

An aerial photograph of a lush green forest. A narrow path winds through the trees, leading to a waterfall that cascades into a pool of water. The scene is captured from a high angle, showing the intricate patterns of the forest canopy and the white foam of the waterfall.

FIRST *for the* FUTURE

CAMPAIGN FOR NEONATAL INTENSIVE CARE

Look into the neonatal
intensive care unit at
Yale-New Haven
Children's Hospital
and you will see a
community of heroes.

You can be one too.

Real heroes staff our neonatal intensive care unit (NICU) at Yale-New Haven Children's Hospital (YNHCH). These physicians, nurses, staff and volunteers have made it their calling to care for society's most vulnerable population—premature and sick newborns. They routinely perform near-miracles to save the lives of babies who might otherwise have little chance of survival. Through it all, these individuals give newborns and their families the empathy and support they need to withstand such difficult circumstances.

To ensure that our NICU heroes continue to achieve the best possible outcomes for today's newborns while developing treatments that will shape the future of neonatal care, we must build a new, expanded and transformed neonatal intensive care unit.

You, too, can join the ranks of our devoted NICU heroes. Support our effort to build a new NICU at YNHCH.





Yale-New Haven Hospital and the Yale School of Medicine: famous for firsts

In 1962, physicians from YNHCH and its partner educational institution, the Yale School of Medicine, created the first neonatal ICU in the world to provide specialized, neonatal intensive care treatment to both premature and full-term infants.

In those early days, there were few NICU standards to follow. Yale physicians were instrumental in developing many neonatal care techniques, designs and equipment. Newborns previously considered beyond hope could now be saved.

When the current NICU opened at YNHCH, in 1993, it too was a state-of-the-art facility.

The highest standard of the day called for large nurseries with many beds and just enough space between them to wheel in the most modern equipment available at the time. Dozens of care providers worked simultaneously to care for ten or fifteen newborns in a single room, insuring that many pairs of eyes monitored each patient at all times. And survival rates continued to improve.





Because we can do better. And if we can, we must.

Why a new NICU?

YNHCH has one of the most outstanding neonatal intensive care units in the world. It is the only level IV NICU in Southern Connecticut—a designation awarded to recognize the highest quality of care available. Newborns are transported from other hospitals throughout the region for specialized services not available at local hospitals, such as advanced minimally invasive surgery, cardiology, pulmonology, heart-lung bypass and consultation on congenital anomalies. Each year, more than 800 babies are admitted to our NICU, which consistently reports the very best patient outcomes possible.

The clinical activities of the Division of Neonatal-Perinatal Medicine of the Yale School of Medicine are located at our NICU. Here, teaching, learning and advances in research lead to innovative applications of technology to care for the sickest, most challenged babies.

So why build a new NICU? In fact, why change a thing?

A new mother's first visit to the NICU paints a vivid picture of a facility in urgent need of change. The environment is anything but soothing—a vast space teeming with frightening equipment, noise, intense activity and other families in crisis.

- Imagine a new mother's first visit to the current NICU

She enters an enormous room, full of strange, blinking machines and a blur of activity. Her ears are assaulted by unfamiliar beeps and alarms. As her eyes adjust to the light, she sees ten, maybe a dozen, patient areas separated by just a few feet of space. There are no walls between them—not even a curtain.

There, completely enclosed in Plexiglas, lies her new son, a tiny being with a yellow hand-knitted cap on his head. He looks impossibly small and fragile. A clear plastic tube extends into his nose. Two wires are affixed to his chest. Plugged into all the equipment is a monitor with lights flashing information in what might as well be a foreign language.

As a nurse approaches to explain the details of her baby's situation, a louder alarm suddenly sounds. Medical staff rushes to the infant in the next Isolette, only ten feet away. In low, urgent voices, instructions are given; machines are wheeled over. A nurse tells the new mother that she's very sorry, but she will have to leave the nursery so that they can prepare for an emergency surgical procedure.

She still hasn't held her newborn son in her arms.



“How does it feel to be a part of the work that goes on in the NICU?”

One word explains it:
Privilege.”

