The birth of a child should be a joyous time in a family’s life. But when that child is born premature or seriously ill, that happy time can quickly turn into an unexpected journey. Fortunately for families who live in northern Illinois and southern Wisconsin, the Mercyhealth Hospital–Rockton Avenue Level III (highest level) Neonatal Intensive Care Unit (NICU) in Rockford is here to help.

The NICU is staffed with expert, board-certified neonatologists 24 hours a day, seven days a week; neonatal nurse practitioners; highly trained NICU nurses; and an entire team of specially trained support care providers who all work together to help little ones thrive. Mercyhealth is the region’s only state-designated Level III Regional Perinatal Center, serving an 11-county region in Illinois while also providing services in southern Wisconsin.

Hundreds of NICU graduates met for an annual reunion in September — including Cindy Adams, who spent three weeks in the NICU in 2015.
Beyond the 52-bed NICU, there are many other teams and subspecialists who work together to bring the highest level of care to infants and high-risk pregnant mothers, including:

- A Level III (highest level) Regional Perinatal Center — one of only three in the state — that cares for high-risk mothers and babies and provides education for hospitals throughout the region
- The largest complement of 50+ subspecialty physicians in the region — including neonatologists, pediatric hospitalists, cardiologists, pulmonologists, endocrinologists, gastroenterologists, neurologists, surgeons, and many other subspecialists — who are available to treat NICU babies while they are in the hospital and when they need care as they grow older
- A partnership with Ann & Robert H. Lurie Children’s Hospital of Chicago, one of the top hospitals in the country, which gives children in Rockford who have complex and rare conditions access to advanced outpatient and inpatient services, including pediatric cardiovascular surgery, pediatric plastic surgery, pediatric urology, pediatric hematology/oncology, and 24/7 consultative and telemedicine coverage for pediatric neurocritical care, infectious disease and pediatric emergency medicine
- A specialized 24/7 pediatric-trained support team — including nurses, physical, occupational, speech, and respiratory therapists; lactation consultants; social workers; dietitians; psychologists; and family support liaisons — who help babies with special needs and their families
- A six-bed Small Baby Unit, which was developed to improve long-term developmental outcomes among the region’s rare micro preemie population — infants born at less than 27 weeks’ gestation or weighing less than 1,000 grams (2.2 pounds)
- Certified lactation consultants who help mothers provide their own milk to their babies
- A pediatric unit and separate pediatric intensive care unit (PICU), where children can receive top-rate pediatric critical care
- Regional Emergency Acute Care Transport (REACT), Mercyhealth’s 24/7 critical care transport teams, which are trained to care for high-risk obstetric patients
- Mercyhealth’s Maternal Transport Team, a group of labor and delivery nurses specially trained to provide 24/7 ground transport for pregnant women
- Mercyhealth’s NICU Transport Team, which transports seriously ill babies 24/7 to Mercyhealth Hospital–Rockton Avenue from other facilities by ground or helicopter
- A communication center that physicians can use 24/7 to request an immediate consultation or schedule a patient transport to Mercyhealth for more than 30 years, NICU “graduates” have gathered for annual reunions to celebrate their children’s lives and the care they received at Mercyhealth. The most recent reunion was in September 2017. Here are a few of the participants’ stories.

HELP WITH BONDING AND BREASTMILK
When Amanda and Brian Adams’ twins were born at 34 weeks’ gestation, Amanda didn’t realize the complications a premature baby could encounter. While little Max thrived, Amanda noticed that her twin sister Cindy’s cries were muffled. Doctors at the hospital where the twins were born were concerned and called Mercyhealth’s 24-hour communication center, which immediately sent the highly trained NICU Transport Team to bring baby Cindy to Rockford. “I wish they would have transferred her to Mercyhealth’s Level III NICU the first night,” says Amanda. “At time went on, I realized she was in respiratory distress and was fighting for her life.”

At Mercyhealth’s Level III NICU, the team of neonatologists and support care providers gave Cindy the breathing assistance she needed, and nurses helped Amanda provide “kangaroo care” — skin-to-skin contact with babies that is proven to help them grow and flourish. Cindy was having difficulties learning to suck, so the pediatric speech therapists showed Amanda how to teach her daughter to eat by turning a bottle while she was suckling to stimulate her reflexes. While Amanda was pumping milk to feed Cindy, she worked with lactation consultants, who measured how much milk Cindy was receiving when she drank so that Amanda knew how much she should be pumping.

“After my daughter was discharged, I was so glad the NICU team at Mercyhealth cared for Cindy’s best interests,” says Amanda. “I feel like my daughter would have died if she had not been transferred to Mercyhealth.”

FROM BEDREST TO THRIVING
The first few months of JaKobe and Jahiem Chatman’s lives were fraught with complications. The twin boys, who turn 16 on January 24, were born at 28 weeks’ gestation, and Jakobe needed heart surgery just a few days after birth. But thanks to the expert care they received at the Mercyhealth Hospital–Rockton Avenue Level III NICU, they are now perfectly healthy teenage boys.

Their mother, Venus Chatman, was diagnosed with an incompetent cervix — a condition that occurs when weak cervical tissue can put a woman at risk for premature labor — when she was 18 weeks pregnant. At 20 weeks’ gestation, she was admitted to
Mercyhealth’s High-Risk Perinatal Unit for complete bedrest and monitoring. Mercyhealth is a state-designated Level III (highest level) Regional Perinatal Center, which means that maternal-fetal medicine specialists and an array of support care providers are available 24/7 to care for high-risk pregnant women.

Venus was on bedrest for eight weeks. During that time, her nurses went above and beyond to help her cope — they arranged weekly “socials” with the other pregnant women on the unit who were also on bedrest. When the boys were born, JaKobe was not breathing, but he was in the right place — Mercyhealth neonatologists inserted a breathing tube into his airway so he would receive the oxygen he needed. JaKobe also needed heart surgery to close a patent ductus arteriosus, a connection between the right and left sides of the heart that sometimes does not close spontaneously as it should after babies are born. A pediatric cardiothoracic surgeon performed the procedure at the hospital. Although Jahiem was breathing on his own when he was born, he did require assistance breathing during his stay and needed the time in the NICU to catch up in his development.

The boys spent eight weeks in the Level III NICU and went home with portable oxygen tanks and monitors, as well as stationary tanks in their nursery. Now, the only lasting effect from their premature birth is JaKobe’s asthma.

“If anybody ever had to go through all that we did, Mercyhealth was the right place to go, hands down,” says Venus. “I wouldn’t go anywhere else.”

**THE RIGHT DOCTORS AT THE RIGHT TIME**

When Tiffany and Greg Delaney’s daughter Ellasyn was born May 16, 2016, the baby’s parents and her doctors at another hospital all thought she was perfectly healthy. By the following day, however, Tiffany knew something was wrong with her daughter’s stomach; when they were about to discharge her, Ellasyn vomited a green substance. They admitted her to their Level II Special Care Nursery and ran imaging tests on her, but she just got worse. Tiffany knew her daughter needed the expertise of a Level III NICU, so she insisted on having Ellasyn transferred to Mercyhealth Hospital–Rockton Avenue. It was a good thing she did. At Mercyhealth, Kristine Thayer, MD, FACS, FAAP, pediatric surgeon at Mercyhealth, diagnosed her with stenosis of the rectum, which meant her muscles were too tight around her bottom. Dr. Thayer then performed a procedure that dilated her rectum. Because her bowels had already shut down, she needed to spend another week in the NICU to recover.

Now she is a healthy, happy 2-year-old. “I am so grateful to the pediatric specialists at Mercyhealth,” says Tiffany.