolitis season is just wrapping up, and the rattling, febrile 2-month-olds who lined up in offices and ERs around the country with anxious parents in tow, have finally stopped wheezing. In reflecting on this past season's strategy for managing this age-old bane of any practitioner's existence, consider some of the changes implemented at Memorial Children's Hospital based on the American Academy of Pediatrics' (AAP) 2014 Clinical Practice Guideline: The diagnosis, management and prevention of bronchiolitis.

Bronchiolitis is a self-limited viral infection that expectedly causes wheezing, fever, tachypnea, and cough, and in otherwise healthy children 1 month – 2 years old who are not critically ill, does not require nebulized bronchodilators, steroids, antibiotics, chest X-ray, laboratory workup or diagnostic testing for RSV. Not only do these things not help a typical patient with bronchiolitis, but they can have negative effects including medication side effects, radiation exposure and unnecessary or prolonged hospitalization. Study after study

has shown this to be consistently true, enough so that the AAP revised Clinical Practice Guidelines outlining what NOT to do!

In the fall of 2015, Memorial Children's Hospital was selected to join 34 other children's hospitals from around the country to participate in a Quality Improvement project sponsored by the AAP entitled Stewardship in Bronchiolitis (SIB). This national initiative was a multidisciplinary project that included pediatric hospitalists and ER physicians, with the goal of decreasing unnecessary medications, diagnostic testing and resource utilization for typical patients with bronchiolitis. As well, a major focus of the project was to increase conversations and counseling regarding smoking cessation for parents of children in the ER or admitted with bronchiolitis.

During this most recent season of bronchiolitis, we saw improvement in decreased utilization of unnecessary diagnostic exams and treatments, and increased standardization in assessment of disease severity, among other measures.



The Memorial Pediatric Hospitalist group showed a steady decrease in bronchodilator usage throughout the 2015/2016 bronchiolitis season, as is evidenced in the chart below (cycles 1-4 represent prior season; current season starts with cycle 5).

Another area of improvement was in the use of a standardized scoring tool to aid in assessing disease severity, which aids in providing consistent, guideline-based, cost-saving care to all patients.