GEORGE LISTER, MD, Jean McLean Wallace Professor of Pediatrics, Professor of Cellular and Molecular Physiology and Chair, Department of Pediatrics, Yale School of Medicine; Physician-in-Chief, Yale-New Haven Children’s Hospital

We can’t remain first by standing still

It’s been two decades since our NICU opened, and the state of the art has changed. As technology has progressed, our equipment has gotten bigger—and there is more of it for each patient. The population of infants requiring intensive care has grown larger and more complicated as our medical advances enabled us to save babies born at increasingly earlier gestational ages. Much has been learned about infection control and the damaging effects of continuous light, noise and activity.

Perhaps most important of all, recent research shows that a NICU that is optimized for family-based care provides a range of clear short- and long-term benefits for babies and their families. These include reduced stress, shorter lengths of stay, fewer readmissions, enhanced breastfeeding, improved bonding and increased parenting confidence.

Unfortunately, instead of facilitating excellent family-based care, the design of our 20-year-old NICU poses obstacles that our medical experts must struggle to overcome every day: the lack of privacy, an overly stimulating environment that increases stress rather than minimizing it, and cramped, crowded spaces that make it difficult to put appropriate equipment in place expeditiously.

That’s the bad news.

The good news is—we know exactly how to fix it. And with your help, we can move the YNHCH NICU forward to a future of quality, leading-edge neonatal emergency healthcare with a finely tuned sensitivity to the special emotional and psychosocial needs of families in crisis.

○ NICU HERO

Matt Bizarro, MD, Associate Professor of Pediatrics, Yale School of Medicine; Director, Pediatric Extracorporeal Membrane Oxygenation Program; Medical Director, Neonatal Intensive Care Unit, Yale-New Haven Children's Hospital

A better way to do things

I chose to work with newborns because I feel that—starting at the very beginning—I can have a dramatic impact on the rest of their lives.

If there's a better way to do things, it shouldn't be acceptable to rest on our laurels. We know that we're doing a great job now, but we also know that the physical plant is a limiting factor in the care we provide.

Recently we had two babies on ECMO (extracorporeal membrane oxygenation—these machines provide critical cardiac and respiratory support to patients). They were right next to each other—the parents literally within 15 feet of each other—and their infants faced very different outcomes. There was no avoiding the interaction between them. They were just staring at each other. That should never have to take place.





What does the future look like?

We know what the ideal NICU of the future looks like. Decades of experience analyzing our own NICU operations combined with exhaustive research into the most innovative units around the globe point clearly to a new model. The very best outcomes for newborns and their families are produced by world-class medical practitioners in NICU facilities with single or double patient rooms that offer privacy, individualized management of noise and light, optimized infection control and space for parents to room in with their babies.

As the primary teaching and research facility for the Yale School of Medicine, the YNHCH NICU of the future will have dedicated lecture, training and conference rooms to ensure that we continue to attract and develop the brightest physicians, students and educators from around the world.

We can never take away the fear and anxiety that parents feel when their child is in the NICU—but it's easy to see that an environment like this will make the experience a little easier to bear. Our NICU heroes—our physicians, nurses and care givers—should have every available tool and innovation at their disposal to ensure the very best outcomes possible.

“The sickest, most fragile, riskiest patients are brought to the NICU. They require extraordinary resources, but the return on the investment is extraordinary as well—long, fulfilling lives, contributions to society and the chance to start families of their own. What could be more valuable than that?”

MICHAEL GERARD CATY, MD, MMM, Robert Pritzker Professor of Surgery and Professor of Pediatrics, Yale School of Medicine; Chief, Pediatric Surgery; Surgeon-in-Chief, Yale-New Haven Children's Hospital



Tour the proposed NICU

- *Enter the brightly decorated reception area and walk through the double doors into a wide hallway, and you will see the first of a series of “pods.” At the center of the pod is a window-walled nurses’ station. Surrounding the station, and visible to the nurses through the windows, are eight patient rooms—six singles and two doubles.*

Each room is fully equipped with an Isolette (or two, for doubles), monitors, a convertible sofa bed for a parent to nap or spend the night, a television and plenty of floor space for easily moving equipment in and out. With the door closed, it’s nearly silent. There are controls for temperature and a dimmer switch for lighting.



Back out into the hall, you continue walking through the unit. On your right, you see an operating room, for the exclusive use of the NICU. There are several consultation/grieving rooms, where doctors and families can meet privately to discuss a patient’s case, make medical decisions or just sit quietly and comfort each other.

As you make your way toward the exit area, you take a peek into one of the two “launch pads” or hotel-style suites that allow parents to move into a real living situation with their newborn for a few days. Here they can be supervised as they learn to manage their child’s special needs independently, in preparation for the happy day of discharge.



○ NICU HERO

Mary Kate Florian, RN, Patient Service Manager, Neonatal Intensive Care Unit

The heart and soul unit

Our unit comprises 170 RNs and 30 more support staff—all extremely dedicated to the families and infants in the unit. The nursing staff are the heart and soul of the unit.

What I love about this work is that we take care of the whole family, not just the baby. We build relationships unlike anywhere else in the hospital. Some of the infants stay for up to six months or longer—you can't help but build strong relationships.

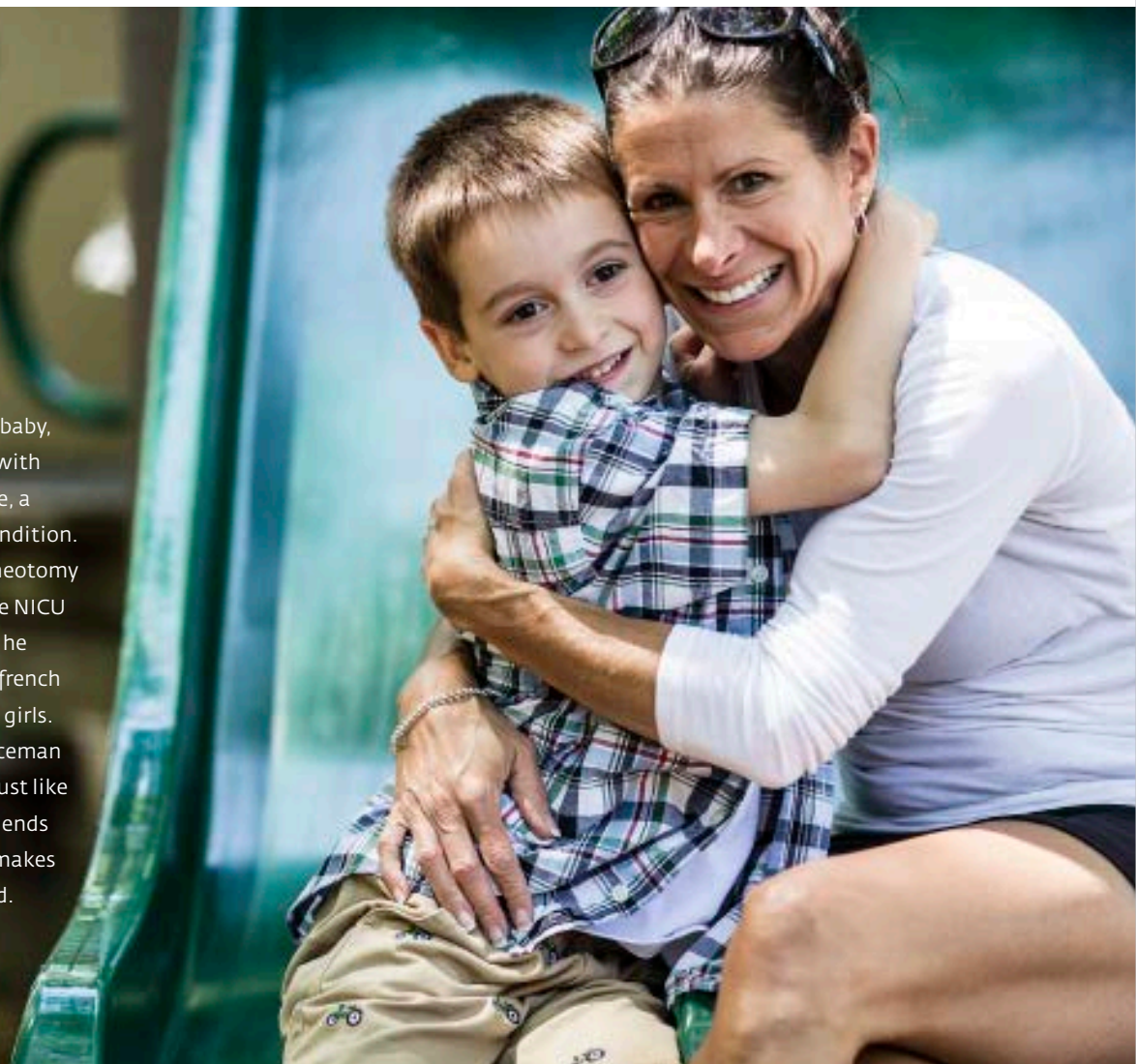
Day in and day out I hear the staff say, "I love my job. I love my job." They love it because they love caring for the babies and the families. We have the latest technology and knowledge to support the infants' care needs, but it's the dedication, commitment and desire of the staff to support and spend time with families that is so critical to our success.