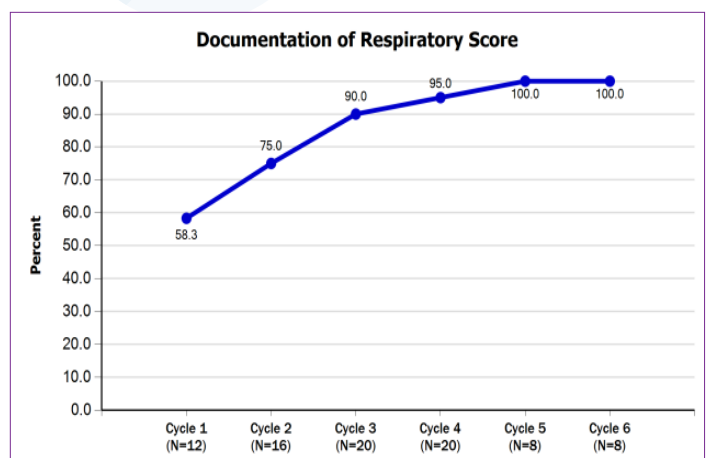
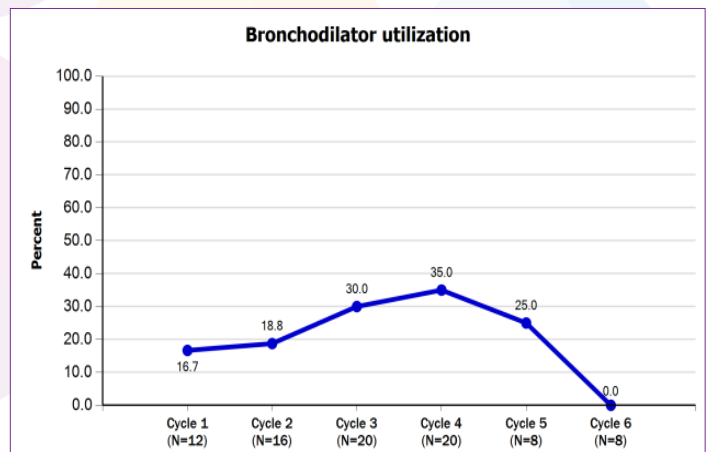
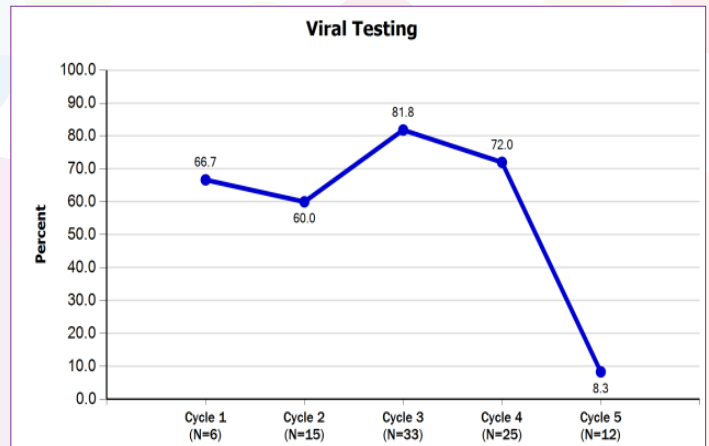
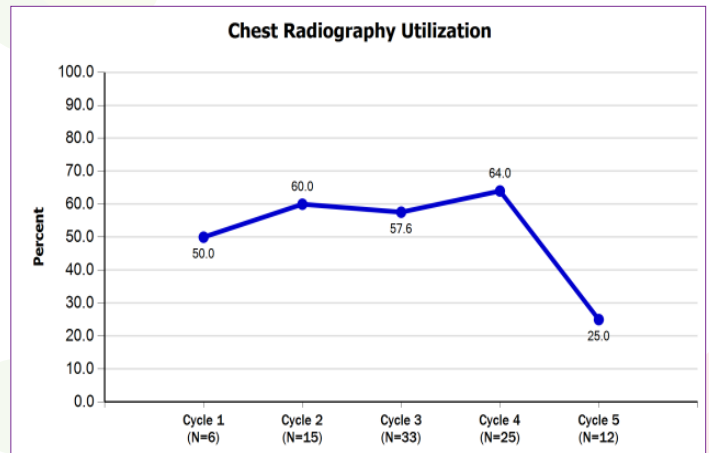
The Emergency Department at Memorial also made significant improvements in the measures tracked with SIB. The incidence of viral testing for patients with a clinical diagnosis of bronchiolitis decreased significantly, as has the use of chest X-ray.

In the majority of healthy patients, bronchiolitis is a clinically diagnosed, self-limited viral illness that does not warrant many of the diagnostic or medical strategies that have been traditionally been employed by pediatric, family medicine and emergency medicine providers. As part of the national AAP-sponsored SIB project, physicians at Memorial Children's Hospital are getting better at doing less, and pediatric patients are thereby receiving high quality, evidence-based care.



Kate Dutkiewicz, MD,
FAAP
Pediatric Hospitalist

Dr. Kate Dutkiewicz, a native of Niles, Michigan, attended Goshen College. She received her medical degree from Indiana University and completed her residency in pediatrics at Emory University in Atlanta, Georgia. Dr. Dutkiewicz is board-certified in pediatrics and enjoys working with acutely ill children in the hospital setting.





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Home Run for Life

The South Bend Cubs and Memorial Children's Hospital are teaming up again this year for Home Run for Life. This promotion, which takes place each month, allows children who have received care at Memorial Children's Hospital the magical opportunity to be highlighted during the game and to run the bases. The special presentation includes his or her story featured on the video scoreboard.

July 8 at 7:35 pm (Fireworks)

August 6 at 7:05 pm (Fireworks)

September 3 at 7:05 pm (Fireworks)



Save the date



Memorial Children's Hospital Symposium Friday, November 4, 2016

Windsor Park Conference Center
4020 Edison Lakes Pkwy, Mishawaka, IN

\$75 for professionals, **\$25** for students

Registration opens on July 1st. To learn more, visit memorialchildrenshospital.org