Investing in this unit is investing in the future—all those beautiful babies that leave our NICU and go on to lead fulfilling lives.

This is what the future looks like

Collin

Collin was a full term baby, born on his due date with Pierre Robin sequence, a serious congenital condition. He underwent a tracheotomy and was treated in the NICU for 14 ½ weeks. Today, he loves Matchbox cars, french fries and flirting with girls. He wants to be a policeman when he grows up—just like his big brother. His friends love him because he makes everyone feel included.



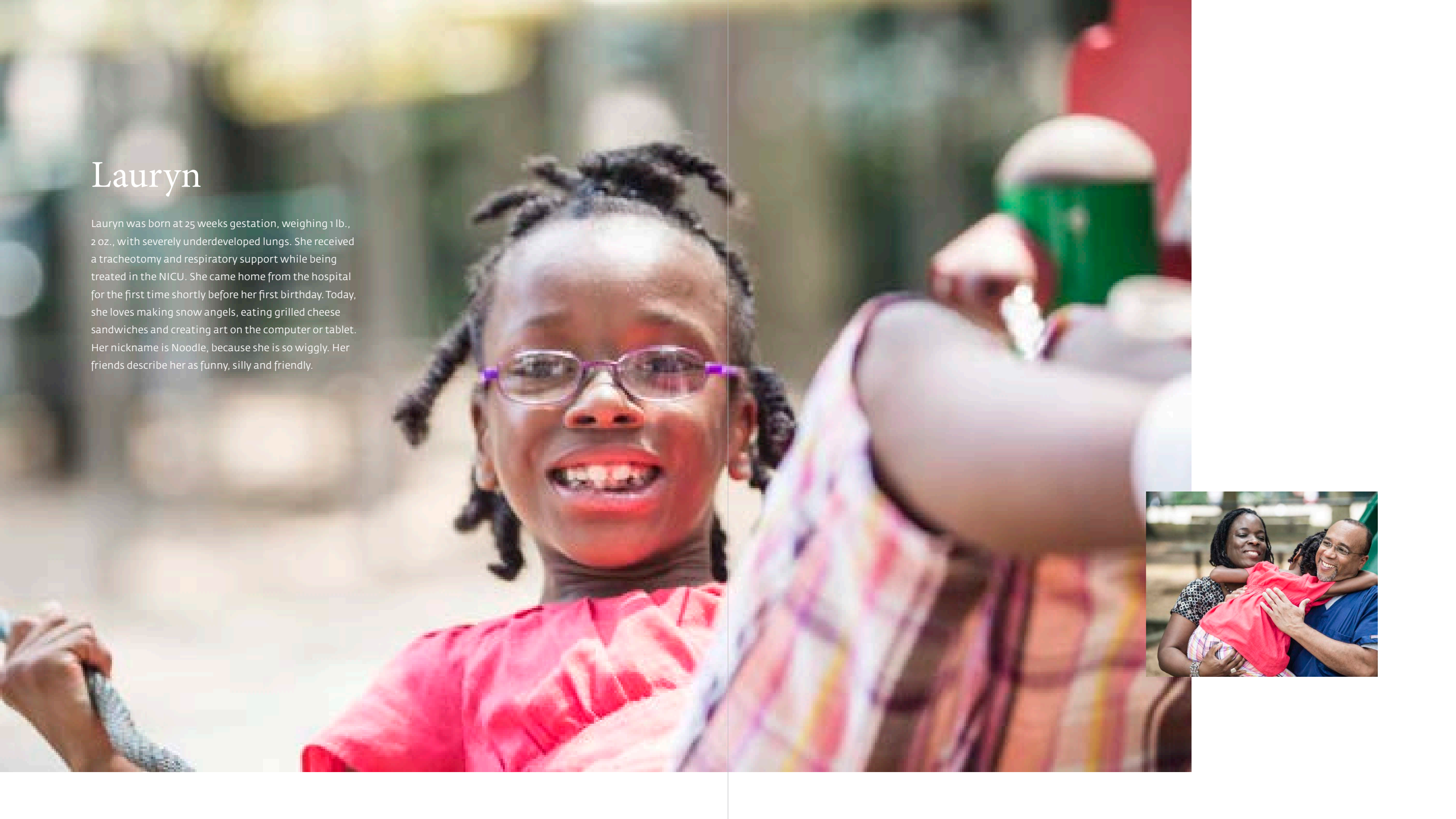
Lisi & Nico

Lisi and Nico were born at 31 weeks gestation and were admitted to the NICU to be treated for various conditions related to their low birth weights. Nico weighed 3 lbs. 10 oz. and remained in the NICU for one month. Lisi weighed 3 lbs. 3 oz. at birth, and was treated in the NICU for seven weeks. Today, Nico enjoys playing with his soccer ball and reading *Brown Bear Brown Bear, What Do You See?* with his mom. Lisi loves dancing to her Disney Sing Along DVDs and reading her favorite book, *Goodnight Moon*. And they both enjoy eating pizza.



Lauryn

Lauryn was born at 25 weeks gestation, weighing 1 lb., 2 oz., with severely underdeveloped lungs. She received a tracheotomy and respiratory support while being treated in the NICU. She came home from the hospital for the first time shortly before her first birthday. Today, she loves making snow angels, eating grilled cheese sandwiches and creating art on the computer or tablet. Her nickname is Noodle, because she is so wiggly. Her friends describe her as funny, silly and friendly.





○ **NICU HERO**

Michelle Gray, NICU Family Support Specialist

Everything happens for a reason

Throughout my two experiences with my babies in the NICU, I tried to hang onto the belief that everything happens for a reason, even though I couldn't imagine how we—or the other families there—would deal with such challenges. After 114 days in the NICU with my son, and 96 days with my daughter, we were blessed with two very positive outcomes.

About a year ago, I became the NICU family support specialist. I'm there to help parents with the incredible emotional and logistical challenges. They are so scared, not knowing what the future holds for their child. The biggest benefit that I bring is being able to say to these parents, "I understand."

I feel that I'm giving back to the hospital that gave me two amazing children. And it's so gratifying when you see these families finally leave the hospital with their new babies.



Be a hero— help save the lives of fragile newborns

By supporting the new NICU at YNHCH, you can have a clear, direct impact on society: you will help save or improve the quality of lives for hundreds of newborns each year. Every new baby's future is a mystery waiting to unfold. A future president, artist, physicist or Peace Corps volunteer may be lying in an Isolette at the YNHCH NICU right now. Please make sure that he or she has the best possible chance for a healthy, long life.

Our new NICU will cost \$65 million. YNHCH will be the largest investor in the project, but the remainder must come from donors through a fundraising campaign. Generous supporters have already contributed \$14 million to the effort. Won't you join them?

Find out how you can be a NICU hero. Please contact our Development Office. Let them know you want to be part of First for the Future.

Tel: 203.688.YNHH (9644)

Email: giving@ynhh.org



Office of Development
PO Box 1849
New Haven, CT 06508

Tel: 203.688.YNHH (9644)
Email: giving@ynhh.org